

Ambulatory Emergency Care



Using the experience based design (ebd) approach to improve your Ambulatory Emergency Care service.

About this pack: Everyday tools to help you use patient and staff experience to design better healthcare services

To request your free copy of the ebd approach – guide and tools please visit www.institute.nhs.uk/ebd

The team worked with patients, families, carers and staff to identify opportunities to adapt the ebd (experience based design) approach to suit the needs of Ambulatory Emergency Care (AEC) services. We then worked with staff and patients to co-design, test and refine a set of everyday tools that can help you to improve your services.

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 ebd approach can be broken down into four stages:



The tools in this pack have been designed for the capture stage of the ebd approach, and have been developed in addition to the tools in the ebd approach – guide and tools book. The 'understand', 'improve' and 'measure' stages are equally important and will need to be followed once you have captured your feedback.

About the tools: Using the ebd approach to improve your Ambulatory Emergency Care service

The tools we have developed fall into three main groups:

The first group of tools, Introducing the AEC Service, have been designed to provide patients, health professionals and other stakeholders with a clear overview and understanding of AEC and what the service can offer to patients.

The second group, Informing and Learning from Patients, focuses on improving patient experience of AEC by explaining what they can expect from their visit and by capturing their experience of the service.

The last group, Informing and Learning from Staff, provides tools to enable organisations to learn from staff experience to improve AEC services.

In developing the tools with staff and patients we have been conscious of the individual characteristics of each AEC service and the challenges you face. We have designed some of the tools using Microsoft Word so that you can easily download and customise them to suit your particular requirements.

We have designed the tools as a suite, from which you can pick and mix tools to suit your needs. For example, your service may not have access to volunteers so the volunteer log book won't be suitable, but you might choose to collect patient feedback with the patient experience questionnaire instead.



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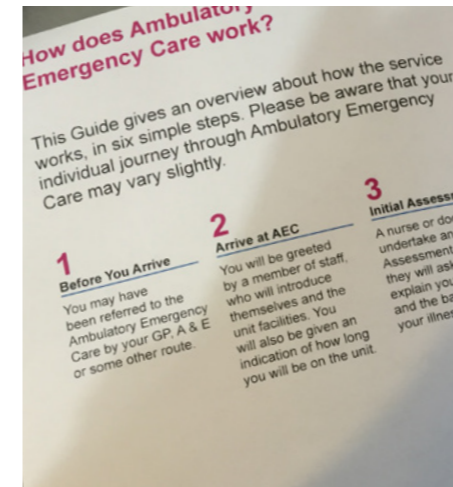
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Introducing the AEC Service



Tool 1: A patient's guide to Ambulatory Emergency Care

What is this tool?

A leaflet providing patients with clear and easy to understand information about what AEC is and what they can expect from their visit to your service.

How does this tool work?

It is anticipated that patients will be given a copy of the guide when they are first introduced to AEC. It could be distributed in various settings, including GP surgeries, Emergency Departments, when referred from other hospital services and/or when patients arrive at AEC.

The guide has been designed so that it can be customised by individual AEC services, to ensure it reflects your local service characteristics and priorities.

What benefits will it bring?

The guide will help patients to become better informed about the service. Better informed patients are more likely to understand what AEC is and what to expect. This means that they are less likely to be anxious about their visit and be more confident about raising any concerns they might have so as to ensure they receive an appropriate service.

What do I need to use it?

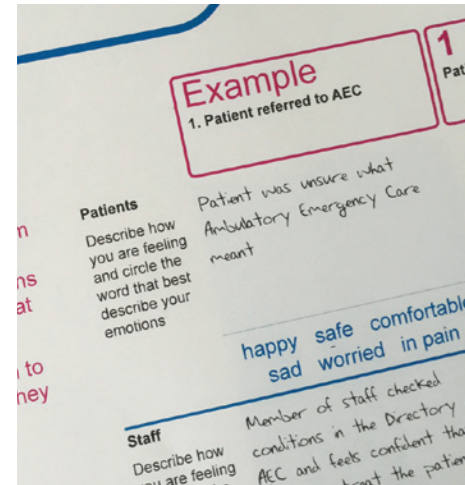
The guide is designed to be easy for you to use and adapt to your particular requirements. The key thing is to ensure patients receive the guide at the correct point of their visit to your service.

