Guide
For Developing a
Consumer Experience
Framework

'*Measure to Improve, Not to Impress*'
- **Fred Lee**

A guide to developing a framework for collecting information from consumers to improve the quality of health and disability services

National Quality and Risk Managers Group

June 2012

Introduction

Consumer Experience

This Guide and accompanying Toolkit are designed to assist health and disability service providers in developing and implementing a framework for capturing and using information about consumer experience to undertake service improvements.

Worldwide there has been movement toward patient and family-centred healthcare, which emphases the importance of consumer engagement in all aspects of care, as well as in planning and improvement activities. Although consumer experience is only one aspect of consumer engagement, developing a framework for capturing consumer experience and using this information to ensure that service delivery meets the needs of the consumer and the wider community is an important element of patient and family-centred healthcare.

In New Zealand consumer participation is also included in the Health and Disability Services Standards, which require that consumers and family/ whānau "are involved in the planning, implementation, and evaluation at all levels of the service to ensure services are responsive to the needs of individuals."[1]

Links to Health Outcomes

Consumer experience has been found to be a good indicator of the quality of health services. Leading institutions, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS), the Institute of Healthcare Improvement (IHI), and the Picker Institute, have undertaken literature reviews demonstrating the relationship between consumer experience and a variety of patient outcomes.[2,3,4,5] Growing evidence indicates that better experiences, developing partnerships with consumers, and patient and family-centred care are linked to improved health, clinical, financial, service and satisfaction outcomes.

> *Consumer experience*
> *is the sum of all interactions, shaped by an organisation's culture that impact consumer, family and whanau perceptions across the continuum of care.*
> *(Adapted from Beryl Institute.)*

Consumer Experience Project Team

This guide has been developed by the Consumer Experience Project Team, consisting of consumers and Quality and Risk Managers. The Team worked on behalf of the National Group of Quality and Risk Managers and was supported by the Health Quality & Safety Commission. A literature search, practical experience from the DHBs, and national and international examples form the basis of the guide and the toolkit.

Appendix 1 provides an overview of the main resources used. The guide is a living document and will be updated regularly.
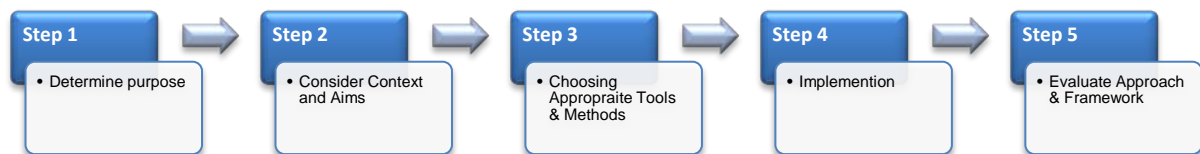
You can send feedback to info@hqsc.govt.nz.
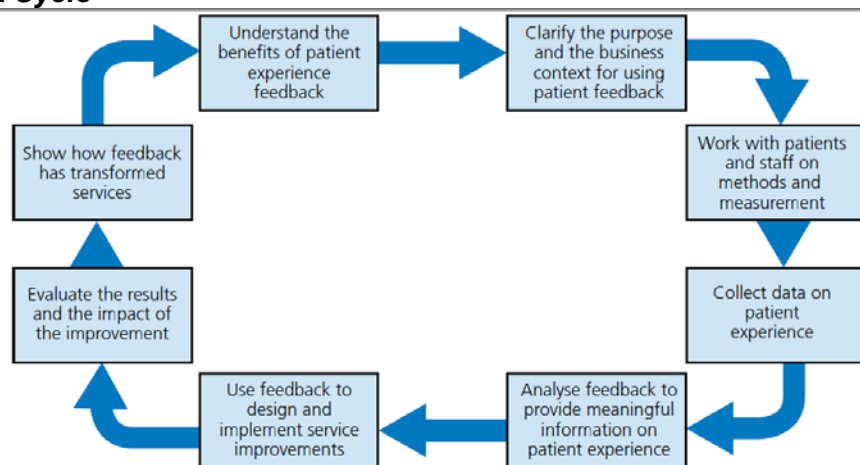
Guide overview

Aim

The *Guide for Developing a Consumer Experience Framework* describes methodologies for capturing consumer experience – to improve consumer experience and ultimately, the quality of health care. The guide aims to support all health and disability service organisations to develop an appropriate framework for capturing consumer experiences that is linked to the overall strategy of the organisation.

