



**NHS**  
Institute for Innovation  
and Improvement

the  
**ebd**  
approach™

experience based design

Using patient and staff experience  
to design better healthcare services





# Session Plan

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- 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



# Agenda

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10:00 Introduction to the ebd approach

Capture experience

11:15 Refreshments

12:30 Lunch

13:15 Understand experience

14:30 Refreshments

14:45 Improve and Measure

16:00 Close



# Activity

- How do you want your patients to feel...
- One word on a post it
- On your tables – introduce yourselves and put your post it on the sheet



# The ambition for change...

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## *‘Creating a Patient Led NHS’*

- we will create a service where NHS Organisations are better at understanding patients and their needs

## *‘High Quality Care for All’*

- Quality of care includes quality of *caring*. This means how personal care is – the compassion, dignity and respect with which patients are treated. It can only be improved by analysing and understanding **patient satisfaction with their own experiences**



# What is the ebd approach?



**ORIGINAL VIEWPOINT ARTICLE**  
Experience-based design: from redesigning the system around the patient to co-designing services with the patient  
Paul Bates, Glenn Robert

Looking patients in service improvement and learning and reporting to what they say has played a key part in the success of healthcare processes over the past few years. Patients are now being offered individualised care, supported in decision-making, engaged in care, equipped with decision-making tools and given design input. It is not surprising that the patient's experience is now a key focus for service improvement. However, to date efforts have not necessarily focused on the patient's experience, beyond asking what was good and what was not. Questions remain as to what the details of what the experience was or should be like ("experience") being addressed from "patients" and the information that organisations use to co-design services with patients. Knowledge of the experience, held only by the patient in various settings, and analysis of the data will determine the "what" part of the experience. However, during the experience itself and that after hours and duration for the design effort, the patient's attention is drawn to the design process of the design solution and experience-based design, which is largely outside and beyond the focus of this issue. To achieve the traditional view of the user as a passive recipient of a product or service has led to a gap in the way we view of users as the co-designers of the product or service, and integral to the improvement and innovation process.

**DESIGNING THE CLIENT AND THE TASK FOR ORGANISATION DEVELOPMENT**

A frequently asked question in organisation development (OD) is, "Who is the client, and where? To whom should it be responding to?" Apart from the occasional call for it to become more future or "customer-centric" (Bates, 1998; Ford, 1974), OD practice for the past half decade has remained solidly "management or leader-centric".

**Toward More User-Centric OD**  
*Lessons From the Field of Experience-Based Design and a Case Study*  
Paul Bates  
Glenn Robert  
University College London

This article argues for a major shift in focus from the strong management orientation of organisation development (OD) to a more "user-centric" OD, one that seeks to mobilise and privilege change on behalf of the customer or user of an organisation's product or service, involving them in every stage of the design process, from problem diagnosis to solution generation and implementation. This reconceptualisation of OD draws its inspiration from the rapidly expanding field of experience-based design (EBD), a subfield of the design discipline whose distinctive features are direct user participation in the design process and a focus on designing experiences, as opposed to systems or processes. The article reports on an original EBD intervention methodology designed and tested by the authors, and outlines a research design involving National Health Service, which following successful "pilot of concept" offers OD some promising new directions for the future.

**Keywords:** change, organisation, design, user, experience

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**Piloting, testing and evaluating Experience-Based Design (EBD): Key findings and lessons for the future**  
Dr Glenn Robert & Professor Paul Bates  
Royal Free & University College Medical School,  
University College London

