



'KANO MODEL' AND 'DESIGN THINKING'
based innovations
TO REDUCE INPATIENT ANXIETY during surgery and
IMPROVE OVERALL EXPERIENCE of Inpatients.

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Preoperative anxiety around cataract surgery affects a large proportion of patients, despite advances in technique and anesthesia administration.

Greatest for anxiety about the operation failing ($p < 0.001$) and becoming blind ($p < 0.001$)

Major pain points

- Patients and attenders were anxious before surgery
- Patients were not satisfied with their overall experience
- Reduced staff morale

Data collection - Forms and questionnaires, observation, interviews, etc.

Foggitt PS. Anxiety in cataract surgery: pilot study. J Cataract Refract Surg. 2001;27(10):1651-1655

Ramirez DA, Ramanathan S. Anxiety in patients undergoing cataract surgery: a pre- and postoperative comparison. Clin Ophthalmol. 2017 Nov 10;11:1979-1986.

Anxious patient and attender



Dissatisfied staff



Staff interviews

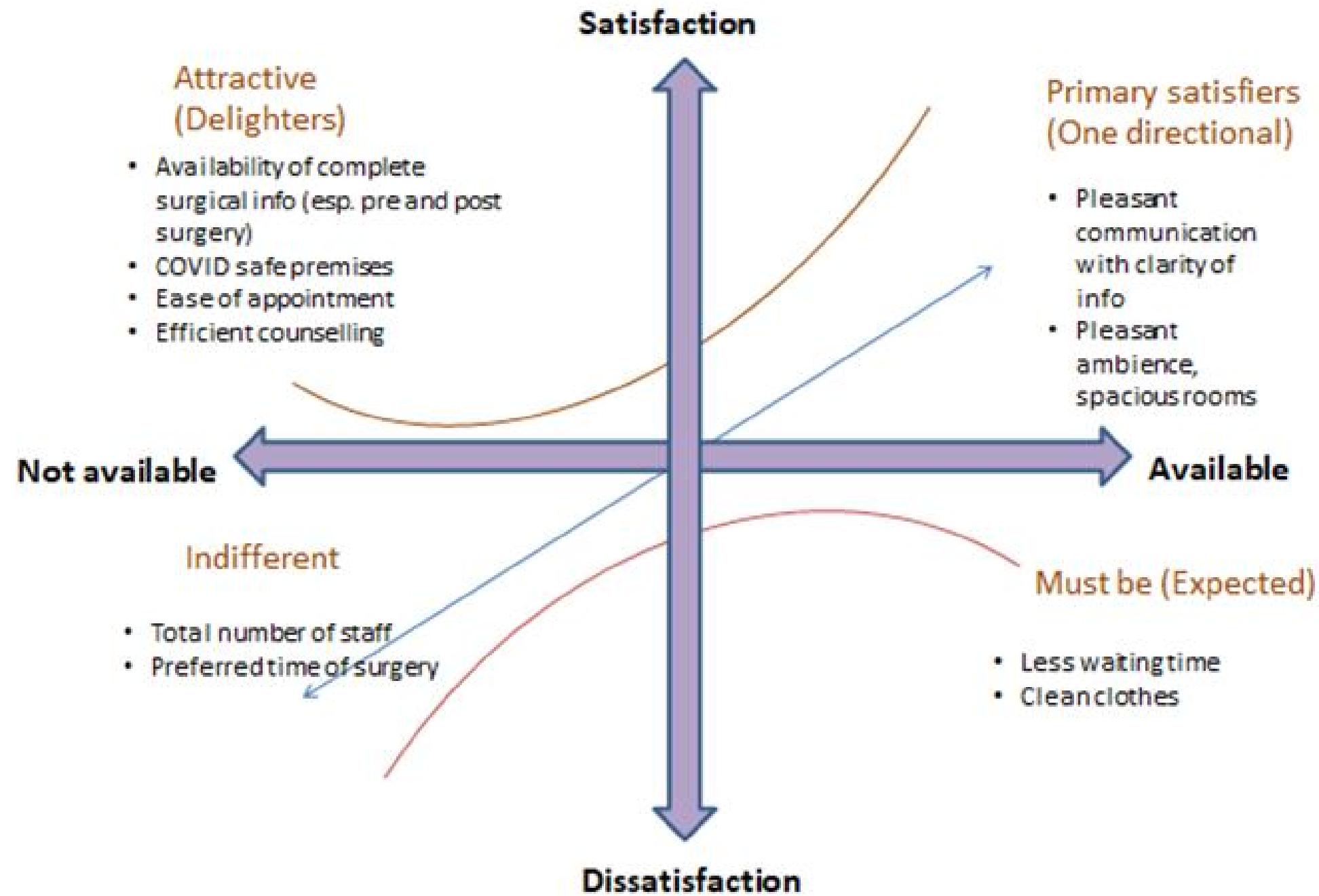


TIME MOTION STUDY

Activity	Mean (in minutes)	Range (in minutes)
Alloting room to patient	7	4-10
Initial assessment	6	5 - 10
Arrival in block room	3	2-4

Materials and methods

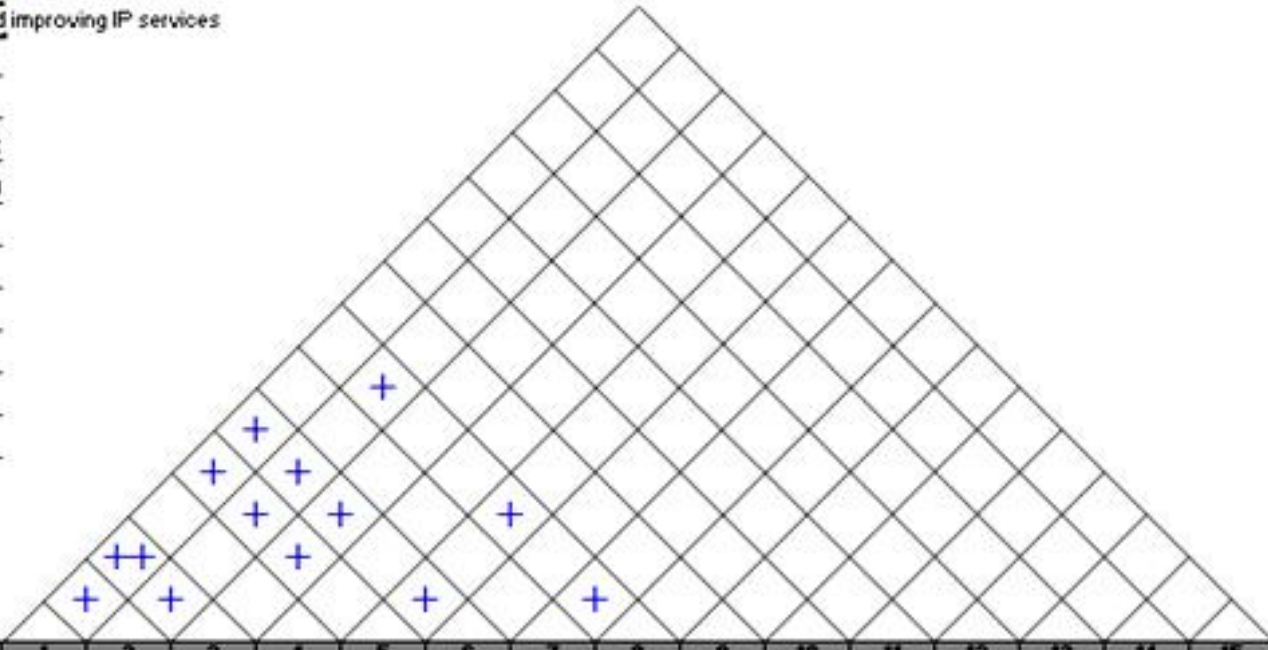
KANO Model analysis



Requirements Type	Definition
Must Be (Expected Quality)	Requirement that can dissatisfy (expected, but cannot increase satisfaction)
One-Dimensional (Desired Quality)	The more of these requirements that are met, the more a client is satisfied
Delighters (Excited Quality)	If the requirement is absent, it does not cause dissatisfaction, but it will delight clients if present
Indifferent	Client is indifferent to whether the feature is present or not
Reverse	Feature actually causes dissatisfaction

