

The logo features a circular icon with a caduceus (a staff with two snakes) and a white cloud. Below the icon, the text "TMI" is in a large, bold, black serif font, "SPY" is in a smaller, grey, sans-serif font, and "HEALTH" is in a white, sans-serif font.

TMI SPY
HEALTH

Summer 2014

The logo consists of the letters "TMI" in a bold, black serif font, followed by a blue circular icon with a white, stylized, swirling pattern. Below the icon, the text "ENGAGING PEOPLE" is written in a black, sans-serif font.

TMI 
ENGAGING PEOPLE



This is a time of unprecedented change for the healthcare industry around the world – technology is changing how patients access healthcare and their level of knowledge and empowerment; ‘choice’ – a word that was hardly ever used is now often a guiding principle for care delivery and most importantly patient-centred healthcare is now seen as essential rather than a fad.

This all means that Patient Experience is now top of mind. A recent survey in the Care Transition Journal showed that 84% of healthcare leaders ranked Patient Experience as a top priority. In the US Obamacare is putting this top of mind and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores are tied to part of Medicare’s incentive payments. Equally in the UK patient satisfaction scores are reflected in the Friends and Family Test and Commissioning for Quality and Innovation (CQUIN) incentives. Despite this, there is still a long way to go. An article in the Guardian in the UK this May showed that half of all patients in hospital say they aren’t as involved in their care as much as they would like. But a key piece of work published by National Voices, the UK’s leading coalition of health and social care charities will play a key role in influencing this. They have published a body of work conducted by the Evidence Centre describing findings from 779 systematic reviews that demonstrate the positive impact of patient-focussed interventions.

It is against this backdrop that we bring you TMI-Spy Health Summer 2014 which examines a range of trends in the Patient Experience from around the world. TMI has worked with some of the world’s most well-known organisations across a range of industries including healthcare. Here are 10 trends that have most recently caught our eye.

If you would like to know more or would like us to come and present these to you in person or would like us to help create and implement your own world-class

experiences, do drop us a note or give us a call (our details are at the end). We would be delighted to help.

1. Enhancing Space to Reduce Anxiety

Clearly a key element of the ideal patient experience is the physical space that patients find themselves in. A 2010 survey of 1,000 women patients at Toronto’s Women’s College Hospital found that 76% felt anxious, 63% frustrated and 57% afraid, when entering a hospital so designing space with a patient in mind is critical.

In the 1860s two British doctors – John Syer Bristowe and Timothy Holmes investigated the design and management of hospitals. Around 80% of the hospitals they visited in England had some kind of external grounds – often extensive gardens. This figure then started to decline particularly over the last few decades when the need for car parking started to take precedence. But that trend is starting to be reversed or at least more inventive solutions for gardens now exist



in hospitals. Some of these gardens are outdoors – such as Bonner General Hospital Healing Garden in Idaho and some are indoors such as the Ann & Robert H Lurie Children’s Hospital in Chicago. The former is a wonderful example of rustic beauty. Patients can explore the garden through wooden and stone cottages which provide covered shelters overlooking the river



and fountains. In the latter example, the healing garden is on the 11th floor of a 23 storey building. It includes a grove of bamboo trees and beautiful lights to highlight the natural elements of the garden.



This emphasis on integrating nature into hospitals is not just reflected in the increasing number of gardens. Roger Ulrich – the proponent of biophilia – has undertaken research that demonstrates that exposure to natural elements and sufficient daylight can reduce stress, improve health outcomes and even assist pain management. As a result, we are seeing for example much larger windows in hospitals and a general reconfiguration of space so that as many rooms as possible get a view of the outside or look onto a central atrium garden.



Many hospitals have also reviewed their ‘way-finding’. This has often resulted in the renaming of departments from their medical terms to more ‘layman’s’ language e.g. radiology becoming X-ray. Hospitals have also been more imaginative with their use of colour so that

navigation becomes intuitive. But some hospital spaces have truly captured the imagination. One example is the Nationwide Children’s Hospital in Ohio, USA. The main lobby is open and bright, with floor-to-ceiling windows. Figurine birds are frozen in flight, suspended from the ceiling by nearly invisible wire. Speakers emit recorded sounds of nature that change throughout the day. All clearly designed to create a more welcoming, less intimidating space for patients and their families.



But what does the future hold for hospitals and in particular patient rooms? Last year, we were introduced to Patient Room 2020 by NXT Health. This 400 sq. ft. next generation inpatient room is designed to improve infection control, enhance the performance and interaction of any care-givers but also offer new opportunities for patient and family engagement. One design concept is a “patient ribbon” that collects many of the common elements of a patient room (outlets, lighting, audio-visual equipment) into a single streamlined element that encompasses the headwall and footwall.





Another feature is the “patient companion” that integrates a touchscreen tablet into an overbed table to create a piece of mobile furniture that offers patients access to controls, education and entertainment.

This next innovation is not strictly speaking about the use of space although it certainly does reduce anxiety. Many of us have had bad experiences of getting blood drawn or getting hooked up to an IV with clinicians sometimes struggling to find an appropriate vein.

