

Partnering
for Quality

Working together to improve health outcomes

**Using Experience Based Design (ebd)
to capture and understand your
patient's experiences and co-design
solutions together**

**AFHTO 2014 Conference
Wednesday October 15th, 2014**



A Healthier Tomorrow



Presenter Disclosure

Partnering
for Quality

Presenter:

Rachel LaBonté, Partnering for Quality, Program Lead

Disclosures:

No Relationships with commercial interests or support to declare

No conflict of interest to declare

Session Objectives

Partnering for Quality

- Partnering for Quality ***Program Overview***
- ***Patient experience journey***
- ***Introduction*** to the ***edb approach*** and background theory
- ***Practical use*** of some of the ***key tools and techniques***
- ***Knowledge Transfer*** exercise

** Although there are multiple programs regarding Patient Experience, this presentation is presenting the PFQ program's experience with the *edb approach*



Partnering For Quality (PFQ) Program Overview

Funded by the South West LHIN - Hosted at the South West CCAC

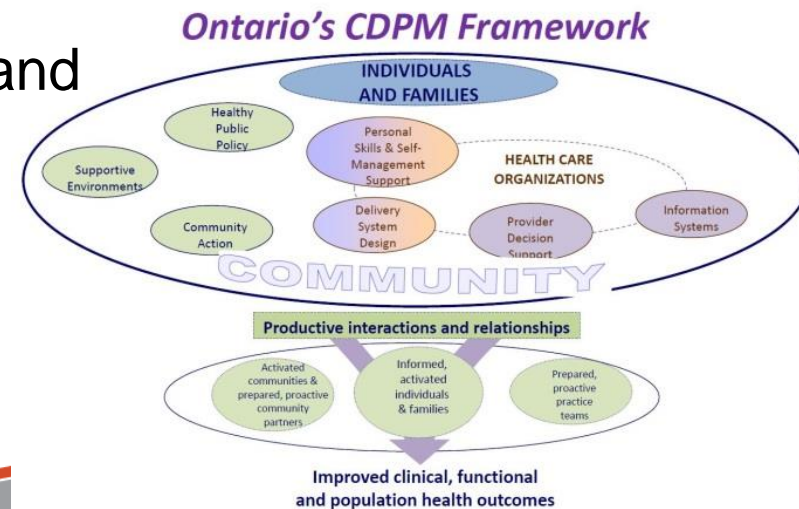
- Support provided since 2008, initially through a research project called Partnerships For Health now known as *Partnering For Quality Program*
- Nearly one million people across 22,000 square kilometers and eight counties spanning from Tobermory to Long Point
- Approximately 750-800 primary care practices within the south west region including approx., 300-350 solo practice clinicians



Partnering For Quality (PFQ) Program Overview

Funded by the South West LHIN - Hosted at the South West CCAC

- Currently supporting over 600 stakeholders across the south west region, including 306 primary care physicians and their teams
- All models of primary care (FHTs, CHCs, solo practice physicians, Nurse Practitioner Lead Clinics, etc.) and partners (DEPs, CCAC, MH&A etc)
- Focus on supporting Primary Care and broader health system partners to improve care delivery and health outcomes
 - Quality Improvement/Patient Experience
 - Effective use of IM and IT



Evolution of Patient Experience in Healthcare

Doing “to” patients

Doing “for” patients

Doing “with” patients

Barbara Balik, Common Fire, Meeting of the Minds June 2011, The Change Foundation

To	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



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



A book written by the researchers

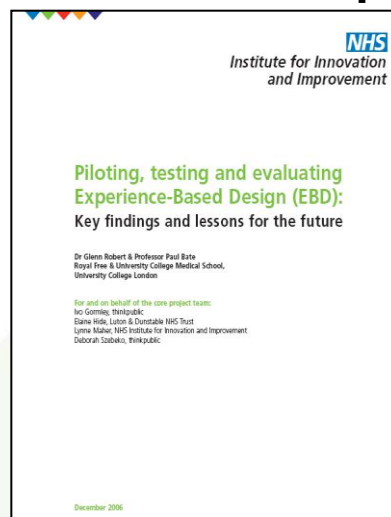


Evaluation of the pilot

Practical Guidance

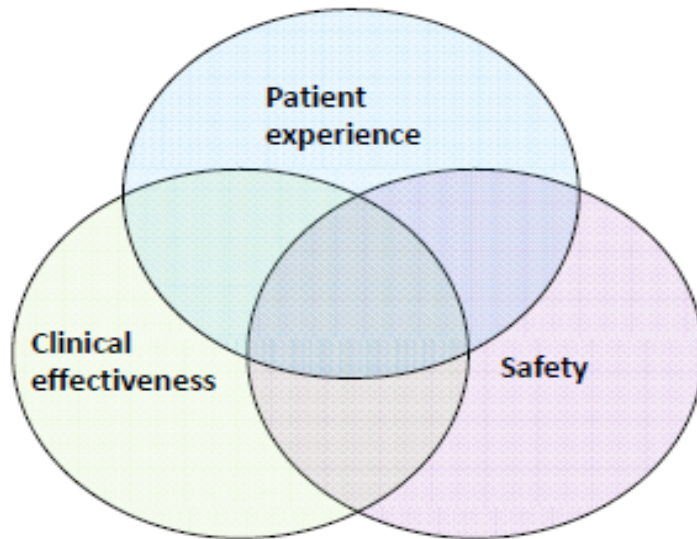


Peer reviewed paper



There is evidence evolving...