How can I take the tool further?

You can improve the effectiveness of the leaflet by ensuring that patients receive it before visiting your service. To achieve this you could consider sharing the leaflet with other colleagues such as GPs and Emergency Department staff. You could ask others for their views on the leaflet so that it meets their needs as well.

Tool 2: The Ambulatory Emergency Care journey

Introducing the AEC Service



What is this tool?

An activity for staff to reflect on staff and patient experiences at different stages throughout the AEC journey.

How does this tool work?

The tool can be easily printed and used to facilitate a group activity for staff to discuss patient and staff experiences. The AEC service has been broken down into a few key stages, asking how staff and patients feel at each stage and why. The AEC journey stages can also be customised for individual sites.

What benefits will it bring?

The journey tool has been designed to help staff consider each stage of the patient journey from both staff and patient perspectives. This will enable them to get a good understanding of what it is like to deliver the service and to consider from the perspective of those who receive the service.

What do I need to use it?

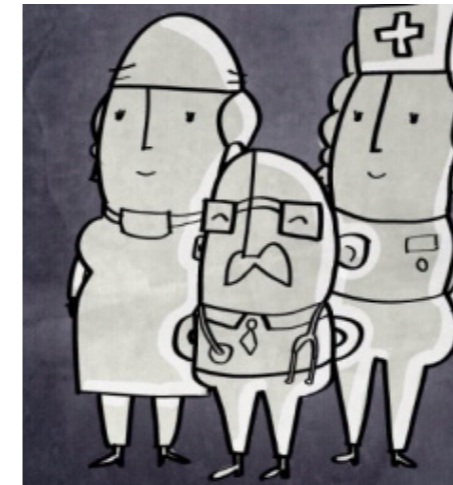
You simply need to print out the tool and arrange a time to run the exercise with the staff group. The exercise can be taken between 30 minutes and a couple of hours depending on how much time you have. A shorter session will allow staff to reflect on the AEC service and fill in the form, and a longer session will allow time to discuss findings in a group. You can run several sessions at different times to catch all members of staff.

How can I take the tool further?

You can draw up your own stages of the AEC service - perhaps you would find it useful to go into more detail with more stages? You could print a large version of your AEC journey and display it in the waiting room, to help patients get a better understanding of how the service works.

Tool 3: What is Ambulatory Emergency Care? (animation)

Introducing the AEC Service



What is this tool?

A short animated film to better inform people about what AEC is. It explains how the service works and what its benefits are.

How does this tool work?

The animation is suitable to be watched as part of a group activity, or shown to patients in the waiting room. You could distribute it to other healthcare professionals or departments in your hospital, such as the Emergency Department.

What benefits will it bring?

By informing patients about the Ambulatory Emergency Care service, they are less likely to be anxious about their visit and more at ease when they arrive. Better informed patients are also more likely to have realistic expectations of what AEC is and the service it can offer them.

By showing the animation to other healthcare professionals or departments in your hospital, they will be better informed when referring patients to your service, avoiding confusion and inaccurate information being passed onto the patients.

What do I need to use it?

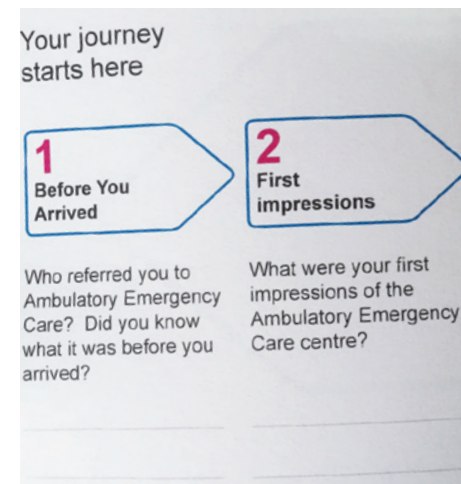
Once you have downloaded the animation from the AEC toolkit, you will need to either burn it to a DVD and play it through a DVD player, or play it from your computer to smaller audiences.

How can I take the tool further?

You could distribute the animation to all points of referral, to local GPs or the Emergency Department, for both patients and staff to watch. Again you will need to copy the animation from the AEC toolkit to a DVD and distribute it this way. Alternatively you could attach the animation to an email and send it around to your colleagues.

