

Surgical Ambulatory Emergency Care Experience Based Design

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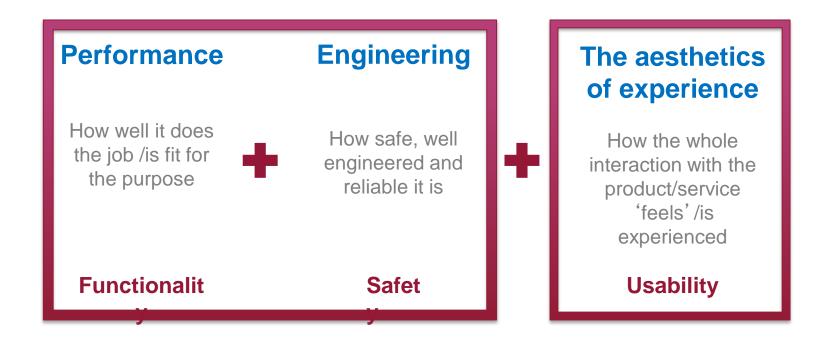
Experience vs Satisfaction

- Satisfaction is about form and function, experience is about connection and emotion.
- Satisfaction is about my expectations being met, experience is about how it made me feel.
- Satisfaction answers "what" and "when", experience answers "how" and "why".





The Components of Good Design

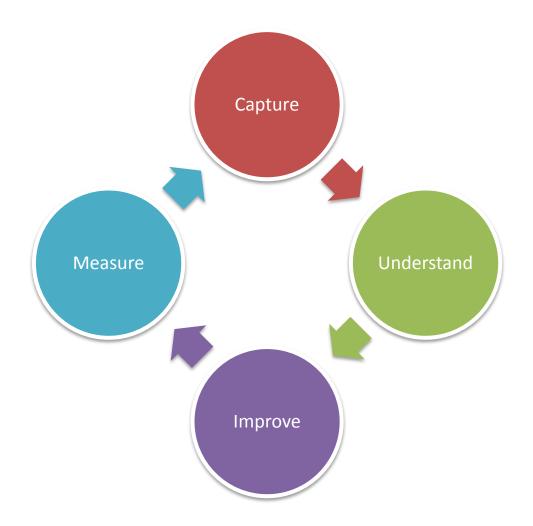




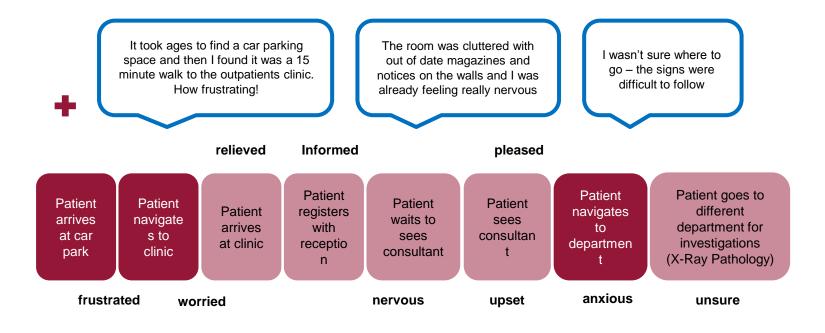
"The ebd approach is about using <u>experience</u> to gain insights from which you can identify opportunities for <u>improvement</u>."

"It's about experiences not attitudes or opinions."





Emotional Mapping





Working With Patients





Working With Staff



Observation

- A vital part of the process and this often picks up details that people don't bring up in interviews.
- About seeing things with fresh eyes and noticing details such as non-verbal communication, how space is used and how much is on show (or not).
- This stage may inform the touch points in emotional mapping, or may be a response to something that has been identified by respondents.
- A really useful way to raise the profile of the EBD project and get people involved.



Why Do We Need to Observe?

