MAYO CLINIC



DESTINATION EXPERIENCE PROJECT

Discovery Report

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PROJECT CONTEXT

WHY ARE WE HERE? WHAT ARE WE TRYING TO DO?

+ Help destination travelers have positive experiences when they visit Rochester, MN.

WHAT'S THE CONTEXT?

+ The intersection between healthcare and hospitality.
+ From Mayo's doctor offices to local hospitality businesses.
+ We tend to assume:

  ... that travel is a broad skill that people are generally capable of navigating on their own, at least good enough to get here,

  ... that basic information is readily available and obtained by our traveling guests,

  ... travel companions don't need as much attention or help as patient travelers do, and

  ... that the "patient" lens is the central and exclusive lens through which to understand the destination traveler.

WHAT ARE THE PRECONDITIONS FOR SUCCESS? HOW WILL WE KNOW IT?

+ Destination travelers actively engage in Rochester, MN. Rochester provides opportunities for engagement that meets people where they are at.
+ People return to Rochester anticipating interactions, places and situations they enjoyed from previous experiences.

WHAT ACTIONS CAN WE TAKE TO GET THERE?

+ Challenge our assumptions, gain awareness, ask questions, and test ideas to learn more.
+ Deliberately create experiences that see the traveler not only as a patient but as a guest.

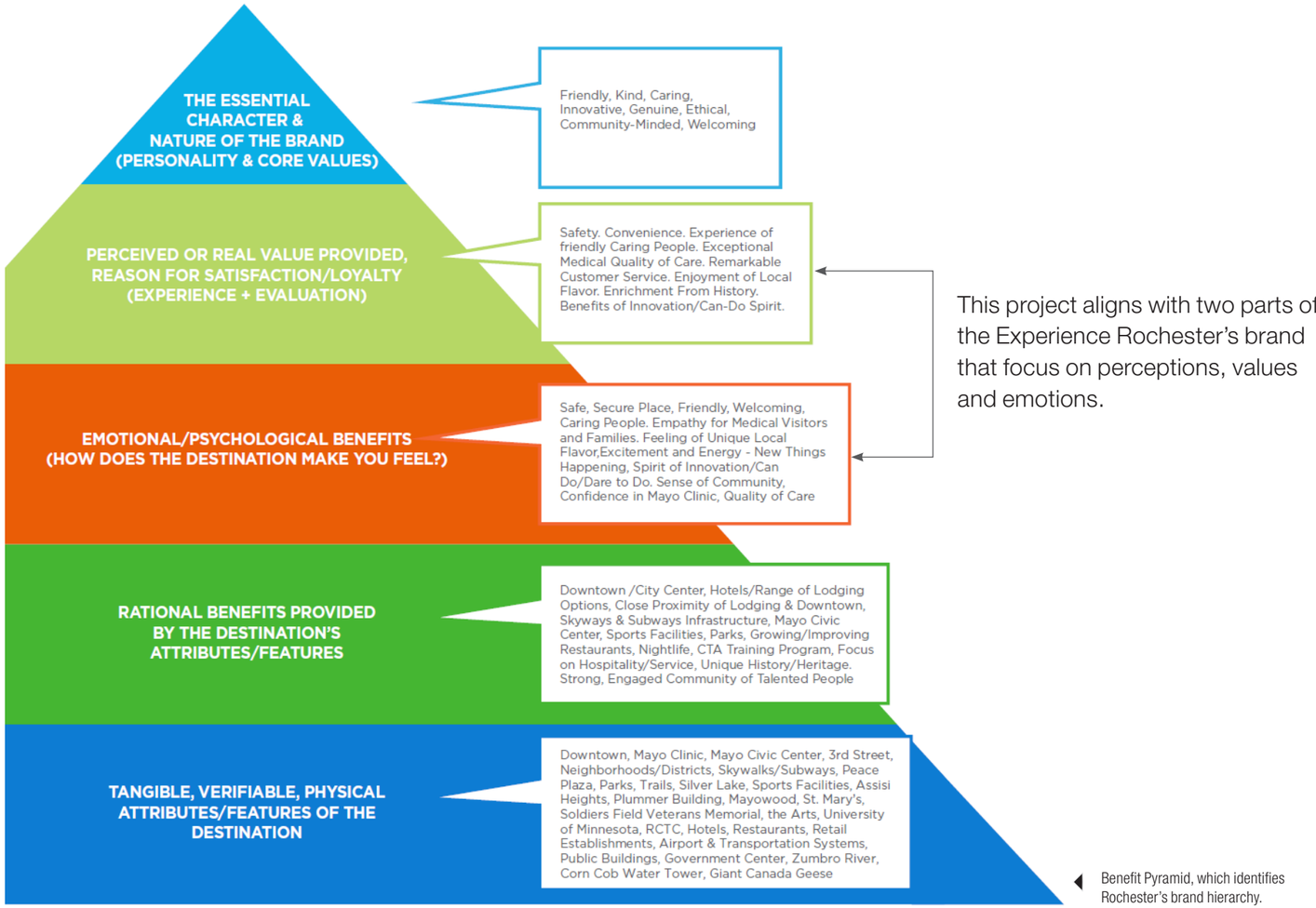
PROJECT DEFINITION

DESTINATION EXPERIENCE PROJECT has two main objectives:

+ To obtain a pulse check on the destination traveler's emotional journey when they visit Rochester, MN, and
+ To identify key areas where deliberate design can be applied to create a highly-differentiated destination experience.

This project seeks to advance one of the five strategic Destination Medical Center objectives:

> "Achieve the highest quality patient, companion, visitor, employee, and resident experience, now and in the future."

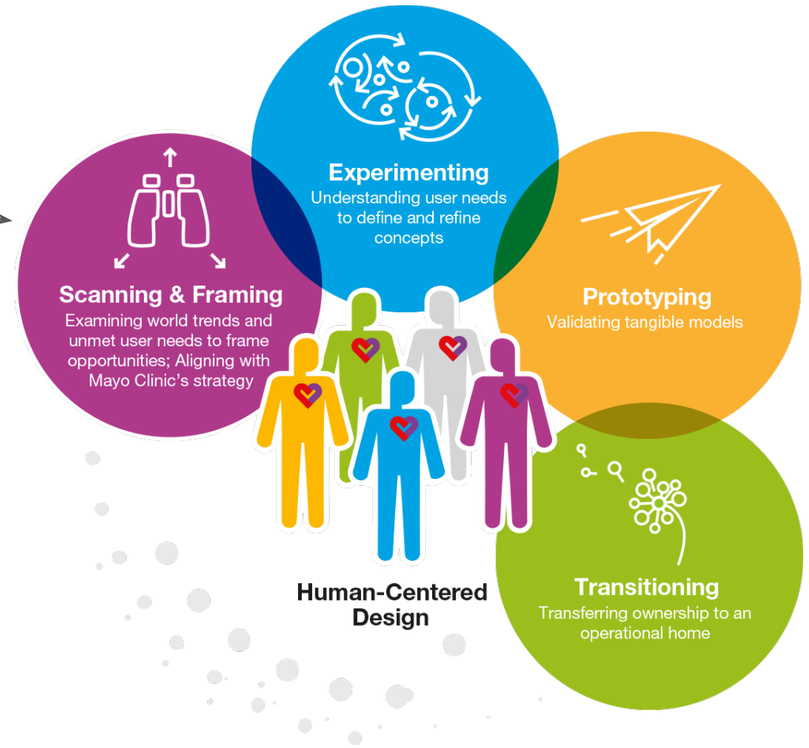


This project aligns with two parts of the Experience Rochester's brand that focus on perceptions, values and emotions.

Benefit Pyramid, which identifies Rochester's brand hierarchy.

