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NHS
Institute for Innovation
and Improvement

the
ebd
approach™

experience based design

Using patient and staff experience
to design better healthcare services



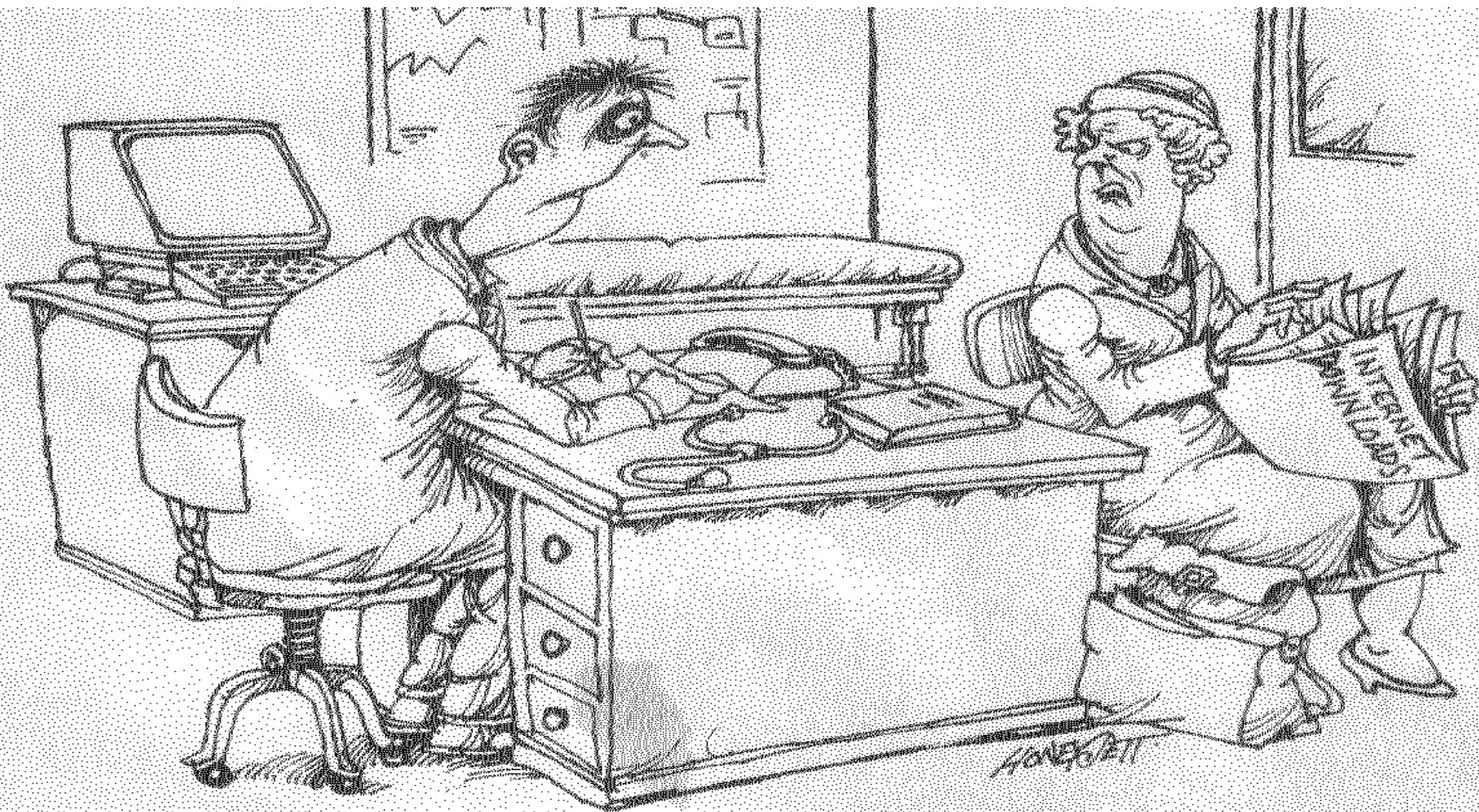
“But the NHS too often asks insufficiently penetrating questions, insufficiently often, of too few patients.....And the NHS Patient Survey, asking if patients were satisfied with the care they received, is too much like asking patients whether they were grateful”

We need to move away from this....



