

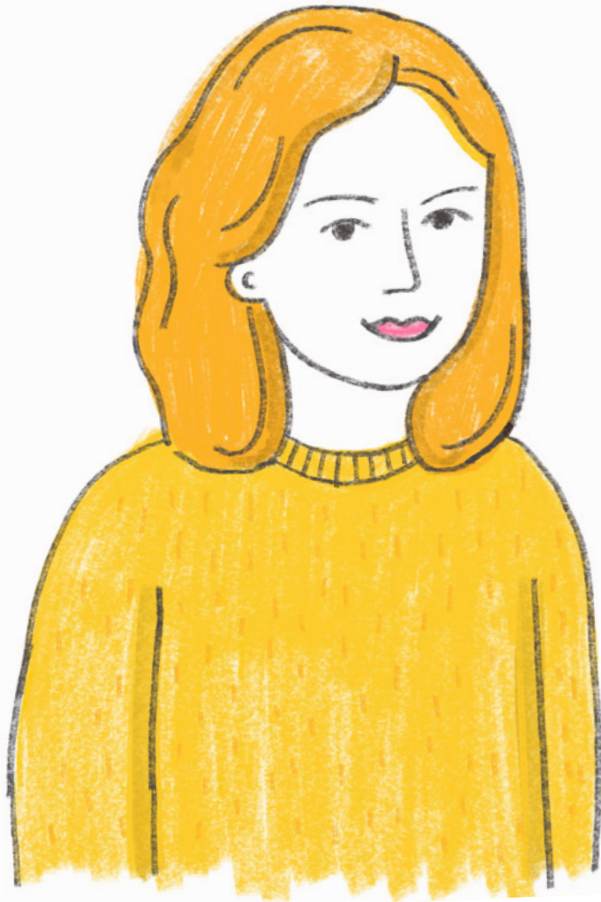
Antonia Yunge

Strategic & Service Designer

Portfolio

March 2020

Dignity Through Design.



HI THERE!

I'm a Strategic & Service Designer. I'm passionate about **building dignity through design** by improving people's experiences within systems and services.

antoniayunge.cl · hello@antoniayunge.cl

About me • My approach & what I'm good at



I FOCUS ON

Social impact, working on projects that aim to improve people's lives and experiences.



I LOVE

Transforming complexity into simple, useful and beautiful information.



I ENJOY

Participatory & human centered design, involving all stakeholders in the design process.



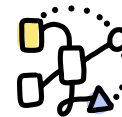
I AM A

Project organizer & initiative taker. I love analyzing, managing, and working with large amounts of data.



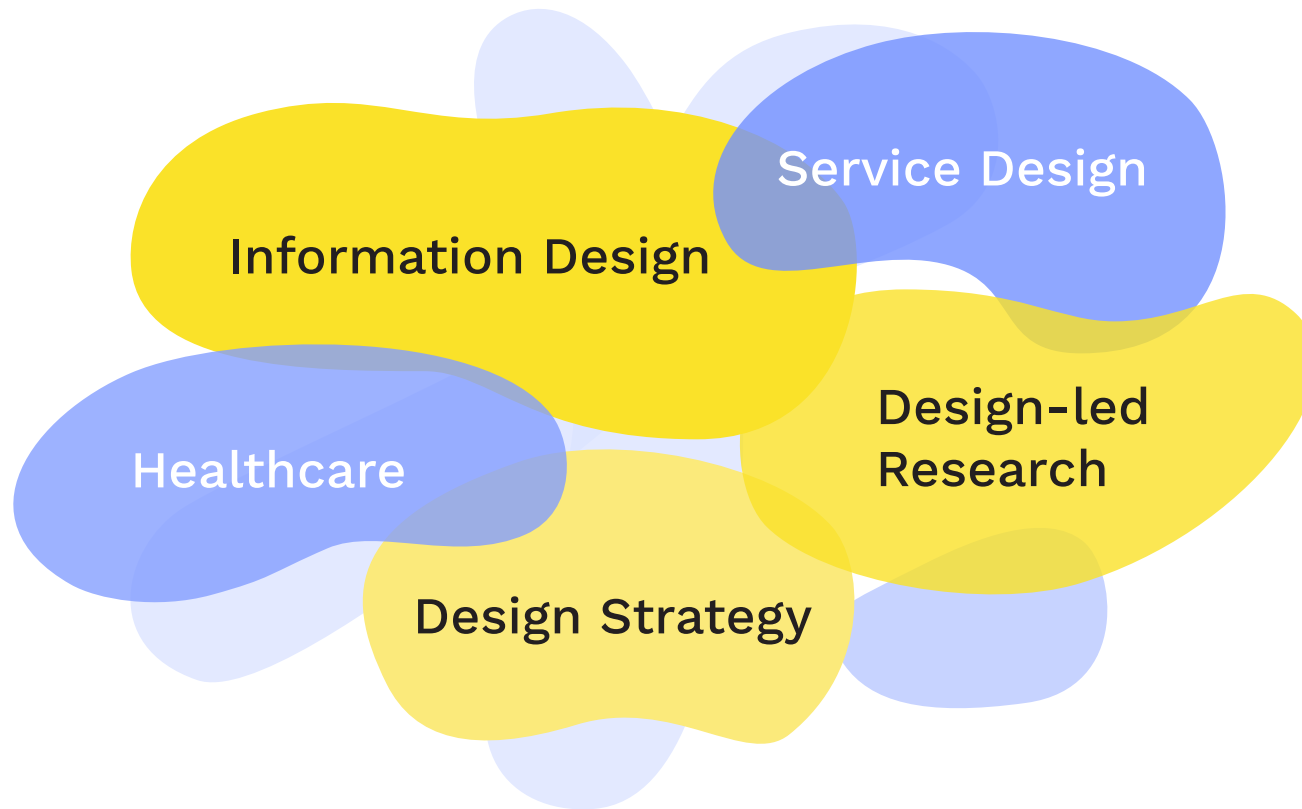
I THRIVE

Working in teams. I love combining different perspectives and skills.



I'M GOOD AT

Connecting dots and visualizing information to transform findings into insights.



My projects

NAVIGATING CARE

Click any image to jump to that page



Design for Hospital Emergency Units

P.6



A Journey of Care: From recruitment through retirement

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The Caregiver's Journal

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Minga • Pediatric Hospital Wayfinding

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EDUCATION



Workshop • 100 Year Visions of Higher Ed

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HuboCubo • Didactic game for storytelling

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Electrocardiogram Manual Redesign

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Design for Hospital Emergency Units