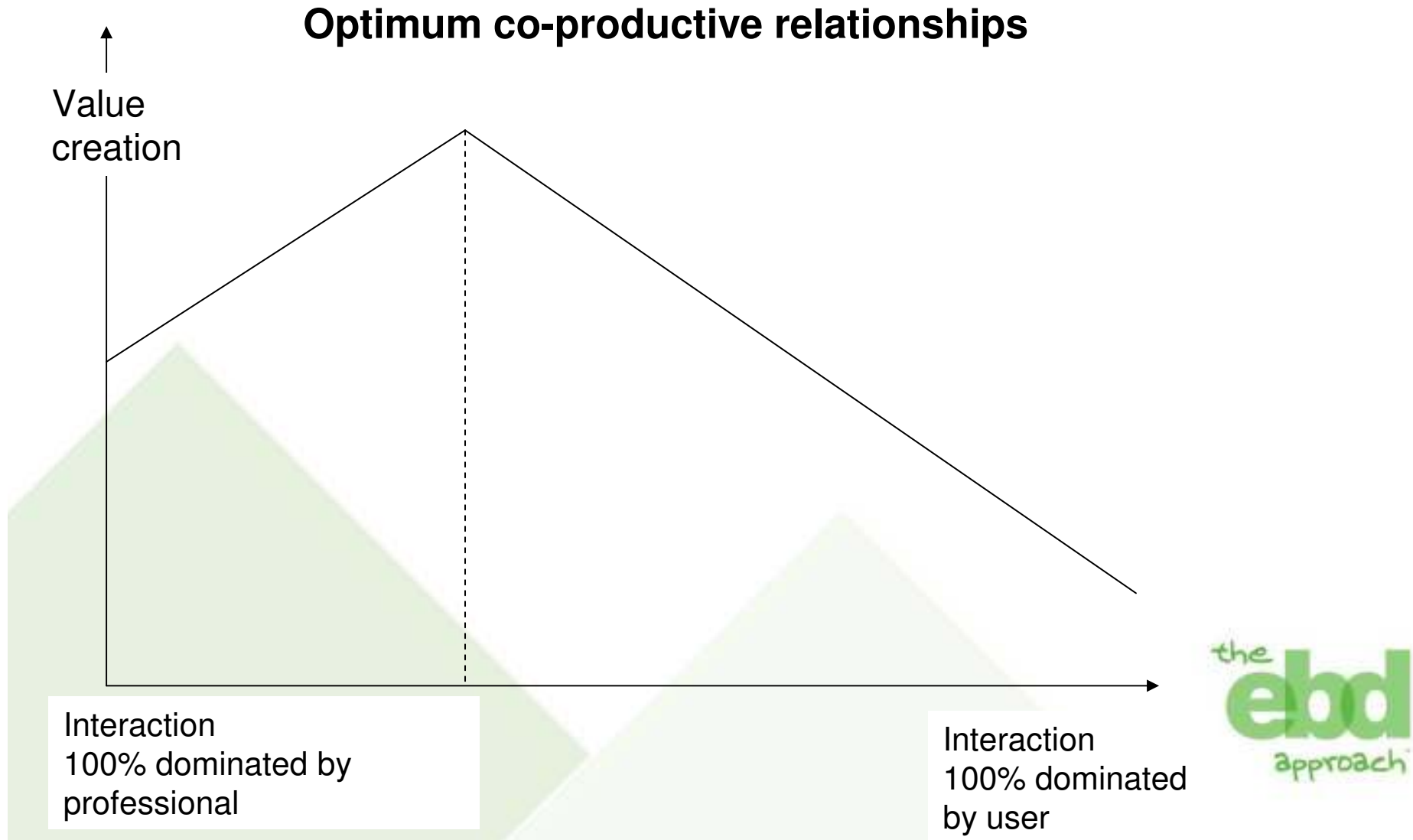
For and on behalf of the research team:  
Paul Bates, Glenn Robert  
Glenn Robert, Paul Bates  
Lynn Moxley, IAG Institute for Innovation and Improvement  
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December 2009





# Optimum co-productive relationships





# Making Innovation Happen





# Survey

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

1

2

3

4

5

**Very satisfied**

**Very  
dissatisfied**

What was your experience of getting to this event?

1

2

3

4

5

**Very  
poor**

**Very  
good**





## Tell a story...

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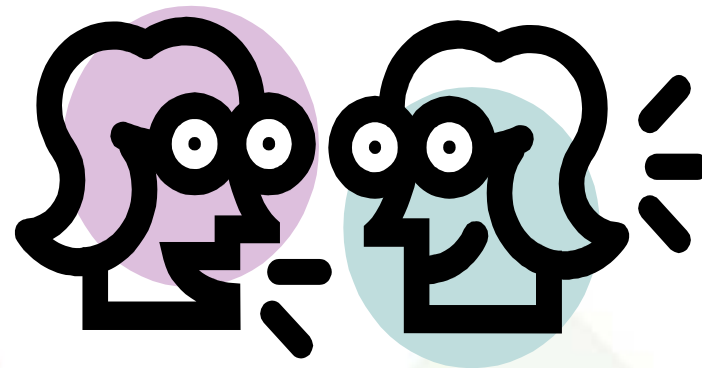
- In pairs choose a story teller and a listener
- Story teller – tell your story of your ‘journey’ here from the first time you heard of the event (3 mins)
- Listener – record the story, note down anything you think relevant
- Reverse roles



## Feedback - tables

---

Discuss what was the difference between doing a survey and telling your story





## Important note...

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***Experience is not the same as  
satisfaction***





# Show the ebd approach dvd





# Links to other work

PPI

Mental health

Learning  
Disabilities

Community  
services



An improvement  
methodology

Acute trusts

Commissioning





# Feedback

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- What methods do you currently use to gather feedback?
- How do you use that information?



The ebd approach is...

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

...about **experiences** not attitudes or opinions



*“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 play a far larger role in helping to identify needs, propose solutions, test them out and implement them, together.”*

**Source: Design Council, 2004**



**Certainly all the staff I've met have impressed me with their enthusiasm for the project and enthusiasm for improvement. It's almost as though there's been some sort of injection into the staff. I think it's something that was perhaps waiting to happen, and they needed a catalyst.**

*June Edwards, Patient*

Help your  
patients  
feel like  
this...