Overview

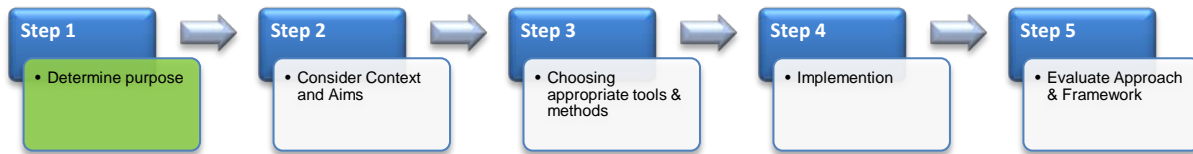| Step 1	Step 2	Step 3	Step 4	Step 5
• Determine purpose	• Consider Context and Aims	• Choosing Appropraite Tools & Methods	• Implemention	• Evaluate Approach & Framework

This Guide sets out five steps for organisations to follow to create and implement a framework for the systematic collection, analysis and use of information on consumer experience. The guide is based on an improvement cycle (pictured below) and provides an overview of the necessary steps, checklists and suggestions to achieve this. It also provides guidance on the most appropriate tools and methods, described in the accompanying *Consumer Experience Toolkit*.
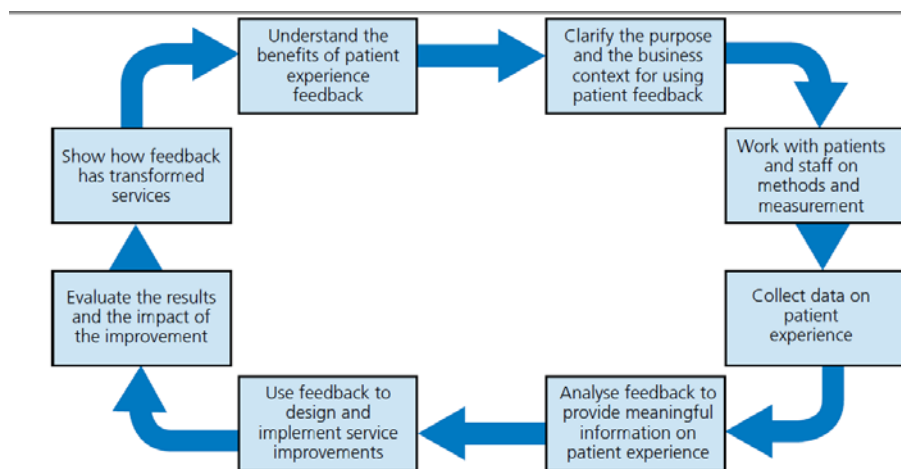
Improvement Cycle

Step 1   Determine the purpose of capturing consumer experience

Step 1		Step 2		Step 3		Step 4		Step 5
• Determine purpose	→	• Consider Context and Aims	→	• Choosing appropriate tools & methods	→	• Implemention	→	• Evaluate Approach & Framework

Collecting information and feedback from consumers is never a goal in itself, but a means to improve consumer experiences and quality of health care. Establishing the purpose for capturing consumer experience in your organisation will assist in determining the best methods of collecting information, reporting findings and making improvement. The outcome of step 1 is a purpose statement for your consumer experience framework.

Cycle diagram (clockwise from top left):
- Understand the benefits of patient experience feedback
- Clarify the purpose and the business context for using patient feedback
- Work with patients and staff on methods and measurement
- Collect data on patient experience
- Analyse feedback to provide meaningful information on patient experience
- Use feedback to design and implement service improvements
- Evaluate the results and the impact of the improvement
- Show how feedback has transformed services

➢ **To begin, discuss** these central questions:
- Why do we collect information about consumer experience?
- What do we want to achieve in our organisation?

