



# Health Service Co-design

***Working with patients to improve healthcare services***

guide and toolkit

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## Dedication

### ***This toolkit is dedicated to Nelda Taurua.***

Nelda was an enthusiastic contributor to the Patient Co-design Project and willingly shared her perspective both as a woman with breast cancer and as a health promoter for BreastScreen Aotearoa.

***No reira, moe mai ra e te tuahine, kia piki kotuku ki te mapihi maurea.***



## Acknowledgements

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Special mention must be made of the willing contribution made by members of the Waitemata District Health Board staff, and particularly to the many patients and family members who made time to participate, unpaid, and who shared their stories and experiences so willingly. Without your support and openness this toolkit would not have been possible – thank you.

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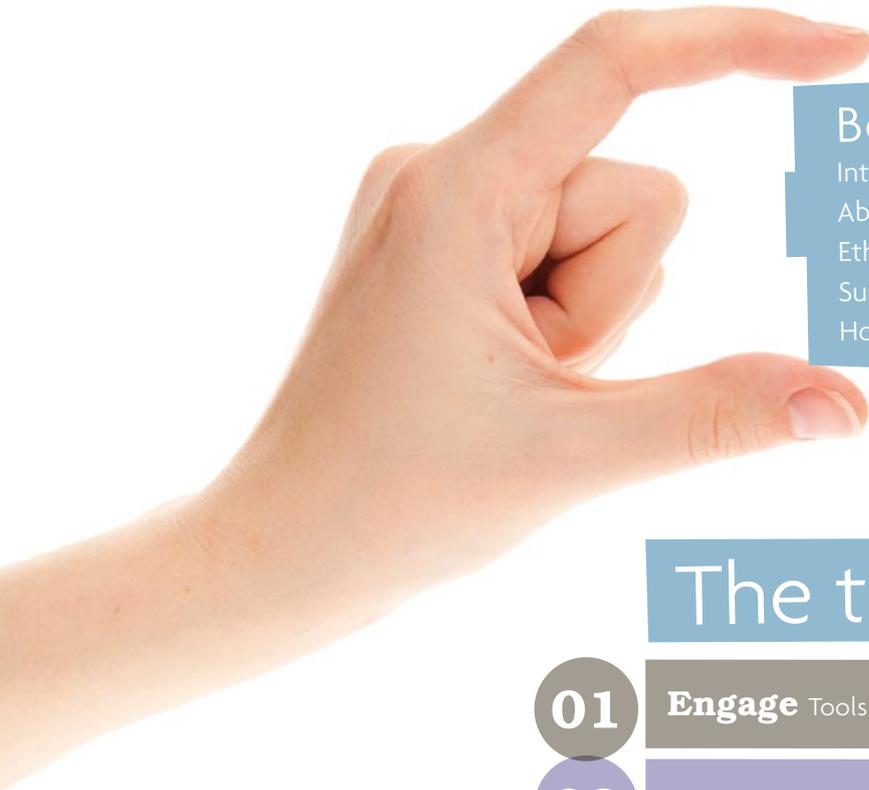
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# Introduction

## Purpose of this guide

***This guide will help you work with patients to understand their experiences and make improvements to healthcare services.***

It provides a range of flexible tools for working effectively with patients in service improvement work. While the focus is on patients themselves, the tools can be equally applied to other groups such as frontline staff, family/whanau, and carers.

## Why use this guide?

***Healthcare staff have the responsibility of providing high quality, effective and safe care for patients. Yet do you really know if you are achieving that?***

Co-design provides you with the methods and tools not only to know how you are doing but to improve your services in such a way that really meets the needs of patients, because they have contributed to the design.

## Who this guide is for

***This guide will be useful for any operational, clinical or quality staff who want to involve patients in improving healthcare services.***



## You can use the tools in this guide if you are

- Starting a new service improvement project.
- Developing a new process, product or service.
- Exploring a specific service issue and deciding what to do about it, e.g., reducing waiting times.
- Wanting to understand services from the patient perspective.
- Undertaking exploratory work where you may not exactly know the nature of the problem or how you are going to tackle it.
- Implementing changes.

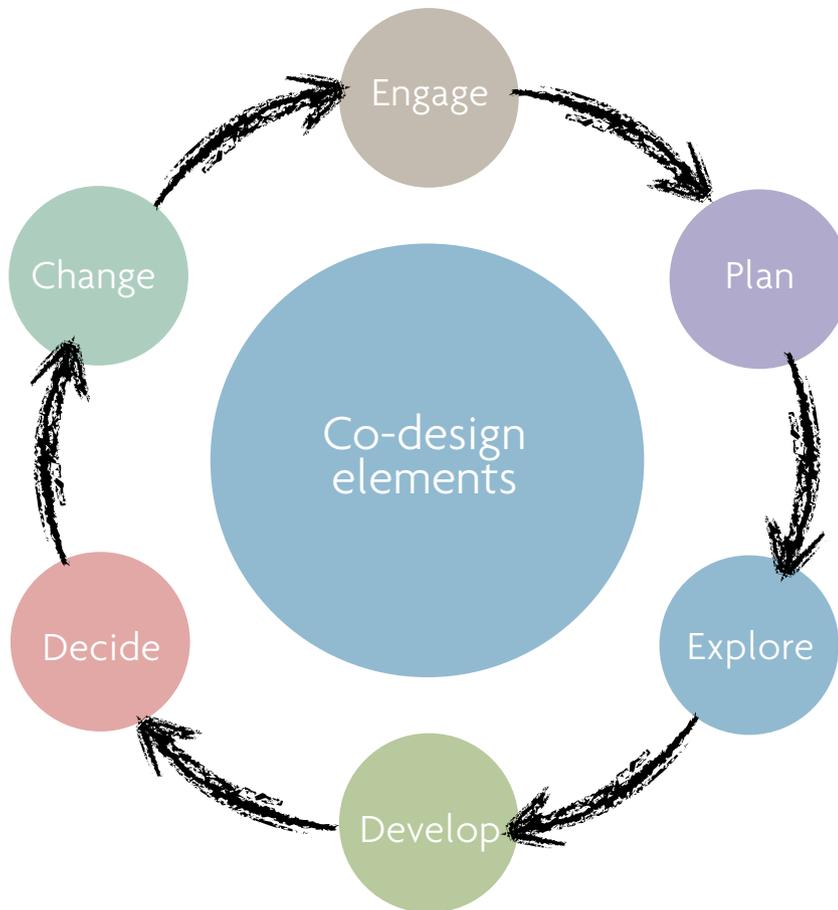
## Examples of when this guide may be useful

- You are responsible for overseeing the development of a new emergency department. What changes would patients like?
- You are a nurse manager who wants to make changes to your outpatient clinic. But before you begin, you want to understand what patients think of the services they currently receive.
- You are managing a service where there are long waits. You want to come up with a way to reduce these.
- You are a project manager who has been asked to look at the issue of patients who do not turn up for appointments, and then to come up with recommendations.

# About co-design

***Co-design is a way of improving healthcare services with patients.***

Many service improvement projects have patient involvement but co-design focuses on understanding and improving patients' experiences of services as well as the services themselves.



## Co-design elements

***There are six elements of co-design that form the structure of this guide.***

# 01

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## Engage

Establishing and maintaining meaningful relationships with patients to understand and improve healthcare services. This critical element underpins all improvement work and is continuous throughout.

# 02

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## Plan

Working with patients and staff to establish the goals of your improvement work and how you might go about achieving them.

# 03

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## Explore

Learning about and understanding patient experiences of services and identifying improvement ideas.

# 04

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## Develop

Working with patients to turn ideas into improvements that will lead to better patient experiences.

# 05

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## Decide

Choosing what improvements to make and how to make them. Its success depends on an understanding of the patient journey and the insights about service improvement this offers.

# 06

---

## Change

Turning your improvement ideas into action. Remember that you do not need to make all the changes by yourself, make as many improvements in partnership with other stakeholders as you can.

## Co-design principles

**There are four key principles for success in doing co-design work within health services.**

Note: the tools in this guide were developed and refined through healthcare improvement projects in cancer services at Waitemata District Health Board (DHB).

While the case studies are drawn from our Waitemata work, these methods are widely used, for example in England, Australia and Canada. They have been adapted for use in hospital care, community care and primary care.

### 01

#### Prioritise the patient experience

When you're doing co-design work, it is easy to let patient perspectives and priorities get subsumed by staff and organisational needs. To counter this, always keep the patient perspective at the forefront of what you are doing.

### 02

#### Trust the process

At times the tools used in this guide may involve processes that are unfamiliar or foreign to you. There may be times when you, or the people you are working with, get frustrated and want to rush to the end of a tool without following the steps. Be prepared to step outside your comfort zone and work collaboratively through the process. The results will be worth it.

### 03

#### The 'means' is as important as the 'ends'

The **social outcomes** of co-design work, such as establishing formal networks among patients and encouraging patients who are interested in becoming consumer advocates, are just as important as the co-design **outputs**, such as producing a new leaflet or opening a new clinic.

### 04

#### Acknowledge the patients' contributions throughout the process

**This may include:**

- Assistance to attend meetings, e.g., petrol vouchers.
- Thank you cards after workshops or other events.
- Celebratory events when improvements have been made,
- Written recognition in publications and reports.
- Offer training for patients who want to become advocates.

# Ethics

## ***Ethics and ethical principles frame how you will work with patients.***

Your overarching responsibility is to protect the rights and dignity of your patients at all times. This includes making sure patients understand what the work you are doing is about, why you are doing it, and that they have a choice to participate.

Be clear that if patients choose not to participate, their decision will not affect their routine care and treatment in any way.

If patients agree to participate, check back frequently that the patient remains comfortable with their choice.

It is important to remember that when we are working with patients as healthcare providers we are in the position of power. Not only is this because we are providing services to them, but current patients are also unwell. During your co-design work, patients will be receiving news about their medical conditions and receiving treatment. Following ethical principles protects patients from any harm that your work may cause.

## Ethics in healthcare

*“Patient autonomy is often reduced in health care facilities due to disease, fear, family conflict, and economic or managed care concerns, along with complex medical decisions. What is often routine for the tcare provider, is unusual and often stressful for the patient and family. Medications with sedative effects, pain, and the foreign nature of the medical language further reduce the amount of patient autonomy.”*

**(Meyers, 2004 quoted in Heiskell, 2010)**

01

## Before you begin

Check whether the work you are doing needs to be reviewed by an ethics committee.

As a general rule the quality and service improvement tools used in this guide should not require an ethical review. However, it is important that before beginning any work with patients you check the guidelines published by the National Ethics Advisory Committee.

02

## Register your work

Where a process is available in your District Health Board or organisation, register your project so that it can be reviewed locally.

03

## Agree on the key ethical principles you will use in your co-design work

Use these principles as a prompt when you are undertaking your work.

### National Ethics Advisory Committee

[www.neac.health.govt.nz](http://www.neac.health.govt.nz)

Ethical Guidelines for Observational  
Studies – Observational Research, Audit  
and Related Activity, Dec 2006.



### *Example*

## Principles of good practice

In 2007 the National Health Service (NHS) Institute for Innovation and Improvement issued an ethical statement for staff undertaking experience-based design work. It included seven principles of good practice:

- 01.** The improvement initiative should be designed and undertaken in a way that ensures its integrity and quality.
- 02.** All people who are involved, including staff, patients and carers, must be informed fully about the purpose, methods and intended possible uses of any information they provide.
- 03.** All participants must formally consent to the use of any information they provide, including attribution of quotations, film extracts etc.
- 04.** All people involved participate on a strictly voluntary basis, free from any coercion and able to withdraw at any time without need for explanation.
- 05.** All people involved must not be knowingly exposed to harm or distress.
- 06.** Provision must be made for responding to queries and complaints about the work.
- 07.** Privacy and confidentiality must be respected as requested.

(Ethical Considerations for Experience Based Design: 2007)

[www.institute.nhs.uk](http://www.institute.nhs.uk)

### *Example*

## Knowledge Centre

### **Some larger health organisations provide support for staff undertaking research.**

An example of this is Waitemata DHB's Knowledge Centre. The centre provides advice for those who plan to undertake research and audit projects that involve Waitemata DHB staff, patients or facilities.

Staff are required to register all research and audit work. In return guidance is offered on project design, biostatistics, budgeting, ethics approval, contracts, funding, and more. The centre also supports research through its annual health excellence awards.

[www.knowledgcentre.co.nz](http://www.knowledgcentre.co.nz)

Example

# Informed consent

## Improving the Breast Service for patients

### What are we doing?

The Breast Service at Waitemata District Health Board (DHB) is holding a workshop on 6th March at North Shore Hospital to help develop new mammography gowns with patients. We invite you to attend the workshop. You can indicate your interest by reading and signing the page below.

### Why are we doing this?

In previous work both patients and staff have told us the gowns could be improved.

### How are we doing this?

We are holding a three-hour workshop with staff, patients and design students to summarise key issues and ideas for resolving them. The design students will make 'rough gowns' to help patients and staff experiment with solutions. The students will present these initial versions at the end of the workshop, and will then develop real versions as part of their course work. A fashion show will be held in a few months to give students feedback and to help select one or more final versions (you can attend this as well!).

### What do you need to do?

If you would like to attend the workshop, please read and sign the form and attend the workshop on [time and date], to be held at [location]. You may bring a family member or friend if you wish. You will be asked to work with staff and design students to help design better mammography

gowns. This will involve talking about your experiences with gowns and your ideas for better ones. You may also be asked to act as a model, in which case students will be sketching, sizing and mocking up a gown that fits you to your satisfaction.

