

Healthcare Stories Project



Activity Three: What are we doing together?

4) Planning a quality improvement project.

Each small group should present their ideas back to the larger group. Keep a master list of all of the QI ideas so that everyone can see what is being generated. Consider everyone’s input and collectively agree upon 1-2 ideas for QI projects. Consider the following action steps:

- How will you implement this QI project?
- Who needs to be involved, where and how?
- How will you measure and monitor the project?
- Can patients and staff participate in ways that they are already doing through co-production to implement the QI activity? Can co-production encourage patients and staff to become more involved in the planning, doing, or assessing of this activity?

Before the session ends, collectively agree upon next steps to: sustain momentum for the QI project; continue educating patients and staff who are not present on co-production concepts; and generally build internal buy-in to continue to involve patients in quality improvement activities.

You may decide to share ideas from the session with those who did not attend to engage everyone in the process of the QI project. Again, look to the co-production wheel for guidance on where and how to find opportunities to feedback in meaningful ways.

New York State Department of Health AIDS Institute

Healthcare Stories Project

Activity Three Instructional Guide: What are we doing together?

What would it mean if we thought that healthcare was produced by everyone taking part in its delivery – including staff and patients?

Well, there’s a lot of research to show that’s how healthcare works!

Welcome to the third activity of the Healthcare Stories Project (HCSP), an initiative of the New York State Department of Health AIDS Institute to provide concrete tools for healthcare organizations to include patients as meaningful, integral participants in the delivery of quality HIV care and its improvement.

HCSP Activity Three, **What are we doing together?** is a healthcare ‘co-production’ activity. The idea of ‘co-production’ is that everyone – patients and staff – participates in making healthcare services. In the two previous HCSP activities, information was solicited only from patients. In activity three, it is gathered from everyone in the healthcare organization because we all produce healthcare together.

By approaching healthcare as a collaborative process involving everyone, your organization can begin to explore what each member of the organization contributes in the making of healthcare services, and how they work together when doing so. Your organization can use this information to improve quality of care by strengthening the ways your clinical services are delivered.

HCSP Activity Three is a six step process to:

- Describe what and how each member of the healthcare organization – including patients and staff – contributes to healthcare service delivery.
- Acknowledge how members of your healthcare organization work together.
- Modify and strengthen existing systems.
- Develop new ways of working together.

Like the HCSP Activity Three poster, your team will make a moving ‘co-production wheel.’ The wheel will help your organization understand who does what, where, how, and to what effect, in the delivery of healthcare services, and then brainstorm ways to transform services to be more collaboratively delivered.

You may notice that the design of this activity resembles both HCSP Activities One (developing clinic-level word clouds) and Two (patient-based experience visit mapping). Activity Three is easy to implement, as many of the steps are the same, and builds upon the previous activities. If your organization did not participate in HCSP Activities One and Two, start with one of them before moving on to implement Activity Three to provide an understanding of patient involvement in quality of care. If you would like more information about HCSP Activities One and Two, please visit <http://www.hivguidelines.org/quality-of-care/quality-of-care-campaign-the-healthcare-stories-project-launched-spring-2014/>, and <http://www.hivguidelines.org/hot-topics/hot-topics-archives/healthcare-stories-project/>.

Coaching and technical assistance are available to implement the activities through the NYSDOH AIDS Institute by contacting Daniel Tietz, Manager of Consumer Affairs, at daniel.tietz@health.ny.gov.

Activity Three Instructions

6 STEPS over 16 WEEKS

- Step One** (week 1): Hang the Enclosed HCSP Poster
- Step Two** (week 2): Assemble a HCSP Team and Hold a Planning Meeting
- Step Three** (weeks 3-11): Distribute Activity Three Survey
- Step Four** (weeks 3-11): Display Surveys
- Step Five** (weeks 12-13): Develop Tree Map and Make Co-production Wheel
- Step Six** (weeks 14-16): Learn and Share in the Community

HCSP Activity Three Key Terms

(see step one for more information)

Co-production:	Patients and staff working together within organizations to plan and deliver services.
Activity survey:	Recording tool to capture patients and staff activities and what it takes to do them during day-to-day healthcare delivery.
Stations:	Places where healthcare services are delivered, like in the waiting room or the exam room.
Activities:	What patients and providers do at each station of service delivery.
Activity qualities:	How the activity is completed, e.g., patiently, with concern, through active listening, and its impact on delivering quality clinical care.
Tree mapping:	A visual way of representing information to identify relationships.
Co-production wheel:	An improvement tool to identify the stations, activities, and activity qualities that, together, are used to make healthcare by patients and staff.

Step One (week 1): Hang the Enclosed HCSP Poster

Please designate space to display the **What Are We Doing Together?** poster included with this instructional guide. You can hang it in the waiting room, or anywhere easily viewed by patients and staff.

What is the purpose of the HCSP Activity Three Poster?

This poster is a catalyst for change. It can be used in your healthcare organization to begin a journey with staff and patients to provide high quality of care.

HCSP was developed based on a qualitative study called *Through a Consumer’s Lens: Examining Ideas and Experiences of Quality in New York State HIV Healthcare Programs*. See <http://www.hivguidelines.org/quality-of-care/quality-of-care-campaign-the-healthcare-stories-project-launched-spring-2014/> for more information about the study.

ATTACHMENT 5 – CO-PRODUCTION ‘LEARN AND SHARE’ SESSION MODULE

Session Materials: Large enough room to hold all those who want to participate; streaming online video; large writing pads; markers; the co-production wheel, and possibly small printouts for individual distribution.

