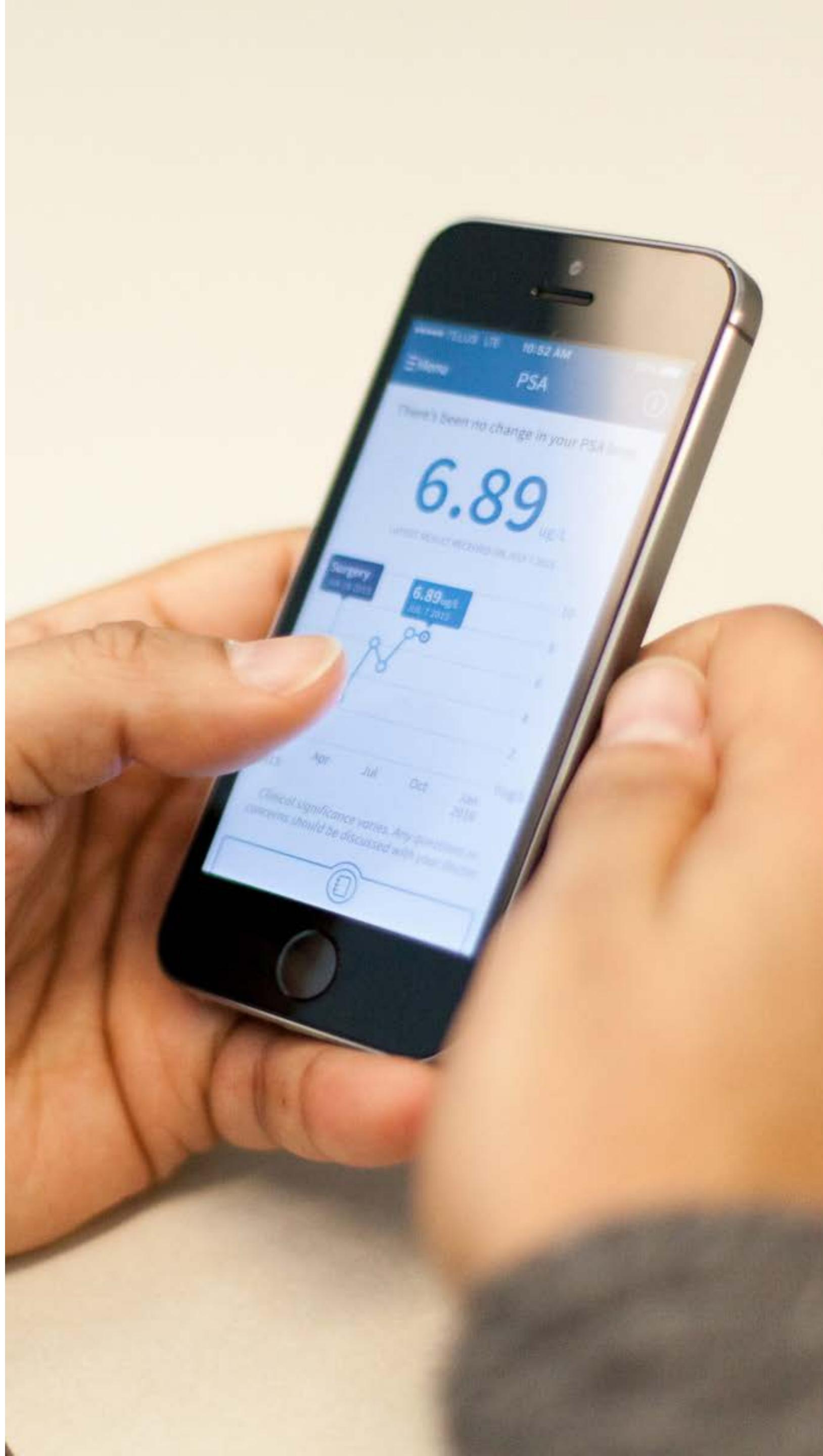


# Designing Services for People Not Technology

**HEALTHcare  
HumanFACTORS**  
a proud partner of UHN

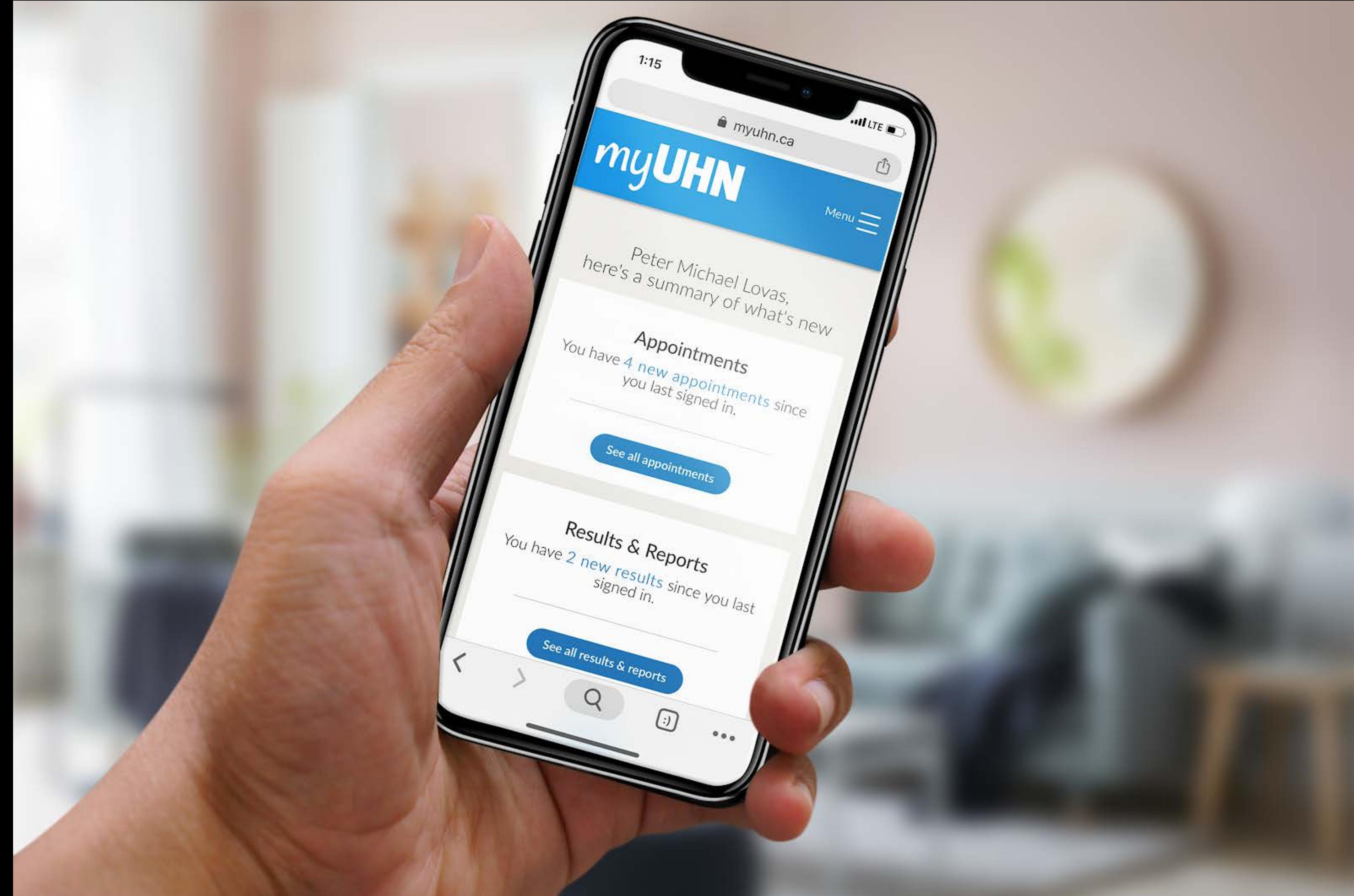
**Mike Lovas**  
Design Director  
[humanfactors.ca](http://humanfactors.ca)  
[@mlovas](https://twitter.com/mlovas)





# Healthcare Designer & Engineer

# Patient



than would be expected for simple cysts with the dominant lesion seen in segment 3 measuring up to a maximum of 7 mm in size.

