



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



What does it really mean to co-design health services?

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Presentation Outline

- Lessons learned
- The good, the bad, the ugly....
- Maternity case study
- Mental Health case study
- Final tips





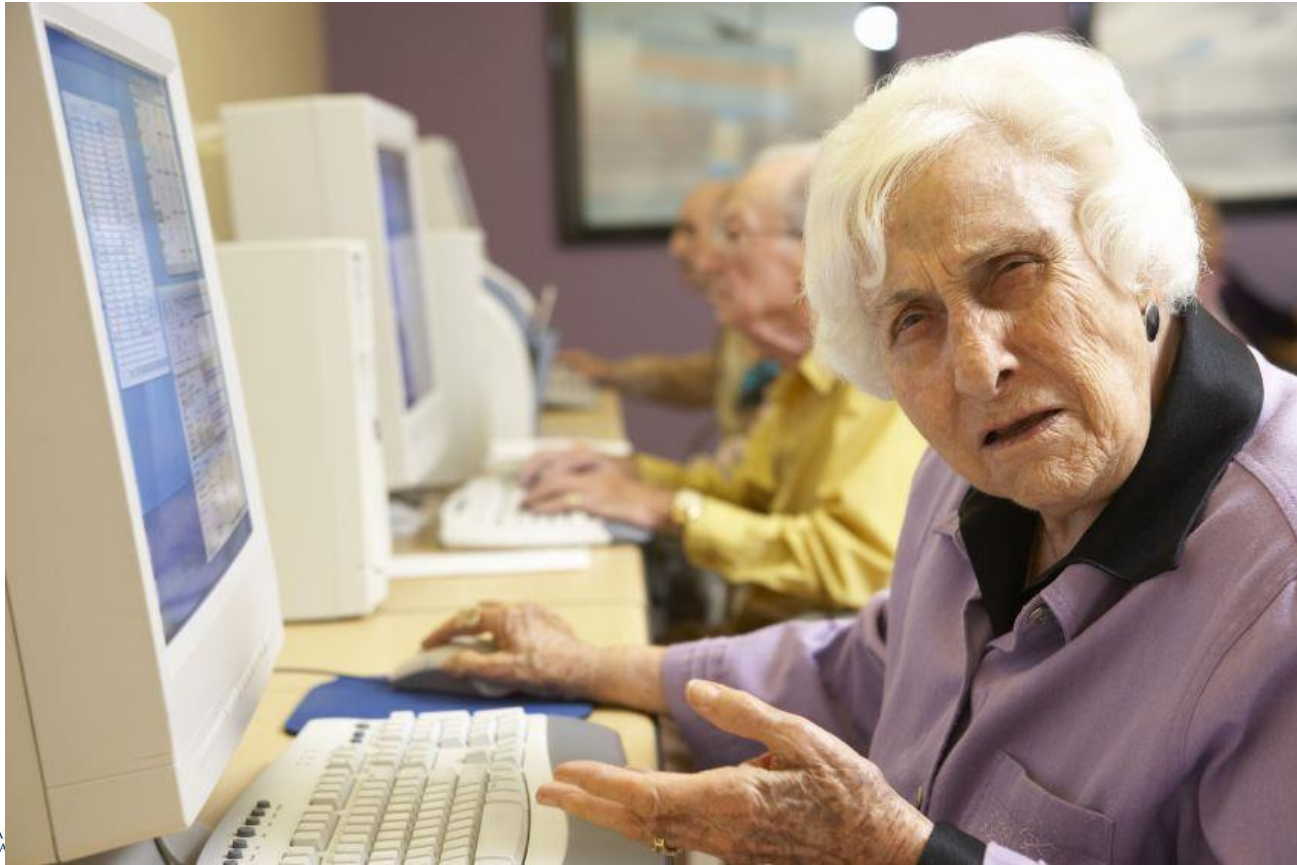




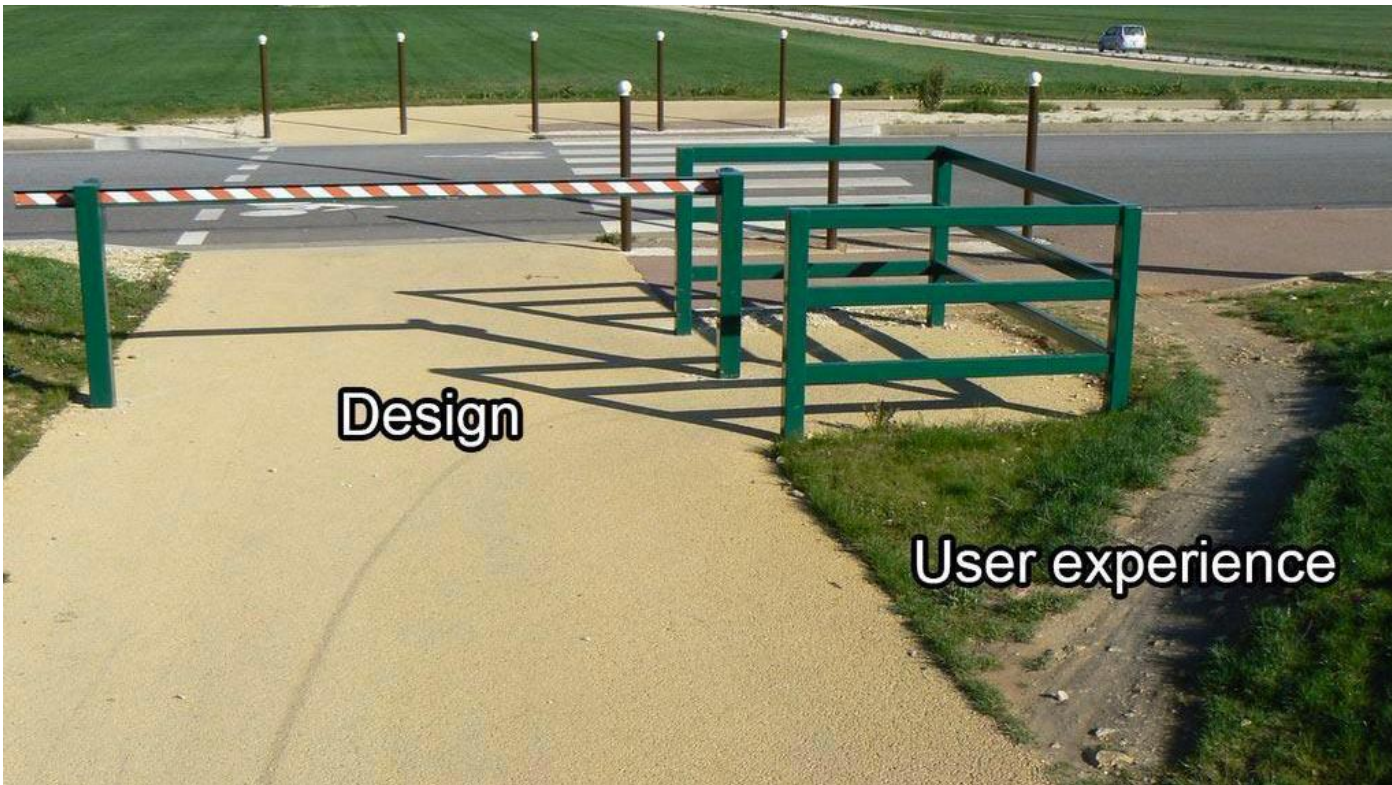






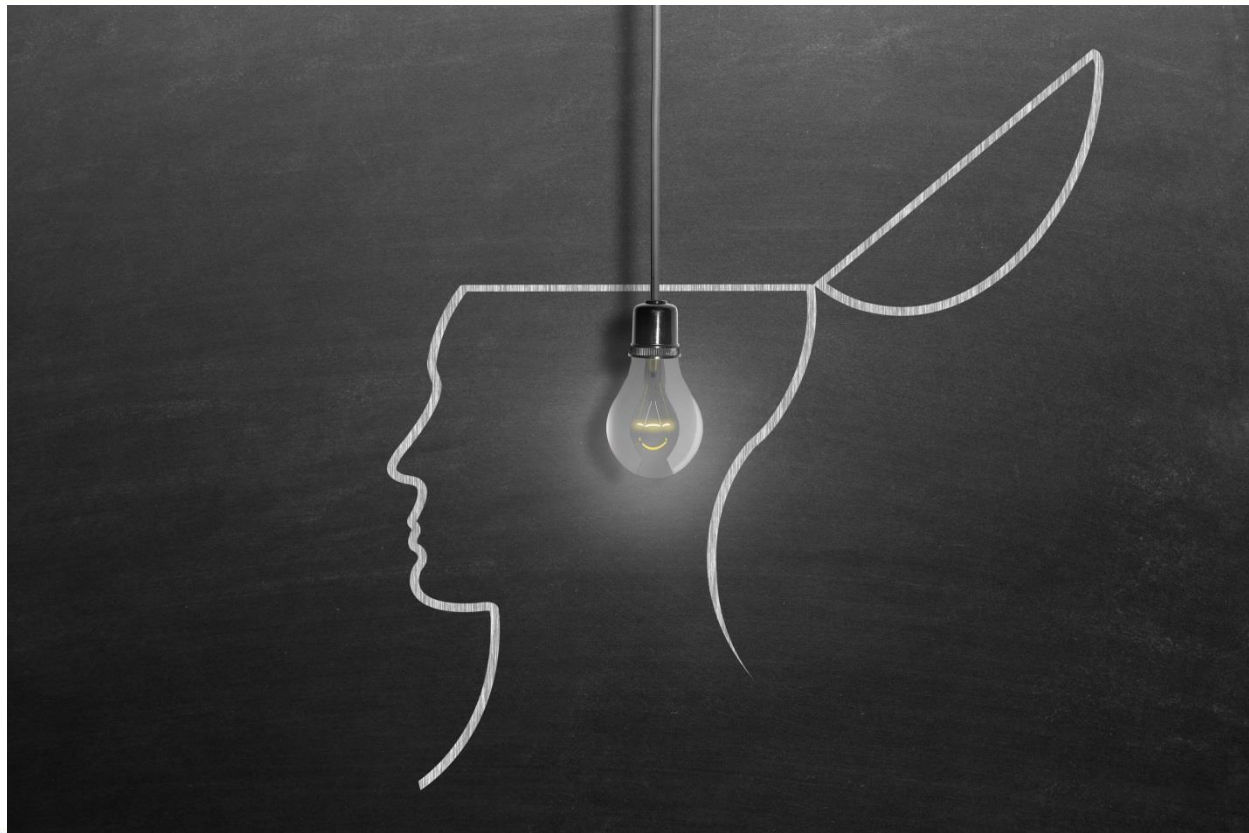






Design

User experience



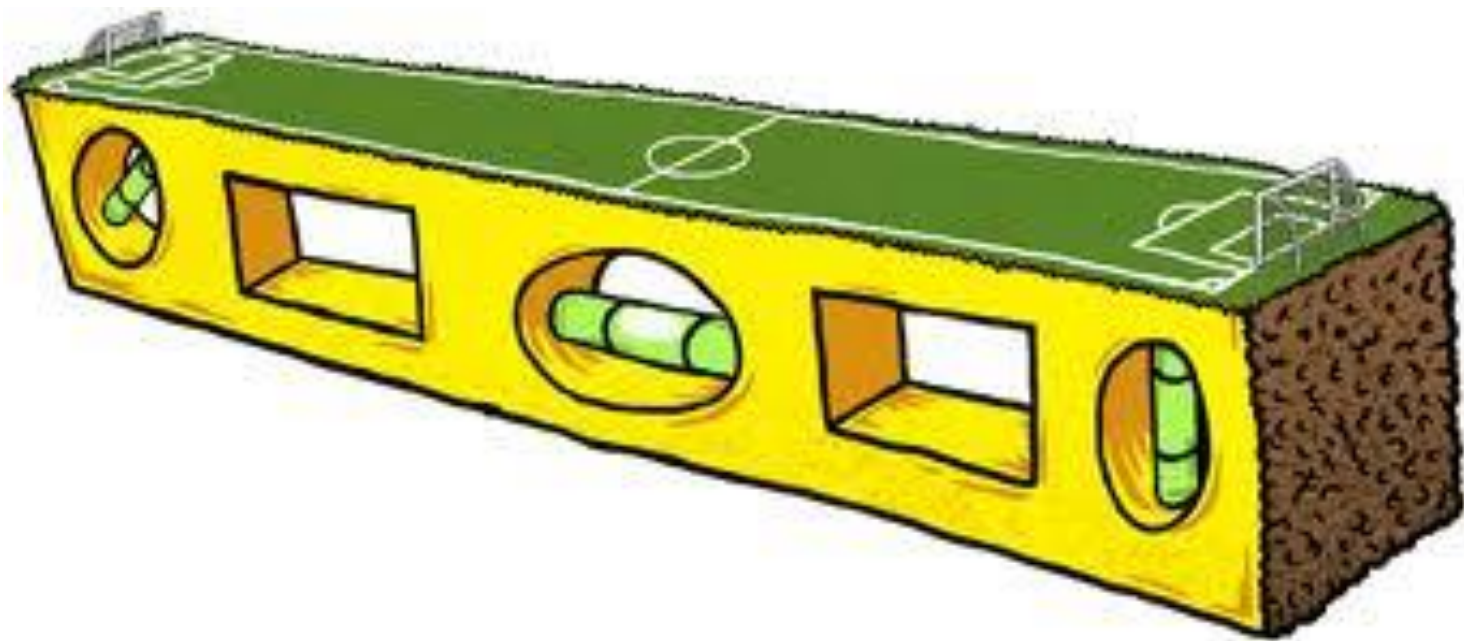
















MATERNITY CASE STUDY



“The waiting room is not a priority for me”

“ We are not sick”

“You are starving us.....!!”

WHAT MATTERS TO MOTHERS ON MATERNITY

- Women had 'low expectations' regarding food
- Poor/limited food choices & inadequate portion sizes
- Limited after-hours access to food (vending machine food only),
- Food cold and/or not suitable to nursing a baby
- No ability to make toast
- Patient's families often completed 'meal runs'
- Limited beverage choices - water, tea or coffee only. ?decaf coffee
- No 'on demand' snacks available when hungry

CONVERSATIONS WITH STAFF IDENTIFIED

- Patients missing meals & the challenge of organising replacement meals was cumbersome
- Meal trays collection not allowing sufficient time for women to finish meal, trays left in corridors/rooms/kitchen overnight
- Delivery times of meals did not support nursing women

CULTURAL DIFFERENCES

- Bland and unappetising
- Dietary requirements not met
- Low trust – Halal
- Some vegetarian diets contained meat
- Food not spicy enough
- Western focussed menu



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

COST NEUTRAL SOLUTION



MENTAL HEALTH CASE STUDY



FINAL TIPS

- Multiple methods to understand experiences
- Multiple avenues of identifying consumers/stakeholders
- Communication – Feedback Loop
- Leadership Buy In
- Equity Lens
- Importance of where you engage/design

