

People Powered: partnering to co-design health & care services

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KO AWATEA

HEALTH SYSTEM INNOVATION AND IMPROVEMENT

Objectives

During this session I will share:

- A description of co-design and how it can be used in health and care services with any other improvement methodologies
- How the experiences of staff, consumers and whānau can lead to improvements through effective partnerships
- Learning about how co-design has been applied and what difference it has made.

Co-Design

Co- design is an important part of a process to identify a challenge or opportunity **engage** people; **capture** their experiences and ideas, **organise the learning** that it brings to create new understanding and insight from the perspective of the care journey and emotional journey, **come together in partnership** to review learning and ideas, plan and implement improvements then finally; review what difference that has made.

Experience

A persons thoughts and feelings of the journey they have. These are shaped by the interactions they have throughout an episode or journey of care (clinical, personal and emotional)

Delighted



Underwhelmed



Frustrated



Excited



Principles of co-design include:

1. **True partnership** –enable the active involvement and participation of people who are impacted by the design of health and care processes and systems. Thus includes consumers, carers, families and health workers
2. **Respect** – the expertise of all involved, ensure that all have an equal voice and practice shared ownership
3. **Teamwork** - work together on a shared goal, trust the process and learn together
4. **Safety** – is paramount for all involved. Maintain an environment which feels safe and brings confidence for everyone
5. **Value-** the lived experience of delivering and receiving care
6. **Be true-** to the process, the means is as important than the end.

- Co-design is **not** making changes (to layout / an information leaflet and so on) and then asking consumers to comment
- Co-design is **not** working with consumers but not listening and acting on their expert advice



Positive experience is associated with higher quality care

Hospitals with high levels of 'patient care experience' reported by patients provide clinical care that is higher in quality across a range of conditions

Jha A et al (2008) N Engl J Med 2008; 359:1921-1931.

...better use of preventive services, such as screening services in diabetes, colorectal, breast and cervical cancer; cholesterol testing and immunisation.

(Kaplan SH, Greenfield S, Ware JE. Assessing the effects of physician-patient interactions on the outcomes of chronic disease. Med Care 1989;27(3 Suppl):S110-27).

Improved adherence to medications and treatments

Reduced health resource usage such as readmissions, primary care visits

Improvement in technical quality of care

Reduction in adverse events

Doyle C et al BMJ Open Jan 20, 2013

"There is a substantial amount of recent evidence that the experiences of staff are associated with the care provided to patients in the form of satisfaction, health outcomes and ratings of quality of care."

Dawson, J. (2014) Staff experience and patient outcomes: what do we know? NHS Confederation. London

Co-design Approach

Includes the following stages:

- M**
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- **Project start up:** challenge/opportunity, aim, scope, plan
 - **Engage:** consumers, whānau, staff & stakeholders
 - **Capture:** experiences using a range of methods
 - **Understand:** emotions and “touch points” along the journey of care
 - **Improve:** work together to identify and prioritise what to improve
 - **Measure:** check to see if experience is improving

Project start up....Stop before you start.....

*“When developing new products, processes or even businesses most companies are not **sufficiently rigorous** in defining the problems they are attempting to solve”*

Spradlin (2012) Harvard Business Review



Use multiple data sources to achieve a complete and rigorous baseline data set

Co-design enables you to define the problem or challenge clearly from multiple perspectives including.....

Organisation / routinely collected data

Staff and other stakeholders
Consumers/families



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Engaging consumers and whānau...

There is no single 'right way'. Use respectful and appropriate methods of engagement that are relevant to the people or group that are involved or impacted.



