



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

Recap of co-design approach

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Co-design ... co-define, co-develop, co-produce

Co-design is an important part of a **process** to identify a challenge or opportunity to **engage** people (consumers, family, staff and other stakeholders), **capture** their experiences and ideas, **organise the learning** that they bring to create new understanding and insight from the perspective of the care journey and emotional journey, **continue together in partnership** to review learning and ideas, plan and implement improvements, then finally, review what difference that has made.

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



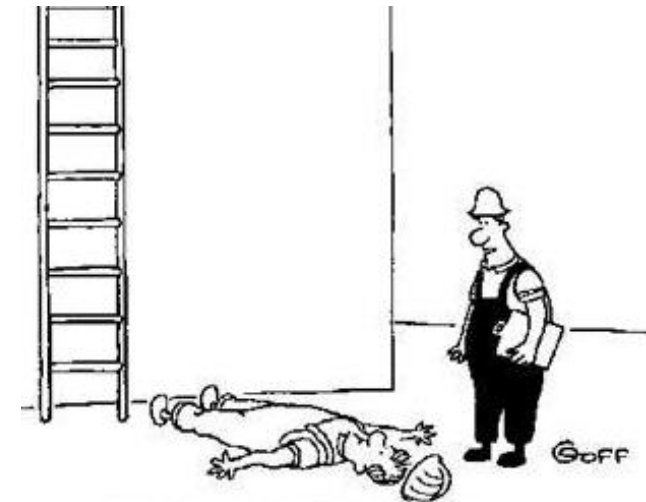
Co-design

- Purpose of co-design phase
 - need to hear what matters most to consumers and family/whānau and staff
 - are there ideas that would make things better that haven't been considered?
 - what is the equity lens on this?
 - what do staff think?
 - what does the ideal service look like?



What matters to consumers

- Being treated as a person, not a number
- Feeling informed and being given options
- Staff who listen and spend time with me
- Being involved in care and being able to ask questions
- The value of support services, for example consumer and carer support groups
- Efficient processes



"You weren't listening.
I said, 'DON'T fall.'"

Co-design approach

M The co-design approach includes the following stages:

e • **Project start up: aim, scope, plan**

a • **Engage:** consumers, families and whānau, staff and stakeholders

s • **Capture:** consumer, family and whānau and staff experiences using a range of methods

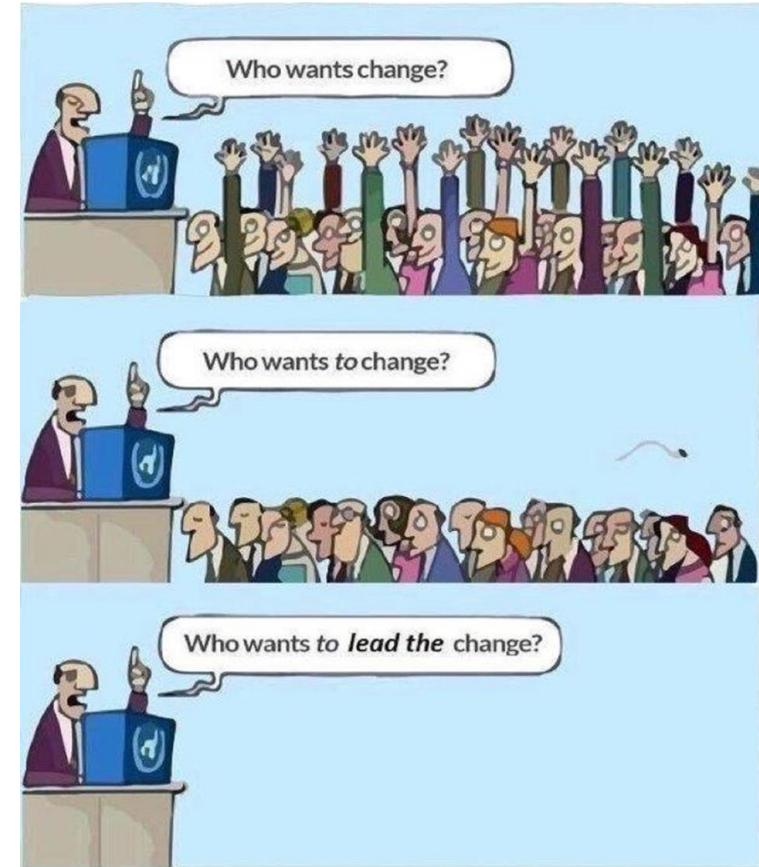
u • **Understand:** emotions and ‘touch points’ along the journey of care

r • **Improve:** work together to identify and prioritise what to improve

e • **Measure:** check to see whether experience is improving

The team

- Consider who is on or who are you trying to engage to be on your team?
- What role will they play?
- How many hours per week does each person have available to spend on this project?
- Consider a range of people with specific expertise, such as data support and communications support
- Active support from senior leadership is key



