Who We Are

• **Susan Haufe:** Administrative Director, Patient Relations and Service

• **Jennifer Phillips:** Innovation Director, Kaizen Promotion Office
Session Objectives

• **Objective 1:** Describe EBD methods for obtaining and understanding the voice of the customer

• **Objective 2:** Introductory practice with observation, interview and questionnaire methods

• **Objective 3:** Assess the strengths and gaps in your organization to identify practical next steps
Agenda

• Welcome and Introductions
• Overview of Concepts
• EBD Methods and Practice
• Take-Aways for Home
Create full partnership with patients and families to improve and transform our delivery of care.

Customers define value-added.

Do we really know what matters?

Understanding customer experiences stimulates creative thinking and breakthrough innovation.

Virginia Mason Foundational Elements

- Strong Economics
- Responsible Governance
- Integrated Information Systems
- Education
- Research
- Virginia Mason Foundation

Virginia Mason Production System
Overview of Concepts
Toyota Production System philosophies and practices have given us an effective management approach focused on achieving:

- Customer first
- Highest quality
- Obsession with safety
- Highest staff engagement
- A successful economic enterprise
Relentless Focus on Waste

**Key Objective:** Reduce the burden of work on the worker. That includes our patients, family and other customers!

Taiichi Ohno’s 7 Wastes

- Processing
- Time
- Overproduction
- Defects
- Inventory
- Motion
- Transportation
Emotional Experiences Matter

Technical tools of VMPS are great

- Measure time, flow, defects, etc.
- Tended to flow processes from our perspective

But what about the emotional experiences of our customers?

- How do negative experiences impact flow and quality?
- What does their process flow look like?
- How can we incorporate their stories and emotions?
Experience-Based Design Is . . .

A philosophy and set of methods focused on an understanding of the experiences and emotions of those who are involved in receiving and delivering healthcare services, striving to understand what people naturally do and feel.

What really matters to our customers?
How It Fits Into Design

Aesthetics of Experience (Usability/Comfort)

Performance (Functionality)

Engineering (Reliability/Safety)

Components of Good Design

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### The Value of Emotion Words

<table>
<thead>
<tr>
<th>Afraid</th>
<th>Enthusiastic</th>
<th>Ignored</th>
<th>Resentful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Frustrated</td>
<td>Insecure</td>
<td>Sad</td>
</tr>
<tr>
<td>Compassion</td>
<td>Grateful</td>
<td>Jealous</td>
<td>Safe</td>
</tr>
<tr>
<td>Confident</td>
<td>Great</td>
<td>Joyful</td>
<td>Satisfied</td>
</tr>
<tr>
<td>Depressed</td>
<td>Guilty</td>
<td>Loyal</td>
<td>Secure</td>
</tr>
<tr>
<td>Disgusted</td>
<td>Happy</td>
<td>Okay</td>
<td>Sense of Accomplishment</td>
</tr>
<tr>
<td>Disrespected</td>
<td>Hatred</td>
<td>Optimistic</td>
<td>Successful</td>
</tr>
<tr>
<td>Empowered</td>
<td>Hopeful</td>
<td>Peaceful</td>
<td>Valued</td>
</tr>
<tr>
<td>Enjoyment</td>
<td>Hopeless</td>
<td>Pleased</td>
<td></td>
</tr>
</tbody>
</table>

Basic EBD Methods

- **Observations**
  - Fly on the wall; subtle presence
  - Big ears, big eyes, small mouth

- **Interviews**
  - Collect stories, guide through an experience
  - Open-ended questions

- **Experience Questionnaires**
  - Visual depiction of a process
  - Customers select emotions at each touch point

- **Focus Groups**
  - Small group
  - Guide through a common experience
  - Open-ended questions
Experience Data Fueling Improvement

- EBD data are primarily qualitative
  - Exploratory
  - Can record facts, observations and perceptions
- Questionnaire data converts to quantitative data
- Either way, it’s data for improvement sake
EBD Helps Bust Assumptions

We observe and learn directly from customers about their experiences and what they need.
The Vision

Don’t listen very much to our users, we do the designing

Design and improve, then ask our users what they think

Listen to our users, then go off and do the designing

Listen to our users, design together

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(Professor Paul Bate, UCL 2007)
## Shifts in Thinking Under Way

