



Experience-Based Codesign for complex health issues in regional areas: A case study analysis

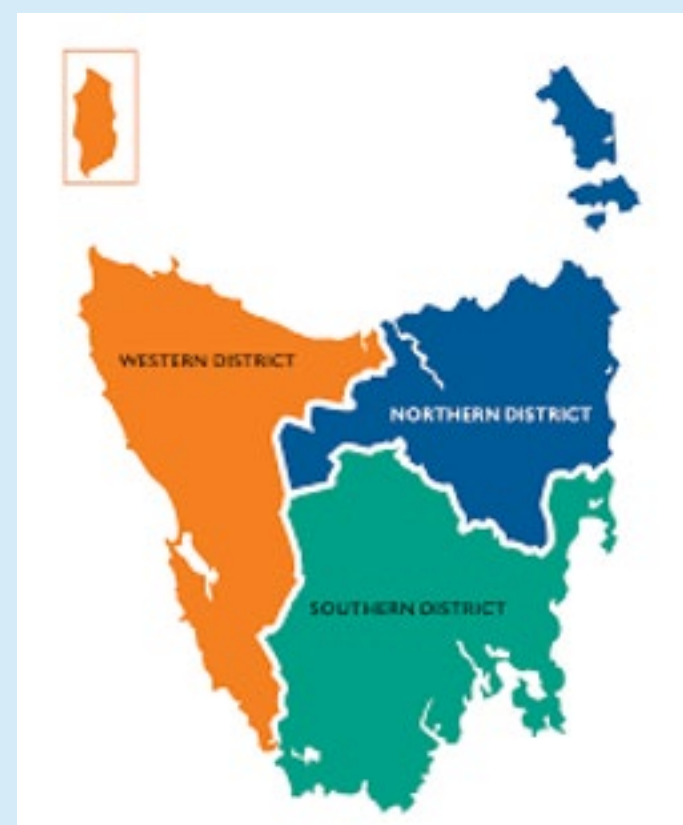
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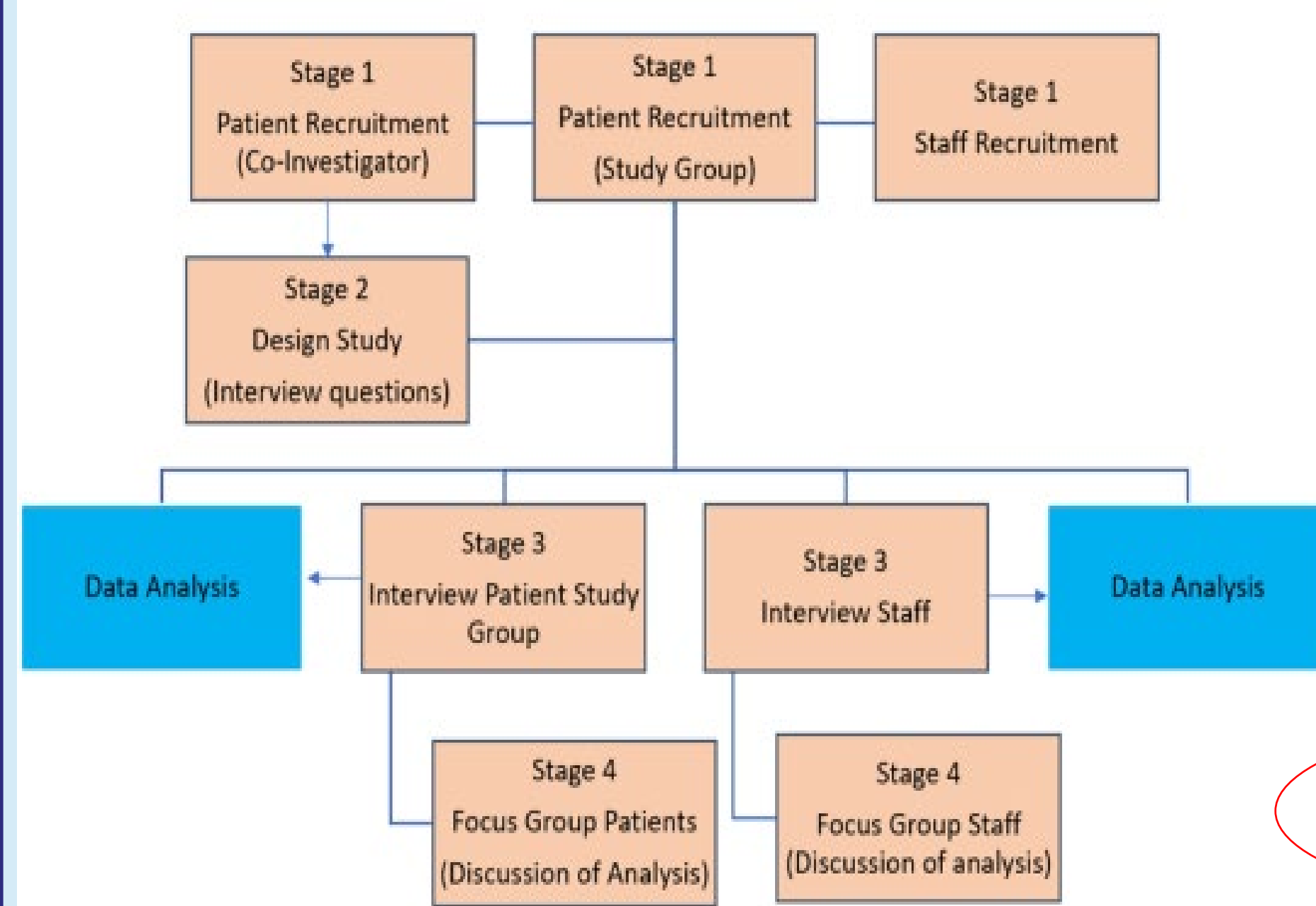
INTRODUCTION

