Integrating the Patient Care Experience into Healthcare Improvement

February, 2014 – Sign in Sheet

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Integrating the Patient Care Experience into Healthcare Improvement

The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.

- The Beryl Institute

Watch Video – Defining the Patient Experience

http://youtu.be/_kwZ-xeOj8Y

Purpose

The purpose of this education is to offer additional resources to assist clinicians and their staff in integrating the patient care experience into healthcare improvement. Attention will be drawn to experience-based design, which is a philosophy and set of methods to help you understand and document patient’s emotions and experiences so you can make meaningful improvements. The main focus is working with patients to improve healthcare. When you’re on the journey to improve your care or service, you want to be sure you’re doing it right. That means making improvements with a patient focus.

Overview

Involving patients in service improvement by listening and responding to what they say has played a key part in the redesign of healthcare processes over the past five years and more. However, to date, efforts have not necessarily focused on the patient’s experience, beyond asking what was good and what was not. Questions were not asked to find out details of what the healthcare experience was or should be like (“experience” being different from “attitudes”) and the information then systematically
used to co-design services with patients. Knowledge of the experience, held only by the patient, is unique and precious.

Using experience to design better healthcare is unique in the way that it focuses so strongly on capturing and understanding the experiences of services by patients, caregivers and staff; not just their views of the process, like the speed and efficiency at which they travel through the system. Instead, this approach deliberately draws out the subjective, personal feelings a patient experiences at crucial points in the care pathway. It does this by:

- Encouraging and supporting patients to tell their stories;
- Using these stories to pinpoint those parts of the care pathway where the user's experience is most powerfully shaped (the touch points); and
- Working with patients, caregivers and frontline staff to redesign these experiences rather than just systems and processes.

Designing or redesigning healthcare processes from the patient’s perspective has been a key concept in contemporary improvement efforts. All developed countries around the world have seen a rapid growth in practical redesign initiatives, which have in common the aim of thinking through the best process to achieve speedy and effective care for patients. Although patient involvement has been around healthcare for a long time, what it gains in longevity, it seems to lack in vitality and urgency. In most countries, despite the longevity of the “patient involvement” concept, healthcare systems are still not putting patients first.

In the wider context of healthcare reform, there is growing recognition that although the process and current pace of change will continue, the way in which that change happens (including the move towards more patient-centered services) will need to be different. Existing perspectives, methods and approaches cannot be relied on to deliver the required change in the time and on the scale required. It is necessary to widen and intensify the search for better and more effective theories and approaches to a large-scale change and whole systems transformation. Although the need for new and innovative approaches is broadly accepted, most sources currently do not specify what these approaches are, or where they will come from.

There is an increasing international recognition that improvement of quality in healthcare is predicated on incorporating the patient and caregiver experience. However, focusing on the patient experience requires fundamental redesign of healthcare delivery systems. Functionality, engineering, and esthetics have been identified as key components of good healthcare design.

- **Functionality** refers to whether a design is fit for purpose and based on the best knowledge, science or technology available. Evidence-based medicine has traditionally been well focused on this aspect of good design.

- **Engineering** refers to attributes of design that contribute to such operational variables as consistency, reliability, and efficiency.

- **Esthetics** refers to the emotions elicited by the design, via the look, feel, and experience it presents to the customer or service user. The element of esthetics has been given less
emphasis in the healthcare industry, despite the fact that three-quarters of the predicted levels of trust and likelihood to recommend may be derived from emotional rather than rational factors.

It is suggested that designing services, environments, interactions and processes for the human experience, poses a highly worthwhile challenge for healthcare improvement professionals. This is not just about being more patient-centered or promoting greater patient participation. It goes much further than this, placing the experience of goals of patients at the center of the design process and on the same footing as process and clinical goals. The nature of the challenge in these initiatives is to understand the experience of care at a deep level, always keeping in mind that it includes all aspects of subjectively experiencing a product or service – physical, sensual, cognitive, emotional, kinetic and aesthetic – and to use this understanding to design a healthcare experience that will be more successful and fulfilling than it has been before.

Watch Video – Patient Experience Part 1

http://youtu.be/WpaOtlah1Q8

Experience-based design is an emerging method used to capture the emotional content of patient and family member healthcare experiences, and can serve as the foundation for patient-centered healthcare improvement. Incorporation of patient and family member perspectives in healthcare requires reliable tools to capture the emotional content of care touch points. Experience-based design is a recently developed method that aims to accelerate redesign of healthcare delivery to be more patient-centered, through incorporation of patient and caregiver experience emotion. It consists of identification of emotional “touch points” during care, and assessment of the emotional content of each touch point. Qualitative methods such as complaint analysis, observations, interviews, and focus groups are used to identify touch points, the moments in which patients or family members experience an emotional response during healthcare delivery. The emotional content of these touch points is then assessed through the Experience-Based Design Questionnaire (included in this packet) with patients and family members selection of emotion words from a standard list to describe their feelings at these various points along their healthcare journey. In order to be useful as a reliable measure of emotional response, the Experience-Based Design Questionnaire requires a set of words that have consistent emotional meanings between subjects and interviewers, and across different demographics. Under the experience-based design approach, touch points with negative emotional content can then be targeted for quality improvement efforts. The main objective is to express positive, negative, or neutral emotions, in order for the experience-based design to work effectively. The use of emotion words is a key element in capturing the patient experience for healthcare redesign. The desired end result is a positive connection and interaction between the patient and the service.