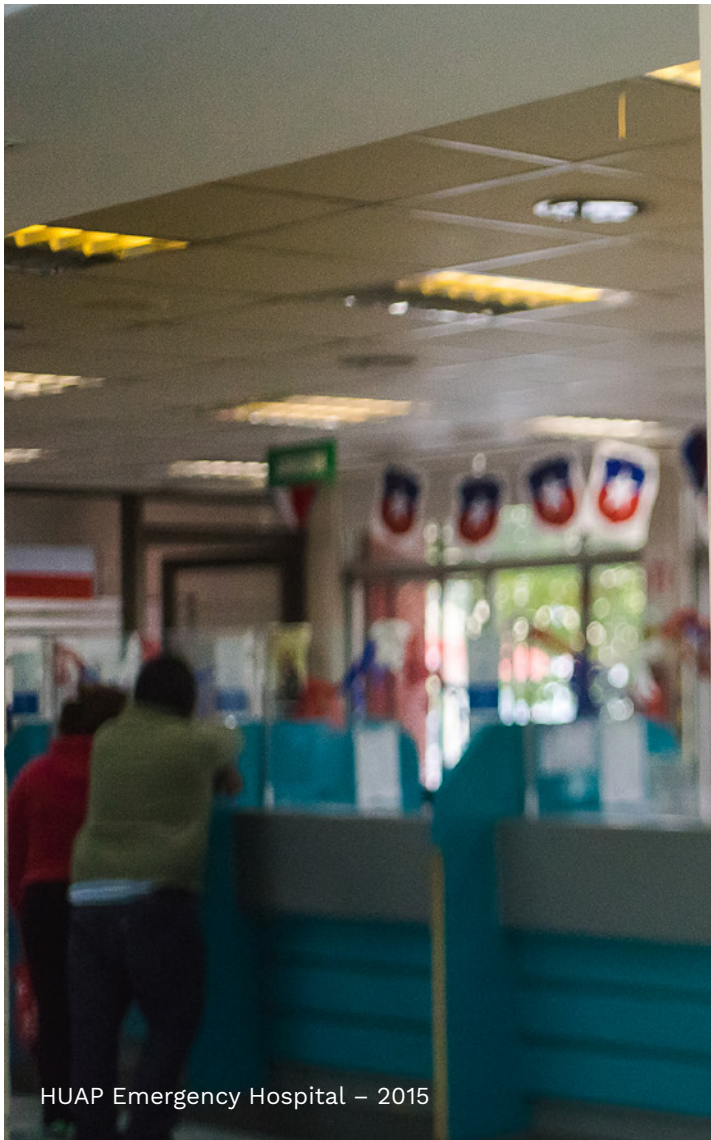
Reducing uncertainty and anxiety in ER patients and their families by redesigning the information system

Research, Strategic, Service & Information Design


March 2014—November 2015 · Undergraduate Thesis Project & Professional Work

LOCATION
Metropolitan Region, Chile

IMPLEMENTED IN
Asistencia Pública
Emergency Hospital
(HUAP)



HUAP Emergency Hospital – 2015






 **PASO 2 DE 4
CATEGORIZACIÓN**


La categorización es un proceso que se realiza para evaluar la gravedad del paciente y establecer la prioridad de atención.

USTED SERÁ LLAMADO LUEGO DE REALIZAR LA ADMISIÓN.

LA ATENCIÓN SERÁ POR GRAVEDAD Y NO POR ORDEN DE LLEGADA.

Luego de la evaluación, usted puede ser categorizado como:

- C1**  **Emergencia Vital**
Atención inmediata
- C2**  **Emergencia Evidente**
Paciente Inestable
- C3**  **Urgencia**
Mediano Riesgo
- C4**  **Urgencia leve**
También puede acudir al SAPU.
- C5**  **Consulta General**
También puede ir al Consultorio

 **PASO 3 DE 4
SALA DE ESPERA**



Usted debe permanecer en la **Sala de Espera** mientras aguarda para ser atendido.
Si su estado empeora avise al Orientador de Sala en la OIRS.

LA ATENCIÓN SERÁ POR GRAVEDAD Y NO POR ORDEN DE LLEGADA.

PONGA ATENCIÓN AL LLAMADO
Si debe ausentarse de la Sala de Espera, avise en la OIRS.

TIEMPO DE ESPERA PARA LA ATENCIÓN MÉDICA:

La espera depende de dos factores:

-  **1. La Categoría Obtenida.**
Los pacientes más graves **SIEMPRE** serán atendidos en primer lugar.
-  **2. La Cantidad de personas de mayor gravedad que usted.** La atención no es por orden de llegada.

Context & Challenge

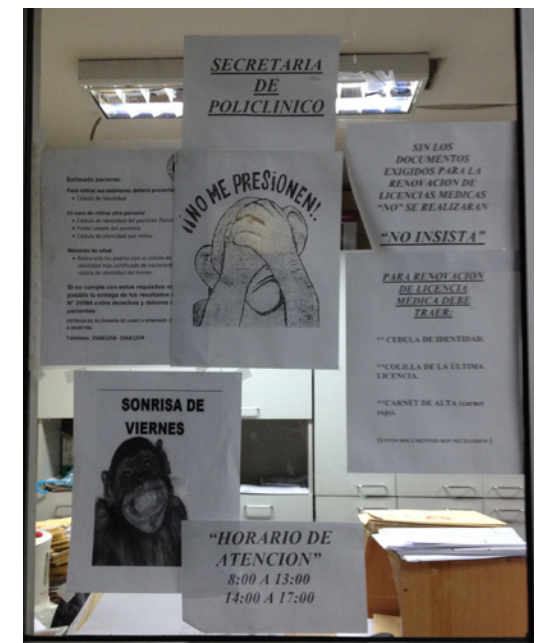
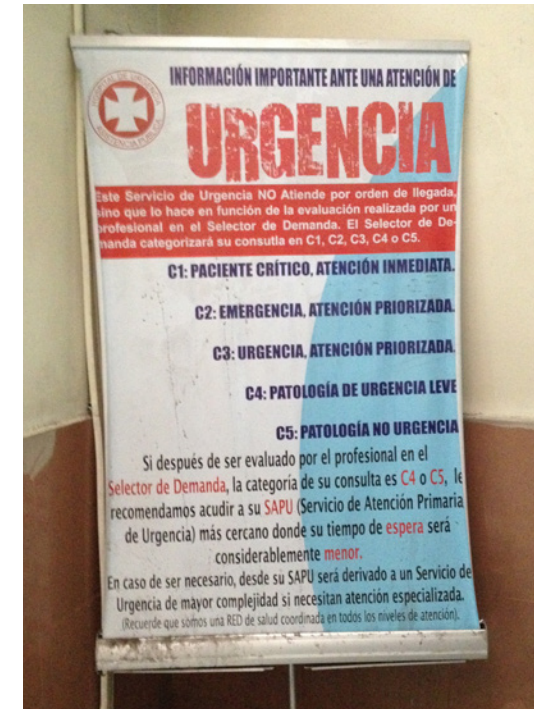
How might we improve the experience of patients and their families during their visit to the Emergency Room?

Public Emergency Rooms (ERs) are a particularly negative experience. It's an instance that brings **anxiety, frustration and vulnerability**, both to patients and their families.

These negative feelings are usually aggravated by the **complete lack of information and support** in the environment. Information is hard to read and difficult to understand. It is also visually inconsistent and poorly organized, making wayfinding nearly impossible.

“How am I supposed to find the information I need in this sea of paper?”

—Patient, Emergency Room
(Translated from Spanish)



Understanding the problem

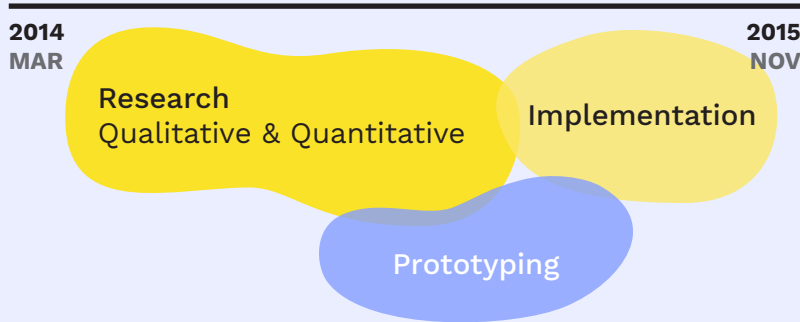
Through the application of different methodologies, I researched 3 public hospitals in the Metropolitan Region focusing on the experience of patients and their families in the ER.

A critical finding was that **most (59%) of the people attending Emergency Rooms don't know how the care process works**. In particular, they don't know that medical care won't be in order of arrival, but according to the severity of the patient—measured with a 5-point scale in which a higher number involves longer waiting time. This information was vital to understand the care process, setting expectations and managing frustration, but it wasn't properly communicated in the ER.