Co-design approach

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Engaging consumers, whānau and staff

- 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.
- Things to think about:
 - How many consumers, whānau, staff will you try to engage?
 - Where are they? Where will you find the people?
 - Who will engage with them?
 - When will that happen?



Maintaining consumer engagement

- Consumer engagement is value driven and highly personal
- Maintaining engagement over the project duration comes down to planning, communication and how people **feel** about their involvement
- Consider remuneration/koha

Policy: **Recognising Community Participation**

Background /Overview

The policy provides guidance for all DHBs to apply consistent principles and processes relating to recognition of Community engagement and participation. This revised version includes a number of changes to ensure wording is clear, there is alignment with key financial and strategic requirements and greater use of examples to clarify terminology.

Purpose

Auckland, Counties Manukau and Waitemata DHBs value and encourage patients, families and communities' feedback, input and participation in DHB work. In addition, we financially recognise the contribution of people who are specifically invited by either DHB to contribute their expertise and advice. This policy explains how we financially recognise this contribution in a way that is principles-based and compliant with financial and other regulations.

Scope of Use

This policy is applicable to all Auckland, Counties Manukau and Waitemata DHBs' Board members, employees (full time, part time, casual and temporary) who engage with the community to involve the community voice in planning, improvement and decision making processes. This policy also applies to employees from the Northern Regional Alliance and Health Alliance. For ease of use, this policy will use the term 'the DHBs' when referring to these organisations.

This policy will be implemented when:

- Consulting patients and other community stakeholders
- Engaging the wider public and/or key stakeholders about important decisions

Out of Scope

This policy does not apply to employment matters.

This policy does not apply to engaging contractors or consultants providing professional services.

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Many ways of capturing experience – which method are you thinking of using?

Surveys

Observation

Shadowing

Comments cards

In-depth conversations

Focus groups
and panels

Patient experience questionnaire

Patient Stories

Story Board

Diary

Complaints/compliments

Experience

- A person's thoughts and feelings about their journey.
- Shaped by their interactions throughout an episode or journey of care (clinical, personal and emotional).

Delighted



Underwhelmed



Frustrated




Experience questionnaire

How do you feel?

This experience questionnaire will help you think about how you feel at different stages in your journey.

Circle the words that best describe your feelings at each stage, or write your own words at the bottom.

 See pages 54-55 for more information on experience questionnaires

Why?

We'd like to know why you felt like this. Was it friendly staff, a nice conversation, or a long wait – whatever it is we'd like to know.