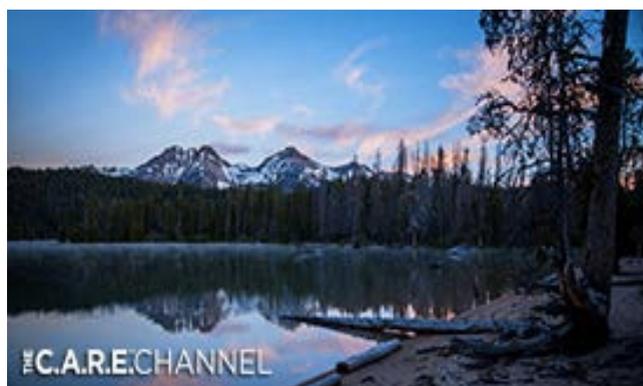
Not only is there a problem with patient discomfort but workflow is often compromised. Evena has introduced battery-powered glasses to allow clinicians to see through a patient’s skin to the vein so they can deliver needle injections more accurately.



Some hospitals are reducing the volume and frequency of medical alarms or replacing pagers with mobile headsets. Patients are also given ‘Quiet Kits’ that contain a headset for TVs and iPads and white noise machines.



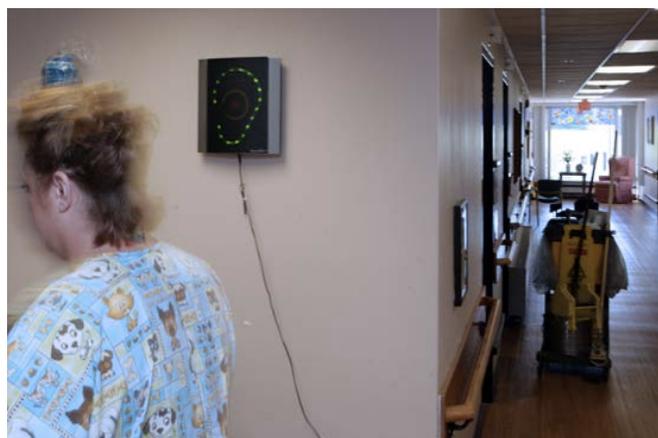
Some hospitals have also started to offer the CARE Channel - standing for "Continuous Ambient Relaxation Environment." This offers a 24/7 television menu of original instrumental music and nature imagery, including a starry night sky. This type of “foreground music” can mask other sounds and has been shown to induce relaxation and improve the quality of sleep.



2. Noise and Waiting Times

For those hospitals who are not in a position to significantly overhaul their physical space, much can still be done in other areas of patient comfort. According to a Beryl Institute report last year, hospital administrators ranked noise reduction as their top priority for bettering scores on patient experience surveys. Noise is obviously not just annoying and disrupts sleep but can also cause spikes in blood pressure and interfere with pain. Gary Madaras, Director of Making Hospitals Quiet tells clients to “*stop chasing silence and instead increase the ratio of good sounds to bad noises.*”

The SoundEar Noise Warning Sign has proven very popular in hospitals. The presence of the noise warning sign in an obvious location is often just enough to remind people about the area's sensitivity to noise.



Together with noise – one of the biggest frustrations for patients is ‘wait time’. A Harris Interactive study in the US found, unsurprisingly, that 63% of patients believe the amount of time spent in a waiting room is “very” or “extremely” important.

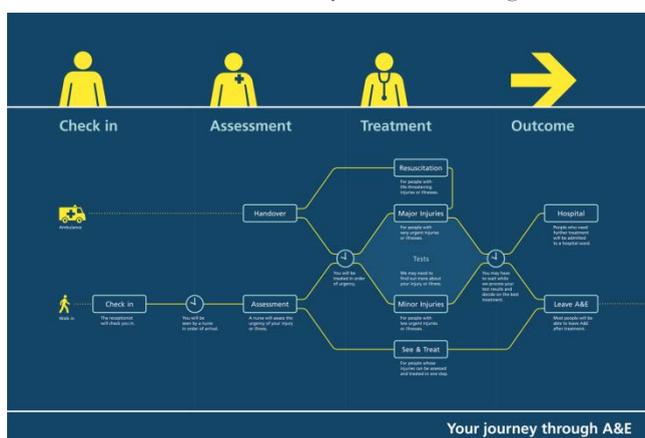
As a result, we are starting to see more ‘virtual queuing systems’, self-check-in kiosks and the like. PeaceHealth hospitals in the US have started to use RFID technology to enhance patient flow. An employee hands badges to patients entering the Emergency (or A&E) department to keep tabs on their movement and learn when their care stalls along the way. Clinicians are tracked with the same technology to make sure they are properly distributed throughout the area. It also tracks equipment to eliminate bottlenecks and to avoid, for example, technicians having to wait for an available X-ray machine. A digital whiteboard shows patients each step along the way, and allows PeaceHealth to view where there’s room for improvement.

Many hospitals also recognise that the goal is not to decrease actual waiting time but to increase opportunities to occupy time while waiting. One example is Mosaic Life Centre in the US. They have done away with a front desk and instead patients and their families are greeted by ‘Life Guides’ who can check patients in on laptops or other portable devices. If there are any delays, patients are often then presented with a tablet that is preloaded with music and

magazines. Sometimes, when there are many patients who are waiting, there are other activities to occupy time such as cookery demonstrations in the lobby area which are particularly welcomed especially because they focus on recipes incorporating items that the patients are likely to have been encouraged to eat more of.



Nowhere is the wait more frustrating than at Accident & Emergency. And in this hotbed of stress and uncertainty, there can be resulting anger and even violence towards hospital employees. A programme commissioned by the Design Council and the Department of Health in the UK found that this often stemmed from a lack of understanding and transparency about the A&E process. The designers PearsonLloyd worked with two pilot trusts in the UK – in Southampton and London. Their ideas included a new approach to greeting patients on arrival; a system of environmental signage, a personal ‘process map’ explaining what patients can expect from the treatment process; and screens to provide live, dynamic information about how many cases are being handled.





