



uOttawa

# Experience-based co-design to improve care processes for newly diagnosed children with cancer

MUHC ISAI Conference

*Partnering with patients to improve care: Essential skills and strategies*

Montreal, Quebec

October 30, 2015



[www.cheo.on.ca](http://www.cheo.on.ca)



## Context

- Children's Hospital of Eastern Ontario (CHEO)
  - *an academic pediatric health science centre providing care for children and youth aged 0 to 18*
  - *2,500 staff, 6,200 admissions, 7,000 surgeries, 170,000 clinic visits and over 65,000 emergency room visits yearly*
  - *also runs specialized programs for eating disorders, autism, psychiatric mental health, sexual assault, telepsychiatry and early language development*
- Senior leaders and family advisors looking for ways to systematically engage patients/families in the identification of quality issues and in the design and implementation of solutions
- Prioritization exercise led by Family Forum selected Experience Based Co-Design (EBCD) based on environmental scan of best practices (Fall 2014)
- Decision to start with oncology services where Lean process improvement processes and pt/family engagement already initiated





## Aims

- Test the effectiveness of the EBCD approach as a way of integrating patient, family & staff perspectives in efforts to improve care
- ~~Improve patient, family & staff experience~~
- Improve the oncology orientation process & support materials to ensure oncology patients, families & staff have the knowledge and resources to become good partners in care



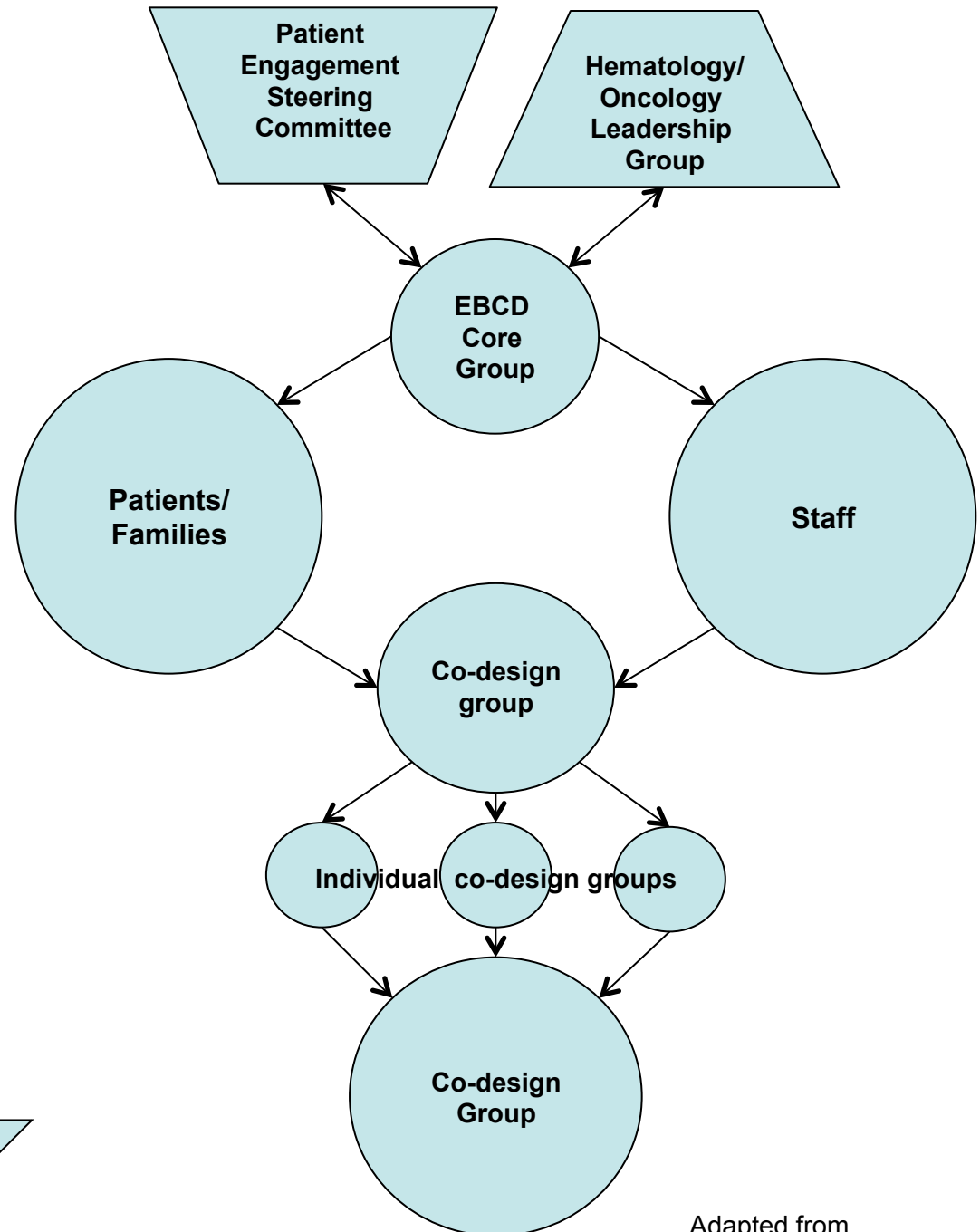
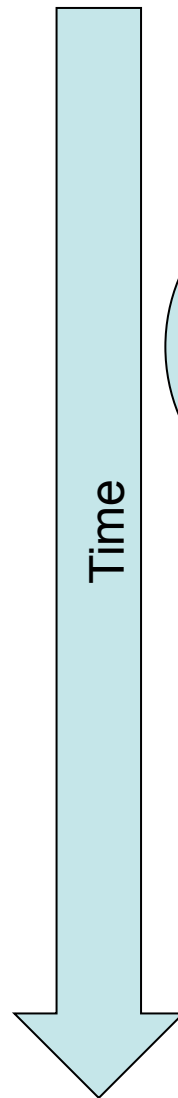


