Session Plan

• Introduction to the ebd approach and background theory
• Demonstrate how you can improve health services by focusing on the actual experiences of patients, carers and staff
• Practical use of some of the key tools and techniques
The ambition for change...
The ambition for change…

The NHS has made huge progress. But I want it to go from good to world-class, moving away from numbers and towards what matters most - the patient's experience.

Andy Burnham – Secretary of State for Health

…we require healthcare organisations and their staff to understand what matters to patients and to respond to this in new ways, making sure that every contact with a patient count towards delivering the highest-quality services.

Understanding What Matters (DoH 2009)
What is the ebd approach?
Do patients know what’s good for them?

Optimum co-productive relationships

Value creation

Interaction 100% dominated by professional

Interaction 100% dominated by user
“The biggest untapped resources in the health system are not doctors but users (of the service). We need systems that allow people and patients to be recognised as producers and participants, not just receivers of systems … At the heart of the approach users will pay a far larger role in helping to identify needs, propose solutions, test them out and implement them, together.”

Source: Design Council, 2004
Survey

How satisfied were you with the information you received prior to this event?

1 2 3 4 5

Very satisfied

What was your experience of getting to this event?

1 2 3 4 5

Very poor

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3 Ways to do service improvement

1. Don’t listen very much to our users and we do the designing

2. Listen to our users then go off and do the designing

3. Listen to our users and then go off with them to do the designing

(Professor Paul Bate 2007)
The ebd approach is…

…about using *experience* to gain *insights* from which you can identify opportunities for *improvement*

…about *experiences* not *attitudes* or *opinions*
Continuum of patient influence

We need to use patient experience throughout the continuum

Bate & Robert (2006)

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The components of good design

- **Functionality**: How well it does the job / is fit for the purpose
- **Safety**: How safe, well engineered and reliable it is
- **Usability**: How the whole interaction with the product/service ‘feels’ / is experienced

Berkun, 2004 adapted by Bate

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Core Principles of the ebd approach

- A *partnership* between patients, staff, and carers
- An emphasis on *experience* rather than attitude or opinion
- Narrative and storytelling approach to identify ‘*touch points*’
- An emphasis on the *co-design* of services
- Systematic *evaluation* of improvements and benefits
Experience Based Design is about designing better experiences…

Introduction to the tools

Roles and structures
Tools to help raise awareness

Capture the experience
Tools to help people tell their stories

Understand the experience
Tools for understanding patient and staff experiences

Improve the experience
Tools to turn experience into action

Measure the improvement
Tools for evaluating and measuring the improvement
Introduction to tools

- Roles and Structures
- Tools to help raise awareness
- Engagement of staff and patients

How can your experience of our service be improved?

We're running a project, working with patients, carers and staff to design the best possible care experience for [insert your service name]. The first step is to find out what you like and don’t like about our service.

You can be part of the project, either a staff group that will help to identify the most important areas to work on, or a group to decide what improvements to make.

Let us know if you would like to be involved.

The ebd approach

To get involved and help design the best possible care experience for our patients,

[Contact information]

[Website: www.careexperiences.org.uk]
Ethical principles for Experience Based Design

- The improvement initiative should be designed and undertaken in a way that ensures its integrity and quality.
- All people who are involved, including staff, patients and carers, must be informed fully about the purpose, methods and intended possible uses of any information they provide.
- All participants must formally consent to the use of any information they provide, including attributable quotations, film extracts etc.
- All people involved participate on a strictly voluntary basis, free from any coercion and able to withdraw at any time without need for explanation.
- All people involved must not be knowingly exposed to harm or distress.
- Provision must be made for responding to queries and complaints about the work.
- Privacy and confidentiality must be respected as requested.
Capture experience…

- Collect stories and thoughts from both patients and staff
  - Interviews
  - Story boards
  - Still photography and film provides compelling illustration

- Observe patients and staff delivering and receiving the service
How do we gather patient stories
How to gather stories

Top tips

• Interview guide – page
• Open questions – allow story teller to lead the subject
• Silence is OK – thinking time
• Suspend judgement /don’t make assumptions
• Practice active listening
• Allow story teller to express emotions without trying to solve problems
• Remember that telling the story is a powerful experience
Listening...