Total activity time (60 minutes)

Hold a meeting about co-production and building QI projects in your healthcare organization. This session could be held during a CAB or QI meeting, but it is essential for both staff and patients to participate in the session(s).

Session Agenda

1) Welcome and introduction to the concept of co-production.

A member of the HCSP team introduces the concepts of co-production to the wider community and answers questions. In addition to information provided in this Guide, a set of adaptable slides can be downloaded at www.hivguidelines.org/hcsp to use in the presentations.

2) Share activity and co-production wheel.

A team member introduces Activity Three, shares how it was implemented, and unveils the co-production wheel along with the display. The team then summarizes the most common and collaborative stations, activities, and activity qualities. The team should also describe the perceived impact of these co-produced services on the clinic. The group is then invited to ask questions, and spend a few minutes reading the surveys and spinning the wheel.

Once everyone has spent some time getting familiar with the wheel and the findings, the group can reconvene to build a QI project to strengthen the impact of co-produced services.

3) Brainstorming: Capitalize on co-produced activities using a QI project.

Break up into facilitated small groups comprising a mix of patients and staff and discuss the following questions:

- How are co-produced activities impacting clinical services?
- How do patients and staff work together in your to make an impact?
- Which co-produced activities can be strengthened? Or, what activities can become co-produced using your clinic’s existing co-produced assets?
- What strategies would you use to either strengthen currently co-produced activities, or introduce new co-produced activities?
- How would you turn these ideas into a QI project? How would changes be measured? Come up with a few ideas to share with the group.

Note for facilitators: If the group has a hard time coming up with ideas, please refer to HCSP Activity 3 poster and how different stations along a patient’s medical visit worked by combining activities and activity qualities of patients AND staff. For example, from the poster we can see how patients helped staff understand their experiences of having their blood drawn, which in turn helped the staff take blood more successfully. This improved staff morale and delivery flow.

Three central findings from the *Consumer Lens* Study informed the development of the three HCSP activities:

1. Participants shared stories about their experiences with healthcare and how they made sense of, felt, and acted within their healthcare settings. HCSP Activity One built upon this by helping healthcare organizations improve services based on stories patients tell about what is most meaningful to them. HCSP Activity One, ‘Making Word Clouds,’ can be accessed at: <http://www.hivguidelines.org/quality-of-care/quality-of-care-campaign-the-healthcare-stories-project-launched-spring-2014/>.
2. Patients were aware of and reacted to healthcare delivery services at each station along the flow of their medical appointments. Specific services during a medical appointment had the power to generate intense feelings that shaped overall feelings about the organization. HCSP Activity Two showed organizations how to use experience-based visit mapping to gather patient feedback and make improvements at specific points within the service delivery flow. HCSP Activity Two, ‘Making Ideal Visits,’ can be accessed at: <http://www.hivguidelines.org/hot-topics/hot-topics-archives/healthcare-stories-project/>.
3. Patients not only described ‘quality of care’ but they also participated in producing it. Their participation can be called ‘co-production,’ an idea gaining attention in the healthcare field. HCSP Activity Three **What are we doing together?** is based on this finding.

What is Co-production?

- ‘Co-production’ is a concept that describes how staff and patients work together within organizations to deliver services. Everyone has a role to play. Co-production goes beyond asking patients what they think should happen in their care, to recognizing and appreciating how they participate in the delivery of services. See the Activity Three poster for examples of co-production in service delivery.
- This means that patients contribute to service delivery in the act of receiving services.
- Participation occurs everyday as the backbone to the way services are ordinarily delivered. This can be a big shift in thinking for everyone, at all levels within your organization.

How do patients contribute to co-production?

- Bringing valuable assets because they know things that professionals may not know; have resources like time and concern; have diverse and different capabilities and talents; and can be oriented towards collaboration.
- Making services more efficient and valued, or patients have the power to make services less effective by not fully using, or differently using services.
- Playing various roles in co-production, ranging from co-planning of policies to co-designing and co-delivering services, and co-assessing them. Activity Three brings these ‘co-s’ together for patients to participate in different ways.

See the Co-Production Resources Section on page 11 for further reading.

HCSP Activity Three **What are we doing together?** helps your organization:

- Gain relevant information to describe how services are delivered at every station, through a range of activities, which are completed by everyone – patients and staff – in the organization.
- Find out how activities are performed by patients and staff, together: Use tree mapping to explore activities and how they’re completed (called activity qualities). Activity qualities are performed by patients and staff, working together in the delivery of healthcare services.
- Build quality improvement based on everyone’s participation: Strengthen existing methods of working together, to improve quality of care and clinical services delivery.

Step Two (week 2):
Assemble a HCSP Team and Hold a Planning Meeting

Assemble (or reconvene) your HCSP planning team comprised of patients (ideally 2-3) and several staff members representing different disciplines. The team should choose an enthusiastic team lead with project management experience and the time to see the activity from beginning to end.

Choose a meeting time and format that can accommodate everyone’s (both staff and patients) schedule. Team meetings might occur as spin-offs of regularly scheduled quality improvement, performance management, or consumer advisory board meetings. Be aware that existing meetings may not include the range of individuals who should be on the HCSP team, and so you may need to invite others to participate.

During the initial meeting, the lead conveys to the team the importance of capturing everyone’s activities. See Step One for background information to help craft the message.

