



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



Lets talk: Our Communities, Our Health Co-design are you there yet?

Dr. Lynne Maher, Director for Innovation, Ko Awatea,
Counties Manukau Health



@LynneMaher1



Lets start with some questions.

How many of you have ever accessed health and care services for yourself or your children or as a support for others in your family?



How many of you would describe that as an 'excellent' experience?



How many of you thought you knew
some thing that would have made
that experience better or even
better ? (if it was already excellent)



How many of you want to be associated with providing health and care that people consider to be excellent in terms of their experience?



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



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.

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 link between staff experience and patient experience.

“Variation in patient experience is significantly influenced by staff work experiences.”

Maben, J., Adams, M., Peccei, R., Murrells, T., & Robert, G. (2012). 'Poppets and parcels': the links between staff experience of work and acutely ill older peoples' experience of hospital care. *International Journal Of Older People Nursing*, 7(2), 83-94. doi:10.1111/j.1748-3743.2012.00326.x

“Where staff experience is good, patients experience is more likely to follow suit”.

Cornwell J (2009) See the person in the health professional: how looking after staff benefits patients. *Nursing Times*; 105: 48,

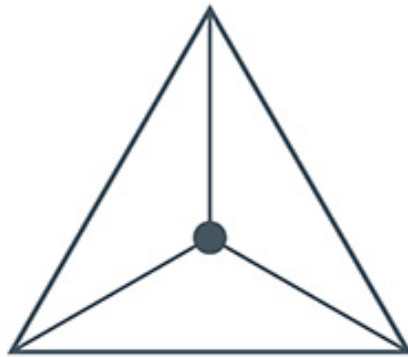
“There is a substantial amount of recent evidence that the experiences of staff are associated with the care provided to patients in the form of satisfaction, health outcomes and ratings of quality of care.”

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

Triple and Quadruple Aim

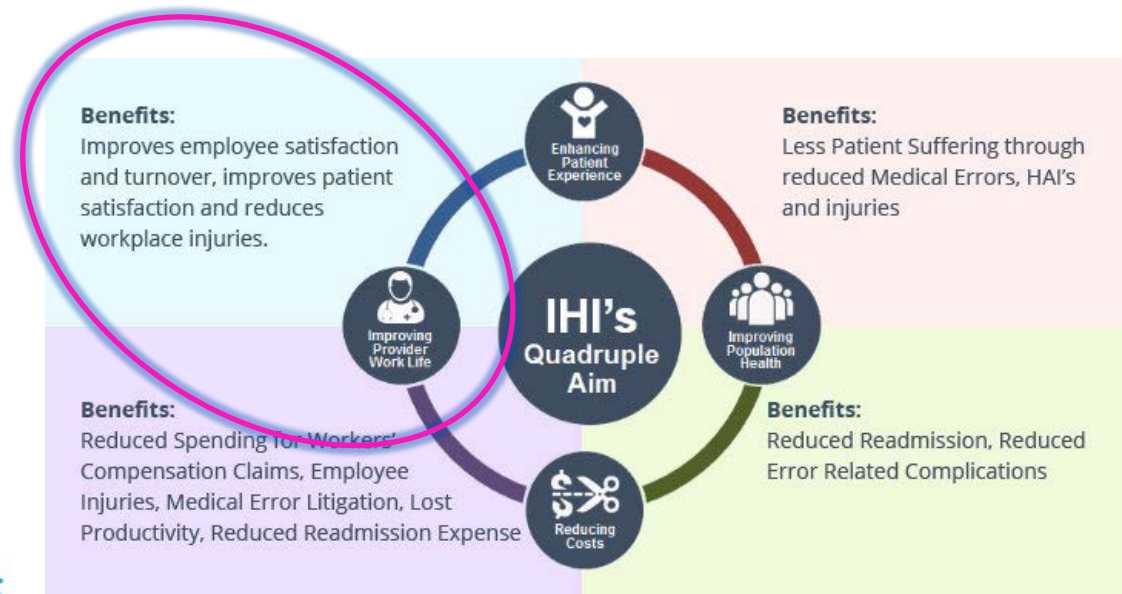
The IHI Triple Aim

Population Health



Experience of Care

Per Capita Cost



What is the relationship between Experience and Co-Design?