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>One patient on the team</td>
<td>Half patients, half staff</td>
</tr>
<tr>
<td>Designing for patients and families</td>
<td>Designing with patients and families</td>
</tr>
<tr>
<td>Listening to voice of one or few</td>
<td>Listening to voice of many</td>
</tr>
<tr>
<td>Convenient sampling</td>
<td>Broader sampling</td>
</tr>
<tr>
<td>Conventional surveys</td>
<td>More qualitative data</td>
</tr>
<tr>
<td>EBD data for events only</td>
<td>Creating a habit of listening to fuel kaizen plans</td>
</tr>
</tbody>
</table>
Co-Design Project Examples

- Pancreatic cancer
- Delirium
- Total joint replacement education
- Informed consent process
- Hospitalist info sheet given to new patient admissions
- Provider training on delivering bad news
- Exercise visuals for inpatient units
Let’s Pick a Customer Group

• YOU!

• Participants of the Beryl Patient Experience conference
What is a Touch Point?

A touch point is a moment of engagement when feelings and emotions are increased, positively or negatively.
Can Differ From Process Steps

Think Broadly, Check Assumptions

- Value stream or process maps depict concrete steps or activities
- Touch points reflect customers’ subjective experiences
- May not match our idea of process steps
- Having the patient identify the touch points begins to create experience value stream from the patient’s perspective

And then, the doctor didn’t even have my chart. I called three times before today and they promised they’d have my information….

Hmmm… I hope that doesn’t happen to me…
“He doesn’t even remember my name. I have been seeing him over 5 years.”

“The day after I retired, I felt like I dropped off of a cliff. I couldn’t find myself on V-Net (the employee intranet).”

“My coworkers are amazing to brainstorm with. Everyone listens and the ending result is usually a combined result of multiple people and multiple ideas.”

“After Dr. X dropped the bomb, he sat down on my bed and said to my husband and I, what can I tell you tonight, what questions can I answer so that you can get a good night sleep?”

“I’m not afraid of going home from the hospital, but I knew yesterday that I wasn’t ready. I need better pain management before I go home.”

“You try to give the patients time to sleep because that right there is a big, big key to fighting delirium, but on our unit it’s so tough because we have so much stuff going on all the time disrupting the patients’ sleep.”
Let’s Practice Listening for Touch Points
Let’s Study Your Experience

- Observations
- Interviews
- Questionnaire
- Extracting themes and opportunities
EBD Observation Method

Fly on wall
• Subtle presence
• Big ears, big eyes, small mouth
• Channel observations to pen and paper
• Objectivity; try to leave your assumptions and judgments out
• Time invested impacts quality of observations—invest more, not less

“You can see a lot just by looking.”
~Yogi Berra
Value of Observation

- People do not always do what they say they do
- People do not always do what they think they do
- People do not always do what you think they do
- People cannot always tell you what they need

Observation lets you find out what people really do and need.

IDEO 2006
Our Experience with Observations

Pros

• Great for early exploration and assumption busting
• Gets us closer to being in our customers’ shoes
• Can inspire ideas and innovation
• No interaction needed; just be a fly on the wall

Cons

• Some time commitment (at least 20-30 minutes per observation)
• Risk making some assumptions about what’s going on; looking isn’t asking
• How to share findings in useful way
Observation How-To

- Put date and time of day on your observation notes
- Sketch a simple map of the space to reference
- Be descriptive about the environment
- Look for both big picture and small details
- Use your senses
- Pay attention to body language, facial expressions, quotes and dialogue

- What do people seem to care about?
- Look for work-arounds and adaptations
- Look for things that surprise you & unintended uses
- How does the customer group act when others are around compared to when they’re alone with “their own kind?”
- Consider different roles and demographics; do you observe differences in their experiences?
April 9, 1938.

Black-shouldered Tern

I finally put the 2 q Blues back in the reserve with the male this afternoon. Here was much in the way of reaction. No q’s flew to them and followed them off and on, but I couldn’t tell what the reaction of the q’s was.

The Herring were quite limited to the q Blues. No q Herring, in particular, attached itself to the Blues at first. It is obvious, in fact, that the Herring react to Blues almost as if they were the same species (as if the Blues were sub-normal members of the same species). This is also evident in the reaction of captive Herring to wild wintering Blues.

It isn’t nearly correct in saying that q’s only attack q’s, and q’s only attack q’s (although both sexes may display at levels of the opposite sex). This seems to be true of both species of Gannets.