It is important to be clear about what experience means in the healthcare context, as it can so easily become confused with very different concepts such as perception or attitude, or getting the views of patients about the service they receive (e.g., surveys get attitudes, but they do not get experiences). Experience is this and more. It is a particular and special kind of knowledge acquired from close and direct personal observation or contact. The task for experience design is to gain access to that
knowledge and use it in the service of a better design and a better experience for the patient. That knowledge is expressed in what a person thinks, feels and says about the experience of a service he or she has encountered. You may wonder what is new or different in any of what has been said so far from, from say, a focus group, patient forum, attitude, survey or discovery interview. There are five differences suggested between where things are now and where they could be if concepts of user participation and experience-based design were incorporated into future healthcare designs.

- Rather than using user groups to feed back suggested changes in healthcare processes and services, experience-based design is a joint venture that involves users and professionals working together over a period of time and throughout the change process as the co-designers of a service.
- The focus of experience design is not so much on user views, attitudes, needs and perceptions (although all come into it) as user experiences – creating not just a service but a whole experience that appeals and works on a cognitive and emotional level.
- The focus is on designing experiences, not processes or systems or just the built environment. In contrast with traditional process mapping techniques, the focus here is on the subjective pathway (the touch points) rather than the objective pathway, and the internal rather than the external environment.
- Getting at experiences is a specialized activity that needs to be learned and practiced. What often poses as experience research is actually little more than a conversation that anyone may have had, and words and stories without analytical frameworks do not speak for themselves. It is how they are to be used in the discovery and change process that is important.
- In interpreting experiences, the main challenge is to understand how the interface between the user and the service is shaped. Most traditional service improvement methods, including those in healthcare, do not concern themselves with that relationship. It is important to appreciate that usability and interactivity are not only about how “nice” the service feels, but also about the other two basic elements of design: safety and functionality.

Watch Video – Patient Experience Part 3

The examples used in this video are based on an inpatient care setting, but could also used in a primary care setting. When the speaker is talking through the example, think about how this could be incorporated into your practice.

http://youtu.be/DY46whPQRs8
Action

The *Experience-Based Design Questionnaire* included in this packet could easily be incorporated into the daily healthcare delivery systems to examine the actual emotions and experiences of the patient and their families throughout various steps of the healthcare process. It can be a highly worthwhile tool in evaluating the emotions and experiences of a patient throughout the healthcare process, and assist in co-designing healthcare services with patients, providers and staff.

Please use the Experience-Based Design Questionnaire to evaluate your patient’s experiences in your practice. Begin by printing off 100 copies of the form. Over the course of one week, randomly ask patients in for all different types of visits to complete the form at checkout. Ask them to evaluate their experience during their visit today. Explain that your practice is looking to improve the overall patient experience and need their feedback. After the week is completed and you have collected the responses from the forms, sit down with the staff and read through each form. Identify the positive and negative feedback that was received. After reviewing the forms, then identify one particular area that you noticed you received negative feedback. Brainstorm amongst the group ideas on how you could improve this area over the next few months. For example, if the area you choose to work on is to improve the patient’s experience in the waiting room, you could work to improve the time it takes for the front desk person to greet the patient. When greeting the patient, the front desk person could ask them a simple personal question, such as “How was your holiday?” “Did you have good time on your vacation?” Something that would make those few minutes when checking in a little more personal for the patient. Make them feel that you care about what goes on in their lives outside of the office visits.

Once you have implemented the changes, you should administer the Questionnaire again in six months to evaluate if the changes you implemented made a positive (or negative) impact on the patient’s experience in your practice. This tool can be used ongoing every year to ensure you are doing everything you can to ensure your patients are happy.

References

1. *Experience-based design: from redesigning the system around the patient to co-designing services with the patient* (www.qualitysafety.bmj.com)
2. *Experience-based design for integrating the patient care experience into healthcare improvement: Identifying a set of reliable emotion words* (www.sciencedirect.com)
3. *Experience-Based Design Questionnaire* (www.sciencedirect.com)
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<thead>
<tr>
<th>Experience-Based Design Questionnaire</th>
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<tbody>
<tr>
<td>By completing this questionnaire -- YOU are helping us to improve healthcare experiences</td>
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<tr>
<td><strong>How do you feel when you schedule an appointment with our office?</strong></td>
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<td><strong>How do you feel when you arrive at our office?</strong></td>
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<td><strong>How do you feel when you are in the waiting area?</strong></td>
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<td><strong>How do you feel when you are being weighed?</strong></td>
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<td><strong>How do you feel when you are reviewing your prescriptions and other issues with the Medical Assistant or Nurse?</strong></td>
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<td><strong>How do you feel during the visit with your doctor?</strong></td>
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<td><strong>How do you feel about the information you received about changes in your care and next steps?</strong></td>
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<td><strong>How do you feel when you call our office in between visits?</strong></td>
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