*“A face to face request is
34 times more successful
than an e mail”*



<https://hbr.org/2017/04/a-face-to-face-request-is-34-times-more-successful-than-an-email>

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There are many ways of capturing experience

Surveys

Complaints/compliments

Comments cards

Story Board

Diary

Patient experience questionnaire

Question prompted conversations

Patient Stories- long or shorter

Focus groups

Shadowing

Observation

“Focus groups are particularly suited to the study of attitudes and experiences”

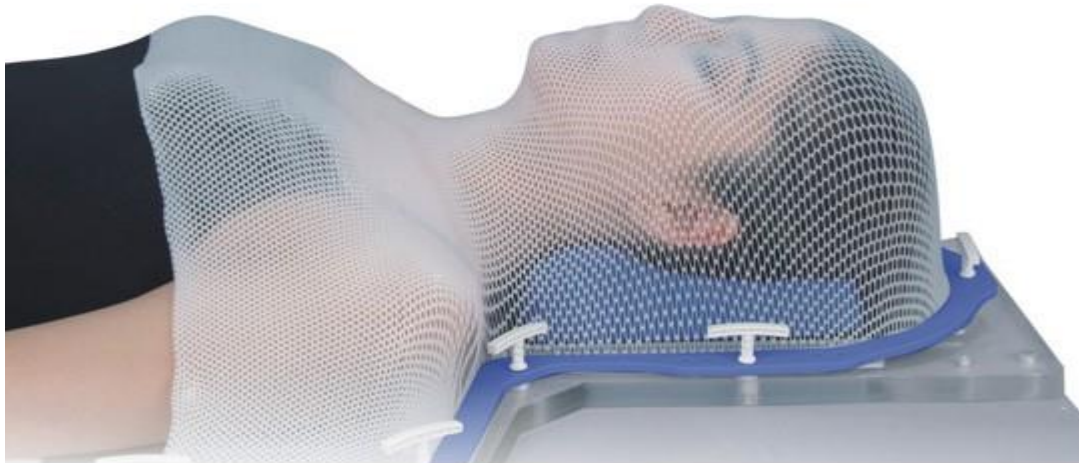
Jenny Kitzinger, J. *Qualitative Research: Introducing focus groups* BMJ 1995; <https://doi.org/10.1136/bmj.311.7000.299>

Partners in Care Programme

Capital and Coast DHB: **Understanding and improving patients' experience of the radiotherapy mask**

Challenge- abandonment of procedure

Capture- one to one conversations and focus groups



Towards Zero Seclusion

Many teams using a range of ways to understand peoples experiences;

- Themes from the panel review meetings
- De-briefing after seclusion events
- **Individual feedback** from the lived experience following three weeks after the seclusion eve
- **Story board** to capture, consumer; staff and families experience

Observe the interaction between a staff member and consumer / whānau . Particularly look and listen for any information that is provided to the consumer and/or whānau that invites them to raise concerns.



Questions for the consumer/ whānau

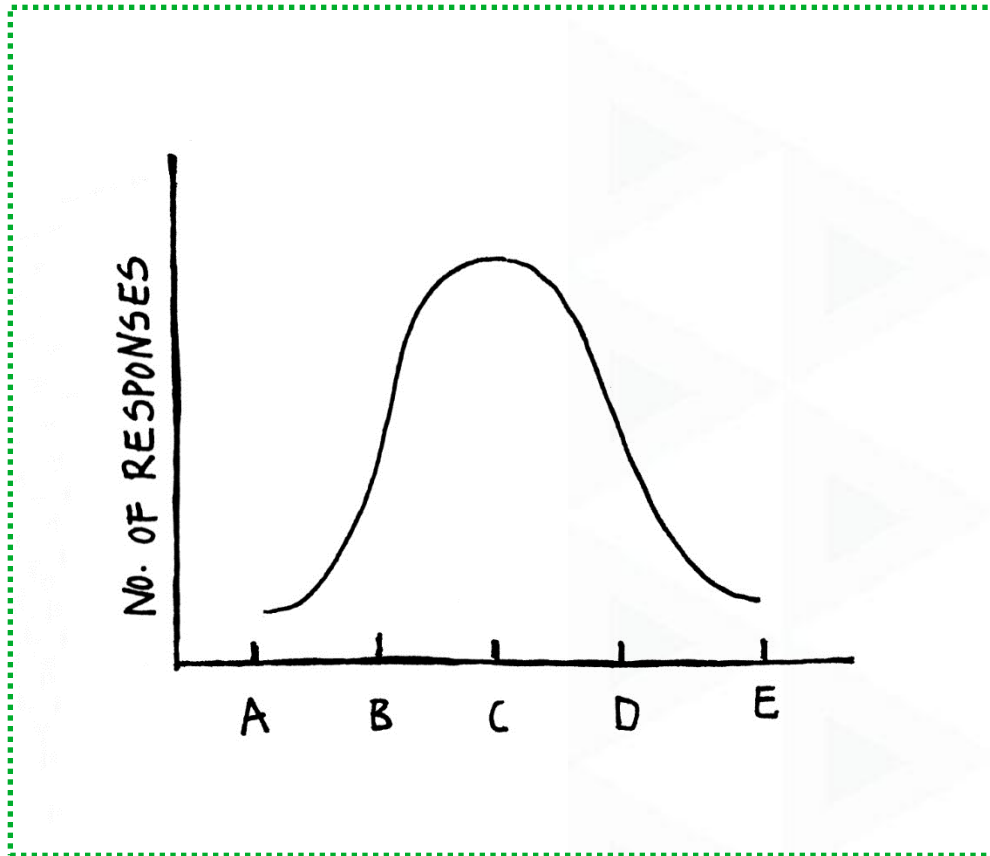
- “if you felt that you were getting sicker, or were worried about your condition, what would you do to get help?”
- “how would you feel about ringing the call bell?”
- “do you have any ideas that we could use to make improvements?”