The team then plans out how and when to implement the **What are we doing together?** activity steps, as outlined in this instructional guide.

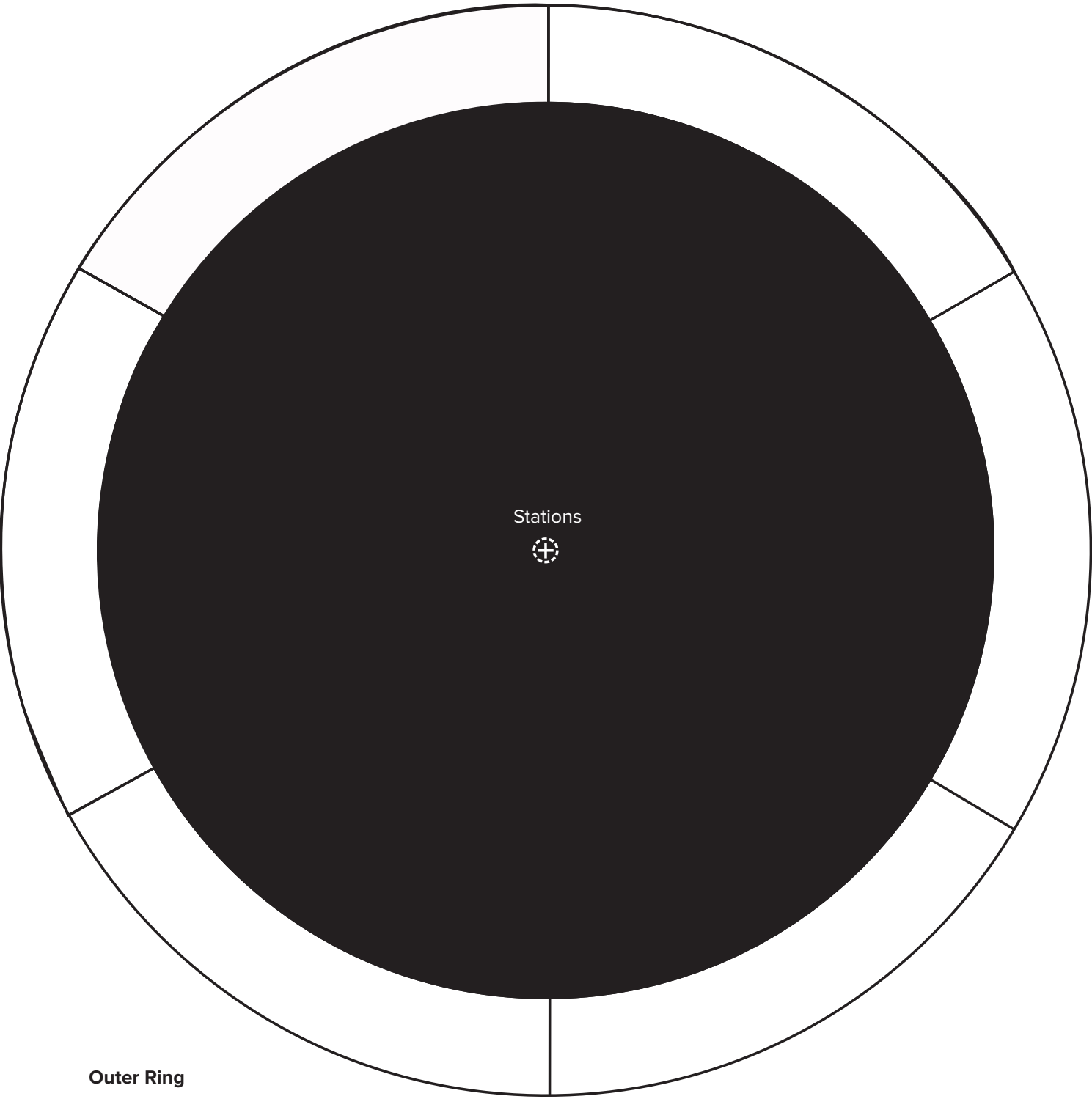
Please note: This process can be adapted to fit your organization as long as it retains the involvement of both patients and staff in all of its aspects.

Step Three (weeks 3–11):
Distribute Activity Survey

For approximately eight weeks, ask patients and staff to fill out the [Activity Survey \(Attachment 1\)](#).

Activity Survey Guidelines:

- The team should come up with the venues to distribute the [activity surveys](#). In previous HCSP activities, organizations used waiting rooms, Consumer Advisory Board meetings, support groups, QI team and staff meetings. The mix of venues helped to engage a diverse representation of patients. Use the [Contact Sheet \(Attachment 2\)](#) to come up with a list of staff and patients that the team wants to survey, and how best to solicit their participation.
- The team should decide at the outset the optimal number of staff and patient surveys to collect. The number is based on patient and provider populations, and the time the team can devote to mapping. Even if the target number is small, all patients and staff should be made aware of the activity, and provided with opportunities to participate.
- Patients and staff fill out an [Activity Survey \(Attachment 1\)](#) during a medical appointment, or recall a recent appointment. For staff, give them the option to recall a typical workday and the activities they complete on behalf of patients’ medical visits.
- Ask everyone to record each activity related to a medical appointment, the station where the activity occurs, and the activity quality, or the way the activity is performed to contribute to the clinic and service delivery goals.



Outer Ring
List the stations in the blank spaces on the outer ring.

