# Sick of Sickling:

# Using Design Thinking to Craft Meaningful Care Plans for Patients with Sickle Cell Disease



Mia Dobbin OMS IV, Grace Borkowski MS I, Chelsea Leversedge MS I, Caitlyn Van Bockern MS I, Teaghan Cowles MS I, Linde Bischak, MS IV
Anusha Raja, MD, Samuel Porter, MD, Michelle Knees, DO,
University of Colorado School of Medicine



#### BACKGROUND

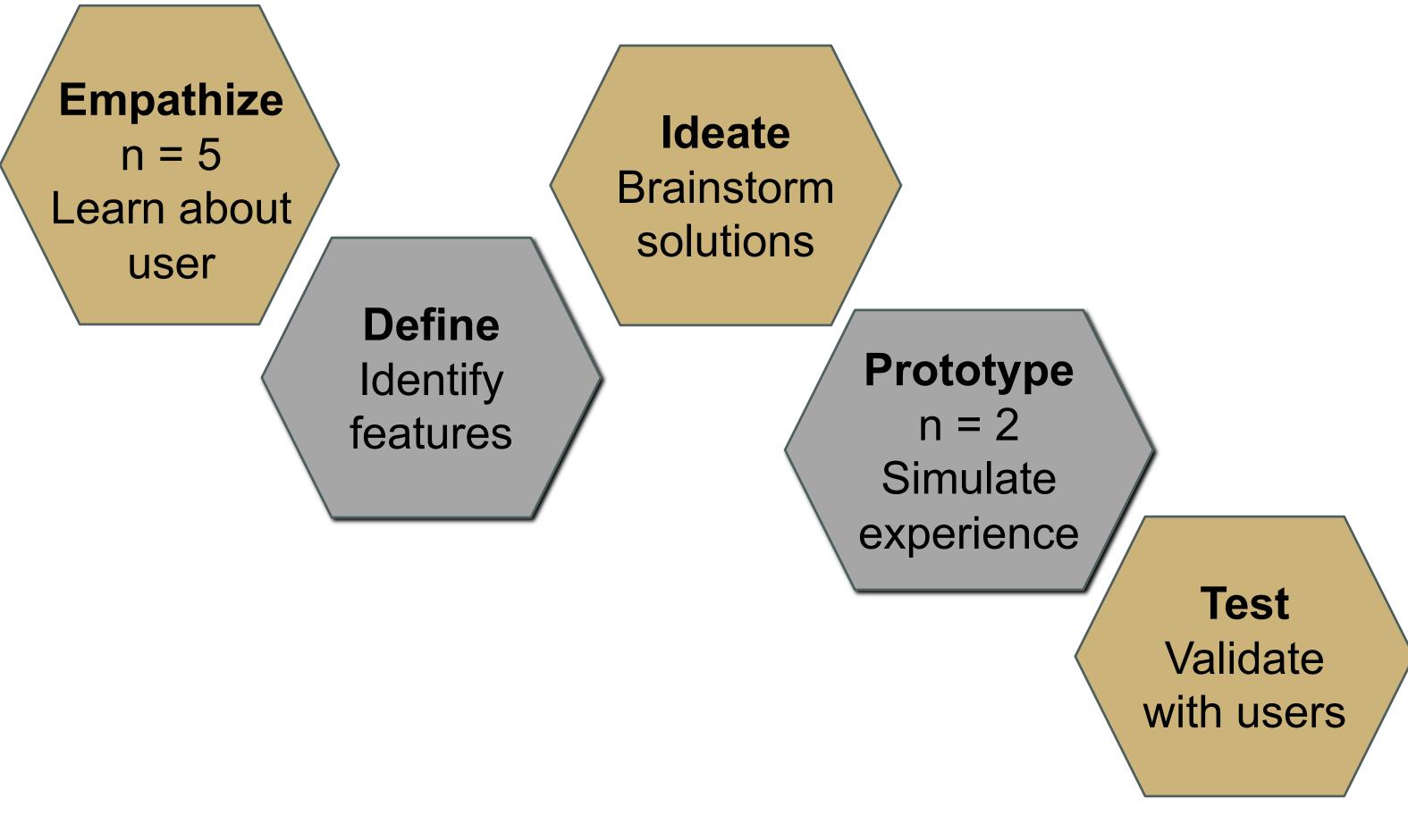
- Avg LOS for patients with sickle cell disease (SCD):
   5.0 days.
- Anschutz Medical Center (AMC):
  - Extended LOS across all units
- High readmission rates
- Ranks 95<sup>th</sup> percentile for poor performance among academic medical centers
- Individualized care plans can reduce admission rates and alleviate financial burden.

