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CASE STUDY

Quality Time: Using experience-based co-design to capture emergency department staff experience

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SUMMARY
In the Quality Time study, researchers investigated whether using experience-based co-design (EBCD) is an effective way to capture staff experience as a way to improve service design. The study focused on staff experience in an Emergency Department where the emphasis is typically on performance and meeting targets. The EBCD process gave staff a "voice," created "shared" experience, identified priorities for improvement, and fostered collaboration among staff, patients, and carers. It also resulted in the launch of a volunteer pilot programme in which volunteers helped to improve staff experience. Volunteers became part of the Emergency Department team and part of the culture. EBCD can facilitate service improvement, increase staff engagement, and help staff feel valued and heard.

Key Words
Experience-based co-design, staff experience, emergency department, quality improvement, service design

ABSTRACT

Experience-based co-design (EBCD) is a quality improvement approach that enables patients, carers, and staff to gain insights into each other's experiences as service users and providers, respectively, using a narrative, participatory action research methodology. These insights lead to areas of agreed-upon service improvement priorities that can have sustained impact on design, quality, and safety through partnership and shared leadership.

Quality Time was a research study that investigated whether experience-based co-design could effectively capture service experience in Emergency Departments (EDs) in the United Kingdom (UK). Researchers undertook this study in response to a mandate to address one of the quality indicators (service experience) outlined by the UK Department of Health and the Royal College of Emergency Medicine. The study's primary aim was to establish whether EBCD could be employed to assess and redesign the service experience for patients and staff in UK Emergency Departments. One specific output from the Quality Time study was to prioritise improving staff experience—this priority was in direct response to patient sand carers hearing the staff experience. The Quality Time study demonstrates that EBCD is an effective method to hear the staff voice.

BACKGROUND

In the United Kingdom, the Emergency Department (ED) is the front door of the hospital. It is frequently crowded and the front door is never closed, which creates an intense work environment for staff. Moreover, the ED is a high-pressure area driven by targets. The "four-hour" standard is considered "the yardstick of quality." The four-hour standard is the most high-profile target—it refers to the National Health Service's (NHS) mandate that at least 96 per cent of patients attending Emergency Departments should be admitted to hospital, transferred to another provider, or discharged within four hours.[1] Moreover, ED waiting times are often used as a barometer for overall performance of the NHS and the UK's social care system.[2]

While how rapidly care is provided is deemed a priority, safety and quality of care, as well as patient and staff experience, are equally important. Numerical data are often used to measure patient satisfaction—primarily using the Friends and Family Test.[3] Patients are asked to evaluate their care. Significant differences exist, however, between a patient satisfaction indicator and a service experience indicator. In 2011, The Royal College of Emergency Medicine[4] included service experience as one of the key quality indicators. The Royal College's aim was "not to retrieve satisfaction ratings but to explore more broadly how the service is experienced and therefore how it might be improved."[4] This service indicator was not restricted to patient experience—it included the experiences of carers and staff as well as others' perceptions of the service. Service experience highlights the importance of understanding the experience of the service provider and the service user.

The National Health Service places importance on measuring how well a current process is performing;[1] however, borrowing from Goodhart, "when a measure becomes a target, it ceases to be a good measure."[2] Experience-based co-design (EBCD) is a methodology recognised and recommended to capture patient and staff experience and subsequently lead to service improvement. The EBCD process is supported by recent evidence from Australia.[5] The Quality Time study evaluated the experience of service providers (staff) using the EBCD approach[5–7] with service improvement as an end goal. Researchers used The Point of Care Foundation (PoCF) toolkit[8] in their study.

METHOD

The EBCD approach[5–7] provided a methodology to both capture staff experience and to lead to service improvement. The Point of Care Foundation (PoCF) toolkit[8] provided guidance on facilitating EBCD's six-stage "bottom-up" approach to service improvement (Table 1). The emphasis of understanding staff experience is at the beginning and remains at the heart of this process.