Survey or Story?



Normal Distribution Curve



Most people will choose B,C & D. Fewer people will opt for the extremes

Tell a story...

- In pairs choose a story teller and a listener
- Story teller – tell your story of your meal in the restaurant or café (3 mins)
- Listener – record the story, note down anything you think relevant



“Our analysis suggests that whilst local survey data may act as a screening tool to identify potential problems..... they do not always provide sufficient detail of what to do to improve that service’.

(Tsianakas et al 2012)

Co-design approach

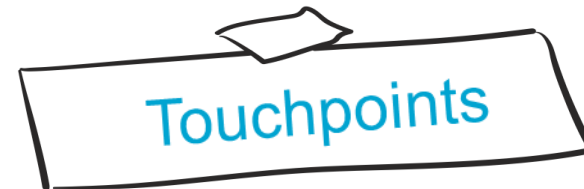
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Link emotions to the point in the process where they occurred



how people feel
through their journey
e.g. scared



Link those emotions to the
point in their journey
e.g. finding a car park space,
moving from hospital to home

Improving the follow up for Perinatal Loss in Waikato DHB Maternity Services



Co-design approach

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A high-angle, top-down photograph of a dense crowd of people. The majority of the individuals are wearing bright yellow shirts, with some wearing orange or blue. Their arms are raised, and their hands are reaching towards the center of the frame, creating a sea of hands. The background is filled with the heads and shoulders of the crowd, creating a sense of a large, unified group. The overall atmosphere is one of collective energy and participation.