"I don't know what's going on. Everybody who got here after me are already inside! People are cutting the line"

—Mom, Pediatric Hospital
(Translated from Spanish)

RESEARCH PROCESS



METHODOLOGIES



**Interviews
& Surveys**



**Activity
Workbooks**



**Creative
Sessions**



**Shadowing
& Observation**

FINDINGS

59%

**don't know
how the care
process works**

89%

**considers that
there's not enough
information or
people to ask for it**

70%

**of the staff have to
deal with aggressive
families trying to
get information**

**technical
language**

**makes
information
difficult to
understand**

CASE STUDIES

Asistencia Pública
Emergency Hospital

Dr. Roberto del Río
Pediatric Hospital

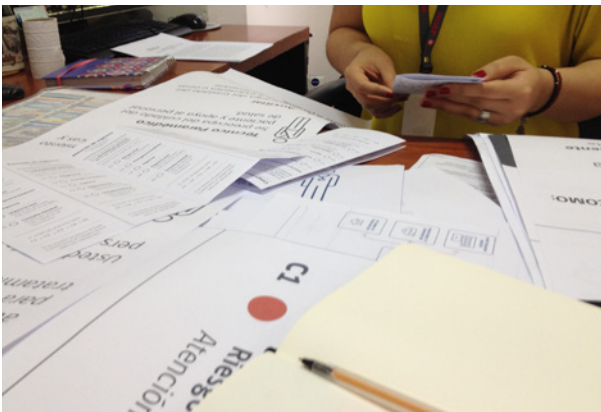
Talagante's
Rural Hospital

NAVIGATING CARE

DESIGN FOR HOSPITAL EMERGENCY UNITS

On the other side, health teams spend a lot of time explaining the process to patients and dealing with their unwelcoming reaction. This creates a **tense atmosphere, and increases frustration and uncertainty among patients and their families.**

To start thinking of interventions that could help improve the experience in the ER—for both the service providers and receivers—we engaged in different activities with the staff and the patients to explore critical areas of the care process. We prototyped different interventions and gathered feedback from multiple stakeholders to create the final proposal.



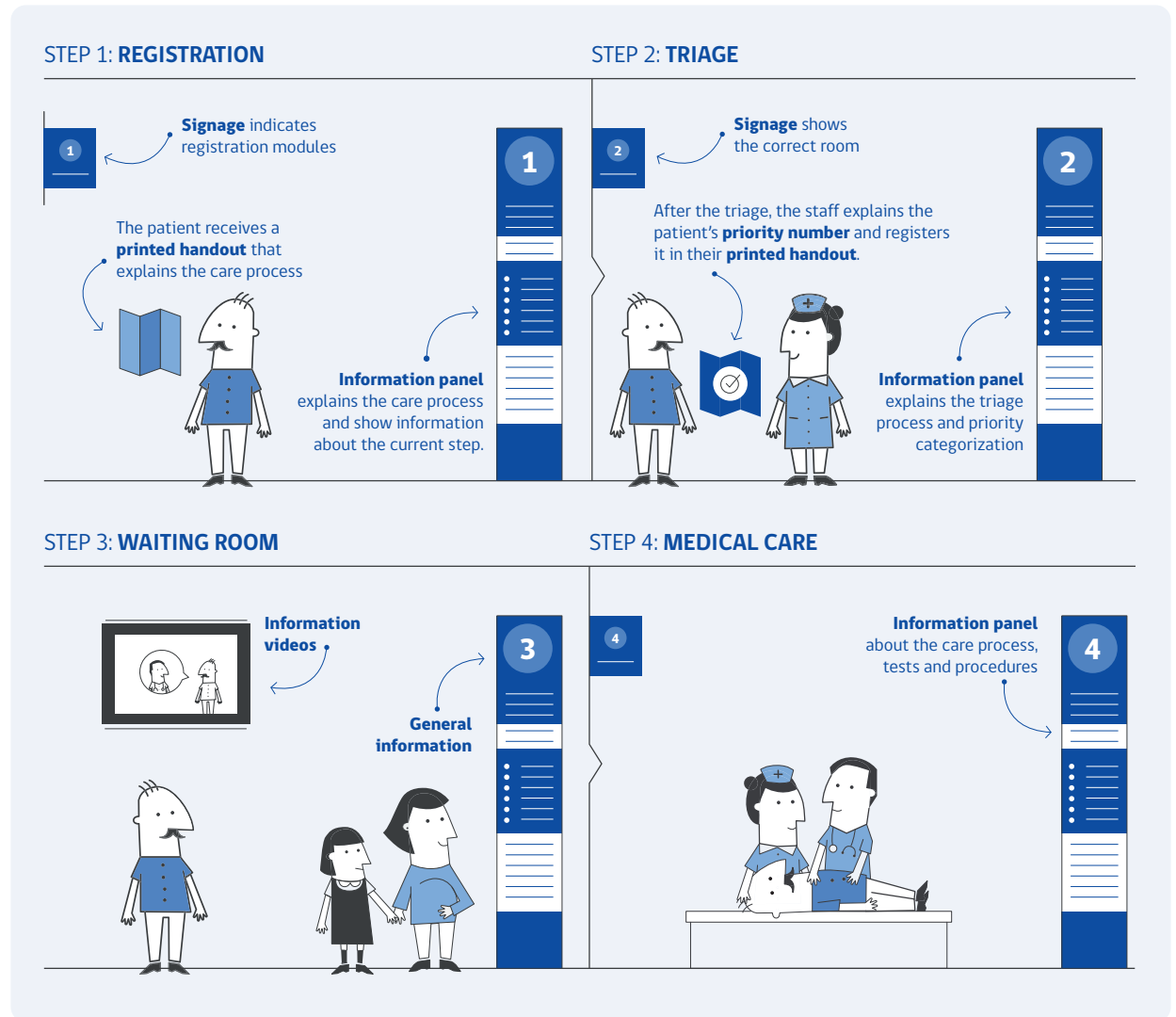
Interventions

The proposal is an **informational strategy** to improve the experience and educate patients and their company about the care process in the Emergency Rooms.

The patient has to go through 4 steps in their journey: Registration, Triage, Waiting Room & Medical Care.

