



## KEY POINT SUMMARY

### OBJECTIVES

To investigate the connections between, and respective contributions of, evidence-based and experience-based methods in the redesign of healthcare services.

## Integrating Evidence-Based Design and Experience-Based Approaches in Healthcare Service Design

Valerie et al. 2011 | *Health Environments Research & Design Journal Volume 4, Issue 4, Pages 12-33*

### Key Concepts/Context

“Evidence-based” implies the use of “scientific” evidence, often obtained through academic research such as RCTs, risk-benefit analysis, and meta-analyses of series of studies, particularly in the area of medicine. EBD, similar to EBM, is to use best-available evidence to inform design decisions. However, it is vital that architects and designers go beyond a tokenistic prescription or formula for healthcare design drawn solely from published guidelines. They also should be prepared to carefully implement a conscientious and judicious process of evidence gathering in the local context. ExBD is a “user-focused” design process with the goal of making user experience accessible to the designers, to allow them to conceive of designing experiences rather than designing services. The paper examines the potential for integration of evidence-based and experience-based approaches in the development of creative solutions to healthcare services in England.

### Methods

An 18-month project, funded by the Health and Care Infrastructure Research and Innovation Centre (HaCIRIC), examined PBC frameworks in England. The study investigated the impact of different models of governance on the development of service redesign proposals to answer the following questions: How do clinicians interpret the multiplicity of guidance from government agencies and translate this into knowledge that can be effectively used to redesign patient care pathways aligned with local healthcare priorities? How can understanding patient and staff “experiences” and key “touch points” of interaction with local healthcare services be used to provide a creative, customized solution to the design of healthcare services in a local, community-based framework?



### DESIGN IMPLICATIONS

Integrate EBD and ExBD in the design process to promote innovative design and effective implementation of redesign in healthcare settings.



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### Findings

EBD offers a programmatic approach to the commissioning of new buildings and services, outlining a process approach and providing access to databases and meta-analyses of a limited number of rigorous studies linking physical design with healthcare outcomes. The effectiveness of the EBD approach lies in providing protocols and processes for ensuring the efficacy of design interventions. ExBD is intrinsically embedded in the context of the specific experience of users of identifiable services or places. Tools and methods developed from ExBD approaches can provide a counterpoint to these prescriptive approaches by enhancing the specificity of standard guidance through an in-depth understanding of the user experience in situ, facilitating the involvement of all stakeholders in reflecting on current experiences with the service, imagining alternatives, and being part of the redesign process.

### Limitations

The small number of research studies identified makes generalizability to a larger population difficult. The authors note that there is a lack of valid and reliable studies in this area of design.