

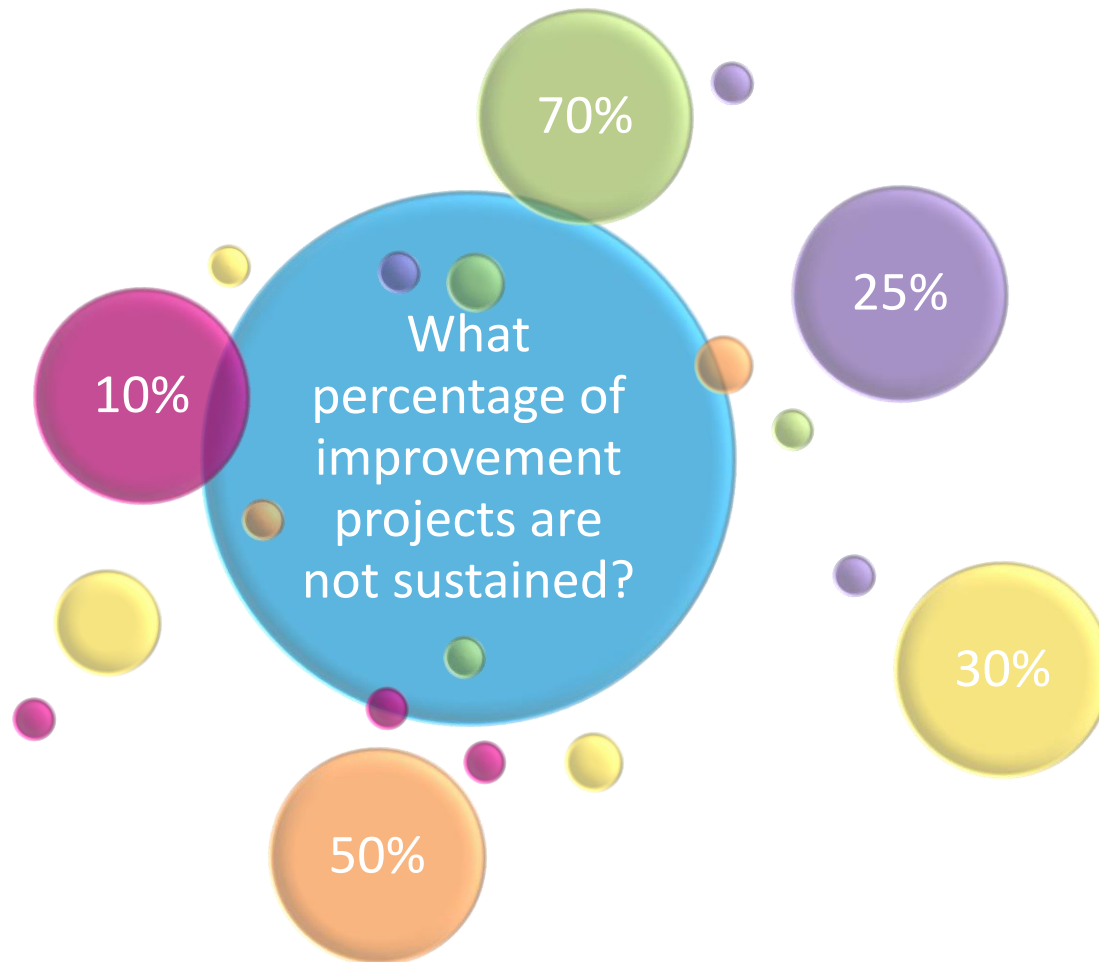
Ambulatory Emergency Care

## Underpinning tools for SAEC programme – Sustainability and EBD

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Co-Production Manager

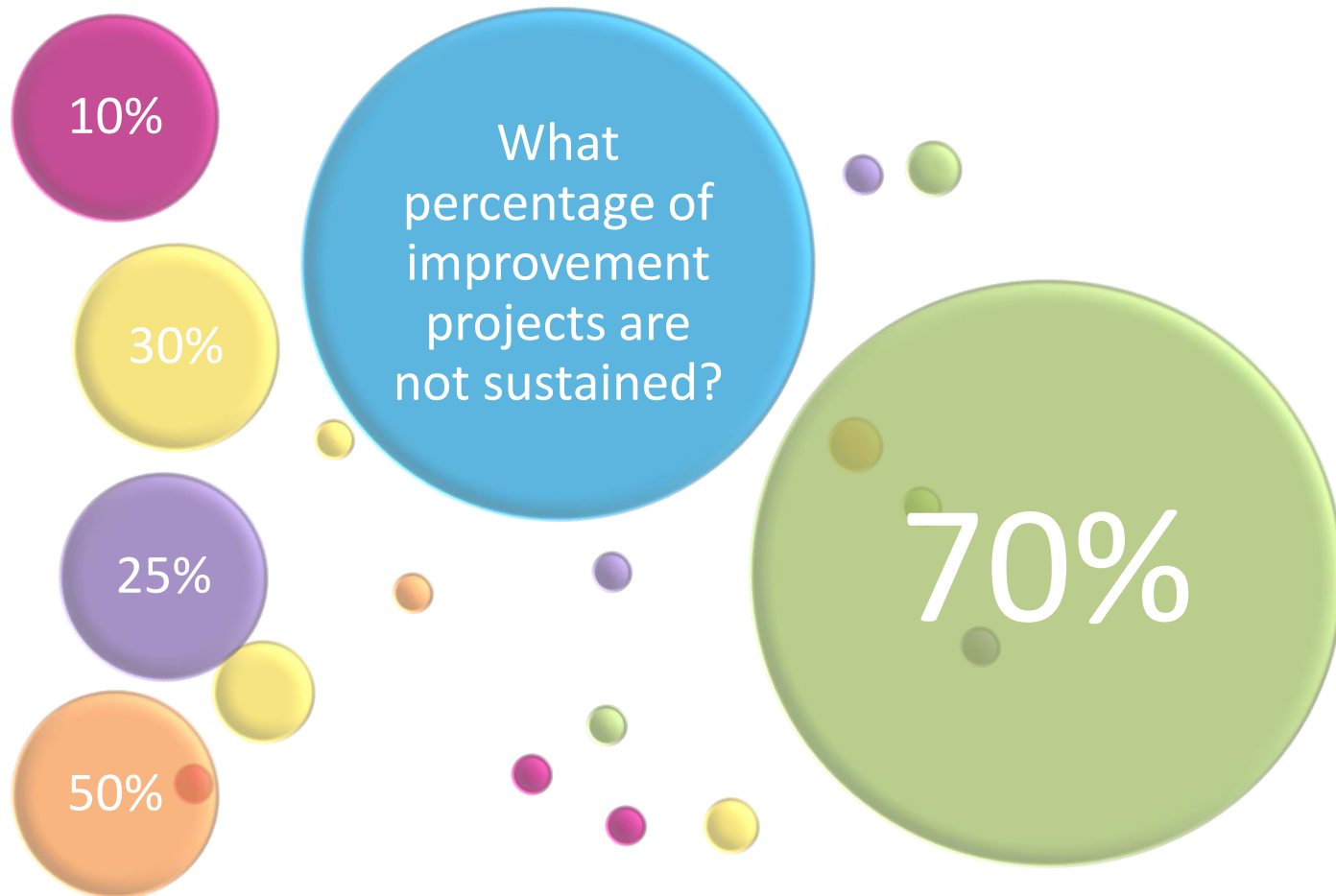


## Question



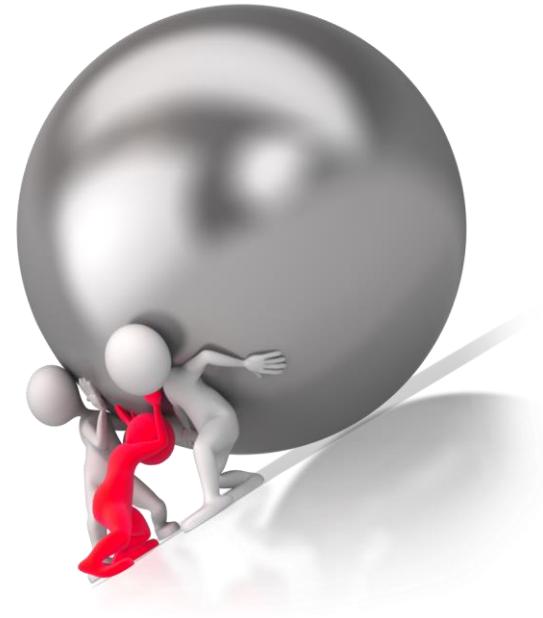


## Answer

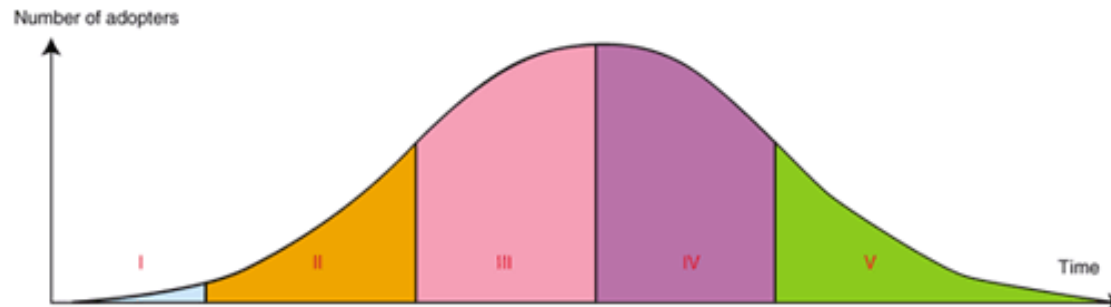


# Key Learning from UK improvement

- Sustainability is the result of effective preparation and implementation.
- Sustainability will not ‘just happen’; you need to plan for it.
- *“Improvement programmes will only succeed if the same effort is put into their sustainability as their launch”.*



Starting with enthusiasts is a good way of making progress but those at the far end of Rogers curve will help you to understand what can go wrong. They will essentially help you to develop your risk assessment so do not ignore them!



Category	I. Innovators	II. Early adopters	III. Early majority	IV. Late majority	V. Laggards
Percentage	2.5%	13.5%	34%	34%	16%
Characteristics	<ul style="list-style-type: none"> <li>Venturesome</li> <li>Interested in new ideas</li> </ul>	<ul style="list-style-type: none"> <li>Convey ideas of innovations to others.</li> <li>Greatest degree of opinion leadership</li> </ul>	<ul style="list-style-type: none"> <li>Deliberate</li> <li>Adopt new innovations just before the average member of a system.</li> </ul>	<ul style="list-style-type: none"> <li>Skeptical</li> <li>Adopt new ideas just after the average member of a system.</li> </ul>	<ul style="list-style-type: none"> <li>Traditional</li> <li>Suspicious of innovations</li> <li>Last to adopt an innovation</li> <li>Not opinion leaders</li> </ul>