PROCESS: INNOVATION & DESIGN METHODOLOGY OVERVIEW

At Innovation & Design, we innovate by using design thinking, deep collaboration, and rapid experimentation to co-create unparalleled health care experiences. Our methodology is anchored in Human-Centered Design which uses design and scientific methods to uncover human needs and solve problems in the health care. Our process has four phases of design: Scanning and Framing; Experimenting; Prototyping; and Transitioning. **The scope of the project and this report is in the Scanning and Framing phase.**



Design thinking has become a vital tool in fueling business innovations. What is our product? Are we delivering it in a way that makes the consumer feel good about the experience? Are we providing a service that won't become obsolete? In health care, design thinking has played a role in creating competition in medical innovation. Mayo Clinic's Innovation & Design fuses design principles with the scientific method to uncover human needs in the health care environment including:

+ Empathy
+ Creativity
+ Systems thinking
+ Human-centered focus
+ Ethnographic and observational techniques
+ Sketching and visualization
+ Prototyping
+ Storytelling
+ Brainstorming
+ Diverse research teams

PROCESS: DAY RECONSTRUCTION METHOD

This project predominantly uses the **Day Reconstruction Method** (DRM, or sometimes DRC) developed by Dr. Kahneman, and his peers Drs. Kreuger and Schkade. Dr. Kahneman is a psychologist specializing on judgment and decision-making, as well as behavioral economics.

Day Reconstruction Method is a research instrument that assesses how people spend their time and how they experience the various activities and settings they engage in. It is an experience sampling method that asks research participants to recall their previous day and report 1) where they were, 2) who they interacted with, 3) what they did, and 4) how they felt.

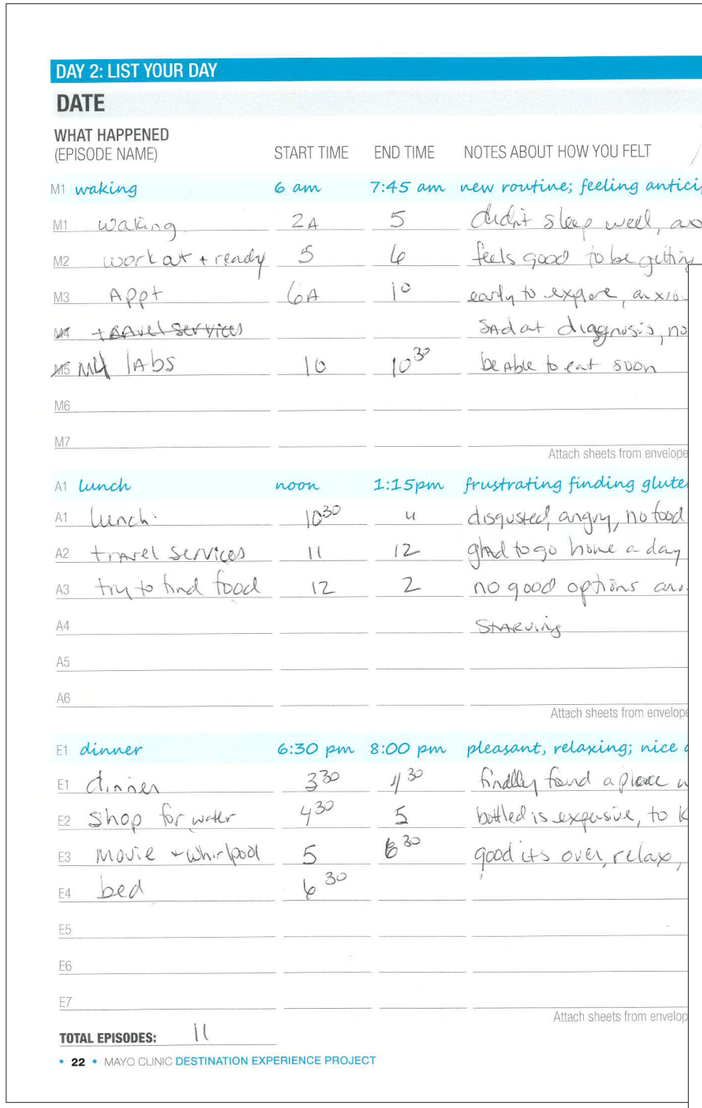
Having participants recall and report on their previous days experience is important because they are operating in a mode in which decision-making is also used.

We modified the instrument in three key ways:

1) We lengthened the instrument to include multiple days.
2) We adjusted the intro and exit surveys to ask about health and health care feelings rather than workday feelings.
3) We included a "feelings wheel" instead of using a list of emotions. The feelings wheel was developed by Dr. Gloria Willcox and is used by The Mayo Clinic Office of Patient Experience to assist in assessing patient caller disposition and ensure empathetic communication.

Participants were asked to recall their previous day and think of it as if they were going to make a movie of that day. In order to do that, they should divide their day into 'chunks' or 'episodes.' Each 'chunk' is given a name (i.e. "Waking"), and has a start and end time.

From there, a worksheet is filled out for each "chunk," accounting for what they did, who they interacted with, where they were, and what they felt.



DAY 2: LIST YOUR DAY

DATE

	WHAT HAPPENED (EPISODE NAME)	START TIME	END TIME	NOTES ABOUT HOW YOU FELT
M1	waking	6 am	7:45 am	new routine; feeling anticipation
M1	waking	2A	5	didn't sleep well, anxious
M2	work at + ready	5	6	feels good to be getting
M3	Appt	6A	10	early to explore, anxio
M4	~~+travel services~~			sad at diagnosis, no
M5	MRI labs	10	10:30	be able to eat soon
M6				
M7				

Attach sheets from envelope

A1	lunch	noon	1:15pm	frustrating finding glute
A1	lunch	10:30	11	disgusted, angry, no food
A2	travel services	11	12	glad to go home a day
A3	try to find food	12	2	no good options are
A4				Starving
A5				
A6				

Attach sheets from envelope

E1	dinner	6:30 pm	8:00 pm	pleasant, relaxing; nice
E1	dinner	3:30	4:30	finally found a place
E2	shop for water	4:30	5	bottled is expensive, to k
E3	movie + whirlpool	5	6:30	good its over, relax
E4	bed	6:30		
E5				
E6				
E7				

Attach sheets from envelop

TOTAL EPISODES: 11

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▲ Worksheet used to recall and list the events of their day.

Worksheet used to assess each 'chunk' of their day. ▶

DAY 2: ADD DETAILS

DATE:

Episode name WAKing Episode number M1 Time started 2A Time ended 5A

What were you doing?

- ☐ napping, resting, sleeping
- ☐ relaxing
- ☐ praying, worship, meditate
- ☑ watching TV
- ☐ computer, internet, email
- ☐ eating
- ☐ preparing food
- ☐ on the phone
- ☐ socializing
- ☐ shopping
- ☐ working
- ☐ exercising
- ☐ taking care of children
- ☐ waiting
- ☐ traveling
- ☐ doctor appt., treatment
- ☑ other fill out workbook

Where were you?

- ☑ hotel
- ☐ Mayo Clinic
- ☐ restaurant
- ☐ church
- ☐ store
- ☐ airport
- ☐ public space(s)
- ☐ transit spaces (i.e. road)
- ☐ other

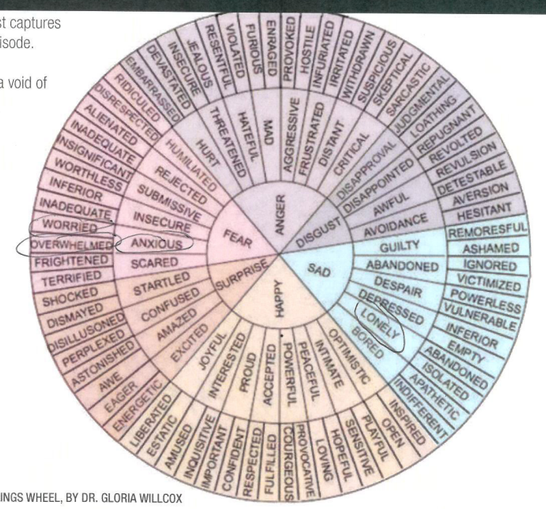
Who did you interact with?

- ☑ family
- ☐ friend(s)
- ☐ clinic staff
- ☐ hotel staff
- ☐ restaurant staff
- ☐ transport staff
- ☐ stranger(s)
- ☐ no one
- ☐ other

How did you feel?

