

A Checklist of Considerations to Leverage an Experience-Based Co-Design Approach

September 2020



Phase One: Set-Up

Phase One of the experience-based co-design (EBCD) approach is focused on building the foundation of the project to enable success in the latter phases of the project. The following checklist outlines 13 considerations to help you plan for the initial phase of Set-Up. You do not need to complete the identified tasks in the order they appear – you will find several tasks occur in parallel or evolve from others.

1

Establish a core project team.

Ensure there are resources to establish an effective project team. EBCD takes times and focused efforts – there will be heavy lifting throughout the stages and dedicated staff will be required to successfully carry the project through. Consider hiring a patient and/or a caregiver as a part of the project team to help inform all aspects of the project from a balanced perspective (e.g., caregiver advisor). Remember to provide orientation to ensure patients and/or caregivers (e.g., onboarding) feel comfortable and enabled to participate in their new role.

2

Build project planning and monitoring mechanisms.

Project management tools (e.g., project plan, action log) foster shared understanding and support planning, efficient task management, execution, monitoring, and reporting. Tools such as driver diagrams, logic models, stakeholder and process maps and asset libraries can all be foundational. Assign one role to maintaining the project plan and action log to embed efficiencies in the process. You may want to build a separate communications and evaluation plan or add it into the project plan depending on the size of your project.

If you are working with external individuals and organizations, develop a relationship charter or memorandum of understanding (MOU). Ensure the project plan and MOU are fully executed to demonstrate commitment from all partners before moving forward with the project.

3

Assign project roles and responsibilities to the members of the core project team.

Consider roles like project management, communications, project support, facilitator(s), knowledge translator(s), engagement specialist(s), caregiver and/or patient advisor(s). You may also consider leveraging internal central resources within your organization (e.g., communications, finance) for support and expertise.

4

Understand the organization's vision, immediate and future priorities and requirements (e.g., Quality Improvement Plans (QIPs)) to foster alignment of the project and illustrate how it can be a catalyst towards the organization's short and/or long-term goals.

Does the project support any other projects or initiatives within the organization? Consider developing a visual within the project plan to demonstrate at a high-level what those connections are and use key words that capture the themes (e.g., patient safety, patient engagement, improved discharge, care transitions). Is there an opportunity for the project to be part of the QIP or to be leveraged to support accreditation efforts?



5

Assess your corporate or organization's readiness.

Co-design is still a fairly new methodology. Understand your organization's culture, take the time to review and identify any policies that may act as barriers or facilitators. How does your organization currently engage with staff, patients and family caregivers? What is working well and how can you use the learnings to improve the engagement methods in your own project?

6

Seek dedicated leadership at the executive, project and managerial levels.

Ensure there is leadership at each level to support the project and the EBCD approach. These leaders can help to identify new opportunities, remove or lessen the impact of challenges, foster support for the initiative and act as project champions through modelling, reinforcing or advocating for change.

7

Write a roles description for the individuals representing groups on your Steering Committee (e.g., patients, caregivers and healthcare providers) to support your recruitment efforts and help potential members understand the responsibilities.

Consider including: a clear and concise project description; an explanation of the experience-based co-design process; who will be involved in this project; an outline of what the roles and responsibilities are for participating; a confidentiality agreement; compensation and reimbursement procedures; modes of communication; project timelines and project contacts.

8

Develop a Steering Committee that includes members of the groups you will be engaging and co-designing with during the project.

For example, if your co-design phase will include family caregivers and healthcare providers, your Steering Committee should include at least one family caregiver and one healthcare provider. Leverage champions from the leadership team and from within departments/units/programs.

Provide orientation to patients and caregivers (e.g., onboarding) before inviting them to participate in the meetings (e.g., orientation session/meeting).

9

Develop Terms of Reference (TOR) for Steering Committee Members.

The TOR outlines how the Steering Committee members will work together to accomplish common goals – it fosters a shared understanding of expectations, accountabilities and roles. Consider including the following sections: project description, vision, guiding principles, evaluation, purpose and objectives of committee, membership, roles and responsibilities, decision making (quorum, voting), accountability, meetings, dissolution, amendments, operations and a diagram of the governance structure.



10

Review and/or establish policies around compensation/reimbursement for patients and family caregivers who will be engaged with during the project.

Compensation policies can show appreciation for and acknowledgement of a patient and/or caregiver's time. Are there existing organizational policies that support compensation for engagement participants or are policies considered on a project basis?

Typically, in the Discovery Phase participants are engaged with only once and a small token of appreciation is provided (e.g., coffee shop gift card). Participation in the Co-design Phase tends to be a longer commitments (e.g., a few hours for a couple of weeks). Compensation may be provided at the minimum hourly wage rate or at a ½ day or full day per diem rate.

11

Identify what enablers may be required to support patients and family caregivers to participate in the different areas of the project (e.g., Steering Committee, Project Team, Discovery Phase, Co-design Phase).

It could be as simple as scheduling meetings during specific times, providing parking tokens or taxi vouchers to physically attend meetings and offering alternatives to in-person meetings. Caregivers may require respite care to enable their participation so they can be fully present and contribute to the discussion without worrying that they are not with the person they are caring for. Ask patients and caregivers what they need to enable them to participate – they tend to be very reasonable requests.

12

Identify what enablers may be required to support healthcare providers and staff in your organization to participate in the different areas of the project (e.g., Steering Committee, Project Team, Discovery Phase, Co-design Phase).

Work with your senior leadership team to help remove any barriers to participation such as capacity issues. Often offering backfill to providers can help to enable their participation.

13

Establish a baseline.

Is there existing data that you can leverage as a baseline to help you understand the experience of caregivers and providers before you engage with them? What does the status quo experience tell you? Is it possible to complete a quick survey to get a pulse change among staff and providers?