Table 1 Six-stage EBCD process

Stage	Focus
1. Setting up	Executive engagement /culture readiness
2. **Engaging staff & gathering experiences**	Observation/in depth interviews/inclusion
3. Engaging patients & gathering experiences	Filming individual narratives/cathartic process

4. Co-design events	Individual to collective narratives/insight into each other's worlds/priority setting
5. Small co-design teams	Equal partnership and leadership/collaboratively design service improvement
6. Celebration event	Looking back on work achieved/looking forward

During Stages 1 and 2, patient representatives worked alongside the facilitator to observe and gain insights into what was an "every day" experience for Emergency Department staff. Field notes rather than audio or film were used for staff interviews to make them feel at ease in answering questions. Semi-structured staff interviews were conducted during Stage 2 and included a cross-section of staff (n=16). The type of staff involved included: a junior doctor, lead nurse, occupational therapist, student nurse, staff nurse, senior staff nurse, research nurse, practice educator, consultant, emergency physician, healthcare assistant, receptionist, porter, assistant practitioner, quality data administrator, and service manager. A "thank you" film was created and shared with staff. The Quality Time researchers conducted a thematic analysis to identify themes. Two staff events were subsequently held to vote which themes they deemed most important; these themes were shared at a joint event.

RESULTS

Patient representatives observed how staff normalised the trauma they saw every day—it was simply "what it was and how it was". Patient representatives' observations were presented during feedback at a launch for the Quality Time study, which provided a genuine take on staff's reality. They reported what they "saw" without the influence of policy, local knowledge, political drivers, or the pressure of targets.

A launch event was a second strategy used to further engage staff: the goal was to inform and provide insight into the observation work and the EBCD methodology. A short "thank you" film generated from patients and carers who had already been filmed was shown. One of the key research objectives for the Quality Time study was to create a trigger film to be used as part of the University of Oxford patient narrative archive (Healthtalk).[9] This film will enable other Emergency Departments to use the "accelerated" EBCD approach in the future.

Seeing the "thank you" film added a different dimension for staff, tangibly engaging hearts and minds. Staff were able to see experience through the eyes of patients and carers. Two representative staff comments were:

"*That (the film) has re-filled my bucket of compassion*" – Anonymous

"*The first time I began to see some of the results was when I was lucky enough to watch the short film of patients saying 'thank you' to the team.... it was extremely moving, watching it made me feel very emotional and proud of the department I work in*" – Anonymous

A thematic analysis of the staff interviews revealed 10 priorities (Table 2), which were discussed at the staff events held during Stage 4. Voting held at the staff event to determine the top six priorities (bolded in Table 2) to take to the joint, staff, patient, and carer event.

Table 2: Staff priorities

Staff Priorities	Context
More Equipment	ECG machines; portable observation machines
Space & Environment	Physical space; temperature control
Recognition & Appreciation	Need for 'thank you'; feedback; communication
Elderly & Mental Health	Speciality pull; need for a different pathway
Chairs	Time taken to find a chair
Pillows	To aid comfort
Buzzers	A mechanism to alert/attract staff attention
Information & Communication	Verbal & Visible; manage expectations
Tea	Sociability; hydration matters
Volunteers	To welcome, make tea, chat, support,

Feedback from the staff events (Stage 4) included:

"*Very important to know that staff concerns and views are listened to and that there's reflection about it and trying to find solutions.*" – Anonymous

"*It always feels nice to be listened to…it makes you feel like your opinions are valid.*" – Anonymous

"*Great to get staff from all different sectors (doctors, nurses, admin, porters) all in one room.*" – Anonymous

"*Thank you for giving the department an opportunity to gather thoughts.*" – Anonymous

"*All staff are under pressure and work in stressful conditions, it is imperative that we are all mindful of this and are nice to each other.*" – Anonymous

"*Themes were spot on and clearly we all have similar thoughts/feelings on the care we're able to provide.*" – Anonymous

Staff priorities were presented alongside patient and carer priorities at a joint event. Staff met with patients and carers for the first time to see the trigger film and to begin working as equal partners (collaborators). The joint event provided an opportunity to gain insight into each other's experiences and work collaboratively to agree on the main overall priorities to work on (Table 3).

Table 3: Agreed priorities from the joint event (Stages 4 & 5)

Joint Priorities Leading to Co-design	Context
1. Information & Communication	Understanding the process, managing expectations and real time updates
2. Elderly & Mental Health	Mental health training, frailty team

3. Volunteers	**To provide tea & refreshment for staff** as well as patients & carers, act as "befrienders"

A sample of feedback from the joint event included:

"A little intimidating talking before the entire room" – Anonymous

"Nerve racking but rewarding – felt defensive about the department" – Anonymous

"Vivid reflections of good/bad experiences. Very, very, very, very helpful" – Anonymous

"Powerful. Patients are insightful. Their concerns already mine" – Anonymous

"Useful to know their priorities don't seem too much different." – Anonymous

"Excellent voting system – democracy!" – Anonymous

As a result of the EBCD study, in Stage 5 the patients and carers (n=6) committed to a pilot programme volunteering in the Emergency Department. The main goal was to influence staff experience by supporting staff, including providing refreshments for them. One response summarises the main purpose:

"*The reason for prioritising using volunteers in ED was we knew it would have an instant impact, minimal cost implications and by the simple action of providing hot and cold drinks as well as food, it would make a big difference to the patients' stay in ED. The importance of supporting ED staff was paramount, as by taking some pressure off them by not having to worry about making drinks for patients, meant they could fully concentrate on the medical needs of the patient.*" – Carer

Overall, participants expressed positive sentiments about the EBCD process and the Quality Time study. Some representative feedback includes:

"*We totally underestimated what could be achieved through this process, it superseded all expectations.*" – Anonymous

"*It's the research that just keeps giving.*" – Anonymous

"*As a layman you have various preconceptions about how things are and what changes are needed, but listening to the staff experiences you understand they have valuable input and without these observations, improvements in the service would not be possible.*" – Patient

DISCUSSION

Patient representatives questioned the staff members' "norm" and engaged and connected with staff on a humanistic level. They asked, "What can we do for you?" The patient representatives' professional skills and knowledge helped in bridging the gap between the clinical staff and the executive team. Patient knowledge of the challenges that staff face every day informed and added depth to the patient experience

gathering that occurred in Stage 3.

Typically, feedback to staff focuses on performance and target compliance. Gaining insight into the staff experience of care delivery in the Emergency Department provided an understanding of staff members' world view, challenges, and pressures. The EBCD process increased the sense of empowerment within the staff group. Staff valued the time to reflect on the good and bad they experienced every day, which they shared in the semi-structured interviews. Staff became engaged through the observation work, the launch, the thank you film, and the interviews. It was apparent that staff invested in the process by being open and transparent throughout the observation phase. Staff were honest and vulnerable in the interviews and aligned themselves and their experiences to collectively agreed-upon priorities.

There is no doubt that staff felt vulnerable and exposed at the joint event; there are no uniforms (where possible), no name badges (first name introductions and no titles), and no hiding behind one's professional persona. Historically, staff's only interactions with patients and relatives outside the clinical setting have been to deal with complaints, which can make staff understandably defensive. Therefore, the facilitator played a crucial role in managing expectations, being aware of possible harm, providing a safe, social space, and enabling co–working. Maintaining clear boundaries and reinforcing the aim and proposed outcome of the joint event enabled a democratic process to occur when working to determine the priorities for service improvement.

Staff engaged in this process by sharing their experiences and listening to others; they were able to influence and change experiences for all in the Emergency Department. This process energised and helped them re-connect to their core beliefs and values about their chosen profession.[10, 11] It has been and remains both a grounding and rewarding process to be involved in.

> "*I feel very privileged to have been involved in this study… it has allowed us as staff, to connect with patients and relatives in a different way. We have shared our experiences, our ideas, our emotions and at times our laughter… a lot of good has come out of the study to improve things for both patients and staff*" – Anonymous

The Quality Time researchers envisioned a continuous cycle of service improvement (EBCD in action). However, continual staff turnover poses a challenge. The current plan is to employ a patient experience lead that will expand the scope of the volunteers to include real-time patient experience feedback, highlight priorities for service improvement, and seek supportive strategies for bereaved relatives in the Emergency Department. The plan also includes hiring a staff experience lead that would focus on staff wellbeing, including compassion fatigue strategies, and seek meaningful ways to support staff.

The Quality Time study helped promote the concept of experience-based co-design as a vehicle for healthcare staff's voices to be heard. Through the study, executives/administrators came to recognise that staff need to a safe space where their voices can be heard. The Quality Time study was also an important initiative to capture staff experience to improve service experience and delivery. During the study, other interpersonal dynamics occurred among the staff group; namely, recognition that their experience was "shared," their individual voices became a collective voice, and everyone felt included and valued.

CONCLUSION

Quality Time–EBCD in the Emergency Department successfully engaged staff in a tangible way. Listening to and understanding staff experience to identify improvements needed has resulted in tangible changes. Staff attribute the following outcomes to the study: physical changes, such as the expansion of the Emergency Department with a stat box (ambulance triage area), initially deemed "out of scope of the study"; process changes such as information and communication for the walk-in patient triage and GP streaming; and cultural changes where staff feel valued and listened to. However, the volunteer pilot study has positively impacted staff morale and wellbeing. Volunteers are now part of the Emergency Department team, part of the culture, and the plan for future sustainability is to expand to a team of 26 with the vision to cover every day of the week. The executive team see this study as their own and celebrate its achievements and impact on culture.

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CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

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