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'Making it Meaningful': Co-designing a medication safety intervention with service users.

Dr Ashfaq Chauhan, Associate Professor Reema Harrison, Dr Bronwyn Newman, Mashreka Sarwar Australian Institute of Health Innovation, Macquarie University on behalf of CanEngage Research Team

1 November 2023 @AshNChauhan



Acknowledgement of Country



THE ARTWORK CIRCLES OF THE NIGHT SKY IS CREATED BY PROFESSOR LIZ CAMERON,
DHARUG WOMAN AND MACQUARIE UNIVERSITY ALUMNUS

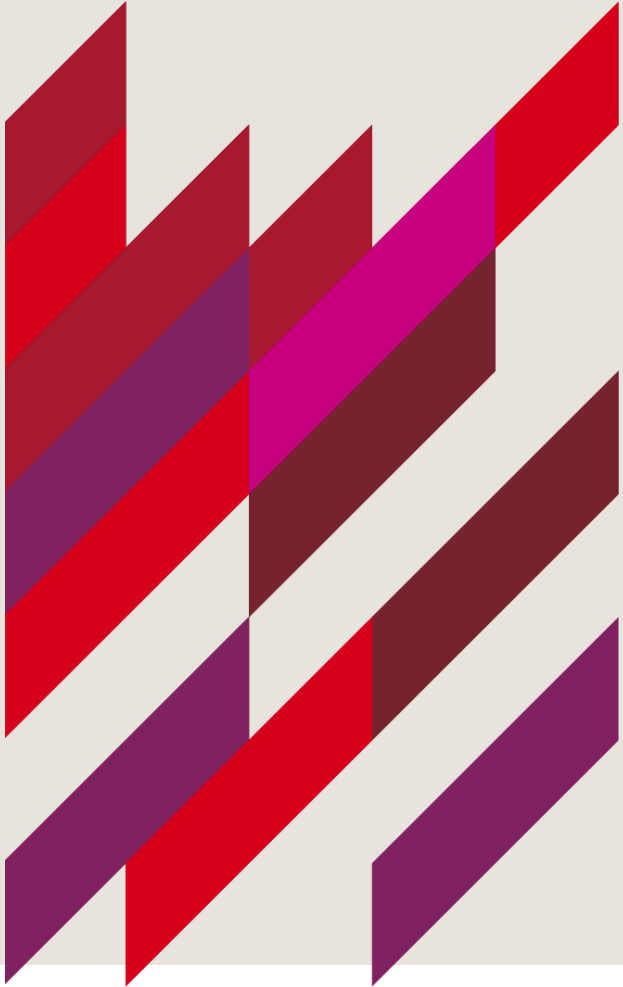
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Learning outcomes