A small but growing body of evidence shows the relationship between aspects of patient experience and clinical quality



- Clinical services that are intentionally patient-centred (surgery, ITU, cardiology) achieve better clinical outcomes (*Boore 1978; Hayward 1975; Shuldham 1999; Suchman 1993*)
- Effective doctor-patient communication promotes compliance in medication + more active self-management of long-term chronic conditions (*Bauman et al 2003*)
- Anxiety and fear delay healing but are allayed by emotional and psychological support (*Cole-King and Harding 2001; Norman 2003; Weinman et al 2008*)

The Change Foundation: To improve people's healthcare experience as they move in & out of, and across Ontario's healthcare system



	Strongly Disagree/ Disagree	Neutral/ Don't Know	Agree/ Strongly Agree
Can easily navigate the healthcare system to find the answers I need to take the next step in my care	48.8	15.9	35.2
All the different healthcare workers involved in my care work together well	38.2	24.7	36.7
I trust the healthcare workers involved in my care	22.1	21.0	57.0
My healthcare workers listen to me to make sure they understand my needs	28.4	24.7	46.9
Healthcare workers involve me in making important decisions about my care	24.5	32.5	47.6
I leave appointments with a clear understanding of what's next in my care	30.2	24.4	42.3

“Patients don’t want the moon; they don’t necessarily even want more. In short, they want us to connect, communicate & include”

“If someone had just sat down with us to explain what was next in our care, it would have made a huge difference.”

“I’ve never been asked as a caregiver, ‘What’s convenient for you?’ Or ‘How would this work in your family?’ Instead it’s ‘This is what we’re going to do for you.’ There’s no discussion of collaboration.”

“My family doctor has electronic health records, which is good, but it doesn’t seem to be integrated with hospitals. So, specialists don’t have access to my records and the integration is not there.”



THE CHANGE
FOUNDATION

Loud & Clear, 2012



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 Power of Stories

The story of the toilet roll holder



How might you use the ebd approach?

- As a regular way to understand patient experiences
- In an area where you have challenges- perhaps where you know you have a number of complaints
- As part of an improvement project



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)



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



Download this from
www.institute.nhs.uk/ebd

the
ebd
approach

Capture experience...

- Collect **stories/narrative** from both patients and staff
 - Interviews/conversations/listening
 - Story boards
 - Still photography and film provides compelling illustration
 - Diaries

- **Observe** patients and staff delivering and receiving the service



Numbers, numbers...

Capture

Capture

Breadth

Interviews
Shadowing
Filming
Observation

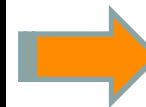
Depth

Emotion
questionnaire
Focus groups
Observation



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Still Photographs/Storyboards and/or Diaries



“It felt like a courtroom”



YOUR EXPERIENCE MATTERS:

PHOTOGRAPHER'S JOURNAL:

Photograph of you doing your favourite hobby/activity. _____

What is this? A TYPICAL FARM SALE

Why did you choose to take this photograph? No 13

I do love going to farm sales with my brother because we always meet up with old friends we've known for years

the **ebd** approach

Interviews

- Most commonly used capture tool in the NHS and Ontario to date
- Valuable to tape or video record conversation for analysis after
- Requires consent from patient
- Usually 20-30 minutes maximum in length



Interviews

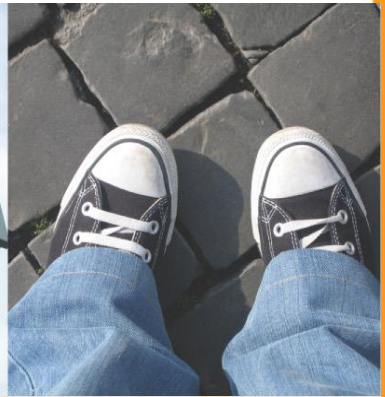
- Open ended questions, “Can you tell us about your experience with....”
- Helpful to go to the patient, remove barriers such as transportation and parking costs if barriers for the patient
- The patients/families are volunteering their time to help you



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



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





Observations Exercise

New York City Walking Tour



Observations Exercise




What did you see?





Observations Exercise Take 2!

Now Let's try that again

-  Traffic Planning & Improvement Specialist
-  City Advertising Standards Enforcement Officer
-  Graphic Designer researching for a travel & Tourist brochure you're developing



Observations Exercise Take 2!