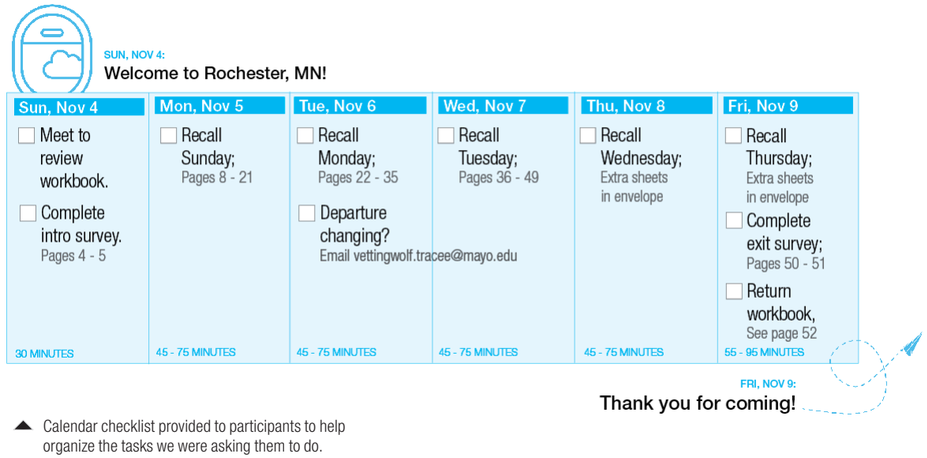
Circle the emotion that best captures how you felt during this episode.

☐ Check here if you felt a void of emotion.



THE FEELINGS WHEEL, BY DR. GLORIA WILLCOX

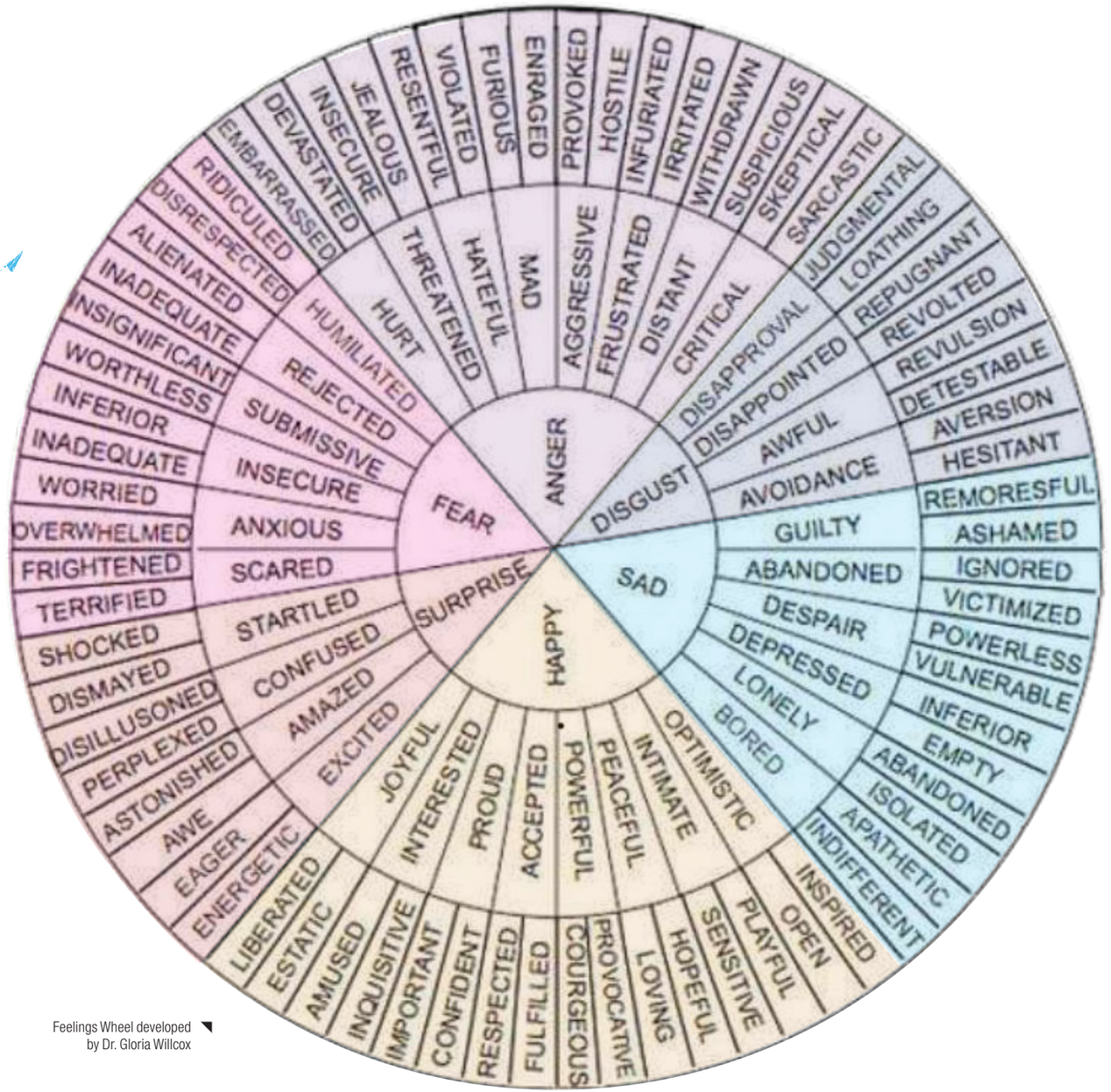
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Calendar checklist provided to participants to help organize the tasks we were asking them to do.

Participants followed this process every day for the duration of their stay in Rochester, handing in their workbook before departing.

Additionally, participants filled out intro and exit surveys to help us understand more about them and their emotional predisposition (optimist, pessimist or realist).



Feelings Wheel developed by Dr. Gloria Willcox

ANALYSIS

Our research participant pool was selected according to two primary attributes:

1) traveling to Rochester, MN by air, and

2) traveling between Nov. 4 and 21, 2018.

We focused on destination travelers and companions flying to Rochester, MN to come to Mayo Clinic. According to 2010 strategic market research, destination travelers represent 52.3% of Rochester visitors. Destination travelers are people who are greater than 120 miles away (according to DMC Strategic Plan Market Research, 2010) or 250 miles away (according to Northwestern University study, 2011).

Local patients and companions (48.7% in 2010 strategic market research) are not included in our study, but are not to be overlooked. They are exempted in this project because they have the ability to return home between appointments and may not take advantage of hospitality services to the same extent that long distance travelers might. Having said that, they have expectations and needs of a different kind of hospitality that needs to be studied and understood in order to build a successful Rochester experience.

After recruiting our destination travelers, we discovered our subject pool had the following characteristics:

Demographics:

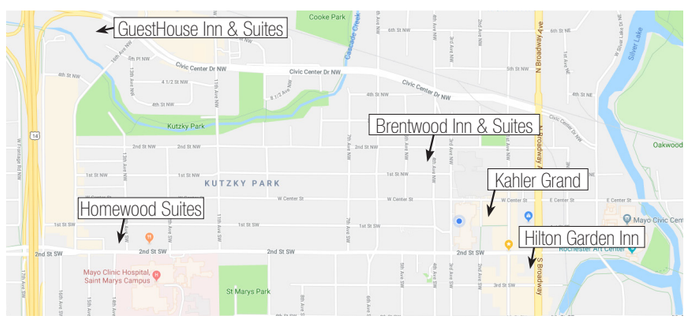
+ All destination travelers – none are local
+ 100% females
+ Ages between 45 and 77
+ 50% were retired
+ 100% Caucasian
+ 87.5% with bachelor's degree or above
+ 75% with household income above $80,000
+ 62.5% were patients, 37.5% came as a companion/caregiver
+ 37.5% came alone, 62.5% came with a family member or companion

Outlook:

