



Kōrero mai: Patient, family and whānau escalation of care

Top tips for a successful co-design project

What we learned from the Kōrero mai lead sites

Engage a project sponsor

Engage a project sponsor with your co-design team from the very start and have regular catch-ups together. Position the project under the umbrella of the patient deterioration governance group, and provide the group with regular updates. Support from a project sponsor and linking with governance are critical in helping the team manage project creep, a risk highlighted to us through Kōrero mai.

Manage capacity and time

Project success and team capacity are strongly linked. Capacity means working out who is available at any time for project work, and with what skills. For example, there may be someone who can only contribute one hour a week, which might not feel like much, but if five people offer one hour a week it adds considerable capacity to the project. Understanding the capacity of the co-design team informs the scope of the project and help to guide the project to success. Being able to give protected time to a project lead strengthens the predicted quality and success of a project.

If you can, use existing capacity within the hospital to support your co-design teams. This will result in a better project outcome. Kōrero mai lead sites taught us that co-design teams can struggle to access practical internal hospital resources. Resources include communications support, help from a data analyst to identify relevant data, or support from quality improvement advisors who can capture and identify themes from experiences of care. Allocating a few hours from these areas to help your team will strengthen capacity.

Consumer recruitment

[Consumer engagement](#) needs to start at the very beginning of the commitment to the project because finding consumers with availability and the right skill sets can take time. Both health staff and consumers strongly agreed on the value of working together using co-design. Through Kōrero mai, we learned that consumers should be involved at every stage of the project, alongside health staff.

We recommend consumers are compensated for their time in some way so they are affirmed and helped to participate. For example, consumers who attend focus groups have commonly been compensated in such ways as receiving supermarket gift cards to value of \$50 or more, or with petrol vouchers and free parking. For focus groups it is important to budget for refreshments for participants. For consumers who are part of the co-design team, hospitals have provided an hourly rate of compensation for their time.

What is co-design? (also called experience-based co-design)

Co-design is an improvement approach where staff and consumers join together to form a team in order to share the designing of services. Most teams will have three or four staff members and two or three consumers.

The essential parts of co-design are:

- focusing on really understanding the experiences of those delivering and receiving care, then designing experiences, not just improving performance or increasing safety
- putting patient experiences at the heart of the quality improvement effort – but not forgetting staff
- designing the service together with staff and patients (co-design rather than re-design)
- improving day-to-day experiences (and the process) of giving and receiving care.

Web links to co-design information

- [Dr Lynne Maher on co-design](#)
 - [Video: What is experience-based co-design?](#)
 - [Journal article: Increasing patient engagement in healthcare service design: a qualitative evaluation of a co-design programme in New Zealand](#)
 - [Case study](#)
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