



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi Hauora o Aotearoa

Why co-design is important

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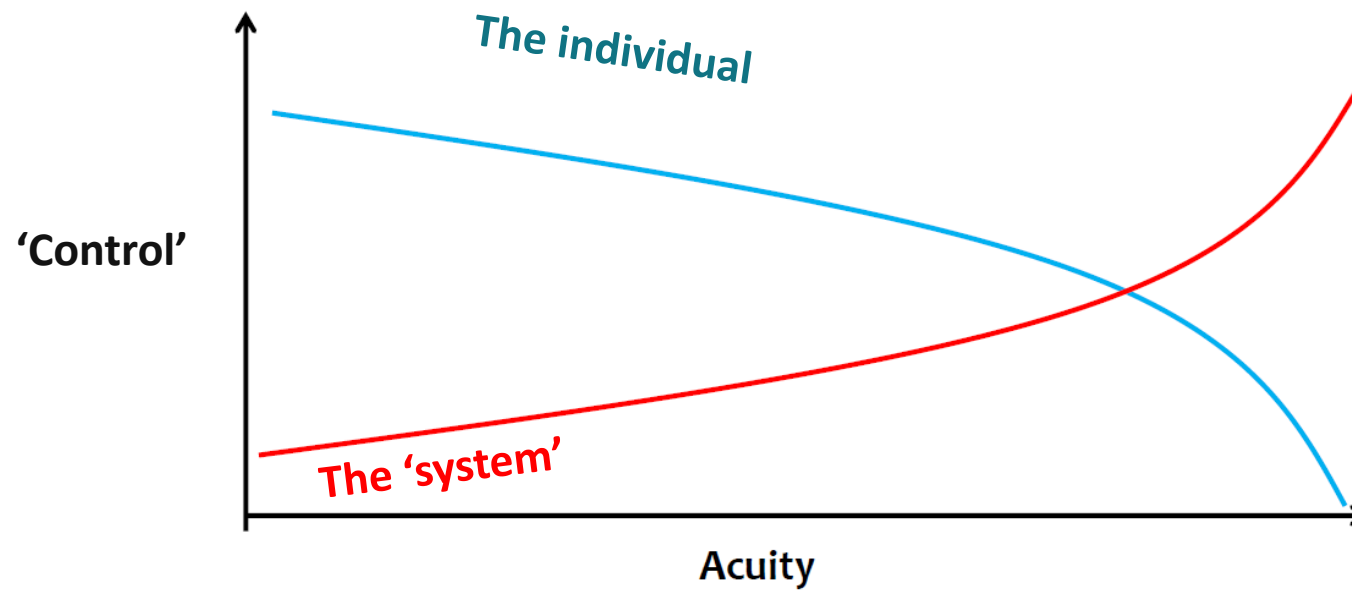
Why is co-design so important?

- ‘What matters to me?’
- Inequity – understanding why and solutions that will work
- Unexpected solutions



Why is co-design so important?

Who really makes the decisions?



Adapted from: Dr Doug Eby, South Central Foundation; Nuka system of care

Begin with the end in mind

Karen O'Keeffe

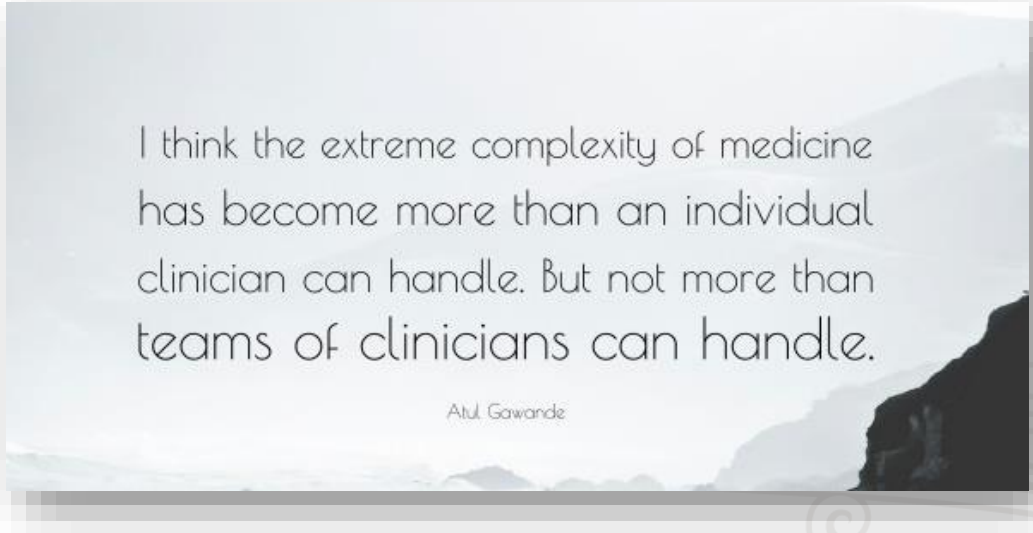
Quality improvement advisor,
Mental health and addiction
quality improvement programme