Co- design is an important part of a process to identify a challenge or opportunity **engage** people; consumers, family and staff , **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, **stay together in partnership** to review learning and ideas, plan and implement improvements then finally; review what difference that has made.

Co-design Methodology

M
e
a
s
u
r
e

- **Project start up:** scope, plan, aim
- **Engage:** consumers, whānau and staff
- **Capture:** consumer, whānau and staff 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) †



If I had an hour to save the world, I would spend 59 minutes defining the problem and one minute finding solutions.

Albert Einstein



The co-design process uses 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

Staff and other stakeholders

Consumers/whānau



Co-design Methodology

M
e
a
s
u
r
e

- **Project start up:** scope, plan, aim
- **Engage:** consumers, whānau and staff
- **Capture:** consumer, whānau and staff 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

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.



Co-design Methodology

M
e
a
s
u
r
e

- **Project start up:** scope, plan, aim
- **Engage:** consumers, whānau and staff
- **Capture:** consumer, whānau and staff 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

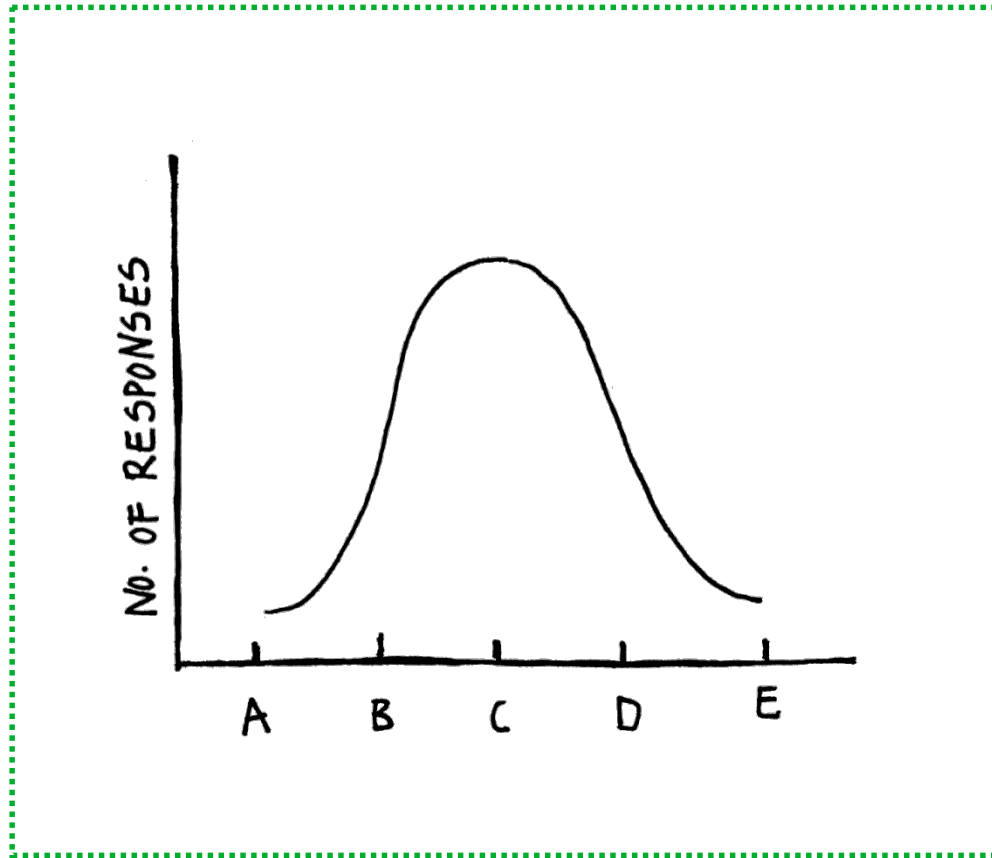
HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



Survey or Story?