These ideas though simple were clearly effective. Post pilot research found that the redesign cut aggressive behaviour and threatening language by 50 per cent. Three-quarters of A&E patients surveyed said that the redesign had reduced their frustration during waiting times, while 88 per cent said it clarified the A&E patient process.

3. Health Food

The provision of food is a complex matter for hospitals in particular. On the one hand few argue with the benefits of healthy eating and yet others grapple with their ability to provide this with increasing pressure on costs. Some foods that are shunned by nutritionists are the very things that some patients (and indeed hospital employees) reach for in times of anxiety. And some hospital administrators would argue that the revenue earned from the provision of less healthy food enables hospitals to provide care for pressing health concerns. Despite – or because of this context, hospitals around the world are recognising that they need to provide a more authoritative role and more guidance when it comes to healthy eating and more importantly to practise what they preach. With obesity levels at all time highs for patients (as well as healthcare employees) the ‘see no evil, hear no evil’ argument is rapidly losing fans.

There are some really great examples of best practice in this area. In the UK, the Royal Bolton Hospital has been particularly active.

They have not only managed to ban the sale of large bottles of sugary drinks within the hospital grounds, but have improved the availability of healthy options in the hospital canteen by introducing a traffic light labelling system. Traffic light labelling has become increasingly popular in hospitals around the world. Hospital leaders find that ‘nudges’ work far more effectively than more radical interventions. Other examples of simple nudges include changing the casing on vending machines to promote water sales. At the Children’s Hospital, Colorado this alone led to an 8 percent increase in water, diet and zero-calorie beverage sales. At Nemours Hospital in the US, hospital staff were able to increase take-up of healthy meal options simply by listing healthier items first on menu boards along with nutrition information.

Sometimes these nudges need to literally come to the patient. At the Children’s Hospital in Winnipeg Canada mobile meal carts visit patient floors three times a day bringing a selection of choices that the young patients can pick and choose from. The management say the carts encourage eating - critical for sick kids with lagging appetites - by offering choice and immediacy.



“We wanted to find a way to create a child friendly service that engages children so they can see and smell the food.”



Another thing that has become popular in hospitals is the introduction of local markets. Not only does it encourage healthy eating habits but it also enhances a sense of community with local merchants and residents. Queen Elizabeth Hospital in Birmingham in the UK has one on the last Wednesday of every month. You should pop by if you are in the area!



But you don't need merchants before you can have a market. Khoo Teck Puat Hospital in Singapore have a marvellous garden which includes a significant vegetable plot boasting a huge variety of crops. The harvest is served up to guests and if more is reaped than the hospital needs, it is sold in mini markets.



4. Art and Well-Being

In the previous edition of TMI-Spy Health we highlighted several art initiatives in hospitals around the world to improve the physical space. What we are starting to see increasingly is the integration of art (in its broadest form) into patient interventions. Surveys in the US have shown that almost half of the healthcare institutions there have some sort of arts programme. The University of New Mexico Hospital is not alone in its creation of an 'Arts-in-Medicine' programme. A 'troupe' of creative artists including actors, dancers,

writers etc. are present in the hospital not simply seeking to perform but more overtly to 'facilitate creative encounters' with some powerful outcomes. For example, a woman in her 50s recently paralysed from the neck-down had hitherto been labelled as a 'problem patient'. It transpired that she used to be a painter, but could no longer handle a brush or paints. An artist offered to act as the patient's hands, drawing a picture directed by the bedridden woman. The results were transformative as this patient's creative voice was once again released.

Beyond the visual arts, we are seeing the increasing use of poetry. The National Aspergillosis Centre based at the University Hospital of South Manchester employed a writer in residence to work with patients and staff. Aspergillosis is a complex disease which is difficult to explain. By using poetry some patients found they could express themselves better than they would in plain words. Patients write their feelings anonymously on coloured slips of paper and Caroline Hawkrige – the poet in residence – weaves them into a group poem. According to one patient the poetry has helped them *"come to terms with the whole thing on a practical and a deeper level and to feel I am not alone."*



Poetry is also becoming part of training for NHS staff working in mental health. Paul Wiggins a poet from Derby in the UK has been asked to record a video of a poem – not one that he wrote himself but one by Charles C Finn – *Please Hear What I'm Not Saying*.



Paul initially read this poem out at a carers event where the poem resonated particularly strongly with the audience. The video will be used in training to remind people of the impact that caring for someone with a mental health problem can have on partners, friends and relatives.

5. Looking After Our Children

In the last TMI-Spy Health we had many examples of wonderful patient experiences aimed at children and in this edition we have another wide range of great ideas.

At Alder Hey Hospital in Liverpool, a robot has been used in a children's ward to allow patients to communicate with each other and with staff. Children are able to control where the robot goes, with the face of the person in charge shown on a screen via a webcam.



KonneKt is a game which allows isolated children in hospitals to play with their peers and encourage social contact. It was developed in the Netherlands and based on studies that have found that deprivation of social contact for young children can seriously harm normal social development. The game consists of a large set of soft foam shapes which can be attached to the windows, using suction cups and magnets.



The magnets encourage social play, because players are needed on both sides of the window to use them. The shapes can be combined in different ways to play games such as Tic Tac Toe, chess or to play challenging 'catch me if you can' games.

We applaud Doug Dietz – a product designer at GE Healthcare. He had been designing CT and MRI scanners for 20 years and was incredibly proud of them. One day he saw first hand just how intimidating these scanners were to children and learned that a large percentage of children get so panicked about their procedures they require some sort of sedation. So he teamed up with Children's Hospital of Pittsburgh, the children's museum of Milwaukee, and childhood development experts. He held design sessions in daycare centres. The design team members did simple things, like kneel down and look at the imaging rooms and equipment from the height of a child. Together, they designed a new experience to help kids feel less afraid. The heart of the experience is a set of decals that transform the imaging room and scanner into an adventure landscape – in this case a pirate ship.