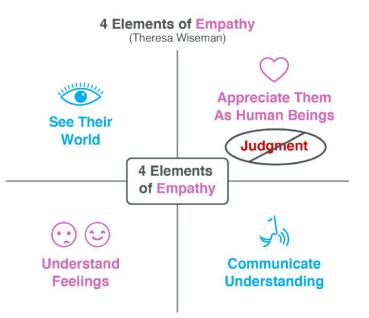
- People do not always do what they **say they do**
- People do not always do what they **think they do**
- People do not always do what you think they do
- People cannot always tell you what they need

The next time you go into work imagine looking at it for the first time...

Think about how these factors impact on your experiences

Understanding the Experience

- Observing and capturing the experience is only half the story we need to make sure we understand the experience as a whole if we are to improve it.
- This means we need to work closely with patients, carers and staff to reflect back and check our understanding.
- When we make assumptions about the meaning of experiences or peoples needs we risk over-engineering solutions.



Turning Experiences Into Actions

The EBD approach is about working closely with patients, carers and staff in designing better experiences. This method of co-design is used because it is:

- A natural way to progress the relationships between patients and staff that have already emerged in the EBD approach
- A way to reduce the workload on staff; with patients and carers taking many of the improvements on themselves
- A way to keep up the momentum of change - where patients are part of the change team, they add further enthusiasm, drive, energy and a level of expectation.

Improving the Experience

- Many EBD projects stall at this stage or abandon the co-design approach in favour of "the professional knows best".
- Participants often want simple changes that come with minimal cost rather than the complex plans we might expect.
- Patients come with a wealth of life experience and ideas that can help us to get to innovative solutions we might never have come to ourselves.
- People are the experts in their own experience.







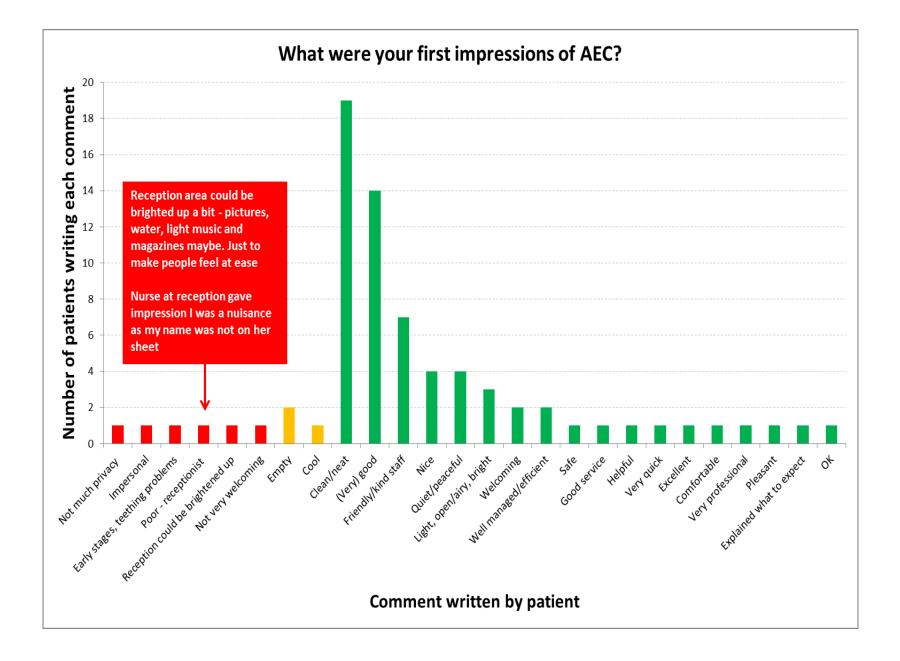




- Measurement runs throughout the EBD process.
- Agree the priority changes with participants and decide what the outcome measures will be.
- Always think about the data you already collect that relates to patient experience and the changes you are implementing to minimise workload.
- Communicate your findings as you progress, in particular with those involved in the co-design groups.
- Think about the wider benefits of the EBD project itself when discussing results and celebrate success.







Using Existing Sources of Feedback

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Additional Resources