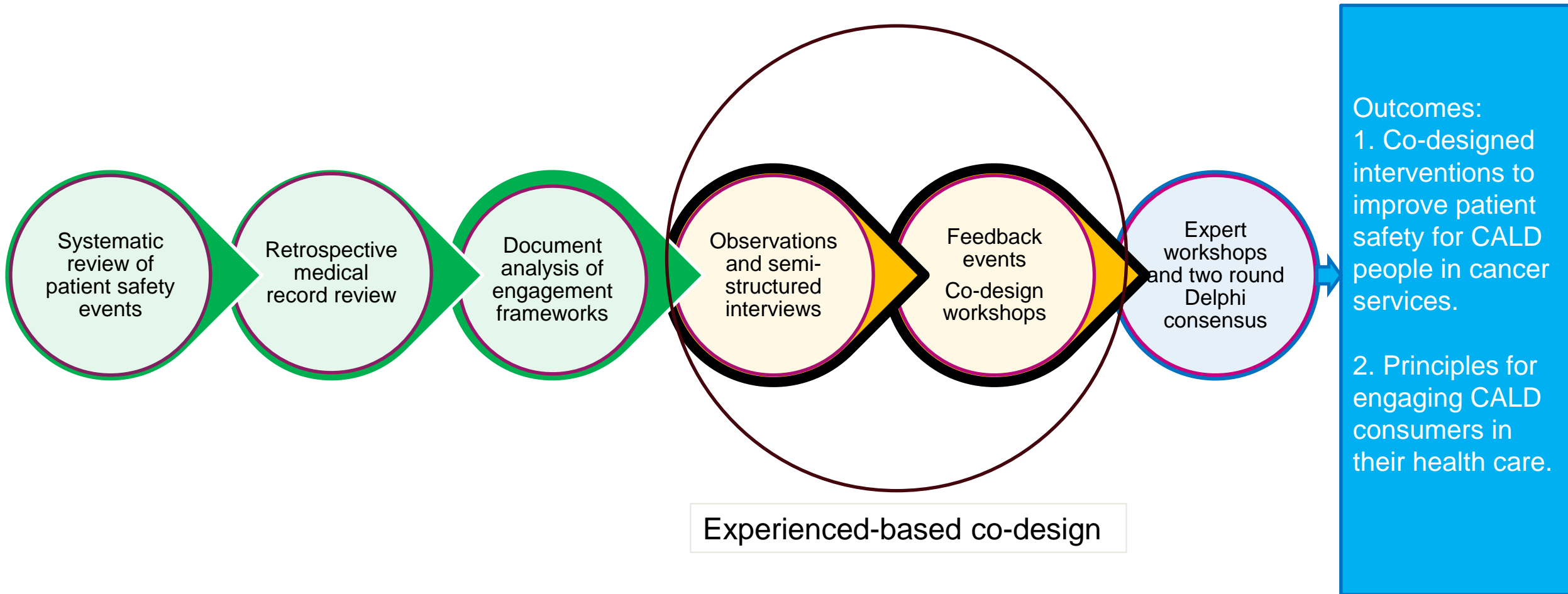
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- 
- 1. Understand the specific medical safety challenges that impact CALD communities affected by cancer.**
 - 2. Identify the conditions that support meaningful involvement of people from CALD backgrounds in co-design of improvement projects.**
 - 3. Be equipped with a range of strategies to improve co-design with CALD communities.**

Context: CanEngage Project 2019-2023



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Healthcare safety outcomes - CALD populations

- Medication safety - medicines administration and management – e.g. dosing errors twice as likely among LEP parents
- Communication errors e.g. 31 interpreter errors per encounter – more likely when adhoc interpreter
- ‘Feeling unsafe’
- Absence of evidence in cancer services



Chauhan et al. *International Journal for Equity in Health* (2020) 19:118
<https://doi.org/10.1186/s12939-020-01223-2>

International Journal for
Equity in Health

SYSTEMATIC REVIEW **Open Access**

The safety of health care for ethnic minority patients: a systematic review

Ashfaq Chauhan^{1*}, Merrilyn Walton², Elizabeth Manias³, Ramesh Lahiru Walpola¹, Holly Seale¹, Monika Latanik⁴, Desiree Leone⁴, Stephen Mears⁵ and Reema Harrison¹