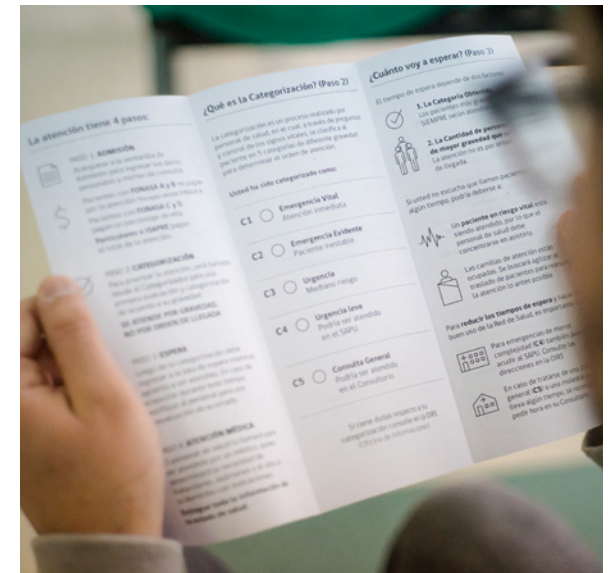
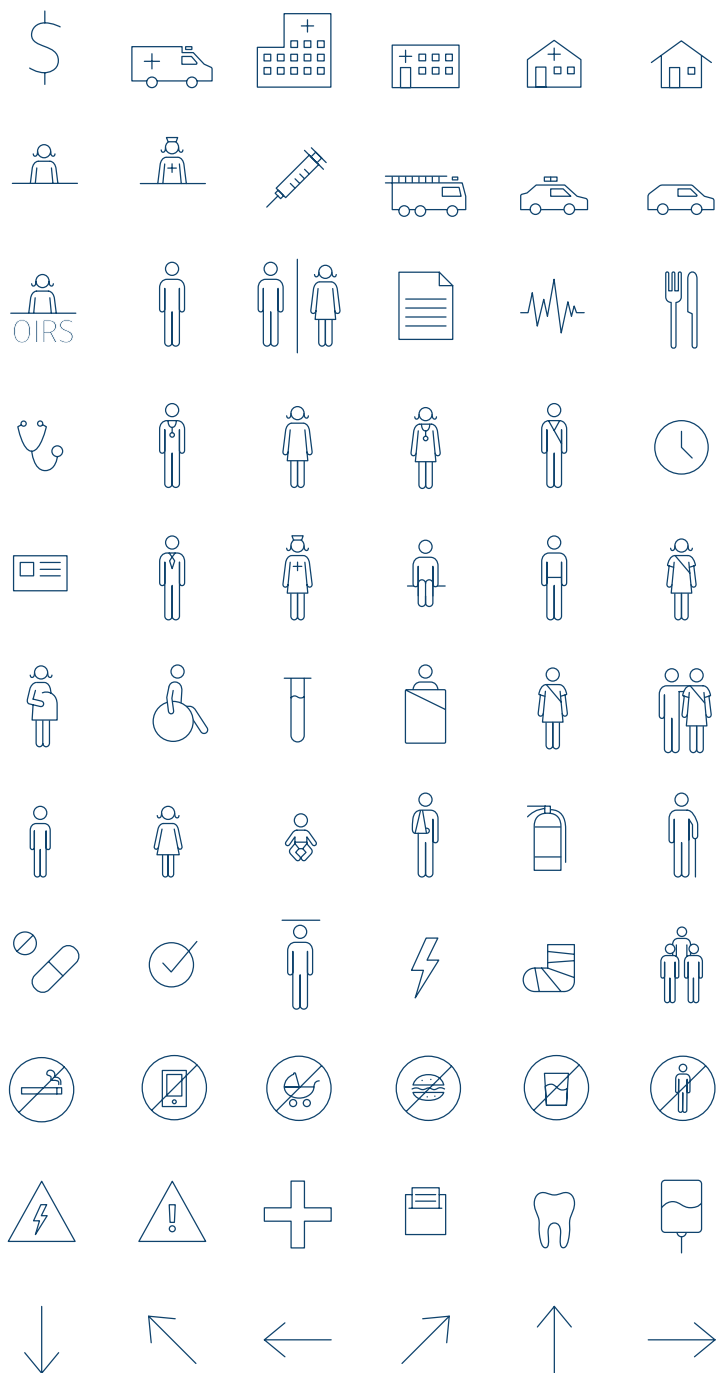
Patient's are **guided throughout all the process** and the steps needed to receive care are clearly explained through **information panels, pamphlets, and videos**. The project also includes **signage, pictograms, illustrations, printed handouts, and a web-based tool** for hospital teams to produce customized printed materials that retain consistency with the rest of the system.

The project was successfully implemented at Asistencia Pública Emergency Hospital (HUAP) in 2015.



How the interventions play together





A Journey of Care: From recruitment through retirement

Making veterans feel cared for as early as enlistment

Research, Strategic, Service & Product Design

2019 · Graduate Project w/Emily Franklin, Anna Lathrop & Julia Szagdaj

LOCATION

New York, NY

CONTEXT

MFA Transdisciplinary Design

Beyond Health: Designing

for Care Studio



Starting Point
Theories of Care

Understanding
How are veterans
currently taken
care of?

Focusing
What's the impact
of recruitment
in the veteran
experience?

Field Research
Exploring
experiences
and testing
assumptions

Design Principles
What do we want
to accomplish?

Analyzing
What are the
key insights?

Proposals
A new systemic
approach to
recruitment

Next Steps
Moving forward

Context & Challenge

How might we ensure veterans are cared for upon discharge?

The “Beyond Health: Designing for Care” Studio focused on design as a practice of care. It explored how social and cultural observations can lead to meaningful design projects, focusing on delivering care to vulnerable communities.

We explored the experience of different stakeholders (veterans and their families, recruiters, and government employees) and conducted interviews at recruitment offices. Through this engagement, we were able to explore how we might **reimagine the current military journey through a series of design interventions that establish trust and transparency.**

Through different activities and a workshop, we realized that the **root cause of many veterans' challenges start as early as recruitment**, and identified that as an opportunity to make veterans feel cared for starting at the beginning of their journey.



Reimagining Veteran Care Workshop

Reactive vs Preventative Care

We aimed to explore what might happen if the **reactive care** veterans receive upon discharge—after they have been guaranteed false incentives, after their lives have been changed through their service, and at a time when their energy goes to finding their new normal—**shifted to preventative care** upon enlisting.

Veterans struggle because of a system that is not designed to support their experiences long-term. A single veteran **does not receive continuity of care** over the course of a couple of weeks, let alone the years or decades from enlistment to service to transition back to civilian life. This “pass-off” exposes a dearth of accountability for caring for the veteran, which reinforces a lack of trust in the system. We began to understand the **recruitment process as a crucial window that shapes a future veteran’s experience of care.**

DESIGN PRINCIPLES

Meet individual needs

Facilitate individual goals and promote personal growth
Customize information

Coordinate community care

Foster networks of care instead of burdening individuals
Create accountability from other people in the system

Privilege the human, not the system

Make information easy to understand and based on human-readability
Be transparent about non-military options to attain goals

Coordinate the journey

Emphasize continuity
Plan for transitions

Minimize uncertainty

Realign military objectives and public perception
Set realistic expectations
Have clear steps

“After talking to vets day in and day out who just didn’t understand their benefits, their priority groups, why we were billing them, etc. I realized how lacking info was”

—Angela, former VA admin

WHAT WE LEARNED — KEY INSIGHTS

- The **quality of the information** people receive depends on the honesty of the recruiter.
- There is **little transparency** about job openings, forcing recruits to get deep into their process before accessing accurate job information.
- **Veterans want opportunities to give back** and help prospective recruits to have a better experience.
- There is **no communication between the different military branches**, making it harder for the recruit to select a branch that fits their needs & abilities.
- The **military contract is hard to understand**, and the limited time allowed to go through it contributes to confusion when signing on.
- It's very important to **ask the right questions** during recruitment, but not very easy to know what to ask.

NAVIGATING CARE A JOURNEY OF CARE

Interventions

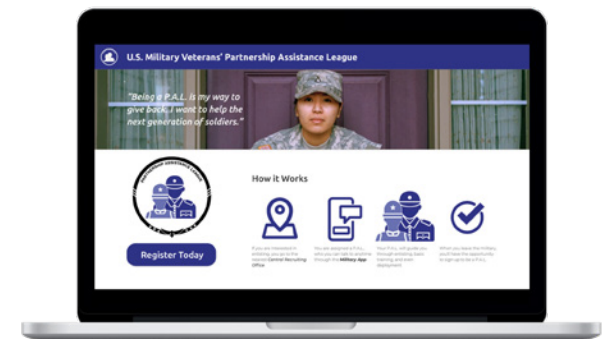
The interventions work as a **network of touchpoints that infuse care and ensure a recruit is fully informed and supported through their journey.**

1 Central Recruitment Office.

Currently each branch has its own separate office. We propose a first central office that can walk a recruit through what each branch offers, what careers are available, and what the interested recruit might be best suited for. At this place, the recruit will also be connected to the rest of the suite:

2 **Veteran PAL, or Partnership Assistance League** is an NGO that connects veterans with potential recruits. The recruit can ask the veteran about their experiences, benefits, transition to civilian life, experience during active duty and deployment, etc.

