#### **Partnering for Quality**

Working together to improve health outcomes

# Experience Based Design (ebd) Tips and Tools to Capture Patient Experience

AFHTO Conference October 28, 2015





# **Disclosure**

# **Presenter:**

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# **Disclosures:**

No Relationships with commercial interests or support to declare

No conflict of interest to declare

# Partnering for Quality - Who are we?

- Our mandate is to support primary care in optimizing their EMR in order to
  - implement practice changes in chronic disease management –
  - using a quality improvement approach which includes improving the patient experience
- Working with over 700 Stakeholders and 335 physicians (in all makes/models of primary care CHC, NPLC, FHT, FHO, Solo Practices)
- Nearly one million people across 22,000 square kilometers and eight counties spanning from Tobermory to Long Point



South West LHIN funded – hosted at the South West CCAC

# **Learning Objectives**

- Case for change
- Experience Based Design<sup>TM</sup> Approach
  - Four Phases ebd
  - Focus on Capturing & Understanding the Patient Experience Phase

# **Evolution of Patient Experience in Healthcare**

| Doing "to" patients  Barbara Balik, Common Fire, Meeting of the | Doing "for" patients ne Minds June 2011, The Change Founda | Døing "with" patients                |
|---|--|--------------------------------------|
| То  | For  | With                                 |
| Provider makes rules and controls all schedules                 | Patient/family have some input                             | Patient/family as source of control  |
| Information not shared with patients                            | Some transparency, public data                             | Shared knowledge and decision making |
| "I talk-you listen"   | "We help you"  | "We walk together"                   |
| Compliance focus  | Improvement focus  | Co-design focus                      |
| Unilateral  | Benevolent   | Partnership /                        |

### **Continuum of Engagement**

Levels of Partnership & Consultation Involvement **Shared Leadership Engagement** Treatment decisions **Patients** Patients asked based on pt. receive **Direct Care** preferences, about treatment information evidence, clinical plan preferences about diagnosis judgment Organization Organization Patients co-lead **Organizational** surveys involves patients as safety and quality Design & patients about advisors or advisory improvement Governance their care council members committees experience Patients have equal Public agency **Patient** conducts representation on recommendations patient focus agency committees re: research **Policy Making** groups to ask priorities are used that make decisions opinions about by public agency for on funding for health an issue funding decisions programs



# **Experience Based Design (ebd)**

The ebd approach is...

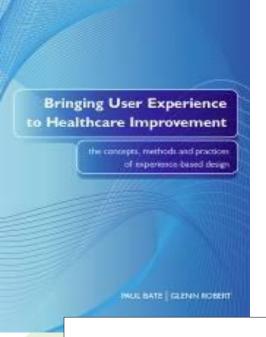
...about using experience to gain insights from which you can identify opportunities for improvement

...about experiences not attitudes or opinions



# The ebd approach provided an early evidence base and practical guidance.





A book written by the researchers





**Practical Guidance** 

#### Toward More User-Centric OD

Lessons From the Field of Experience-Based Design and a Case Study

Paul Bate Glenn Robert University College London

This article argues for a major shift in focus from the strong management criteration of organization development (OO) is not make which contributed and privilege change on behalf of the consumers or users of an organization's product or service, involving them at every tage of the design process, from problem diagnostic to solution generation and implementation. This reconceptualization of OO draws its inspiration from the regularly quanting field or perspirate hands of perspirate hands of the product of the p

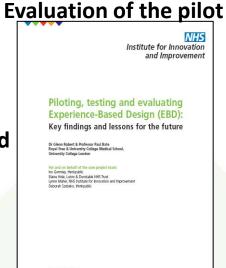
Keywords: change; organization; design; users; experience

REDEFINING THE CLIENT AND THE TASK FOR ORGANIZATION DEVELOPMENT

A frequently asked question in organization development (OD) is, "Who is the client, and whose 'felt need' should it be responding to?" Apart from the occasional call for it to become more labor or "worker-centric" (Baba, 1998; Nord, 1974), OD practice for the past half decade has remained stolidly "management-or leader-centric"

THE JOURNAL OF APPLIED BEHAVIORAL SCIENCE, Vol. 43 No. 1, March 2007 1-26 DOI: 10.1177/0021886306297014

Peer reviewed paper





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# Core principles of the ebd approach



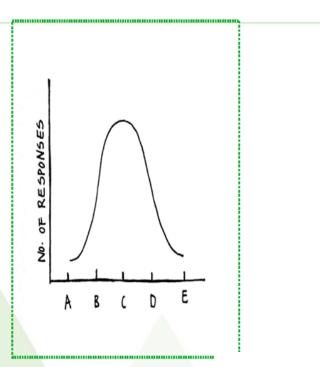
- A partnership between patients staff and carers
- An emphasis on experience/emotion rather than attitude or opinion
- Narrative and storytelling approach to identify 'touch points'/'triggers'
- An emphasis on the co-design of services
- Systematic evaluation of improvements and benefits