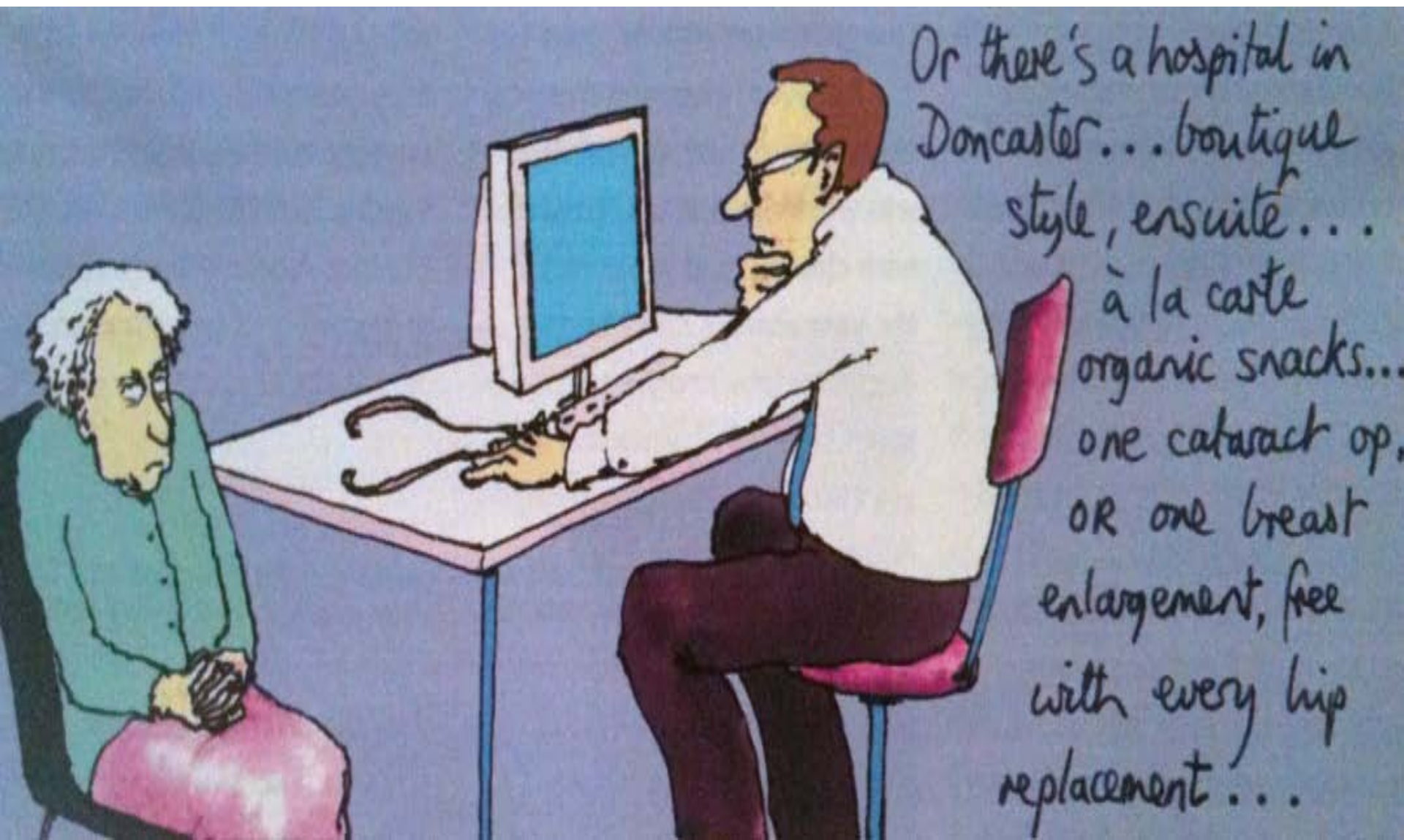
*"When we want your opinion,
we'll give it to you"*

We as clinicians and managers worry about this



"I'M SORRY DOCTOR, BUT AGAIN I HAVE TO DISAGREE."

We think patients want this.....