### What do you need to be aware of?

We need your consent to these things:

- You take part anonymously. Your details and anything you say in the workshop remain confidential. We ask you to keep the details and comments of other attendees confidential too.
- We may use quotes from attendees and photos from the workshop in reporting within Waitemata DHB but will not identify you in any way.
- You don't have to take part. You take part only if you are completely willing and you can withdraw at any time (no questions asked).
- Taking part (or not) does not affect your treatment in any way.
- We do not expect the workshop to pose harm or distress in any way. In case it does, we will provide care and support for you.
- If you have any feedback, you can contact [add name] on [phone] or [email]. If you need to make a complaint anonymously, you can also contact the Health & Disability Commission on [phone] or [email].

---

*Yes, I agree to take part on the above conditions.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sustainability

**Many organisations focus simply on implementing improvement initiatives.**

The ones that are successful however are those that both implement and sustain improvements over time.

Given the increasing demands on the health budget, ensuring that improvements survive is essential as a principle of good project governance.

Co-design's emphasis on working with all stakeholders, and service users in particular, means it is implicitly more sustainable than conventional approaches.



## Ideas for sustainability

**Make sure your co-design work has adequate funding.**

Raising expectations is a significant risk with any project and when engaging patients and families it is even more important to ensure appropriate funding to see the process through.

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**Gain support from the top.** Organisational or departmental commitment to the process, and the outcomes that are generated, should be secured at the outset.

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**Gain support from affected staff.** As with any change management process, securing the buy-in of potentially affected staff early is vital.

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**Share the lessons you learn.** Continuous improvement relies on PDCA (Plan, Do, Check, Act) cycles to constantly refine the process and it's important these lessons are shared widely, both within and outside your organisation.

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**Make sure innovations and changes have both clinical and management 'owners'.** Linked to the notion of organisational commitment, the presence of clinical and management champions who are prepared to defend the changes is essential to ensuring sustainability after the formal project has ended.

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# How to use this toolkit

## Which tools should I use?

***There is no one way to do co-design. When deciding which tools to use you need to take into account what you are trying to do and how much time you have to do it.***

In making your decisions it is important to stay true to the essence of co-design – working with patients and focussing on experiences.

Even if you're part way through a project it is important to emphasise that, while it is desirable to start working with patients at the outset, it is never too late to engage patients in the process.

# Route Maps

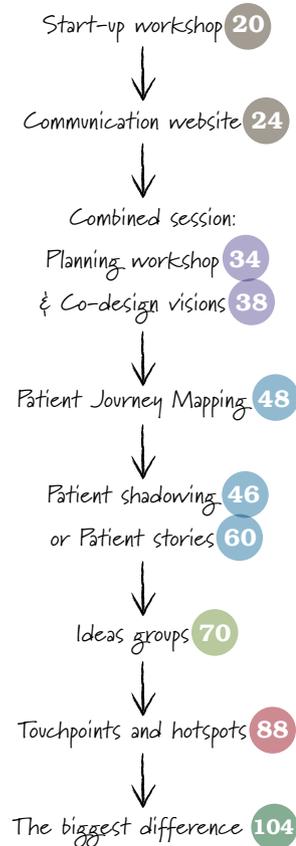
**Not sure where to start? You can use the route maps to help you. Alternatively pick and mix from all the tools.**

Please note, these maps are simply examples of possible approaches and should be varied according to your needs.

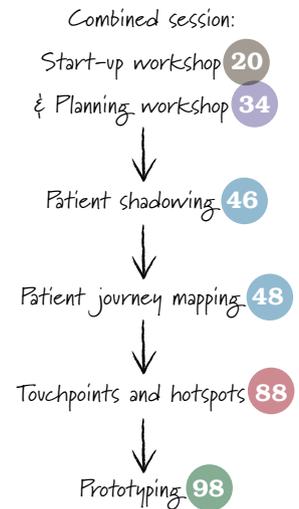
I want to develop a new service



I want to improve an existing service

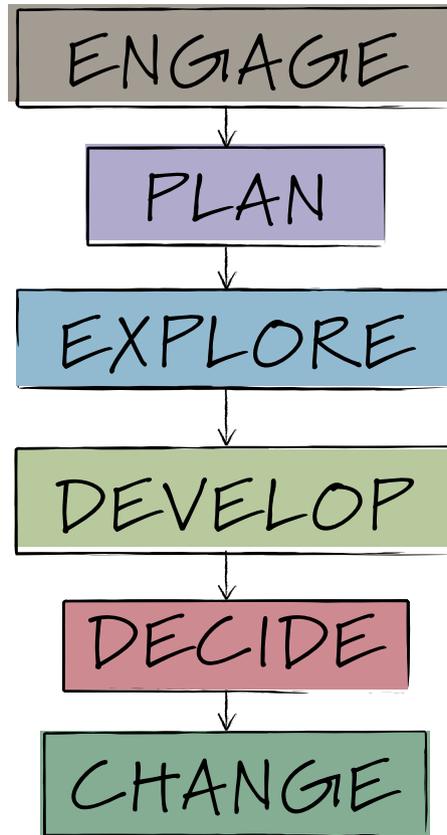


I want to solve a specific issue





The tools





# Tools to help you engage with patients

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**Start-up workshops** Getting a wide range of representation on your team **20**

**1b**

**Communication websites** Communicating with your team about service improvement work **24**

**1c**

**Visual communication** Communicating with people using visual media **26**

## Tool 1a

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# Start-up workshops

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*These workshops involve gathering a wide variety of people together in one place to discuss different points of view about issues, learn together and make decisions about next steps.*

## Why use it

Start-up workshops help you develop relationships with a variety of stakeholders and reach a common understanding about the way forward.

## When to use it

Use this tool during the early stages of your work to help you to make key decisions about your service improvement project.



GO

## 01 Identify your key people

- Identify the owners of the project and the key decision-makers.
- Identify the people and groups who have a stake in the results of the work.
- Identify who else needs to be informed of the project and its results.
- Review your lists and decide who should be invited to the workshop. Get a second opinion on whether the invitation list covers everybody.
- Make a separate list of those who do not need to attend but should be informed of progress.

## 02 Develop a workshop agenda

Key discussion items should include:

1. The need for the project.
2. The need for stakeholder input, both in managing the service improvement work and in developing improvements.
3. The major concerns stakeholders already have about existing services, with any initial suggestions for improvements.
4. A proposed (draft) work plan, including stakeholder involvement.
5. Any proposed methods, including patient and staff involvement.
6. Decisions needed by the end of the workshop.
7. Any questions stakeholders need to discuss.

## 03 Invite attendees

Invite people to attend the workshop and send them an agenda. Make arrangements for the venue, transport, refreshments and any other needs.

## 04 Hold the workshop

Key discussion items should include:

- Start with a welcome and a brief round of introductions. Emphasise that everything said in the workshop remains confidential and reporting will focus on agreed improvements only.
- Prepare to present agenda items 1-2 and 4-5 in a very brief (bullet points if written) draft form.
- If there are more than eight attendees discuss agenda items 3, 6 and 7 in sub-groups and then report back. Be prepared to develop a master list of comments on these topics.
- Move through the agenda, providing five-minute breaks every 45 minutes or so to avoid fatigue.
- At the end of the workshop, thank attendees and arrange for a brief draft report to be sent out for final comments. If appropriate, commit to the next stage of the project at this time and outline any likely steps.

## 05 Circulate and finalise the report as appropriate.

You can use the **workshop summary template** (page 22) to assist you.

## 06 Stakeholder updates

Update stakeholders on progress regularly and hold further workshops to work together on shared concerns, ideas and decision-making as required.

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# Workshop summary template

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**Download this template**

[www.healthcodesign.org.nz/tools/tool1a.pdf](http://www.healthcodesign.org.nz/tools/tool1a.pdf)

<p><b>Need for project</b></p> <p>E.g., Gap in service, long waiting times, high DNA (Did Not Attend) rates.</p>	<p><b>Overview of proposed plan and methods</b></p> <p>E.g., Using surveys, patient shadowing, data collection.</p>
<p><b>Need for stakeholder involvement</b></p> <p>E.g., Who needs to be involved? What is their stake in the results?</p>	<p><b>Decisions required</b></p> <p>E.g., Is there a commitment towards making improvements? What is the scope of the work? How will things be progressed?</p>

## Tips

Allow at least two hours for this workshop.

Appoint an experienced facilitator and develop a flexible plan for the workshop.

Have a staff member available at the workshop that can support patients who may get upset. Introduce this person at the beginning of the workshop.

Ensure all attendees feel free to share concerns and ideas throughout the workshop. Remind people all comments are made in confidence and should not be reported outside the workshop.

On balance, patients are more likely to be critical and service staff defensive/uncomfortable. Remind patients that discussing their concerns and ideas is vital to the workshop. Remind staff the aim is to improve service processes for them as much as for patients.

Prepare a way to involve the whole workshop in confirming any final decisions to end the workshop.



### Example

## Start-up workshop

The Breast Service at Waitemata DHB used a start-up workshop to begin their service improvement project. They invited managers, healthcare improvement team staff, doctors and nurses, patients and community support groups. They also invited executives from housing and banking sector organisations to give them a different and fresh perspective. They learned that a wide mix of stakeholders helps ensure a strong mandate for change overall and helps the project team develop a very practical and robust project.



## Tool 1b

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# Communication websites

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***Communication websites are a social networking tool where you can share information online about your work with other stakeholders.***

## Why use it

Communication websites enable ongoing communication between patients, staff and other people involved in your service improvement work. This tool helps people to share their ideas and get fast feedback. It can also be useful for staff to gain an insight into patients' perspectives or develop specific concepts and ideas.

## When to use it

You can use this at any stage during your work.

## 01 Decide on the website's purpose

For example, as a tool to communicate with people on the project's progress or to seek specific comments on an improvement idea.

## 02 Choose an online site to host your social network

Examples of social networking hosts designed specifically for groups include **ning.com**, **bigtent.com** and **Google Groups**.

Note: It is free to set up your social network site with many of the hosts.

## 03 Develop your content

This may include discussion forums, photos, videos, blogs and events.

## 04 Invite participants to join

Most social networking host sites will include a way of doing this from within the site.

### Example

## Gown design forum

**As part of the Patient Co-design of Breast Service Project, a collaborative piece of work was undertaken between Unitec School of Design and Visual Arts and Waitemata DHB to create an improved gown for mammography in the Waitemata area.**

Unitec created a website on ning.com to assist with communication. Information posted included photos from workshops, student summaries of issues with gown designs, updates on progress with the work and information on events. Members included staff and students at Unitec, staff and patients at Waitemata DHB and other people who had an interest in the work.

### Tips

Make sure the people you want to communicate with are computer savvy and have internet access.

Update your website regularly and ensure that information is current.

Make sure you check the privacy settings of the site carefully. If your project has confidential information that you don't want available to the public, limit access accordingly.

Online communication is an effective way of communicating with stakeholders but it can't replace the richness of information gained from talking or meeting with people in person. Use this tool to supplement other communication and feedback methods.



## Tool 1c

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# Visual communication

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***Visual communication is a way of conveying ideas to people using aids such as pictures, diagrams and colours rather than just words.***

## Why use it

The purpose of visual communication is to help create accessible, tangible ways of talking about and designing better service experiences. Visual communication is useful for making abstract things – such as needs, issues, ideas, processes and outcomes – tangible, and can help span the different perspectives of patients, staff and other stakeholders. This tool can also capture complex interactions between people, processes, and ideas.

## When to use it

You can use visual communication at any time during your project when you need to express key concepts in simple and practical ways. For example, you may want to use a visual map to explain a patient's journey through a health service.

## 01 Identify the topic

Do this as clearly as possible, focusing on defining what you mean and what you don't mean.

## 02 Identify who the communication is from (usually your organisation) and who it is for (usually patients)

Distinguish between how the organisation and the patients think and speak about the topic. Focus on the patients' point of view including:

- Things they might understand already, and the ways they typically talk about them
- Things they can agree with easily
- Questions they might ask
- Things they might be confused by and/or disagree with.

## 03 Explore similes and metaphors for communicating the topic

For example, patients often say their journey is 'like a roller coaster' (a simile) or a staff member 'has become a rock' (a metaphor).

Select a few options you think will work well in communicating the topic. Note that you may need to balance accuracy (in relation to service processes or clinical diagnoses) with the views, existing knowledge and needs of your audience.

## 04 Sketch out drafts of your ideas



Keep your sketches rough.

This encourages people to engage with them and comment on them, and to try drawing ideas themselves. Ignore criticisms about the roughness of the drawing – it's not the point.

05

Use the following test to see how easy the sketches are to understand

- Show the drawing to a patient
- Ask them to explain in their own words what it is telling them
- Explain what you meant
- Discuss ways to improve the sketch so it communicates effectively and efficiently.

06

Select a draft

- Select the version and specific elements that communicate best and document these
- Develop a 'good' draft
- Trial your draft in a real setting such as a clinic or ward.

07

Decide on the final version and use as appropriate

You can ask a graphic designer or illustrator to help you complete the final version so you have a professional looking piece of work.

### Tips

Make sure you do your development in the sketch phase – it's simple, quick and gets you 90% of the way to effective and efficient communication.