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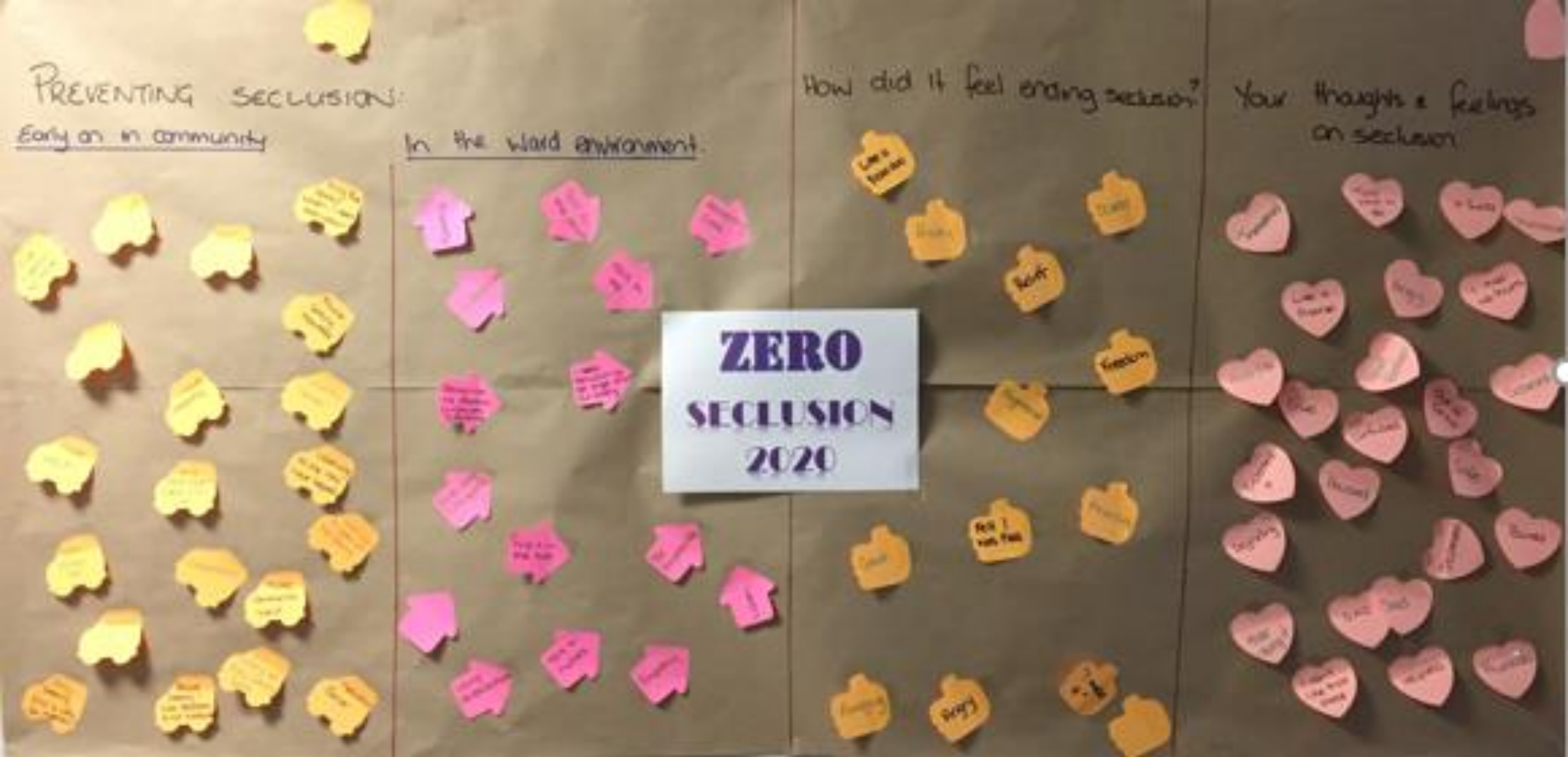


Download this from www.institute.nhs.uk/ehd

Arriving/Checking In	Information	Waiting	Going to Theatre	Recovery	Check Ups	Leaving
happy	happy	happy	happy	happy	happy	happy
supported	supported	supported	supported	supported	supported	supported
safe	safe	safe	safe	safe	safe	safe
good	good	good	good	good	good	good
comfortable	comfortable	comfortable	comfortable	comfortable	comfortable	comfortable
in pain	in pain	in pain	in pain	in pain	in pain	in pain
worried	worried	worried	worried	worried	worried	worried
lonely	lonely	lonely	lonely	lonely	lonely	lonely
sad	sad	sad	sad	sad	sad	sad
Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here	Write your own words here
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Zero seclusion example



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Understand the experience – themes

Link/map the emotions (highs and lows) to the touchpoints – the point in the process where they occurred.



Zero seclusion example



Some challenges with co-design

Challenge	Response
Co-design takes time and resources	Ensure effective senior leader and sponsor support upfront Regular reviews to balance scope with time
Pressure to get on with the improvement work and skip the in-depth conversations	Embed co-design into key documentation such as policies and procedures
Perception that consumer/family/whānau advisors on project teams count as co-design	

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What happens next?

Staff, consumers, family and whānau and other stakeholders come together to:

- 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 a plan for testing/implementation.



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Measures

Develop a suite of measures:

- Outcome – how is the system performing? Consumer and staff perspective. What is the result?
- Process – are the parts of steps in the system performing as planned?
- Balancing – what is the risk? Is something else being affected by our changes (good or bad)?

'No data without a story and no story without data'

*Maureen Bisognano,
former IHI President
and CEO*

QUESTIONS

Suggested reading

- Bate P, Robert G. 2006. Experience-based design: from redesigning the system around the patient to co-designing services with the patient. *Quality and Safety in Health Care* 15(5): 307–10.
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Suggested reading

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