Activities can include:

- Tasks or actions completed during medical appointments: for example, for staff and patients, blood work may be the activity. An activity may also be non-clinical, for example, providing support for a newly diagnosed patient.
- Tasks or actions occurring between medical appointments: taking medication, making check-in calls, or attending other medical visits if the respondents being surveyed feel these activities are important for their medical care.
- Other tasks or actions outside of medical appointments: such as attending quality improvement team meetings, support groups, consumer advisory board meetings, etc.; ‘behind the scenes’ administrative tasks like billing and grant writing can also be included.

Stations can include:

- Where activities are completed, either in the clinic (the waiting room, the exam room, labwork station, etc.), or outside of it (such as the patient’s home).

Activity qualities are:

- How activities are completed (such as patiently, with concern, etc.), and the impact they have on the clinic (keeps patient flow moving, addresses systems issues, helps make services more fair, safe, pleasing, etc.)

Other suggestions:

- Spend some time looking at the HCSP Activity Three poster for examples of activities, stations, and activity qualities.
- You may need a targeted message about the benefits of this activity to encourage participation. See Step One to assist in crafting your message.
- It may also be important to reassure staff that this activity is not an evaluation of individual performance, but is intended to gather information that enhances and transforms the organization.
- The quality of the survey information may be better gathered through interview-style discussions. If so, the team should make a realistic plan of the time required, appropriate venues to conduct discussions, and resources needed.

Please note: The survey can be adapted to fit your organization.

**Step Four (weeks 3-11):
Display Surveys**

Designate space close to the location where your organization displayed the HCSP Activity Three poster and hang some or all of the [activity surveys](#) collected from staff and patients. The purpose of hanging the surveys is for everyone to see how the project is going and to generate additional interest. Surveys can be posted on a rotating basis if there is not enough space to display all of them at once. Surveys can be grouped by participant type or other methods to draw attention to some aspect of the activity the team feels is relevant to the organization.

Please take pictures to memorialize your display. The AIDS Institute would love to see your progress and, with your permission, post your photos. Please send them along with permission to post to Daniel Tietz at daniel.tietz@health.ny.gov.

Step Five (weeks 12-13):
Develop Tree Map and Make Co-Production Wheel

Convene a team meeting to undertake a [three-part process](#) to map the survey information you collected. Time will need to be allocated to complete this step, which may require convening additional meetings.

Part One: Organize surveys and make tree map

Team members should begin organizing the survey forms by splitting up the team into three subgroups to complete [Tree Map Worksheet \(Attachment 3\)](#).

Subgroup One – ‘Stations’ Subgroup: Read through the surveys and, in row one, record each of the stations where activities happen. Indicate if the station is listed by patients, staff, or both using different colored markers (see worksheet for details).

Subgroup Two – ‘Activities’ Subgroup: Read through the surveys and, in row two, record the activities completed at each listed station. Duplicating activities at different stations is absolutely fine. Indicate if the activity is listed by patients, staff members, or both using colored markers (see worksheet for details).

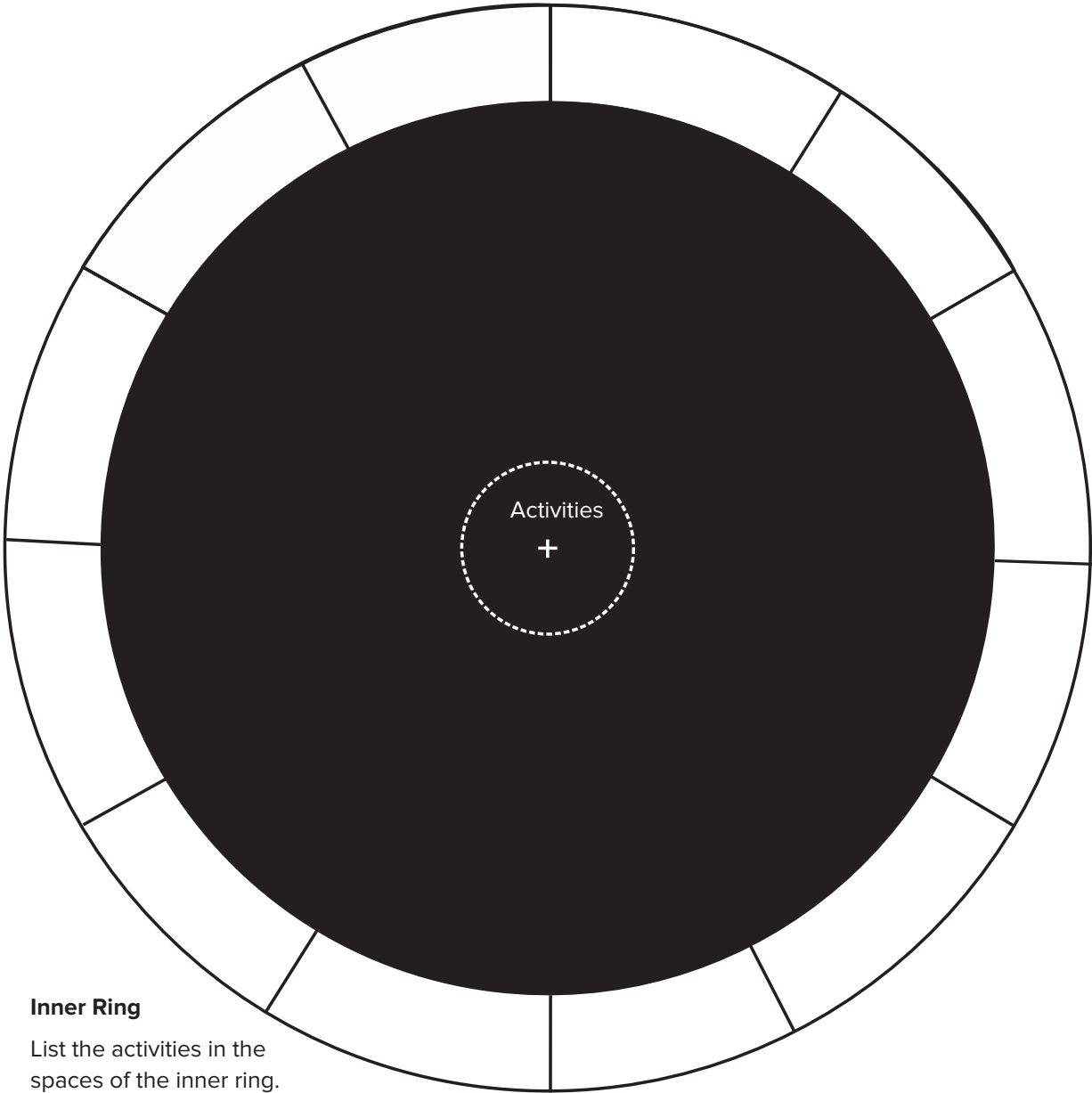
Subgroup Three – ‘Activity Qualities’ Subgroup: Read through the surveys and, in row three, record the activity qualities associated with each activity. Activity qualities consist of how the activity was completed, and its impact on the clinic. Duplicating activity qualities across different activities is fine. Identify if the activity quality is listed by patients, staff, or both using colored markers (see worksheet for details).