## Example

# Communication cartoon

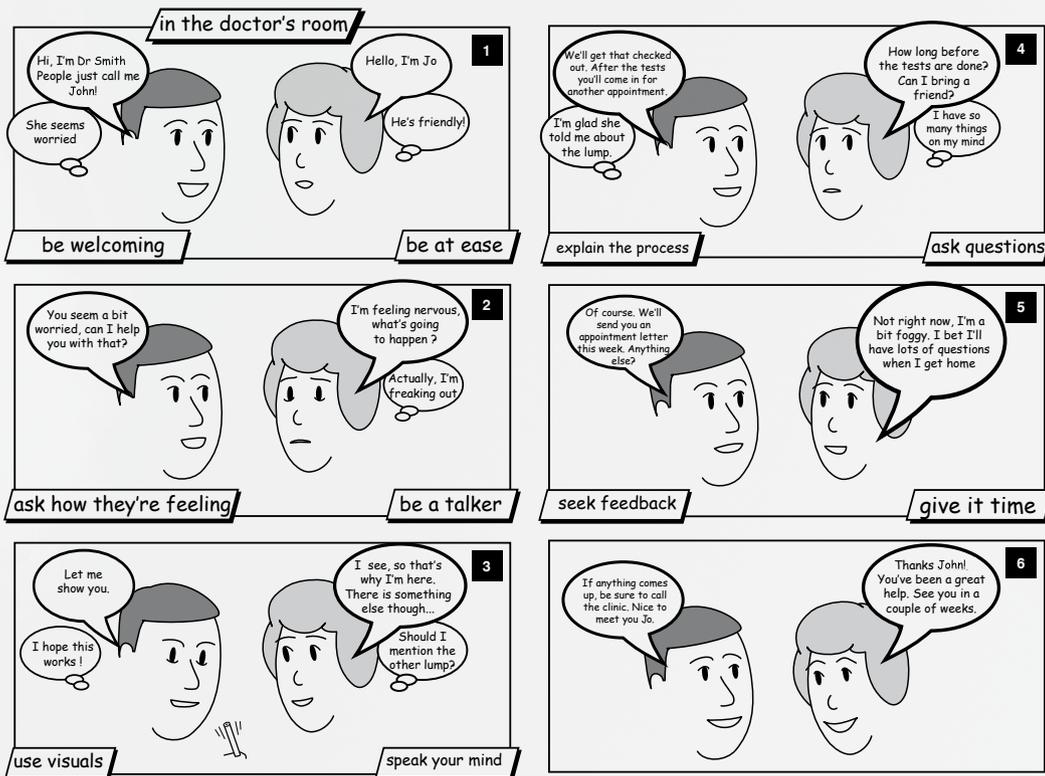
The Breast Service at Waitemata DHB learned there were many situations where spoken interactions between staff and patients were problematic.

They knew verbal communication was fundamental, for good experiences and patient outcomes.

With the assistance of Unitec School of Design

and Visual Arts staff, a typical clinic appointment was sketched out to capture key communication problems and show useful ways of dealing with them. This rapidly evolved into a cartoon-style poster, *Jo goes for her first hospital appointment*, to remind patients and staff of good ways of communicating.

## Jo goes for her first hospital appointment





# Tools to help you plan with patients

**2a**

**Planning workshops** Planning co-design work and getting patient input **34**

**2b**

**Co-design visions** Identifying what services you can deliver and what patients can expect **38**

## Tool 2a

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# Planning workshops

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***Planning workshops are where people with an interest in the improvement work you are wanting to do meet together for a set time to share information and come up with a plan for how the work can be done. They are usually run by a facilitator and involve lots of discussion.***

## Why use it

Service improvement work is often defined by what an organisation wants to do and/or what it thinks will work. This tool invites you to take a bigger picture and longer term view of the health conditions and services you are working with.

## When to use it

Use this tool when you need to plan out how you are going to do your service improvement work.

## A planning workshop will help you:

- Understand where to focus your efforts. In particular, it helps clarify what your organisation can and should do, what it can do but is not a priority, and what it can't do that remains important
- Build a robust and focused plan for your service improvement work
- Ensure the plan is clearly understood by the project team and stakeholders
- Get buy-in and ownership from everyone early on.

## 01 Identify the key participants

- Identify the owners of the project and the key decision-makers
- Identify the people and groups who have a stake in the results of the work
- Identify who else needs to be informed of the project and its results
- Now review your lists and decide who should be invited to the workshop. Make a separate list of those who do not need to attend but should be informed of progress.

## 02 Develop a workshop agenda

For example, you might suggest it will cover the desired project outcomes for patients, the required service outputs and the key project goals.

## 03 Invite attendees

Invite people to attend the workshop and send them an agenda. Make arrangements for the venue, transport, refreshments and any other needs.

## 04 Use the **planning workshop template** (page 36) to run the workshop

## 05 Review the contents of the planning workshop template and agree on a final version

### Tips

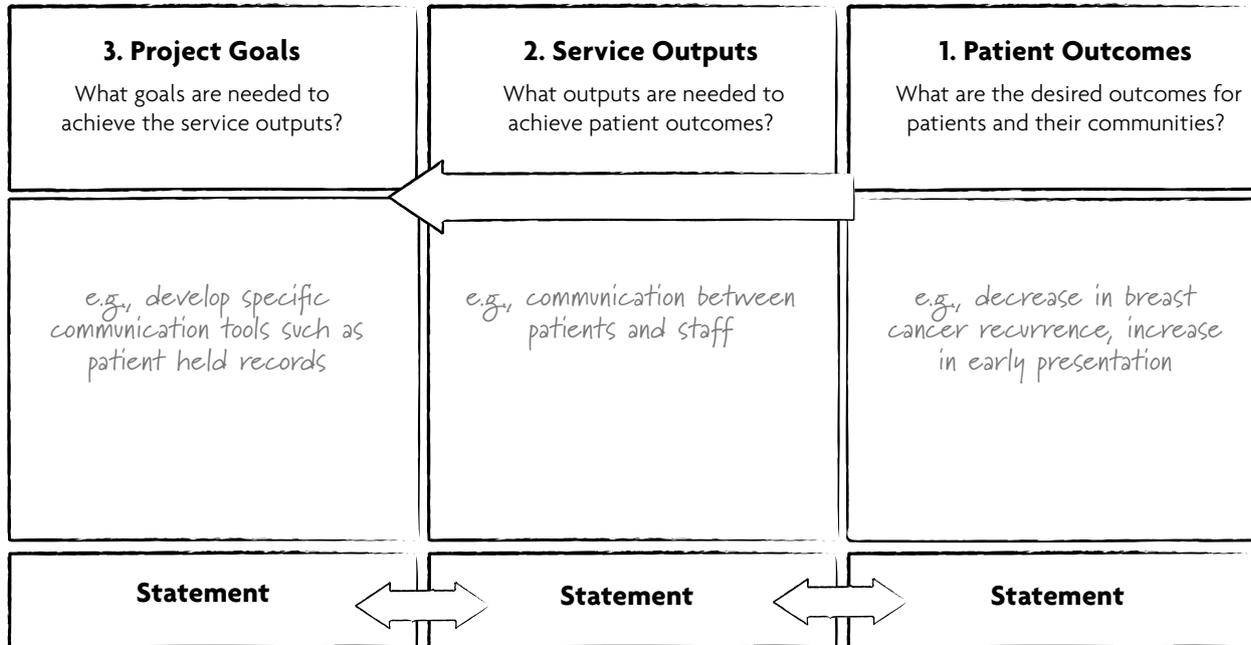
Include stakeholders from a variety of backgrounds and disciplines

Encourage external stakeholder input during discussion of outcomes

Work visually as much as possible. This simplifies the workshop process and encourages active participation throughout

Use the planning workshop template (page 36) to communicate progress and issues throughout the project

# Planning workshop template



## Template Instructions:

### 1. Identify the desired patient outcomes

- What are the desired outcomes of this work for the patients and their communities?
- Patient outcomes are both personal and community health outcomes, measurable in terms of the health status of individuals and populations. These may take years or decades to establish, so they imply sustained service provision.
- Patient outcomes may be expressed as qualitative and/or quantitative targets.

### 2. Identify the desired service outputs

- What outputs are needed in the next few years to achieve the patient outcomes identified above?
- Outputs are immediate and direct results of the service delivery.

### 3. Identify the improvement goals

- What goals are needed to achieve the service outputs?
- Include improvements in existing services or possible new service elements.
- Identify as many specific goals as you want, then narrow these down to two or three key goals.



**Download this template**

[www.healthcodesign.org.nz/tools/tool2a.pdf](http://www.healthcodesign.org.nz/tools/tool2a.pdf)

“The project has helped me understand how to better convey information in a way the patient understands.”

- **Surgeon.**

# VISION

A hand is shown holding a glowing, translucent sphere. The word 'VISION' is written in large, white, sans-serif capital letters across the sphere, following its curvature. The background is a solid light purple color.

## Tool 2b

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# Co-design visions

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***A vision is a written statement about what your health service aspires to achieve. It includes both what your service will deliver to patients (the service promise) and what patients can expect as a result (patient outcomes).***

## Why use it

Improvement work can sometimes resolve system issues without improving patient experiences. Even when considered, patient experiences may still be overshadowed by other elements. Having a vision helps keep the patient in focus.

## When to use it

Use this tool in the early stages of your co-design work. It is particularly useful when developing a new service but can be used in other contexts too.

**01** Use the **four-box template** (page 40) to help you develop your vision

**02** Develop a draft service promise and patient outcome statement to communicate your project vision

This will help people understand why the improvement work is being done.

**03** Finalise your service promise and patient outcome statement

Use these as a reference point for all your improvement ideas and developments. Does the improvement contribute to the promise and its outcomes?

## Definitions

The **service promise** commits the service to providing a specific experience for patients. It begins with the words 'we will...' and says what the service will do.

The **patient outcomes statement** commits you to providing specific outcomes for patients.

# Four-box template



**Download this template**

[www.healthcodesign.org.nz/tools/tool2b.pdf](http://www.healthcodesign.org.nz/tools/tool2b.pdf)

## Template Instructions:

### 1. Brainstorm patient experiences

With your group, brainstorm adjectives, e.g. confident, and adverbs, e.g. quickly, to describe patient experiences. Insert these into **Box 1**.

**When you have finished Box 1, move on to Box 2.**

Use Box 2 to clarify and sharpen the experiences.

### 2. Brainstorm patient outcomes

With your group brainstorm any outcomes you believe are important for patients, their families and friends, and their communities and insert these into **Box 3**.

**When you have finished Box 3, move on to Box 4.**

Use Box 4 to clarify and sharpen the outcomes.

### 3. Review the content

When you have finished all four boxes, review the content. Develop promise and outcome statements in ordinary, simple, clear language.

**01**

How **do** patients want to experience the service? How do they want to feel during service delivery?

*e.g., confident, in control*

**02**

How **don't** patients want to experience the service? How **don't** they want to feel during service delivery?

*e.g., afraid, not knowing what is going to happen next*

**03**

What outcomes **do** patients and communities want?

*e.g., return to 'normal' lifestyle*

**04**

What outcomes **don't** patients and communities want?

*e.g., lack of independence, uncertainty*

### Example

## Co-design vision for melanoma care

**Services involved in melanoma care at Waitemata DHB came up with the following service promise and patient outcome statements as part of its work:**

### Service promise

“We will tell you what you need to know in a timely and responsible way, and will also tell you what you want to know when you ask. We will tailor information to your personal needs, and will also advocate on your behalf to get the information you need.”

### Patient outcome statement

“We will help you gain a good quality of life by being more knowledgeable and skilled about Melanoma. We want your growing knowledge to give you better control of your health and your future. We want you and your family to be more secure, assured and certain about the best ways to gain this.”

### Tips

Make the vision as tangible, practical and patient-oriented as possible.

Don't use medical or system jargon in your promise or outcome statements. Instead use simple words and phrases a patient can understand.

Try not to debate words and semantics. Remember, this is a draft and as you learn through the project, these statements should evolve.

Always use patients as your reference-point. If patients are not involved in developing the vision, make sure you run it past them afterwards and reword if necessary.

You can include your completed four-box template (page 40) as a reference diagram in your planning documentation.



# Tools to help you explore and understand patient experiences

**3a**

**Patient shadowing** Identifying what happens during a patient visit to a service **46**

**3b**

**Patient journey mapping** Summarising the service experiences patients have over time **48**

**3c**

**Experience-based surveys** Learning about patients' reactions to services based on their journeys **56**

**3d**

**Patient stories** Assessing patients' service experiences in their life context **60**

## Tool 3a

# Patient shadowing

***Shadowing is where a project member follows a patient through their visit to the health service and documents the experience.***

## Why use it

Shadowing is used to identify exactly what happens during a patient visit to a service, including:

- Learning about people's movements through the service
- Measuring behaviours, e.g. number of visits and waiting times
- Helping you see things through the eyes of a patient.

## When to use it

Use shadowing when you want to identify existing experiences and behaviours. Once you have done this, you can later check the impacts improvements have made using the same method.

## What to observe

- How easy or difficult it is for patients to find their way around the hospital.
- How long patients have to wait to be seen.
- How patients are treated by members of staff.
- What questions patients ask.
- What forms patients are asked to fill in.
- How many staff members patients interact with.

## Tips

Make sure patient stories remain confidential no matter what the setting (interview, group or workshop).

Patients can often experience highs and lows while telling their story. Be prepared to provide appropriate support if required.

Be prepared to be moved yourself.

This is normal and important for understanding how and why experiences arise and how best to resolve them.

## 01 Decide on your approach to shadowing

### What are you aiming to learn?

List your questions.

### Who do you need to shadow?

Shadowing is most useful for assessing variability. You can learn a lot by shadowing a small number of people carefully selected to represent the extremes of patients, conditions and/or staff. Identify extreme examples (that challenge the service elements you are exploring) alongside a few 'average' ones. List the types of people you should shadow to answer your questions.

### How many people do you need to shadow?

Determine the minimum number of people you need to shadow by assuming you will need 2-3 of each extreme example. Note: it is better to keep numbers small and focus on the quality and depth of shadowing sessions.

### How will you make records and document your results?

List the simplest recording and documentation options and develop a recording template.

**Now review your outline and streamline your approach as much as possible.**

## 02 Invite patients to participate and obtain their consent

See **ethics** (page 7) for further information.

## 03 Set up, carry out and document the shadowing sessions

If possible, talk to patients about their experiences of the service during or after the shadowing session.

Focus on the meaning of service events and interactions for them, and explore what they meant by their own behaviours. Use non-specific open-ended questions such as 'what was going on for you at that moment?' and 'what did it mean for you to do that/act that way?'