- Hospital Anxiety and Depression Scale (HADS-A)
- KANO model
- QFD (Quality Function Deployment) / House of Quality
- Design thinking - to identify and innovate some new solutions.

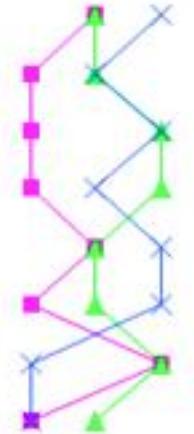
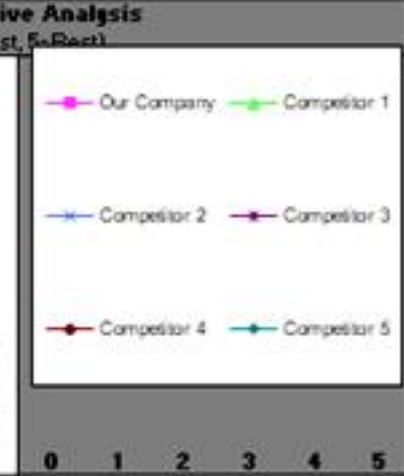
Title: KANO project - Reduction in anxiousness of Inpatients and improving IP services
Author: Quality department
Date: Jun-Jul 2021
Notes: Detailed feedback received from IP patients through struct cust req and design criteria's correlation needs to be identil



Legend

- ⊗ Strong Relationship 9
- Moderate Relationship 3
- △ Weak Relationship 1
- ++ Strong Positive Correlation
- + Positive Correlation
- Negative Correlation
- ▼ Strong Negative Correlation
- ▽ Objective Is To Minimize
- ▲ Objective Is To Maximize
- X Objective Is To Hit Target

Row #	Max Relationship Value in Row	Relative Weight	Weight / Importance	Quality Characteristics (a.k.a. "Functional Requirements" or "Hows")	Column #															Competitive Analysis (0=Vorst, 5=Best)																										
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Our Company	Competitor 1	Competitor 2	Competitor 3	Competitor 4	Competitor 5																					
1	9	14.3	5.0	Complete surgical information (Pre, Intra, Post)	⊗	○	⊗		○	⊗		○	⊗																3	3	4															
2	9	8.6	3.0	Less waiting time	○	⊗	⊗	▲	○	⊗	▲																									2	3	3								
3	9	11.4	4.0	Pleasant communication and response to queries	⊗	○			▲																												2	4	4							
4	9	11.4	4.0	Pleasant ambience, spacious rooms	▲				○			⊗	⊗		+																							2	4	3						
5	9	14.3	5.0	COVID safe, hygienic premises	○	○	⊗		○			○																											3	3	4					
6	3	11.4	4.0	Clean clothes for patients	○		○		○						▲																								2	3	4					
7	9	14.3	5.0	Efficient counselling with clarity of info being provided	○	○			○				○																											4	4	2				
8	9	14.3	5.0	Easy appointment process					⊗				▲																											2	3	2				
9		0.0	0.0																																											
10		0.0	0.0																																											



Target or Limit Value	25	10	22	2 months	22 policies	10	2 months	12	20							
Difficulty (0=Easy to Accomplish, 10=Extremely)	6	4	5	6	3	2	9	3	8							
Max Relationship Value in Column	9	9	9	9	9	9	9	9	9							
Weight / Importance	388.6	308.6	368.6	137.1	405.7	220.0	197.1	157.1	171.4							
Relative Weight	16.5	13.1	15.7	5.8	17.2	9.3	8.4	6.7	7.3							

QFD (Quality Function Deployment) / House of Quality



How Might We reduce anxiety and stress levels of inpatients so that they feel at ease and are comfortable during their stay with available staff, infrastructure and time.