It will also allow veterans to continue to be of service, which is an important aspect of successful veteran transition.

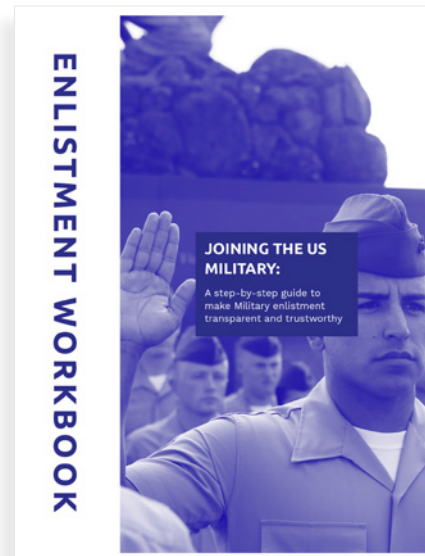


Veteran PAL website

3 Enlistment Workbook. Helps guide the recruit through enlistment. It also serves as a centralized source of information and visualization of the entire process, with helpful tips and resources along the way to ensure that the recruit knows what questions to ask and what provisions to ensure as part of their enlistment.

4 5 The workbook features a **Community Agreement** between PAL and the recruit, plus a **Translated Contract** in everyday language that explains the details and obligations outlined in the military enlistment contract. With this workbook and contract, a prospective recruit can go through their enlistment journey fully understanding what is expected of them, and what they can expect.

6 MyMilitary App. It allows anyone to browse available careers and enlistment steps. Once a prospective recruit goes to a Central Recruitment Office, they receive their recruit code, which unlocks the rest of the app. The DoD updates each step as the recruit completes them so the recruit can see their progress and what obligations they have yet to meet.

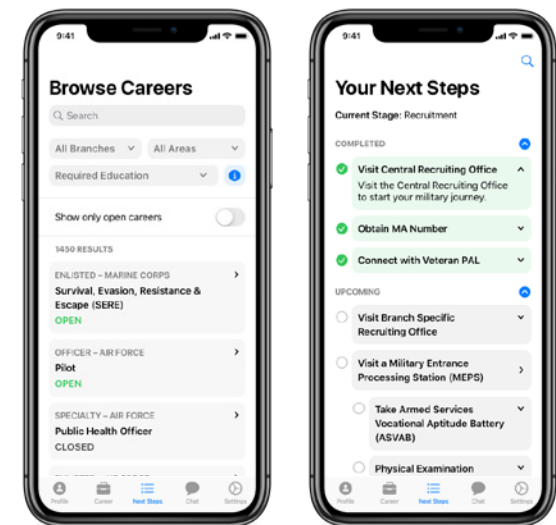


Enlistment Workbook

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***“Go into it fully
educated. Research
and ask questions. Also
understand that what
you are about to do
will change you in some
shape or form forever.
What you do with that
change is up to you”***

—Raymond Holt
US Military Veteran



The Transformed Experience

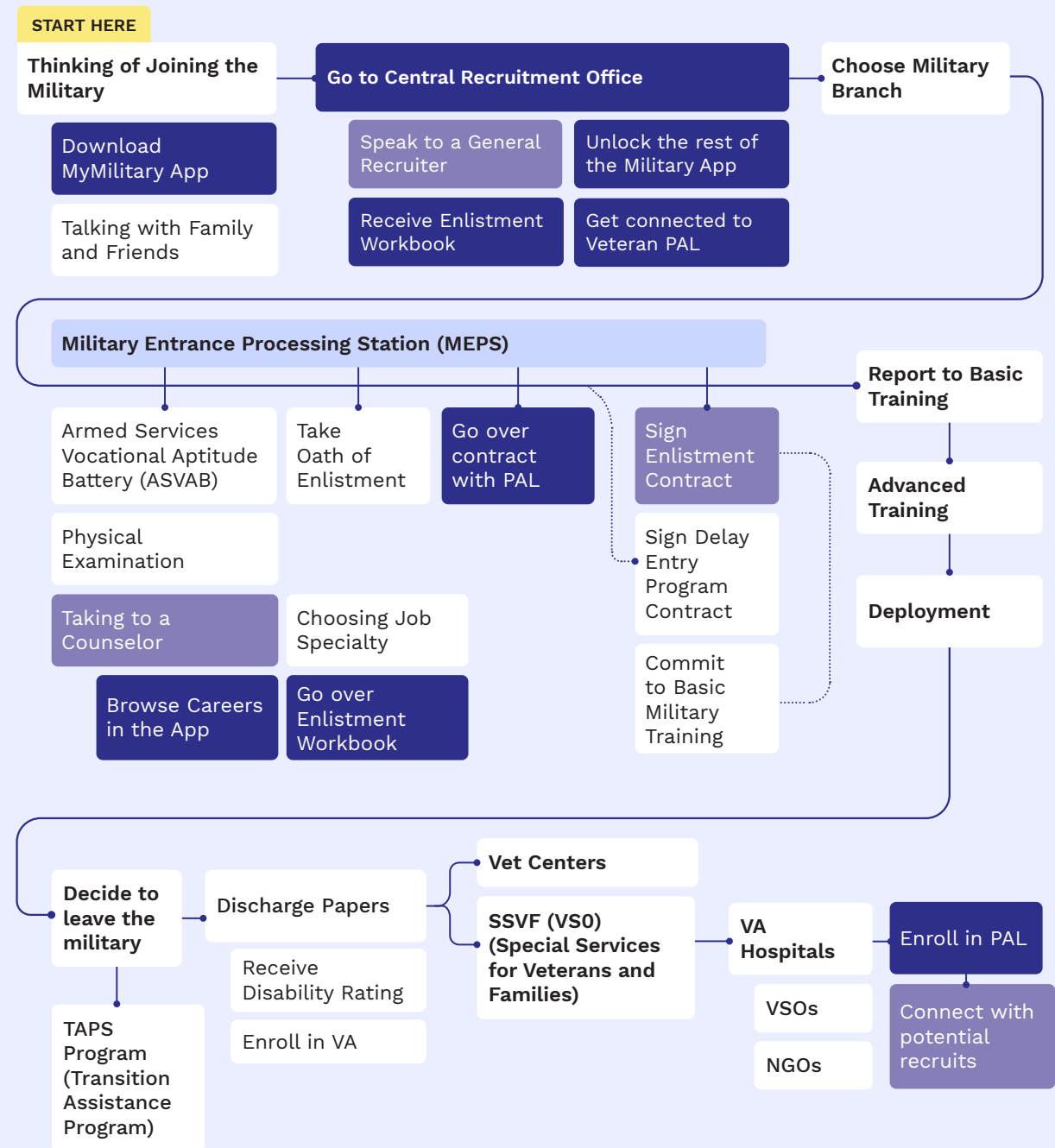
Enlistment, deployment, and transition journeys have been changed to make for a better experience throughout service. Now, our recruit **starts their journey at the Central Recruiting Office** where they speak with a central recruiter. The recruiter helps them understand each branch of the military, reviews their potential career paths, and matches the recruit's needs with the military's needs.

Our recruit now goes home, equipped with their **recruit code** and their **Recruitment Workbook**. They unlock the rest of the **Military App** with their recruit number, and are now able to chat with their **Veteran PAL**. Additionally, they are now able to browse the full career list and chat with enlisted members in those same career paths.