## 04 Analyse your results and report on your findings

Suggest service improvements as appropriate.

### Tips

*Make sure people are comfortable with being shadowed. If not, you may need to reconsider using shadowing as a method.*

*Do a number of trial shadows with colleagues to ensure it works for you and will give you the information you need to know.*

*You can use the shadowing tool to follow staff as well as patients.*

## Tool 3b

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# Patient journey mapping

---

*A patient journey map is a diagram summarising the service experiences patients have over time.*

## Why use it

You can use patient journey mapping to identify, map and plan patient experiences of services. The tool can be applied to improving patient experiences of health services, specialist units, or encounters with individual staff.

## When to use it

Use this tool during the early stages of your co-design work to understand the patient journey and their parallel experiences of services. With stakeholder input, it then becomes a template for identifying key service touchpoints and improvements.

## Deciding your approach

**There are two main ways of developing patient journey maps: individual interviews and group sessions.**

### 01.

---

#### **Interviewing individual patients with their families/whanau and other supporters:**

These will give you the deepest understanding of the patient's journey and experiences. Interviews are suitable for more in-depth improvement work.

### 02.

---

#### **Talking to patients with similar conditions or service experiences in groups:**

This will give you the best overview of the journey, key experiences and key improvements. This suits full co-design projects where prior work has been done (such as interviews or surveys) or where time and budget are limited.

*Note: You will need to organise recording methods appropriate to the approach you use. All approaches rely on note-taking by or on behalf of patients, so this needs to be managed carefully by facilitators. Audio or video recording may also be appropriate.*

## 01 Start your interview or workshop by exploring the patient journey

Do this from the perspective of patients, their families and their other supporters (noting families and supporters have significant journeys of their own).

Elicit patient stories about their journey from the beginning (such as when they first noted symptoms) to the present day.

Ask participants to divide their stories into phases (these can be visualised as sections, chapters or scenes) to help others understand how the journey changes.

Between three and five phases is usually practical from a patient perspective but use as many as you need.

Write down the phases on a large sheet of butcher paper. This is known as a journey sheet.

## 02 Ask participants to describe their overall experience of each phase in more detail

You may start this by using a scale from one to ten to rate how high or low participants felt during this phase. Note this against each phase on the sheet.

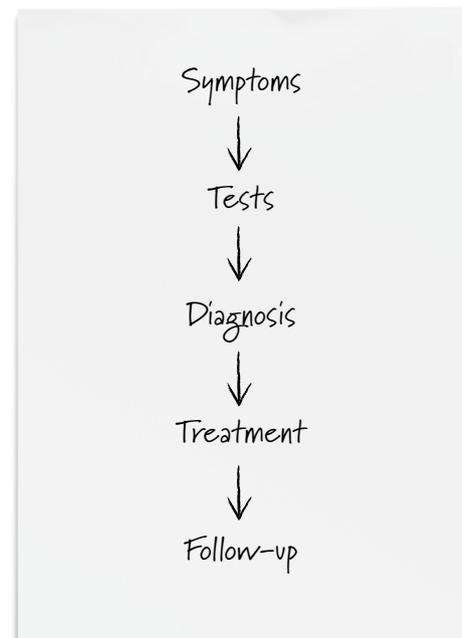
Then prompt for the feelings and emotions experienced during their highs and lows, noting these on the sheet. (You can prepare a set of 12 – 24 words covering a range of positive and negative feelings and emotions to help them with this or use **Plutchik's Wheel of Emotions** (page 51). Work through the whole journey this way.

You can use the **mapping template** (page 52) and **improvement opportunities template** (page 53) to help you.

## 03 Ask participants to highlight any especially good and bad service experiences in each phase

Note the emphasis falls on both (avoid asking for negatives only). Summarise the experience on the journey sheet and record any details about specific service elements on a separate sheet.

Example of patient journey phases:



## 04 Ask participants to suggest the values and actions that led to these positive and negative experiences

Emphasise the need to learn from both good and bad experiences. Summarise these on the journey sheet under appropriate phases with any details on a separate sheet. Then summarise 'do's and don'ts' to guide any improvements, detailing these on a separate sheet as well.

## 05 Ask for improvement ideas and suggestions

Note this includes applying values and actions from the good experiences as well as developing new ways of providing services and meeting desired experiences. Again, these can be summarised on the journey sheet and detailed on separate sheets.

## 06 Reflection

Congratulate the patient(s) on the 'map' of their journey through the service and on the insights and opportunities it affords. Ask them to reflect on anything they see in the map or that occurs to them as a result of creating it. Add any observations of your own, asking for their comments on these as well.

## 07 Develop the patient journey map

Take photos of the maps and develop a master version integrating all the different versions you have. If patients want to keep their maps, make sure you have an accurate record (for example, take additional photos).

Start your master with an inclusive draft (this will be messy and complex) and then simplify it until key improvements are clearly contextualised in the journey phases and related experiences of patients. If you can, carry out this step with patients.

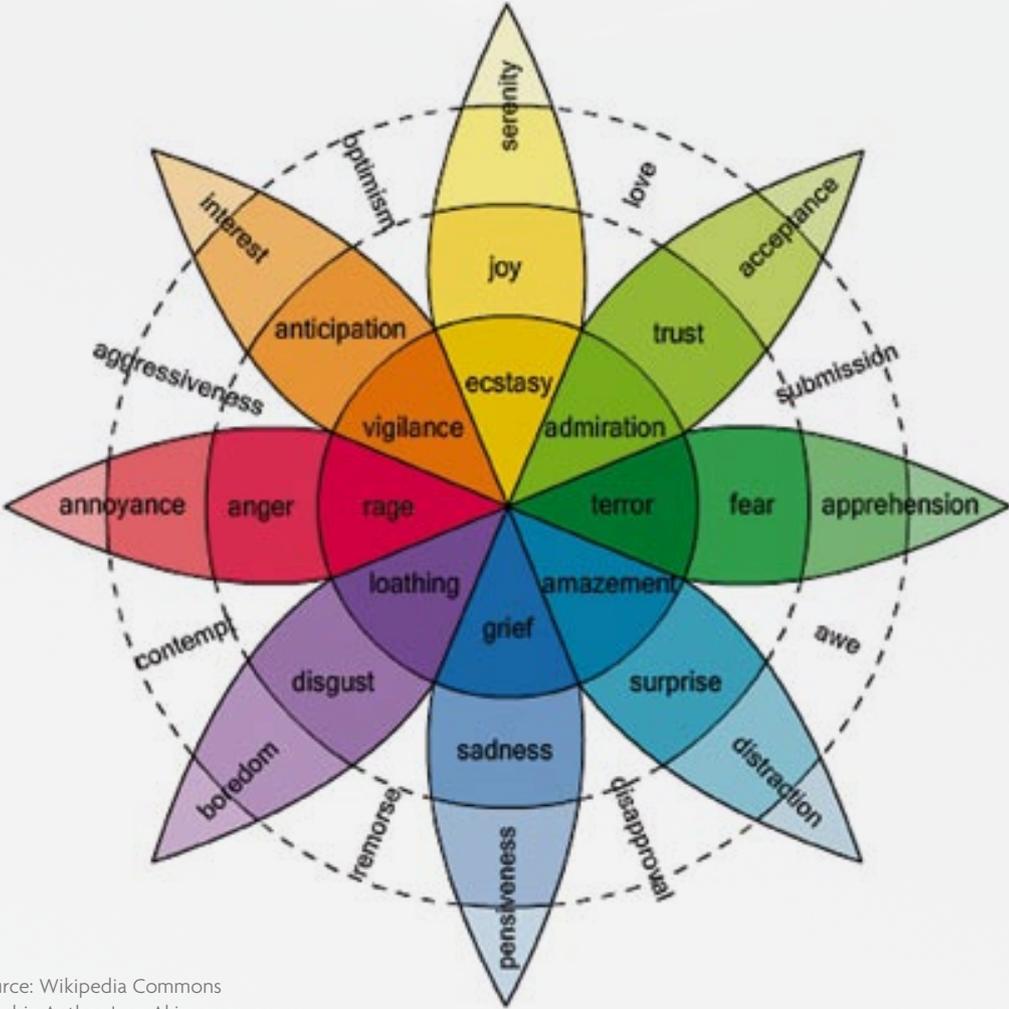
Finally, identify your organisation's service parameters (the phases in the journey it has a responsibility for) within the patient journey, perhaps highlighting any critical improvements here in particular. Make sure you understand these phases clearly. For example, if your service covers only some of the phases described by patients, you may create a separate and more specific diagram to detail patient experiences within your service.

Note: this final diagram commonly becomes a central reference for improvement teams and future work. It is important to make sure it is accurate, emotionally rich and visually simple.

## 08 Summarise your specific improvement opportunities

This is useful when working with other tools, such as **service touchpoints and hotspots** (page 88) and **SWIFT ideas** (page 92).

# Plutchik's Wheel of Emotions



Source: Wikipedia Commons  
Graphic Author Ivan Akira

# Mapping template



**Download this template**

[www.healthcodesign.org.nz/tools/tool3b1.pdf](http://www.healthcodesign.org.nz/tools/tool3b1.pdf)

	Phase X				
Experiences <ul style="list-style-type: none"><li>• Scale</li><li>• Words</li><li>• Highlighted</li></ul>					
Values and Actions Do's and Don'ts					
Ideas and Suggestions					

Journey Focus

---

# Improvement opportunities template

---



**Download this template**

[www.healthcodesign.org.nz/tools/tool3b2.pdf](http://www.healthcodesign.org.nz/tools/tool3b2.pdf)

## **Experiences of good and bad service**

*Patient experiences*

## **Improvement criteria**

*Service criteria for improvements*

## **Opportunities to improve**

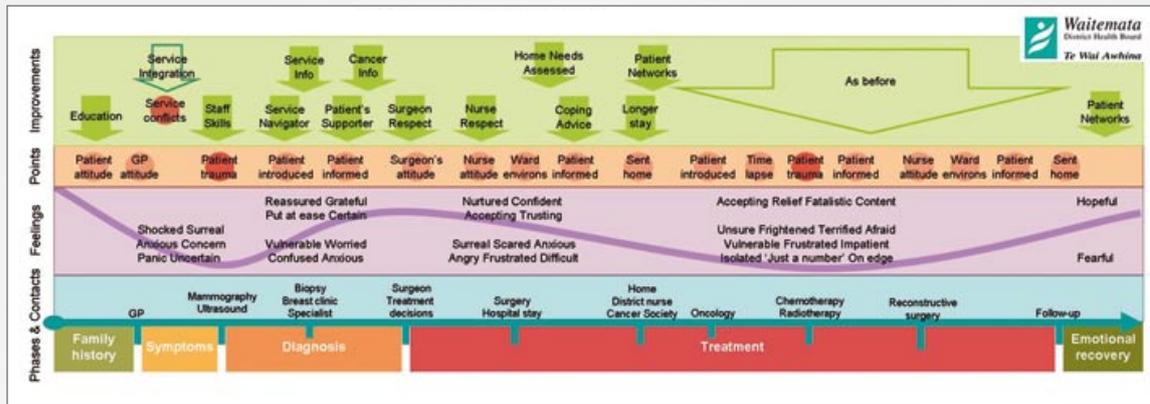
*Key opportunities for actual improvements*

*Example*

# Breast Service, patient journey map

**The Breast Service at Waitemata DHB explored patient journeys through a patient mapping workshop.**

The patient journey map is a summary of the results.



Breast Screen



Download a printable version of this image:

[www.healthcodesign.org.nz/tools/pjmap.pdf](http://www.healthcodesign.org.nz/tools/pjmap.pdf)

“Hearing about the patients’ experiences helped the service implement small changes that have made a big difference.” - ***Nurse specialist.***

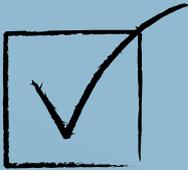
## Tool 3c

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# Experience-based surveys

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***Experience-based surveys are simple surveys to find out how patients experience a specific part of the hospital healthcare journey and allow patients to come up with specific suggestions for improving their experiences.***



## Why use it

It is a simple, easy-to-complete survey that can quickly give you an understanding of which parts of the journey are most problematic for patients and what changes can be made to improve it.

## When to use it

Experience-based surveys can be used early on in service improvement work to understand experiences, identify areas for improvement and establish baseline measures. They can also be used again after changes have been implemented as a way of quantifying the impact of these on patients' experiences.

## 01 Choose a clinic or service to survey

Break down the patient journey into about five or six typical steps or stages that a patient will go through. Make sure you use non-technical language that is easy for patients to understand.

For example, a typical visit to a clinic may involve the following steps:

**Arriving/checking in - Waiting - Clinic appointment - Information - Leaving**

## 02 Agree on the details of undertaking the survey, including:

- How long a clinic will be surveyed for (a week, a fortnight, a month). See tips.
- Who will give out the survey forms (staff at reception, nurses).
- Who will collect the completed forms.
- Who will be responsible for compiling the results.
- Whether a summary of the results will be sent to patients (and who will do this).
- Who is responsible for implementing the recommendations.

## 03 Develop the survey using the **experience-based survey template** (page 58) or your own design

## 04 Prepare for the survey

- Brief all staff involved about the survey.
- Get surveys printed and address pre-paid post envelopes.
- Print information posters about the survey and put up on clinic walls.
- Set up survey boxes (for people who want to complete the survey and hand it in immediately).

## 05 Conduct the survey

## 06 Analyse and present the data

### Tips

The duration of your survey (and your sample size) should be long enough (and large enough) to cover as much variation between patients as possible.

Things to consider might be:

- the number of patients over a given duration
- gaining the best representation of a variety of patients
- avoiding atypical times such as public holidays
- gaining expert advice on statistical robustness.