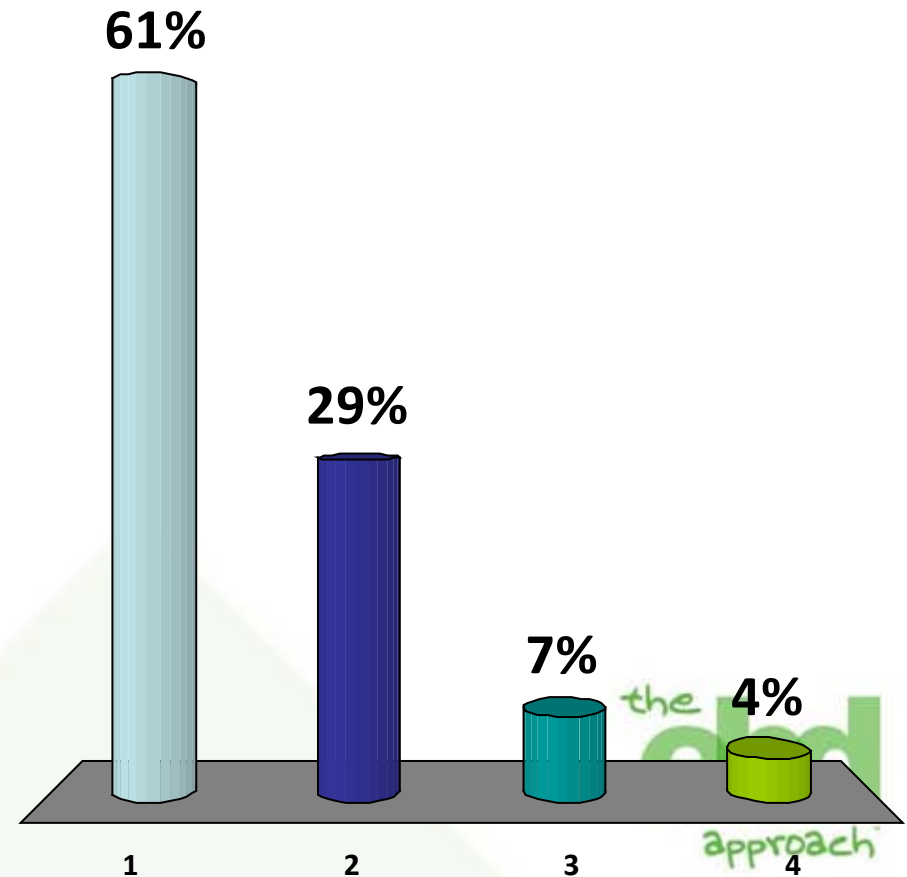


“Nothing about me, without me”



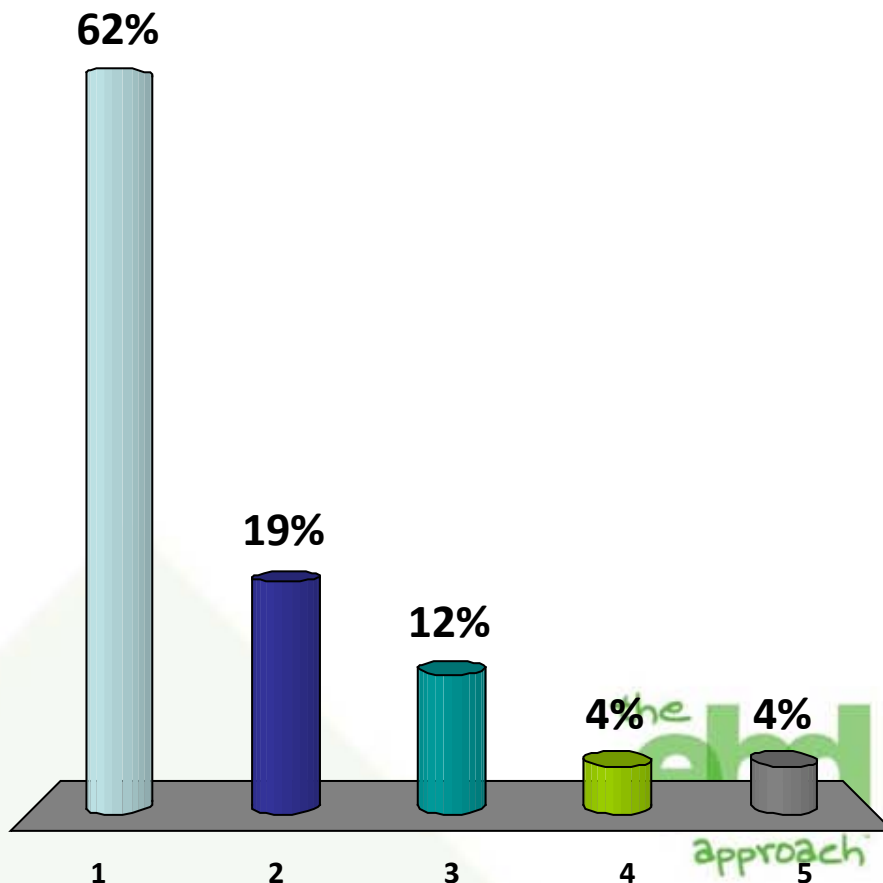
Which do you feel is the predominant method for gathering information about patient experiences of health services?

