Experience-Based Co-design

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About Hunter New England Health

- One of 8 Local Health Districts in NSW

**Provides healthcare:**

- **Across 130,000 km²**
- **To a population of 840,000**
  - 12% of state
  - 20% of indigenous population
- **14 500 staff with 1500 VMOs**

- **56 hospitals and community health service**
John Hunter Hospital ED

“To provide timely and accessible Emergency Care to all”

72 000 patient presentations per year
After 6 years of traditional redesign we wanted to:

• Use state and international experiences of co-design

• Use diagnostic tools that we have used before
  – Collecting patient, carer & staff stories
  – Observations
  – Tagalongs
  – Staff surveys
  – Patient, carer and staff workshops
  – Feedback

• But “bring it all together”. Approach redesign with more openness, and expand solution design skills by using co-design methods
Bringing design to health care...

• Bringing User Experience to Healthcare Improvement – the concepts, methods and practices of experience-based design

• Professor Paul Bate and Dr Glenn Robert, anthropologists

• We gratefully acknowledge them for their mentoring and support in NSW Health’s EBCD journey
Three things that make up the perfect product or service....Bate and Robert

Performance (P) + Engineering (E) + The Aesthetics of Experience (A)

Performance:
How well it does the job/is fit for purpose
(Functionality & efficiency)

Lean, No Delays, Productive Ward/Leader

Engineering:
How safe, well engineered and reliable it is
(Safety)

Between the Flags

Chest pain pathways

The Aesthetics of Experience:
How the whole interaction with the product/service feels/is experienced
(Experience)

EBCD

Physical environment

Human environment
Sally Morgan

My Place published in 1987

“We can never have enough stories. Stories are important to us because they are part of our culture and they are the way we express our life experiences and come to terms with them”

3rd May 2008 Radio National Awaye Program
Aim of the Co-design Project

Improve the experience of patients, carers and staff

Patient and Carers as equal partners in improvement

Patient/Carer group:

- People aged 65yrs and over, and children 16yrs and under
- Reflects population demographics of service
- Mostly includes family and/or carer involvement

An Emergency Department with:

- Re-design experience
- Strong leaders who were willing to participate
Use of video and still photography

- Stories were filmed or audio recorded then transcribed
  - 21 patient and carer stories
  - 43 staff stories
  - 11 GPs stories
Jim’s story
Patients and staff analysed stories

The stories were analysed and themes identified.

Touchpoints are critical moments or “moments of truth”, emotional “hot spots” both good and bad.

Patients and their families met separately to staff to determine priorities.

The 2 groups met together to review independent priorities.

There were equal numbers of staff and patients.
Common themes for John Hunter patients, carers, staff and GPs

• Patient and carer being together

• Informed waiting

• The way health professionals co-operate and share information

• Belief in health professionals’ ability

• Physical comfort

• Caring for the whole patient/family

• Resources
Patient and carer being together

• Carers of children and people over 65 years take their support role very seriously and want to be with the patient to the greatest extent possible.

• Anything that eliminates or reduces separation of patient and carer is greatly appreciated.

• Solutions:
  – Ambulance bay policy
  – Family pagers
  – Videos for staff training
Informed Waiting

• The length and quality of the wait are extremely important to patients and carers.

• A high quality waiting experience is one in which patients and carers understand what they are waiting for and why it is taking time. Regular updates are essential.

It’s like going to the deli and getting a number but your number is never called Zac’s Mum

• Solutions:
  – Clinical Initiatives Nurse
  – Medical and nursing leader rounding
  – Studer Excellence Training
The way health professionals co-operate and share information

- Patients and carers expect essential information to be shared among all those involved in their health care, including GP, ambulance and hospital.
- Patients value and directly experience the benefits of good cooperation among health professionals.

**Solutions:**
- Recognise that a GP referral is important.
- Template for GP referrals.
- Electronic Discharge letters.
Physical and psychological comfort

• Patients and Carers described the importance of being physically comfortable and in an environment that caters for people in pain and being unwell.

• Food, water, toilets, cold
Patient comfort
## Touchpoint Summary

| Touchpoint                                                      | Pat + Carers | Staff | GPs |
|                                                               |              |       |     |
| Informed Waiting                                              | Yes          | Yes   |     |
| Patient and carer being together                               | Yes          |       | Yes |
| Belief in health professionals                                 | Yes          | Yes   | Yes |
| The way health professionals cooperate and share information  | Yes          | Yes   | Yes |
| Physical Comfort                                               | Yes          | Yes   |     |
| Caring for the whole person/family                             | Yes          | Yes   | Yes |
| Resources                                                      | Yes          | Yes   | Yes |
And the work continues….

• “Excellence”, based on StuderGroup tools and techniques
• Addressing the needs of Frequent Presenters
• Aged Care Facility ED Outreach
• Paediatric volunteer program
“A critical realisation by staff that consumers are as knowledgeable as professionals”

“The opportunity for clinical professionals to realise the limits of their own expertise and the importance of touching base with the life world of those who are to benefit from their expertise…. ”

Piper, Iedema – 2010

Emergency Department Co-Design Program 1 Stage 2 Evaluation Report 8 February 2010
Local thoughts and EBCD directions for the future

• Benefits
  – Opens new lines of enquiry unaddressed by other methods
  – Increased staff capabilities
  – Improved consumer engagement
  – Connection with “workplace joy”
  – Improved staff engagement with stories

• Limitations
  – Time and resource intensive
  – Stories can be confronting for staff
  – “wins” come well after “project” completed

• Future directions
  – Combine with other methodologies
  – More suitable for longer term patients
The influence of codesign in HNE Health......

• Stronger Patient and Family Involvement in Service Redesign
  – Making it Sweet for Mothers with Diabetes
  – Aboriginal Child and Family Patient Journey

• Stronger Patient and Family Involvement in Planning
  – Cancer Listening Posts and Listening Circles with Aboriginal People

• Redefined our consumer involvement strategy
Thank you!

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