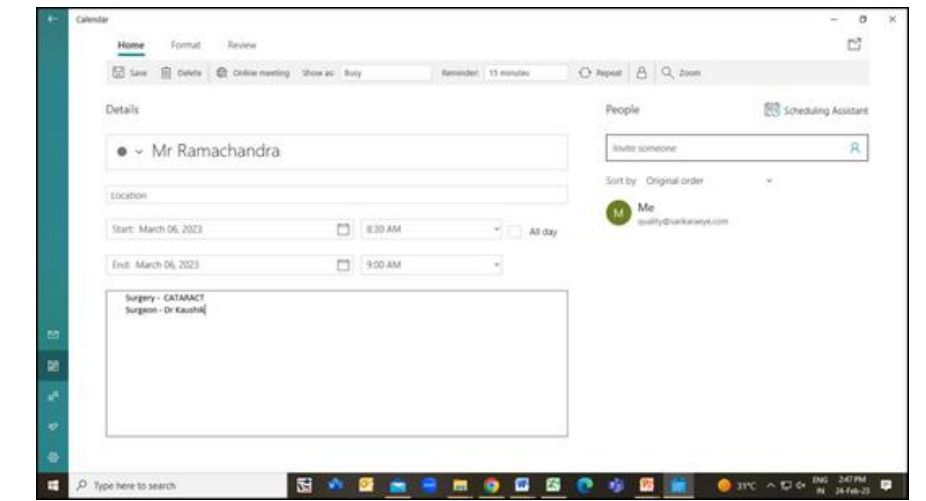
Team - Mix of nurses, doctors, management staff, optometrists



