

Background

The theme of the sixth edition of the Canadian Stroke Best Practice Recommendations is Partnership and Collaborations where the voice of individuals with stroke and their families contributed to the designs of our best practices.¹ Taking from that same theme, Hamilton Health Sciences (HHS) Integrated Stroke Program wanted to incorporate the patient and family voice into our quality improvement work.

Experience Based Design (EBD) is an approach used to capture the patient voice and experience across any part of the care continuum. EBD enables healthcare providers to understand the emotional journey of patients and families which guides and gives power to quality improvement initiatives.

LEAN methodology in healthcare allows users to identify efficiencies and reduce waste. A lean organization understands customer values and focuses its key processes to continuously improve them. EBD provides the framework to capture the patient and family voice in quality improvement work in the Integrated Stroke Program at HHS. Over two years, two quality projects were initiated that used EBD to capture the patient voice: Reduction in Alternative Level of Care (ALC) days and Rehab Team Rounds Efficiency.

Methods

The patients' and families' voices were incorporated at baseline and then repeated post intervention to capture patient and family perspective of the impact of the changes. Patient and family interviews were conducted using experience questionnaires that listed positive and negative emotions based on the patient's and family's experience at different points along the care continuum. The points in time are referred to as *touch points*.



ALC Project Patient Family Interview Tool

Patient and Family Feedback.

Here on 7 South we are looking to improve the experience of our patients and families. In order to do this we need to hear about your experience. We would appreciate if you would take the time to look at the chart below and think back to your experience since being admitted to the hospital. Please circle the emotions that best represent how you felt during each part of your hospital stay. Please use the comment section to tell us why you felt this way. Thank you for your time and feedback.

When I arrived to 7 South	My first week on 7 South	My Family Meeting	The week following my Family Meeting	My ongoing care on 7 South
Happy	Happy	Happy	Happy	Happy
Supported	Supported	Supported	Supported	Supported
Safe	Safe	Safe	Safe	Safe
Comfortable	Comfortable	Comfortable	Comfortable	Comfortable
Informed	Informed	Informed	Informed	Informed
In pain	In pain	In pain	In pain	In pain
Confused	Confused	Confused	Confused	Confused
Worried	Worried	Worried	Worried	Worried
Lonely	Lonely	Lonely	Lonely	Lonely
Sad	Sad	Sad	Sad	Sad
Why?	Why?	Why?	Why?	Why?

Methods Continued

The Rounds Quality Improvement Work had less *touch points* along the care continuum so Rounds Project Patient and Family Interview Tool evaluated the communication before the rounds, after the rounds and around passes.

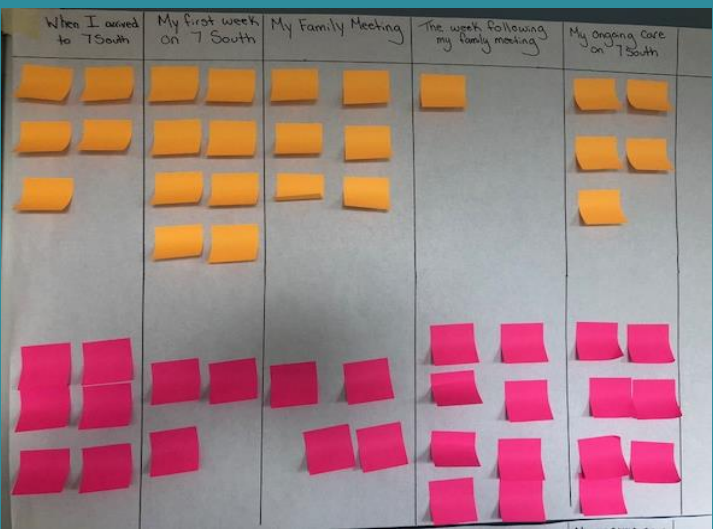
B2N Team Rounding Patient and Family Voice tool.		
Communication Before Rounds around goal setting, length of stay	Communication After Rounds around goal setting, length of stay	Communication Around Passes (how long, medications, equipment, training)
Satisfied	Satisfied	Satisfied
Happy	Happy	Happy
Informed	Informed	Informed
Respected	Respected	Respected
Uninformed	Uninformed	Uninformed
Anxious	Anxious	Anxious
Confused	Confused	Confused
Angry	Angry	Angry
Comments:	Comments:	Comments:

After each individual interview was complete, the positive and negative experiences were mapped across touch points. Emotions are identified with a Post It note, one color indicating positive emotion; the other negative. When multiple interviews are mapped on the same paper, the team can review for trends.

