Qualitative data analysis should be embedded in routine health service measurement, management and organizational practices. This case is intended to have general relevance, but authors develop it by reference to person-centred care and patient-centred outcome measures (PCOMs). Health care organizations cannot make confident judgements about whether they are offering appropriate care without collecting qualitative data on what matters to individual patients. Introducing properly supported and conducted qualitative data analyses is important in its own right, and also helps underpin the validity and usefulness of quantitative measurement.

*Cribb A, and Woodcock T. *Journal of health services research & policy. 2022; 27(2): 151-156.

Design thinking is a problem-solving approach characterized by the empathetic lens through which designers integrate perspectives of end-users and key stakeholders throughout the entire process of developing solutions. Authors describe the promise of design thinking to help solve intractable problems in healthcare delivery, including intensive care unit system. Design thinking is a valuable approach to guide designers, clinicians, researchers, and administrators towards a more genuine understanding of the healthcare experience, through the lens of patients, their families, and frontline clinicians.


**Five core phases of the design thinking process.**

Key steps are highlighted within the five phases, and the cyclical and recursive nature of design thinking is represented.
Augmented Intelligence (AI) systems have the power to transform health care and bring us closer to the quadruple aim: enhancing patient experience, improving population health, reducing costs, and improving the work life of health care providers. To develop actionable guidance for trustworthy AI in health care, the American Medical Association reviewed literature on the challenges health care AI poses and reflected on existing guidance as a starting point for addressing those challenges (including models for regulating the introduction of innovative technologies into clinical care).


While efforts have been applied toward addressing environmental health risks, many interventions fail to achieve or sustain desired outcomes over time. This pattern points to the perpetuation of linear thinking. There is a need and an opportunity to engage in critical reflection of the dominant paradigms in the global environmental health community, including how they affect decision-making and collective learning. Participatory modeling, complexity-aware monitoring, and virtual simulation modeling can help achieve this. Additionally, virtual simulation modeling is relatively inexpensive and can provide a low-stakes environment for testing interventions before implementation.


**Common themes from AI guidelines and regulations**

- **Privacy**: Data subjects should have some degree of influence over how and why information about them is used.
- **Accountability**: AI systems should be subject to oversight during development and deployment; right remedies should be provided if harm occurs.
- **Safety and Security**: AI systems must be reliable and perform as intended; systems must be appropriately protected against external threats.
- **Transparency and explainability**: It must be clear when AI systems are being used and for what task justifications for decision outputs should be intelligible.
- **Fairness and non-discrimination**: Steps should be taken to prevent and mitigate against discrimination risks in the design, development, and application of AI systems.
- **Human control of technology**: Important decisions are still subject to human control.
- **Professional responsibility**: Individuals and teams involved in the development and deployment of AI systems take responsibility for the performance and effects of those systems.
- **Promotion of human values**: The ends to which AI systems are devoted and how they are implemented should correspond with core social norms.

**The Insights**

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