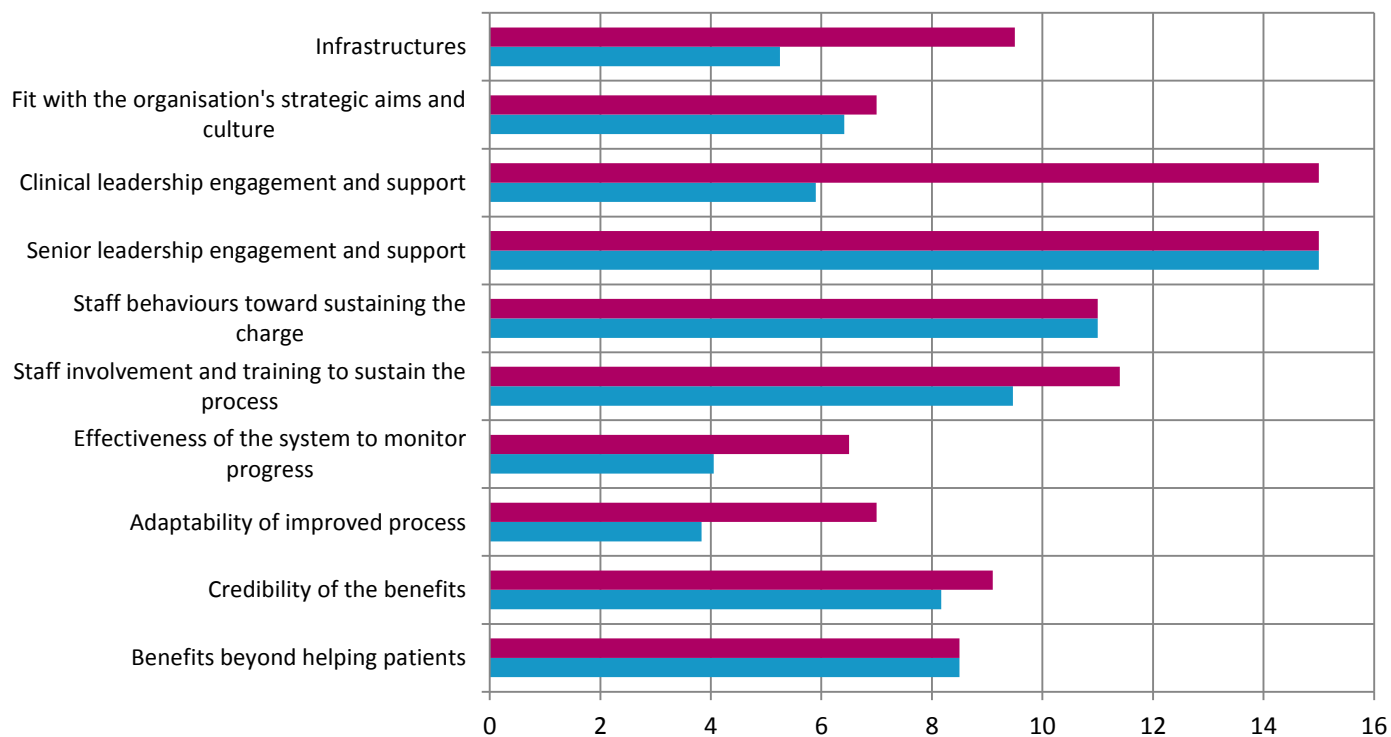


# The NHS Sustainability Model





# St. Elsewhere Hospital 76-85





# St. Elsewhere Hospital Action Plan

Actions		By Whom	By When
<b>Clinical Leadership</b>			
1	To identify Clinical Lead for ACC	FTP/PS	1/3/12
2	Agreement with Clinical Lead for Improvement Plan	FTP/Clinical Lead	1/4/12
3	Involvement of Clinical Lead in team meetings	FTP/Clinical Lead	1/4/12
4	Review and audit of cases seen by ACC	FTP/Clinical Lead	1/4/12
<b>Infrastructure</b>			
1	ACC manager to arrange and complete 1-1's with all staff & agree objectives.	FTP	19/2/12
2	To undertake experienced based design for staff as well as patients in ACC.	FTP	1/4/12
3	Review of Job Descriptions for staff members.	FTP/SS	19/4/12
4	Clarification of team roles and responsibilities, communication to staff	FTP/SS	27/4/12
5	Set up performance ('Know how we are doing') dashboard.	FTP	01/2/12 Complete
6	'Deep Dive' Rapid improvement event for all ACC staff (inc' CCT).	DT	27/4/2012
7	Set up formal system of reporting/predicting capacity and demand	FTP/PF	23/3/12
8	Formal meeting/project review to strengthen the transition from project to operations.	KW	19/3/12
9	Development of training programme for staff.	FTP/SS	27/4/12
<b>Adaptability of processes</b>			
1	Align aims and objectives of ACC with goals and vision of the organisation.	FTP/SS/KW	26/3/12
2	Encourage staff to feedback e.g. one positive/negative case to be discussed at each meeting.	FTP	At next team meeting.
5	Rotate staff within dept', e.g ACC & CCT to achieve integration for one team.	FTP/CT/LJ	09/4/12
4	Rotate staff roles with interface departments e.g. clinical navigator/harptree coordinator	FTP/SS	28/5/12





# How to use the Sustainability Model

- Designed for use at the level of a specific planned, or ongoing improvement project
- Can be used as a 'diagnostic' for the project lead
- Is much better if multiple members of the team use it as well as other stakeholders with an interest in the project
- A score of  $<45$  suggests a need to re-evaluate your current plans before going further as the project is likely to fail
- The score is useful, the insight and ensuing conversation from the whole team scores is extremely valuable