**The thing that's amazed me about this whole experience is how much can actually be achieved with little or no money – simply because we're working as equals alongside staff, sharing ideas and finding commonsense solutions.**

*Sheelagh Wren, Patient*

**The whole experience has helped me to grow as a professional and an individual. It's prompted me to act on some of the things we've wanted to do for ages – looking at staff competencies on the ward for instance; improving training; and setting up a fund to finance some of the changes we want to make.**

*Carole Glover, Clinical Nurse Specialist*

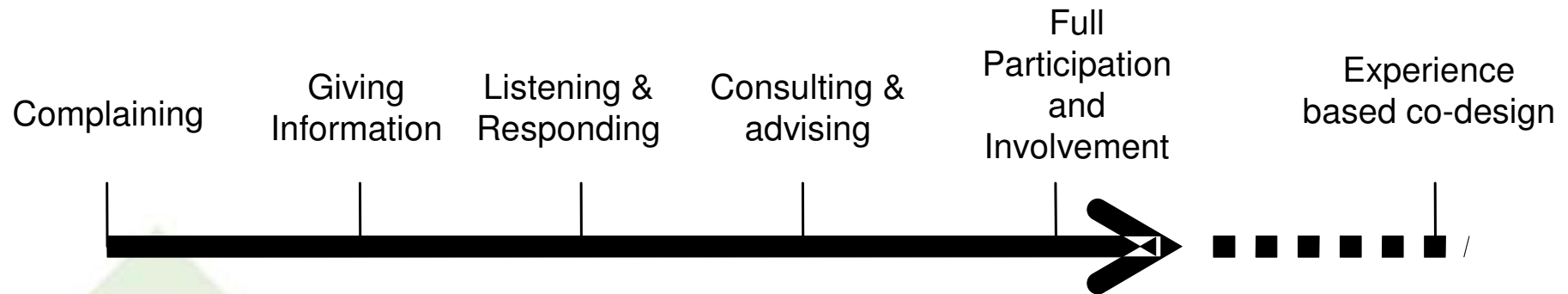
...and your  
staff  
feel like  
this

**The difference between trying to make improvements in the past and this approach is that patients are involved right from the beginning. And that's why I feel there has been greater progress and greater improvement in the head and neck service, whereas in the past it's just fizzled out.**

*Elaine Hide, Nurse and Service Improvement Lead*



# Continuum of patient influence



We need to use patient experience throughout the continuum

Bate & Robert (2006)





## Note...

This session talks about experience in a co-design methodology, but remember to consider using experience in different ways, there are many opportunities





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# The components of good design

Performance

+

Engineering

+

The aesthetics of  
experience

How well it does  
the job /is fit for the  
purpose

**Functionality**

How safe, well  
engineered and  
reliable it is

**Safety**

How the whole  
interaction with the  
product/service  
'feels'/is experienced

**Usability**

Berkun, 2004 adapted by Bate





## 3 Ways to do service improvement

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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

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- 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

The **ebd** approach is here!

**The aim**  
We want to work with patients, carers and staff to design the best possible care experience for our patients. The first step is to find out what you like and don't like about the service.

**How will we achieve this?**  
We would like to learn more about how the service looks through your eyes, by listening to your stories and experiences. Your experiences will be used to identify important areas for action and to decide what improvements to make.

**Who will decide what improvements if any should be made?**  
A group of patients, carers and staff will work together to identify areas for improvement and the actions that need to be taken.

**How can I help and what will this involve?**  
You can help by sharing the story of your recent experience of care. If you would like to continue to be involved you can join a group of patients, carers and staff group who will decide what improvements to make.

To get involved and help design the best possible care experience for our patients,  
Call \_\_\_\_\_  
on \_\_\_\_\_

Using patient and staff experience to design better healthcare services  
[www.institute.nhs.uk/ebd](http://www.institute.nhs.uk/ebd)

How can your experience of our service be improved?

**the ebd approach**

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

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

To get involved and help design the best possible care experience for our patients,  
Call \_\_\_\_\_  
on \_\_\_\_\_

Let us know if you would like more information about how you can get involved.

Using patient and staff experience to design better healthcare services  
[www.institute.nhs.uk/ebd](http://www.institute.nhs.uk/ebd)





# Gathering experience...





# Ethical considerations

*‘When Experience Based Design is used for the purpose of service improvement, independent ethical review by an NHS REC is not necessary (however all types of study involving human participants should be conducted in accordance with basic ethical principles for example informed consent and respect for the confidentiality of participants).’*

National Research Ethics Service (NRES)

**National Patient Safety Agency**

Website: [www.nres.npsa.nhs.uk](http://www.nres.npsa.nhs.uk)

Ref: 031/01

4th July 2007



# 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

# Gathering 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

## The design perspective

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Capture

Capture



**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



YOUR EXPERIENCE MATTERS:



# Diaries/journals/logs



**PHOTOGRAPHER'S JOURNAL:**

Photograph the view of the area that you work within mostly.