When the hospital technician greets the patient in the waiting room, she gives him a black-felt pirate hat and growls, "Aaaaarrrr ye ready?" Then, as the child walks into the room, he smells coconut that's wafting up from an aromatherapy vaporizer. And when the procedure is over, he receives a hero's award that he can share with friends and family.



Not only have the children actually been excited about their adventure – they are calmer and so the radiologists get more accurate images. And of course faster, easier procedures that don't require an anaesthesiologist help the hospital to increase throughput and save money.

The team at Alder Hey haven't just stopped at robots (see previous) they have completely rethought their pathway for children needing minor emergency plastic surgery procedures such as stitches for a cut to the eyebrow or finger. Before the new system was introduced, young patients had long waits for such operations in an unfamiliar environment and as they were unable to eat before their surgery, this could be an upsetting time both for the patient and their family. Now – as part of the 'Early Bird and Walkabout Pathway' young patients are assessed at their local centres in the community and if they require specialist plastic surgery, they are referred to the Early Bird Plastic Trauma Assessment Clinic at Alder Hey. Families are given specific instructions to follow to help prepare their child for the morning appointment which includes being fasted overnight. The early morning appointment helps reduce the discomfort for children fasting as they've spent more of this time in the comfort of their own home. And by the look of the photo below, the team at Alder Hey seem pretty pleased with the results.



The Montreal Children's Hospital in Canada hopes a new text messaging service will make waiting less stressful for parents of sick children. This service is available to patients and their families once they have arrived at the emergency room and been evaluated by a

triage nurse. A website tracks wait times, and allows parents to submit the hospital card numbers of their children and their phone numbers to receive updates by text message. Parents can also check wait times on the hospital's website before deciding whether or not to register at the ER. The service will then send SMS messages every five minutes to update patients on their wait. The text message will tell parents which category of patients their children fall under, and where they stand among patients in that category.

For those without smartphones, the emergency department provides two stand-up iPad kiosks that keep track of overall wait times.



Nemours Hospital's 95 patient rooms feature colour changing LED lights that can be changed by their young patients for dramatic effect. And we mean dramatic! They can be seen by as many as 55 million visitors coming to Orlando Airport every year. The hospital has found that giving children choices and letting them control their physical environment can boost self-esteem and outlook.





6. Pre and Post-Care

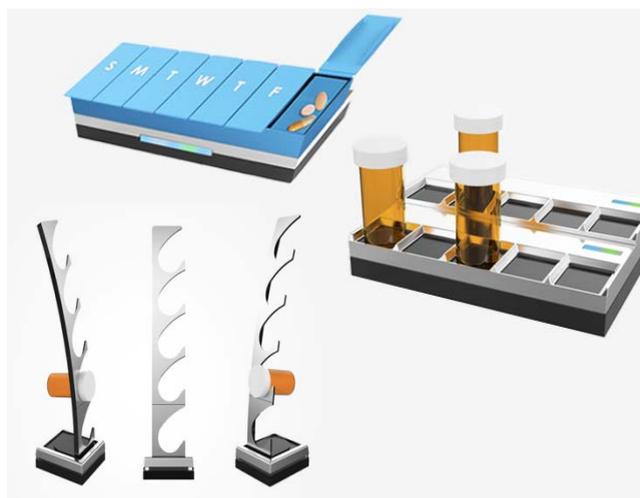
While the previous trends have focussed mainly on what happens at hospitals, these ideas are about support to patients outside of the hospital stay.

PillPack is a US online pharmacy that pre-sorts medicine into sealed, single-dose packs with a date and time clearly printed on the front, based on when a patient needs to take their medications throughout the day. The system the company uses isn't new. Care facilities have been getting medicine for their patients in easy-to-distribute, pre-sorted rolls for years. Now this service is available directly for patients. Prescriptions can be easily set up through the website and PillPacks are then automatically sent out on a regular basis plus PillPack's pharmacists will also follow up with your doctor for any renewals.

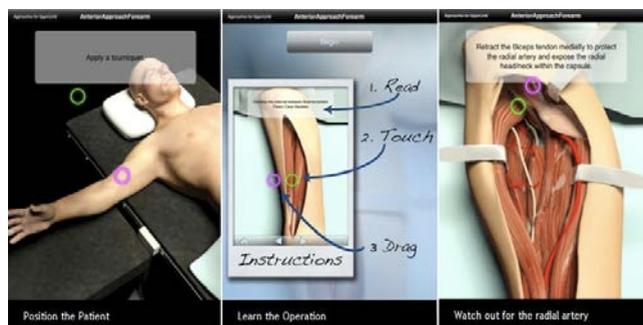


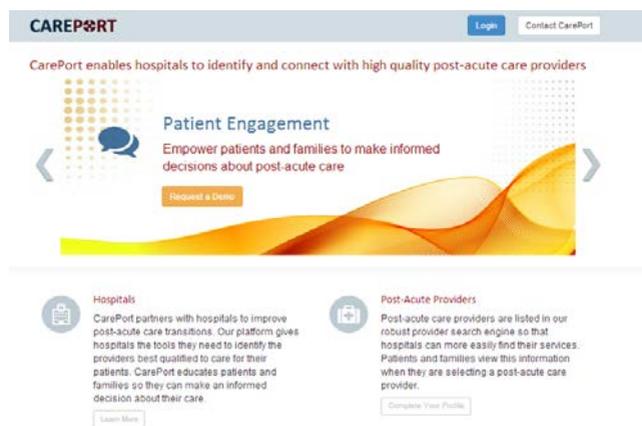
But sometimes just packaging medication clearly is not enough for some patients. NVOVLE is a pill bottle holder that tracks prescription use in real time and alerts close contacts if a dose is skipped or taken incorrectly. The system comes in a variety of different forms - two tree-shaped holders that carry either one or five different pill bottles, two segmented trays that hold five or ten bottles, and a seven-section pillbox that splits doses into each day of the week. Each device features sensors that detect the weight of any pills or bottles in order to track when medication is taken. The holders are synced with data from doctors that detail