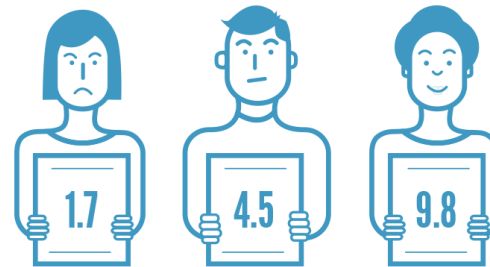




# Using Experience Based Co-design

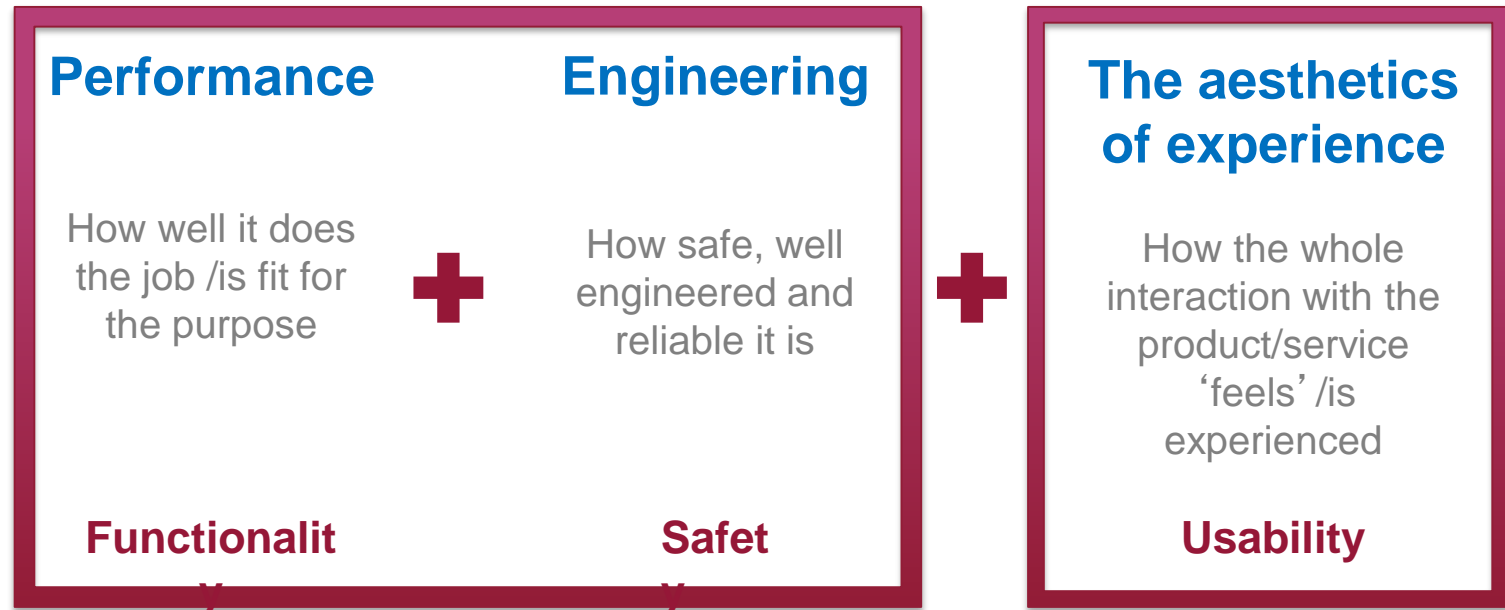
# Experience vs Satisfaction

- 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”.