New York City Walking Tour



Observations Exercise Take 2!

Now what did you see?



Marble/Vase Approach



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.

 See pages 54-55 for more information on experience questionnaires

Why? 

We'd like to know why you felt like this. Was it friendly staff, a nice conversation, or a long wait – whatever it is we'd like to know.

Arriving/Checking In	Information	Waiting	Going to Theatre	Recovery	Check Ups	Leaving
happy	happy	happy	happy	happy	happy	happy
supported	supported	supported	supported	supported	supported	supported
safe	safe	safe	safe	safe	safe	safe
good	good	good	good	good	good	good
comfortable	 comfortable	 comfortable	comfortable	 comfortable	 comfortable	 comfortable
in pain	in pain	in pain	in pain	in pain	in pain	in pain
worried	worried	worried	worried	worried	worried	worried
lonely	lonely	lonely	lonely	lonely	lonely	lonely
sad	sad	sad	sad	sad	sad	sad

Write your own words here






<div style="height: 200px;"></div>	<div style="height: 200px;"></div>	<div style="height: 200px;"></div>	<div style="height: 200px;"></div>	<div style="height: 200px;"></div>	<div style="height: 200px;"></div>	<div style="height: 200px;"></div>
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Experience Questionnaire

Partnering for Quality

Capture

Capture

	Arriving/ Checking In	Waiting	Talking about my Health Concerns	Planning Changes To My Care	Instructions	At the End
 Comfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 supported	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Confused	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 frustrated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WHY? We'd like to know why you felt like this. Whatever it is let us know.						

Experience Questionnaire

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Family Practice in the South West LHIN

Please circle the word(s) that best describe how you're feeling at the different stages of your visit.

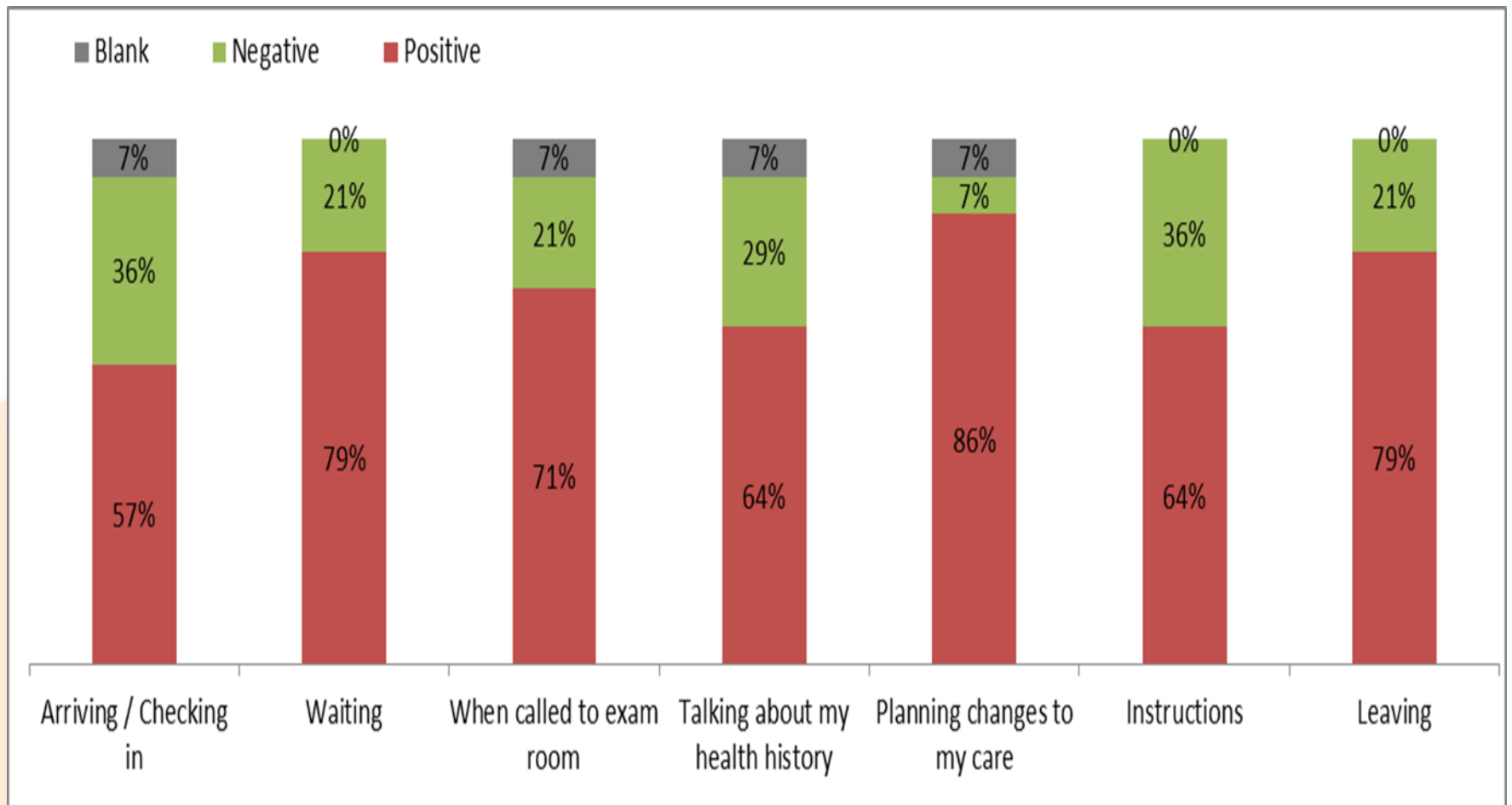
Arriving/ Checking In	Waiting	When Called to Exam Room	Talking about my Health History	Planning Changes to my Care	Instructions	Leaving
Relaxed	Relaxed	Relaxed	Relaxed	Relaxed	Relaxed	Relaxed
Supported	Supported	Supported	Supported	Supported	Supported	Supported
Safe	Safe	Safe	Safe	Safe	Safe	Safe
Good	Good	Good	Good	Good	Good	Good
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
Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated	Frustrated