the prescription dose and time, flagging a discrepancy if users take too much or too little, or at the wrong time of day. Usage is monitored in real time and any problems immediately trigger a notification on a relatives' or caregivers' phone or computer. The company is currently carrying out trials of the devices, which will eventually go on sale for \$75 each.



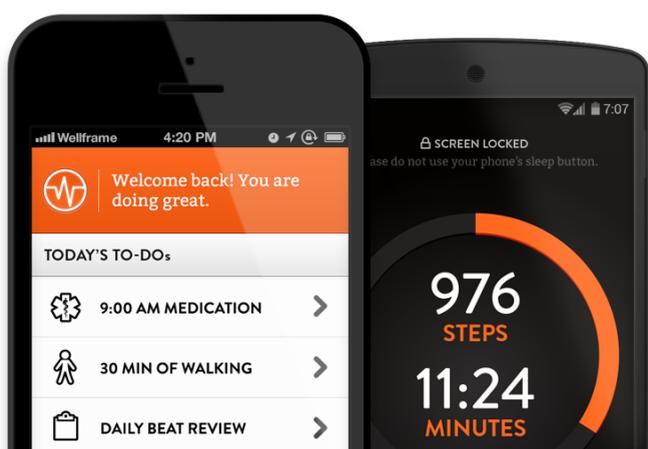
For many patients, the fear of the surgical process can be worse than the actual process itself. Touchsurgery is an app that can help patients who are unfamiliar with surgical processes and who experience stress going into unknown and risky situations, prepare for their operations by learning what they will be facing. Patients simply choose their procedure and the app shows them a detailed step by step simulation of the operation, taking the mystery, fear and anxiety away from the actual procedure, similar to de-sensitisation therapy. It's also a great tool for surgeons to help de-mystify a procedure and build trust and confidence in patients.





Finding good post hospital care can be a lengthy and frustrating process for patients. In order to help patients with this, Harvard Medical School students developed the online platform ‘Careport’. The centralised service connects hospitals, care providers and patients relaying information between them to ensure proper care. Streamlining the process of finding aftercare not only makes the search and comparing easier for patients it also could potentially save hospitals and staff valuable resources from dealing with patients who are readmitted because they didn't or couldn't find the appropriate aftercare.

Wellframe is a cloud-based mobile app that helps doctors remotely track and help patients with chronic conditions. The tool enables doctors to continue to engage with patients once they've left hospital by making them check off daily personalised to do lists, encourage them to take their medications, track their physical activities, record their symptoms and give them feedback.



The idea is that this should encourage compliance and decrease re-admittance.

7. Supporting Dementia

The number of people living with dementia worldwide is set to treble by 2050, according to analysis from Alzheimer’s International. It is becoming one of the biggest health and social care challenges of this generation. With more research the onset of the disease can hopefully be delayed for some but there is a long way to go. There is increasing innovation in this area – encouragingly sometimes from young innovators who have been personally touched by someone suffering from Dementia.

One of these young innovators is Richard Ernest who created RemPods which are best described as pop-up reminiscence rooms which work by turning any clinical care space into a therapeutic and calming environment, stimulating memories in people with dementia.



The pods range from a 1950s room to a vintage store, a dance hall and a cinema. Richard came up with the idea for his RemPods five years ago when he started giving lifts to his elderly neighbour to visit his wife in a care home. Whilst he was waiting for his neighbour he would talk to some residents who had dementia and was struck by how often they were living in the past and got the idea of developing reminiscence pods.



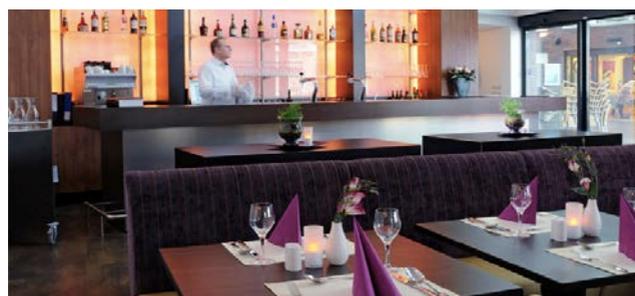
Another young innovator, Ken Marsch, developed Myhomehelper – a memory aid that helps dementia sufferers living on their own. It displays regular, random and timed reminders and photos that assist with daily activities helping to relieve boredom, tiredness and anxiety. It also helps family and friends to stay in touch via a video calling feature. Kevin developed this after his mother was diagnosed with dementia.



A stuffed monkey has become quite the sensation at the St Luke's ElderCare centre in Singapore. But this monkey is more than a simple toy. It is a prototype of the “Huggler” - a pet robot being developed by the Agency for Science, Technology and Research. Researchers are hoping to use it as an alternative to pet therapy in improving the quality of life for the elderly. Dr Tan, the inventor also believes it can become a tool to diagnose mental conditions such as dementia saying that the Huggler can do this by monitoring changing patterns of interaction between it and the user.