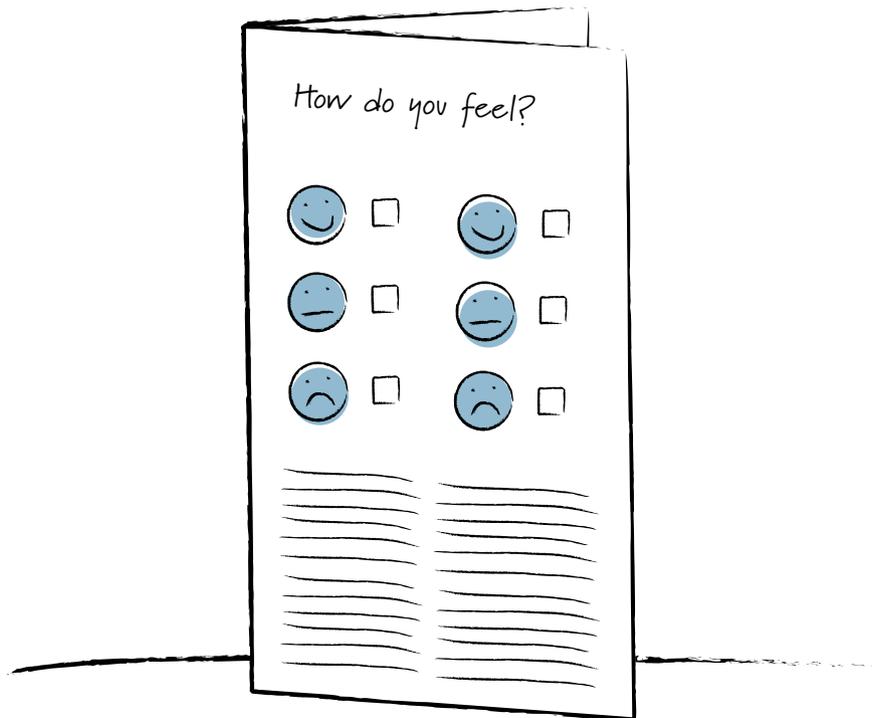
# Experience-based survey template

Adapted from the NHS Institute for Innovation and Improvement experience survey, a detailed template is available for download from the website.



**Download this template**

[www.healthcodesign.org.nz/tools/tool3c.pdf](http://www.healthcodesign.org.nz/tools/tool3c.pdf)



### Example

## Your Breast Clinic experience

**The Breast Service at Waitemata DHB wanted to understand the experiences of patients who visited the breast clinic, what they felt during each stage of their journey and what improvements could be made.**

They identified the six common steps that patients went through: arriving/checking in, waiting, biopsy, clinic appointment, information and leaving.

The service developed a survey template based on the NHS Institute for Innovation and Improvement experience questionnaire. All patients who visited the service over the period of one month were invited to complete a survey.

More than 180 surveys were completed by patients who attended breast or mammography clinics. While most patients were positive about their experiences, many suggestions were made as to how the service could be improved. These related to written information, waiting room facilities, communication, and systems and procedures.

### Tips

Make sure patients have the option of either completing surveys when they attend the appointment and putting them in a survey box or completing the surveys later and posting them in. You will probably find that most people will complete the surveys straight after their appointment and that the number of surveys posted is quite low.

Empty survey boxes daily.

Fill in data collection spreadsheets regularly rather than leaving this to the end of the survey period.

Don't be disappointed if the majority of survey respondents just tick the boxes and do not add in any written comments.

Have a delegated contact person for patients to contact if they wish to talk about the survey or provide more detailed comments about the service they have received.

## Tool 3d

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# Patient stories

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***Patient stories are an opportunity for patients to talk about their experiences, either individually or in a group setting.***

## Why use it

The purpose of patient stories is to explore and understand patient experiences of their condition and of health services over time. Patient stories can help other patients make sense of their experiences and help services understand how these might be improved.

One or more stories can be used as reference case studies or evolved into ***patient journey mapping*** (page 48) or ***scenarios and personas*** (page 78) to help guide your improvement work.

## When to use it

Patient stories are best gathered early on in your co-design work to help you identify and develop improvements. They can also be useful when you are designing changes (such as during ***prototyping*** (98) and monitoring the effects of improvements (such as with the ***the biggest difference*** tool [page 104]).

# Deciding your approach

**There are two main ways of getting patient stories: individual interviews and group sessions.**

## 01.

### **Interviewing individual patients with their families/whanau and other supporters:**

Such interviews provide considerable detail about the patient experience of both their condition and the service. They are useful for exploring subtle nuances, though identifying these can depend on a researcher's familiarity with general or expected experiences.

## 02.

### **Talking to patients (with similar conditions or service experiences) in groups:**

- Patients typically have few opportunities to 'share and compare' experiences with other patients in any detail, so group discussions can help explore common experiences. Group discussions are also useful for brainstorming improvements that can make a big difference to patient experiences.

- Patient stories can be analysed in a number of ways, depending on the scope of your project and your own approach to service improvement:
  - The structure of the story – typically the story is organised around the phases of their condition and/or the service steps they went through, with emotional highs and lows interwoven with these
  - The content of the story – such as the experiences they went through, with attention to the nature and intensity of different experiences over time
  - The language patients use – such as the ideas they use to make sense of their experiences and their own responses
  - The service elements or incidents that had a particular impact – these may be communications, attitudes, behaviours and/or people.

**The steps overleaf can be used in both individual interviews and group discussions.**

### Tips

Even a single patient story about a negative experience can be useful in developing improvements. What matters is that the cause of the experience is explored and the chances of a repeat experience reduced. Specific aspects of stories (such as critical events and feelings) can also be quantified using experience-based surveys.

## 01 Make sure patients are physically comfortable and at ease

For interviews, it often helps to conduct sessions in patients' homes where they can feel free to be themselves and express their experiences fully.

Be prepared for moments of deep emotion for patients as they tell the story and re-live particular moments, or discover things they had not noticed previously, or re-experience feelings they thought were past. It can be important to have family and friends as part of the interview to provide support, as well as ready access to formal support services. Be prepared for patients who are emotionally very strong as well – most grow in some way through their experiences.

As a researcher, it is also important to be prepared for intense emotions, and to be able to articulate these in full empathetic support of the patient. It is common to recall one's own experiences as well, and it is important to hold these carefully during the interview. A calm, quiet, deeply empathetic manner is completely appropriate.

Don't set a time limit on the story. Give patients the time to tell things their way.

## 02 Briefly explain the purpose and format of the interview/discussion

### **Before you begin:**

Make sure patients understand and have given their consent to participate.

Emphasise that the session is unstructured and designed to give them free reign to talk about their experiences.

### **There are usually three different aspects to a storytelling session:**

- Patients telling their story and talking about their experiences.
- Patients reflecting on what their experiences meant for them.
- Patients reflecting on what their experiences suggest about services and how they can be improved.

These are typically intertwined in the telling, and it is better to let people manage the session in their own way.

### 03 Encourage patients to tell their own stories on their own terms and at their own pace

Start by asking open-ended questions such as “how did things start for you?” or “when did you first notice anything unusual?”

Continue to use open-ended questions such as “what happened next?” and “what was going on for you at that time?” until they have reached the end of their story.

In group discussions, it can be useful to ask people to tell their stories in groups of two or three to develop shared stories. They may then summarise and write these down as three to five ‘chapters’ (describing the major phases) with key experiences summarised under each.

### 04 Invite patients to reflect on their own experiences

Start by asking open-ended general questions such as “overall, what do you make of your experiences?” before moving into specific examples.

Continue to use open-ended questions such as “what specific experiences stand out for you as particularly good or bad?”, “what did you make of X experience?”, “how did you deal with X experience?” and “what did X experience suggest to you about the service?” until they have reflected as much as they want.

Patients may have reflected on their experiences already, so encourage a deeper exploration while avoiding repetition at this time.

One way to encourage deeper reflection is to offer comments other patients have made and invite discussion from their own experience.

Be transparent when doing this to avoid misleading patients who might assume these are your own or your organisation’s.

In group discussions, it can be useful to summarise their reflections on specific experiences under the relevant phases.

### 05 Invite patients to suggest improvements

Focus on things that would have made all the difference to patients’ own specific experiences. Start with an open question, such as, “what could have been different for you?” or “what changes in service would make a difference for you?”

Remind patients of any ideas they have already mentioned.

Include any ideas you want to check at this stage.

When the ideas have all been covered summarise by asking, “if all these things were done what difference would that have made for you?”

06

## Paraphrase patient experiences, their reflections and their suggestions

Check you have understood correctly and that you aren't missing anything out. Invite them to comment on, or add anything, to what you have paraphrased.

### Tips

- Make sure the session is focused on patients and their experiences. Minimise any need to ask structured questions and to cover topics of little or no relevance to them.
- Patients may often hold values that are not relevant to their service experiences, but respect their views nonetheless. Don't debate the correctness of their views in any way. If the patient has extreme views of the service, accept these. If the patient's experience includes a significant misunderstanding, carefully suggest this and explore what difference this information make for them.
- Make an offer to provide more accurate information. If the patient is abusive of service staff in any way, try to understand the cause (such as the specific behaviour) without agreeing or disagreeing with their view.
- If patient experiences include any examples of unethical service or staff behaviour, or unresolved problems, carefully point this out (they may not realise this) and offer to help the patient address these. Be proactive and don't use the research as a barrier to improving patient outcomes. Make sure you fulfil any commitments to act on their behalf.

07

## Give a simple, concise outline of the next few steps in the project

Including when and how any improvements will be made.

Patients will want to know they are making a tangible difference to service quality and to the experiences of future patients. You may also need to share contact details so you can review any details of their experience and/or provide patients with a summary of the research, and so they can follow-up with you at any time.

### Example

## Colorectal cancer patient stories

### **The Colorectal Service at Waitemata DHB conducted patient story interviews with 10 diverse (by age, gender, ethnicity and condition) patients of the service.**

Interviews ranged from about 40 minutes to two hours. These were conducted at a time and place that suited the patients (mostly in their homes) and two interviewers (a researcher and a project team member) attended the interviews.

The interviews identified a range of issues and improvements, but most of all they highlighted the importance of spoken and written communication with patients. A follow-up survey of patients (based on a shortened version of the NHS service quality survey) helped quantify the size of these issues and set targets for subsequent improvement activities.

# Story guide for interviews



Download this template

[www.healthcodesign.org.nz/tools/tool3d.pdf](http://www.healthcodesign.org.nz/tools/tool3d.pdf)

1

Make sure patients are comfortable and at ease.

2

Explain the purpose and format of the interview. Make sure patients understand and give consent.

3

The 3 elements of an interview are:

1. Patients telling their story
2. Patients reflecting on what their experiences mean for them
3. Patients reflecting on what their experiences mean for the service.

4

Encourage patients to tell their own story in their own way, on their own terms and at their own pace.

5

Start with open-ended questions such as "how did things start for you?" or "when did you first notice something unusual?"

6

Invite patients to reflect on their own experiences.

7

Invite patients to suggest improvements. Focus on things that would have made all the difference for the patients' own specific experiences.

8

Paraphrase patient experiences, their reflections and their suggestions.

9

Give a simple, concise outline of the next steps in the project including when and how any improvements will be made.



# Tools to help you develop with patients

**4a**

**Ideas groups** Coming up with solutions **70**

**4b**

**Stakeholder needs table** Comparing improvements from different points of view **74**

**4c**

**Scenarios and personas** Using profiles to see if your improvements will work **78**



## Tool 4a

---

# Ideas groups

---

***Ideas groups come together to brainstorm improvement ideas and ways of resourcing and implementing them.***

## Why use it

Using ideas groups will help you to brainstorm issues and related ideas for improvements. It is an easy, fast, fun way of scoping potential improvements and innovations.

## When to use it

Use this tool whenever you need to scope initial solutions to a problem or opportunity.

Note: You will need to organise a whiteboard, sheets of paper and/or Post-it pads to record people's ideas. Always emphasise the need to write down all ideas!

## What's in Robert's box?

**At Waitemata DHB, the Healthcare Improvement Team had a box it takes to workshops (affectionately referred to as Robert's Toolbox in reference to the person who set it up).**

You might find one useful, here's what's inside:

- Ballpoint pens - 10 each of blue, black and red
- Permanent markers - 16 each of blue, black, red & green
- Whiteboard markers - 3 each of blue, black, red, green & purple
- Highlighter - 1 each of blue, pink, yellow and orange
- Pencils and colouring pencils
- Two rulers
- Post-it pads - assorted colours
- Blue Tac
- Thumbnail tacks
- Scissors
- Sellotape
- Post-it flags - 2 each of blue, red, orange yellow
- Stress balls

### 01 Identify the key problems and any benefits for patients if they are resolved

Write a sentence describing each problem with the benefits of resolving it (the outcomes) in plain, simple language. Avoid any descriptions that suggest a tangible solution, as this will block further ideas.

For example, "a tool to prevent miscommunication between patient and staff, so saving time, preventing errors, and helping patients feel more in control of their situation".

Make a list of the problems to focus the session.

### 02 Identify who needs to be in the session

- Make sure you include anyone who is an (active) stakeholder in addressing the problems and opportunities.
- Set up the session and invite attendees.
- Consider appointing an independent facilitator.
- Before you hold the session, circulate the list of problems, inviting people to think of others and contribute them during the session.

### 03 Begin the session

Briefly review the initial problems list and check all attendees have a clear understanding of the challenge each problem poses.

Brainstorm any additional problems if these arise.

Ask attendees to reflect on the list and note any patterns and themes they find.

Discuss these and review the list, grouping any that seem similar. Finalise the list.

### 04 Develop success criteria

For each problem ask: How would a patient want to experience this once the problem was resolved? What would a patient's experience of success be?

This exercise can be done in subgroups, with each team allocated a specific problem.