Please note: Feel free to adapt the tree map worksheet to fit your healthcare organization. The subgroups may want to meet separately, and reconvene to report back and discuss findings.

Part Two: Understand tree map to build the co-production wheel

Now the team can begin to explore the tree map by posing the following questions. These questions are intended to help the team identify the most frequent activities, and also the activity qualities that patients and staff both use in delivering the clinic’s services.

1. Where do healthcare activities happen on behalf of patient medical appointments?
- At each of these stations, who performs which activities?
 - Are some stations more patient-led, or staff-led?
 - Do certain stations seem more active than others?
2. What are the activities of patients and staff in the delivery of services?
- Are some more patient-led, and others more staff-led?
 - Can you identify the most collaborative activities, where patients and staff are both involved?
3. How are activities performed, and what impact do these activities have on the clinic?
- What are the most frequent activity qualities? What impact do they have?
 - Of those, which ones are used by both patients and staff?
 - What activity qualities are most frequently performed by the collaborative activities identified in question 2?



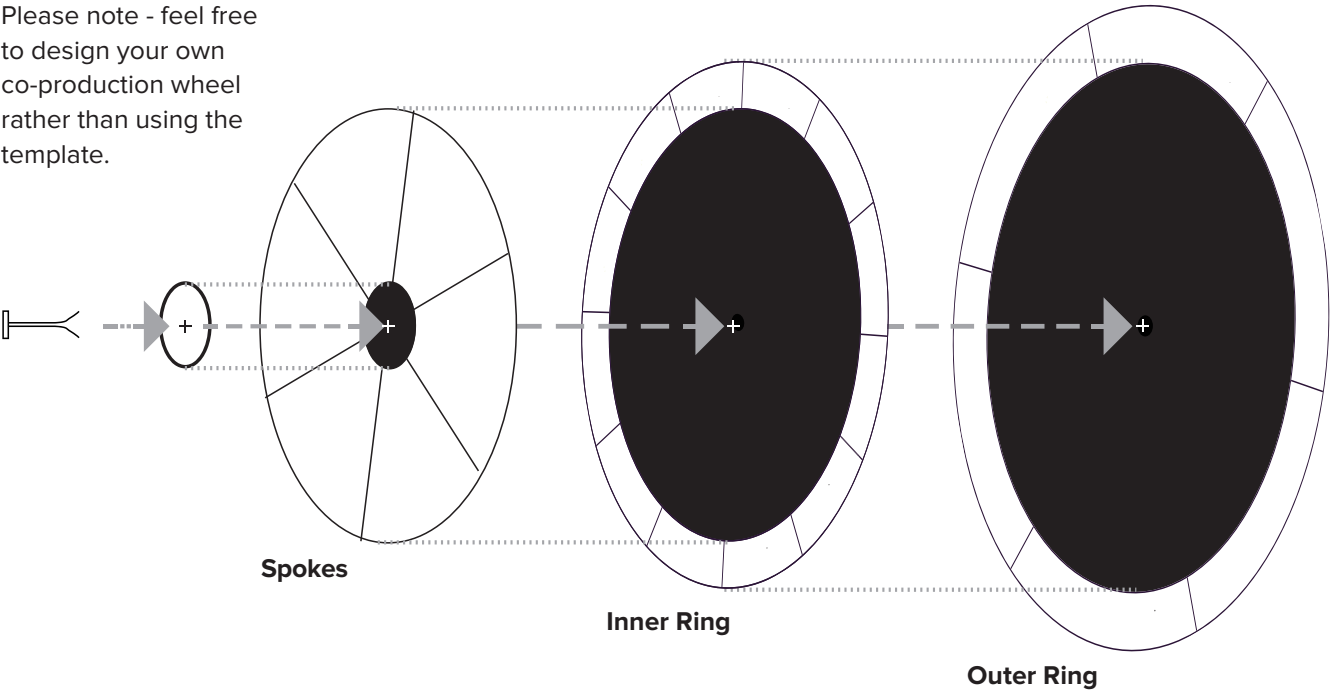
Part Three: Make a customized co-production wheel

Transfer your tree map insights to make your organization’s co-production wheel of the most frequent and co-produced activities and activity qualities. The wheel will show you the many ways – and many participants – who make healthcare delivery happen. The wheel is a tool to help your organization imagine how services can be strengthened, and even transformed, in the future.