Both q Blues spent a lot of time in a fixed posture after being left loose in the reserve. Difficult to interpret, looked perfectly normal, occasionally associated with giving and/or other courtship activities.

These shape of head

The q’s have a “crest” too.
Let EBD Fuel Creative Thinking!
Why Interview?

- Major value in hearing directly from the customer
- More than filling out a survey or questionnaire
- Critical to be neutral
- Develop your:
  - Listening skills
  - Asking open-ended questions
Interview How-To

• Set up space for privacy and comfort
• Avoid complex introductions
• Ask open-ended questions
• No note taking by interviewer; use a scribe where available.
• BE CURIOUS, “tell me more about…”
• Wrap up with gratitude and **without** a summary of the content
• Offer thank you
• 5-minute reflection
Staying Open-Ended

- “Tell me about your ______ experience.”
- “What did it feel like at this step?”
- “Can you show me on the emotion list what that feeling was?”
- “What happened after that?”
Our Experience With Interviews

Pros
• Effective customer storytelling; get context of body language, tone of voice, etc.
• Can be recorded as video or audio for later reference
• Minimizes “voice of one” concerns
• Can gather more detail about emotions experienced

Cons
• Bigger time commitment, more logistics
• Requires skilled interviewer
• More than one but typically still a small sample
Let’s Practice

- Partner up
- Interview each other about your experience registering and preparing to come here
  - What happened first? Then what? And so on...
  - What are your strongest memories and why?
- Use emotion word list
- 7’ for each interview
Let’s Practice Reflection

• Touch points - what mattered to you and shaped your experiences as customers getting ready for the Beryl conference?
Break
## EBD Questionnaire Method

A visual depiction of key touch points in a process that guides customers in sharing their experience.

<table>
<thead>
<tr>
<th>How did you feel when surgery was recommended?</th>
<th>Circle the BEST word that describes your feeling</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent</td>
<td>confident optimist frustrated okay safe ignored afraid</td>
<td>Comments:</td>
</tr>
<tr>
<td>How did you feel when the nurse provided education material (if applicable)?</td>
<td>okay insecure hopeless grateful disrespected confident hopeful</td>
<td>Comments:</td>
</tr>
<tr>
<td>How did you feel when you reviewed surgery dates with scheduler?</td>
<td>hopeful frustrated satisfied afraid valued okay hopeless</td>
<td>Comments:</td>
</tr>
<tr>
<td>How did you feel when you reviewed the packet of information?</td>
<td>insecure hopeless confident afraid okay empowered hopeful</td>
<td>Comments:</td>
</tr>
<tr>
<td>How do you feel when you scheduled pre and post-op appointments?</td>
<td>okay frustrated hopeless hopeful afraid pleased satisfied</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

Thank you for TRANSFORMING HEALTHCARE with us. By completing this questionnaire--YOU are helping us improve everyone's experience at Virginia Mason.
We Quantify Results

Customer Experience Questionnaire Results: 'Roller-Coaster Graph'

Customer Experience Questionnaire Results:
% of Positive and Neutral /Negative Feelings
Our Experience With Questionnaires

**Pros**
- Adds some anonymity for customers
- Can supplement other customer survey data; quicker to collect
- Allows for large sample, especially with high-volume processes
- Conveys to customers that we care how they feel
- Can combine with interview method for rich conversation

**Cons**
- May have to interpret answers
- Not gathering customers’ personal story, benefiting from body language & tone of voice
- Less helpful as a stand-alone method for processes with really small sample or infrequent occurrences
- Touch points may not be root cause issues
- All touch points may not be in scope of improvement project
Questionnaire How-To

• Keep the map focused on flow from the customer’s perspective
• Usually sequential to help customers recognize & remember
  • Non-sequential can work if customers could experience elements at varying points
• Use your jargon detector! How would the customer describe each step?
• Neutral images help avoid unduly influencing respondents
• Test and refine questionnaire to ensure it’s clear and collects the information you need
• Think through distribution logistics; adequately orient those who will request or support customer participation
# Questionnaire Examples