➢ **Engage key stakeholders**, including organisational leaders, clinical and non-clinical staff, and consumers, in the purpose discussion so that everyone is aware of the importance of consumer experience in improving service delivery.

Discussion topic
What is the definition of consumer experience?

In this guide, consumer experience is defined as 'the sum of all interactions, shaped by an organisation's culture that impacts consumer, family and whānau perceptions across the continuum of care'.

Discussion topic
What are the reasons for capturing consumer experience?
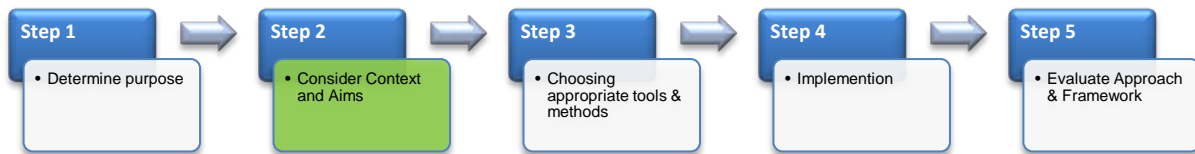
Possible responses:
- *understanding and highlighting consumer experiences*
- *identifying and tracking opportunities for quality improvement*
- *demonstrating accountability to service users, the public and taxpayers.*

Capturing the Consumer Experience: Project Report and Recommendations. National Quality & Risk Managers Group, December 2011

➢ **Consider how your framework will cover all organisational levels** in a systematic total approach for collecting information on consumer experiences. Consumer experience may be considered in relation to individual service providers, teams of providers or departments, the whole organisation or regional health services.

➢ **Ensure strategic alignment** by considering how the consumer experience framework will fit within the broader approach to consumer engagement and in relation to the overall strategy and operation of the organisation.

Draft your purpose statement incorporating your definition of consumer experience, the identified reasons for capturing consumer experiences in your organisation, and how your framework will cover all levels of the organisation and achieve strategic integration.

Step 2   Consider Context and Aims

Step 1	Step 2	Step 3	Step 4	Step 5
• Determine purpose	• Consider Context and Aims	• Choosing appropriate tools & methods	• Implemention	• Evaluate Approach & Framework

This step will assist you with defining the context and aims for your consumer experience framework before you move on to selecting tools and methods of collecting information from consumers.

➢ Consider the list of questions below and use your answers to **define the context** and **set the aims** for your framework. Try to be as specific as possible with your responses.
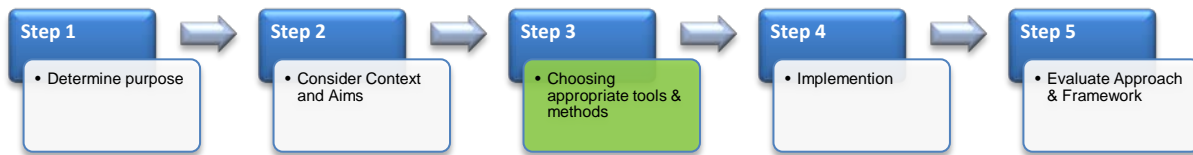
> *Define the Context*
> - *What do you need to find out?*
> - *What information is already available?*
> - *What decisions or outcomes will the feedback influence?*

> *Set the Aims*
> - *What do you hope to learn?*
> - *What are the results that you would like to achieve?*
> - *Who needs to receive what kind of information in the end? What do they want and need to know?*
>   - *consumers/family/whanau*
>   - *service providers*
>   - *departments and services*
>   - *organisational management*
>   - *regional management*

Step 3   Choosing appropriate tools and methods

Step 1	Step 2	Step 3	Step 4	Step 5
• Determine purpose	• Consider Context and Aims	• Choosing appropriate tools & methods	• Implemention	• Evaluate Approach & Framework

The type of information required from consumers will determine which tools or methods are suitable. The questions in the next step will lead you through the Feedback Matrix below and will assist you in choosing the most appropriate methods or tools when it comes time to implement your framework in step 4.