Welcome kit



Design thinking



Welcome kit

Dark cafe

Sankara Mascot

Snacks centre / Kiosk

Real time info through bot on surgery schedule

I am satisfied Bell - KFC

Prebook breakfast –

INDIGO

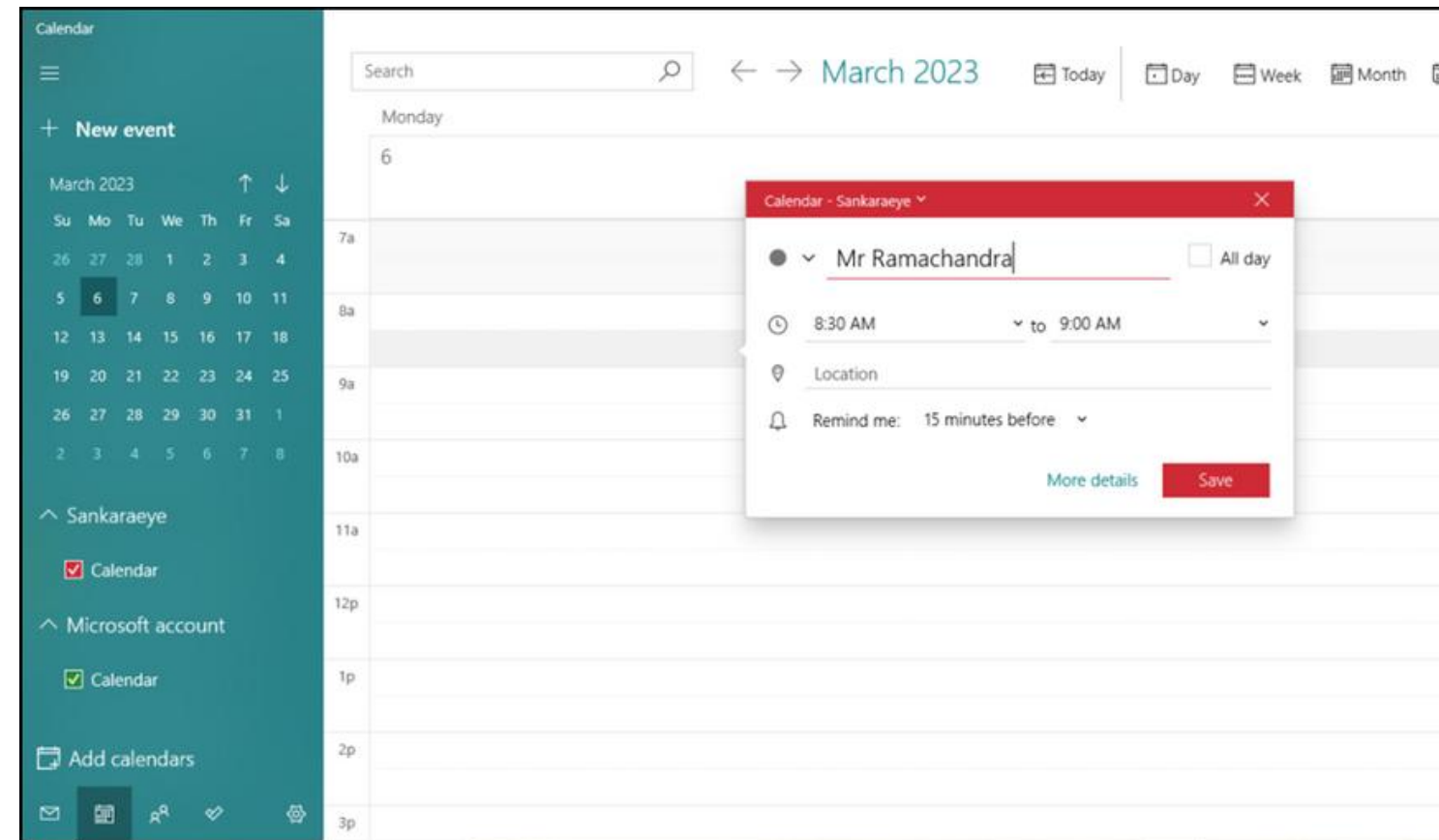
Soothing music

Happy wall - FEEDBACK

Activity for kids -

AIRLINES

Infographics Interactive