+ 4 optimists (15 days total),
+ 2 realists (7 days total),
+ 2 pessimists (5 days total)

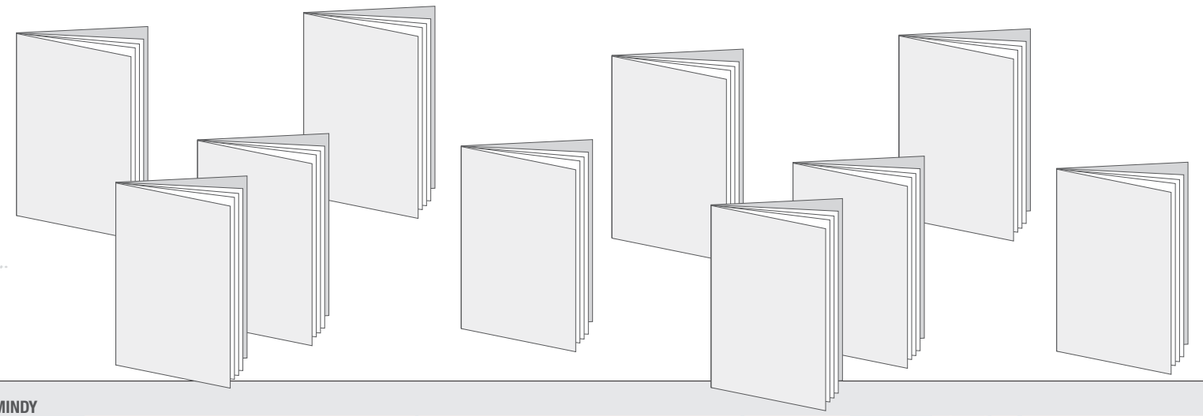
Local context:

+ Late autumn travel (did not have to deal with heat or snow)
+ They all stayed within a 2 mile radius of downtown:



ANALYSIS

1 We collected workbooks from our research participants.



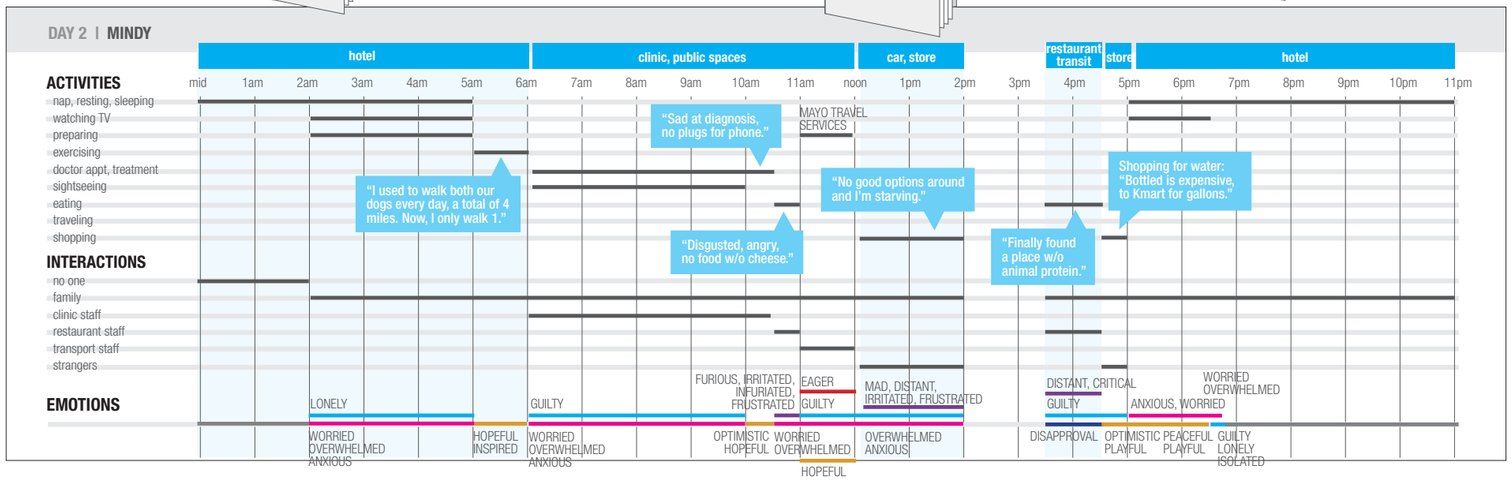
2 We visualized their emotional journey by marking down where they were, what they were doing and how they were feeling for each location they visited from the moment they arrived until they returned the workbook before they left. Image to the right shows what one day looks like for one participant. It shows:

1) how complicated emotions can get,

2) how time is not always well accounted for,

3) annotations,

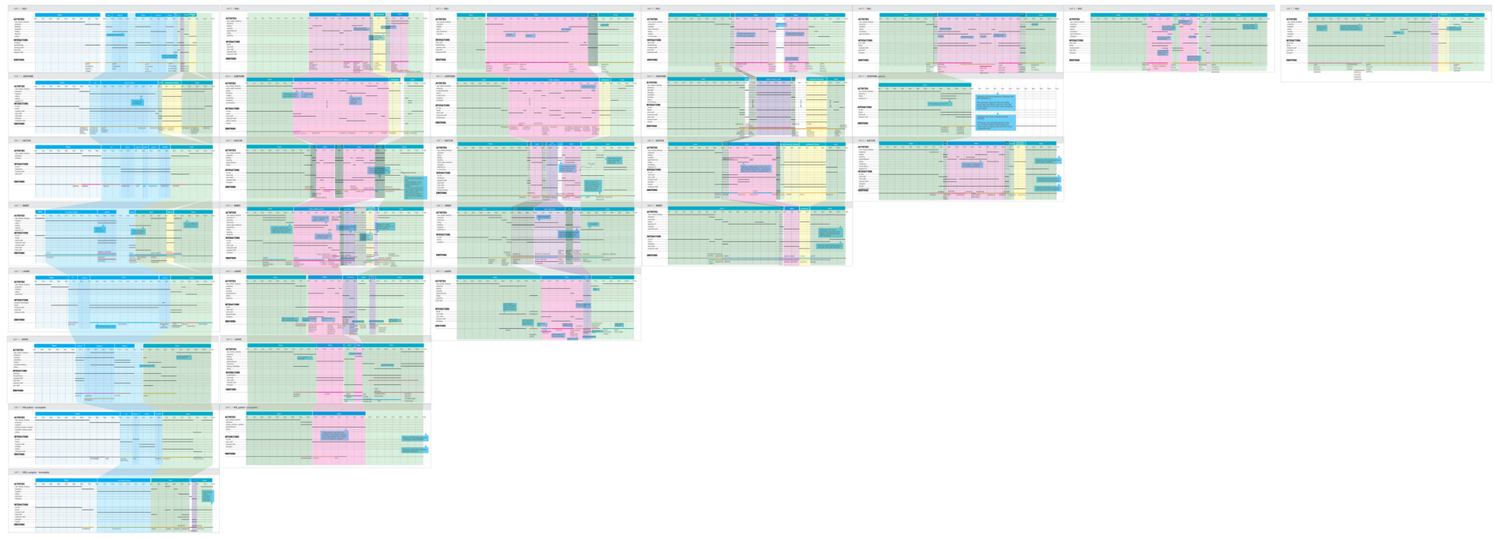
4) how time, location and context is arranged for analysis.



3 We aggregated emotional journeys, arraying each individual's timeline horizontally and aligning their first, second, third days stacked vertically with respect to each other.