Tool 4: Patient feedback questionnaire

Informing and Learning from Patients



What is this tool?

A leaflet to ask patients for their feedback on specific elements of the AEC service to help you to continue improving your AEC services.

How does this tool work?

The tool has been formatted as a Microsoft Word document so that you can pick and choose what questions to ask and decide which areas of your service to gather patient feedback on.

Once you open up the document, copy and paste the question boxes into place and print the document out.

The patient feedback guide should be distributed to patients as they arrive at the Ambulatory Emergency Care centre and collected as they leave, in order to collect 'real time' immediate feedback. Note: distribution might be via staff and volunteers – it is useful to have a drop box for patients and families to leave completed questionnaires. Encourage patients to fill in the form honestly and explain to them that this will help staff to continue improving the service.

Based on our testing, we have developed two versions of the patient feedback guide – a full colour version if you have the facilities to print this or can take it to a professional printers, and a black and white version, which is easier to print.

What benefits will it bring?

The questions you choose to use and the feedback from this tool will allow you to pin-point and receive in-depth specific feedback about your service, that will allow you to fine tune how you deliver care.

What do I need to use it?

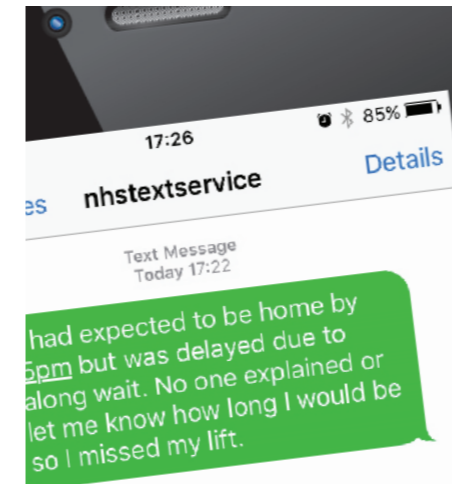
You will need a member of staff to print and fold the leaflets, and then somewhere to put them in the Ambulatory Emergency Care centre to distribute to patients as they arrive.

How can I take the tool further?

You can develop your own questions or focus them on a particular part of your service. You could think about how and where is best to distribute and collect the leaflets, for example, using volunteers to distribute the forms and perhaps a post box by the exit in which patients can confidentially leave their forms?

Tool 5: Mobile text message service

Informing and Learning from Patients



What is this tool?

A way of using mobile phone text messaging (SMS) to encourage patients and families to feedback about the service in a timely way and for staff to be able to respond to any concerns or issues raised.

How does this tool work?

Services can display a poster in waiting rooms and other places where patients and families will see it, encouraging them to send a text message to feedback as they experience the service; the feedback can be positive and negative, in relation to any aspect of the service.

The text message would be sent to a designated mobile phone number, which will be monitored by and responded to by a nominated member of staff.

What benefits will it bring?

By providing a simple and convenient way for patients to provide feedback on their experience the tool will help you gain a clearer understanding of how patients and families experience the service and help to identify areas and opportunities for improvement.

What do I need to use it?

A mobile phone and a designated member of staff to monitor and respond to text messages and a way of collating the feedback to be able to understand and improve the service, possibly by linking to the ambulatory emergency care journey map.

How can I take the tool further?

This tool could be developed further by linking the feedback directly to elements of the service map, by development of a software application.

Tool 6: Patient experience questionnaire

Informing and Learning from Patients

1 Before You Arrived

How did you feel?

Happy Supported Safe Good Other

Worried Comfortable Lonely Sad

2 Arrival at AEC

How did you feel?

Happy Supported Safe Good Other

Can you describe...

What made you feel like this?

What is this tool?

This tool is built on the experience questionnaire detailed in the ebd approach guide and tools book; it is used to better understand how patients experience your service. This tool can be used on its own or in addition to tool 4 – patient feedback questionnaire, to drill down to more specific experience feedback of particular elements of a service.

How does this tool work?

Patients are given the questionnaire and encouraged to provide structured feedback on how they experience your service. You can then use the feedback to understand your service from the point of view of your patients, identify improvement opportunities and work with staff and patients to implement them.

What benefits will it bring?