Normal Distribution Curve



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

“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)

There are many ways of capturing experience

Surveys

Observation

Shadowing

Comments cards

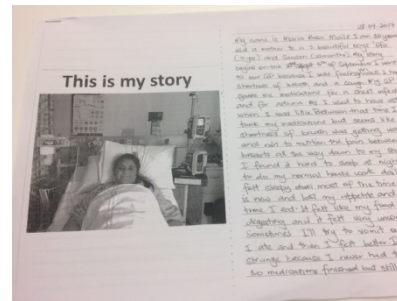
In depth conversations

Focus groups
and panels

Patient experience questionnaire

Diary

Patient Stories



Story Board



Complaints/compliments



Co-design Methodology

M
e
a
s
u
r
e

- **Project start up:** scope, plan, aim
- **Engage:** consumers, whānau and staff
- **Capture:** consumer, whānau and staff 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



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND

Measure: check to see if experience is improving

KO AWATEA
HEALTH SYSTEM INNOVATION AND IMPROVEMENT



open
FOR BETTER CARE
Hōpaki Te Aroha

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

Understanding experience Spinal Unit Counties Manukau Health



1 Patient
45 Staff

247
Experiences
shared.

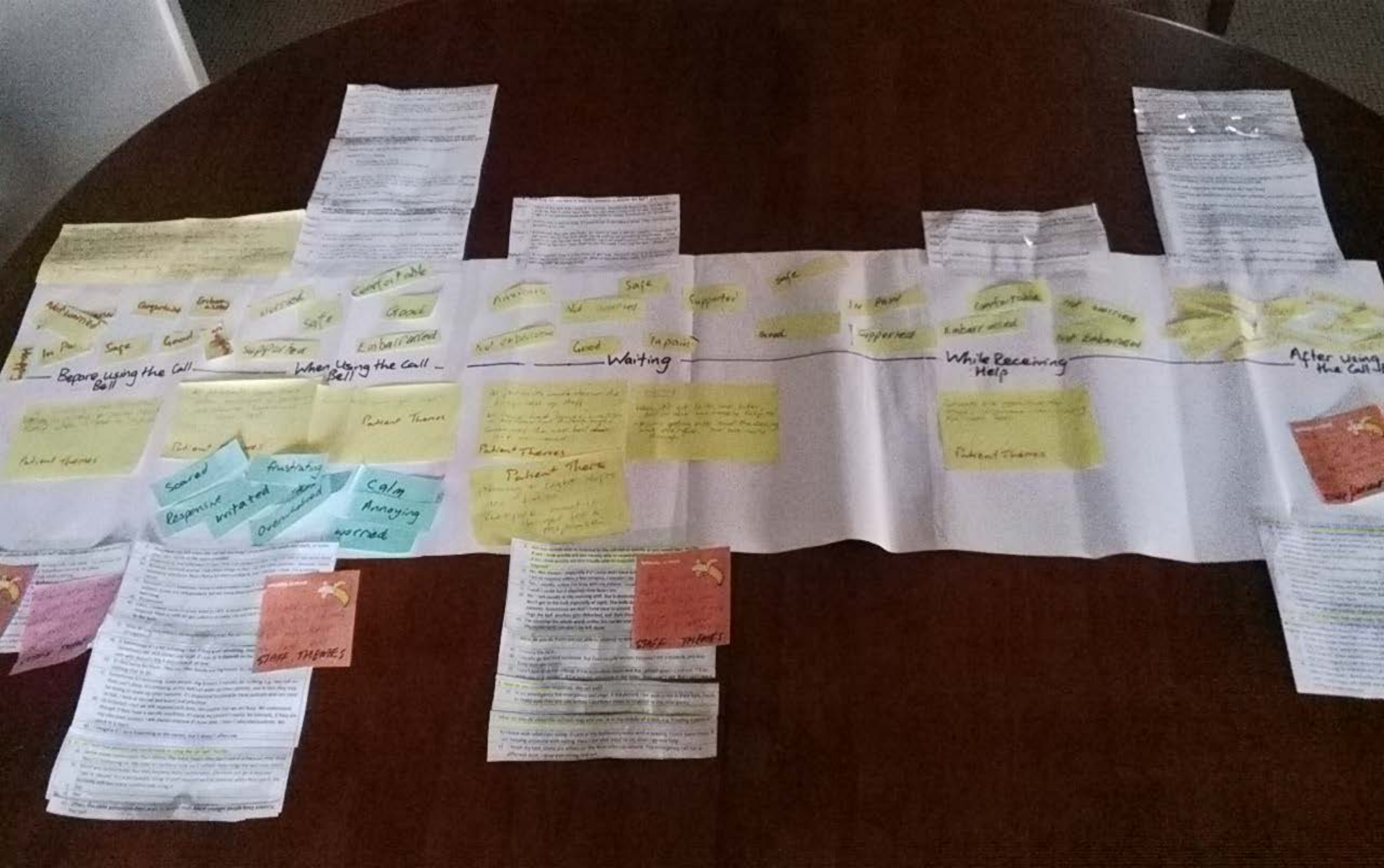
Working with families and other carers of people who have severe intellectual disability