What/Where is this? *MY LOUNGE* No 15

Why did you choose to take this photograph?

*This is me showing the three tools which I mainly use to clean my valve if I can't speak which sometimes amounts to 10 times a day.*



# Diaries/Journals

## What do you want people to record?

- What they do
- What they experience
- How they feel
- What they see, hear, smell



# Diaries/Journals

## How long do you want them to record?

- Over the whole of their journey
- A specific part of the journey
- Retrospectively
- Expectations (prospectively)
- Questions





# Patient experiences



# How to gather stories

## Top tips

- Interview guide – page **58**
- 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



# 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

**IDEO 2006**



73% of **doctors** say they wash hands before patient contact

**9% actually do so**  
**Bill Kirkup 2006**

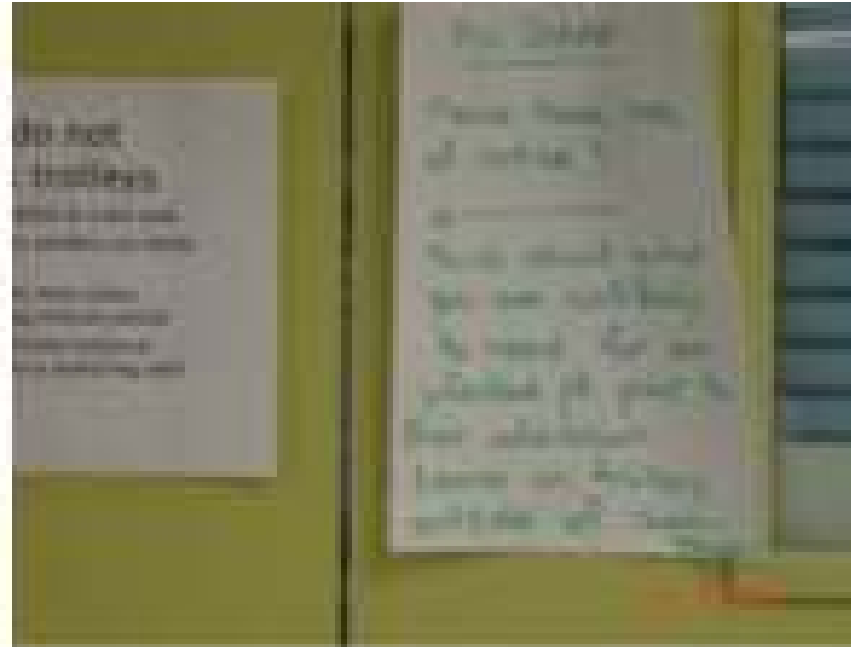
# Healthcare Acquired Infections –

What we observed...

Capture



Inconspicuous gel dispenser



A notice about a notice

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

Capture

# Observation for understanding

## User experience

- What it is like for the individual...is real



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# 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



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# Observation

- The story of the weighing scales



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





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

Henry Ford



“If the matter can be settled by observation, make the observation yourself.

Aristotle could have avoided the mistake of thinking that women had fewer teeth than men by the simple device of asking Mrs. Aristotle to keep her mouth open while he counted.

He did not do so because he thought he knew. Thinking that you know when in fact you don't is a fatal mistake, to which we are all prone.”

**Bertrand Russell**  
*Unpopular Essays, 1950*

# Everyone's responsibility, then who's in charge?



# The ebd approach is...

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



# Experience Questionnaire

This is a tool that can be used on it's 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 23
  - 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.

 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

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

# 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

This part of the ebd approach is where you really begin to understand your service in terms of how patients, carers and staff experience it.



# 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 on the post –its

***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 on your tables 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.

# Touchpoints

**A touchpoint is any moment where a user interacts with the service or aspects of the service**

In the NHS, for instance, touchpoints might be:

- when you phone your doctor's surgery for test results
- when you first see a consultant for your diagnosis
- when you read information



# Simple process map

Understand

Understand

Take a look at some real patient experiences in an outpatients clinic.  
touchpoints  
stages of care

“You have to get there early to claim a seat”



“There was also an 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”

30

“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”



“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”

31

# Identifying touchpoints

- Use your experience questionnaire activity sheet and re-draw the simple process map on a clean sheet of paper
- Now someone on your table tell a story of accessing that service – remember to include your whole journey
- Whilst they are telling their story others on the table write down on post-it's the touchpoints



## Identifying touchpoints

- Are your touchpoints the same as the process points?
- What emotions did the touchpoints evoke?