As the recruit goes through the enlistment process, they complete the workbook with the aid of their branch recruiter and veteran PAL. At the end of MEPS, they will be able to go through their **Translated Contract**, and sign the Enlistment Contract with full confidence in their decision.

TRANSFORMED MILITARY JOURNEY (SUMMARY)

Existing Step New Step Adjusted Step



NAVIGATING CARE

The Caregivers' Journal

Easing the transition between hospital and home for caregivers of pediatric oncology patients

Research, Strategic, Service & Information Design

2018 · Graduate Project w/Pamela Lama & Sudeshna Mahata

LOCATION

New York, NY

CONTEXT

MFA Transdisciplinary Design
Design for Living
& Dying Studio

PAIN

FROM _____ TO _____

PAIN SCALE

0 1 2 3 4 5

IF PAIN IS BETWEEN _____ AND _____

IF PAIN IS BETWEEN _____ AND _____

IF PAIN IS GREATER THAN _____ CALL _____

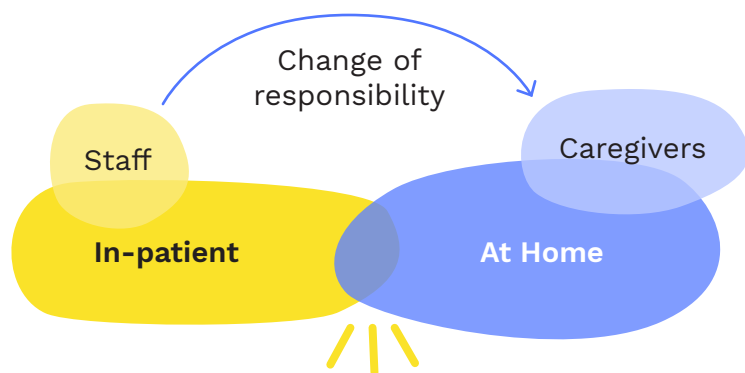
DATE	TIME	WHERE?	0	1	2	3	4	5	6	7	8
			0	1	2	3	4	5	6	7	8
			0	1	2	3	4	5	6	7	8
			0	1	2	3	4	5	6	7	8

Context & Challenge

How might we ease the transition between the hospital and home for caregivers of pediatric oncology patients?

During the transition between hospital and home, caregivers (family members and friends) of pediatric cancer patients experience an **information overload** and usually feel **overwhelmed by the responsibility** of adequately caring for their sick child.

Taking care for a patient at home requires organizing and keeping track of tons of information. In order to deal with this task, caregivers often improvise organization methods with what they have in hand.



“You want them to come home, but at the same time you are so scared”

“It was a full-time job, and I was able to stay home with my son all day. I can't imagine how it would've been if I had to go to work everyday”

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“We received all these sheets. Did I read it at that time? probably not. You are so overwhelmed”

—Mothers of cancer patients in remission

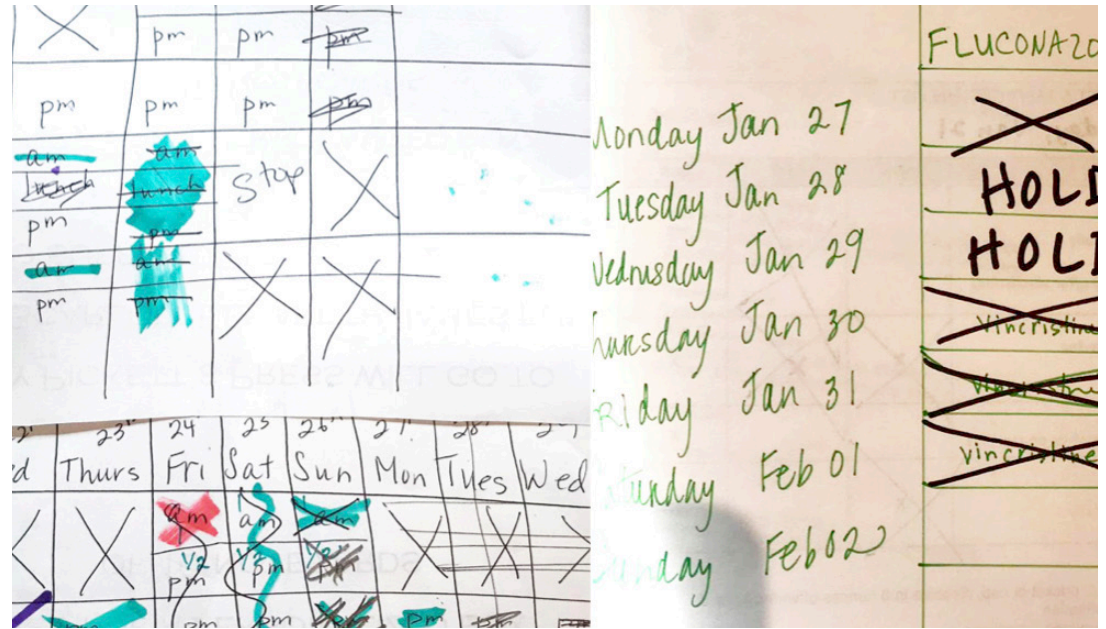
Research & Prototyping

In order to better understand the context we interviewed and collaborated with a nurse and three mothers of pediatric cancer patients in remission. They shared their stories with us—with a special focus on the challenges of being a caregiver and the moment of transition—and showed us different ways in which they had organized everything they had to keep track of.

Based on our research, we started prototyping different ways to help caregivers with the task of taking care of a child with a complex disease. Our research participants had a vital role in providing the feedback that allowed to us improve our proposals towards our final product.

“Sometimes I had to track urine. How yellow it is, how much water did he drink and how much he is peeing. Because if it is not much then it means he is dehydrated”

—Mother of a cancer patient in remission



Caregivers create their own ways for keeping track of medication and other information

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Interview & feedback session

Our proposal

The Caregiver's Journal is a tool that aims to **assist caregivers in their journey of taking care of a child** with cancer, especially in hospital-home transitions. The goal is to reduce uncertainty, stress, and anxiety, and to **restore a sense of control by building self-efficacy**.

The Journal contains multiple pages with information and templates for caregivers to understand and keep track of their child's condition. It is customizable, easily transferable between multiple caregivers, and useful throughout the entire process.



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MY ROLE

Information &
Graphic Design

SHARED ROLES

Research
Testing
Prototyping

NAVIGATING CARE

THE CAREGIVERS' JOURNAL

Pages created for the first iteration include information about and templates for:

- Understanding the care plan
- What to do in case of emergencies.
- Medication.
- Planning and scheduling.
- Keeping track of pain, blood counts, hydration and pee, poop, weight, height, among others.

Minga • Pediatric Hospital Wayfinding

Wayfinding and navigation strategy for their new building

Research, Strategic, Service & Information Design

2015 • Professional Work w/Amanda Astorga & Lissett García

LOCATION
Santiago de Chile

IMPLEMENTED IN
Exequiel González Cortés
Pediatric Hospital



Context & Challenge

How might we design a friendly navigation environment for children and their families?

The Exequiel González Cortes Pediatric Hospital (Santiago, Chile) was to be **relocated to a new building**. They wanted to preserve their unique **identity** and deep community bonds. To achieve this goal, multidisciplinary teams were formed, tasked with tackling different aspects of the project.

SHARED ROLES

Project Formulation
Wayfinding Design
Icons design
Prototyping

Intervention

A journey through Chile

My team on the wayfinding project, in collaboration with the hospital team and the architect. We designed an **information system that allows for easy navigation**, and creates a **friendly atmosphere** for children and their families.

To capture the **children's imagination**, we divided the five floors of the building into scenes representing the different **landscapes of Chile**, which range from icescapes and forests in the south, to a desert in the north. Illustrations were drawn to embody this concept and dress the signage and walls, decorating and differentiating the service areas.