Vascular enhancement of the IVC ,hepatic veins and portal venous axis is within normal limits. Partially contracted gallbladder. No bile duct dilatation is seen. The pancreas and spleen are unremarkable. No discrete adrenal nodules. The right kidney appears within normal limits.

No ascites seen within the abdomen.

Appearances of the imaged colon are grossly unremarkable. No evidence of any enlarged retroperitoneal adenopathy. No size significant upper abdominal lymph nodes are seen. No osseous lesion of concern.

Areas of dependent atelectasis are noted in the imaged lung bases.

Impression Enhancing solid renal lesion within the left kidney. No evidence of any macroscopic fat on this lesional modality.

The differential for this lesion includes a renal cell carcinoma, a lipid poor AML and an oncocytoma. Further evaluation by MR recommended in the first instance. Multiple tiny liver lesions as indicated are too small to characterize but higher in density than would be expected for simple cysts. These could be assessed at the time of the patient's MR assessment.

FOR PHYSICIAN USE ONLY - Please note that this report was generated using voice recognition software. The Joint Department of Medical Imaging (JDMI) supports a culture of continuous

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## Technology doesn't care

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# Care is disconnected







I'm my own advocate



# Managing Your Pain with Patient Controlled Analgesics

## Cleaning Your Skin Before Your Surgery at Univ Health Network (UHN)

### Surgery at Toronto Hospital and Princess Margaret Cancer Centre

What you need to know before surgery

Pre-Admission Clinic at Toronto General Hospital  
University Health Network  
Phone: 416 348 4600 ext. 2200

### Your Surgical Preadmission Agenda

Welcome to the Preadmission Clinic. Your appointment may have been scheduled 3-6 months today, so you will be speaking with several members of our Preadmission Team.

There will be periods of waiting if however during each team member. However, we will do our best to shorten your waiting times.

Please feel free to ask for staff any questions regarding your medical status and the hospitalization process.

**UHN** Toronto  
Margot  
Gordon Cancer  
Centre

Transplant Registry No.

LOWAS, PETER MICHAEL

MRN: 4037001

LOWAS, PETER MICHAEL  
19 JONES AVE.  
THORNHILL, ON M1J 3A3

Complete Black History Assessment and Review (BH) at [bit.ly/1fek16z](http://bit.ly/1fek16z) (link) now.  
BH is a free self-assessing risk check for physical, emotional, spiritual and relational health. It helps you find ways to manage your care and live a healthy life in connection with your existing care. Visit [www.bh.ca](http://www.bh.ca) or call 1-877-234-2222.

Section	Examiners	Date	Clinic Name	Location	Healthcare Provider
1.1a - the 2013-14 year	ANTHONY THIBAULT	Perf	100 CLINIC 1110-1440-2337	Private Room, 100 Floor	ANTHONY THIBAULT HOLLYWOOD PATIENT NURSE

Time: 10:00 AM - 11:00 AM

1.1b - 100 CLINIC  
CENTRAL PARK  
919-340-2334

100 Park Street  
Central Park  
919-340-2334

100 Park Street

100 Park Street

For patient facing assessment for T-cell MRD, please follow the link to the Prognostic Disease page located in your Medical Record application home.

Time: 11:00 AM - 12:00 PM - ANTHONY THIBAULT

100 CLINIC

100 Room

Private Room, 100

ANTHONY THIBAULT

HOLLYWOOD PATIENT  
NURSE

#### INTERESTING FEATURES

These services  
allow you to  
communicate  
with your care  
team.