➢ Determine what **information** is needed from whom.

> ***Specifying the information needed***
> *Consider if you need:*
> * *feedback about the whole organisation or about specific services, parts of the organisation*
> * *feedback from consumers themselves (real experience), representatives or from the perspective of consumers*
> * *anonymous information*
> * *results comparable between units/departments/organisations*
> * *closed questions (appropriate to collect a lot of information about set topics and for data-analysis)*
> * *open-ended questions (which allow people to use their own words – open questions to rate physical performance tend to result in most positive comments)*
> * *stories of consumers*
> * *on-going feedback (continuous measuring and reporting enables a quick response and can demonstrate trends in measuring)*
> * *real time information (where the consumer provides information on the spot, which shows willingness of service providers to make improvements)*
> * *regularly or intermittent feedback*
> * *interaction/discussion between consumers*
> * *the opportunity to ask for more in-depth information from consumers.*

➢ Review the **tools/methods** from the Feedback Matrix. The methods are organised by frequency of information collection (one-off or intermittent, and ongoing), the degree of interaction with consumers, and the type of feedback (general or specific).

➢ The accompanying Consumer Experience Toolkit provides more information about each method and includes links to additional resources.

FEEDBACK MATRIX
collecting consumer experience

	Interaction?	General feedback (whole organisation)	Specific feedback (team, service, department, organisation) Consumers, family, **whānau** own experience — Closed questions	Open questions	Stories	Consumer's perspective

On-going feedback	No interaction	- Suggestion box	- Survey/ questionnaire
			  o electronic
			  o paper
			  o face-to-face
			  o telephone
				- Survey/ questionnaire
				  o electronic
				  o paper
				- Texting
				- Suggestion Box
					- Patient story
					- Suggestion Box	

	Possible to ask for more in-depth info	- Discussion forum online
		- Texting
				- Survey/ questionnaire
				  o face-to-face
				  o telephone
					- Discussion forum online	

	Interaction possible between consumers	- Discussion forum online		- Discussion forum online	- Discussion forum online	

Regular or intermittent feedback	No interaction		- Survey/ questionnaire
			  o electronic
			  o face-to-face
			  o paper
			  o telephone
				- Survey/ questionnaire
				  o electronic
				  o paper
					- Patient diary	- Patient journey process mapping

	Possible to ask for more in-depth info			- Focus group
				- In-depth interview
				- Survey/ questionnaire
				  o face-to-face
				  o telephone
					- Focus group
					- In-depth interview
					- Patient story
						- Patient journey mapping
						- Shadowing/ tracking

	Interaction possible between consumers			- Focus group	- Focus group	

Other things to consider when selecting tools:

➢ **Coordinate activities** to prevent overloading consumers with information requests.

➢ Use a **mix of quantitative and qualitative methods** to get a complete picture of consumer experience and complimentary information.

Qualitative	*Quantitative*

Qualitative	Quantitative
Qualitative methods collect feedback to get in-depth understanding and to capture experience in the consumers' own words.	*Quantitative methods are used to collect general feedback from a large population on limited topics (surveys or questionnaires are often used).*
Often used for a small group of people.	*Appropriate to analyse and compare results for large groups.*
Qualitative data answer the 'how' and 'why' questions.	*Quantitative data can be helpful to make changes and improvements visible and to show outcomes.*
Qualitative tools can be used to identify important topics. This information can make clear what exactly needs to be done to make improvements.	*Quantitative tools can be used to gain information about the topics indentified using qualitative methods from larger groups of people.*

➤ Consider choosing at least one **easy accessible method** to get general (not service-focused) feedback about the overall service of the organisation from consumers or the community. Consumers can then be advised about the feedback opportunities to enter their suggestions, comments and complaints. A multi-channel approach (mix of online, paper-based and face-to-face methods) is recommended.