We color coded major activity and hospitality categories:

- Travel (air)
- Travel (around Rochester)
- Mayo Clinic
- Hotel
- Shopping (groceries, pleasure, Limb Lab, etc)
- Restaurant



RESULTS

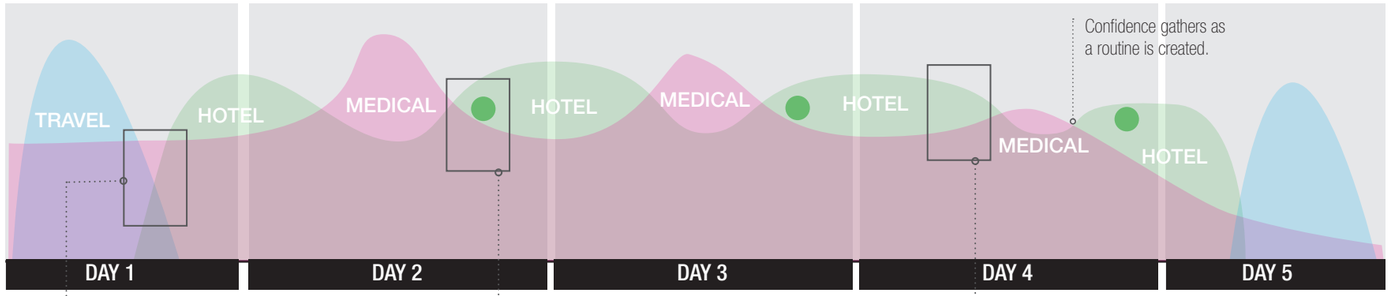
We tend to think that a destination traveler's experience is significantly taken up by and dictated by their medical experience. However, if we look at it simply from the amount of time spent in Rochester, our research subjects spent:

- + 23% of their time at Mayo Clinic
- + 77% of their time outside of Mayo
- + 65% of their time outside of Mayo was in their hotel room

This suggests that a wide array of influences can affect emotional disposition during their stay in Rochester, MN. "Patient Satisfaction" may be measured just as much by how well they were able to sleep at night as how punctual they felt their doctor was.

The experience sampling gives us emotional narratives any destination traveler might experience when they visit Rochester, MN. We can begin to appreciate the nuanced and complex emotional terrain in a way that supports abductive reasoning and insightful understanding. We can begin to see patterns and emotional inflection points.

From the specific timeline visualizations we made of each destination traveler's emotional journey, we are able to create a general experience timeline (see right). This archetypal timeline shows patterns the majority of travelers will likely encounter, and contextualizes three very important 30-minute-moments that have broader-ranging impact.



	ARRIVAL SURVIVAL	THE SHIFT	STAY IN OR GO OUT?
WHAT HAPPENS	When a destination traveler gets off the plane, they have three large influences weighing on them simultaneously - travel, hotel, medical - equally impacting their emotional well-being and collectively creating a highly charged and distracting moment. Adding to the situation, is the physical and emotional need of a good meal after a long day of traveling.	Patients and companions receive highly efficient and high-touch assistance during their stay at Mayo, at the end of which they are exhausted and poorly equipped to get what they need when they leave for the evening. They also have to deal with a number of constraints: dietary restrictions, mobility restrictions, lack of familiarity and exhaustion. They have spent the day focusing on appointments and remaining flexible for necessary changes rather than planning ahead for their evening.	As medical appointments wane, some destination travelers have more time on their hands. They might choose to sit in the hotel room or consider non-medical experiences around Rochester. But many don't know how to discover what's available to them, won't know what kind of time they actually have to spend until the moment arises, they may need short periods of time or low-commitment activities. Often they must judge this on the fly from their hotel rooms.
WHEN IT HAPPENS	When the traveler leaves the plane and enters the airport. The most intense time is approximately 20-30 minutes.	"The Shift" happens every day immediately following medical appointments and before dinner. It is particularly harsh the first day.	When appointments become less frequent, travelers have more time to consider doing other things.
HOW LONG IT LASTS	The emotions present at arrival lasts until the traveler feels reassurance or has set a routine (often after a few days).	If they don't get dinner "right" the first time, they have a poor experience and are set up to do it again the following evening.	The decision moment happens when travelers have a firm sense of their appointments, which may not come until the appointments wrap up.
IMPLICATIONS	Anxiety from air travel is maintained through to the hotel and into the next day's appointments.	Dinners are a critical time for destination travelers to regroup emotionally and socially. It is currently the biggest event during their stay for them to feel happy, safe, connected and grounded.	Spontenaety is imposed on this decision process. Time commitment for spending time and engaging in anything is fluid and uncertain.
OPPORTUNITIES	Creatively explore forms of **assistance** prior to and point of contact upon arrival. This might include assessing the three pieces of information that reduces arrival anxiety, or a service that acclimates travelers quickly upon arrival.	Creatively explore different ways to help travelers maintain **balance**. This might include restaurant directories within Mayo spaces, a dinner-time transport loop, services that cater to spontaneous planning, or unique ways to achieve self-care.	Creatively explore ways of helping travelers spontaneously **discover** active and passive ways to pass time. This might include things like low-barrier relaxing social settings, physical directory information within Mayo, or micro-events.

RESULTS

Some observations in how people captured data:

+ People felt emotions from different emotion categories simultaneously.
+ People did not do a good job of capturing breakfast, lunch, or transportation. This may suggest that these events were overshadowed by a larger context.

What the data shows us:

+ Destination travelers were happiest in a restaurant at dinnertime.
+ The dominant emotion travelers felt at Mayo is fear-related emotions, with happy-related emotions being nearly equal.
+ The emotions destination travelers felt while in Mayo reflects a very similar set of emotions felt in the hotel, with two exceptions: optimists had more fear in Mayo than in the hotel, and pessimists had more anger in the hotel than in Mayo. This may suggest an emotional reciprocity between these two environments, one carrying over to the other.

OPTIMISTS, PESSIMISTS AND REALISTS

Using the intro and exit surveys, we were able to determine emotional predisposition of our subjects.

OPTIMISTS

+ Most of our research participants were optimists.
+ Our optimists tended to stay in happy-related emotions fairly continuously, regardless of activity.
+ They tended to ‘reset’ toward optimism after feeling other emotions.

PESSIMISTS

+ Our pessimists reported happy-related emotions, but spent more time in emotions related to fear, sadness and anger.

REALISTS

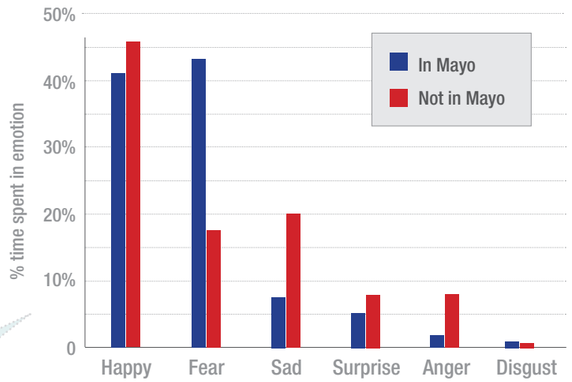
+ Our realists tended to experience a wider array of emotions.



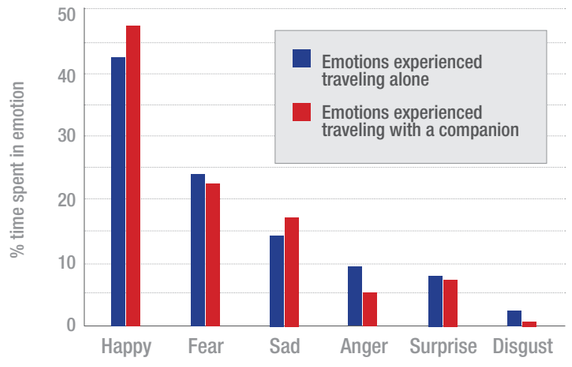
RESULTS

This section shows how emotions compare for different groups or situations.

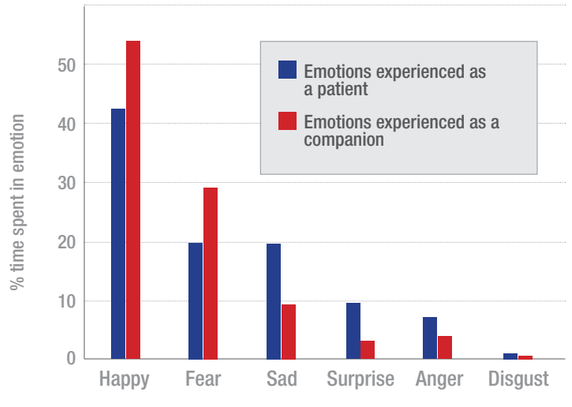
We were unable to compare first time travelers to return travelers because all of our return visitors were optimists, which made it look as if all first time travelers were immersed in sadness and fear. Although we were unable to make the comparison, it is a critical one to make, and bears priority study in the future.



