

Using co-design workshops to develop a ward-level patient experience improvement toolkit

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Using co-design workshops to develop a ward-level patient experience improvement toolkit.

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Keywords

Co-design, patient feedback, data collection.

Introduction

A positive patient experience is widely considered to be a key indicator of high-quality healthcare delivery, and the collection of feedback about a patient's experience of care is now routine in our health services (Berwick, 2013; Francis, 2013; Keogh, 2013). Over the last few years we have seen significant increases in the collection, analysis and response to data about the public's experience of healthcare. A number of different processes have been developed to facilitate both the collection of this information, and to enable healthcare service users, families and friends to share their opinions and experiences. Previous research on the use of patient feedback to improve safety, however, suggests that without support to interpret and use this feedback, data may not be used effectively (Sheard, et al., 2017).

In this paper, we report on a cross-disciplinary research project, that was designed to help understand and enhance how hospital staff learn from and act on patient experience (PE) data. This paper outlines the process and thinking behind the use of co-design workshops to engage a range of stakeholder representatives in the design and development of a Patient Experience Improvement Toolkit (PEIT) that could be used to review, make sense of, and apply patient feedback data on hospitals wards to assist with service improvement strategies. The co-design workshops were part of a research project funded by the National Institute for Health Research's Health Services and Delivery Research Programme in the UK, entitled "Understanding and Enhancing How Hospital Staff Learn from and Act on Patient Experience Data". This 32-month project brings together a team of qualitative researchers, health and occupational psychologists, designers, service representatives, and patient advocates from Bradford Teaching Hospitals, NHS Foundation Trust, Institute for Health Research and Sheffield Hallam University.

Workshop Method

The PEIT was developed through three workshops using participative co-design methods as a way of engaging a variety of stakeholders (Archer, 1995; Bowen, 2009). Representatives from six wards from three NHS Trusts and a group of six patient/public representatives volunteered to take part in the three workshops. Findings from qualitative research around the experience of using patient feedback undertaken with the six wards prior to the workshop activities helped inform the content and focus of the workshops by identifying existing stakeholder concerns and requirements.

In workshop one 'Lego Serious Play' methodology was used to stimulate further dialogue about the existing participant's experience and expectations of patient feedback through the medium of 3-D model-making (Langley, 2016). Using information collected in workshop one, workshop two examined how three identified common areas of interest: the different types of data available; the range of people who use and create PE data; and the environments in which this data is used, were explored to devise ideas for more effectively using the patient feedback resources to hand. Workshop three asked people to work through a prototype version of the PEIT, providing feedback to develop a second version that could be tested in wards. Between the workshops findings were analysed by the research team, including designers and improvement science specialists to inform the next workshop. The second PEIT prototype is currently being implemented as part of an action research study conducted over 12 months in the six partner wards. Action research cycles will capture how implementation of the PEIT works in practice and what changes are needed to stimulate acting on patient experience in different ward environments (Coughlan & Brannick, 2009).

Outcomes and preliminary results

The three participatory workshops allowed for in turn: a better understanding of the current experience of patient feedback from a variety of stakeholder representatives; the identification of three important factors that play a significant role in the understanding and uptake of patient feedback data, (1. different types and forms of data, 2. people, their roles and responsibilities and 3. environmental factors). Moreover, the design of the activities undertaken in the workshops allowed for the development of a participatory process that helped healthcare workers to describe and record a patient feedback data experience that was particular to their own situation and requirements.

Other key considerations which were identified through the workshop activities and qualitative research were that:

- Teams needed to be formed to take ownership of the data to deliver change
- Patients need to be involved in patient experience initiatives
- A set of guiding principles for using patient experience data should be used to underpin these initiatives

- Positive, negative, formal and informal feedback is valuable
- Ways of developing plans for celebration/communication of improvement are needed
- Developing relationships with other professional groups to support ward-level work was seen as good practice

Resultant in the three workshop activities a printed toolkit prototype was designed that consisted of a series of team-based activity sheets that could be completed in stages by a patient experience team on a ward. These activities were supported by background information on the project, instructions on how to go about completing the exercise, and a variety of contextual information and exemplar resources, which were included to help teams develop their own responses to patient feedback data. The ward teams are supported by an action researcher and an improvement specialist. The toolkit prototype was designed in the form of an A4 ring binder with detachable pages that could be taken out to facilitate group working. This also allowed for the printing and compiling of small number of copies that could be used in the workshop and tested on the ward, allowing for suggestions and alterations to be added to the toolkit in a series of iterations (Fig 1.).

Through the development of the PEIT in the workshops it was further revealed that there are differences in the volume, quality and types of feedback available to wards, and in the ward-level systems used for the capture, interpretation and use of feedback. Common issues across the different wards and for a range of ward staff included difficulties in extracting trends or themes from feedback on which to base plans and actions. This also contributed to difficulties in celebrating what was identified to be working well or could be used to improve care experiences.



Figure 1. Details of the Patient Experience Improvement Toolkit (PEIT) prototype.

Implications

Toolkits are an increasingly common way of introducing practice change within healthcare. This case-study explores challenges encountered in developing a general approach to an area where there are significant contextual differences and looks at how

taking a pragmatic ground-up approach assists with addressing this. The co-development of a toolkit with end-user stakeholders has allowed for a nuanced understanding of the variety of environments and working conditions in which patient experience data is to be considered, responded to and recognised. Feedback to-date suggests that the PEIT toolkit helps provide a framework for different teams to consider and act upon the specific needs and requirements for patient feedback data of their own ward.

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