## Patient and Family Pancreas Cancer Experience

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>TESTING</th>
<th>DIAGNOSIS</th>
<th>INFORMING</th>
<th>TREATMENT</th>
<th>SUPPORT</th>
<th>SERVICES</th>
<th>DISCHARGE</th>
<th>HOSPICE</th>
<th>HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>symptoms that led to seeking medical attention?</td>
<td>Lab Work to either confirm diagnosis or monitor status of your illness.</td>
<td>gave you the news of a diagnosis of pancreatic cancer for the first time?</td>
<td>loved one informed others (family, friends, etc) about the diagnosis?</td>
<td>loved one receives treatment: surgical procedure, Chemo infusions, radiation</td>
<td>one receives support services: physical therapy, Social Work, Chaplaincy?</td>
<td>one is discharged from the hospital? (if applicable)</td>
<td>introduced to hospice care? (if applicable)</td>
<td>one is at the medical center to see the provider?</td>
<td></td>
</tr>
</tbody>
</table>

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Questionnaire Examples

Chronic Pain Patients in the Spine Clinic

<table>
<thead>
<tr>
<th>Percentage</th>
<th>How did you feel when you scheduled your first appointment?</th>
<th>How did you feel when meeting with your provider?</th>
<th>How did you feel about the plan you discussed with your provider?</th>
<th>How did you feel about the information or education provided to you?</th>
<th>How did you feel about your understanding of your treatment plan?</th>
<th>How do you feel when you scheduled your follow-up appointment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>68%</td>
<td>69%</td>
<td>57%</td>
<td>56%</td>
<td>47%</td>
<td>61%</td>
</tr>
<tr>
<td>Neutral</td>
<td>32%</td>
<td>31%</td>
<td>43%</td>
<td>44%</td>
<td>53%</td>
<td>35%</td>
</tr>
<tr>
<td>Negative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Responses</td>
<td>65</td>
<td>70</td>
<td>67</td>
<td>68</td>
<td>57</td>
<td>54</td>
</tr>
</tbody>
</table>
Let’s capture your emotions around the touch points that emerged in your Beryl PX conference experience.
Summarizing EBD Data

• Capture 5-minute reflections after each data collection episode

• Build summary with overall impressions/themes
  – Enough detail to be actionable (not too vague)
  – Expressed by multiple people (or likely with larger sample); not just special situations
  – Affinity diagrams, concept fans and software-based analyzers can help

• Stay fact-based and specific
  – Scrub for opinions or judgments
  – Balance results

• Be ready to reconstruct support if challenged
  – Don’t recycle raw notes too fast!
Methods We’re Using

Affinity Diagraming

Summary Reports

**EBD for PFS Huddles**
**Summary of Findings**
Prepared by: Kara Cuzzetto

**EBD data collector:** Kara Cuzzetto

**Purpose:**
To understand the experience of the team members when participating in the daily departmental huddles.

**Key Themes:**
- The daily huddles give the team members and the leaders the opportunity to respond to immediate departmental needs and level load across the team.
- Team members feel that they can bring up issues, concerns or trends that they may be seeing in their daily work.
- Team members walk away from the huddles with a clear understanding of what the daily priorities are.
- The daily huddles allow leadership to connect the dots for team members.
- The daily huddles allow all participants and opportunity for recognition.
- The experience can vary for team to team. Some teams follow the agenda and others don’t. Some leadership asks each person to contribute and others just ask if anyone has anything.

**Observation data summary:**
Friday July 19th, 2013 from 7:45 to 9:45 (team huddles are held every 15 minutes)
4th floor Metro

**Environment:**
The huddle area is located in the north end of the 4th floor. There are two cubical walls on the east and west sides of the area, and the back (south) wall is a full wall with a TV, clock (to keep to cycle time), and a cork board that has huddle schedule and agenda. The cubical walls contain much signage, white boards, printers, mail carts, phone and other various office supplies. There is a desk that holds a computer below the TV and the keyboard and mouse are on a movable table. There are a couple of chairs, and a set of tables that line the east wall. Signage, posters, white boards, certificates, TV with EPB’s causes a lot of visual noise in the area. People coming in and out of the area, to pick up claims or print jobs, cause distractions. You can hear people talking on the other sides of the cubical walls. The temperature...
Methods We’re Using

Wordle

Theme Graphics

Patients and Caregivers Experience with Delirium

- Information Flow
- Lasting Impact (Post-hospital)
- Emerging from Delirium Episode
- Care Environment
- Staff Attitude and Behavior
- Caregivers Experience
Take-Aways for Home
Think About Your Organization

Table discussion

– How will engaging patients and families in this manner impact your improvement strategies?
– Strengths in this arena?
– Gaps?
– 1-2 practical things you can do before the conference high dissipates?
Contact Information

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