Dr Tan hopes that his creation can supplement current diagnostic tools such as questionnaires and extensive manual observation that “require skilled staff, time and resources.” A prototype monkey has proven so popular that centre manager hopes to introduce the device to ElderCare's other 11 centres.



In the small town of Weesp, in Holland at a dementia-focused living centre called De Hogeweyk, (Dementiavillage) the relationship between patients and their care is serving as a model for the rest of the world. At first glance, Hogeweyk can appear like a fortress – a block of apartments and buildings closed to the outside world with gates and security fences but inside, it is its own self-contained world with restaurants, cafes, a supermarket, gardens, a pedestrian boulevard, and more.

The idea, explains Hogeweyk's creators, is to design a world that resembles normal life as much as possible - without endangering the patients. For example, one common symptom is the urge to roam, often without warning, which had led most “memory units” and dementia care centres to institute a strict lock-down policy. At Hogeweyk, the interior of the security perimeter is its own little village - which means that patients can move about as they wish without being in danger.



8. Easy Access

In our introduction we talked about the impact of technology on access and covered some innovations in this area in our previous edition. Since that edition, there has been an increasing range of web-based services to facilitate online consultation offering patients fast access to doctors and enabling health care professionals and hospitals the ability to generate additional revenue.

The first idea is a free online doctor appointment scheduling service, accessible from any Internet-connected device, for people who need a doctor, dentist, or specialist in a new country. The service - called TraveDoc helps patients find their physician by entering their doctor's specialty, location, and language.



Then they enter their personal information and book their appointment - including house calls - right on the doctor's calendar. They receive a text message and/or email confirmation,

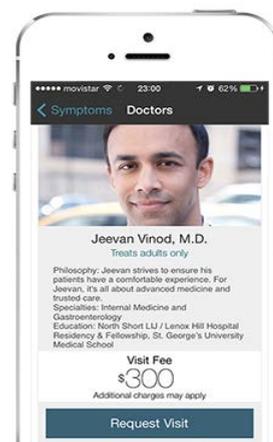
including directions to their physician's office (if applicable).

There's also an easier way for patients to find a Doctor to do house calls. This free app called Pager is letting New Yorkers call a doctor of their choice to their home at any time through their smartphone.

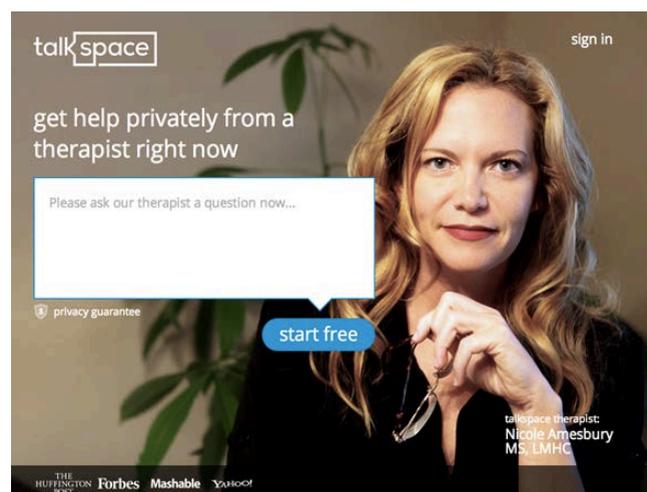
It is designed to offer an alternative to a GP visit and is suitable for a variety of non-emergency illnesses, chronic conditions or injuries. Users can browse the roster of board-certified health professionals, which can be sorted by proximity or specialism.

When a doctor is chosen, a same-day appointment and payment can be arranged through the app. House visits typically cost around \$300 and the service is currently limited to Manhattan.

Just like other areas of healthcare, telecommunication innovations are changing the face of therapy services, and we've already seen startups such as iCouch offer counselling via video chat and instant messaging.

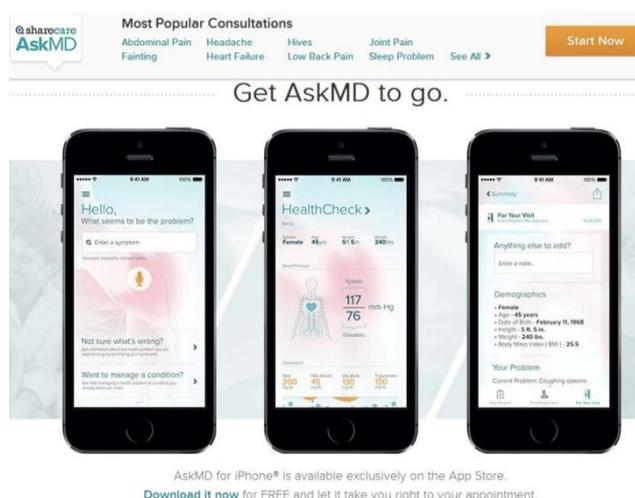


Now Talkspace is enabling patients to chat instantly with a professional therapist whenever they want, offering treatment without time restrictions or the need to make an appointment. Rather than the weekly face-to-face meeting that therapy sessions traditionally use, Talkspace leverages smartphones to keep subscribers in touch with a designated psychologist through text messaging and video chat. The company's Unlimited Messaging Therapy costs \$25 a week and enables members to anonymously and privately message a licensed therapist as many times as they'd like, whenever and wherever they need to. Through the Talkspace app, users can also take advantage of free public forums as well as one-off live video therapy at \$29 for 30 minutes.