Once this is complete take a brief break and prepare for a high-energy brainstorm!

### 05 Brainstorm ideas for resolving each problem on a separate sheet of paper

If there are many problems, split into smaller groups and allocate a set to each group.

The brainstorming question is: "How might we resolve this successfully for patients (or for its key users, if not patients)?"

Stay focused on brainstorming ideas and avoid judging ideas.

When each problem has been brainstormed, take another break.

### 06 Very briefly review the lists of ideas and allow 5-15 minutes of reflection and discussion

This works best if the sheets of paper are arranged around the walls of the room and group members can circulate to view them. Provide each group member with three 'sticky dots' (or a small number of other items they can stick to the brainstorming sheets).

Invite participants to vote for the three ideas they consider will make the biggest difference for patients (or whichever stakeholder group is the primary focus).

### 07 End the session by listing the ideas that are being put forward on a fresh sheet of paper

Review this list and reflect on the themes and priorities. Avoid making any decisions, keeping the ideas open for further assessment and development.

## Example

# Gown design workshop

## **Patients at Waitemata DHB identified a need for better gowns when having a mammogram.**

A workshop was held with staff, patients and students from Unitec's School of Design and Visual Arts. The aims were to detail problems with existing gowns, brainstorm ideas to resolve these problems and start work on new gowns.

The workshop started with a general review of known issues with the gowns. Attendees split into teams, each with a mix of students, staff and patients. The teams began their work by listing problems with the gowns in more detail. They reflected on these and some reduced them to key themes, while others chose to work on the most significant ones.

Teams brainstormed what a really good gown might be like (the success criteria for the gown). This included criteria that resolved the known problems, but also criteria that added new and different elements. The ideas were reviewed and key points identified. For example, the feeling when wearing the gown became an important criterion to consider. The teams shared all their problems and success criteria on a whiteboard.

Teams brainstormed specific solutions to problems. In this workshop they then sketched a gown that would both resolve problems and meet the success criteria. They worked on these with patients to the point where very rough examples (or prototypes) were cut, pinned together and put on a willing patient. This meant patients, staff and students could experiment in practical ways with a range of solutions to learn how these could be combined in a single gown.

Finally, each team briefly presented its prototype gown to the workshop.



## Tips

When brainstorming, the more diverse the group of people the better.

Be tolerant of ideas that are off the mark, even if silly – write these up as well. They are useful for stimulating more ideas!

Encourage fun and silly ideas as these help keep people's creative energies flowing.

## Tips

Keep your brainstorming focused on improvements that benefit both stakeholders.

Focus on identifying the improvement and its benefits, then move on to the next. Do not discuss or detail improvements beyond mutual benefits. For example, do not discuss how practical an improvement is, just whether it meets the 'mutual benefit' criterion.



## Tool 4b

---

# Stakeholder needs table

---

***A stakeholder needs table shows you what different stakeholders need and what improvements will help more than one stakeholder.***

## Why use it

You can use this tool to compare one stakeholder's needs against those of another. For example, patient needs and ideas can be identified and compared to managerial, clinical and other stakeholder needs.

Healthcare services often identify potential improvements before a project starts. As a result, they may inadvertently exclude other stakeholders' needs and useful improvement ideas. This tool helps build a balanced view of potential improvement areas and improvement ideas.

## When to use it

A stakeholder needs table is a useful tool for sketching out possible improvements near the start of your co-design work, as well as deciding on key areas for improvement and specific improvements later on in your work.

## 01 Identify key needs and areas of improvement from the perspective of each stakeholder group

Key stakeholders might be management (a financial perspective), clinicians (a health perspective), administration (a logistics perspective) and patients (an experiential perspective). You may include specific improvement ideas but this is best avoided. Any undue emphasis on these can prevent other ideas arising and being considered.

## 02 Group improvement ideas

Review the needs and areas of improvement for each stakeholder group. For each stakeholder, organise and group these into between three and six key areas that summarise the major concerns. Express these in the language of the stakeholder group.

## 03 Complete the **stakeholder needs template** (page 76)

## 04 Create a summary diagram

When you have completed the stakeholder needs template for all stakeholders, create a summary diagram to identify the key improvements that provide the greatest benefits for the most stakeholders.

### Example

## Melanoma care

**Services involved in melanoma care at Waitemata DHB were looking for the best ways to formalise the service.**

One idea was to create a clinical nurse specialist (CNS) role to build stronger relationships between the service and patients.

As part of the development project, a workshop was held to explore communication with patients. During this workshop patients talked about their need to have a single staff member to liaise with throughout their time with the service.

A simple version of the **stakeholder needs template** (page 76) was used by project team members to map out patient and clinical needs.

This showed that a range of communication-oriented service elements and materials would be of significant benefit to both patients and staff.

A range of these were developed to help patients and clinicians discuss clinical and service topics together as a part of routine service provision.

In particular, the tool showed that a CNS would be ideally suited to the liaison role. Communication-related responsibilities were then noted for inclusion in the job description for this position.

# Stakeholder needs template

What patients want

	A	B	C	D	E
What another stakeholder wants improved/ their areas of concern	C				
	B				
	A				

## Template Instructions

- Using a large whiteboard or sheet of paper, list the needs of the key stakeholder group (usually patients) across the top. Then list the needs of another stakeholder group down the side.
- Work across and down the empty squares in the table, placing a tick in each one where stakeholder needs clearly coincide (it doesn't matter how many ticks there are). Then number each tick.
- Using a separate sheet of paper for each, brainstorm specific improvements for that square from the perspectives of both stakeholders, noting its benefits for each stakeholder alongside. Use the **improvements and benefits template** (page 77) to record improvements in each square and how they benefit each stakeholder.
- Identify the key improvements that provide the greater benefits for both stakeholders. As you flesh out the improvements, you may notice patterns in the types of improvements being suggested. Review these and look for improvements that address multiple issues and/or achieve benefits for multiple stakeholders. These are likely to be the highest-value improvements and the most important to focus on.
- Repeat this for any other stakeholders, keeping the primary stakeholder (such as patients) across the top of the template.



# Improvements and benefits template



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[www.healthcodesign.org.nz/tools/tool4b2.pdf](http://www.healthcodesign.org.nz/tools/tool4b2.pdf)

Improvement ideas	Benefits to patient (using their language)	Benefits to other stakeholder (using their language)
01.		
02.		
03.		
04.		
05.		

## Tool 4c

---

# Scenarios and personas

---

***A scenario is a realistic description of how a service works. A persona is a realistic description of a type of client.***

---

### Scenarios and personas example

---

Imagine an elderly patient with poor eyesight arriving by taxi at the front door of an outpatient clinic. He moves slowly inside (he has a walking stick) and sees a long queue in front of the reception.

The fuller persona would give more detail about his condition, needs, abilities and so his likely response to the queue.

A full scenario would describe the different things that might happen next as he tries to get the service he needs. For example, does he join the queue without question, or does he stop and look around to see if it is the right queue? If he looks around, what signage might he be able to see, if any? Or does a staff member greet him and offer help?

Scenarios and personas work best when based on realistic 'extremes', as in the example given.

They help you notice and amplify experiences that otherwise go un-noticed. They also

prevent you defaulting to the 'average' patient or 'average' service delivery, which inevitably leads you to making merely 'average' improvements!

## Why use it

### **Scenario and persona descriptions:**

- Help you determine exactly who your improvement needs to work for as well as when, where and how it needs to work to be successful.
- Give you simple, cheap, quick ways to develop improvements.
- Help you experiment with different improvement ideas, judging their value in a realistic and useful way, but without the need to involve staff and patients.

## When to use it

### **Use scenarios and personas when:**

- You have a solid understanding of different types of patients and their experiences (you may have used patient shadowing, patient journey mapping and/or patient stories to gain this).
- Developing any improvement ideas to keep improvements focused and grounded.
- During the early stages of prototyping (page 98).

## 01 Identify and profile service scenarios of interest

Identify the service times and places where the issues occur or where you would like to make improvements. If you have explored patient experiences, you will be aware of the times and places where difficult experiences occur.

To create a scenario, simply list the elements of the scene, including anything that contributes to patient difficulties. To help, you might imagine you are setting up a film or stage set. What things and people need to be there, and how are they arranged? What happens in the scenario?

It is useful to avoid 'average' or 'typical' scenarios – be more specific and use extremes to accentuate and explore issues. For example, if the scenario is based on an outpatients clinic, make it very busy – noisy, full, long queues, stressed staff, anxious patients and so on.

Make sure you focus on the exact time and place. For example, if you are exploring letters written to patients, base your scenario in a kitchen or living room where the letter might be read.

It can be very helpful to quickly sketch the scenario and make notes next to it – this helps document what it is and why you are exploring it. Then evolve the sketch as you learn – it's a very easy way to record your learnings. Keep your sketches very basic – don't worry how pretty the sketch looks.

## 02 Identify and profile patient and staff personas of interest

When you have your scenarios, develop your patient and staff personas.

Start by giving the person a name and then bring them to life. List their demographic qualities (age, gender, ethnicity and education); their physique with their physical abilities; their psychological state and abilities and their social supports. Do this for both patients and staff.

It can be very useful to sketch the persona (stick figures with a bit of detail are fine). Sketching often helps make the person more real.

## 03 Create full scenarios with personas

To create a full scenario with personas, start by taking a basic scenario and putting the relevant personas into it to develop a brief story about how things would normally work. As you do this, include issues and how staff and patient personas react to them.

---

### Example: Scenario with persona:

---

**Scenario:** a patient is in bed on a shared ward. It is visiting hours and the room is full of visitors.

**Persona:** The patient has had a sleepless night and is distressed by the noise and activity of the visitors. She calls a stressed staff member and complains. The staff member feels powerless and somewhat annoyed but tries to respond positively.

---

04

## Insert an improvement and experiment with it

To use the scenarios and personas to evolve an improvement, start by inserting the idea into the scenario. For example, the improvement might be a heavy, sound-deadening curtain that closes around a patient's bed space.

---

### Example: adding an improvement

---

The patient might ask a visitor to close the curtain for them. Or the staff member might agree that the room is noisy and close the curtain. Or the patient might try to get out of bed and close the curtain themselves.

---

Each of the variations in the scenario helps you to explore an idea and its implications. For example, a curtain might need to be especially high to help block out noise. It might need a special track to make it easy for a patient to open and close. Its outer face might feature a request for visitors to talk quietly.

Scenarios and personas allow you to experiment, create, learn and evolve your improvement ideas in a realistic way quickly and easily. There are no right or wrong answers, so be brave and explore freely.

05

## Document your work

Make sure you document your scenarios and any implications or new ideas. It often helps to have a note-taker observing the 'scenario team' as they imagine the scenario, so the latter can concentrate fully on this.

You can use the **scenario template** (page 81) to develop a comprehensive range of scenarios and personas that explore an issue or improvement idea fully.

### Tips

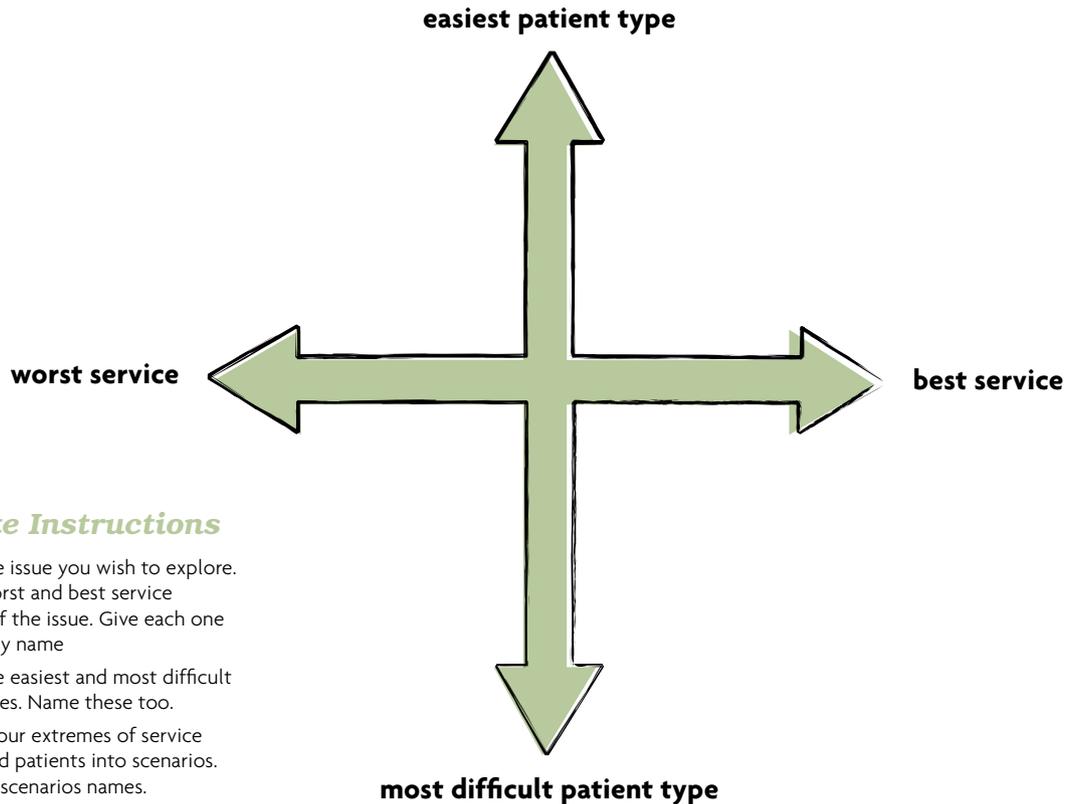
- Make your scenarios and personas realistic. Be consistent with the scenario and persona – don't 'change the rules' halfway.
- Go for extreme scenarios and personas, using these to amplify the pros and cons of a problem, its possible solutions and the implications of these.
  - Make your sessions relaxed and fun. Encourage experimenting and playing with different options. Prevent any judgement about whether an idea is right or wrong – just try it out and see what happens.
- If you can, use role-plays rather than just discussion. Even very simple role-plays are useful. Are you shy or reluctant? Be brave.