## Objectives

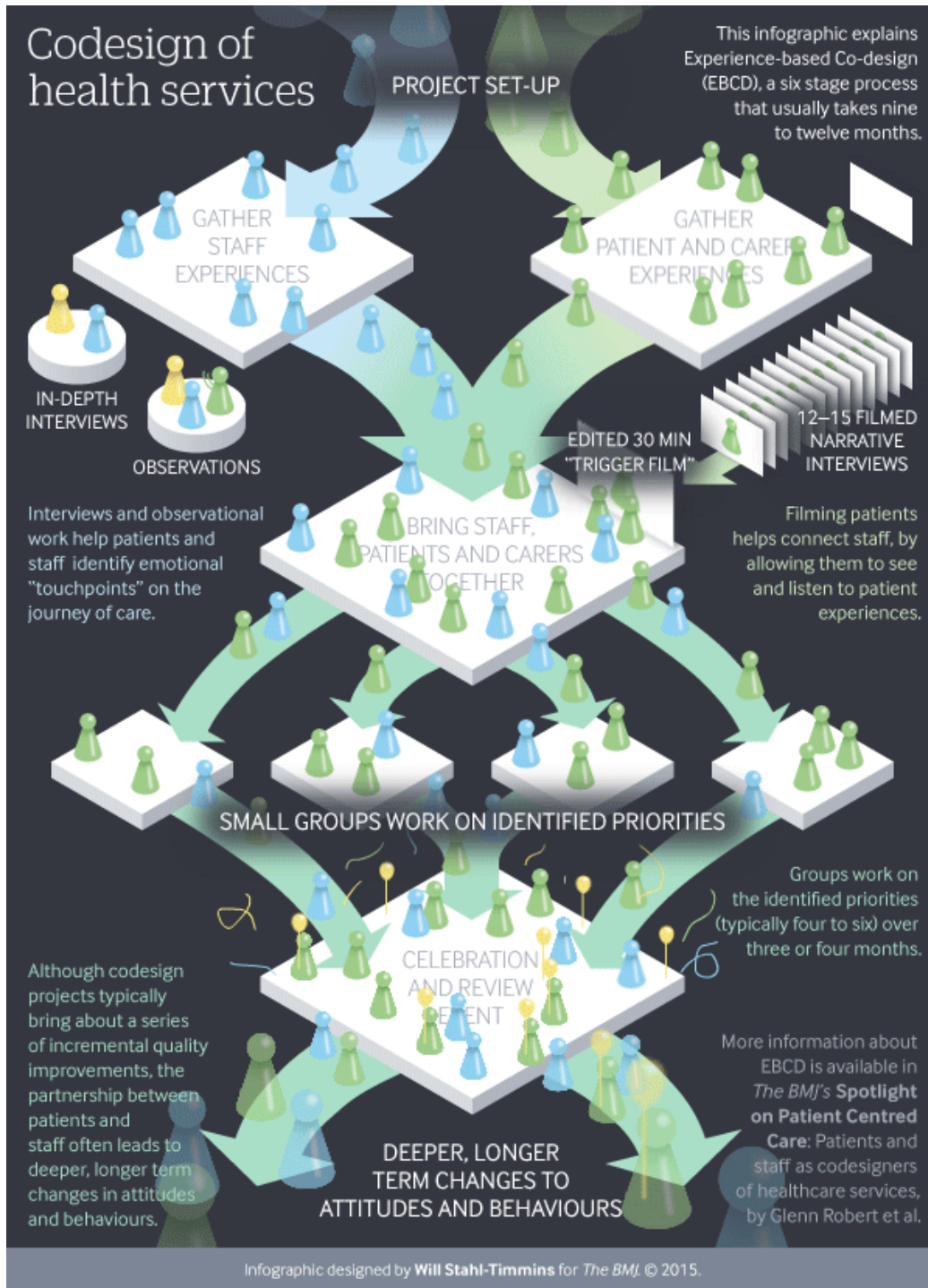
- Capture patient experiences through observation, interviews and video (May – June 2014)
- Deepen understanding of the experience through 'feedback events' (Fall 2014)
- Prioritize issues and recommend solutions for executive team approval and support (November 2014)
- Co-design, implement and measure the impact of smaller unit-based improvement initiatives (January – September 2015)
- Adjust and embed the EBCD approach and/or lessons learned into CHEO standards and practices (Fall 2015)