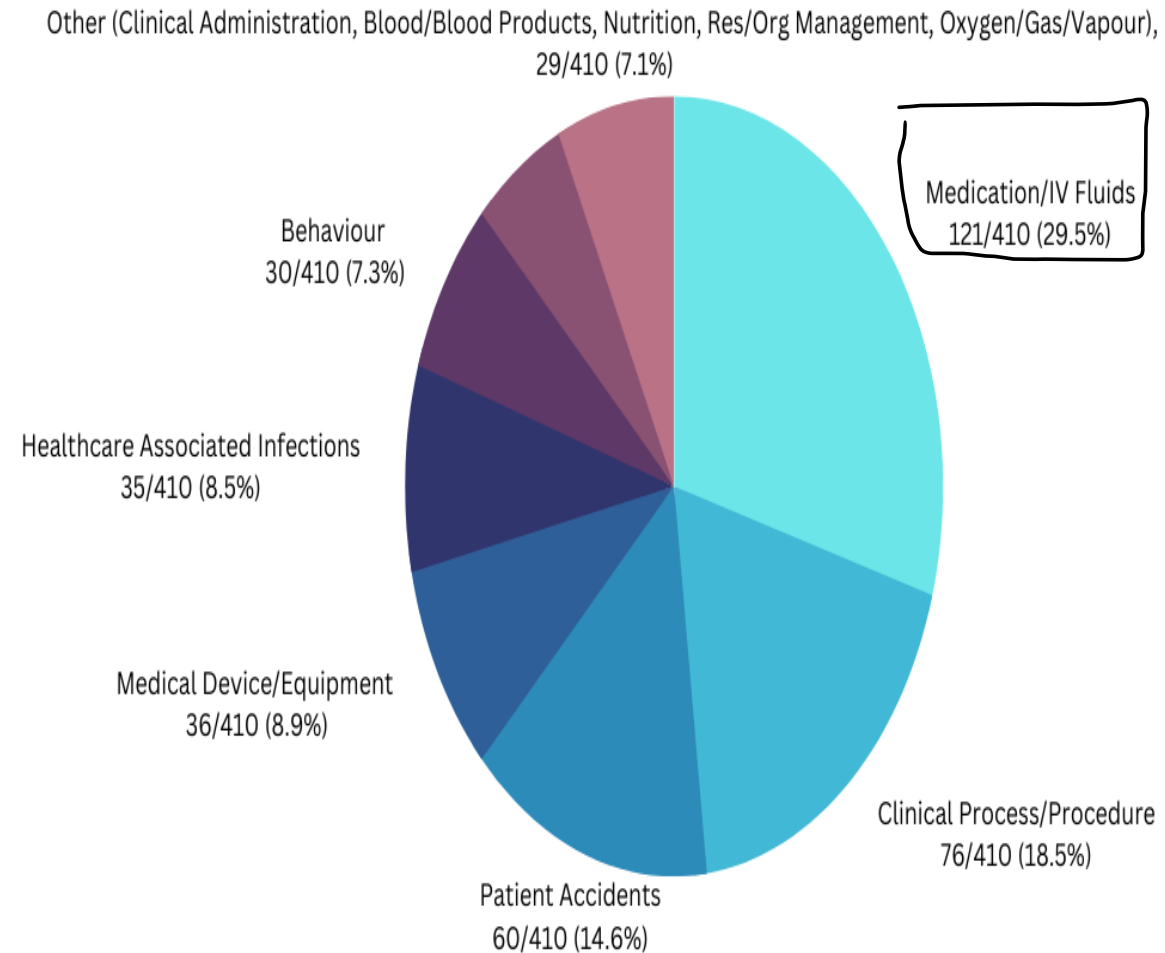


Cancer care safety outcomes – CALD populations

- 628 records = 410 safety events in 212 records
- 50/91 records with >1 safety event = LOTE
- 66% records with a safety event = ‘interpreter not required’



1 in 3 patients with a safety event in cancer services



Patient engagement strategies for patient safety – CALD populations



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REVIEW ARTICLE | Open Access |

Do patient engagement interventions work for all patients? A systematic review and realist synthesis of interventions to enhance patient safety

Bronwyn Newman , Kathryn Joseph, Ashfaq Chauhan PhD Candidate, Holly Seale, Jiadai Li, Elizabeth Manias, Merrilyn Walton, Stephen Mears, Benjamin Jones, Reema Harrison

First published: 25 August 2021 | <https://doi.org/10.1111/hex.13343> | Citations: 12



Engaging with ethnic minority consumers to improve safety in cancer services: A national stakeholder analysis

Kathryn Joseph^a , Bronwyn Newman^b , Elizabeth Manias^{a,c} , Ramesh Walpola^d , Holly Seale^d , Merrilyn Walton^e , Ashfaq Chauhan^b , Jiadai Li^b , Reema Harrison^f



Modalities

- Multi-channel
- Translation
- Visual / audio



Content

- Culturally appropriate communication
- Inclusive of families
- Culturally specific content



Conceptual differences







- Patient safety
- Engagement

Two adaptations

- **Integrating a preparatory phase**
- **Involving consumer co-facilitators**

Open access Protocol

BMJ Open Codesigning consumer engagement strategies with ethnic minority consumers in Australian cancer services: the CanEngage Project protocol