Please feel free to write your own words on the blank line provided.

I felt like this because...	I felt like this because...	I felt like this because...	I felt like this because...	I felt like this because...	I felt like this because...	I felt like this because...
-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

I give consent for my comments to be used publicly on behalf of the Stratford Family Health Team.

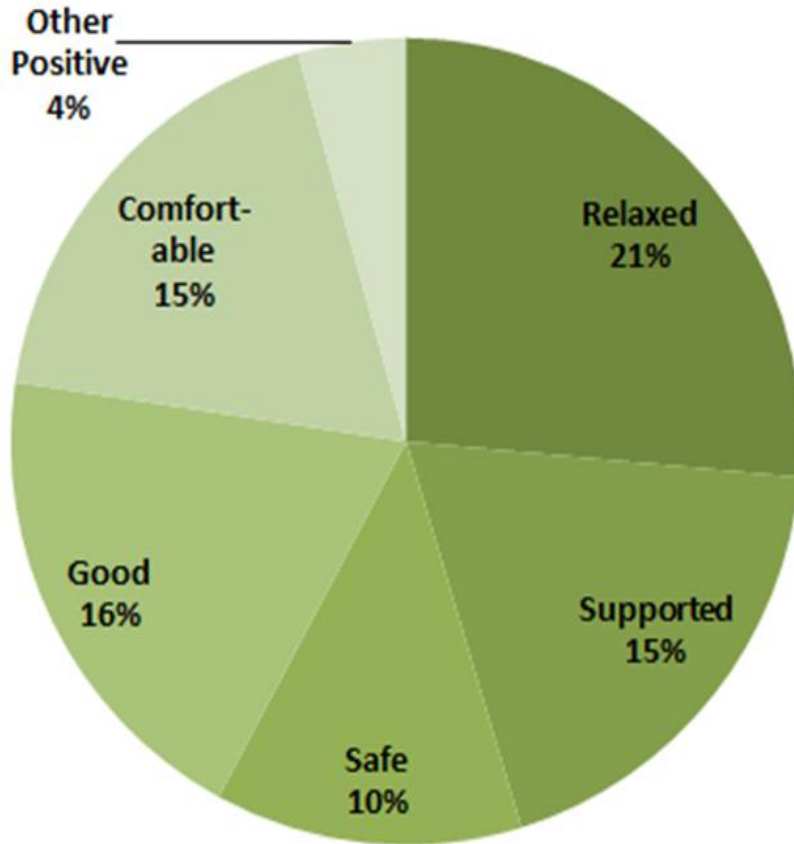
Sample Quantitative Data



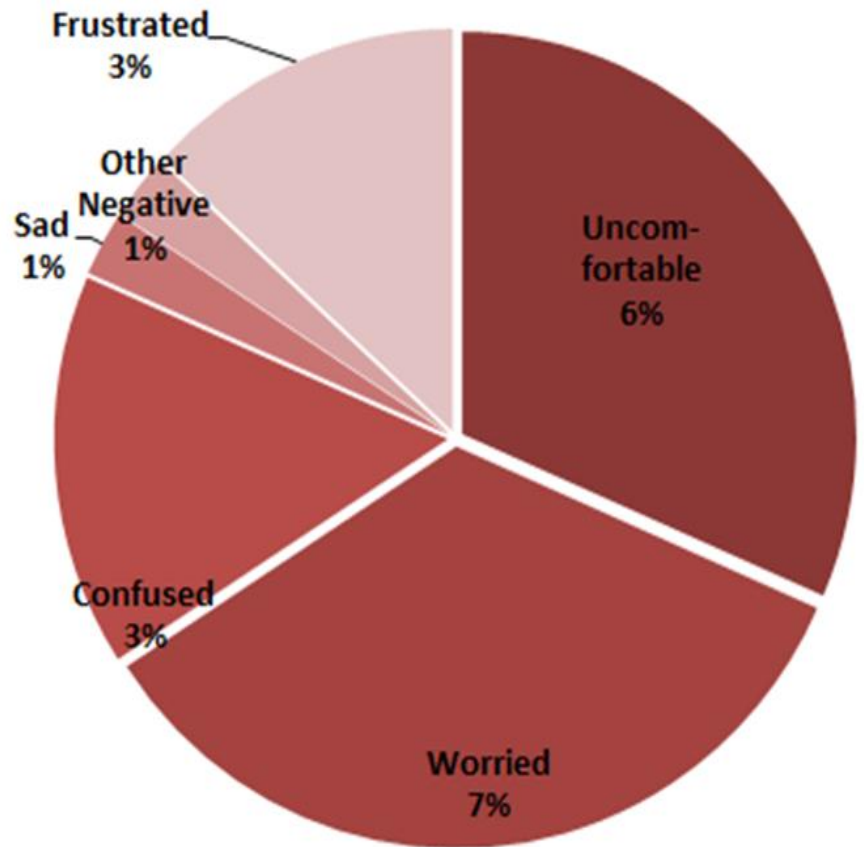
Data Analysis

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Positive Language



Negative Language





Experience Questionnaire Exercise

- Identify a priority process/patient journey back at your team/site
- Try to identify the high level process steps of that journey in the patients words
- Brainstorm 4-5 positive and negative emotive words that suit your patient population



Exercise: Experience Questionnaire's

- What you should have after thinking through the previous questions is the skeleton of a draft experience questionnaire
- Ensure you take this back to your team to validate with colleagues and patients!



Experience Based Design is about designing better experiences...



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Capture the experience