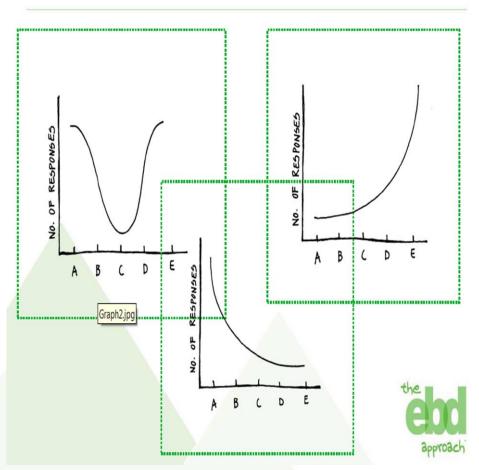
# Satisfaction versus Experience

### Normal Distribution Curve



Most people will choose B,C & D. Fewer people will opt for the extremes

# **Experience Findings**



# **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

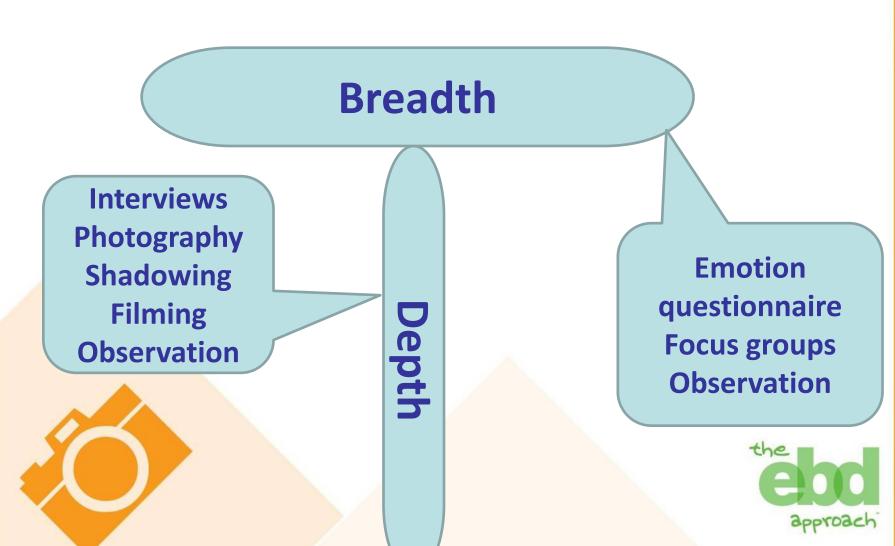
Tools for evaluating and measuring the improvement





# Methods for Capturing





# Marble/Vase Approach











Capture



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Capture

| Arriving/<br>Checking In     | Waiting                      | When Called to<br>Room       | Talking about my<br>my health history | Planning Changes<br>to my care | Instructions                 | Leaving                      |
|------------------------------|------------------------------|------------------------------|---------------------------------------|--------------------------------|------------------------------|------------------------------|
| relaxed                      | relaxed                      | relaxed                      | relaxed                               | relaxed                        | relaxed                      | relaxed                      |
| supported                    | supported                    | supported                    | supported                             | supported                      | supported                    | supported                    |
| safe                         | safe                         | safe                         | safe                                  | safe                           | safe                         | safe                         |
| boop                         | good                         | good                         | good                                  | poop                           | boop                         | poop                         |
| comfortable                  | comfortable                  | comfortable                  | comfortable                           | comfortable                    | comfortable                  | comfortable                  |
| uncomfortable                | uncomfortable                | uncomfortable                | uncomfortable                         | uncomfortable                  | uncomfortable                | uncomfortable                |
| worried                      | worried                      | worried.                     | worried                               | worried                        | worried                      | worried                      |
| confused                     | confused                     | confused                     | confused                              | confused                       | confused                     | confused                     |
| sad                          | sad                          | sad                          | sad                                   | sad.                           | sad                          | sad                          |
| Write your own<br>words here          | Write your own<br>words here   | Write your own<br>words here | Write your own<br>words here |
| Why did you feel like this?           | Why did you feel like this?    | Why did you feel like this?  | Why did you feel like this?  |

**Sample Experience** 

Questionnaire

# Photography/Film/Storyboards and/or Diaries

Institute for Innovation and Improvement





"It felt like a courtroom"



photoVOICE
Digital Story
Story Invite
Personhood Collage
One Page Profiles

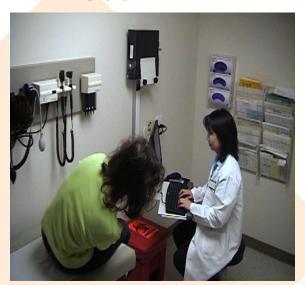
# Capture

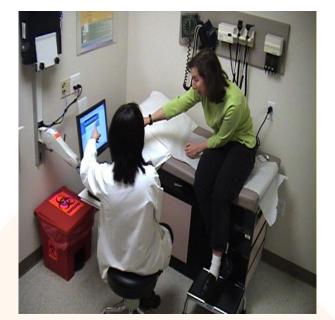
# **Observations**



- 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** 



### **Interviews**



- Most commonly used capture tool in the NHS and Ontario to date
- Valuable to tape or video record conversation for analysis after
- Best to go to the patient, assists with making interview easy and comfortable for them
- Usually 20-30 minutes maximum in length