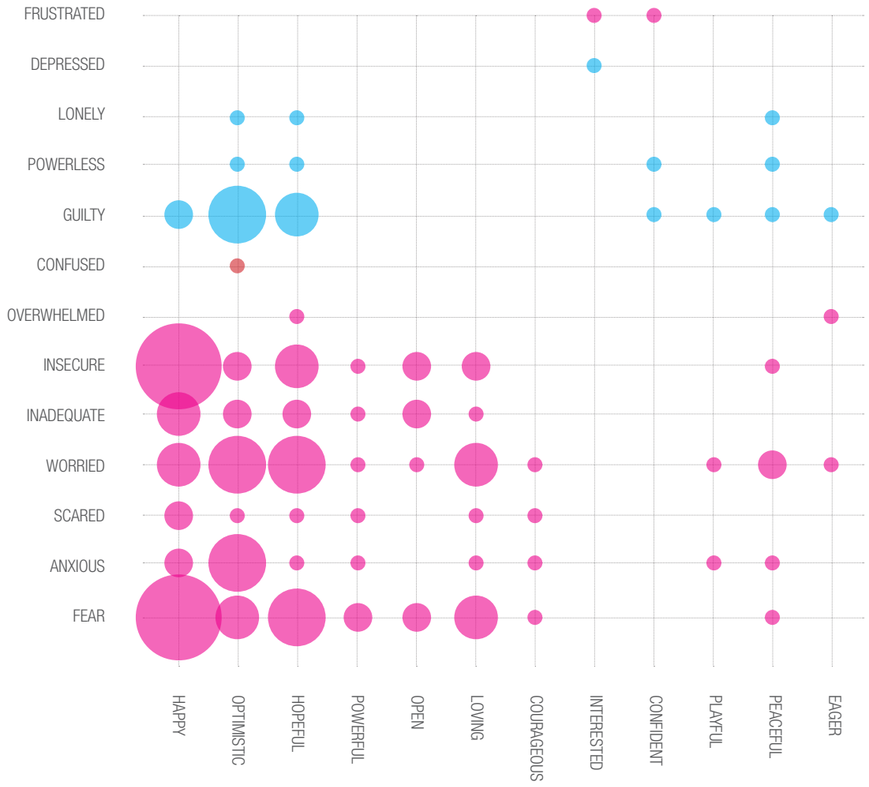
+ While visiting Rochester, the two most popular emotions felt were happy-related emotions and fear-related emotions. **Fear was the most significant emotional experience in Mayo**, followed quickly by happiness.



+ We suspected that negative emotions might be amplified for independent travelers; however, the data shows that **emotions were very similar whether traveling alone or with a companion**.



+ Companions felt happiness and fear slightly more than their patient counterparts, but less sadness, surprise and anger. **This raises interesting questions about the emotional role companions play for their patient counter-parts.**



+ Destination travelers often reported feeling emotions from different emotion categories at the same time (i.e. optimistic and guilty). While some emotional combinations seem impossible or counter-intuitive, we recognize the unique circumstances they are experiencing with respect to **reconciling their health in the future and meeting lifestyle needs in the moment.**

RESULTS: WHAT DOES “HAPPY” OR “FEAR” LOOK LIKE?

	What does **HAPPY** look like?	What does **SURPRISE** look like?	What does **FEAR** look like?	What does **ANGER** look like?	What does **SAD** look like?	What does **DISGUST** look like?
In Mayo	**HAPPY** Waking up and knowing the surgery is over. **HOPEFUL, OPTIMISTIC** Will be able to eat soon (had to fast for tests). **HOPEFUL** Glad to be going home a day early. **INQUISITIVE** Interested to see what docs will find in blood work. **PEACEFUL** Visited with sister over lunch which was pleasant. **HAPPY** Read in lobby and listened to music which was nice. **INTERESTED** Very well trained tech who was pleasant in the pulmonary lab. **PEACEFUL, OPTIMISTIC** Impressed with how well Mayo runs: “a well-oiled machine” and “this is a very unique place.”	**AMAZED** Cafeteria staff helped getting through the line. **SURPRISED** Given different diagnosis than what she came with. **EAGER** Gets to go home a day early. **CONFUSED** Medication complications at the pharmacy. **PERPLEXED, CONFUSED** Conflict of info from two prior surgeons, “my head was spinning, but then I understood.” **CONFUSED** “Unsure of my future.”	**FRIGHTENED** “I was frightened by the surgeon’s information, my head was spinning.” **INSECURE, WORRIED, OVERWHELMED** Caregiver receives training on how to care for her husband after he has surgery and is discharged. **TERRIFIED, OVERWHELMED** Caregiver learns about the serious surgery her mom will need to have in February and she is tearful at the thought of possibly losing her mom.	**FRUSTRATION** Filling out health history on tablet. **FURIOUS, IRRITATED, FRUSTRATED** Lack of food options without cheese. **ANGER** Bathroom stall was not truly handicap accessible.	**SAD** Doctor told patient nothing could be done about her condition. “In tears, back to hotel.” **DESPAIR** During initial lymph test: “feeling down. Not hopeful. A little despair about my future.” **BORED** Came early for 3pm appt. **BORED** Waiting for test.	**DISAPPOINTMENT** Surgery much later than expected. **DISAPPOINTMENT** Mayo restroom was not handicap accessible despite retrofit.
Not in Mayo	**HAPPY** Enjoying the exercise walking to the hospital. **OPTIMISTIC** In hotel room texting with family and friends and “chilling.” **HOPEFUL INSPIRED** Exercising and getting ready for the day. **PEACEFUL, PLAYFUL** Watches movie and goes to whirlpool at hotel to relax. **JOYFUL** Had dinner at restaurant: “delightful server and delicious meal.” **JOYFUL, PLAYFUL, OPEN** At Mall of America aquarium with mom, loves aquatic animals. **OPTIMISTIC, HAPPY, OPEN** Grateful that everything worked as planned while checking into hotel.	**EAGER, ENERGETIC** Getting hair done: “I’m always satisfied there.” **SHOCKED, STARTLED, DISMAYED** Sick husband was not in bed when she woke up. **EAGER** Having dinner with friends. **EAGER** Anticipating going home to husband with good news. **ENERGETIC** Found good food options after struggling to meet dietary restrictions the past few days. **AMAXED, AWE, EXCITED** To be at Mall of America’s aquatic display. “love the aquarium.”	**ANXIOUS** Preparing for a day of appointments while in hotel and ensuring all documents are together. **OVERWHELMED** Caregiver is overwhelmed when her mom (patient) has a new health issue upon arriving in Rochester. **ANXIOUS, INADEQUATE, INSECURE** Caregiver had to take care of her husband in the hotel after being discharged from surgery. She was given training prior to taking it on but still had a rough night.	**FRUSTRATION** Destination travelers (patient and companion) were tired, hungry and in physical pain. They wanted to get back to the hotel, but they also needed to solve how dinner was going to happen. **ANGER** Loud garbage trucks collect garbage in the alley very early in the morning, disrupting sleep and peace to those near the alley. Hotel staff offered to change their room and gave them free breakfast, but what they really wanted was the opportunity to avoid the situation since it was a known and common problem.	**EMBARRASSED** A destination traveler with poor mobility wanted to dine at a restaurant and took ground transportation to the restaurant. She was dropped off at the front steps (which are hard for her) and told that it’s only a few steps. Despite feeling judged, she mustered the courage to ask for assistance.	Research participants reported disappointment around food options and shopping, but did not record specific details.