# Scenario template



**Download this template**

[www.healthcodesign.org.nz/tools/tool4c.pdf](http://www.healthcodesign.org.nz/tools/tool4c.pdf)



## *Template Instructions*

- identify the issue you wish to explore. Identify worst and best service extremes of the issue. Give each one a short, easy name
- Identify the easiest and most difficult patient types. Name these too.
- Combine your extremes of service delivery and patients into scenarios. Give these scenarios names.
- Plot these on the diagram. Try to have one in each quadrant. For example, you might combine a worst service with an easiest patient type.
- Flesh out each scenario with details.
- Introduce the improvement into each scenario and experiment with them!
- Document your learnings as you go.



## Role plays

***The best way to experiment with scenarios and personas is often to use role-plays and simple models of any technologies or improvements (such as cardboard cut-outs).***

Role-plays are especially important when exploring intangible improvements and touchpoints (such as staff behaviours or communication) and times when people's interactions are central to the service experience.

The major advantage is that you get to experience the kind of emotions that the patient or staff member has in that scenario. For example, an acted scenario produces spontaneous reactions and

behaviours by the actors – ones that wouldn't come to light without acting it out. You can then explore ways to improve the service experience for both staff and patients.

When using role-plays, it is important to have someone observing/taking notes/time keeping so the rest of the team can concentrate on acting and staying in role.

When the scenario is finished, make sure you talk about the experience of being each person in the scenario – what it felt like to be that person, why things did and didn't work for them, and so on. If you had an audience, ask them to make observations about what they saw happening and what they understood from this. Summarise what you learned from the scenario and make sure it is documented before moving on.

### *Example*

## Communicating with melanoma patients

### ***Services involved in melanoma care at Waitemata DHB used scenarios and personas during the initial stages of their co-design work.***

These were used to help scope out the work and identify which improvements to focus on.

They began by creating two patient personas to scope parameters for new service elements: a well-educated, talkative, active woman and a poorly educated, reserved, overweight man. Then they developed a service scenario, looking for places where either persona might have difficulties.

This approach highlighted the need for careful interpersonal communications right from the very start. The well-educated, communicative woman would ask lots of questions, while the poorly-educated man might need careful prompting in conversation to ensure his needs were not overlooked.

This also helped clarify that a specialist patient liaison role would be required to help 'interpret' the service for patients. And it highlighted known administration issues.

As a result, the team anticipated a need for new patient communication tools as well as improvements to existing internal systems.

A set of visual communication tools was subsequently developed to help staff and patients talk about melanoma in general and the patient's condition specifically.





# Tools to help you decide with patients

**5a**

**Service touchpoints and hotspots**

Identifying the key places where patient and healthcare services interact and where to make changes **88**

**5b**

**SWIFT ideas**

Selecting and transforming improvement ideas **92**

## Tool 5a

---

# Service touchpoints and hotspots

---

***A touchpoint is any point of contact patients have with your service. Touchpoints may be tangible or provide tangible evidence of service.***

These include letters and brochures, websites, signage, equipment for patients (such as gowns) and even the appearance of facilities. Personal interactions (both words and actions) are often important touchpoints too, because they are crucial to service experiences.

A **hotspot** is a high value touchpoint that you can improve quickly and easily and has significant impact on patient experiences of the service.

In healthcare services, improvement ideas often involve changes to an existing touchpoint, such as using better pictures in an existing brochure. They may also involve new touchpoints, such as using videos instead of brochures to communicate with patients.

## Why use it

This tool helps you understand exactly what makes your service work for patients.

Knowing which touchpoints patients value most helps you decide which areas to prioritise for improvement, and how best to do so.

## When to use it

The best time to use this tool is after you have developed an understanding of patient experiences and a selection of improvement ideas.

## Touchpoints and emotions

*“...these [touchpoints] are the points of contact with the service that are intensely ‘personal’ points on the journey, where one recalls being touched emotionally (feelings) or cognitively (deep and lasting memories) in some indelible kind of way”. (Bate and Robert, 2007).*

## 01 Summarise what you know so far about the patient journey

Using the information from your exploration of patient experiences and improvement ideas, fill in the first three columns of the **touchpoint development template** (page 90), starting with good and bad patient experiences of services. For each experience, note the values and actions that contribute to it, then any relevant improvements. Note: this might take a few sheets of paper.

## 02 Identify possible touchpoints

Review the completed **touchpoint development template** (page 90) for each experience and identify existing and/or possible touchpoint ideas.

### **These touchpoints may be:**

- (a) the way service is currently delivered or
- (b) ways it could be delivered better.

It is likely interaction-based touchpoints (words and actions) are already listed in the 'values and actions' column, but it is important to include them in the touchpoint ideas column too.

## 03 Analysis

Using the **touchpoint analysis template** (page 91), analyse each touchpoint idea for its value to both patients and your organisation. To do this, simply take each touchpoint in your list and position it on the diagram.

This will involve some discussion over the merits of each touchpoint, and it is important not to rush this. As you do this, you may find it useful to note the criteria or rules-of-thumb you are using to decide, as this helps you keep your decisions consistent. When you have covered all the touchpoints, review your decisions one last time for consistency.

If you discover new improvement ideas and approaches during the analysis, add these to the **touchpoint analysis template** (page 91).

## 04 Identify which touchpoints to focus on

Shortlist the higher value touchpoints (Boxes 2 and 4) and prioritise those in Box 4. These are your hotspots for immediate attention.

# Touchpoint development template



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[www.healthcodesign.org.nz/tools/tool5a1.pdf](http://www.healthcodesign.org.nz/tools/tool5a1.pdf)

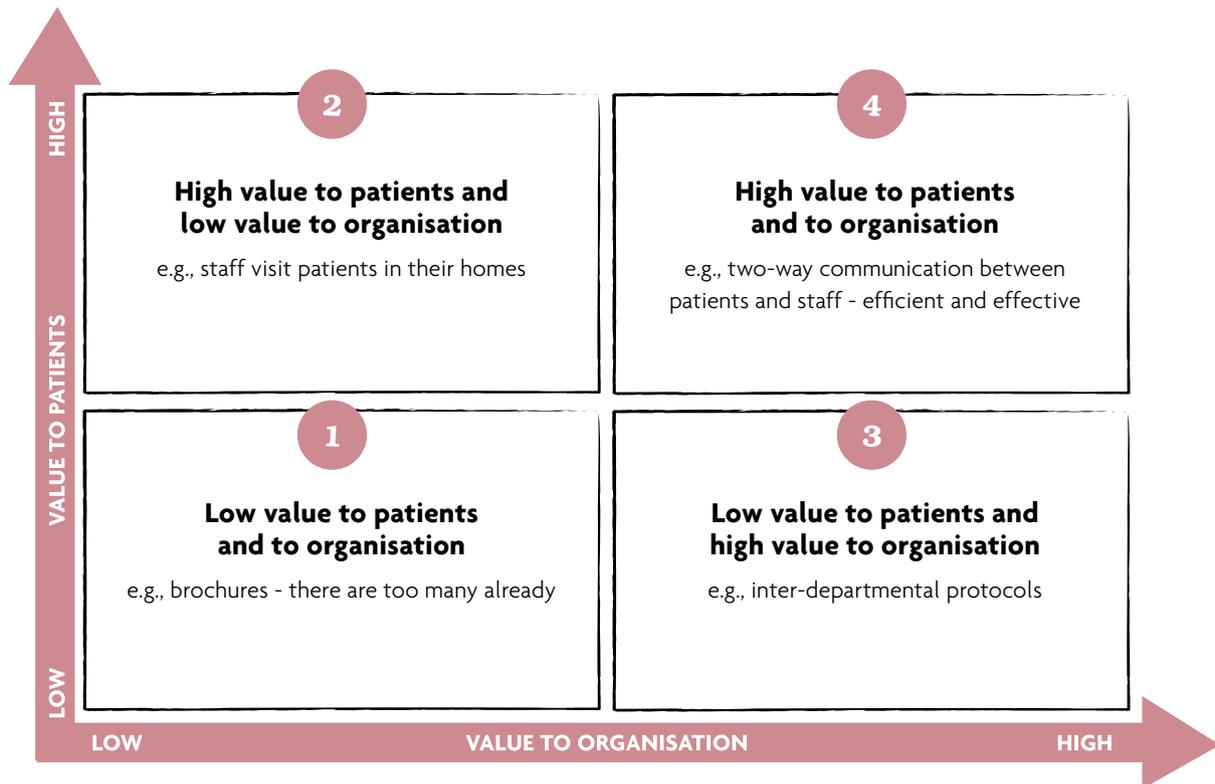
<b>experiences</b>	<b>values and actions</b>	<b>improvements</b>	<b>touchpoint ideas</b>
<p>Good and bad service experiences</p>	<p>Values and actions leading to these</p>	<p>Improvement ideas and suggestions</p>	<p>Actual and potential touchpoints</p>

# Touchpoint analysis template



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[www.healthcodesign.org.nz/tools/tool5a2.pdf](http://www.healthcodesign.org.nz/tools/tool5a2.pdf)



## Tool 5b

# SWIFT ideas

***SWIFT stands for Strengths, Weaknesses, Individuality, Fixes and Transformation.***

Each improvement idea is assessed for its strengths and weaknesses, and its individuality (what makes it different). Fixes (solutions to the weaknesses) are identified and the improvement idea is transformed (changed).

## Why use it

**The SWIFT tool enables you to:**

- Take a considered approach to all improvement ideas including out of the box ones.
- Assessing your ideas against set criteria.
- Make robust, well-informed and transparent decisions about service improvements.
- Select the most viable improvements from a larger list and improve them.

## When to use it

Use SWIFT when you have a number of good potential improvements you need to develop and perhaps prioritise.

- 01** Identify and list your improvements
- 02** For each improvement complete the ***swift analysis template*** (page 93)
- 03** Identify which improvements to prioritise  
Review the list for improvements that are higher value for both patients and staff.

### Tips

- Have someone own and champion each improvement during the session.
  - Keep your descriptions of strengths, weaknesses, individuality and fixes succinct – a few words at most.
  - Allow anything from 15 minutes to an hour per improvement (it depends on both the improvement and the size of your team).
- Split your SWIFT exercise into a number of brief sessions rather than an extended one if possible (this keeps people fresh).
  - Make sure your focus on strengths and individuality is balanced with weaknesses and fixes.

# SWIFT analysis template



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[www.healthcodesign.org.nz/tools/tool5b.pdf](http://www.healthcodesign.org.nz/tools/tool5b.pdf)

<p><b>Improvement idea</b> e.g., new information brochure</p>	<p><b>Strengths</b> e.g., lots of information</p>	<p><b>Weaknesses</b> e.g., not specific enough for patients, too many words, will patients understand it?</p>
<p><b>Individuality</b> e.g., incorporates NZ/Maori perspective, colourful</p>	<p><b>Fixes</b> e.g., emphasise interpersonal communication between patients and clinicians, make more immediate</p>	<p><b>Transformation</b> e.g., use visual tools including pictures and diagrams, use patient stories</p>

## Template Instructions

- Identify key strengths and weaknesses of each improvement. Strengths are typically the qualities that make the idea attractive, while weaknesses are those that may cause difficulty and/or include elements that may need to be prevented or resolved. Beware of emphasising weaknesses and difficulties over strengths - be positive about the idea.
- Explore what makes each improvement especially individual – new, different, better and/or original.
- Prioritise the weaknesses and brainstorm ways to fix the key ones, then others. Be specific in addressing each weakness – avoid combining them under one fix. The aim is to strengthen, evolve and develop the improvement (not to find further reasons why it can't work). Beware of assuming any particular weakness is impossible to solve, and note any circumstances where weaknesses might not apply or be easier to resolve.
- 'Transform' the improvement into its final form. To do this, review your work on it (as above) and rewrite in a single simple statement.



# Tools to help you change with patients

6a

**Prototyping** Trialling an initiative to see how it works **98**

6b

**The biggest difference** Identifying the impact an improvement can make (or has made) on patients **104**

6c

**Service blueprints** Finalising and documenting the service improvements **108**

## Tool 6a

---

# Prototyping

---

***A prototype is a rough draft of an improvement. Many kinds of prototypes are used throughout improvement work (ranging from a simple verbal description of the improvement through to a full mock-up).***

Prototypes can even be made just to help you learn. The key with all prototypes is to be clear about what you need to learn and who from.

Prototyping simply means using a 'rough draft' of an improvement or a touchpoint to learn more about it. Prototyping for services can seem difficult because they rely on intangible processes, such as relationships with people. For example, patients want to experience intangible touchpoints such as warm smiles, informative conversations and helpful actions. But in fact processes typically involve many tangible touchpoints, such as letters, gowns, signage and information booklets.

So there are two broad types of prototyping – the first for intangible elements and the second for tangible ones.

## Why use it

Prototyping can be used to test new processes, products or services to see if they will work.

## When to use it

Prototyping is used throughout the design process. Early prototypes (such as concepts, descriptions, sketches and diagrams) are very useful for learning more about ideas and how best to develop them further. Later prototypes (such as drafts, role plays or physical mock-ups) are critical for making sure improvements are working as they should to improve patient experiences. Prototyping is a very useful way of engaging in learning with stakeholders and stimulating creativity.

### Tips

*In co-design work it is important not to spend a lot of time and money on individual prototypes. When working with stakeholders, a prototype only needs to be good enough for everyone to learn from.*

## 01 Specify whom the improvement idea is for and what you want to learn

Always start prototyping by clarifying who exactly the improvement idea is for - be as specific as you can.