# **Understand the Experience**



# There are three key techniques in this section

- they are closely linked and one leads naturally on to the other:
- 1) Identifying emotions
- 2) Determining the touchpoints
- 3) Mapping the emotions





### **Emotional Mapping of Patient Stories**

Getting an Waiting for Meeting with Meeting **Professionals** Dr. Chan Appointment appointment Felt like appointment Addressed by was just for her first name nobody else which I liked **Positive Triggers** Able to ask all the Dr Chan said questions she wanted to he knew all about me Kind people who said everything gently but professionally Waited on hold Lots of people in more than 3 waiting room **Negative** times **Triggers** Couldn't get Waited over appointment 40mins when I needed one Valued Cared Appreciative For **Positive Emotions** Supported Welcomed Frustrated Anxious **Negative** Angry Frustrated **Emotions** 

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# **Emotional Mapping**

Calling the office

Understand







# **Designing a better Experience**

What's different?

**CO-DESIGN** 

Patients are equal partners at the table in the design and implementation of the solution(s)





# Improve

# Planning an experience event



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

- 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

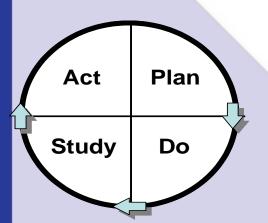




# Creating and testing (prototyping) ideas together



The seating is too cramped and the waiting area is awful', it looks horrendous when you come around the corner into the clinic'





Patients & Staff working together



Clinic Chairs all in a row



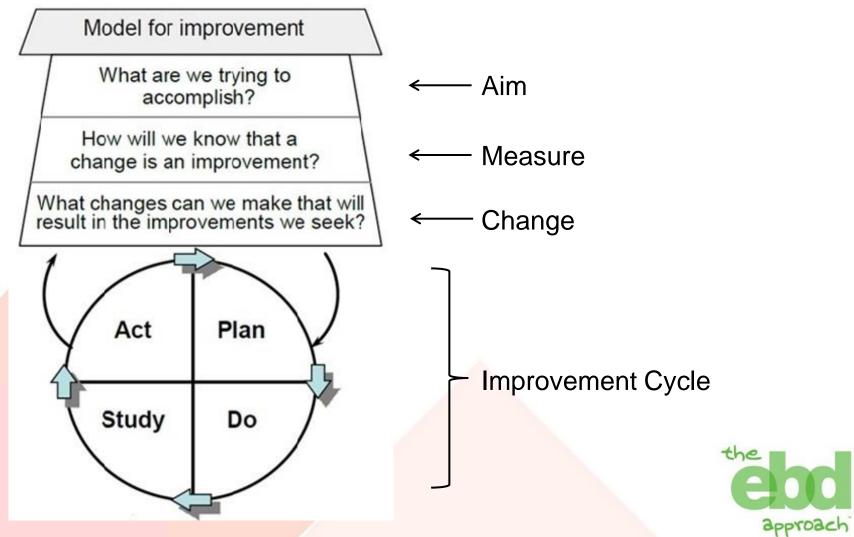
Reviewing their work



Measure



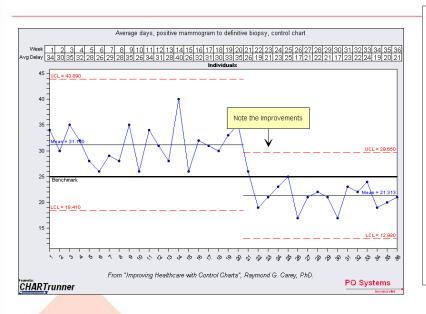
# Measure the Improvement



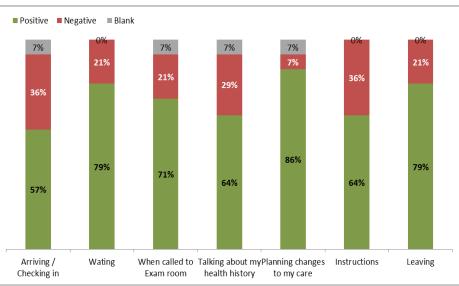
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# **Use Quantitative and Qualitative reporting together**

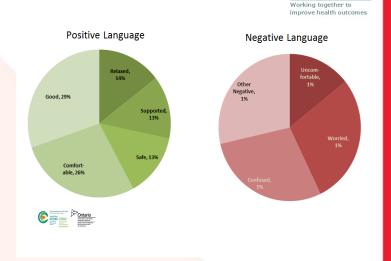




Measure



| FROM                              | ТО                                      |
|-----------------------------------|---|
| Registration: frustrated, nervous | Registration:<br>calm,<br>understanding |
|                                   |   |
|                                   |   |
| •                                 |   |



# Measure improvement: the qualitative perspective



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





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

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# **Questions and Discussion**