ACI NSW Agency
for Clinical
Innovation



Patient experience of using the call bell Waikato Hospital NZ



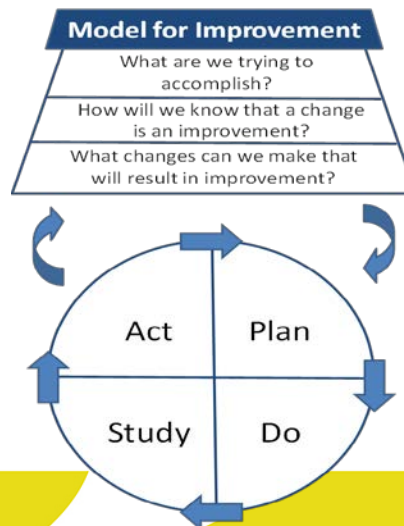
A high-angle, top-down photograph of a dense crowd of people. Many individuals have their hands raised, creating a sea of hands reaching upwards. The crowd is diverse in age and appearance, and many are wearing bright yellow shirts. The overall atmosphere is one of collective energy and participation.

Co-design
Turning experience
into action

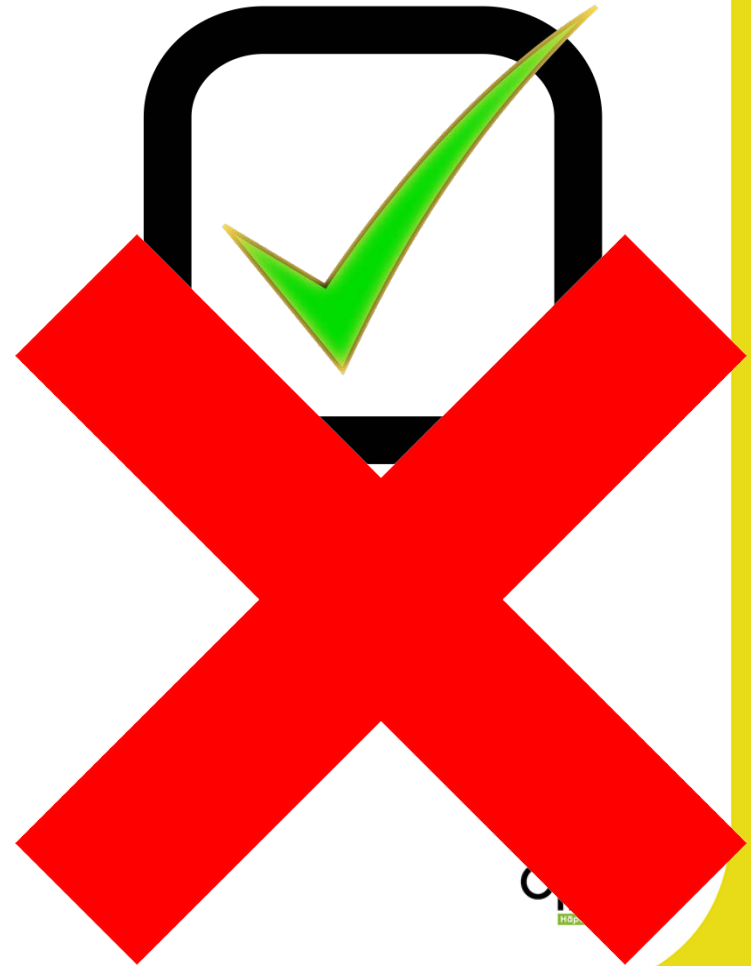
What happens?