Reema Harrison ^{1,2} Marilyn Walton,³ Elizabeth Manias ^{4,5} Carlene Wilson,⁶ Afaf Girgis ⁷ Melvin Chin,⁸ Desiree Leone,⁹ Holly Seale ¹⁰ Allan Ben Smith ⁷ Ashfaq Chauhan ⁷ On behalf of the CanEngage Project group

To cite: Harrison R, Walton M, Manias E, *et al.* Codesigning consumer engagement strategies with ethnic minority consumers in Australian cancer services: the CanEngage Project protocol. *BMJ Open* 2021;11:e048389. doi:10.1136/bmjopen-2020-048389

► Prepublication history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2020-048389>).

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ABSTRACT
Introduction Consumer engagement is central to high-quality cancer service delivery and is a recognised strategy to minimise healthcare-associated harm. Strategies developed to enhance consumer engagement specifically in relation to preventing healthcare harm include questioning health professionals, raising concerns about possible mistakes or risks in care and encouraging patients and caregivers to report suspected errors. Patients from ethnic minority backgrounds are particularly vulnerable to unsafe care, but current engagement strategies have not been developed specifically for (and with) this population. Using an adapted approach to experience-based codesign (EBCD) to support the target population, the aim of the project is to codesign consumer engagement interventions to increase consumer engagement and safety in New South Wales and Victorian cancer inpatient, outpatient and day

Strengths and limitations of this study

- We employ and evaluate a novel codesign approach that prepares facilitators and participants for the codesign.
- Cofacilitator development and training with ethnic minority consumers are integrated in the methodology, which is transferable to other codesign work with ethnic minority populations in other care settings and internationally.
- Prior to this study, patient involvement in patient safety interventions has not been developed for or evaluated with ethnic minority populations.
- This project is limited to cancer services in Australia, and findings may not be directly transferable to other specialty areas or systems.
- While we aim to assess intervention impacts on

BMJ Open: first published as 10.1136/bmjopen-2020-048389 on 2 August 2021. Downloaded from <http://>

Considerations in preparatory phase



COMMENTARY **Open Access**

Optimising co-design with ethnic minority consumers

Ashfaq Chauhan^{1*}, Jessica Leefe², Éidín Ní Shé³ and Reema Harrison¹



Abstract

Co-design as a participatory method aims to improve health service design and implementation. It is being used more frequently by researchers and practitioners in various health and social care settings. Co-design has the potential for achieving positive outcomes for the end users involved in the process; however, involvement of diverse ethnic minority population in the process remains limited. While the need to engage with diverse voices is identified, there is less information available on how to achieve meaningful engagement with these groups. Ethnic minorities are super-diverse population and the diversity between and within these groups need consideration for optimising their participation in co-design. Based on our experience of working with diverse ethnic minority groups towards the co-design of consumer engagement strategies to improve patient safety in cancer services as part of the two nationally-funded research projects in Australia, we outline reflections and practical techniques to optimise co-design with people from diverse ethnic backgrounds. We identify three key aspects of the co-design process pertinent to the involvement of this population; 1) starting at the pre-commencement stage to ensure diverse, seldom heard consumers are invited to and included in co-design work, 2) considering logistics and adequate resources to provide appropriate support to address needs before, during and beyond the co-design process, and 3) supporting and enabling a diversity of contributions via the co-design process.

Keywords: Ethnic minorities, Co-design, Seldom heard, Equity, Consumer co-leadership