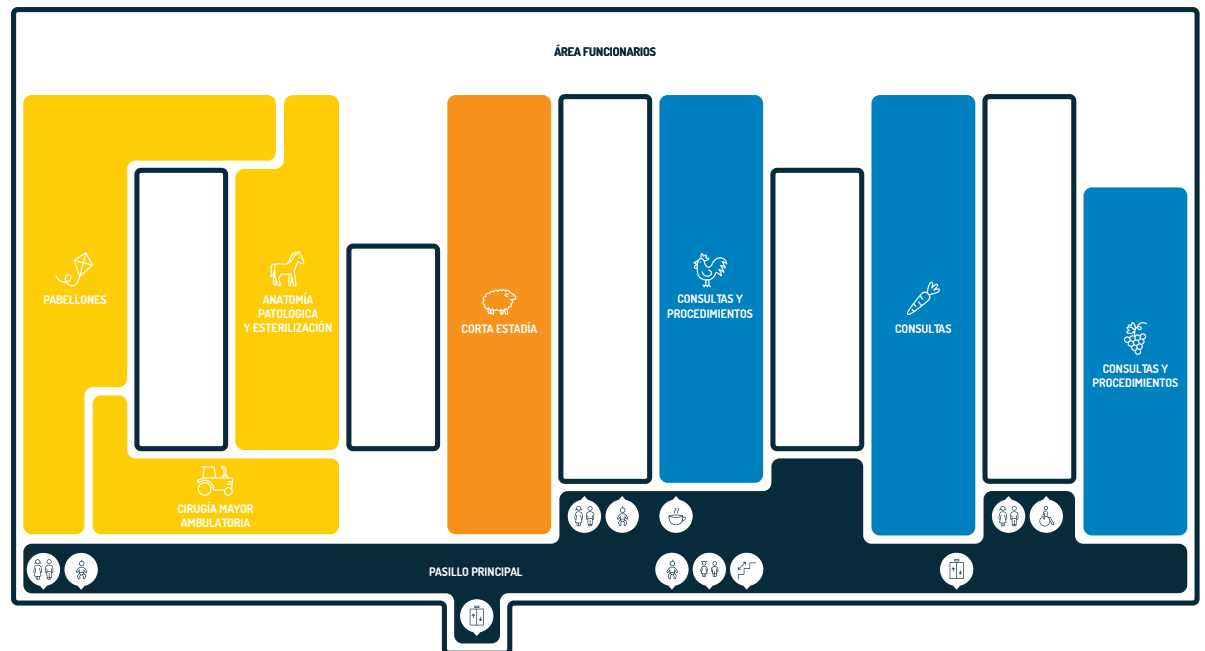
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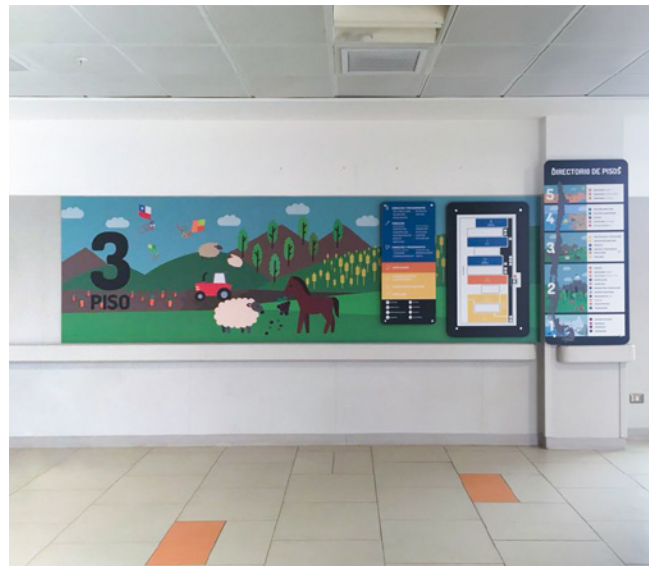
↑ Each floor represents a type of landscape of Chile:

- 1: Antarctica (South)
- 2: Forest and Mountains
- 3: Countryside
- 4: Beach
- 5: Desert (North)



↑ Pictograms Set, Signs and Map →





EDUCATION

100 Year Visions of Higher Education

Constructing alternative visions of Higher Education through a workshop

Workshop, Facilitation, Graphic Design

2019 · Graduate Project w/Erica Eisenberg, Stephanie Soussloff, Heer Mehta & Yilin Wang

LOCATION

New York, NY

VIDEO

vimeo.com/389562768

CONTEXT

MFA Transdisciplinary Design,
Speculative Design Studio



How might we make decisions today that will ensure students in 100 years will be receiving the best possible education?

The high level goal was to envision the student experience in 100 years as a way to consider and critique the current state of higher education, specifically situated at The New School. What might we want to maintain, change, or entirely abandon?

We chose the **student's backpack as our central ethnographic artifact**, as we believe it tells a rich story about the student. It reveals a story of their educational interests, their socioeconomic background, their aspirations, their self-expression and personal life.



EDUCATION

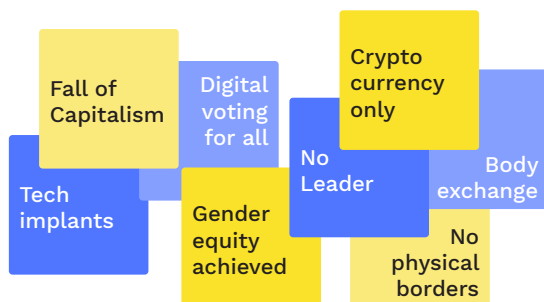
100 YEAR VISIONS OF HIGHER EDUCATION

Phase 1

Timeline Activity

Before our main activity, we facilitated an experience that introduced our participants to **Speculative Design fundamentals**, and got them thinking future-forward. The timeline had 100 years worth of pivotal historical moments, a dozen present-day signals, and a blank 100 years of “Futures”.

By seeing how much changed in the past 100 years, they were able to start conceptualizing what might happen in the future, contingent on the way things play out the present. **This activity sparked curious conversation, and got creative juices flowing.**



Timeline Activity

Phase 2

World & Student Brainstorm

For the remainder of the workshop, participants were seated in small groups with a facilitator at each table. Each group **chose a “world”** 100 years in the future, and then worked with brainstorming facilitation cards to fully imagine what this world might look and feel like from Political, Social, Technological, Environmental and Economic perspectives.

They then **chose a student** to live in that world, and imagined what their life was like in this world: their educational experience, their aspirations, their struggles.



Phase 3 & 4

Backpack Artifact Design, Shareback & Discussion

Groups were then invited to **design an item from their student’s backpack** in 2119. After, they came together to share their process and artifacts. We concluded with a conversation around these questions:

- 1) In order for your student to have the best possible education in 100 years, what actions need to be taken?
- 2) How has this exercise changed your thinking around how and what to address in today’s education system?



“We imagined an education system that is personalized and condensed to allow for more free time and a shift in focus towards self-care”

—Group 1: Welfare State world & non-binary international Student

“It made us think of how privilege has been evolving, and what trends have been influencing the gap it creates”

—Group 2: Tech-centric world & 71 years old female student



Brainstorming, discussion and artifacts

EDUCATION

HuboCubo

Helping kids with their storytelling skills through a didactic game

Research & Product Design

2011 · Undergraduate Project w/María Cristina Adasme & Camille Faúndez

LOCATION
Santiago de Chile

CONTEXT
BA Design,
Product Studio

VIDEO
vimeo.com/33531744



Context & Challenge

We researched and observed the dynamics of a classroom with children aged 7 to 11, from a low-income public school in Santiago. We decided to focus on **storytelling** skills. At this educational stage kids are expected to be able to tell stories with **coherent timelines**, but they would usually go back and forth and ending up confused and losing the story.