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 create and deliver a plan for testing / implementation....

together

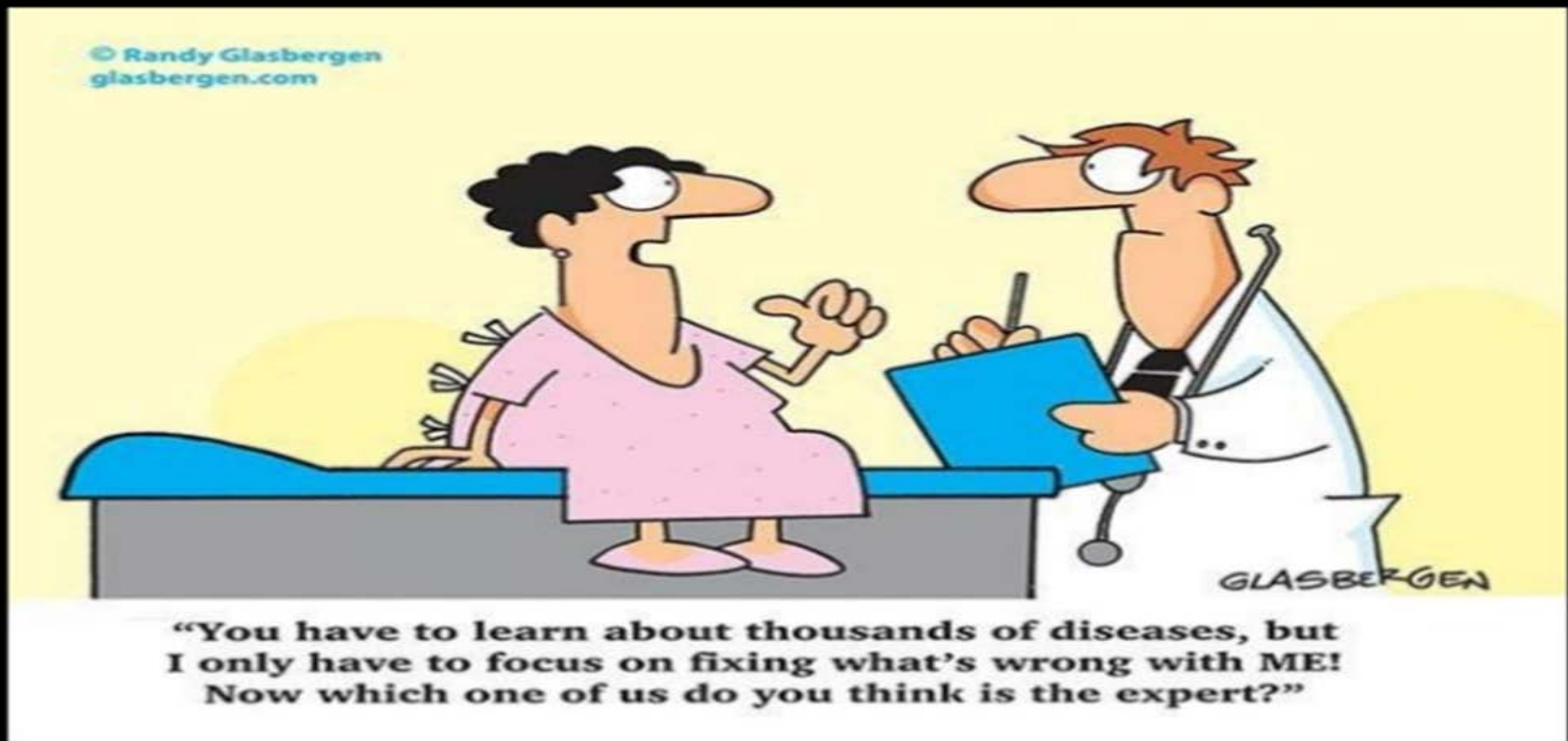


- Co-design is **not** deciding what we want to do and then co-opting a consumer onto a group
- Co-design is **not** making changes (to layout/an information leaflet and so on) and then asking consumers to comment
- Co-design is **not** working with consumers but not listening and acting on their expert advice



Co-design is involving consumers from the beginning and then continuing with them to do the designing

- Recognising the expertise and value that consumers can add to ours
- Working in **equal** partnership from the beginning of a challenge or opportunity to implementation of improvements.



Co-design: are we there yet?

How many of you are actively co-designing health and care services with consumers, whānau and staff?



But I do not have time to work in this way.....

“We’ve the time to do the wrong thing repeatedly but not the right thing once”

Via Twitter @JeremyTaylorNV



Co-design Programmes –HQSC 2017/18

Bay of Plenty DHB - Partners In Care Programme

- Mental Health (Discharge plan to transition to community)
- Rheumatic Fever (Treatment and follow-up appointment coordination)
- Adolescent Diabetes (Follow-ups and compliance)
- Pharmacy (Information of discharge, patient, GP & community pharmacy)
- Cancer Coordinators (plan for patients on discharge and who to contact/when)
- Orthopaedic Surgery (Information on discharge following shoulder surgery)

Korero Mai – Deteriorating Patient Programme

- Canterbury DHB
- Waitemata- DHB
- Bay of Plenty DHB – Maori Perspectives
- Southern Cross Christchurch



Co-design Programmes –HQSC 2016/17

Hutt Valley – Partners in Care

- Acute Demand (After hours primary care)
- Pacific Health (Pacific B4SC/ASH in 0-4 year olds)
- Outpatients (Communications to outpatients re clinics)