# Identifying touchpoints

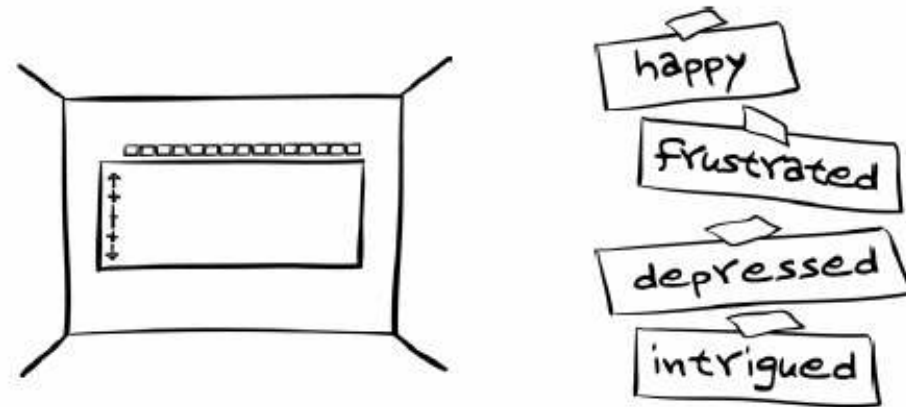
- describe a service in terms of emotional highs and lows experienced by its users
- use the concept of touchpoints to focus participants on specific aspects of the service and the associated emotions

