ABSTRACT

The complexity of health care services requires the participation of the greatest number of actors in the decisional processes, including end-users as patients and their family. Nonetheless, users’ inclusion in healthcare is a cyclic process because any actor can be seen as users of surrounding services. In this scenario, it is useful to adopt a unique method to elicit needs at different levels.

METHOD[1,2]

AHP is a multi-dimensional decision-making method based on the ideas that it is possible to prioritize needs by:
- Grouping them into categories and sub-categories
- Performing pairwise needs comparisons
- Defining a hierarchy of quantitative and qualitative knowledge, measuring also intangible needs

CS1) management control: exploring consensus[3]

Question: how to allocate year budget according to Medical Unit needs following bottom-up interactive approach?

Experts:
- piloting 9 responders (3 managers, 3 clinicians, 3 engineers)
- 7 medical doctors in charge of 7 different medical units, casually chose among the 62 existing at the case study hospital, answered the questionnaires.

Results

Preliminary Conclusions

- AHP is sufficient flexible to be used at different level (managerial/clinical/technical/patient)
- AHP results have to be interpreted
- AHP results in quantitative priorities and short reports, luckily
- AHP is sufficient flexible to be used at different level

CS2) CT scanner: exploring differences[4]

Question: how needs changes according to medical specialization and/or intensity of care (elective vs emergency)?

Experts: 5 clinicians (>20y of experience), working in a public hospital, responsible of the unit they were working in at the time of the study, which were: radiology unit, emergency unit, minimally invasive ear surgery unit, neurology unit

Results

Preliminary Conclusions

- AHP present limits due to underlying assumptions
to impact on technical designers (engineers love numbers…)
- AHP results have to be interpreted (managerial/clinical/technical/patient)
- AHP is sufficient flexible to be used at different level

CS3) Epipen and user needs*

Question: why patients do not carry epipen everyday?

Results

Preliminary Conclusions

- AHP is sufficient flexible to be used at different level
- AHP results have to be interpreted
- AHP results in quantitative priorities and short reports, luckily
- AHP present limits due to underlying assumptions

CS4) US navigator for spinal surgery[5]

Question:
- Which need is more important in each step of spinal surgery?
- Do these needs change according to the medical specialization (neural vs orthopedic)?
- How this affect the design of a navigator?

Results

Preliminary Conclusions

- AHP is sufficient flexible to be used at different level
- AHP results have to be interpreted
- AHP results in quantitative priorities and short reports, luckily
- AHP present limits due to underlying assumptions

3) L Pecchia, J Martin, A Ragozzino, C Vanzanella, A Scognamiglio, L Mirarchi, S Morgan (Submitted March 2012) “User needs elicitation via analytic hierarchy process (AHP), a case study in a CT scanner”.
4) L Pecchia, J Martin, A Scognamiglio, A Ragozzino, C Vanzanella, A Scognamiglio, L Mirarchi, S Morgan (Submitted March 2012) “User needs elicitation via analytic hierarchy process (AHP), a case study in a CT scanner”.