1. Surveys
2. Complaints / compliments
3. Patient forums
4. One to one interviews



Which of the following statements do you feel reflects the predominant way of working

1. Healthcare staff identify improvements needed and they redesign health services to achieve those improvements
2. Healthcare staff use information from patients to identify the improvements needed and they redesign services to achieve those improvements
3. Healthcare staff work together with patients to identify improvements needed, they redesign services to achieve those improvements
4. Healthcare staff work together with patients to identify improvements needed and they co-design and implement those improvements together
5. Other



What patients say they want (England)

- Fast access to reliable health advice
- Effective treatment delivered by trusted professionals
- Involvement in decisions and respect for preferences
- Clear, comprehensible information and support for self-care
- Attention to physical and environmental needs
- Emotional support, empathy and respect
- Involvement of, and support for family and carers
- Continuity of care and smooth transitions

Picker Institute 2007

The Francis Report (Mid Staffs) identified the following issues

- Patient Experience
 - Contenance
 - Safety
 - Personal hygiene
 - Nutrition/hydration
 - Pressure area care
 - Infection control
 - Privacy & Dignity
 - Record keeping
 - Discharge and Treatments
 - Communication
 - Discharge Management
- Culture
- Staff perceptions
- Management
 - Ward configuration
 - Finance
 - Staffing cuts
- Governance

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** and working together to **co-design** services

Understanding the needs of people living with Multiple Sclerosis



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



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The story of the toilet roll holder



Action: Toilet roll holders now on both sides to help the patient feel more independent and be safe.

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



Language

Blisters/Lumps/Ulcers/Polyp/
Warty Things/Necrosis/
Lesions/Naughty Tumour/
Aggressive/Progressing/
Precancerous



Action: awareness has resulted in change

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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

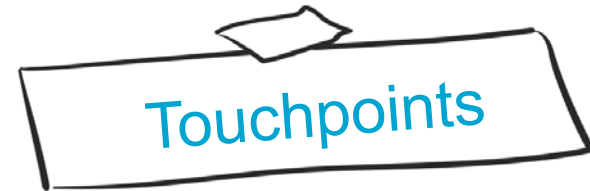


how people feel
through their journey
e.g. scared



Understand the experience

- Finding the 'touchpoints'



moments of engagement
with the process that
trigger emotions

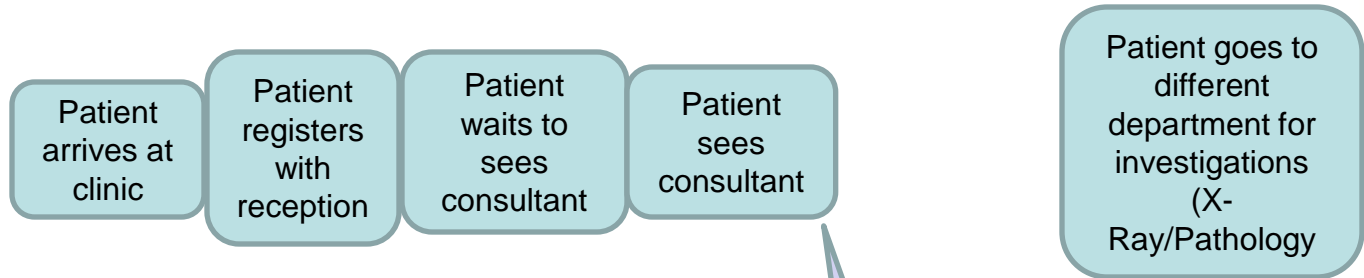
- Mapping the emotions (highs and lows) to the touchpoints.