## 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

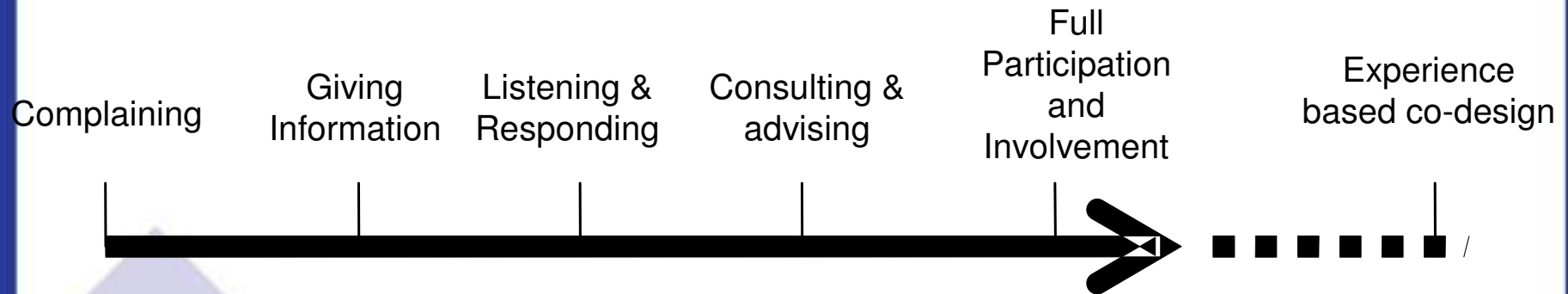


# Emotional mapping



# Remember

We can use patient experience  
throughout the continuum of involvement

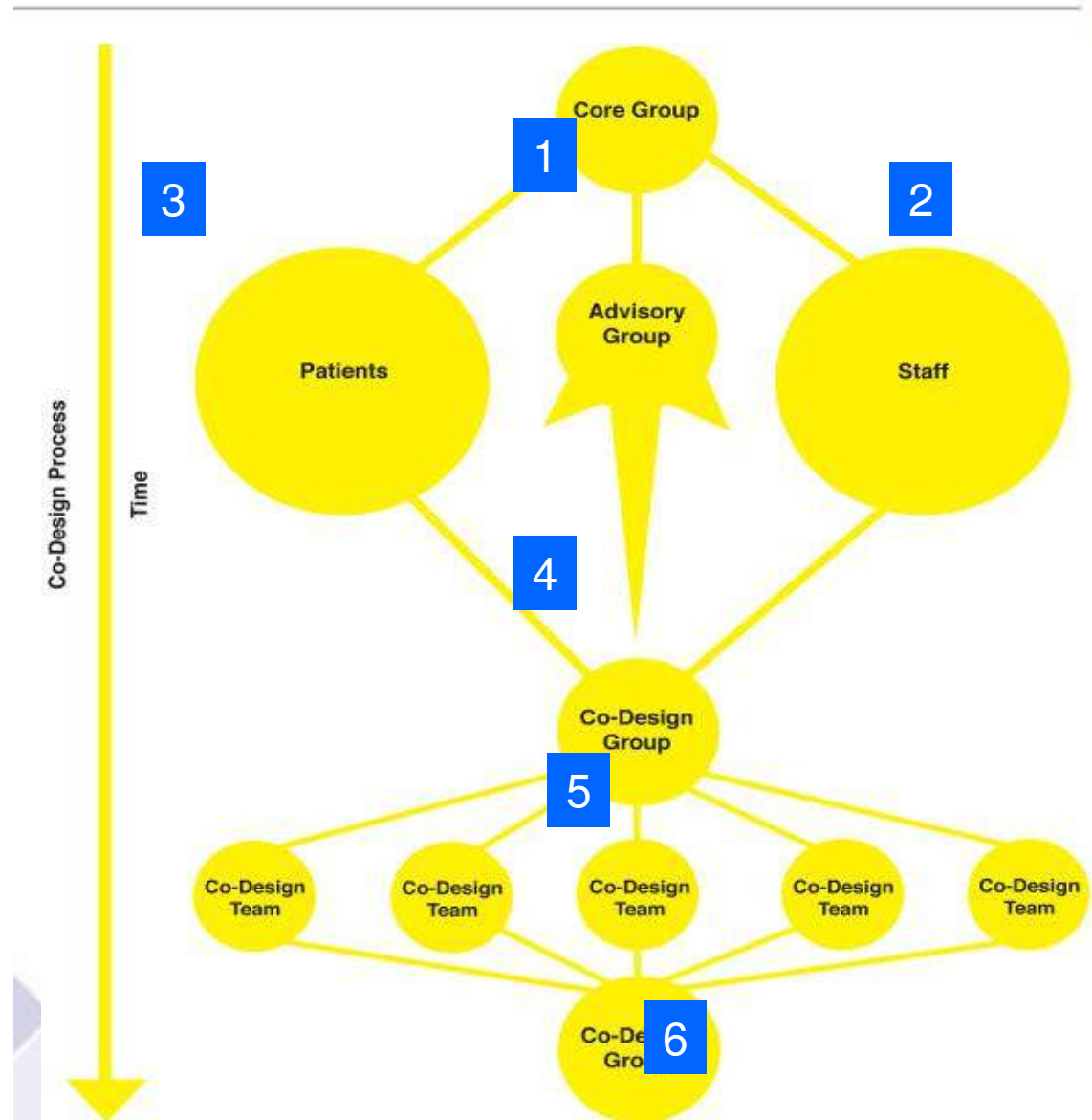


Bate & Robert (2006)



# An example of a co-design process

1. Setting up
2. Engaging staff & gathering experiences
3. Engaging patients and gathering their experiences
4. Bringing patients and staff together to share experiences & begin co-design
5. Detailed co-design activities
6. Coming back together: celebration & review



# 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

Thinking 

**D I F F E R E N T L Y**



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

Albert Einstein



# Running an experience event Actions

## Individual Actions

My individual actions from today are...



Using patient and staff  
experience to design better  
healthcare services  
[www.institute.nhs.uk/ei](http://www.institute.nhs.uk/ei)

## Group Actions

A FINAL COPY OF YOUR ACTION STATEMENT  
WILL BE DISPLAYED IN THE HEAD AND NECK CLINIC



Name:

Name:

Name:

actions:

Individual actions:

By when:

## Experience Improvement



NAME OF GROUP

EXPERIENCE TO BE IMPROVED

IMPROVEMENT FOCUS - WHAT WE WILL DO

WHO IS RESPONSIBLE

TODAY'S DATE

BY WHEN

COMPLETED

Using patient and staff  
experience to design better  
healthcare services  
[www.institute.nhs.uk/ebd](http://www.institute.nhs.uk/ebd)

actions:

Name:

Individual actions:

By when:

actions:

Name:

Individual actions:

By when:

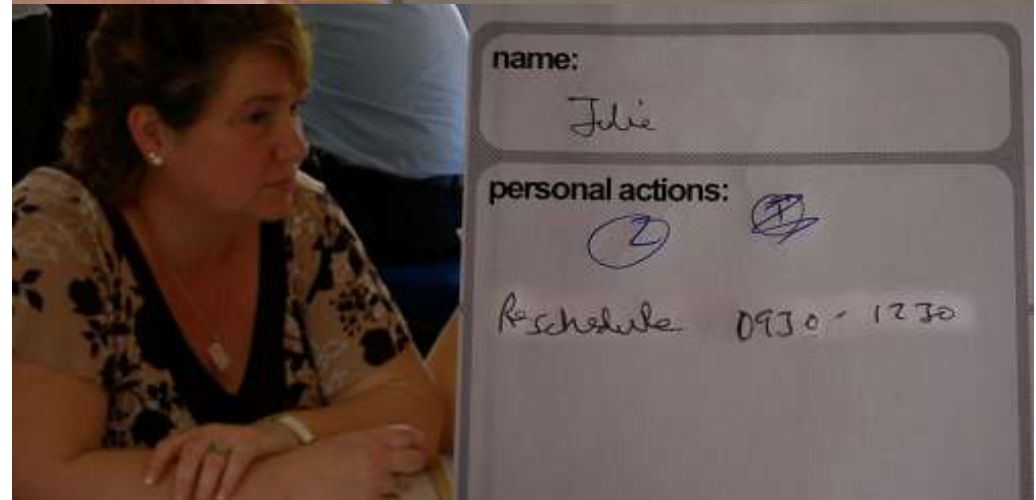
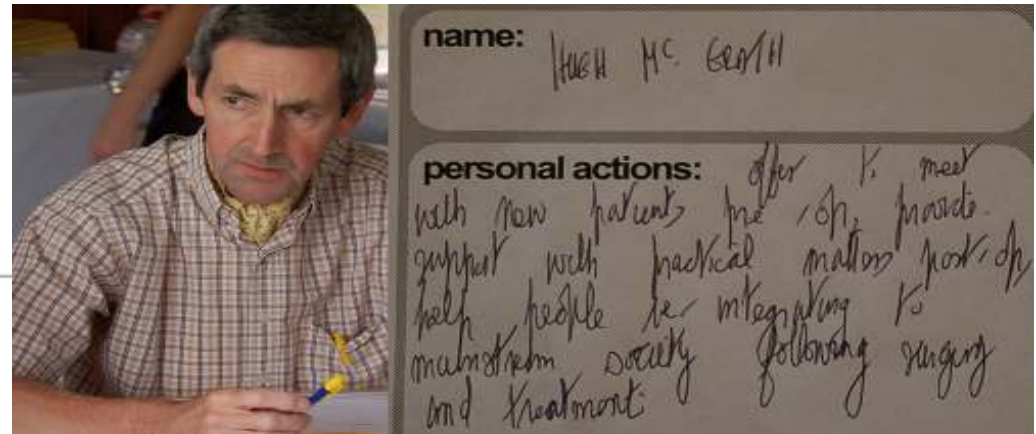
Using patient and staff  
experience to design better  
healthcare services  
[www.institute.nhs.uk/ebd](http://www.institute.nhs.uk/ebd)