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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:

1) Identifying emotions



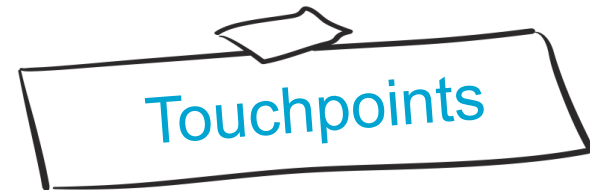
how people feel
through their journey
e.g. scared



Understand the experience

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

2) Finding the ‘touchpoints’



moments of engagement
How I feel at stages of my
journey

e.g. finding a seat in the
waiting room



Understand the experience

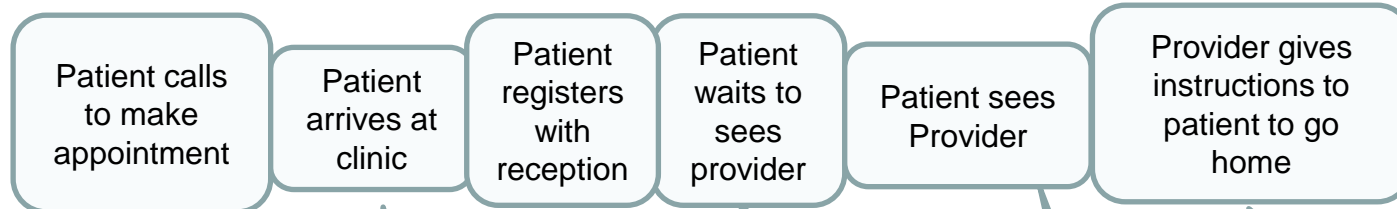
There are three key techniques in this section – they are closely linked and one leads naturally on to the other:

3) **Mapping** the emotions (highs and lows) to the touchpoints.



Emotional mapping

The patient journey starts before and ends after 'the doors'...



It took ages to get through and when I did I was questioned as to WHY I needed to see my physician – that's between me and my GP – Very Frustrating

Room was packed and I couldn't find a chair I could fit in – Very embarrassed

I was told to take medication 4 times a day – can I do 2x in the am? 1x 4 times a day?

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

Had to describe to reception why I was there – but they had this info from when I called – with everyone in the waiting room, I felt embarrassed