To make the wheel:

- Use the [Co-production Wheel Template \(Attachment 4\)](#) and follow the instructions to cut out the pieces of the co-production wheel, and attach them with the included paper fastener.
- Use your tree map and the answers to the tree map questions from [Part Two](#) to write on your co-production wheel:

Please note - feel free to design your own co-production wheel rather than using the template.



- Outer Ring:** the most frequent stations
- Inner Ring:** the most frequent activities
- Spokes:** the most frequent **and/or** collaborative activity qualities - particularly those used in the activities you have listed on the inner ring.
- The finished co-production wheel will look similar to the poster, but it will be tailored to your organization and - most importantly - it will actually spin!
 - Make a display of your wheel and include around the wheel some of the comments from the survey forms to show how stations, activities, and activity qualities link together.
 - Spin the wheel to line up different co-production combinations of stations, activities, and activity qualities. Pay attention to the activities jointly undertaken by patients and staff to deliver quality clinical care.

Consider some questions that will move your learning towards quality improvement:

- How are co-produced activities impacting clinical services? Discuss the ways that patients and staff work together in your clinic to make an impact on the quality of clinical services delivery.
- Which co-produced activities can be strengthened? Or, what activities can become co-produced using your clinic’s existing co-produced activities and activity qualities?
- What strategies would you use to either strengthen currently co-produced activities, or introduce new co-produced activities?
- How would you turn these ideas into a QI project? How would change be measured? To further develop a co-produced QI activity, go on to Step Six: Learning and Sharing with the Healthcare Community.

Step Six (weeks 14-16):
Learn and Share with the Healthcare Community

Unveil the co-production wheel of your organization at an event in which patients and staff are invited to take part. Use the [Learning and Sharing Session Module \(Attachment 5\)](#) to guide the session and:

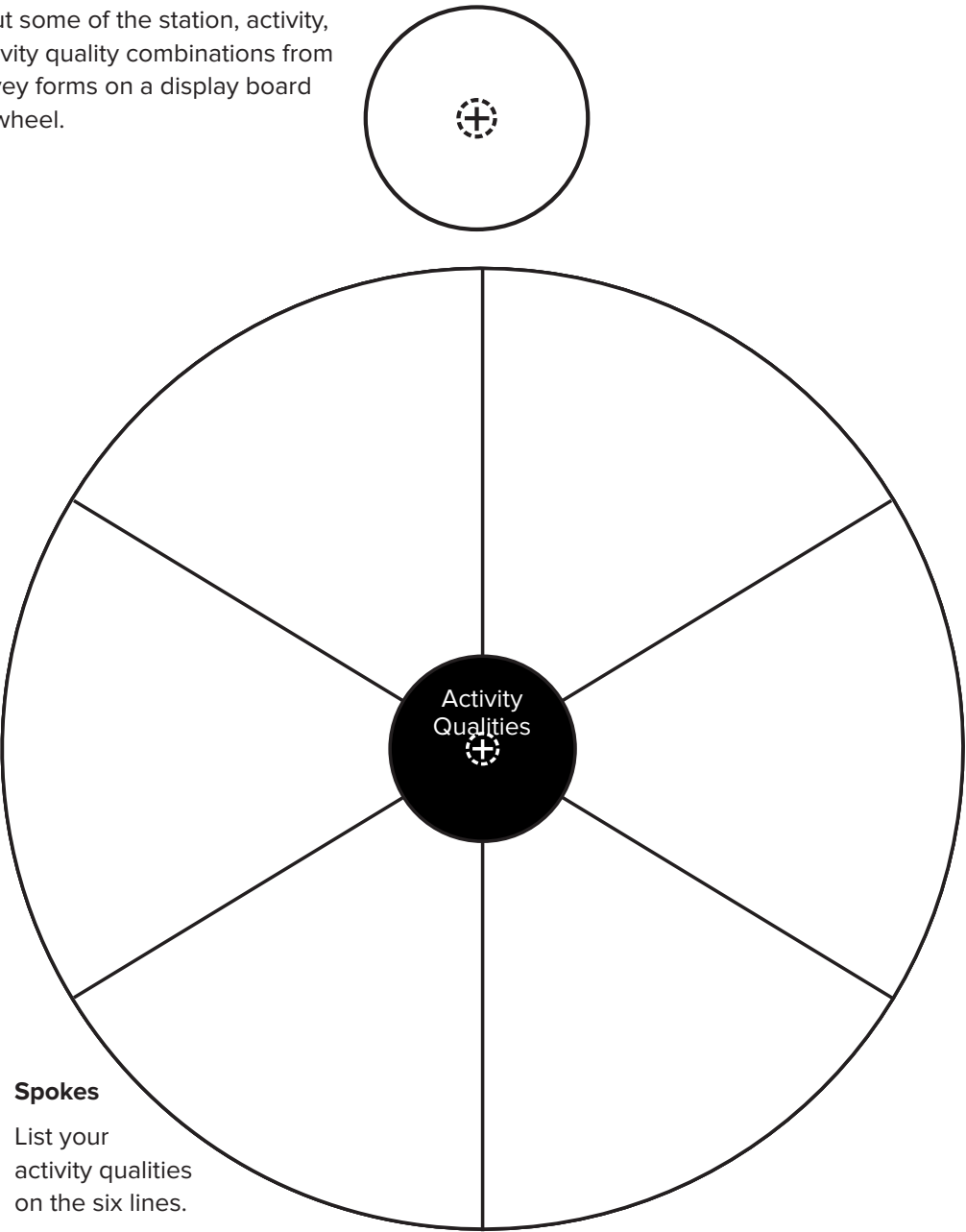
- Familiarize everyone with the principles of co-production.
- Describe Activity Three and how it was implemented. It is important to recognize the HCSP team and all of the patients and staff who participated.
- Unveil the co-production wheel that describes how healthcare services are co-produced at your healthcare organization.
- Build ideas for QI projects based on your findings and come up with next action steps.