- Colonoscopy (Bowel Screening)

Taranaki DHB –Partners In Care

- Moving child-bleeding to the lab
- ED Clinical Pharmacist Role
- Process for repeat prescriptions in community Mental Health

Capital Coast DHB – Safe Surgery



Co-design Programmes –HQSC 2016/17

Co-designing improvements for Surgical Site Infections

- West Coast - Improving patient education for wound care
- ADHB – Reduce the incidence of Surgical Site Infections in cardiac services
- Capital and Coast – Improving surgical site infection rates following caesarean section
- Lakes DHB –Spinal infections
- Mid Central – Improve post-operative understanding
- Northland – Early detection and intervention of infections in elective hip and knee joint replacements
- CMH – Examining the occurrence of SSI within acute NOF patients
- Waikato DHB – Cardiothoracic Surgery

Co-design Programmes –HQSC 2015/16

Mid Central DHB –Partners in Care

- ED Triage Redesign -From door to clinical, triage redesign
- Hyperemesis Rehydration Project -Out of hospital rehydration project
- Spiritual/Pastoral Care -Meeting spiritual/pastoral care needs at Mid Central DHB

Nelson Marlborough DHB – Partners in Care

- Head and Neck Team -Optimising the Patient Experience of the head and neck cancer pathway
- Women Child and Youth -Sustainable Maternal and Child health integration
- Radiology -National Radiology Service improvement initiative



Co-design Programmes –HQSC 2014/15

Partners in Care Programme

Lakes DHB- Reducing opioid related harm

Lakes DHB- Improving way finding

Northland DHB- District Nursing Services

St Johns- Understanding falls

Canterbury DHB- Primary and Community Integration

CMH DHB- Advanced Care Planning

Capital and Coast DHB-Falls

Waikato DHB- Out patient Hysteroscopy



“Co-design approaches are about sharing and understanding the experiences of patients, whānau and staff together to design better services.”



@LynneMaher1