



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Kupu Taurangi Hauora o Aotearoa

Tools and methods for capturing experiences

Deon York

Programme manager, Partners in Care

September 2019

Experience?

A person's thoughts and feelings of the journey they have. These are shaped by the interactions they have throughout an episode or journey of care (clinical, personal and emotional).

Delighted

Underwhelmed

Frustrated

Why capture experiences?

- *Experience and evidence* has shown that actively involving health consumers at all levels of the health and disability system:
 1. assists with identifying care that is most likely to be acceptable to consumers
 2. identifies areas where waste can be reduced or services can be reconfigured to ensure that more people use them
 3. ensures that consumer rights are upheld and that the chance of harm is reduced.
- *Patient experience, clinical effectiveness and patient safety* are all linked.

Many ways to capture experience

Surveys

Observation

Shadowing

Comments cards

In-depth conversations

Focus groups
and panels

Patient experience questionnaire

Patient Stories

Diary

Story Board

Complaints/compliments

Source: The Health Foundation. Measuring patient experience (June 2013)



<https://www.redbubble.com/people/jcorbettcartoon/works/23369092-one-size-fits-all>. Accessed 2 July 2018.

Thinking about your last experience at a shop...

Your feedback

worst



poor



average




good



excellent



shutterstock.com • 1304919376



Still thinking about your last experience in a shop...

- One to discuss why they gave the rating they did?
- One to note down key points from the experience.
- Two minutes, then swap!

Shadowing

- Often need two people in order to listen and capture.
- Consumers and whānau often have very different experiences and this may be useful to understand.
- Shadowing someone through an experience is time consuming but provides a lot of data what actually happens (the process), what went well, even better if ideas can be captured.

Experience questionnaires (aggregated)

Run chart of the lowest-rating questions of the four domains of the adult inpatient experience survey, 2014–19 (percent of patients answering most positively)



Experience questionnaires (individualised)


the ebid approach | The four steps

the ebid approach | The four steps

How do you feel?

This experience questionnaire will help you think about how you feel at different stages in your journey.

Circle the words that best describe your feelings at each stage, or write your own words at the bottom.

 See pages 54-55 for more information on experience questionnaires

Why?

We'd like to know why you felt like this. Was it friendly staff, a nice conversation, or a long wait – whatever it is we'd like to know.

23

Download this from www.instituteintheuk.nhs.uk

Arriving/Checking In	Information	Waiting	Going to Theatre	Recovery	Check Ups	Leaving
happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad	happy supported safe good comfortable in pain worried lonely sad
Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here

24

Focus groups

- Focus groups are a form of group interview that capitalises on communication between participants in order to generate data.
- Focus groups explicitly use group interaction as part of the method. This means that instead of asking each person to respond to a question in turn, people are encouraged to talk to one another: asking questions, exchanging anecdotes and commenting on each other's experiences and points of **view**.

Kitzinger J. The methodology of focus groups: the importance of interactions between research participants. *Sociology of Health and Illness* 1994;16;103–21

Focus group logistics

1. Where should a focus group be held?
2. How should we choose participants?
3. How should we invite participants?
4. How much notice should we provide?
5. How long should the focus group be?
6. What do we need to prepare prior to the focus group?
7. What do we need at the venue?



Benefits of focus groups

- They do not discriminate against people who cannot read or write.
- They can encourage participation from those who are reluctant to be interviewed on their own (such as those intimidated by the formality and isolation of a one to one interview).
- They can encourage contributions from people who feel they have nothing to say or who are deemed “unresponsive”.

Caution of using focus groups

- The group can feel overwhelming to some and can silence individual voices.
- Need to take care of confidentiality of participants as they may share personal stories and there may be organisational elements that should be confidential to the group/work/project.
- They require a level of expertise to facilitate and need more than one facilitator even for small groups.