ATTACHMENT 4 –
CO-PRODUCTION WHEEL INSTRUCTIONS AND TEMPLATE

Instructions: Use the template to make an organizational coproduction wheel. It will look like the wheel on the poster but will actually turn to show all of the combinations of stations, activities, and activity qualities performed by everyone.

Steps:

- 1) Transfer the information from [Attachment 3](#) by writing in the spaces on the templates the most frequent stations and activities, and more frequent and shared activity qualities.
- 2) Cut out the circles and lay them on top of one another and fasten. The wheel should spin!
- 3) Write out some of the station, activity, and activity quality combinations from the survey forms on a display board for the wheel.



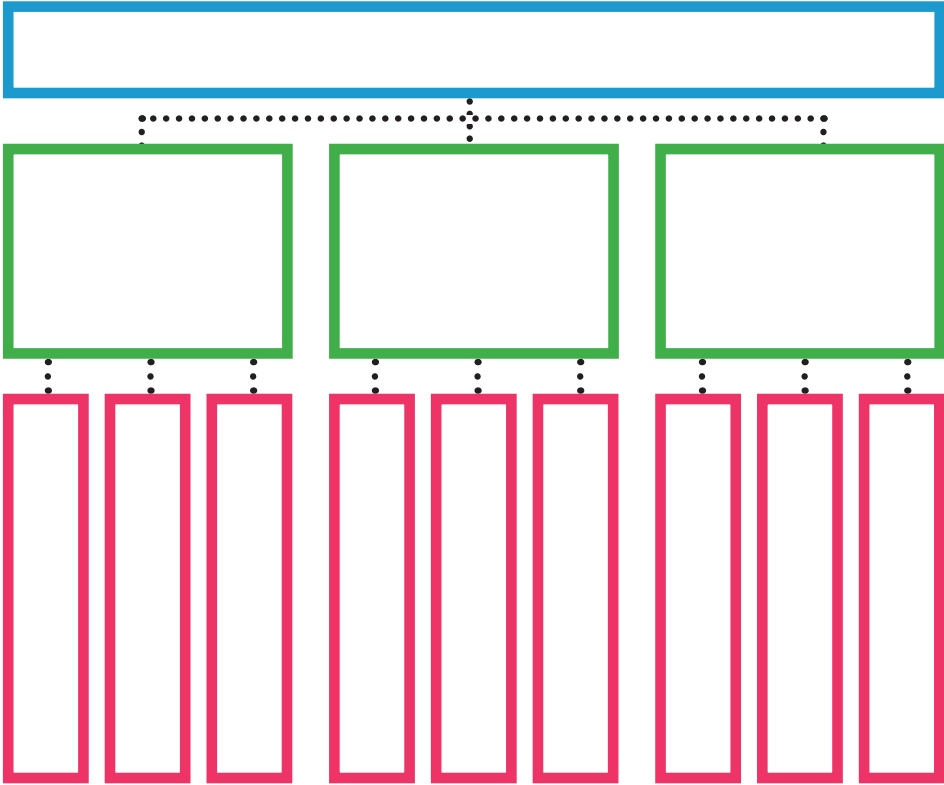
ATTACHMENT 3 – TREE MAP WORKSHEET

See step 5 for instructions on how to fill in the tree map. Use additional pages as needed.
Use colored markers to keep track of whether responses come from patients, staff, or both.

Station
Where patients and staff do activities.

Activity
What patients and staff do.

