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Health Links Change Ideas

Health Links Learning Collab:
Experience Based Co-Design

London Middlesex Health Link

Our Aim Statement

To improve the Coordinated Care Planning process based on the experience of participants and care planners using an experience-based co-design process

Experience-based co-design "looks at the care journey and emotional journey people experience when they come into contact with a particular pathway or part of their service." EBCD works with both staff and clients to learn from their experiences, so that input comes from a variety of perspectives. The method asks them to design a better process together, in which everyone's interests are represented fairly.

Change Ideas

- **Capture the Experience**: In-depth interviews with Health Link participants
- **Understand the Experience**: With participants, and staff conduct 3 co-design sessions to review the data, explore the experience further and make recommendations to improve the experience
- **Improve the Experience**: Provide the recommendations on how to improve the experience
- **Measure the improvement**: Provide recommendations on how to measure the improvement

PDSAs

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Plan

- Designed the process that included in-depth participant, care planner and physician interviews
- 3 co-design sessions with participants, care planners and HL staff using the emerging themes from the interviews
- Develop recommendations based on experience based co-design process
- Determine way to measure the recommendations

Do

- Conducted interviews
- Held 3 co-design sessions

Study

- Based on the interviews and 3 co-design session 16 recommendations were developed covering 3 key themes:
  - Role of the Care Team
  - Client Voice Being Heard
  - Goals and Needs Being Met

  Ways to enhance the care planning process were also provided

Act

- Development of an comprehensive evaluation framework based on recommendations

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Measures/Data collected

- Interviewed 6 clients, 3 care planners, 2 physicians
- Held 3 co-design session (total of 9 hours)
- Sessions focused on creating a trusting environment for sharing and dialogue
- Every session started with a shared meal
- Developed together working assumptions
- Focused on attentive listening to the experience and had as an outcome building recommendations

Sample – Working Assumptions Built with Co-Design Participants

How do we want to work together?

I feel safe when…

- There is confidentiality
- I am reminded of my appointments
- I feel connected and I have time to build trust and I have time to transition
- I can share and know there won't be any negative consequences
- There is active listening by everyone and no one takes over the conversation
- There is mutual respect
- There is no right or wrong answer

Outcomes

- An evaluation framework based on the recommendations, outcomes and key performance indicators
- LM-HL created ways to improve the care planning process based on the recommendations
- Sample of outcomes from EBCD follows

Sample Outcomes Stemming from Recommendations from EBCD

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Recommendations	Outcomes
1.2 Strengthen communication between providers and most importantly with client: - Establish communication style that works well for both client and Care Coordinator - Establish a frequency of visits/check-ins with the client, based on their needs and realistic abilities of care coordinator.	1.2 Clients and providers are satisfied with the level of communication between health care providers and Care Coordinators
1.3 Provide orientation for clients regarding the purpose of care plans in plain and accessible language (use visuals to help client understand)	1.3 In debriefing, clients can describe care coordination, the goals and the benefits of the meetings, visuals are available to assist
1.4 Strengthen role of the personal support provider/caregiver in Care Planning and create avenues for them to provide feedback and observation as they often see the client more frequently	1.4 Personal support provider/caregiver is part of care planning team, communicates key pieces of information regularly with Care Coordinator; client and Care Coordinator finds this communication helpful in care planning

Sample Outcomes Stemming from Recommendations from EBCD

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Recommendations	Outcomes
2.2 Provide tools to client on how to assert their voice such as simple cue cards with key questions for client to ask during care planning. Consider linking clients with self-management program to develop self-advocacy skills	2.2 Client feels comfortable sharing their needs and their opinion about the process Client learn how to advocate and share their needs
2.4 Develop tools such as visual aids (e.g roadmaps, brochures, cue cards etc.) to facilitate a meaningful conversation with the client and team	2.4 Meetings include the use of visuals and simple language to explain goals and objectives of process
3.2 Develop a set of "meeting guidelines", which begin with “I feel safe when….” that would allow clients to express how they work best with others and how/when they feel safe.	3.2 Guidelines are developed that help both the Care Coordinator and client feel respected and heard when they are communicating with one another Meeting Guidelines are reviewed before each meeting and used with every check-in
3.6 Care Coordinator educates clients on options for care, within the realm of realistic expectations.	3.6 Client is aware of different healthcare service options that align with their needs and goals

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Learnings

What worked well

- In-person in-depth interviews
- 3 co-design sessions; provided time to build trust
- Building recommendations together (participants and professionals)
- Paying participants to be at co-design (honouring their time)
- Having a shared meal and focusing on 'community building' to build trust – allowed for richer, more honest and in-depth dialogue
- Having an ultimate product in mind – building recommendations to improve the care planning process
- Staff open to listening attentively to the voice of the client/patient and learning from their experience

What didn't work well

- Of the 10 clients provided for interviews 4 were unable to be interviewed due to health conditions. Would have been good to interview a few more
- One of four co-design participants was unable to attend more than 1 session

Next steps

Check-In

- In 2017 [still in process] a check-in regarding progress on recommendation is taking place. At this point we have interviewed 30 clients, 3 care planners and physicians (pending) and held 1 co-design session
  - While data is still being analyzed there appears to be positive movement across the recommendations/outcomes
  - Co-design session provided further ways to strengthen care planning