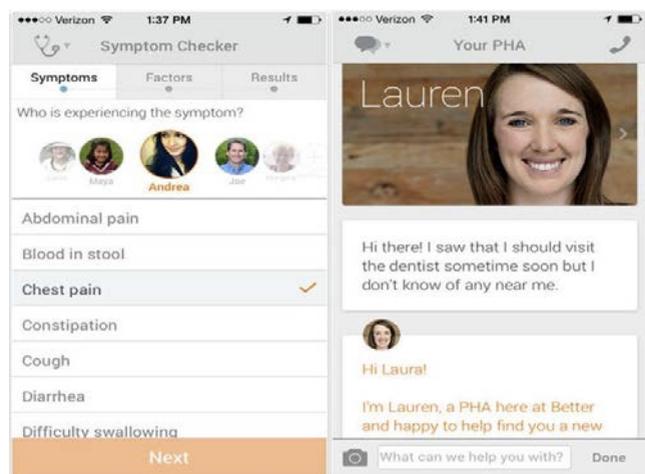


U.S. mobile platform AskMD delivers expert, personalised medical opinions through step-by-step virtual consultations. The app distinguishes itself from less comprehensive symptom checking platforms by asking a series of pointed questions - while also considering relevant factors like age, gender, height/weight, blood pressure, cholesterol level, and current medications - after receiving an initial summary of the health issue at hand. Once the app identifies a probable cause of the symptoms, it can then recommend an appropriate nearby doctor affiliated with the user's insurance provider.



AskMD for iPhone® is available exclusively on the App Store. Download it now for FREE and let it take you right to your appointment.

And finally, The Mayo Clinic has created an app with health technology start-up 'Better' giving people a personal health assistant in an app. For \$49 per month you get real-time 24/7 video chats with Mayo Clinic nurses, personally-tailored health information, secure



digital health records storage, a 'symptom checker' that incorporates individual user's health histories, and access to a personal medical concierge who can provide more information or schedule patients' doctor appointments. The service is compliant with federal health privacy regulations.

9. DIY Health

In our previous edition we covered 'DIY Health Tools' such as Earlydoc, Medivizor, Scanadu Scout and uChek. Since then the wearable and mobile technology trend has been growing significantly.

Patients have increasing access to a whole range of mainstream technologies that enable them to collect data about them and self-diagnose. From devices that take your pulse and glucose levels to gadgets that check your heart rhythms. The most high profile introduction to emerge over the next few months is Apple's HealthKit - which is going to be a feature in the soon to be released iOS8 platform. It's a single app which provides a composite view of all your health data, much of which will be supplied by third-party applications and devices. For example, Nike's working to integrate HealthKit into its apps and the FuelBand, and the MayoClinic will create a Wellness Plan which can be monitored by doctors, who can provide timely care.





Other medical institutions are working on supporting HealthKit, with Apple specifically mentioning Mount Sinai, Sutter Health, Penn Medicine, Cambridge University Hospitals, and UCLA Health amongst others.

Kinsa is a smart thermometer that aims to enable people to track their health, analyse symptoms and learn about illnesses. The thermometer comes with an app and can be plugged straight into the headphone jack of a smartphone. During a temperature measurement the Kinsa app displays fun and relaxing animations on the smartphone screen, making the entire process more relaxing for kids. Depending on the temperature measured, the app asks a range of questions to identify symptoms of common conditions and help the patient take the right action. Family members can create individual profiles in the app, and each person's temperature can be tracked over the entire course of an illness. The individualised temperature history in the app can then be shared with the family doctor to determine when the symptoms first showed up. Kinsa has a mission to enable the crowdsourcing of health data to give people a better context for their family's illnesses, helping to track and prevent their spread.



DIY can sometimes be translated as "Get off your backside!" When Dr. Robert Zarr wants to help kids with obesity and diabetes in Washington D.C., he doesn't just order in another set of pills. He looks up a database of green spaces and asks his patients if they've

been outside recently. Then he writes a prescription - to a park. Over the last three years, Zarr has been chief evangelist for Park Rx, a system that makes it easier for doctors to recommend outdoor activity, offering an alternative or supplement to drug treatments. With the help of the National Park Service, the D.C. Department of Parks and Recreation and other groups, Zarr mapped and rated 380 parks for their activities, cleanliness, safety, and accessibility to transit. Now when DC's doctors look up a patient's electronic record, they can see a database of greenery alongside other options. They can ask patients about their physical activity and what they like doing, then print out a page with details of a nearby park with a map and picture. Zarr now hopes to develop a mobile app, and perhaps get the "have you been outside recently?" question included in patients' pre-interviews alongside other vital signs queries. Park Rx could even help cut the amount of drugs doctors prescribe, reducing kids' exposure to chemicals. "If patients are losing weight and their blood pressure is going down, then theoretically you should be able to decrease the amount of medicine you prescribe," Zarr says. "No doctor wants to prescribe medicine if there's a safer alternative, which is spending time outside."





10. Rewarding Health

DietBetter is a 'social dieting' platform to help people lose weight by providing them with cash rewards. In other words they win by losing! The company claims that with their DietBet game they transform weight loss from a solitary chore into a fun community activity, helping you to believe in yourself, invest in your health, and stick with your commitments. People who join the DietBet programme place money bets on themselves, and those who lose a certain amount of weight after a month all divvy up the pool. Financial incentives have been shown to help people lose weight and keep it off. When participants in a recent Mayo Clinic study were offered a chance to win \$20 a month, 62 percent completed the challenge, dropping an average of nine pounds. Without financial incentives, only 26 percent followed through, and lost just two pounds on average.

