

Co-Design Checklist for Care Resource Binder Spread

Note: the steps within the sections are flexible but the order of the sections need to be consistent.

Getting Started

1. Familiarize yourself with tools and resources from Care Resource Binders being used on a variety of other units to gain an idea of what you would like to share at the working group sessions.
2. Review purpose of project, understand experience-based co-design and proposed process; “the what, why, how” of the Care Resource Binder.
3. Identify a champion from the unit/program to help recruit working team members and patient/family partners.
4. Start the process to identify potential patient and family partners
 - a. Minimum of 2 patient/family partners, who have experienced service/care on your program
 - b. Use the Engaging Patient and Family Partners Toolkit to details to guide you

Preparing for Co-Design Session Activities

Please use the Engaging PFP toolkit in conjunction with this section; the contents in this section are specific to the Care Resource Binder and not to engaging PFP

5. Plan co-design session:
 - a. Decide on and arrange a note taker, number of facilitators needed based on potential group size
 - b. Prepare sample binders and/or materials needed to share initiatives with co-design working group
 - c. Consult with a staff member, patient and family partner in the department who can provide you with an overview of the patient care journey.
 - i. Focusing on the patient journey and most impactful moments of care (E.g. referral, admission, care planning, discharge and transition)
 - ii. Create a process map of current state and confirm with working group

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- iii. Add comments, documents, steps and areas for patient/family caregiver involvement based on information gathered

At the First Co-Design/Working Group Meeting Session

6. Review binder samples
 - a. Share purpose, tools, and resources that have been previously created - discuss what would work in your program, what tools are missing, what do you currently hand out to patients/families that could go into the binder
7. Review and build upon process map created for current state of patient experience.
 - a. Gain understanding of how the Care Binder would be implemented – who would introduce the binder to the patient, who adds content in partnership with the patient/family (e.g. should be everyone's' role)
8. Review highlights of session and plan for follow up

After the Co-Design Sessions

9. Meet with department leader and project champion discuss finding and themes from participants.
10. Follow up with patient/family partners to gather feedback on the sessions, is there anything else they would like to add?

Subsequent Meetings

11. Follow same format at all subsequent meetings
 - a. Reach out to other services as needed to clarify and/or gather necessary resources and information

Creating the Content for the Resource Binder

12. Work with working group to decide on content of binder, section tabs, and titles of tabs.
 - a. Additional sections can be added as needed but consider the increase in cost of the dividers as you add more tabs as well as the usability by the unit's population.

Planning for Implementation, Training and Evaluation

13. Initiating and Implementing CARE Resource binder (PDSA Cycle):

- a. Meet with coordinator to determine the PDSA cycle process and start date
- b. Picking 4-10 caregivers to participate in PDSA cycle
- c. Inquire how training should be conducted for staff on unit; How frequent is training needed? (consider volume of staff, admission and discharge rate and current workload on unit)
- d. Utilize various communication strategies such as email, posters, e bulletins and in person unit visits.
- e. Identify all barriers or challenges met during the cycle, create a log collecting anecdotal findings, lessons learned and the PDSA audits from each binder.
- f. Gather feedback from patients/families and staff based on the first cycle – through survey or informal conversation

After the PDSA Cycle Implementation

14. Provide feedback to department leader:

- a. Findings from PDSA cycle evaluation
- b. Discuss sustainability ideas, roles and responsibilities of health care team

15. Plan to keep binder applicable for caregivers

Reminder: not to eliminate or revise tools that has been co designed by the working project group, unless you are using the co design approach

Continuous Quality Improvements and Sustainability

16. Encourage leader to implement a binder committee/council to ensure binder is relevant and being used throughout patient admissions.

17. Example: How to building into culture and practice.