- In pairs
- Story teller tell a story of any experience (3 minutes)
- Listener- listen to story teller and prompt for further information using the tips on the previous slide
- Reverse roles
Feedback

- How did it feel to be listened to
- How did it feel – not directing the interview
Observation is...

- About taking a step back
- Seeing something for the first time
- Understanding what really happens
- Inspiration – new ideas
- Challenging perceptions
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

73% of doctors say they wash hands before patient contact

9% actually do so

Bill Kirkup 2006
Healthcare Acquired Infections –
What we observed…

Inconspicuous gel dispenser
A notice about a notice

Staff more frequently use gel when *leaving* a ward or department
Observation

Productive ward

- **Tools:** based on the principles of industrial process engineering and design based observation
- **Benefit:** ward staff able to self observe providing a rich and deep understanding of their work processes
Observation: Patients were on view when being weighed. They did not mention this until we asked them how it felt. They then said they felt conspicuous and embarrassed.

Action: Every set of scales in every clinic were moved out of view the day after the co-design event.
Observe processes

• Take a step back
• Observe/understand the pathway…linkages at either end
• Record it – use the experience log/journal/diary
• Identifies areas for further improvement work
• Engagement of staff

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“If I had listened to my customers I would have built a faster horse”

Henry Ford
Experience Questionnaire

This is a tool that can be used on its own or as a starting point for understanding which part of the pathway you might want to focus on...
Experience Questionnaire

- Think of a ‘simple’ out-patient service - choose a service that someone has experience of
- Draw a process map
- Using the experience questionnaire as a prompt page
  - what is the experience of that service?
Experience questionnaire

How do you feel?

This experience questionnaire will help you think about how you feel at different stages in your journey.

Circle the words that best describe your feelings at each stage, or write your own words at the bottom.

Arriving/Checking In

happy supported safe good comfortable in pain worried lonely sad

Information

happy supported safe good comfortable in pain worried lonely sad

Waiting

happy supported safe good comfortable in pain worried lonely sad

Going to Theatre

happy supported safe good comfortable in pain worried lonely sad

Recovery

happy supported safe good comfortable in pain worried lonely sad

Check Ups

happy supported safe good comfortable in pain worried lonely sad

Leaving

happy supported safe good comfortable in pain worried lonely sad

Write your own words here

Write your own words here

Write your own words here

Write your own words here

Write your own words here

Write your own words here

Write your own words here

Write your own words here

See pages 24 and 25 for more information on experience questionnaires.

Why?

We’d like to know why you feel like this. Was it friendly staff, a nice environment, or a long wait—whatever it is, we’d like to know.

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Experience Questionnaire

- Think of a ‘simple’ out-patient service - choose a service that someone has experience of
- Draw a process map
- Using the experience questionnaire as a prompt page
  - what is the experience of that service?
- What would the ideal be?
- Think about what emotions you would like patients/service users to have at each point
- Consider the experience from staff perspective as well
Understand the experience

There are three key techniques in this section – they are closely linked and one leads naturally on to the other:

• Identifying emotions
• Finding the ‘touchpoints’
• Mapping the emotions (highs and lows) to the touchpoints.
Identifying Emotions

Watch this film and write down the emotions that the patient talks about.

*Remember that they may not be ‘pure’ emotion words but that you are gathering the emotions and memories from the patient story to understand the experience.*
Feedback

- Discuss the emotions you heard or saw
- Remember that they may not be ‘pure’ emotion words but gathering the emotions and memories from the patient story
Experience Based design is driven by consideration of the "moments of engagement" -- touchpoints -- between people and the service, and the emotions and memories that these moments create.
Simple process map

You have to get there early to claim a seat?

Take a look at some real patient experiences in an outpatients clinic.