The questionnaire is based on our well-established experience based design (ebd approach). The ebd approach has been used across the NHS to redesign services and improve outcomes for patients, carers and staff.

What do I need to use it?

The questionnaire is designed to be easy for you to use and adapt to your particular requirements. Should you wish to gather reflective feedback you may provide patients with the questionnaire towards the end of their visit. Alternatively, you could gather realtime feedback by asking patients to complete the questionnaire as they pass through the different stages.

How can I take the tool further?

You will need to think about how to use and discuss the collated information. Can you celebrate the positives with your team? The questionnaire can be re-issued as a way of measuring and understanding patient experience to support a continuous improvement approach.

Tool 7: Volunteer log book

Informing and Learning from Patients

Volunteer log book

This book belongs to: _____

If found please contact: _____

As a volunteer you will encounter many patients as they pass through... We believe that these conversations with us with valuable patient feedback, patients may not give to...

What is this tool?

A good way of involving volunteers in capturing patient experience. Volunteers are given responsibility for engaging with patients as part of their everyday activity and making a note of issues relating to patient experience and/or service issues. You can then use the feedback to inform service improvement activity.

How does this tool work?

Volunteers are issued with a small notebook and a pen and encouraged to make a note of any issues they pick up on when spending time on the unit. These issues may be drawn from observation or from speaking to patients. We observed that patients were less likely to raise issues with clinical staff as they were aware of the pressures on staff members' time.

However, volunteers were viewed as having more time to listen, which suggested patients would feel more comfortable feeding back their service experiences to them.

What benefits will it bring?

This tool can help you pick up on patient experiences and service issues which might not otherwise be reported by patients. This means you can get a clearer understanding of how patients experience your service.

What do I need to use it?

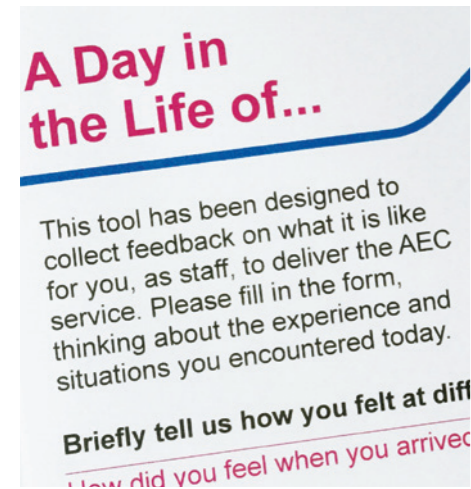
Volunteers, notebooks and pens. You will also need to think about how you manage the volunteers and gather their feedback. It is important to gather feedback in a timely way, so ensure that you build feedback from the log books into the process, rather than it being ad hoc and infrequent.

How can I take the tool further?

You may want to think about how to collect and process the information in a way that suits your AEC Centre. Does the log have to be written or could it be more visual? You could also think about providing the volunteers with certain areas of the service to focus on for feedback. Encourage volunteers to listen out for all types of feedback, positive as well as opportunities for improvement, relevant to all aspects of the service.

Tool 8: A day in the life of; capturing staff experience

Informing and Learning from Patients



What is this tool?

This tool is designed to help members of staff think about their experiences of delivering a service over a day in AEC. It is intended to encourage staff to reflect on how they feel about different aspects of their service, how they perceive patients experience it and what they and others could do differently to improve the service.

How does this tool work?

At the end of a day members of staff can be encouraged to think about the day they have just had. The tool provides an easy to follow structure and prompts staff to capture what work they have been doing, how things went and what they and others could do differently in future to improve the service.

What benefits will it bring?

As with tool 2, an introduction to the ambulatory emergency care journey, time spent reflecting on the AEC service will help to better understand how staff experience delivering the service. Understanding staff experience as well as patients and families experience will help you work together to identify potential areas for improvement.

What do I need to use it?

Simply print out the tool and ensure there is time for staff to complete the form properly; if it is an extra task at the end of their shift staff it may be rushed, so this might not be the best time for reflection. The feedback from these reflections should then be collated and reviewed, maybe utilising the introduction to the ambulatory emergency care journey or any other map of the service that you might have.

How can I take this tool further?

In order to understand how staff from other departments interact with your service, you could ask them to fill in the form as well. You can also think about what you do with the information you collect and how best to display or share it, for example, at staff events as well as 'open' days or patient and public information days.