#### **OBJECTIVE**

- Understand SCD patient hospitalization experiences
- Utilize design thinking process to create SCD personalized care plans

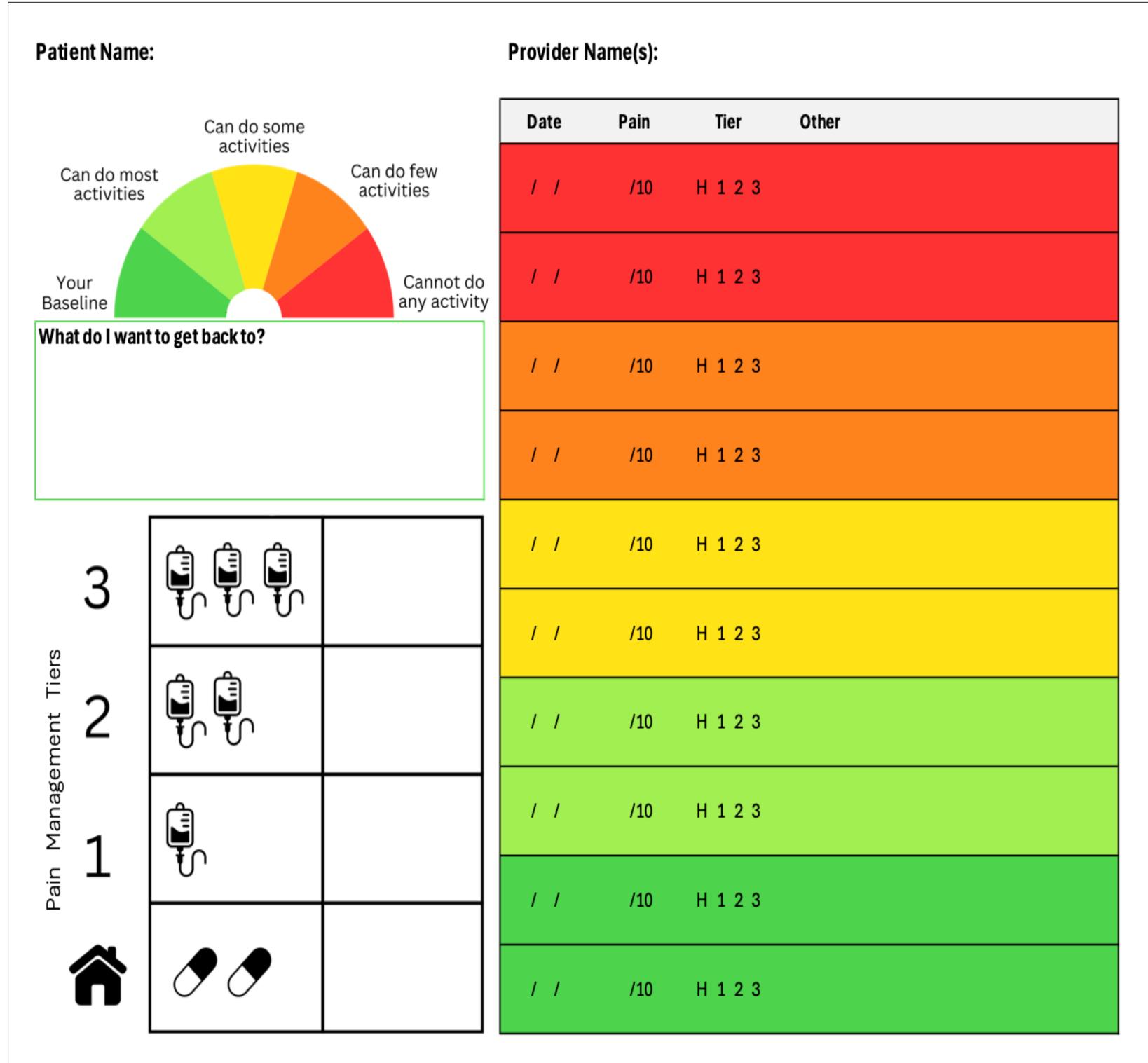
### METHODS

- Location: AMC inpatient units
- Population: 7 adult patients admitted with SCD
- Interviews: July 15-26, 2024
- Qualitative, thematic analysis to identify key insights and recurring themes



Desi Think Pha	cing	Tools Utilized	Insights Gained
	mpathize	Empathy Map  Journey Map	Key Themes: Trust vs. Distrust
			Control
			Stigma
Empa			Objective vs. Subjective Feelings of Pain
			Burden
			Connection
			Dismissal
	Define	Why-How Laddering "How Might We" Statements	How Might We Collaborate
			Present personhood
Defi			Advocate
			Extend a sense of home
			Be consistent
		Solution Generation Affinity Mapping	Most Rational Ideas: Personalized Care Plans
Ideate	ate		Interactive Physical Communication tool
			Sickle Cell Patient Unit
		Interviews using Prototype	Interview Insights Writing Challenges
	rototype & Test		Desire for Physical Care Plans
			Tool for Collaboration
			ACKNOWLEDGEMENTS:

#### RESULTS



- The final prototype: a daily collaboration tool tool kept within physical care binder
- Features pain log, goal-oriented ability meter, and tiered pain management plan

## DISCUSSION

- Design thinking can create patient-centered tools
- Strengths
- Development of a collaboration tool that enhance patient-provider communication, connection, and consistency
- Limitations
- Limited number of patient interactions with prototype
- Availability of feedback during pilot phase
- Future research/next steps
- Analyze pilot's effectiveness with high-utilizer patients