# Action Planning

## A personal responsibility...

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



# Turning experience into improvements



Activity	File	Assessment	Owner	Department
Review	Quality	Quality	Dr. J. Green	Ward
Education	Quality	Education	Ward	Ward
Support	Quality	Support	Ward	Ward
Information	Quality	Information	Ward	Ward
Waiting	Quality	Waiting	Ward	Ward
Resources	Quality	Resources	Ward	Ward
Touch-point	Quality	Touch-point	Ward	Ward
Support	Quality	Support	Ward	Ward
Information	Quality	Information	Ward	Ward
Waiting	Quality	Waiting	Ward	Ward
Resources	Quality	Resources	Ward	Ward
Touch-point	Quality	Touch-point	Ward	Ward



**YOUR EXPERIENCE MATTERS** Experience improvement challenge

**PRIVACY = DIGNITY**

Need to be quiet and personal space. Somewhere to go away from ward with loved ones. Personal aspects of care.

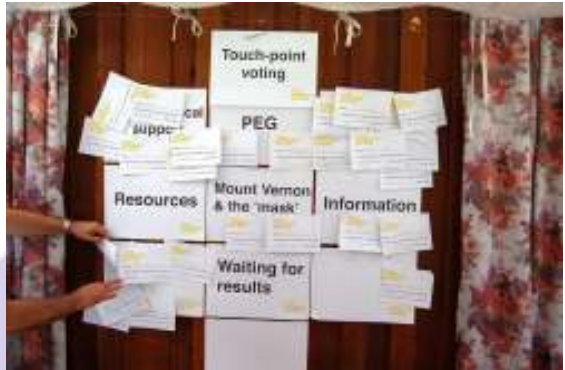
A side room for the immediate days after surgery. Four beds to a bay.

**Day Room** - Quiet area - Religious faith net

Better planning of space. Listening to needs of patients

Hospital administrators  
Nurses - Patients

★★★★★



# Measurement

- How is experience measured?
  - Think of an organisation/service that gives you a good experience