Real time info of surgeries posted



Solution structure - AIM Model

AMBIENCE

Spacious counselling room,
Soothing music , Happy wall

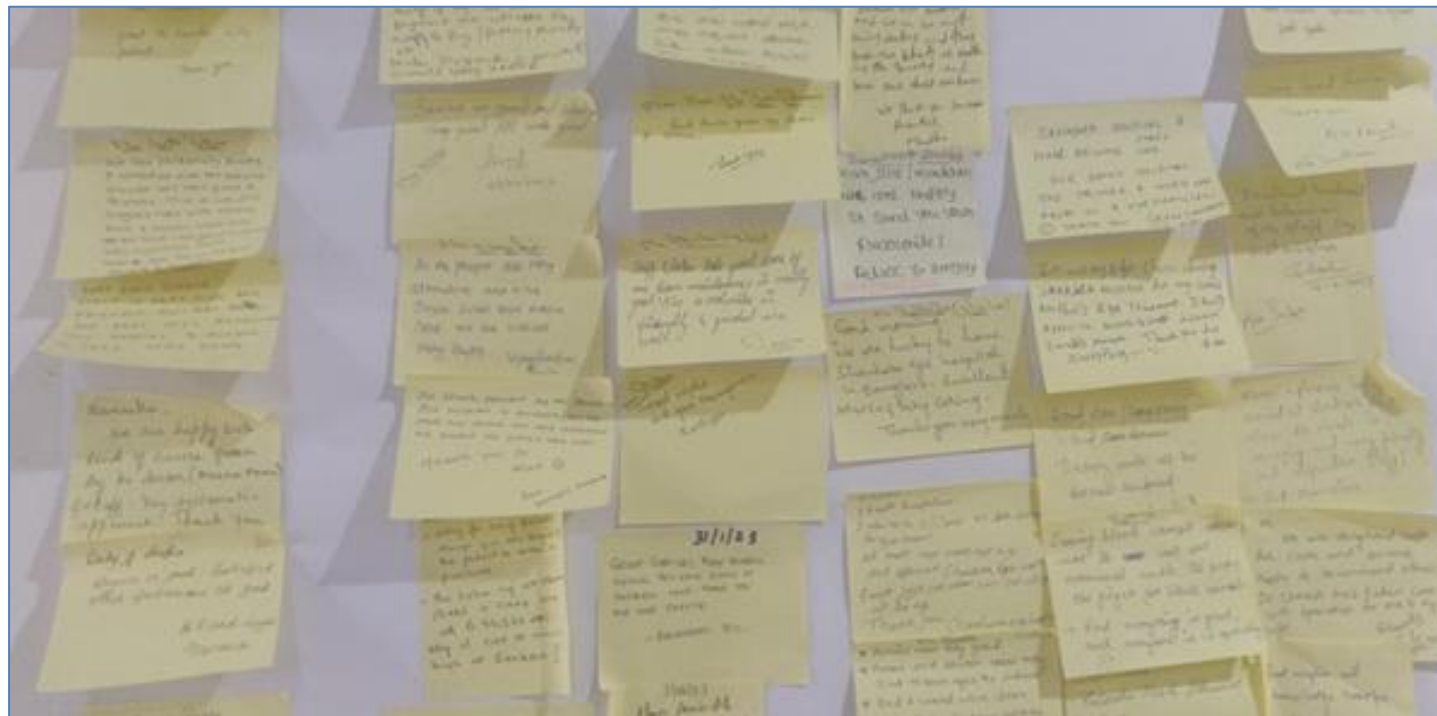
INFORMATION

Real time info of surgeries posted,
A bot using ChatGPT on cataract
surgery, Display of process flow
chart , Videos on WhatsAPP