Individual interviews: framing questions

- We want to understand experiences and enable people to feel **safe** while they are sharing them
- Use the concepts of appreciative inquiry
- Focus can be on process and experience
 - what went well, how did that make you feel
 - even better if, how did that make you feel
 - what would make that (even) better

Framing questions example

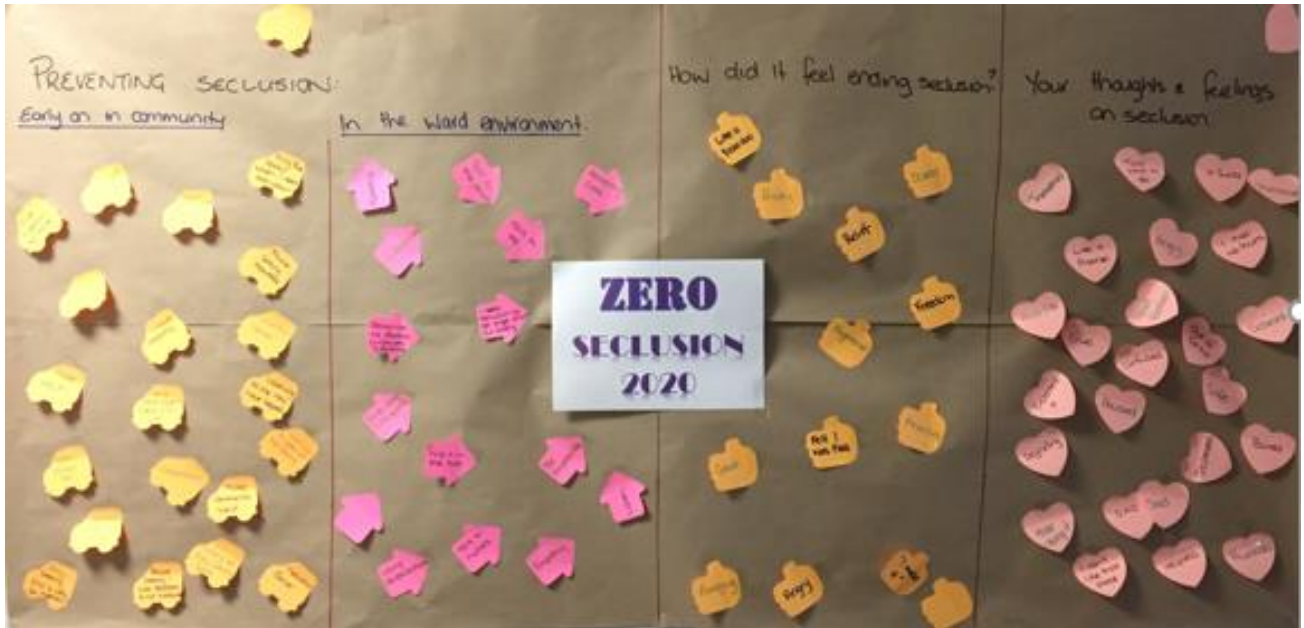


Hello my name is and I am (elevator pitch and informed consent). I would like to start our conversation today at the point you knew that you were going to be discharged.

Can you tell me what happened? And how did that make you feel? What happened next? How was that for you?

And what did you think of the information you were given? Did anyone take you through it? How did that make you feel? What was it like for you when you got home? **(listen for an emotion word)**. What were you expecting to happen next in terms of your ongoing care? And did that happen? How did that make you feel?