The screenshot shows the DietBet website interface. At the top, there are navigation links: Home, Find Games, Create A Game, How It Works, Testimonials. The main header features the DietBet logo and a 'Start A Game Log In' button. Below this is a featured game titled 'MyFitspiration TWO!' with a '\$25 Bet / 25 Days To Go / Open Access / Host's Latest Activity' and a 'JOIN THIS GAME' button. A quote reads: "Hannah & Olivia from NBC's Biggest Loser 11 challenge you again!". The game details show a '\$25 bet', '1,627 players', '\$40,675 in the pot', and '25 days left'. There are social media sharing options for Like, Tweet, and Pin. Below the game details is an 'Average Player Pace' section with a progress bar for 'Sharing on RunKeeper (26 players)' at 27%. Other progress bars show: 'Women < 188 lbs (719 players)' at 11%, 'Women 188+ lbs (727 players)' at 14%, and 'Men < 229 lbs (91 players)' at 6%. There are also user comments and updates, such as 'drummen-guy has weighed in at 196.4 pounds, down 1.2 pounds now at 15% of his goal' and 'JamesP just finished a 0.8 mile run'.

A similar but more extravagant initiative has been introduced in Dubai where authorities are increasingly alarmed about the sharp rise in obesity and are offering gold in return for weight loss in a scheme called "Your Weight in Gold." For each kilogram lost, participants will receive a gram of gold, which is currently worth about \$45 (£30).

Those taking part - dubbed "golden losers" - need to lose at least two kilos to receive the payout. The three participants who lose the most weight will be entered into a draw to win a gold coin worth \$5,400.



A Russian bank is offering a new account which rewards customers for every step they take. To take advantage of Alfa-Bank's fitness account, and its high interest rate of 6% per annum, users first need to sync their Jawbone, RunKeeper or Fitbit fitness tracker to the bank. Then, using the new Activity™ software, the user decides how much their activity is worth. They can select for every step or meter they walk or run to transfer between 1 to 50 cents into the fitness savings account to enjoy the high interest rate. In essence, the more the user walks, sweats, and exercises, the more they'll save.

The advertisement features a young boy's face on the left. The main headline is "Healthy is new wealthy" in red. Below it, the text says "- FutureBanking.ru". The central focus is the 'ACTIVITY' app interface on a smartphone. The app shows three steps: 'Step 01: Get connected. Upload your device account with any fitness tracker of your choice.', 'Step 02: Move the bank. The more activity you do, the more money you earn. You can see your progress.', and 'Step 03: Take the gold. In your fitness tracker you will see your own gold coins and your profit too.' To the right of the phone, the text reads: "The more you move the more you earn" and "An application that made Russians move". At the bottom right, there is a small disclaimer: "Alfa-Bank opened up its fitness clients accounts, to receive credited earnings, as well as other services, only for those who have a valid passport, ID, active credit card, active salary account, and have a valid mobile number. The program is available only for those who have a valid passport, ID, active credit card, active salary account, and have a valid mobile number." The background is a dark red color.

Do you remember Tamagotchi? Well – in a similar vein Leap Band is a digital pet but in this case it responds to children's activity, tracks their performance and teaches them about healthy eating.



Designed for kids ages between four and seven, the wristband features a display showing a creature that children can pick from an array of characters. In order to make their virtual pet happy, kids need to complete active challenges such as ‘wriggle like a worm’ or ‘hop like a kangaroo’, with their actions detected through the device’s built-in accelerometer. The more they exercise, the more points they win to unlock new challenges.

.....and finally,

The Smallest Touches Make the Biggest Differences

We end this edition of TMI-Spy Health with a special recognition of the work of Kate Granger. For those of you, especially outside the UK, who have not come across Kate, a quick introduction. Kate, a junior doctor specialising in elderly medicine, has incurable cancer.

One of Kate’s frustrations as a patient was the number of medical staff who failed to introduce themselves when treating her. In a recent article Kate explains it wasn’t an occasional slip but something that “seemed to permeate through the professional groups and support staff.” More importantly she goes on to say that “when someone did offer a friendly introduction...it made all the difference. It began a relationship, helped to put me at ease, relieving my anxieties and humanised what can in many circumstances be an extremely dehumanising experience.”

Kate then wrote an entry on her blog suggesting her colleagues adopt the practice of personally introducing themselves, using a Twitter hashtag #hellomynameis to spread the word. It has made more than 26m Twitter impressions in 10 months, with more than 18,000 individual tweets and nearly 22,000 visitors to her blogpost.

Kate’s experiences are not unique to her, nor unique to the UK. Troy Bishop – physician lead for Patient Experience at Summa Physicians in Los Angeles USA, observed interns over 732 patient encounters looking for evidence of 5 interactions:

1. Did they introduce themselves?
2. Did they tell the patient they were a doctor?
3. Did they touch the patient in any way?
4. Did they ask an open question such as “how are you today?” and
5. Did the intern sit down at any point while talking to the patient?

Out of the 732 encounters, only 30 encounters included all 5 interactions. Dr Bishop is frustrated that his industry is developing “an incredible number of new treatments and pathways that we can’t afford and yet we cannot even introduce ourselves, say hello and ask one question!”

Kate’s personal experience and Troy Bishop’s research reminds us that, like many things that improve experiences, saying hello costs nothing, takes a few seconds and has a hugely positive impact on the patient experience. In June this year Dr Kate Granger will become the youngest ever fellow of the Royal College of Physicians (RCP) at the age of 32, and she is the first non-consultant to be given the title. TMI would like to take this opportunity to congratulate Kate and thank her for her continuing inspiration.



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