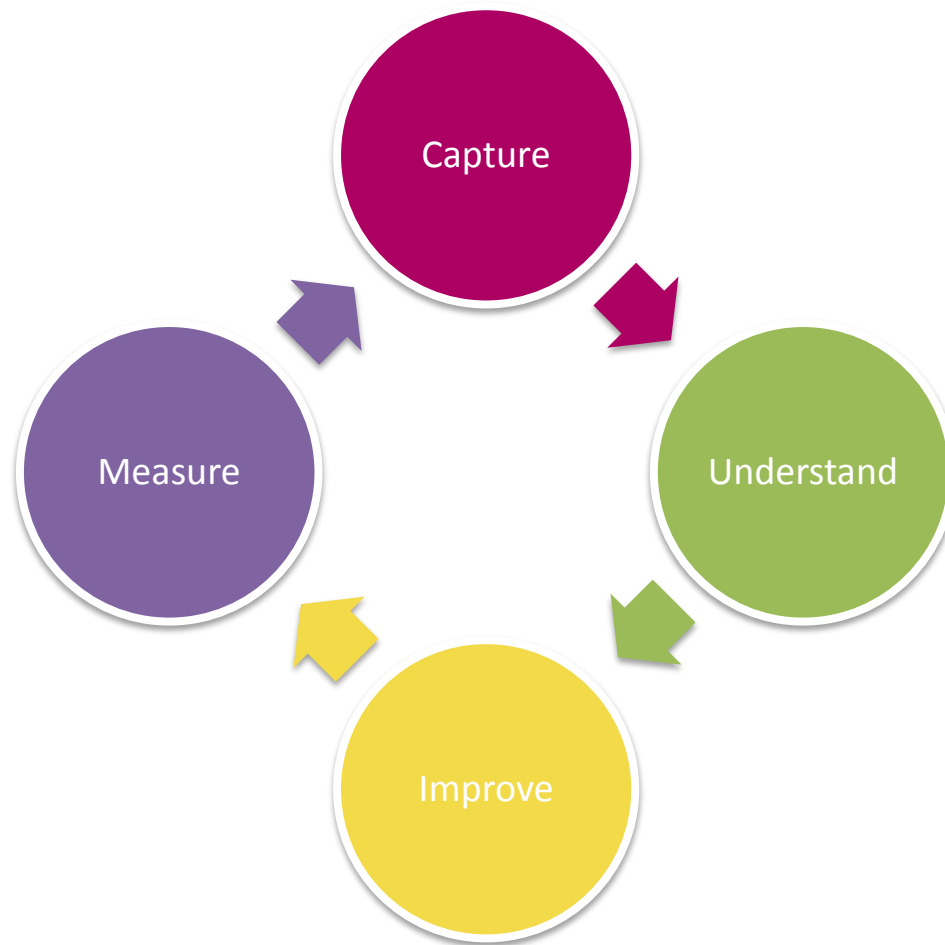


# The Components of Good Design





# The EBD process





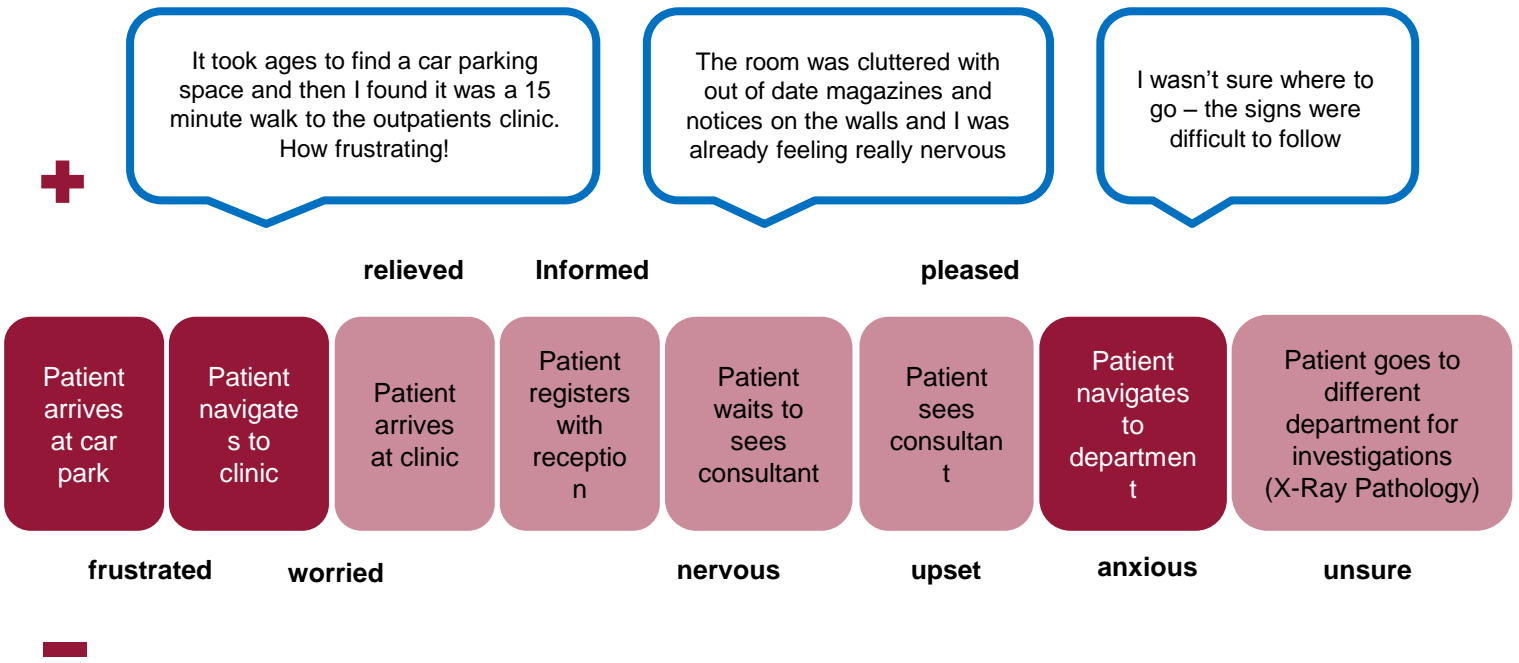
# Observation

- 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.