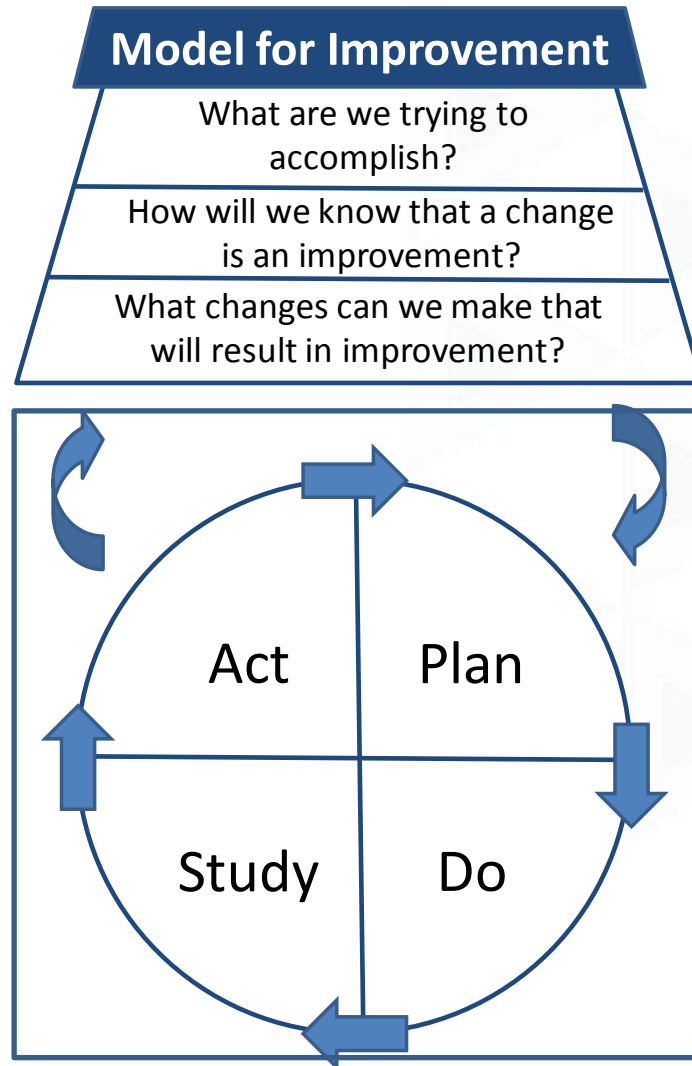
Co-design
Turning experience
into action

What happens?

Staff, consumers, other stakeholders come together, review the learning, identify themes, review and add to the ideas, use criteria to select some of those ideas for early testing, form small project teams and create a plan for testing / implementation.



Decide on what ideas will be tested and plan



Improvement Guide, Langley et al Chap 1, p.24

Measuring

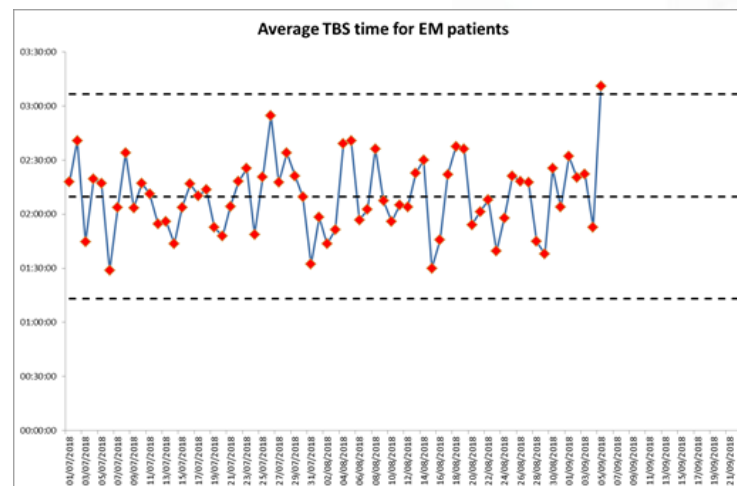
“what matters more than raw data is our ability to place these facts in *context* and deliver them with *emotional impact*”

Daniel Pink –A whole new mind 2008



shutterstock.com - 387373174

58 seats



Impactful use of 'narrative'

I was spewing at least 20 times a day. It made me feel disgusting. It was like my body was shutting down. I could feel it was giving up on me. I have been off work for a couple of weeks. I tried prescription tablets but they did not help at all. I tried so many other things: I'd been to the health food shop and got health pills from them, tried the Seaband bracelets, I tried ginger, I tried lemon, I tried cranial massage, I tried everything. Nothing was working.

everyone has
a STORY





No data
without a story
and no story
without data.

Maureen
Bisognano

“Patient experience approaches are about sharing and understanding the experiences of patients, carers and staff together to design better services.”



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For more information & Case Studies

- Go to the Health Quality and Safety Commission website
- Partners in Care Programme - <https://www.hqsc.govt.nz/our-programmes/partners-in-care/>
- Mental Health and Addictions <https://www.hqsc.govt.nz/our-programmes/mental-health-and-addiction-quality-improvement/programme/>
- Patient Deterioration/ Kōrero Mai
<https://www.hqsc.govt.nz/our-programmes/patient-deterioration/patient-family-and-whanau-escalation/>