Provider was really helpful – feeling relieved

unsure

frustrated

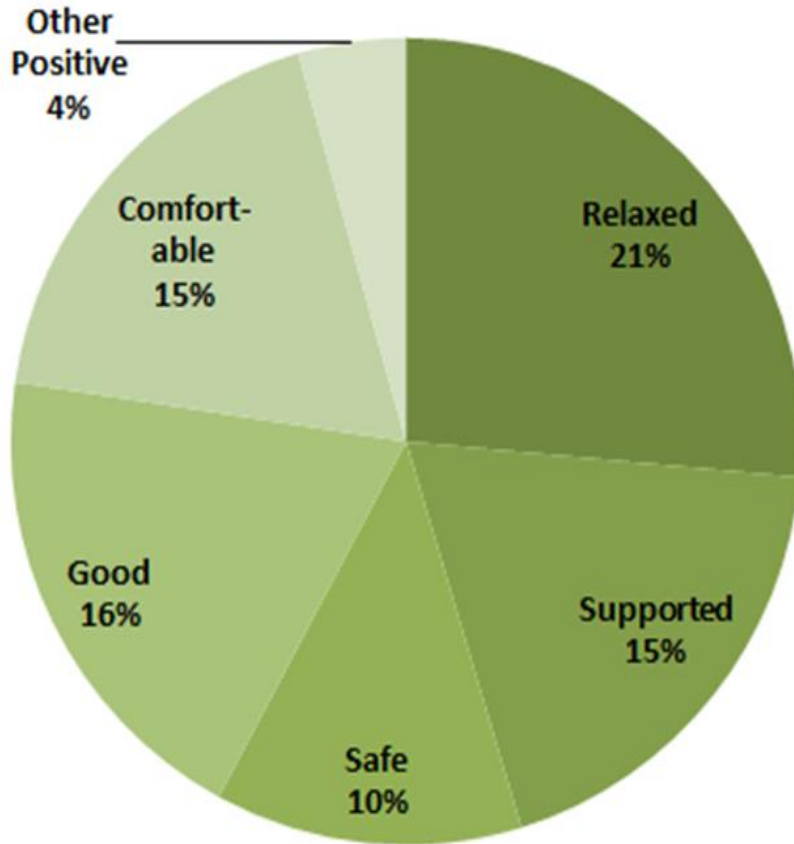
embarrassed

relieved

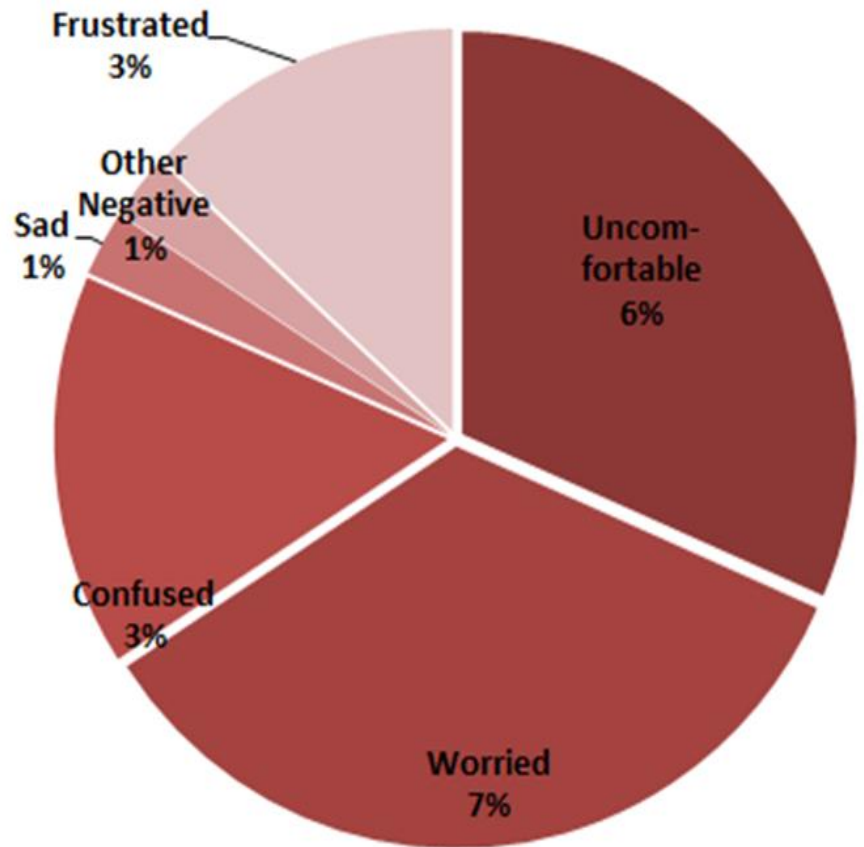
Understand

Understand

Positive Language



Negative Language

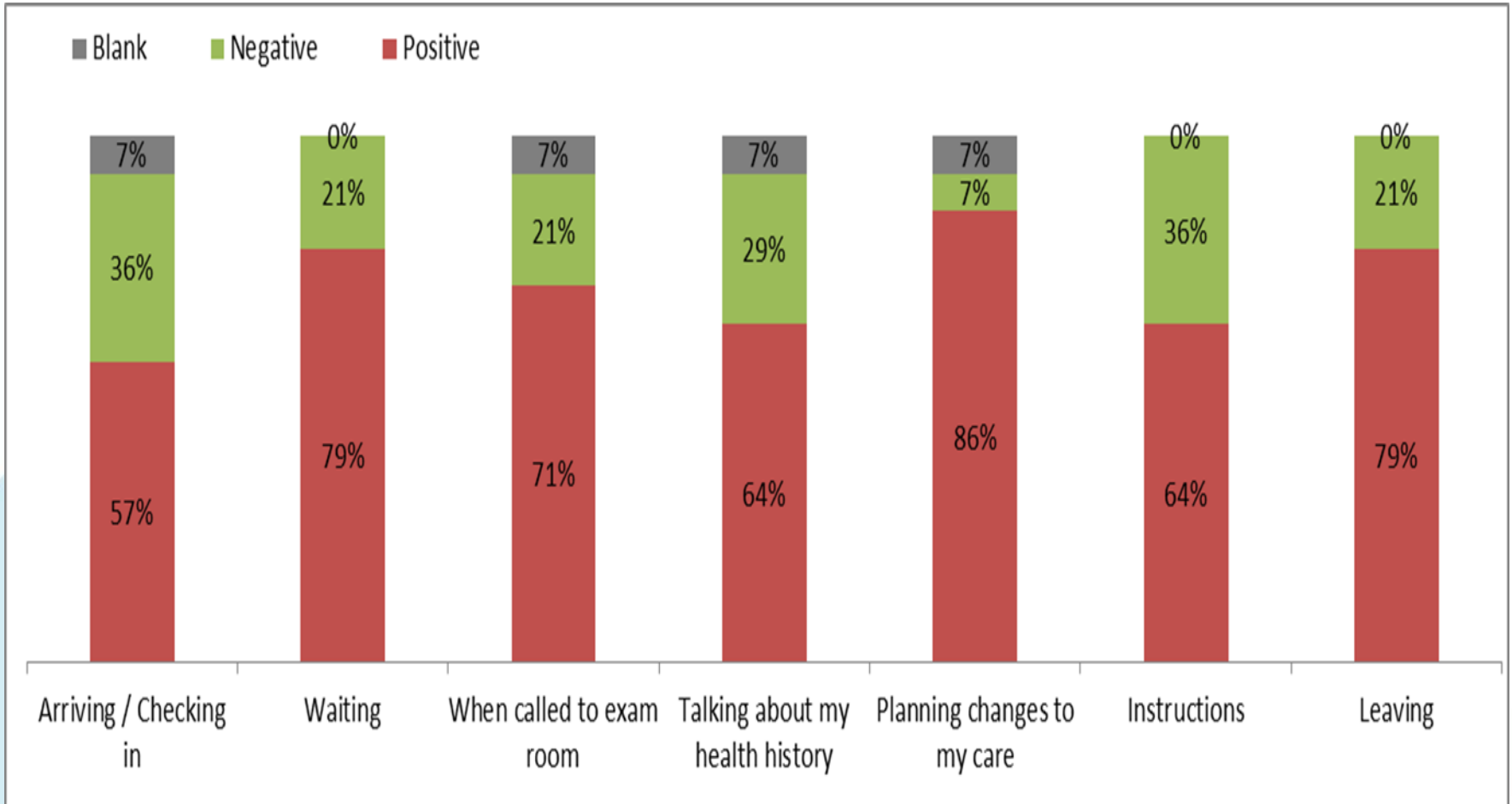


Data Analysis

Partnering for Quality

Understand

Understand



approach

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the
ebd
approach

Improve the Experience

- Utilize current QI tools and methodologies (Lean, Six-Sigma, IHI Model for Improvement)
- Follow sound structured QI methodologies



Improve the Experience

- What's different?

CO-DESIGN

Patients have to be equal partners at the table in the design and implementation of the solution(s)



Creating and testing (prototyping) ideas together

'The seating is too cramped and you have to move each time someone walks by'



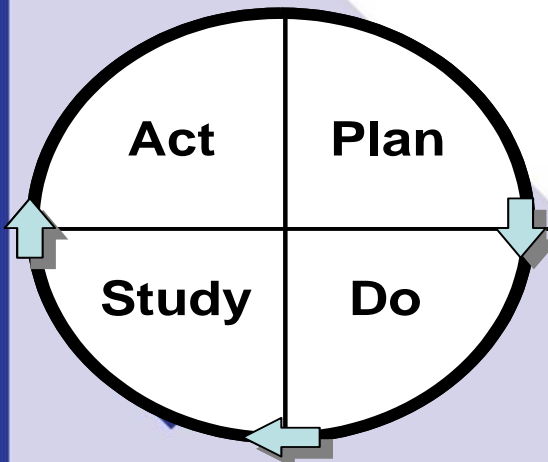
Patients & Staff working together



Clinic chairs all in a row



Reviewing their work



Experience Based Design is about designing better experiences...