Patient story and a process map...

Understand

Understand



It took ages to find a car parking space and then I found it was a 15 minute walk to the outpatients clinic. How frustrating!

How do I find out where to go...I think I am lost. I am worried that I will be late

The room was cluttered with out of date magazines and notices on the walls and I was already feeling really nervous

I seem to be waiting a long time, have I been forgotten or missed my name being called out? Feeling anxious

I wasn't sure where to go – the signs were difficult to follow

Consultant was really helpful

frustrating

nervous

relieved

unsure

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Planning an experience event

working in partnerships with patients can create some apprehension, but it has the potential to transform health services

Key Learning

- Plan the date in advance
- Make sure everyone can get to the event
- Use 'simple English'
- Remember that staff are often as nervous as patients/family members
- Staff may try to 'take control' facilitation is important
- Do not leave without next action steps



Action Planning

A personal responsibility...

- Hugh McGrath-Patient
- Julie Evens- Clinic Receptionist
- John Pickles-Consultant



name: Hugh M.C. McGrath

personal actions: offer to meet with new patients, provide support with practical matters post-op, help people re-integrating to mainstream society following surgery and treatment.



name: Julie

personal actions: (2) (3)

Reschedule 0930 - 1230

name: John Pickles

personal actions:

- ① Move long term FUs
- ② Clinic coordinator (Kendra)
- ③ Few patients in room for "bad news"



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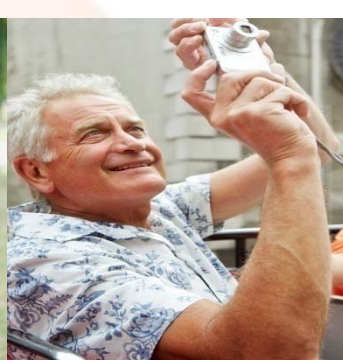
Measuring

“what matters more than raw data is our ability to place these facts in context and deliver them with emotional impact”

Daniel Pink –A whole new mind 2008

“the point is to emphasize that each of the cases involved an actual human being. Describing them as a percentage would dehumanize the physical impact on a real person, someone's mother, father, sister, or brother”

Paul Levy CEO 2008



Measure improvement

- Share stories
- Observe
- Use emotion mapping techniques
- Before and after – from and to



One word to depict how you feel about your care (before)



One word to depict how you feel about your care (after)



“The ebd approach is about sharing and understanding the experiences of patients, carers and staff together to design better services.”

- ***“This work has transformed our understanding of how patients experience our services. Many lean efforts in healthcare fail to address this key issue. We will be placing it at the centre of our drive for improvements.”***

Chief Executive, David Fillingham

- *“When this work commenced, I was concerned that there would be a lot of investment of time and resource for no real benefit. However, this piece of work has been fundamental in allowing us to improve how we listen to, and work alongside patients to improve their experience. The patient experience is what it is all about.”*

Dr Simon Stacey, Consultant Physician and Orthogeriatrician

- *“Sometimes we think we can invite a patient to sit on a committee and that’s the ‘involvement’ box ticked. That just isn’t enough and we have to get beyond the token gesture”.*
- *“there is scepticism in some parts of the health service about just how useful it is to involve patients in detailed decision-making about service design. And in truth, I did have to sell the idea to some of my own colleagues. But the important thing is they all agreed to give it a go – and together we’ve seen how genuinely effective experienced-based co-design can be as a way of improving services for everyone – staff as well as patients*

John Pickles- Medical Director and Consultant
Otolaryngologist

“As a consultant who has always tried to listen to the patient, I feel the patient project has been the most powerful way of demonstrating the experience of treatment from the patients’ perspective. I feel the patient experience videos should be compulsory viewing for all medical staff.”

Steve Hodgson-Consultant Orthopaedic Surgeon and Associate Medical Director.



Thank you

Contact details:

- For the NHS Institute website go to:
www.institute.nhs.uk
- To order any products go to:
<http://www.nhsinstituteworldwideshop.org/store>
- To post a query about ebd go to:
theebdapproach@institute.nhs.uk
- To view the ebd webpage go to:
www.institute.nhs.uk/ebd