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Introduction – the problem

- Maximising physical health – a topic that is well researched. Interventions are available that could have significant impact on outcomes for those with serious mental health issues
- Gaps in care
- Complexity

A quote by Atul Gawande is displayed on a rectangular background with a light, hazy landscape of mountains and a dark cliffside on the right. The text is centered and reads: "I think the extreme complexity of medicine has become more than an individual clinician can handle. But not more than teams of clinicians can handle."

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Atul Gawande

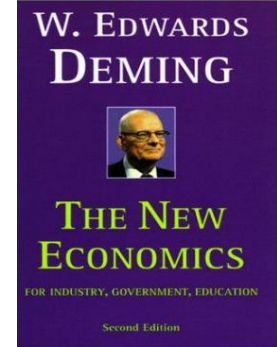
Purpose of session

- Planning to achieve the objectives: closing the gaps, eliminating inequities
- Think reliability in care delivery
- Equitable care outcomes
- Care that matters – co-design
- Consider potential challenges
- Timeframes/milestones
- Collaboration

**'We can't know it all,
we can't do it all.'**

Atul Gawande





Improvement science

Steps in an improvement project



Theory of knowledge

- Improvement by learning and studying facts to learn about the system to develop and test theories, results and improve

Psychology of change

- Understanding people and motivations
- Understanding teams and organisations

Appreciation of a system

- People
- Processes
- Roles, aim and purpose, and how relates to a whole

Variation

- Common cause and special cause variation

3. Developing a strategy (generating ideas)

- AIM statements
- Change concepts
- Driver diagrams
- Sources of ideas
- MFI
- Understanding & implementing change
- Coaching others
- Reactions to change
- Creativity tools

1. Identify a quality issue

- Data sources
- Team formation
- Project charter
- Codesign
- Stakeholders and comms
- Patient experience

2. Understanding and diagnosing the problem

- Data sources
- Process maps
- Pareto charts
- Histograms
- Fishbone
- 5 Whys
- 7 Wastes +1
- Problem statements
- Project scoping
- Measurement
- Run charts / control charts
- Understanding variation
- Advanced SPC

6. Learn and spread

- Collaboratives

5. Implementing and sustaining

- Planning for sustainability
- NHS sustainability score
- MUSIQ
- Sustainability scoring