For example, when developing a patient brochure, your key patient might be a person who knows very little and is confused. The next step is to specify what you want to learn. Even if you have a lot of questions, focus on one or two at a time. For example, if you have a draft brochure for patients who know very little, find an appropriate patient and ask them to help you with one element such as the pictures and diagrams.

## 02 Select and develop the simplest prototype

- Use the **prototype selection template** (page 100) to help you find the simplest possible prototype. Note: the earlier you start prototyping the better your later prototypes are likely to be
- You can develop tangible prototypes using materials such as paper, cardboard, cloth, plastic, lego, polystyrene and so on
- You can develop tangible prototypes using diagrams and role-plays (see **scenarios and personas**, page 78).

## 03 Develop the prototype as quickly and cheaply as possible

## 04 Test the prototype

Test the prototype as many times as you need until you notice a pattern in the ways people respond to it. You can adapt tools such as **SWIFT ideas** (page 92) and **the biggest difference** (page 104) to assess the prototypes.

Use the prototype evaluation template to help you document your findings.

## 05 While you are fresh from your findings with this prototype, brainstorm ideas for the next one

# Prototype selection template



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1

**Prototype:**

Just an initial idea  
(perhaps from a brainstorm)

**Learning:**

Asking stakeholders what they  
make of it

2

**Prototype:**

A concept description - a  
well-developed idea  
with some detail

**Learning:**

Asking stakeholders to assess it

3

**Prototype:**

A draft or sketch - a rough visual  
such as a sketch, diagram or map

**Learning:**

Asking stakeholders to imagine  
how it would work

4

**Prototype:**

A rough tangible version - a rough  
written, visual or physical form

**Learning:**

Asking stakeholders to act  
out doing/using it

5

**Prototype:**

A full version - an example of  
the final version

**Learning:**

Asking stakeholders to use/do  
it in actual contexts

6

**Prototype:**

The real thing - anything from  
a basic to a full version

**Learning:**

Asking stakeholders to use/do  
it in actual contexts

### Example

## Mammography gown design

**Waitemata DHB needed new mammography gowns. The project team organised a workshop with staff, patients and design students to help develop new ones.**

The workshop started by exploring problems with existing gowns. Then eight teams of patients, staff and students identified what an improved gown might be like and brainstormed ideas. These eight 'ideas of an improved gown' were the first prototypes – each team evolved theirs simply by reflecting on it and refining the idea.

A second set of prototypes was developed by sketching the gowns – this was repeated until the look and features of the gown seemed optimal to patients and staff.

A third set of prototypes was developed by mocking up gowns using lightweight material, cut to shape and held together with staples and Sellotape. Patients in the teams acted as both models and advisors to help evolve gowns that could both look and work well.

A fourth set of prototypes was developed by students as a coursework assignment. This version used materials and sewing appropriate for a real gown. A 'fashion show' was held, in which patients

and staff modelled the eight prototypes. The gowns were judged and three chosen on style, functionality and overall popularity.

A fifth set of prototypes was developed to pilot four different possible gowns in mammography scan clinics. Patients selected one of the four and used them during their scan. They then filled in a simple survey rating the gown on key features and checking for any final refinements. Results showed one gown (with minor refinements) was strongly preferred by patients and, as it happened, staff preferred this version as well.

The final gown is the result of five different prototypes and about 36 different versions of a simple mammography gown.

### Tips

- Prototyping is best when the exercise itself is very focused – the more focused the faster and easier learning is.
- Prototyping is best when people can play with and easily alter the prototype to reflect their findings and allow them to try out new ideas. The result might be an improvement or an idea for a new and better prototype.

# Prototype evaluation template



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[www.healthcodesign.org.nz/tools/tool6a2.pdf](http://www.healthcodesign.org.nz/tools/tool6a2.pdf)

<p><b>Key user(s)</b> e.g., patient having a mammogram</p>	<p><b>Key questions/learnings needed</b> e.g., what design works best for patients and staff</p>	<p><b>Key weaknesses</b> e.g., falls open too easily, one size only, makes patients feel uncomfortable</p>
<p><b>Key usage scenario(s)</b> e.g., patient seated while waiting, patient having a mammogram</p>	<p><b>Key strengths</b> e.g., easy to launder, durable material</p>	<p><b>Ideas to improve prototype/criteria for next prototype</b> e.g., different sleeve design, better ties, more attractive to patients, helps retain patient dignity</p>

“I think it has been an excellent process. Along the way it has worked from the general to the specific and in that way it has, therefore, not just been a rubber-stamping process.” - **Patient.**

## Tool 6b

# The biggest difference

***The biggest difference tool provides evidence of what difference an improvement has made (or will make) to a patient's experience.***

It also helps identify the key aspects of the experience that have been (or will be) changed and what part of the service made (or is likely to make) the difference.

## Why use it

This tool is important because it focuses on the patient's experience. It is designed to allow you to explore an improvement without needing detailed knowledge of the 'original' (pre-improvement) experience. But with this knowledge, it does allow you to compare and contrast the new experiences with the original.

## When to use it

You can use this tool to evaluate a prototype or pilot version of an improvement, or to monitor the performance of an improvement after implementation.

## Questions to ask about improvements:

- What is different about this improvement for you? Was anything else different? [Repeat until they say 'no'.]
- What effects, good and bad, did [name one difference they mentioned] have for you? [Repeat until all differences have been checked.]
- What was the biggest difference the improvement made for you?
- What effects, good and bad, did this biggest difference have for you? What were the effects during your times at home and in the rest of your life, as well as in the service?
- What ideas and suggestions do you have about making this difference even bigger and better for you?

## 01 Identify the key users of the improvement (patients are used as a general group in the steps below)

Make sure you have identified the types of patients an improvement is designed for. It pays to select a range of types to check the improvement is working equally well for all, or to assess that it is working best for those who need it most (without compromising the service for others).

## 02 Have patients experience the improvement

You can set up the experience by using **prototyping** (page 98), or by working with patients who have experienced the improvement during actual service delivery. Either way, it helps to observe them having the experience (see **patient shadowing**, [page 46]) to learn first hand what happens.

## 03 Have patients tell you about their experience and then reflect on the improvement

Ask patients to tell you the story of their experiences with the improvement (see **patient stories** [page 60]). Use open-ended, non-specific questions inviting the patient to re-experience it fully.

Recording patient stories on video is a very useful way of capturing critical aspects of the experience.

## 04 Encourage patients to reflect on the improvement

Work carefully with patients through the questions on page 94 to help them evaluate the improvement. The questions need to be paced carefully so patients have time to reflect on and answer them fully. Some paraphrasing and much encouragement should be used.

## 05 Document your findings about the experiences carefully. Use **the biggest difference template** (page 106) to help you do this

## 06 Identify changes to improve experience

Review your findings. Identify ways to reduce negative effects and accentuate positive effects of the improvement.

# The biggest difference template



Download this template

[www.healthcodesign.org.nz/tools/tool6b.pdf](http://www.healthcodesign.org.nz/tools/tool6b.pdf)

<p><b>Key Users</b></p> <p>List key users</p>	<p><b>What was different about improvement</b></p> <p>List differences</p>	<p><b>What effects this had</b></p> <p>List effects of each difference</p>
	<p><b>What made the biggest difference</b></p> <p>Detail the biggest difference</p>	<p><b>What effects this had</b></p> <p>Detail the effects this had</p>

### Example

## Communication touchpoints

**During the Colorectal Cancer Service Improvement Project at Waitemata DHB, patient surveys indicated communication between staff and patients was a core service element.**

In subsequent work on with the Breast and Melanoma services, communication was also found to be important.

During these projects we learned to ask patients at every opportunity: 'What makes the biggest difference for you in communicating with staff?'

This single question repeatedly gave us deeper insights and richer ideas about communicating with patients. For example, we learned that when patients say 'communication', they usually mean conversations with staff. We learned that most patients favour personal, interactive, timely communications – 'the right information, at the right time, in the right way'. This prompted us to explore ideas for encouraging useful conversations between patients and staff (rather than focusing solely on better brochures, for example).

And so we learned that simple questions, such as 'what's different?' and 'what's the biggest difference?', along with careful listening, can lead to very rich service improvement insights and ideas.



### Tips

- Use this tool to explore with the patient and avoid making them do all the work. The questions focus a great deal of attention on the patient and make great demands of their time, energy and emotional resilience. So encourage patients (whatever their replies), and contribute your own and others' ideas in support of those of patients you are working with.
- Focus on learning about the effects and impacts of the prototype or actual service improvement. If you are worried about biasing the evaluation, ask a researcher or colleague to lead the session for you. However, avoid stepping away from the process; it is better to witness patients directly, and in so doing make yourself accountable, than to miss out on critical findings.
- Having patients recall their experiences can be traumatic so make sure appropriate family and professional support is available.

## Tool 6c

# Service blueprints

***A service blueprint is a document summarising key learnings and decisions arising from the co-design work you have done within a service.***

It communicates to managers (and other readers) why the service exists for patients, how it works best for them, and what it does now (or needs to be able to do in the near future). In this sense it is a guide to the current and future state of the service from the perspective of patients and other stakeholders. It is very much like an architectural blueprint (hence the name).

## Why use it

A good service blueprint is important because it communicates on behalf of patients to other stakeholders within and beyond the organisation. It demonstrates a patient-based mandate and rationale for change, showing how to deliver great experiences and how to then continue evolving them.

## When to use it

Use this tool at the end of your co-design work to summarise the 'why, how and what' of the patient experience and the resulting service improvements.

As you read other tools, you will notice the emphasis on using diagrams to record your learnings, development work and decisions. That is, the emphasis falls on reporting progress often and in a brief, casual format. This saves a lot of time and keeps your co-design work moving.

Developing a more formal report or blueprint at the end of a project is easy because most of the work is done. It may be as simple as compiling your finalised diagrams and summarising the project using these to illustrate tools used, learnings gained and resulting improvements.

Sometimes you need to provide a rationale, strategy or plan for future development. This is easy as you can point people to the appropriate sections of the toolkit and to individual tools.

**01** Collate your co-design work documentation and arrange it in an order that works for your organisation

**Key tools to include if possible are:**

- Planning workshops (page 34)
- Co-design vision (page 38)
- Patient journey mapping (page 48)
- Scenarios and personas (page 78)
- Service touchpoints and hotspots (page 88)

**02** Develop a brief formal description of the service

Use the **service structure template** (page 110) to help you.

Simply complete the boxes from left to right, drawing on diagrams and project work to illustrate each section in concrete detail.

**03** Use the **future improvements template** (page 111) to develop a more detailed discussion of improvements that could or should be made

Use your knowledge of potential improvements by working column by column across the page template.

**04** Add any other information developed during your improvement work

This may include process maps, value chain analysis, reduction analysis, Six Sigma documentation, and so on.

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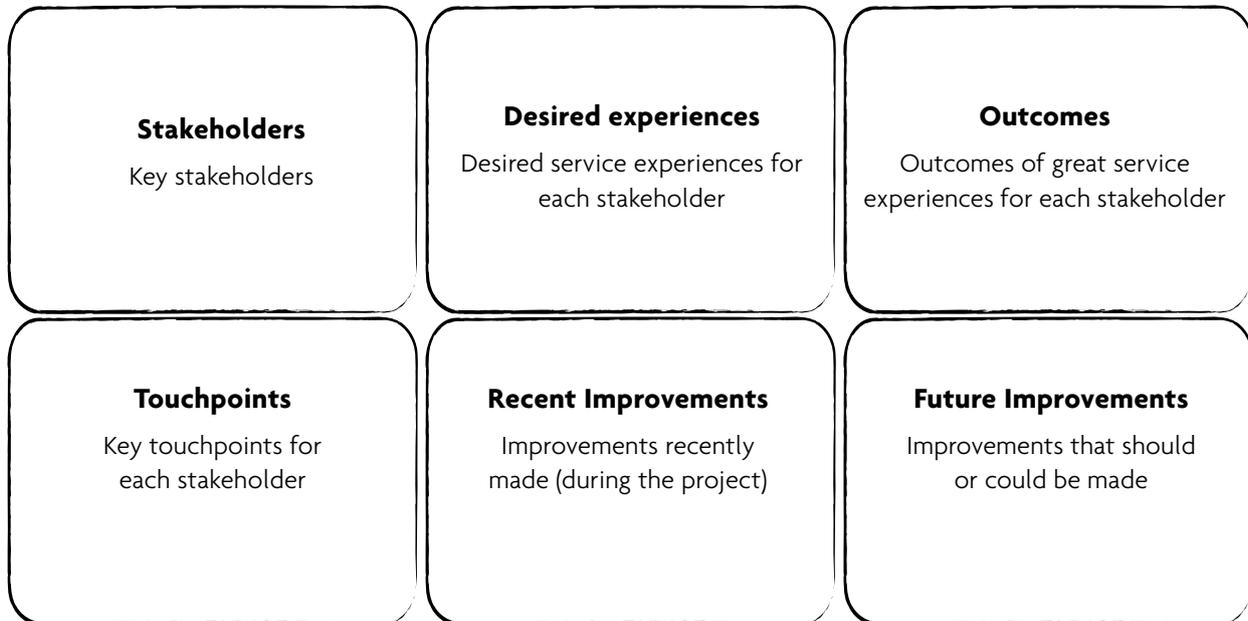
# Service structure template

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[www.healthcodesign.org.nz/tools/tool6c1.pdf](http://www.healthcodesign.org.nz/tools/tool6c1.pdf)



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# Future improvements template

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**Download this template**

[www.healthcodesign.org.nz/tools/tool6c2.pdf](http://www.healthcodesign.org.nz/tools/tool6c2.pdf)

**01**

Who is it for?

**03**

How it works for them?

**05**

How can it be fixed?

**02**

Why it works for them?

**04**

What can go wrong?

**06**

How might it be improved?

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