Tool 9: Staff perspectives on patient journeys

Informing and Learning from Patients



What is this tool?

This tool is designed to help members of staff think about their experience of delivering a service in AEC and what they and others could do differently to improve the service.

How does this tool work?

Staff are encouraged to focus on a specific service experience such as how they treated a patient. By focusing on an individual patient it will be easier to take an in-depth view of both how they as staff felt when serving the patient and how, on reflection, they feel the patient would have experienced the service. Staff can be encouraged to think about what went well, what went less well and what they think they could have done differently.

We suggest all members of your service are encouraged to carry out a reflection exercise on the same day as this will provide you with an overall snapshot of your service.

What benefits will it bring?

Spending time reflecting on your service will help you better understand how staff experience delivering the service. Together with the other tools for capturing patient and staff experience, this can help you work together to identify potential areas for improvement.

What do I need to use it?

To use this tool effectively you will need to help staff to identify time to carry out the reflection exercise together with people who have a good understanding of your service.

Having done so, you can then work with them to map your service and develop a common understanding of how it works.

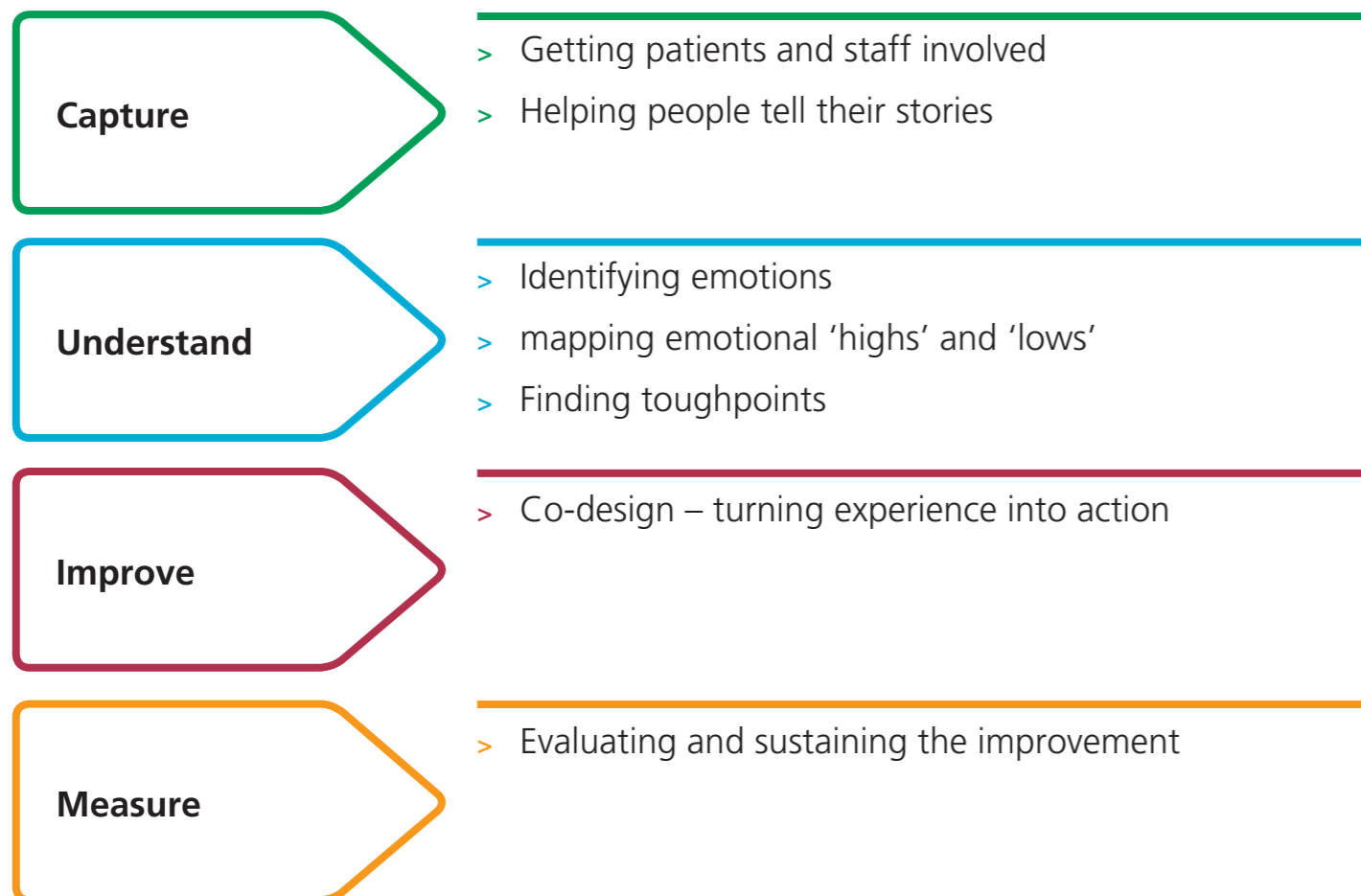
How can I take the tool further?