**Kidney Cancer**  
Living beyond your diagnosis

Canadian Society  
of Clinical  
Oncology

## Life after Cancer Treatment

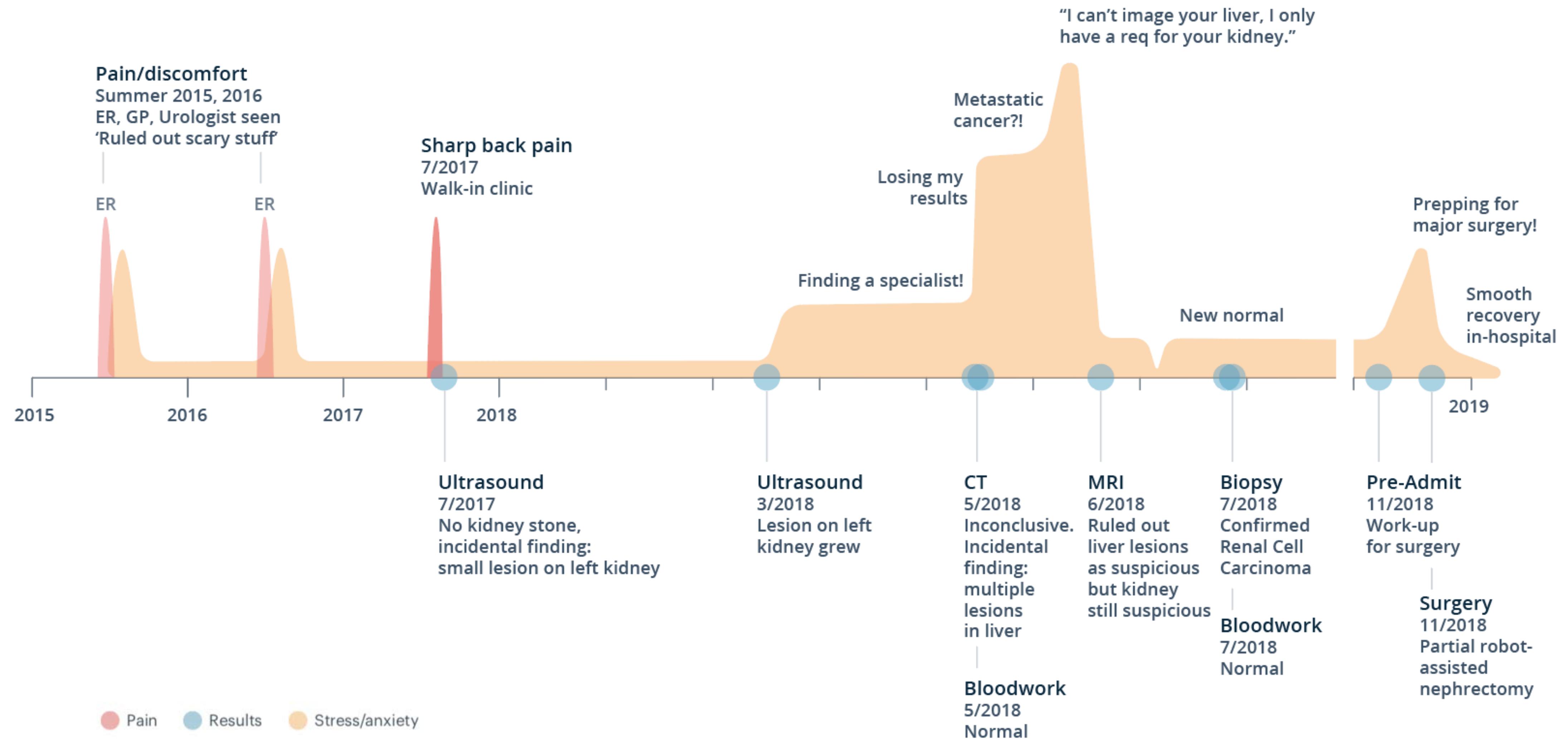
1-800-929-3333 | [cancer.ca](http://cancer.ca)

1-800-929-3333 | [cancer.ca](http://cancer.ca)





# A Bumpy Ride





Nov 22, 2018  
8:00am



2

OA



21030195H1064000  
06/04/2019 JL 09

QUICK WIPES



# 12 month follow-up

Was that good care?

quality?

service?

**What *is* good care?**

quality?

service?