"There was this one orthopaedic clinic going on. I wonder what happens if you wander into the wrong clinic? Do they just do something to your hip instead?"

"The receptionist was so friendly and helpful."

"Not being able to take it all in especially when being told bad news and information about what to do next."

"This much moving about seems disjointed."

"I feel overwhelmed, I just want to escape... but can't. I've got to go straight to see the specialist nurse."

"I feel overwhelmed, I just want to escape... but can't. I've got to go straight to see the specialist nurse."

"At least I have some information and a plan. That makes me feel a bit better."

"I am exhausted seeing so many people at the same time. I cannot remember most of the information that I've been told."

Patient arrives at clinic
Patient registers with reception
Patient sees surgeon and oncologist
Patient sent for chest X-ray in a different department (another process)
Patient booked to clinic to see doctor
Patient seen by appropriate specialist e.g. Speech and Language therapist
Patient leaves clinic with appointments data
Identifying touchpoints

- describe a service in terms of emotional highs and lows experienced by its users
- use the concept of touchpoints to focus participants on specific aspects of the service and the associated emotions

Why?
- shows where your service is working well and where it can be improved
- Provides results that you may not have noticed from traditional methods of analysis
Emotional mapping

- happy
- frustrated
- depressed
- intrigued

arriving
- scared
- grumpy
- angry
- sad
- depressed
- worried

registration
- cared for
- pleased
- comfortable
- happy
- frustrated
- intrigued
Mapping the journey…

• A visual representation of the user’s experience
• Helps to understand the service, the gaps and the opportunities for improvement
We can use patient experience throughout the continuum of involvement

Bate & Robert (2006)
Improve the experience

- Involve patients/carers and staff
- Create ‘co-design’ teams
- Be clear about actions needed and impact desired
- Use improvement tools and techniques
Running an experience event

- Share experiences – staff, patients, carers
- Share priorities
- Form teams to work on priority areas
Creative thinking

- Ideas generation

*Problems cannot be solved by the same level of thinking that created them.*

Albert Einstein
Great Ormond Street learns from Formula 1 Team

It was after what he described as "a particularly bad day at the office" that Prof Elliott, the head of cardiac surgery at the Great Ormond Street Hospital for Children, and his colleague, Dr Allan Goldman, in charge of paediatric cardiac intensive care, slumped into chairs in front of the television.

On the screen was a motor racing grand prix and, as they watched, the two men became aware of the similarities between the handover disciplines from theatre to intensive care and what they were seeing in the pit of a Formula One racing team. From that moment began a collaboration between the leaders of Great Ormond Street's surgical and intensive care units, first with the McLaren F1 racing team and then with Ferrari's team chief Jan Todt, technical guru Ross Brawn and, in particular, race technical director Nigel Stepney. They worked together at their home base in Modena, Italy, in the pits of the British Grand Prix and in the Great Ormond Street theatre and intensive care ward.

What resulted from this work was a major restructuring of the patient handover procedure, resulting directly from the input of the F1 pit technicians. "It is not too early to say that, when we look at the number of critical instances we encounter, they have reduced markedly since we introduced the modified training protocol developed from what we have learned from Formula 1," said Prof Elliott.

The single A4 sheet of paper, which contained the flow diagram of Ferrari's pit procedure, became several pages of twice that size when Mr Stepney and his colleagues at Ferrari were confronted with the critical transfer from operating theatre to recovery room at Great Ormond Street. "They were quite shocked at the complexity of what we did and the kind of kit we had at our disposal," said Prof Elliott.

We had all been doing our jobs for years and we thought we were pretty good at it," said Dr Nick Pigott, the consultant in paediatric cardiac intensive care, who has worked alongside Prof Elliott and Dr Goldman throughout Operation Pit Stop. "Then, after we had been with the Ferrari team, we watched videos of ourselves at work and it was quite a shock to realise the lack of structure in what we were doing."There is no doubt that it is our research with Ferrari that has honed our transfer from theatre to intensive care to the level of silent precision it is today," said Dr Pigott.
Running an experience event

**Actions**

### Individual Actions

My individual actions from program...