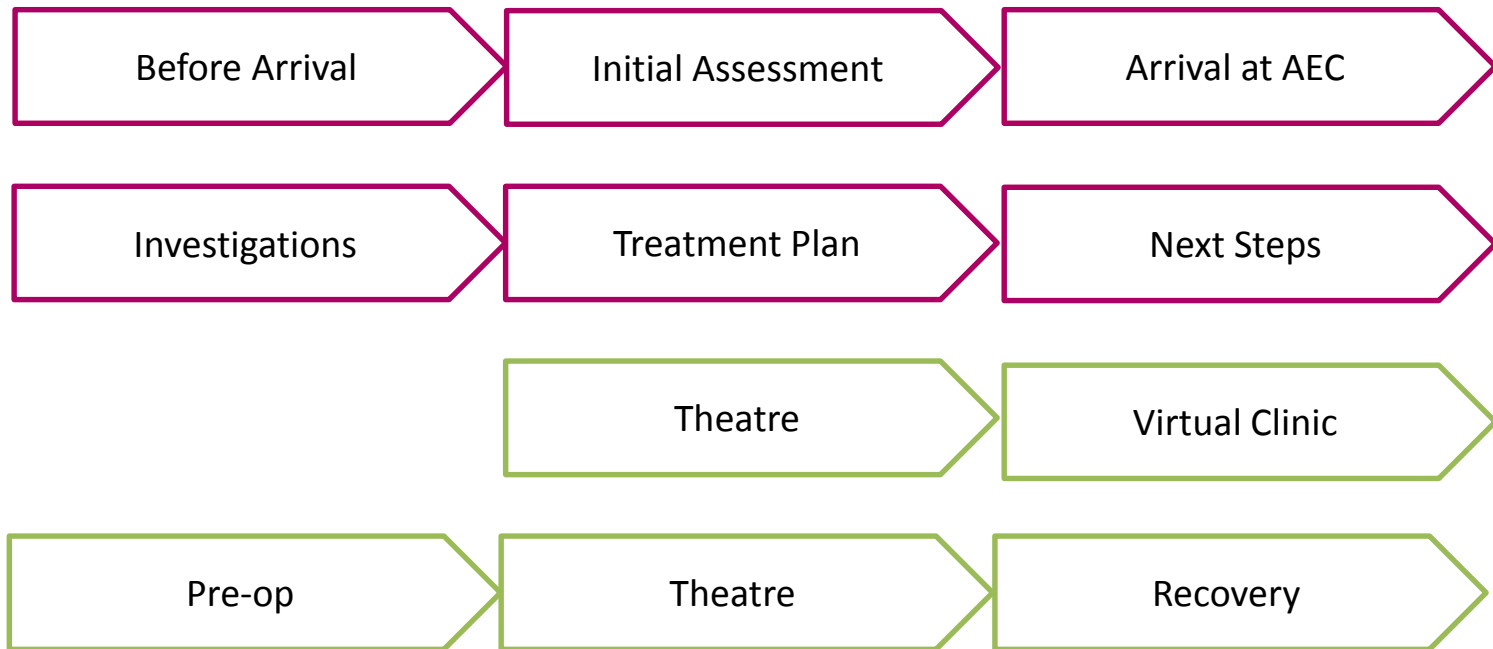


# Emotional Mapping





## Refining your touchpoints







# Mapping Tool

## How do you feel?

### Ambulatory Emergency Care patient experience questionnaire

Your Trust Logo **NHS**  
NHS Foundation Trust

This experience questionnaire will help you think about how you feel at different stages of your journey through Ambulatory Emergency Care (also referred to as AEC).

Please circle the words that best describe your feelings at each stage, or write your own word at the bottom of the page.

What was it that made you feel like this?  
Was it friendly staff, a nice conversation, or a long wait – whatever it is we'd like to know.

We would also like to ask you a question about a specific part of our service, so that we can gather your feedback and improve this area.

**1**

Before You Arrived

How did you feel?