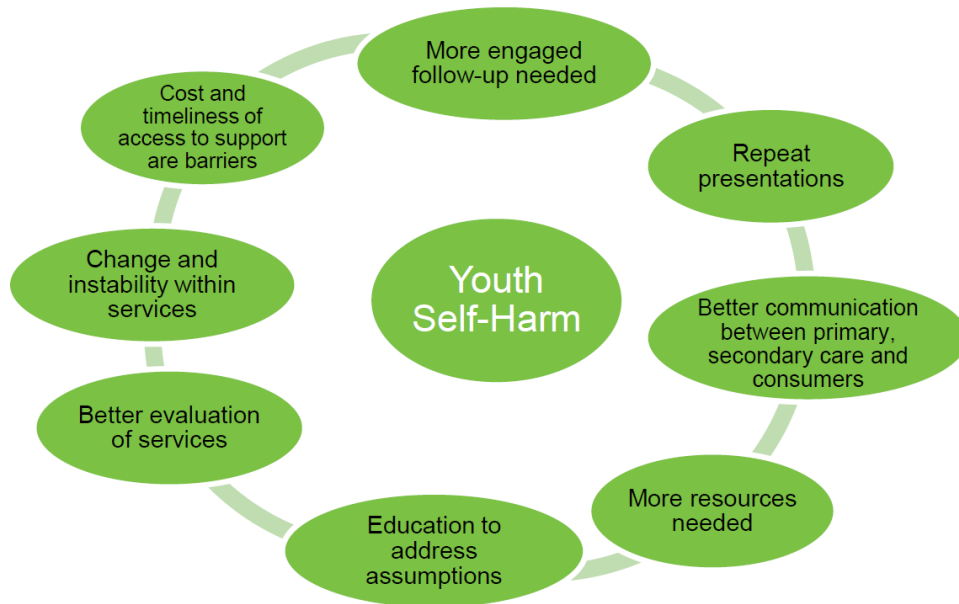
Mapping: Zero seclusion example



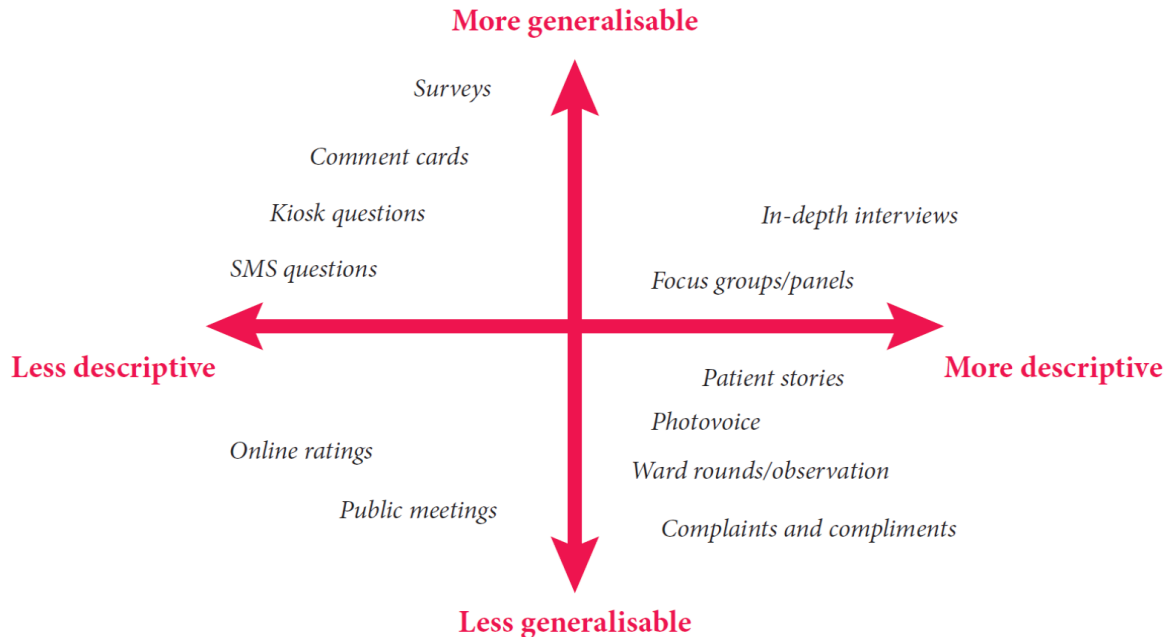
'Need to build links between secondary/primary and education services rather than isolate the support services. This requires negotiation around the sharing of information.' **Health professional**

'... since the age of 13 I have worked with over 25 different counsellors, social workers, psychologists, psychiatrists and nurses. This has affected my willingness to open up and ability to trust in new relationships and has severely impacted in the way I have been able to talk about my illness and the way I feel about myself.' **Consumer**

Common themes



A note on generalisability...



<https://www.health.org.uk/sites/default/files/MeasuringPatientExperience.pdf>. Accessed 1 July 2019

Informed consent

- Why are you looking for input and what do you plan to do with the responses?
- Ensuring agreement to engage and understanding how data will be used
- Do participants wish to be informed of progress and outcomes? (In a co-design context, this should be straightforward.)
- Succinct and informative communication.
- How will people be compensated for time and contribution?

Which 'capture' method are you thinking of using and why?

Surveys

Observation

Shadowing

Comments cards

In depth conversations

Focus groups
and panels

Consumer experience questionnaire

Diary

Patient Stories

Story Board

Photo booth

Complaints/compliments