### Experience Improvement

**Experiences to be improved**

**Improvement Goals - What we will do**

**Who is responsible**

**Today's date**

**By whom**

**Completed**

Using patient and staff experience to design better healthcare services

www.institute.nhs.uk/ebd
Action Planning

A personal responsibility…
• Hugh McGrath-Patient
• Julie - Clinic Receptionist
• John Pickles-Consultant
How is experience measured?

Think of an organisation/service that gives you a good experience
7 Steps to measurement

1. Decide aim
2. Choose measures
3. Confirm collection
4. Collect data
5. Analyse & present
6. Review measures
7. Repeat steps 4-6

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Feedback

- What methods do you currently use to gather feedback?
- How do you use that information?
Measuring Patient and staff experience

• Consider list of feedback gathered and what we do with it…
• Choose one which you feel relates to patient experience…
  • Why is it important?
  • Who owns?
  • Definitions?
Measure the improvement

- Reduction in time
- Reduction in duplication
- Reduction in steps
- Clinical efficiencies
- Increase in safety: reduction in error and cost
- Consistency
- Adherence to process
- No of handoffs
- Complaints/compliments
Measure improvement

- Collect stories
- Observe
- Use mapping techniques
- Before and after – from and to
Customer experience

Emotional Signature of Value, Shaw 2007
<table>
<thead>
<tr>
<th>Destroying cluster</th>
<th>Attention cluster</th>
<th>Recommendation cluster</th>
<th>Advocacy cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stressed</td>
<td>Stimulated</td>
<td>Valued</td>
<td>Happy</td>
</tr>
<tr>
<td>Neglected</td>
<td>Interested</td>
<td>Cared for</td>
<td>Pleased</td>
</tr>
<tr>
<td>Unsatisfied</td>
<td>Explanatory</td>
<td>Trusted</td>
<td></td>
</tr>
<tr>
<td>Frustrated</td>
<td>Energetic</td>
<td>Focused</td>
<td></td>
</tr>
<tr>
<td>Disappointed</td>
<td>Indulged</td>
<td>Safe</td>
<td></td>
</tr>
<tr>
<td>Unhappy</td>
<td></td>
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<td></td>
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<tr>
<td>Hurried</td>
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<tr>
<td>Irritated</td>
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</tbody>
</table>
“I think experience-based design is very exciting. We pay a lot of lip service to patient involvement in the NHS but this is a systematic way of getting them involved. Patients can make a real difference.”

“It can feel really slow at the start”
What next?

How could you use experience in your next project?

• What is your project?
• Who do you need to involve?
• How will you engage staff?
<table>
<thead>
<tr>
<th>1</th>
<th>PROJECT DEFINITION / FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Which Pathway/Area?</td>
</tr>
<tr>
<td></td>
<td>Frame/Focus for work?</td>
</tr>
<tr>
<td></td>
<td>Why?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>TEAM/STAKEHOLDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Who will be your core team?</td>
</tr>
<tr>
<td></td>
<td>Who will be in your wider team?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>ENGAGEMENT PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>How will you engage staff?</td>
</tr>
</tbody>
</table>
|   | How will you engage patients and carers?  
   Think about the different methods, for example, newspapers, flyers, conversation |
|   | What help do you need to do the above?   
   Think about the different methods, for example, newspapers, flyers, conversation |
The ebd approach is...

...about using experience to gain insights from which you can identify opportunities for improvement

...about experiences not attitudes or opinions
What we have covered…

• An introduction to the ebd approach and background theory

• Shown how you can improve health services by focusing on the actual experiences of patients, carers and staff

• Practically used of some of the key tools and techniques of the ebd approach
Evaluation

• Take 3 post its and write…
  – How you feel now
  – What went well
  – Event better if

• Place on the flip charts on your way out
Thank you

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www.institute.nhs.uk/ebd