➤ Develop **service-specific feedback systems** (for departments, projects or services) to be included in the approach.
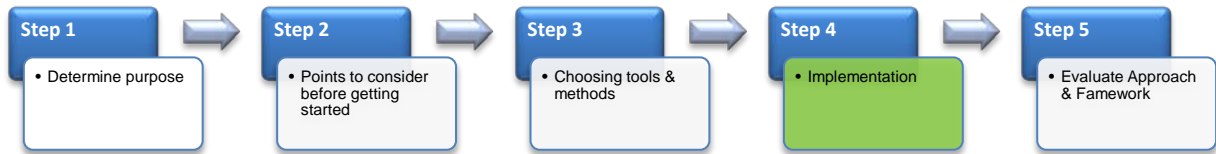
> **Choose a mix**
> *You can choose three or four preferred tools or methods (a mix of quantitative and qualitative) to:*
>   1. *gather skills and knowledge about those methods*
>   2. *make them easily accessible*
>   3. *support units and departments to undertake information collection.*
>
> *For example, an experienced moderator for focus groups, a 'how-to guide' for video consumer stories or an online survey system can all be very helpful.*

Step 4   Implementation

Step 1		Step 2		Step 3		Step 4		Step 5
• Determine purpose		• Points to consider before getting started		• Choosing tools & methods		• Implementation		• Evaluate Approach & Famework

Now that you have determined your purpose, context and aims for capturing consumer experience, and learned about choosing tools and methods for collecting information, it is time to implement your Consumer Experience Framework.

The improvement cycle is used to inform the process of collecting and analysing information, reporting findings, and designing, implementing and carrying out service improvements. The checklists in the next steps provide important topics to think and talk about in the approach to the implementation phase.

Improvement Cycle
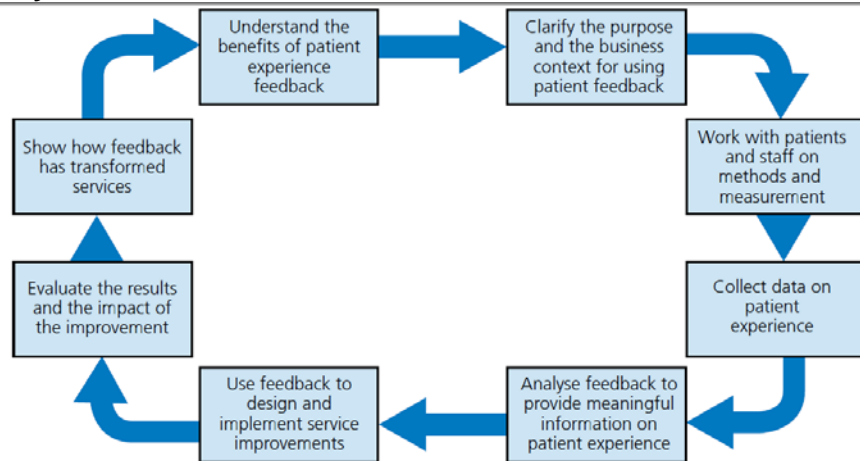
➢ Specify the **group of consumers** from whom information is needed and their **specific requirements**.

> ***Groups of consumers***
> * *Consumers, community, family and whanau.*
> * *All consumers, a specified group of the consumers or a sample.*
> * *Specifications: age group, medical conditions, specific treatment/diseases, level of health literacy, first language.*

➢ Specify **topics and questions**.

Include topics that concern consumers in the gathering of information. Involve service providers in formulating questions and use specific information that makes it easier to make improvements.[6,7]

> *Topics*
> *The Picker Institute has a list of important topics from a patients' point of view:[1]*
> - *fast access to reliable health advice*
> - *effective treatment delivered by trusted professionals*
> - *participation in decisions and respect for preferences*
> - *clear, comprehensible information and support for self-care*
> - *attention to physical and environmental needs*
> - *emotional support, empathy and respect*
> - *involvement of, and support for family and carers*
> - *continuity of care and smooth transitions.*

➢ Specify the **method of collection**.