Results

After compiling multiple patient and family interviews, trend analysis illustrates where people are satisfied and dissatisfied with their experience. This became an outcome measure for the ALC work and a counter measure for the Rounds work.

ALC Project Baseline Measurement N=10 Interviews



Positive emotions were identified with the orange post-its, and the negative emotions in the pink across 5 touch points.

At baseline, patients and families appeared to have positive emotions in the First Week on 7 South and negative emotions in the week following the family meeting and ongoing care on 7 South. This informed the quality work which focused on communication during the family meeting and care plans for the long stay patients.

Results Continued

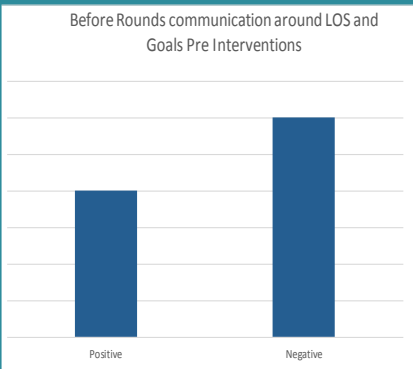


The ALC post intervention interviews, 10 interviews were conducted one year post the baseline data which showed an increase in positive emotions (Blue Post it) with the Family Meeting and Ongoing care of 7 South. There were negative emotions (Yellow Post it) associated with arriving on 7 South and First week on 7 South which was not addressed in this quality work but can be a focus of ongoing quality improvement.

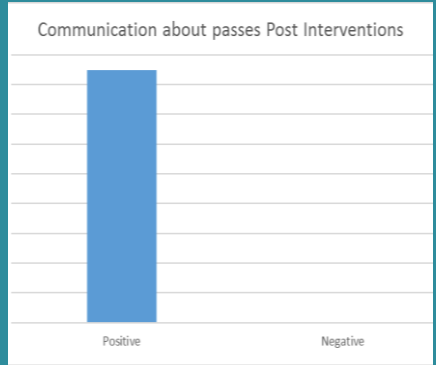
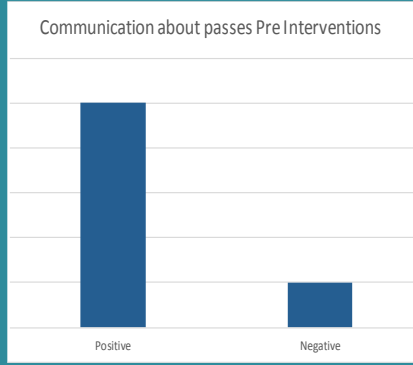
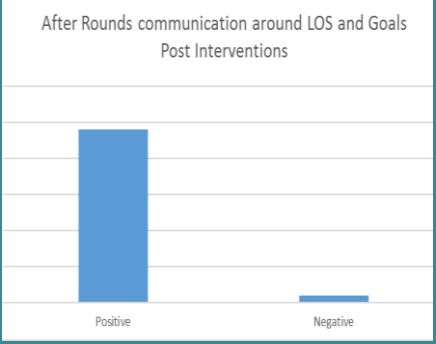
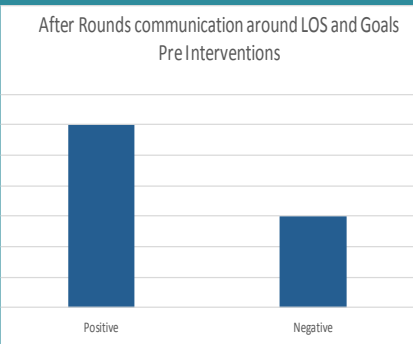
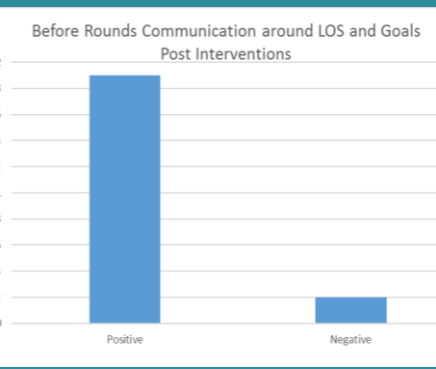
Rehab Rounds Quality Improvement

The Rounds Quality Improvement Work used the same methodology but the positive and negative emotions were tallied using bar graphs to demonstrate change over the touch points. The post intervention graphs show the shift of emotion to positive across all touch points.

Baseline



Post Intervention



Conclusion

EBD is a method of designing better experiences for patients and caregivers by capturing the experience of their care continuum. Future quality improvement projects can further engage patients and families by incorporating their voice in a co-design of opportunities.