Happy	Worried
Supported	Comfortable
Safe	Lonely
Good	Sad
Other _____	

What made you feel like this?

How was the signage to AEC?

**2**

Arrival at AEC

How did you feel?

Happy	Worried
Supported	Comfortable
Safe	Lonely
Good	Sad
Other _____	

Can you describe why you felt like this?

What were your first impressions of AEC?

**3**

Initial Assessment

How did you feel?

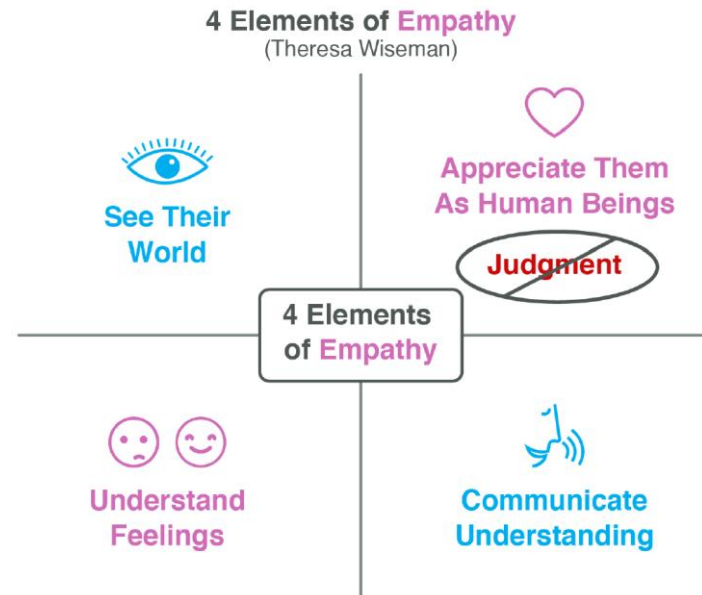
Happy	Worried
Supported	Comfortable
Safe	Lonely
Good	Sad
Other _____	

What made you feel like this?

Did you understand what was happening to you and why?

# 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.





## Improving the experience together





# Measure

- 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.



# EBD resources

FAQs | Our Network | Register 020 7820 9688 | aec@nhs.uk

## Ambulatory Emergency Care

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### Experience Based Design (EBD)

Monday 19 December 2016

Experience Based Design (EBD)

EBD Films

Links to External Improvement Tools

Measurement

Sustainability

AEC Directory

Case Studies

Resources

The EBD approach is a method of designing better experiences for patients, staff and carers. The approach captures the experiences of those using and delivering health care services.

It involves looking at the care journey and in addition the emotional journey people experience when they come into contact with a particular pathway or part of the service. Staff work together with patients and carers to firstly understand these experiences and then to improve the service they deliver.

The tools below will enable you to apply the principles of EBD quickly and easily. Please read the AEC EBD Guide and Template Instructions first to ensure you use the tools as effectively as possible.

#### AEC EBD Guide and Instruction Manual

- AEC EBD Guide - [EBD Guide\\_single.pdf](#)
- EBD Template Instructions - [Template Instructions.pdf](#)

#### AEC EBD Tools

These tools are available as both a PDF, which you can print and use straight away, or a Word document, which you can download and personalise.

Tool 1: Patient's Guide to AEC - [AEC EBD Guide.pdf](#)

Tool 2: The Service Journey - [EBD Journey.pdf](#) and [EBD Service Journey Editable Document.docx](#)

Tool 3: What is AEC? (see page 5 of the AEC EBD Guide [AEC EBD Guide.pdf](#))

Tool 4: Patient Feedback Questionnaire - [AEC Patient Feedback Questionnaire.pdf](#) and [EBD Patient feedback questionnaire.docx](#)

Tool 5: Mobile Text Message Service (see page 5 of the AEC EBD Guide [AEC EBD Guide.pdf](#))

Tool 6 (a): Patient Experience Questionnaire - [AEC\\_Patient Experience questionnaire.pdf](#) and [Patient Experience Questionnaire.docx](#)

Tool 6 (b): Patient Experience Questionnaire (Easy Read) - Word

Tool 7: The Volunteer Log Book - [EBD\\_Volunteer log book\\_NHS Elect\\_Non Editable.pdf](#) and [Volunteer log book.docx](#)

Tool 8: A Day In The Life - Capturing Staff Experiences - [EBD A Day in the Life non-editable.pdf](#) and [A](#)





# Questions and Discussion