DESIGNING AND MEASURING FOR EMOTIONAL IMPACT AND PRIORITY

DESIGNING

Intentional design for a specific experience or desired emotional impact may involve a bit of a moving target because people and places evolve and change. We recommend the following approaches for obtaining results that are meaningful:

1) Use a human-centered, participatory approach

   A human-centered approach helps retain immediate accountability to those for whom the designs are meant to impact. By tapping into them and asking for feedback, we will assure that we can change in relevant ways, along with the change happening around us. These days, things that 'wow' us at one time become 'normal' after awhile.

2) Prototype to move forward

   Prototypes help us "learn forward" in a way that planning doesn't always allow. Iterations help solidify end user "fit," discover a better way, advance technical developments, and refine toward a business reality.

3) Ask ever-better questions for discovery and prioritization

   To create a productive iterative process, asking questions helps to keep in mind *why* a change or new idea might be made, as well as retain the ability to pivot meaningfully to a better idea.

   Answering a question should lead to asking a better question, and so on, until a masterful refinement of the situation is obtained. Questions help maintain accountability to the rationale of the action being taken.

4) Retain the unique and strategic context of Rochester

   Authenticity depends on reflecting the culture in which the community finds a sense of identity. For Rochester, it's CARE, INNOVATION and INCLUSION.

MEASURING

How do we measure our ability to achieve desired experience targets? Is satisfaction enough? How do we prioritize the many differentiating features we could employ to create a differentiated experience? How do we measure delight?

We can measure using a number of tools, the most efficient being quantitative and the most revealing being qualitative. For measuring experience, we almost always need to be able to answer "why" people respond the way they do; we need to understand motivations and beliefs. Having ongoing conversations and listening to people is perhaps the most direct tool for measuring how people experience things.

Measurement tools might take the form of a query, like a survey, which is easy to quantify but harder to understand motivation. Or they might take the form of an interaction, like an interview or simulated activity that introduces reactions and conversation. This approach is harder to quantify but reveals insights upon which a guiding rationale can be developed.

TWO THINGS TO DO NOW

Using the three emotional opportunity areas uncovered in this project, here is a DESIGN activity and a MEASURE activity you can do now.

1 DESIGN ACTIVITY. Ideate on 'fast-touch' experiments that might satisfy the emotional challenges discovered in this project. This should reveal specific "learning forward" prototypes to do immediately as well as additional strategic rationale.

See resources on page 19.

2 MEASURE ACTIVITY. Deploy a Kano survey, proposing specific features in a destination travelers experience. This specific method asks how a traveler would feel to have a specific feature ... or to not have it. Results reveal what is good to have, what is 'wow' and what not to waste your time on.

See sample questions on pages 15-18.
See resources on page 19.

KANO QUESTION PAIR SAMPLES

The Kano survey method determines how people feel about a specific feature and helps us understand the level of functionality appropriate to address the need.

What follows are sample Kano question pairs, based on the work of this project. We used brainstormed possible or existing solutions in each of the three problem areas and developed questions that would help us learn more. Additional questions can be developed show-casing solutions for each problem area, but they need to be specific and suggest a tangible function or feature. For instance, if you feel a welcome kit is something that can solve the "Arrival Survival" problem, you will need to develop and communicate the kit enough for the survey-taker to know what they are responding to.

Segmenting Questions

Ask the following questions to find out if answers to the Kano question pairs are skewed by specific characteristics of the questionaire-taker.

+ Are you a first time or return traveler?
+ Are you traveling alone or with a companion?
+ Do you have mobility issues or are dependent on assistive technologies?
+ Do you use basic apps such as email, calendar and texting on a smartphone?
+ Do you have dietary restrictions?

Kano Questions About Design Opportunities

The questions on the next three pages are designed to specifically address challenges present in our three journey moments (Arrival Survival, The Shift, and Stay In or Go Out?). Some questions ask about existing services and some ask about solutions that don't currently exist. You may come up with your own as well.

Aim to use around 15-20 question pairs (30-40 total questions) in your questionnaire. You can select question pairs from the following three pages and/or make your own if you want to know if one of your initiatives might satisfy a need in any of the three areas.

For each question asked, list the following five options:

+ I like it
+ I expect it
+ I am neutral
+ I can tolerate it
+ I dislike it

See the last section for resources for building, adapting and deploying this survey.

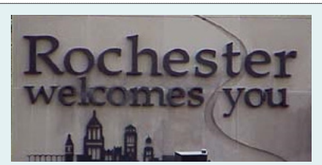
ARRIVAL SURVIVAL Kano question pairs for arrival ASSISTANCE and ORIENTATION



How would you feel if you were greeted at the gate by a Mayo Plane Greeter?	How would you feel if you were NOT greeted at the gate by a Mayo Plane Greeter?

Mayo Clinic monitors your flight; if your flight is delayed when you are en route, a Mayo travel guide works with you to reschedule medical appointments.

How would you feel if Mayo Clinic monitored your flight and proactively rescheduled your medical appointment(s) prior to your arrival should you encounter any travel delays or cancelations?	How would you feel if Mayo Clinic did NOT monitor your flight and did NOT proactively reschedule your medical appointment(s) prior to your arrival should you encounter any travel delays or cancelations?



How would you feel if the RST Airport had a large sign or art piece greeting travelers and welcoming you to Rochester?	How would you feel if the RST Airport did NOT have a large sign or art piece greeting travelers and welcoming you to Rochester?



How would you feel if there were street signs in downtown Rochester listing services (i.e. restaurants and shops) you might find in a particular direction and relative distance to those services?	How would you feel if there were NOT street signs in downtown Rochester listing services (i.e. restaurants and shops) you might find in a particular direction and relative distance to those services?

Mayo has travel-related services visibly available to you when you land at the airport and at Mayo's front door when you arrive on campus.

How would you feel if Mayo's travel-related services had a high-profile presence at the Rochester airport and Mayo's front door in the Gonda lobby?	How would you feel if Mayo's travel-related services did NOT have a high-profile presence at the Rochester airport and Mayo's front door in the Gonda lobby?

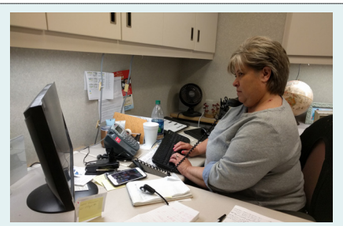


Photo credit: Mercedes Brandt

How would you feel if Mayo called you to make travel arrangements once your appointments were scheduled?	How would you feel if Mayo did NOT call you to make travel arrangements once your appointments were scheduled?



How would you feel if your hotel provided a welcome session the evening you arrive in Rochester acclimate you to Rochester and answer questions?	How would you feel if your hotel did NOT provide a welcome session the evening you arrive in Rochester acclimate you to Rochester and answer questions?

A personalized restaurant and grocery directory is made available to you in your hotel room when you arrive.

How would you feel if your hotel was aware of your dietary restrictions/allergies/preferences and provided a personalized welcome packet in your room with restaurant and grocery options designed to meet your needs?	How would you feel if your hotel was NOT aware of your dietary restrictions/allergies/preferences and DID NOT provide a personalized welcome packet in your room with restaurant and grocery options designed to meet your needs?

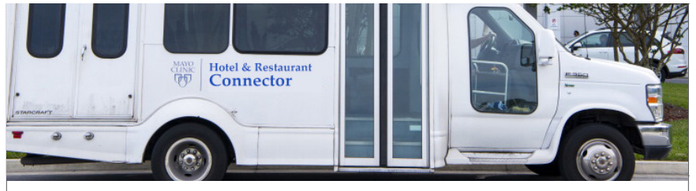


THE SHIFT Kano question pairs for BALANCE and CAPABILTY



How would you feel if there were kiosks with a directory of Rochester services and amenities (restaurants, transportation, entertainment, lodging, medical supplies, etc.) located in the public spaces of Mayo Clinic?

How would you feel if there were NOT kiosks with a directory of Rochester services and amenities (restaurants, transportation, entertainment, lodging, medical supplies, etc.) located in the public spaces of Mayo Clinic?