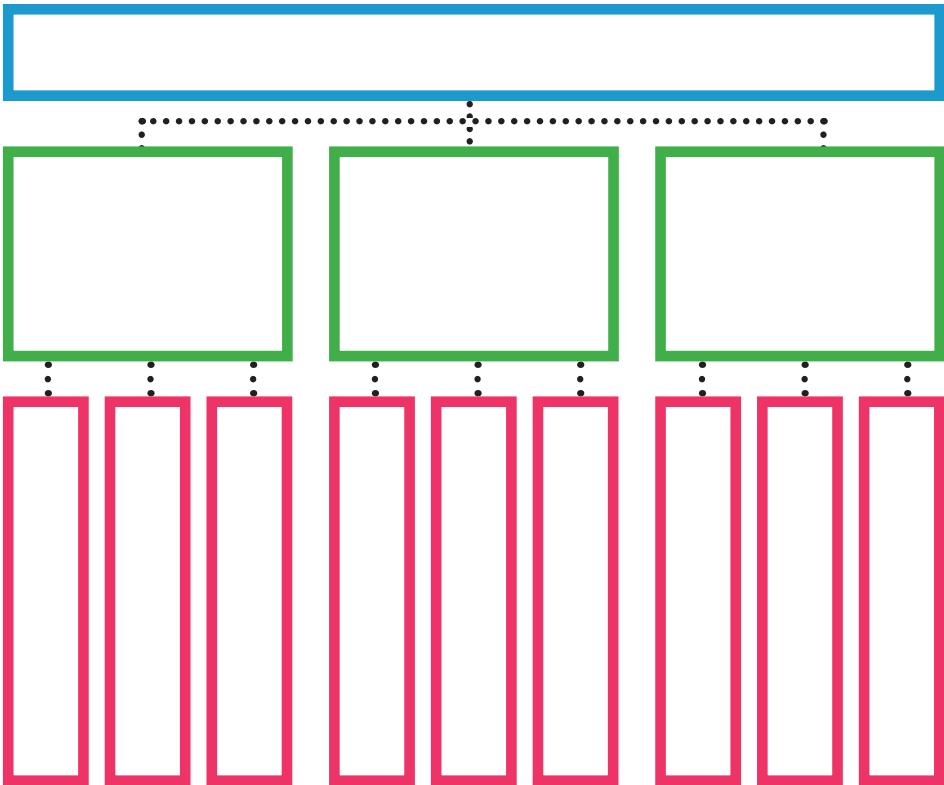
Activity Quality
How an activity is performed, and its impact on the clinic. Make a note indicating if the activity quality comes up for more than one patient OR staff member.



Station where patients and staff do activities.

Activity what patients and staff do.

Activity Quality
how an activity is performed, and its impact on the clinic. Make a note indicating if the activity quality comes up for more than one patient OR staff member.



Additional Resources

HCSP Co-production Activity Three Checklist

- Have we:
- _____ Displayed Poster Three in a public space?
 - _____ Assembled and held a team meeting comprised of: team leaders, patients (ideally 3) and staff from different disciplines?
 - _____ Assigned team member roles/responsibilities?
 - _____ Handed out, collected, and displayed activity surveys?
 - _____ Memorialized the display through photos (and sent to the AIDS Institute)?
 - _____ Held a team meeting to make a tree map and discuss the findings?
 - _____ Created your co-production wheel?
 - _____ Hosted an event to share findings and gather momentum to design and implement QI using learning from the activity?
 - _____ Tried out a QI strategy to build upon the potential of co-production in your organization?

Co-production Additional Resources

“Co-production of healthcare services” by Maren Batalden, Paul Batalden, Peter Margolis, Michael Seid, Gail Armstrong, Lisa Oipari-Arrigan and Hans Hartung (2015). BMJ Quality and Safety, <http://qualitysafety.bmj.com/content/early/2015/09/16/bmjqs-2015-004315.full>
Academic article providing background into the concept of co-production, and some ideas about current applications for healthcare

People Powered Health Co-production Catalogue by Nesta (2012). www.nesta.org.uk/sites/default/files/co-production_catalogue.pdf
Description and key features of co-production, and programmatic case studies

“Co-production: Creating better public services through empowerment” by Noreen Blanluet (2014). www.resilience.org/stories/2014-07-15/co-production-creating-better-public-services-through-empowerment
How co-production is being used by a national healthcare agency

“Coproducing outcome with citizens and what if we really meant it?” by Tony Bovaird (2014). www.cornwall.gov.uk/media/6990501/CoProducing-Outcomes-with-Citizens-and-Communitieis-What-if-we-Really-Meant-It-University-of-Birmingham-March-2014-.pdf
More background on all of the different types of co-production from one of the field’s leaders

ATTACHMENT 1 – ACTIVITY SURVEY FORM

Medical appointments aim to maintain and improve the health of each individual receiving services at our healthcare organization. How services are delivered during medical appointments are important to achieving these goals. And we all play a part in the delivery of healthcare services.

Fill in the following information on the table to help us improve our clinical services by understanding what you do to take part in the delivery of healthcare services.

I am a (role):

Activity – What I do

For patients: list all activities you do in a medical visit (anything you feel you contribute, even ‘unofficial’ activities like helping other patients); also include activities outside of the clinic that impact upon your medical visit (like when you’re at home, going to meetings at the clinic).

For staff: list all the activities in a day’s work (anything you feel you contribute, even ‘unofficial’ activities, like complimenting patients); also include activities on behalf of medical visits outside of medical visits (such as quality meetings).

Stations – Where I do activity

Like waiting room, exam room, meeting space, personal office, etc.

Activity Qualities – How I do activity

Write a few words describing how you complete activity, or the ‘quality’ you bring to it: examples are, efficiently, patiently, confidently, with concern, use the words that make sense to you! ALSO, include a few words about why this quality is important.

Activity: What I do	Station: Where I do activity	Activity Qualities: How I do activities and activity impact

ATTACHMENT 2 – CONTACT SHEET PLANNING TOOL

WHO (group or individual participant)	ROLE (patient, type of staff, etc.)	BEST VENUE TO ENGAGE (CAB, QI team mtg, waiting room, etc.)	WHO CONTACTS (team member responsible)	SURVEY COMPLETED (for groups, how many?)