



The Digital Human Body of Knowledge

- Health Variant -

Strategy
Co-Design
Corpus
Operating Model

© Centre for Digital Business Pty Ltd (ACN 162 122 072)

MASTER

DHCC conversation creation templates



DISCLAIMER

The Centre for Digital Business (Australia) Pty Ltd, its officers and employees, do not guarantee, and accept no legal liability whatsoever arising from or connected to, the accuracy, reliability, currency or completeness of any material contained in this presentation, on any linked or referenced site, or in the supplementary materials posted on GitHub (overall, the 'Information').

We make no representations as to the compliance of the information with the laws, regulations, standards and policies governing health and technology globally or in any jurisdiction.

We recommend you exercise your own skill and care with respect to the use of this information and that you carefully evaluate the accuracy, currency, completeness and relevance of the information for your purposes.

The information is not a substitute for independent professional advice, and you should obtain any appropriate professional advice relevant to your particular circumstances.

The information may include the views or recommendations of third parties, which do not necessarily reflect the views of the Centre for Digital Business or indicate our commitment to a particular course of action.

Photographs contained in the information have been licensed for our use only and cannot be used by any third party.

The Centre for Digital Business is providing the information free of charge for use by organisations developing or researching digital humans for health care.

The Centre for Digital Business reserves the right to be recognized as the creators of the information.

© Centre for Digital Business Pty Ltd (ACN 162 122 072)

WORKSHEET 1 - LIST AND PRIORITIZE CANDIDATE CONVERSATIONS

Purpose

The main purpose of this template is to record a master list of candidate guided conversations that DHCC might have with patients and/or their caregivers.

These guided conversations might be delivered in the inpatient, outpatient or at home settings:

- Inpatient guided conversations would typically be initiated by DHCC.
- Outpatient (e.g. cardiac rehab) and at home guided conversations might be directly initiated by DHCC or in response to a patient question.

The second purpose of this template is to record the positive impacts assigned to each candidate guided conversation by the DHCC team and other hospital stakeholders.

Prioritization of the candidate guided conversations is required to schedule the most impactful guided conversations into the limited available time of each patient whilst they are in hospital and later in cardiac rehabilitation. The most impactful (and therefore highest priority) guided conversations will:

- Maximise patient health and safety, especially in the first few weeks at home, to meet reduced readmission targets.
- Reduce staff workload on repeatable patient awareness and data capture communications.
- Provide patient information transfer and patient acknowledgement in areas that typically result in high litigation costs.

The first few conversations should aim to reduce complexity – no integration with Electronic Health Records (EHR), no machine vision etc; these can be added later when the team has experience with designing and using conversations.

Guidance

Table Column	Guidance	Table Column	Guidance
Conversation	The theme/topic to be covered by the conversation. For example, medications/adherence and medications/side effects are both possible conversations.	Owner(s)	Can include content owner(s) (e.g. dietician) and business owner(s).
Explanation	Brief description of the conversation.	Health & Safety (positive impact)	Extent to which this conversation might increase patient health & safety after discharge including the trip home and the first few weeks at home. Themes/topics that result in the most hospital readmissions would score HIGH impact.
Setting	Inpatient, outpatient (e.g. cardiac rehab) or at home. Some conversations can apply to two or all of the settings.	Staff Workload (positive impact)	Extent to which this conversation might reduce staff workload. Frequent lengthy conversations that can now be performed by DHCC would score HIGH impact.
Patient/Carer	Most conversations are between DHCC and the patient. However, some conversations (e.g. eating at home, mobilization etc could also be between DHCC and the carer so that they can better look after the patient.	Litigation Costs (positive impact)	Extent to which this conversation might reduce litigation costs. Themes/topics that are frequently in litigation and incur high costs would score HIGH impact.

WORKSHEET A - HIGH LEVEL REQUIREMENTS DHCC GUIDED CONVERSATIONS

Purpose

The main purpose of this worksheet is to record the high-level information (including requirements) for a candidate guided conversation.

should follow its own processes that it uses for developing and approving health content in other contexts.

Key points:

- This worksheet might have broad coverage on some topics e.g. medications. There is no need to filter at this stage.
- Many cardiac conversations can also be used for other chronic condition such as stroke and cancer therefore consider including representatives of these teams where appropriate. This could be from the start or as part of a second round after the cardiac team have completed an initial worksheet.
- Some conversations rely on localization. For example, conversations about reducing sodium in the diet would use local food preferences and names.

Guidance

Section Heading	Explanation
Objective	This should relate to the Theme/Topic e.g. increase medication adherence or reduce dietary sodium.
Risks	These are the potential barriers to achieving the objective.
Enablers	These are items, actions etc. that can help overcome the barriers. They might be physical (pill dispensing packages, bathroom scales), informational (e.g. education, instructions), procedural (e.g. process for financial help with meds) or digital (e.g. apps for managing meds).
Awareness Goals	This is what the patient should know for the objective to be achieved. These are especially important for reducing readmission penalties and litigation costs as information transfer to the patient and acknowledgement of increased understanding are captured in the conversation transcript.
Data Capture	This is what we want to know about the patient to assist the hospital team with risk assessment, discharge planning, prioritization of information transfer to the patient and so on. Some data might already be held elsewhere (e.g. electronic health record or patient administration software) whilst other data might only be known to the patient (e.g. prior medication non-adherence) because one of the attributes of a digital human is building rapport and disclosure.

THEME/TOPIC
Objective
○ XX
Risks
○ XX
○ XX
Enablers
○ XX
○ XX
Awareness Goals
○ XX
○ XX
Data Capture
○ XX
○ XX

WORKSHEET B - DHCC 'TELLS THE PATIENT' AND 'ASKS THE PATIENT'

Purpose

The main purpose of this template is to convert the high-level Awareness Goals and Data Capture requirements from Worksheet A into simple 'tells' and 'asks'. For example:

- o Tell – "you must not reduce or stop taking your medications without first talking to your physician."
- o Ask – "do you have someone at home who can cook for you and take you to medical appointments?"

The 'Tells' should also include the context for the conversation; why it is important to the patient and so on. Note that later in DHCC's development 'Tells' might include supporting videos, images etc. but for now we are just using conversation.

The 'Asks' should include checking that the patient's understanding has increased from the conversation.

You don't need to build an actual conversation in this worksheet. A team of specialists including medical SMEs, dialogue experts, psychologists and avatar/AI designers will take what you record in Worksheet B and write the dialogue and then code that into the DHCC. They will also add welcomes and farewells, emotions and expressions, the ability for the patient to stop and restart the conversation and so on. An important part of their role is to create a dialogue that addresses patient health illiteracy.

Your final role will be to test this dialogue by talking to DHCC.

Guidance

Tells	Asks
Context for the conversation	Information required for individual patient risk assessment (e.g. no one at home to care for them)
Importance of the conversation's content	Information about patient preferences (e.g. favourite foods so dietician can suggest healthy alternatives)
Specific health information (e.g. low sodium snacks)	Information about previous experience (e.g. with prescription medications)
Specific procedural information (e.g. who to contact)	Information about behaviours or attitudes