# Measure the improvement

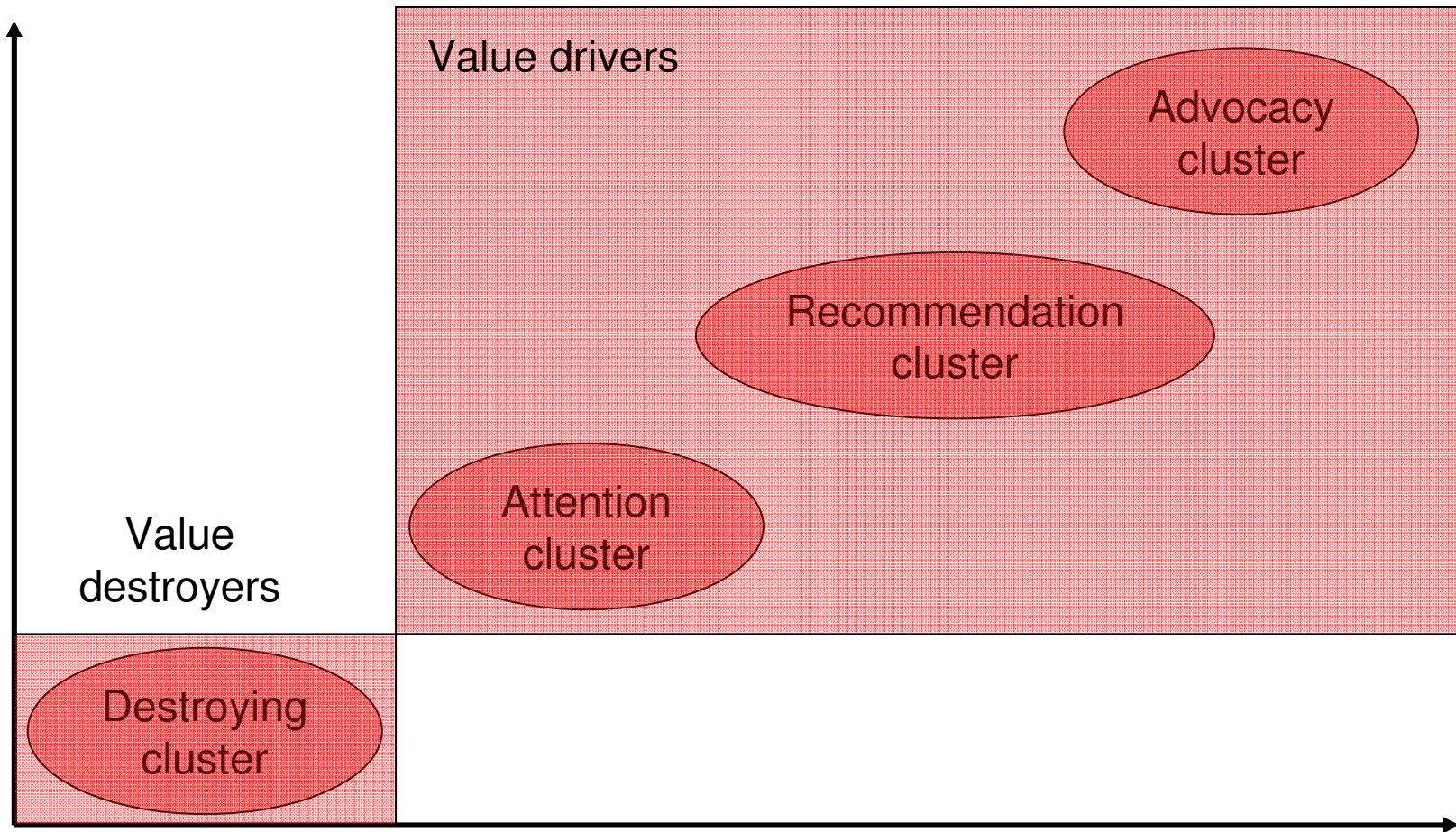
- Reduction in time
- Reduction in duplication
- Reduction in steps
- Clinical efficiencies
- Increase in safety: reduction in error and cost
- Consistency
- Adherence to process
- No of handoffs
- Complaints/compliments

# Measure improvement

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

# Customer experience

Measure



Measure

Emotional Signature of Value, Shaw 2007

# Emotional signature 'emotions'

Destroying cluster	Attention cluster	Recommendation cluster	Advocacy cluster
Stressed	Stimulated	Valued	Happy
Neglected	Interested	Cared for	Pleased
Unsatisfied	Explanatory	Trusted	
Frustrated	Energetic	Focused	
Disappointed	Indulged	Safe	
Unhappy			
Hurried			
Irritated			

Emotional Signature of Value, Shaw 2007



SECURE LISTENED-TO

**SAFE**

INDIVIDUAL GOOD

DELIGHTED

**VALUED**

HEARD INVOLVED EMPOWERED

INDIVIDUAL

**CONFIDENT**

COMFORTABLE RESPECTED

**SATISFIED**

**CARED-FOR**

BETTER HAPPY

**REASSURED**

SUPPORTED



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# Measure the improvements

A few examples of the changes made  
as a result of using **the ebd  
approach...**



the  
**ebd**  
approach

# Performance/Efficiency

## Why am I waiting?

*My appointment time says one thing but it bears no relation to when I actually get seen ... that is often over an hour later.*

**Action:** A rapid review of appointment scheduling and staff working practices took place in the days after the co-design event resulting in a radical reduction in waiting times.

# Safety...

*'I did not feel safe, some of the staff did not seem to have the skills or know where to find the equipment when my feeding tube came out'- it was very frightening'*

## **Action:**

- Identification of the skills needed for head and neck care
- Review of integrated pathway and staff competencies
- Role of Health Care Assistant extended to include stoma care
- Lean techniques used to reduce wasted time and effort when finding equipment.

# Experience of Information

- *'I could not take it all in and could not remember what I was supposed to do next'*
- *'The removal of the PEG without sedation was not a good experience'*

## **Action:**

Information rewritten by patients. Staff invited to add their 'bits' later

# What next

How could you use  
experience in your next  
project?



The ebd approach is...

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

...about **experiences** not attitudes or opinions



# What we have covered...

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- 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

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- 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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Slides will be available on the website