> ***Method of collection***
> * *Measurement for improvement is different from measurement for research. The information collection must be appropriate to find areas of improvement and to keep track of improvements. It doesn't have to provide scientific evidence.*
> * *How often do we need the information?*
> * *How long will it run? Will it run over an extended period of time?*
> * *When will you collect? Eg, during stay/visit, short time after stay/visit, long time after stay/visit. It is good to know that the timing can influence the results (positively and negatively). Generally, the closer the data collection is to the actual experience of care, the fresher and more effective the information will be.*

➢ Availability of **resources**.

> ***Check:***
> * *What is your available budget?*
> * *How many FTEs are available? Is that from the right people?*
> * *When is information needed by?*

➢ **Implementation**: make clear who is responsible for the different jobs and is able to accomplish them.

> ***Implement:***
> * *the plan*
> * *the tool using the provided information in the Toolkit.*

➢ Form a **team** and make a clear description of **roles and responsibilities**.

> ***People to involve***
> * *Involve a consumer in the project team.*
> * *Determine who else needs to be involved and define the roles and responsibilities.*
>   * *Who is analysing feedback and making reports?*
>   * *Who is collecting the information?*
>   * *Who is organising the collection of information?*
>   * *Who will be required to access the data collected and what reports will be required?*
>   * *Who needs to get what kind of report? (See question above.)*
> * *Designate people who are supposed to use feedback to design and implement service improvements. Give them a role in setting the goals, formulating questions and ask them about the way they would like to get feedback reported.*

Analyse, Report, and Publish Information

After the information is collected, you can analyse, report and publish information. It is necessary to think about these steps before getting started. This paragraph will be limited to the most important tips and tricks, since these steps are mainly about working according to the improvement cycle (presuming the required knowledge and skills are available).

➢ Use feedback to **design** and **implement service improvement**.

> *Design and implementation*
> - *Use simple graphics and tables (containing information that you need to know instead of information that is nice to know).*
> - *Use quotes and stories of consumers to illustrate or emphasise specific points.*
> - *Involve (clinical) staff if applicable to determine the areas of improvement.*
> - *Try to find areas for improvement.*
> - *Use additional information from other sources if it can be helpful.*
> - *Set clear aims.*

➢ **Keep track** of results and improvement.
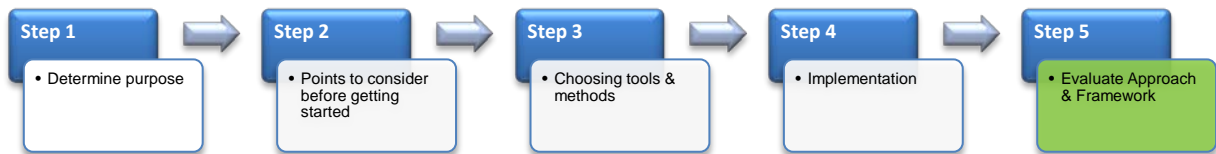
> *Results and improvement tracking*
> - *Rate measures if quantitative data are used (per thousand patients, per 100 admissions).*
> - *Track measures if quantitative data are used.*
> - *Control charts can be very helpful to track measures over time.*
> - *Track improvements and changes if qualitative data are used.*
> - *Are changes really improvements? Do consumers experience it as an improvement?*

➢ Communicate the results, changes and improvements, showing how the feedback has transformed services.

> *Questions to think about*
> - *What needs to be communicated?*
> - *Will it be released publicly? To whom? Consumers, public, providers, CEOs, Government?*
> - *How are participants informed?*
> - *Which are best communication means? Posters, website, local (free) paper, social media?*

Step 5   Evaluation of Framework and Approach

Step 1	Step 2	Step 3	Step 4	Step 5
• Determine purpose	• Points to consider before getting started	• Choosing tools & methods	• Implementation	• Evaluate Approach & Framework

Evaluation of the Organisational Approach

➢ Look back at the process and the outcome with all people involved.

> ***Discuss the questions***
> * *Was the required information captured?*
> * *Did it provide new insights?*
> * *Was it used in the right way? And by the right people?*
> * *Did it lead to changes or service improvements?*

➢ Clarify lessons learned.

