Understanding (and improving) service processes using experience-based co-design

Catherine Dale – Programme Director for Patient Safety
Health Innovation Network
@catdawo
@HINSouthILondon
@PointofCareFdn
IT'S HELPED US CUT UNNECESSARY VISITS BY OVER 23%.
What makes a good service: designing experience

Performance
- Is it functional?
- Lean

Engineering
- Is it safe and reliable?
- Safer Patients Initiative

The Aesthetics of Experience
- What does it feel like?
  - Physical environment
  - Human environment
  - Co-design

Berkun, 2004 adapted by Bate. Source: Bate P, Robert G (2006). ‘Experience-based design: from redesigning the system around the patient to co-designing services with the patient.’ Quality and Safety in Health Care vol 15 (5), pp 307–10
Experience-Based Co-Design: A participatory action research approach that combines: a user-centred orientation (EB) and a collaborative change process (CD)
The Experience-based Co-design process

- Celebration event
- Setting up
- Engaging staff and gathering experiences
- Engaging patients and gathering experiences
- Co-design meeting
- Small co-design teams
- Patients at the heart of the quality improvement effort - but not forgetting staff
- A focus on designing experiences, not just systems or processes
- Where staff and patients participate alongside one another to co-design services
Experience-based design: from redesigning the system around the patient to redesigning with the patient

Toward More User-Centric OD
Lessons From the Field of Experience-Based Design and a Case Study

Paul Bate
Glenn Robertson
University College London

This article argues that, for design to be effective, a system of organization development that integrates the customer is necessary. The approach to experience development is different from “customer service,” and it is also different from the design of products and services. This article will provide a solution to this challenge, which is the development of a new approach to experience design. It presents a case study of a service that integrates the customer in the experience design process. This case study also presents a successful “proof of concept” of a new approach to experience design.

Keywords: customer experience, service design, user-centered design

The Role of Design in Healthcare

A frequently asked question is: Who is the designer? There are two main answers: the client, and whose responsibility is it to design? Our answer is: both. It is the responsibility of the client, and also the responsibility of the designer, to design. This is called “experience design.” The role of the designer is to create an effective and efficient experience for the client.

Bringing User Experience to Healthcare Improvement

the concepts, methods and practices of experience-based design

PAUL BATE | GLENN ROBERT

In healthcare the term “design” refers to patients and staff working in partnership with staff to improve services. Here we focus on one particular approach called “experience-based design” (EBD), a six-step process that usually takes 9 to 12 months to complete:

1. Setting up the project
   - Gathering stakeholders’ views through observation and in-depth interviews
   - Gathering patient and staff experiences through affective narrative-based interviews
   -Bringing staff, patients, and staff together to share their experiences
   -Designing patient experiences based on patient priorities
   -Small groups of patients and staff working on the identified priorities
   -Celebration and review event

Through framing patients in quality and service improvement, we experience shows it is an important catalyst for relationship. Seeing and listening to patient experiences helps connect staff and patients in a purposeful way. Patients are always thinking about what needs to be done for improvement. The aim of the patient and staff interviews and observational work is to help patients and staff identify and jointly explore emotional “touchpoints” in the journey of care, with a view to improving those experiences. These touchpoints are interactions between staff and patient.
Online toolkit:
www.kingsfund.org.uk/projects/ebcd
Published research


- Robert G, Cornwell J Lcock L Puroshotham A, Sturmey G, Gager M (2015) Patients and staff as codesigners of healthcare services. BMJ 10 February (BMJ 2015;350:g7714) [http://www.bmj.com/content/350/bmj.g7714](http://www.bmj.com/content/350/bmj.g7714)


- Van Deventer et al. (2016) Improving childhood nutrition and wellness in South Africa. BMC Health Services Research 16:358. [www.biomedcentral.com/1472-6963/16/358](www.biomedcentral.com/1472-6963/16/358)
A tool for understanding service processes: emotional mapping
Basic service improvement tool: process mapping
Process map: the boxes

Urgent Referrals— From GPs, 2ww, Suspected cancers

MTD meeting 8.30

Clinic starts 9.30am.

Patient sees Consultant and Oncologist

Patient sees Consultant

Patient sees registrar

Patient sent for chest xray, FNA, other investigations

Patient back to clinic to see Dr

Dieticians to see necessary followups and ad-hoc new patients

SALT to see appropriate patients

Nurse Specialists sees patients— new and follow-ups

Patient leaves clinic— with 2 week appt date?
Clinic starts 9.30am.

Patient sees Consultant and Oncologist
Patient sent for chest xray, FNA, other investigations
Patient sees Consultant
Patient sees registrar
Patient back to clinic to see Dr

Lost and confused
The weighing scales

Always long delays, afraid to go to toilet

Drowning in forms and paperwork

MTD meeting 8.30

Urgent Referrals – internal, Hemel, St. Albans, GPs, 2WW, suspected

Breaking the bad news moment

Dieticians to see necessary follow-ups and ad-hoc new patients

SALT to see appropriate patients

Patient leaves clinic – with 2 week appt date?

Car parking ...

Bombarded with letter after letter

"on a computer"

Experience map: the bubbles

Always long delays, afraid to go to toilet

Drowning in forms and paperwork

Breaking the bad news moment

Lost and confused
The weighing scales

Bombarded with letter after letter

"on a computer"
Sophisticated service design tool: emotional mapping
‘Touch point’

- Critical points
- Big moments (good and bad)
- Moments of truth
- Emotional hotspots
Emotional mapping exercise
Case study: Experience-based co-design
So you’ve been asked to CO-PRODUCE? How can you do so relatively painlessly WITHOUT letting users muck about with your precious service?

Choose the service YOU want to co-produce

Say you did

Declare success!

Write case study

No! Are you mad?

Talk to people?

Are you quite mad?

Clearly you are certifiable.

Nope

Job Done!

Does it scupper?

Outsource costs and risks

Display passive-aggressive behaviours

Walk away

Can you sabotage?

Put engagement barriers in place

Do they still come?

Invite users to work with you?

Meh

Ok

Yeah. alright

This flowchart is based on an idea co-produced at a Future Surrey co-production workshop run by FutureGov. It’s not just a laugh. It helps us to identify existing behaviours that stand in the way of effective co-production.
The Experience-based Co-design process
Discussion