How would you feel if a dinnertime transit service were available to bring travelers from hotels to restaurants and back each evening?

How would you feel if a dinnertime transit service were NOT available to bring travelers from hotels to restaurants and back each evening?

Phone app identifies and locates food options around Rochester, MN for those with specific dietary needs.

How would you feel if there was a comprehensive phone app available that listed the restaurants in Rochester - identifying cuisine type and dietary accommodations made?

How would you feel if there was NOT a comprehensive phone app available that listed the restaurants in Rochester - identifying cuisine type and dietary accommodations made?



press dedicated button to ring Rochester city concierge

How would you feel if the phone in your hotel room offered one-touch dialing to connect you to a complimentary Rochester city concierge who could answer your questions and provide recommendations?

How would you feel if the phone in your hotel room did NOT offer one-touch dialing to connect you to a complimentary Rochester city concierge who could answer your questions and provide recommendations?



How would you feel if you were able to pre-reserve a taxi for a specific time pick-up?

How would you feel if you were NOT able pre-reserve a taxi for a specific time pick-up?



How would you feel if Rochester restaurant menus disclosed food ingredients and highlighted items that follow certain food restrictive diets?

How would you feel if Rochester restaurant menus did NOT disclose food ingredients or highlight items that follow certain food restrictive diets?



How would you feel if there were street signs in downtown Rochester listing services you might find in a particular direction and relative distance to those services?

How would you feel if there were NOT street signs in downtown Rochester listing services you might find in a particular direction and relative distance to those services?



How would you feel if you were guaranteed taxi pick-up within 20 minutes of your request?

How would you feel if you were NOT guaranteed taxi pick-up within 20 minutes of your request?



How would you feel if your transportation provider (taxi, Uber/Lyft, shuttle, etc.) provided you with physical assistance as you entered and exited the vehicle?

How would you feel if your transportation provider (taxi, Uber/Lyft, etc.) did NOT provide you with physical assistance as you entered and exited the vehicle?

STAY IN OR GO OUT? Kano question pairs for BALANCE and CAPABILTY



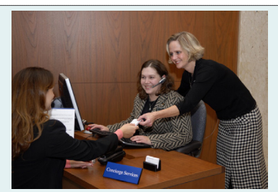
How would you feel if there were a community bulletin board at Mayo showing local events, activities, and meetups?

How would you feel if there was NOT a community bulletin board at Mayo showing local events, activities, and meetups?



How would you feel if you were able pre-reserve a taxi for a specific time pick-up?

How would you feel if you were NOT able pre-reserve a taxi for a specific time pick-up?



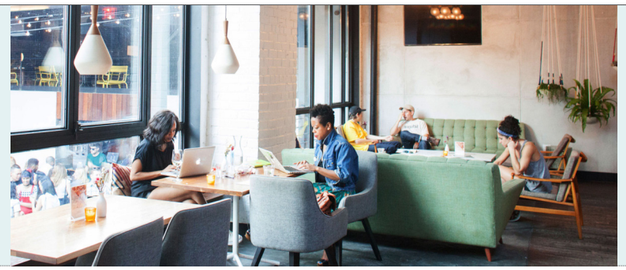
How would you feel if a free Mayo Clinic concierge service were available to answer your non-medical questions related to Mayo Clinic, Rochester, and the surrounding area by phone, email, or echat, before and during your visit to Rochester?

How would you feel if there was NOT a free Mayo Clinic concierge service available to answer your non-medical questions related to Mayo Clinic, Rochester, and the surrounding area by phone, email, or echat, before and during your visit to Rochester?



How would you feel if you could participate in activities and events that Rochester locals are doing?

How would you feel if you could NOT participate in activities and events that Rochester locals are doing?



How would you feel if Mayo had a space specifically designed for social relaxing (i.e. a coffee shop) that provided quiet time around other people?

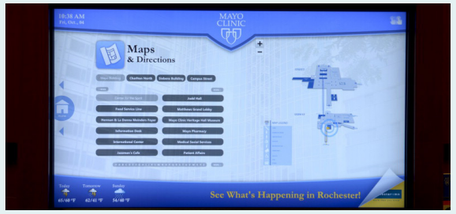
How would you feel if Mayo DID NOT have a space specifically designed for social relaxing (i.e. a coffee shop) that provided quiet time around other people?



press dedicated button to ring Rochester city concierge

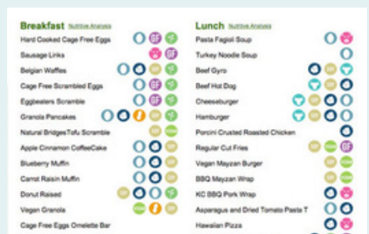
How would you feel if the phone in your hotel room offered one-touch dialing to connect you to a complimentary Rochester city concierge who could answer your questions and provide recommendations?

How would you feel if the phone in your hotel room did NOT offered one-touch dialing to connect you to a complimentary Rochester city concierge who could answer your questions and provide recommendations?



How would you feel if a kiosk directory of Rochester services and amenities (restaurants, transportation, entertainment, lodging, medical supplies, etc.) were located in your hotel?

How would you feel if a kiosk directory of Rochester services and amenities (restaurants, transportation, entertainment, lodging, medical supplies, etc.) WAS NOT located in your hotel?



How would you feel if all Rochester restaurant menus disclosed food ingredients and highlighted items that follow certain food restrictive diets?

How would you feel if Rochester restaurant menus did NOT disclose food ingredients or highlight items that follow certain food restrictive diets?

RESOURCES

These resources are not comprehensive; they are meant to provide contextual and immediate needs.

Design

RESOURCES: To learn more about using design practices that facilitate innovative knowledge-building and outcomes:

+ Ground rules for ideating: https://challenges.openideo.com/blog/seven-tips-on-better-brainstorming
+ Human-centered methods: http://www.designkit.org/methods
+ The Intergalactic Design Guide: Harnessing the Creative Potential of Social Design, by Cheryl Heller

TOOL: The following design co-creation tool is supported by Mayo (when your ideators are not co-located and need more than a few hours):

+ Mural: https://mural.co/
+ Mural contact:
  Alicia Ness, alicia@mural.co

CONTACTS:

+ **DMC**
  + Jamie Rothe, Experience Director
    Rothe.Jamie@mayo.edu
+ **Kern Center, Innovation & Design**
  + Tracee Vetting Wolf, Service Designer
    VettingWolf.Tracee@mayo.edu
+ **ME&IC**
  + Brittany Hanson, Health Systems Engineer
    Hanson.Brittany1@mayo.edu

Survey

RESOURCES: To learn more about the Kano Model:

+ The Complete Guide to the Kano Model:
  https://foldingburritos.com/kano-model/
+ What is the Kano Model Tutorial:
  https://asq.org/quality-resources/kano-model
+ Kano Model: Ways to Use it and NOT Use it:
  https://medium.com/design-ibm/kano-model-ways-to-use-it-and-not-use-it-1d205a9cf808

TOOLS: The following tools are supported by Mayo:

+ **Qualtrics** (for building the survey)
  + Mayo contact:
    enterprisesurveys@mayo.edu
+ **Tableau** (for visualizing and filtering the results)
  + Mayo contact:
    Jason Schuh Dodge, SchuhDodge.Jason@mayo.edu
  + Tableau contact:
    James Terhune, jterhune@tableau.com

CONTACTS: Mayo online social media audiences for deploying a survey:

+ **Mayo Connect Community**
  + Mayo contact:
    Colleen Young, cyhealthcommunications@gmail.com
+ **Facebook & Twitter**
  + Mayo Contact:
    Margaret Shepard, shepard.margaret@mayo.edu

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THANK YOU!

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Platinum Experience Consulting

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Mayo Clinic Office of Patient Experience

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- Tina Schriever, Patient Experience Advisor

Mayo Clinic General Services

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- Deb Conger, Mayo Plane Greeter

Rochester International Airport

- Tiana O'Connor, Marketing & Communications Manager

Mayo Patient Travel Services

- Sue Tesmer, Supervisor

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