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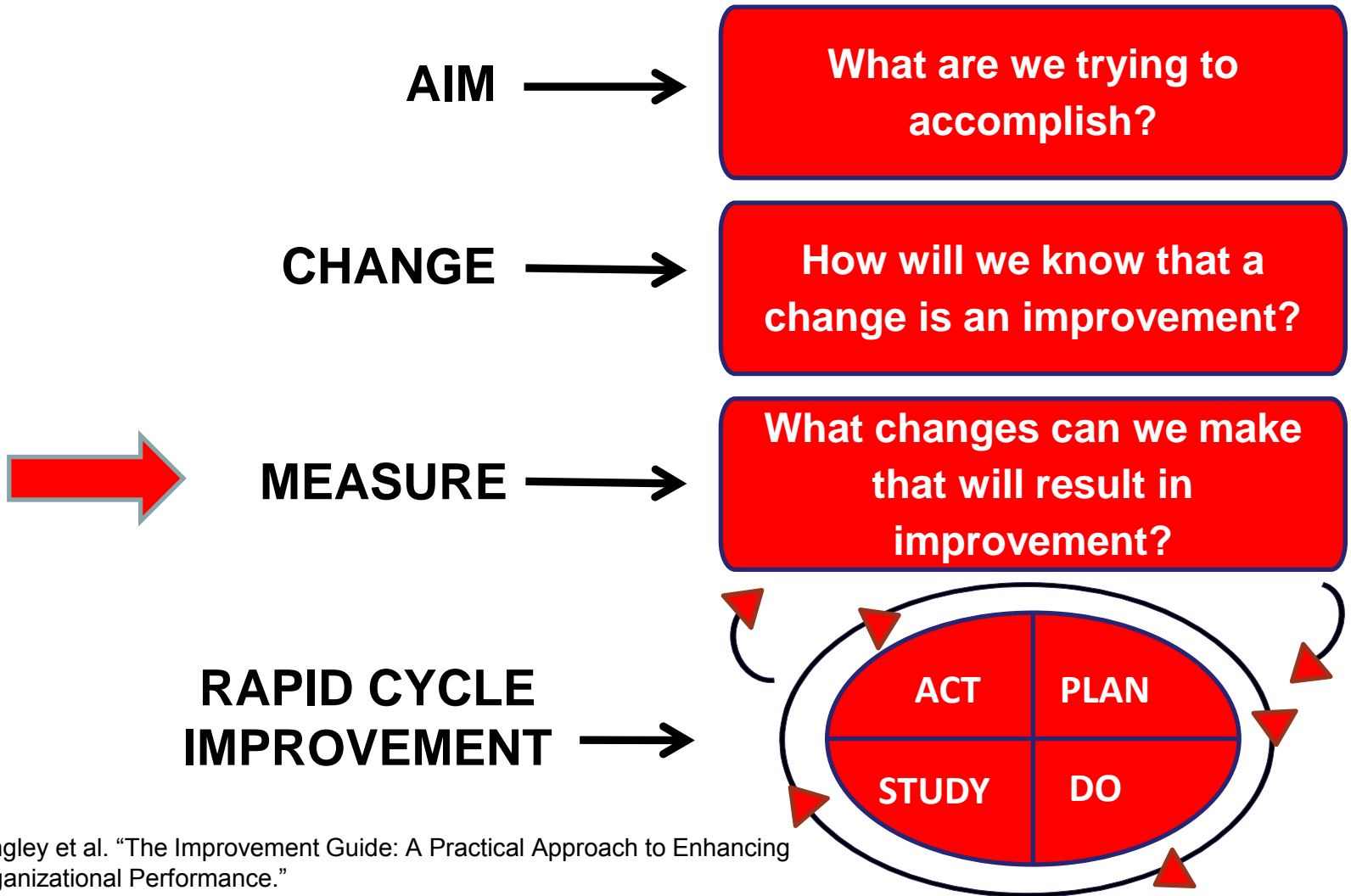
Tools for evaluating and measuring the improvement



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the
ebd
approach

Measurement: Key to all improvement work



Langley et al. "The Improvement Guide: A Practical Approach to Enhancing Organizational Performance."

Measure improvement: the qualitative perspective

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





www.wordle.net

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

Session Objectives:

- Partnering for Quality **Program Overview**
- **Patient experience journey**
- **Introduction** to the **ebd approach** and background theory
- **Practical use of some of the key tools and techniques**
- **Knowledge Transfer exercise**

Partnering
for Quality

Working together to improve
health outcomes

Knowledge Transfer Action Plan

1. What are you going to do (*your goal*)?
2. Who will be involved?
3. When are you going to do it?
4. How will you do it?

Care Team: _____

Contact: _____ On (Date): _____

I will _____ (*what*)

_____ (*with who*)

_____ (*when*)

_____ (*how*)

How confident are you that you will be able to meet this goal?

1 2 3 4 5 6 7 8 9 10
I'm not ready I think I can? I can do this!

If you rate your confidence below 7, you may want to look at what barriers exist and reconsider your action plan to ensure you will be successful in achieving your goal.

What supports are needed to help you achieve this goal?

(Potential barriers might include: technology, skill level, human resource capacity, tools etc.)



Adapted from the South West Self-Management Program's
Your Action Plan – February 5th, 2014

Questions?



For more information or resources, contact:

swpartneringforquality@sw.ccac-ont.ca

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