Experience-based codesign (EBCD) in healthcare is a participatory approach to quality improvement that involves staff and health service users. It integrates ethnographic research and service design methods with the principles of user involvement to improve patient care and the experience of care from user and provider perspectives. Despite the availability of toolkits and published guidance that describe the EB CD process, implementation appears to be variable.

In this analysis, three case studies have been selected to explore how EB CD has been used to address diverse health service issues in regional Tasmania, Australia. The focus will be on identifying common and project barriers and enablers to project implementation.



CASE STUDY 1. NEUROLOGICAL CARE²



DIFFERENT PRIORITIES

The physiotherapy needs of patients with central neurological conditions are specific, and this cohort are generally under-served in rural and remote areas in Australia. This study collected stakeholder experiential information to inform redesign of a rural outpatient physiotherapy service.

Themes developed

Consumers (N = 9)	Staff (N = 5)
Patients value timely support to help them manage their situation	Referring Clinicians want to do the best job they can for their patients
Patients value physiotherapy input to achieve goals	Physiotherapy services available to this cohort aren't clear
Patients want to be included in the decision making regarding their care	Referring clinicians care about patients receiving timely care
	Not all patients serviced through the health system are being captured by the physiotherapy department

METHOD

Project documentation including reports, proposals, meeting minutes, and project team members' personal reflections were included in the analysis. A general inductive approach was used to summarise common and project-based barriers and enablers.



Figure 1. The Experience-based codesign process¹

CASE STUDY 2. CANCER SURVIVORSHIP

In response to growing demand for cancer survivorship services, the Northern Cancer Service (NCS) partnered with service users and the Cancer Council Tasmania (CCT) to develop a cancer survivorship service for Northern Tasmania.

- Set up: project team consisted of 2 NCS clinicians, 1 service user rep, 1 CCT clinician, 1 researcher
- Gather: 10 service user interviews, 5 clinician interviews
- Understand and Improve: 3 workshops, 23 service users, 14 clinicians.

COLLABORATION

Recommendations for improving the experience (under consideration)

- Implement a nurse-led specialist Cancer Survivorship Service and a multidisciplinary survivorship clinic to provide tailored, supportive care.
- Improve the use of existing resources – educating clinicians about survivorship, providing consistent resources and information to service users at the right time.
- Strengthen partnerships with other organisations, such as CCT, to promote awareness of and participation in various community-led support programs, and to work with GPs.



CASE STUDY 3. REABLEMENT³

EB CD used to develop and implement a reablement training program at the request of the organisation. The leadership team at the community care organisation formed a group of direct care workers and care coordinators who they considered to understand the nature of reablement (N=8).



ORGANISATIONAL SUPPORT

EB CD = research team and organisation developing appropriate strategies for successful implementation and maintenance of reablement as a new model of care. Staff embraced the opportunity to make positive change and were well supported to apply their learnings.

"The process isn't simple, but it has become simple because of the ownership of FBC" (Staff member quote)

BARRIERS AND ENABLERS TO EB CD IMPLEMENTATION

Common barriers	Common enablers
• Lack of formal processes to access service users with lived experience and to provide remuneration. • Limited project time and resourcing. • Differing expectations about what the EB CD process involved.	• Collaborative and skilled project team. • Strong organisational sponsorship/resourcing. • Shared decision making between the provider and user.
Project-specific barriers	Project-specific enablers
• Team members leaving (roles or organisations), key person dependency for success. • Tension between interventions designed as part of the EB CD process and those prioritised by the organisation.	• Executive level engagement and empowerment. • Strong organisational culture of change. • User availability and remuneration.

CONCLUSIONS

- EB CD is less supported and understood in health services.
 - Be clear about the expectations of EB CD to the health provider, including executive levels.
 - Upskill all health providers involved with the project about EB CD to avoid key person dependency.
 - Provide a process for recruiting those with lived experience and to ensure appropriate remuneration.
- In EB CD user priorities can vary from the provider or organisation priorities, flexibility and adaptability is required.
- Successful EB CD needs support from health services – it must be engrained in the organisation's culture.

REFERENCES

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