You could redesign the form and ask patients to fill it in too, in order to see the situation from both patient and staff perspectives.

Understand, Improve and Measure

By using these tools you will start to get a better idea of how patients, carers and staff experience your service. However, to get the most from the information you gather it is important that you take some further steps to understand and respond to the issues identified.

The information collected with your tools will take you through the 'capture' stage of the ebd approach (see below), but it is vital that you go on to 'understand', 'improve' and 'measure' your findings too.



For tools and in-depth practical advice on how to take these next steps, please request a copy of **the ebd approach: Guide and Tools**. For now, we have provided some key information structured around the following categories: understand the experience; improve the experience; and measure the improvement.

Understand the experience

It is important to bring people together to look at the information gathered and explore the challenges and positive aspects it raises. The kind of information you have collected will help to determine who to invite to this meeting. It is important to involve all groups who have provided information in the process of understanding the experience, for example, patients, families, other services, volunteers, porters, administration and clinical staff. Where the information relates solely or mainly to staff experience you may choose to hold a session with staff on their own; however in practice by its very nature, evidence gathered using the ebd approach impacts on those receiving and delivering the services.

At these sessions it is helpful to put in place a clear structure to maximise the value of the session. One way of doing this is to support participants to sort through the information in order to produce an 'emotional map' of the highs and lows patients and/or staff experience. Through doing this people will also have the opportunity to identify key moments and interactions (or 'touchpoints') where emotions have been shaped. For more information on emotional mapping please see the ebd approach book, pages 68-81.

"When this work commenced, I was concerned that there would be a lot of investment of time and resource for no real benefit. However, this piece of work has been fundamental in allowing us to improve how we listen to, and work alongside patients to improve their experience. The patient experience is what it is all about."

Dr Simon Stacey, Consultant Physician and Orthogeriatrician



Understand, Improve and Measure

The ebd approach is a great tool for using patient and staff experience to improve healthcare services, for examples and case studies please see **the ebd approach concepts and case studies book**.

“This work has transformed our understanding of how patients experience our services. Many lean efforts in healthcare fail to address this key issue. We will be placing it at the centre of our drive for improvements.”

David Fillingham,
Chief Executive

After mapping the information you have gathered you will have a better idea of what issues patients and staff see as most important. The group, including patients who have been involved, will now be able to start to identify and agree on what the key improvement priorities are.

Improve the experience

The ebd approach is based on patients, carers and staff working together to co-design improvements. After agreeing your priority areas for improvement the next step is to hold an ‘ideas and action’ event. This will help to launch the activity stage of your project and get people working together to work out the practical steps they will take to improve the identified priorities. At the end of this meeting you should have co-design teams which are ready to start work and have a clear plan for the actions they will take. Bringing patients back for co-design can often be a challenge so you might have to think differently about co-design; utilising opportunities to test and develop with patients, families and carers, in the service as part of the co-design process. Often due to the nature of the services the understand and improve sections of the approach are undertaken with different patients and families.

Measure the improvement

As with any improvement work, it is important to be able to evaluate the impact and success of your ebd approach intervention. There are a variety of ways improvement can be measured. These include subjective outcomes, such as the way patients feel about their experience, and objective measures, including reduced waiting times or fewer critical incidents. When looking to measure improvement it is worth considering what a proxy-measure for improved patient experience might be, such as number of thank you letters received or sickness and absence rates amongst your staff.