MOTIVATION

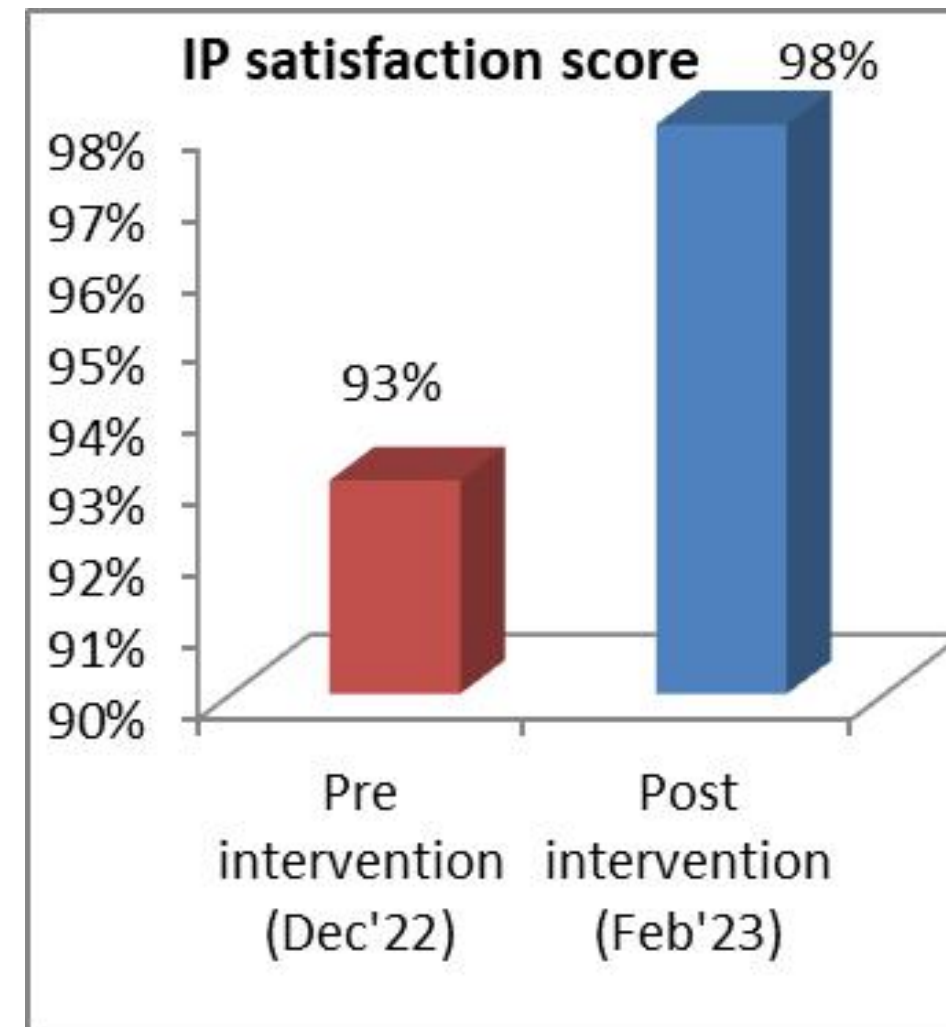
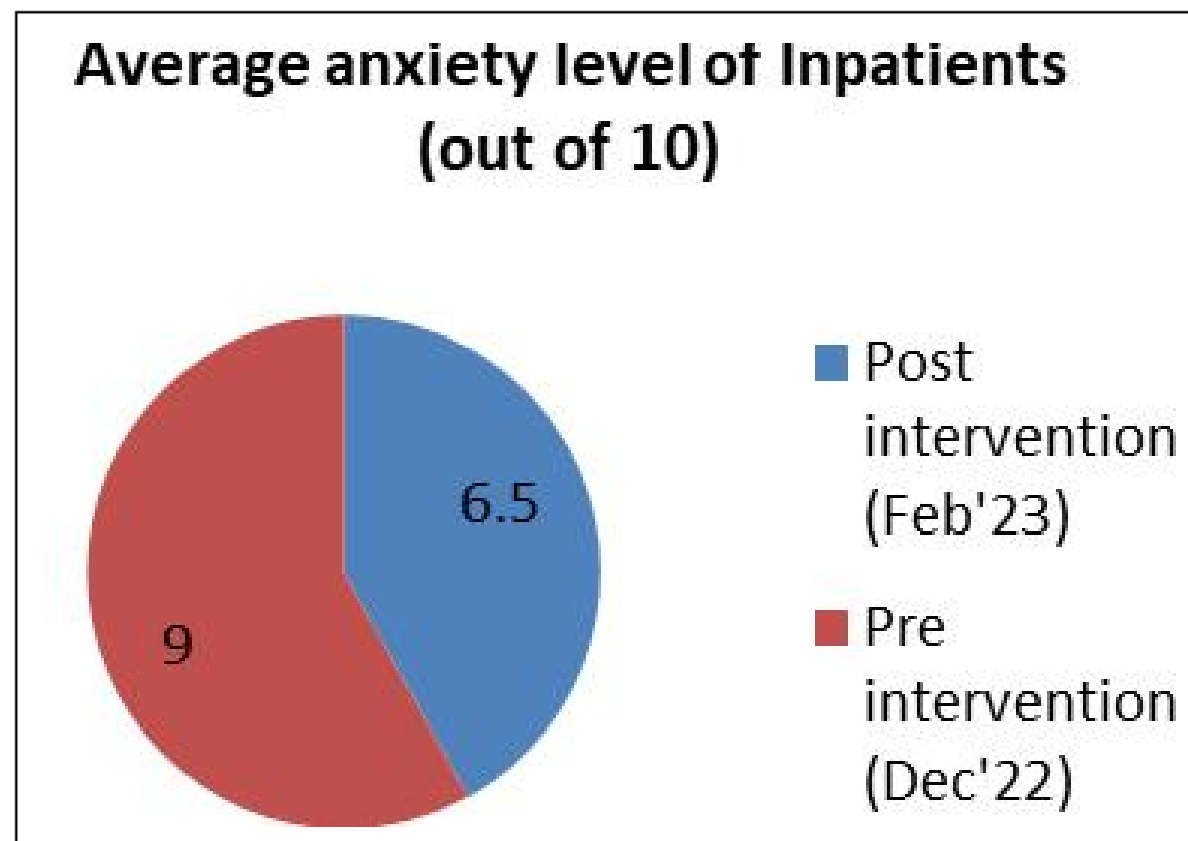
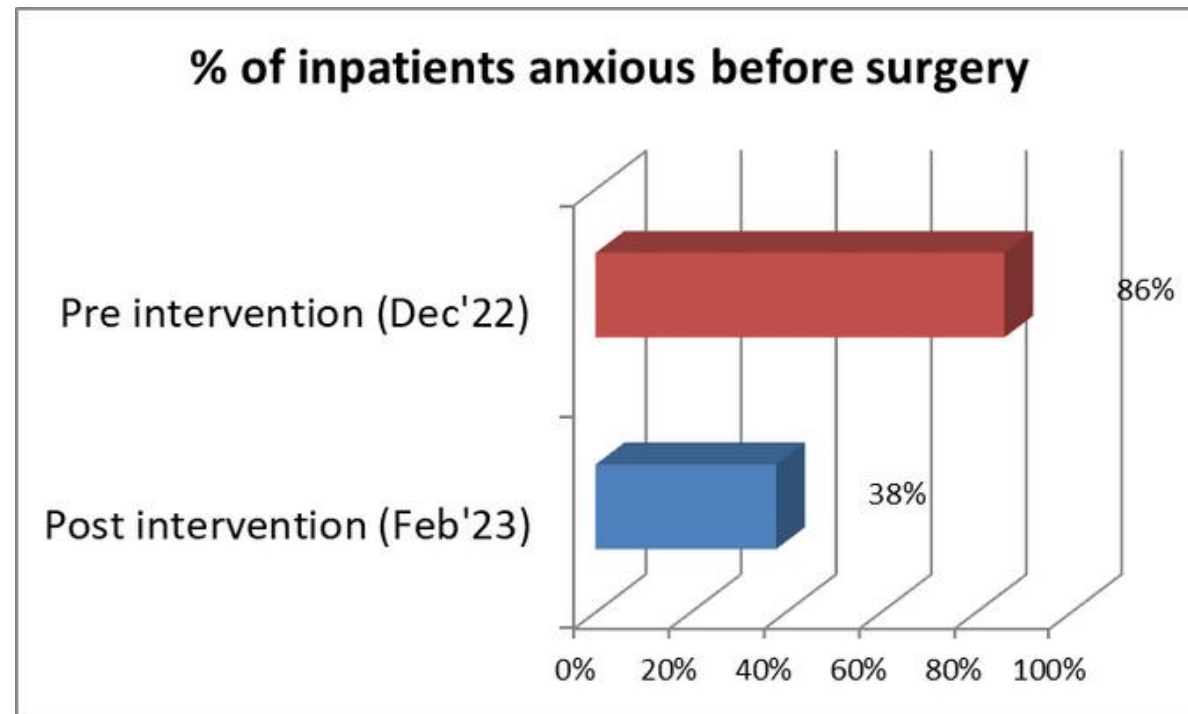
Staggering reporting time,
Welcome kit
Scripted communication, Team
building exercise

Happy Wall





Results



Intangible results -

- **Trust** of patients and staff increased
- **realignment of system** to convenient workflow
- **Immediate redressal** of grievances
- **Interdepartmental staff communication** improved
- **Staff-Patient communication** improved.
- Improved **clarity of processes** amongst staff



Conclusion

While **KANO model** helped understand patient requirements and their relevance, **Design thinking** enables innovative solutions, implement them creatively and reduce anxiety levels in patients undergoing cataract surgery.

Good LEADERSHIP isn't about advancing yourself, it's about advancing the Team !

John C Maxwell