> ***Discuss the questions***
> *If we would do this project again:*
> * *what would we do different?*
> * *what would we do the same?*

➢ Think about the next steps required in the future.

> ***Discuss the questions***
> * *Is additional information required from consumers? Specific groups? Specific topics?*
> * *Is change or improvement sustainable?*
> * *How and when do we check whether consumer experience has improved?*

Evaluation of the Framework

➢ Undertake and annual review of the consumer experience framework.

> ***Discussion topics:***
> * *purposes*
> * *outcomes*
> * *changes/improvements (in consumer experience/satisfaction)*
> * *experience of staff members*
> * *process within the organisation*
> * *support required*
> * *enthousiasm*
> * *integration in other organisational policies.*

APPENDIX 1:   Main resources

Tools and methods currently used by DHBs
DHBs provided information by completing templates

Literature
Balik B, Conway J, Zipperer L, Watson J. 2011. *Achieving an exceptional patient and family experience of inpatient hospital care.* IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. (Available on www.IHI.org.)

Binkhorst T, Posma E, Lobenstein S. 2009. *Patiënten betrekken bij de zorg in het ziekenhuis.* Utrecht, The Netherlands: CBO. (Available on www.cbo.nl).

Davies E, Cleary PD. 2005. Hearing the patient's voice? Factors affecting the use of patient survey data in quality improvement. *Quality & Safety in Health Care* 14(6):428–32.

National Resource Centre for Consumer Participation in Health. 2004. *Information series: Methods and models of consumer participation.* Victoria, Australia: La Trobe University.

NHS Modernisation Agency. 2005. *Improvement leaders' guide: Involving patients and carers: general improvement skills.* London, UK: NHS.

Patient and public empowerment. 2009. *Understanding what matters: A guide to using patient feedback to transform service.* Leeds, UK: Department of Health. (Available on www.dh.gov.uk/publications.)

Picker Institute Europe. 2009. *Using Patient Feedback: a practical guide to improving patient experience.* Oxford, UK: Picker Institute Europe. (Available on http://www.pickereurope.org/ usingpatientfeedback.)

Tayside Improvement Network. *Service user feedback toolkit.* Dundee, Scotland: NHS Tayside. (Available on http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/ 23632/Patient%20toolkit[1].pdf.)

Frampton, S (editor). 2008. *Patient-centered care: Improvement guide.* Cambden, USA: Planetree, Derby, USA and Picker Institute.

Websites

http://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide.aspx

http://www.ihi.org

www.pickereurope.org/improvingpatientexperience

www.hqsc.govt.nz

References

[1] Standards New Zealand, 2008. *Health and Disability Services (General) Standard.* NZS 8134 2008, 36.

[2] Picker Institute Policy Position no. 3: *Why patients should share in decision-making?* Oxford: Picker Institute Europe. (Available on http://www.pickereurope.org/Filestore/Policy/position_papers/Picker_Policy_3_Why_patients_should_be_involved.pdf.)

[3] Balik B, Conway J, Zipperer L, Watson J. 2011. *Achieving an exceptional patient and family experience of inpatient hospital care.* IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. (Available on www.IHI.org.)

[4] CAHPS® Consumer Assessment of Healthcare Providers and Systems. 2010. *The clinical case for improving patient experience.* (Available on https://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/Why-Improve/Improving-Patient-Experience.aspx.)

[5] CAHPS® Consumer Assessment of Healthcare Providers and Systems. 2010. *The business case for improving patient experience.* (Available on https://www.cahps.ahrq.gov/Quality-Improvement/Improvement-Guide/Why-Improve/Business-Case.aspx.)

[6] Davies E, Cleary PD. 2005. Hearing the patient's voice? Factors affecting the use of patient survey data in quality improvement. *Quality & Safety in Health Care* 14(6):428–32.

[7] Grol R, Wollersheim H. 2005. Naar een correct meetsysteem. *Medisch Contact* 60 (34): 1348 – 1351.