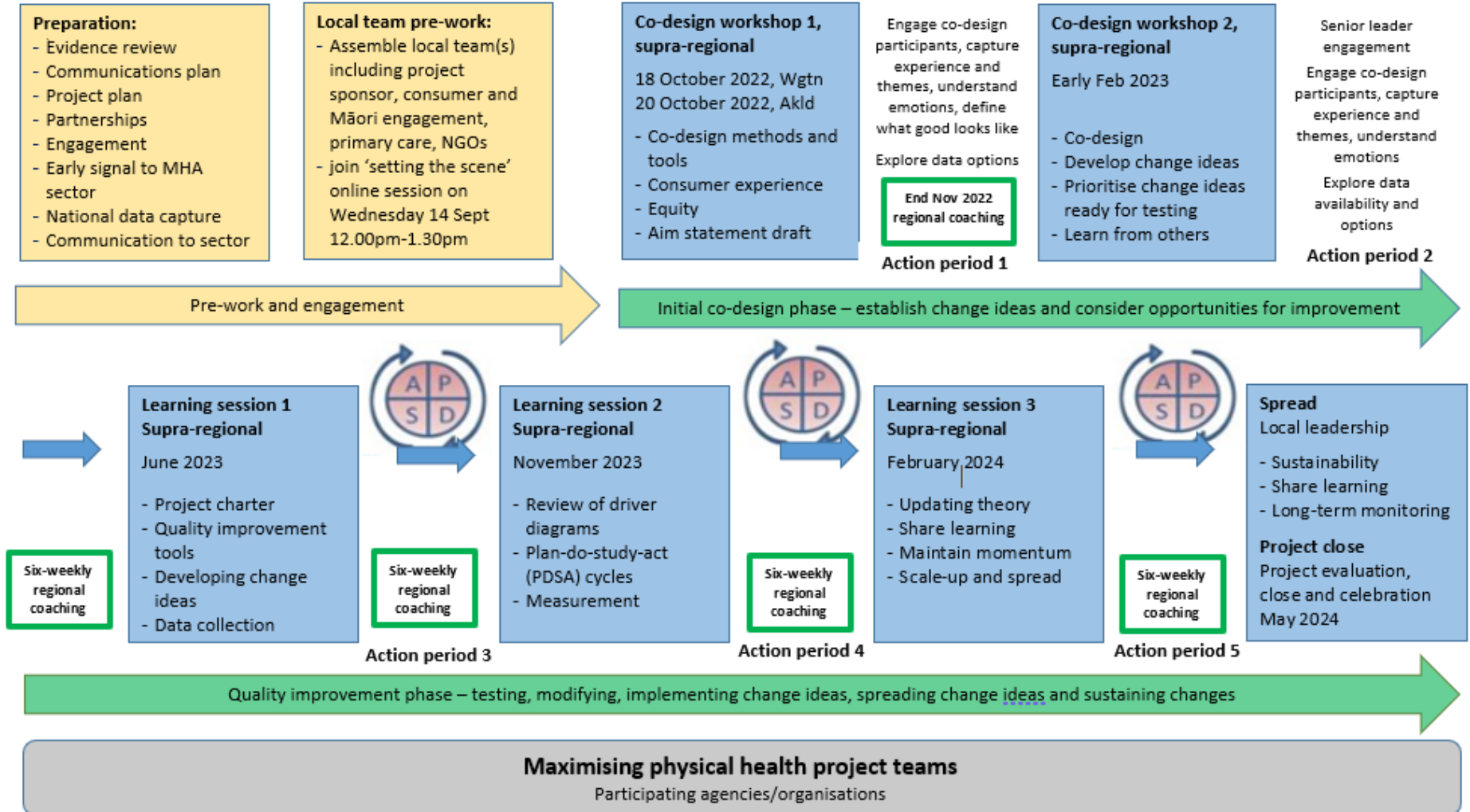
4. Testing ideas

- PDSA

Project timeline



Te whakanui ake i te hauora ā-tinana | Maximising physical health project timeline



Action periods



What challenges can we expect?

Potential challenges

- Time
- Service user/provider recruitment/co-ordination
- Power imbalances
- Project team consistency
- Competing priorities
- Project drift

Tools or opportunities

- Pre plan meetings/sessions
- Utilise huddles, distributed leadership, weekly activity
- Conversation cafes, consumer groups
- Plan for changes – orientation, commitment and support from managers
- Visibility of project
- Clear objectives, project charter, use of parking lots



Key milestones

- Change package completed
- Change ideas tested – high degree of belief that they lead to improvement – data (outcome, process, balancing measures)
- Theory for improvement (process measures established)
- Change ideas prioritised for testing
- Change ideas harvested



Key milestones

- Diagnostic phase – understanding system influences – why things are this way, inequities found
- Identifying what good looks like and how we will know (outcome measures)
- Capture experiences
- Engagement
- Identify key stakeholders
- Project team established



Early thinking – how will we assess progress?

The measurement mantra



--Dr. H. James
Harrington



18 months from now

- Define what good will look like
 - Additional outcomes
- Robust understanding of the barriers to achieving 'good'
- Identify processes to be changed or transformed
- Identify inequities
- Co-designed change ideas tested
- Data that captures learning – what works, equity, unintended consequences
- Ability to contribute to a change package

‘One common mistake is to think of change as only a technical issue ... For every technical change in the system, there are usually social and economic changes as well.’

The Improvement Guide, p. 187



Have we got the power to change things?

Research with groups shows a 25%-10%-3% pattern:

25% When a minority group pushing change was below **25%** of the total group, its efforts failed. But when they reached **25%**, the majority of the population adopted the new way of thinking very quickly.

10% When just **10%** of a population holds an unshakeable belief, their belief is likely to be adopted by the majority.

3% Typically in organisations, around **3%** of people (the informal influencers) drive conversations and influence 85% of other people. They are not typically the senior leaders.