The Game

Hubo Cubo is a didactic game designed to help kids in their development of language & storytelling skills by using **cubes to visualize the story timeline and promote creative thinking** while having fun. The goal of the game is to collaboratively build a story using the contextual illustrations on the boxes and the words on the cubes using the rules provided by the dice. There's no individual winner—the whole group wins when the board is complete.

THE KIT



46 wooden cubes with words in each of their 6 faces



23 boxes with contextual illustrations that hold 2 cubes each



12-sided die with word-matching rules for playing

HOW TO PLAY

1

The board: Create a path for the story using the wooden boxes. The longer the path, the longer the story.

2

Choose your 6 favorite cubes! and put a random cube at the beginning of the board.

3

Roll the die. Follow the instructions on the die to choose the next cube.

Hubo

Same initial sound

Hubo

Same final sound

Syl/la/bles

Equal # of syllables

+1 Take a cube

Rhyme

Make them Rhyme!



Same color



Lose a turn

HuboCubo

Any cube!

4

Put a cube in the board and tell a story using the word on the cube. Inspire your story with the illustrations on the wooden boxes.

5

The team wins when the board is complete!



Electrocardiogram Manual Redesign

Redesigning educational material for medical students

Information Design

2017 · Professional Work

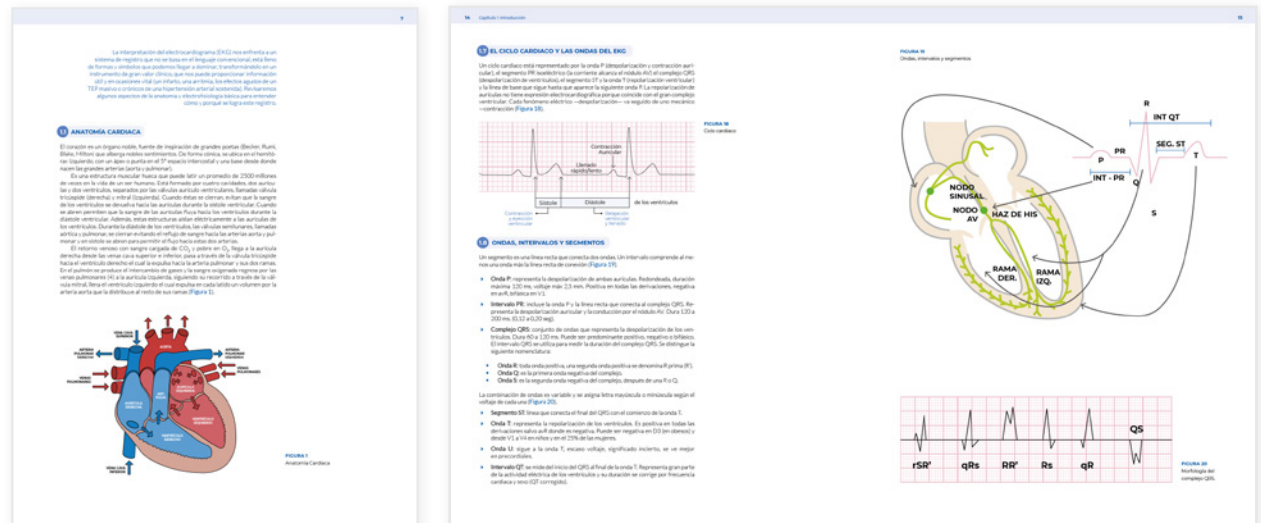
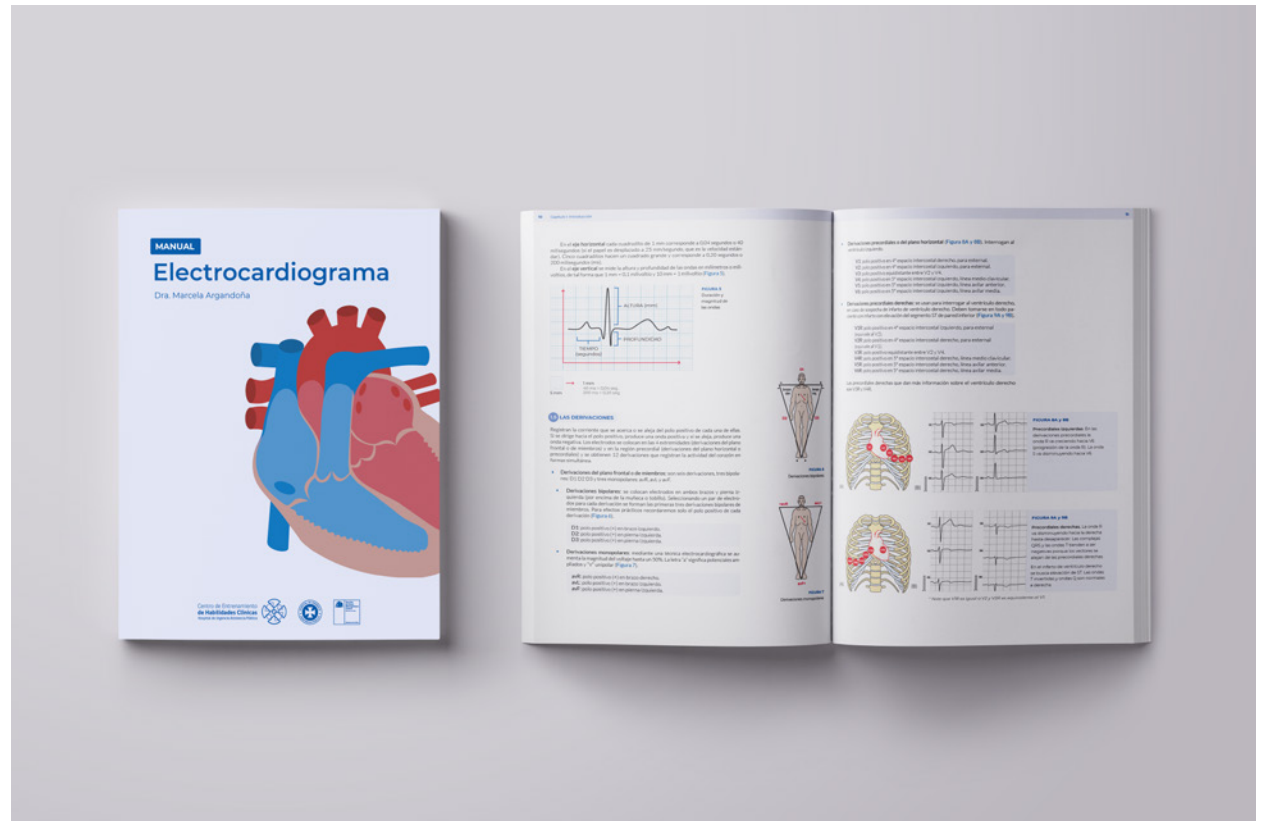
The project

During their internship at the HUAP Emergency Hospital, Medical students are trained on **electrocardiogram reading** by the Clinical Abilities Training Center. To facilitate their learning, the Center needed a new Electrocardiogram (EKG) Manual.

The redesign project involved laying out the 100 pages of the manual, and retouching or redrawing all of the illustrations and diagrams to preserve their visual consistency. This project was carried out in collaboration with the healthcare team at the hospital.

LOCATION
Santiago de Chile

CLIENT
Asistencia Pública
Emergency Hospital



Dignity Through Design

antoniayunge.cl

hello@antoniayunge.cl

Thank you!