# My Reflections @ One Year

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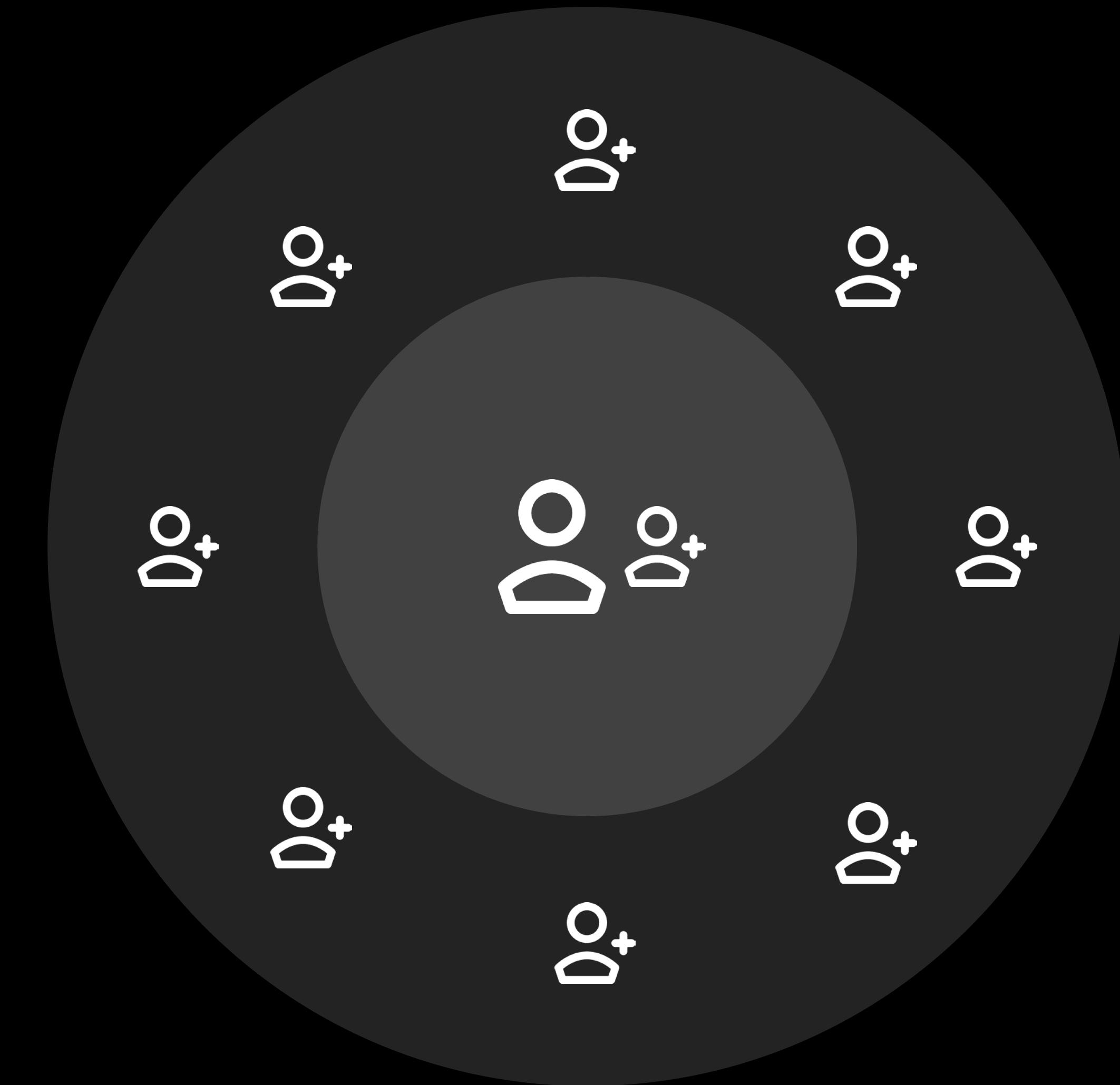
- People are good
- Tools are good
- Systems are siloed & misaligned

# The Way Forward



# Integrated Care Models

End-to-End Service



# Supportive Technology

Humane and Enabling



# Service Design Approach

Human Centered  
Systems



# Integrated Care at UHN

- **Understanding patients' experience throughout the continuum of care**
- **Co-design the details of the model with everyone involved**
- **Continuous evolution**
- **Technology to follow**



**“As a patient, it feels like everybody is connected and you’re the center hub of the wheel.”**



Frank Proctor enrolled in Integrated Care at UHN prior to lung surgery in late July and twice in the first month after he got home used the 24/7 phone line to connect with his IC Lead. (Photo: Courtesy Frank Proctor)

# Healthcare Designer & Engineer

# Patient

@mlovas  
mike@humanfactors.ca