# EBCD process

1. Set up
2. Gather staff experiences
3. Gather patient/family experiences
4. Bring patients and staff together to share experiences & begin co-design
5. Detailed co-design activities
6. Come back together: celebration, review & renewal



Adapted from  
Bate and Robert (2007)



G. Robert et al. "Patients and staff as codesigners of healthcare services", *BMJ* 2015;350:g7714 (available at <http://www.bmj.com/content/350/bmj.g7714.long>).





## EBCD measures

- Aim 1: Testing EBCD effectiveness
  - *Perceived collaboration/partnership*
  - *Patient/family/staff involvement*
  - *Increased understanding of experiences*
  - *Generation of improvement ideas*
- Aim 2: Improved “early days” experiences for oncology patients, families and staff
  - *Knowledge of roles/responsibilities and where/how to access resources*
  - *Consistency in messaging*
  - *Increased feelings of confidence*
  - *Knowledge and ownership of PFCC behaviours*

I felt safe and comfortable during this process, despite touchy/difficult subjects that were highlighted. (Staff)

Great summary of real issues. Hearing it from people (vs written documentation) makes a BIG difference. (Parent)



Great to hear both sides, especially that there is a great deal of commonality. (Parent)

Very excited about future projects that stem from the process. (Staff)





## Outcomes

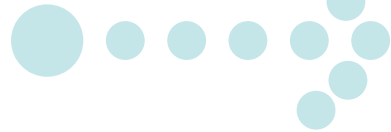
6 staff  
improvement  
ideas



8 patient and  
family  
improvement  
ideas



5  
improve-  
ment  
priorities



1. Redesign oncology patient/family orientation process and supporting materials
2. Optimize orientation for new staff
3. Develop “Know Me” tool
4. Revisit use of space and free space for private conversations with families
5. Raise awareness of oncology patient/family experiences in the Emergency Department to identify improvement opportunities



## Lessons learned

- Importance of integrating patient and family engagement and quality improvement efforts earlier in process
- Need to tighten timelines and clarify reporting structure
- Better connection/link between patient experience and quality improvement teams
- Current success attributed to EBCD key participants' ownership and will to implement improvements

# EBCD and Lean integration @ CHEO

	EBCD	Lean	How we bridged the gap?
<b>Origins</b>	UK researchers (2006) in healthcare services	Japanese engineer (1930s) in manufacturing industries	Looked to leaders in the field: ThedaCare and Virginia Mason Medical Center
<b>Mindset</b>	Abundance of curiosity	Problem-solving	EBCD data used to shed light on underlying problems
<b>Focus</b>	Patient, family and staff experiences (how did it feel?)	Value-added activity (what did you do – would your customer pay for it?)	“Current state map” of staff process steps juxtaposed with “emotion map” of pt/family experiences
<b>Process</b>	Pt/families, staff working together as “quality detectives” to bring about change	Plan, Do, Check and Act (PDCA) cycles to identify and eliminate waste	Lean thinking was used to structure EBCD data to inform improvement projects





## What does it take to build true partnerships?

- Think about the purpose & role of the engagement-know what you are looking for, and match & form agreement
- Use many mechanisms from the Engagement Toolkit or Continuum
- Partner=Equals; so know when you want a partnership, an advisor, an opinion, or what exactly??....
- Make sure you really are committed to engagement and be prepared for what you get-voice of the 'customer'
- Keep it flexible to suit patients and families' ability to commit and their changing interests over the life of your initiative(s)
- Close the loop back to patients & families, be honest about everything and continue to be courageous



## Contact us

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