Consumer co-facilitator training



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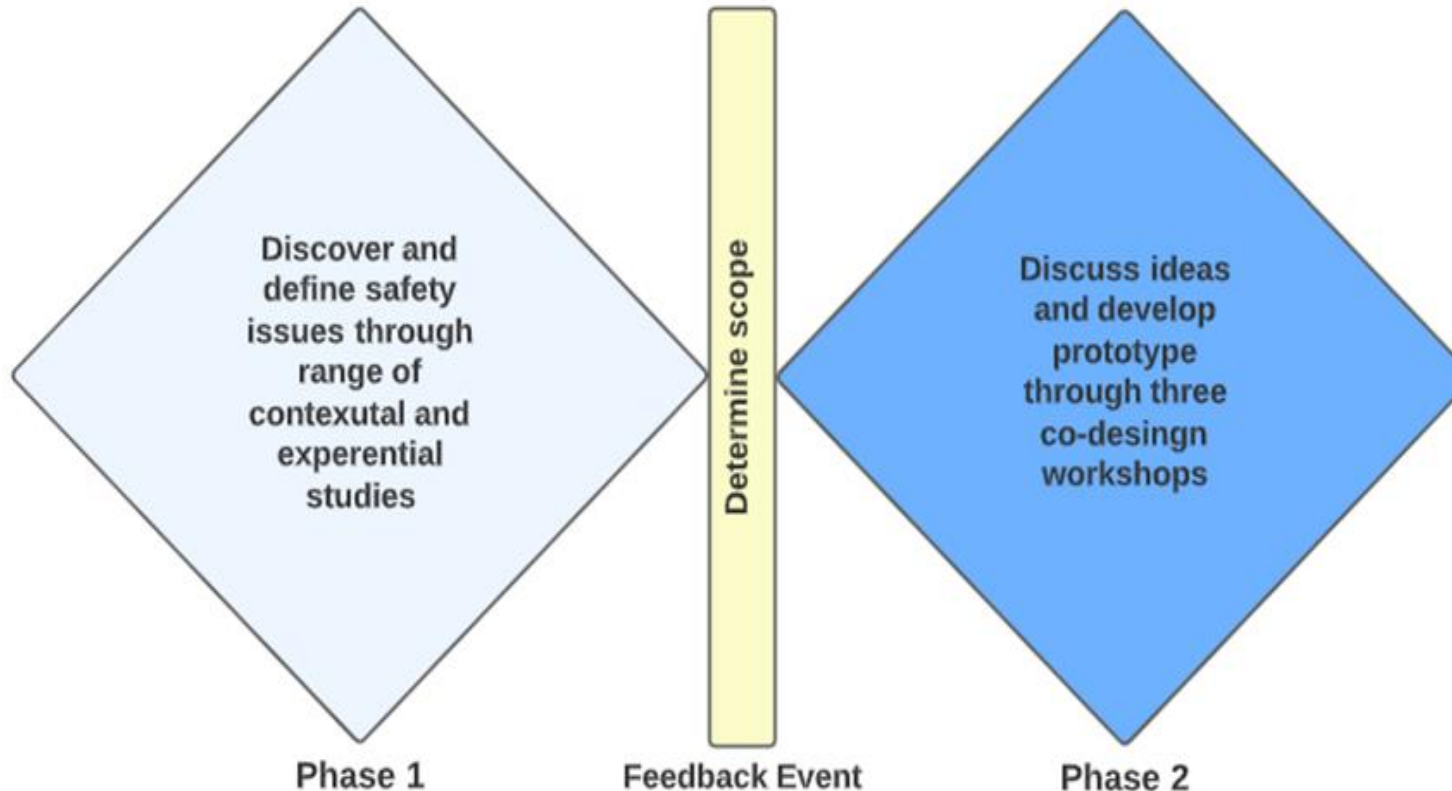
- Consumer co-facilitator network
 - Training and capacity building to contribute to co-design
 - Six consumer co-facilitators and three multilingual fieldworkers trained
- Terms of Reference
 - Roles and responsibilities
 - Co-created with consumers
- Co-design guide

Enabling the space and conditions for co-leadership in co-design: an evaluation of co-facilitator training for culturally and linguistically diverse consumers

Bróna Nic Giolla Easpaig^{a,e}, Éidín Ní Shé^b, Ashfaq Chauhan^a, Bronwyn Newman^a, Kathryn Joseph^c, Nyan Thit Tieu^d and Reema Harrison^a

^a Australian Institute of Health Innovation, Macquarie University, Sydney, NSW, Australia
^b Graduate School of Healthcare Management, RCSI University of Medicine and Health Sciences, Dublin, Ireland
^c School of Nursing and Midwifery, Centre for Quality and Patient Safety Research, Institute for Health Transformation, Deakin University, Melbourne, VIC, Australia
^d Sisters' Cancer Support Group Inc, Unanderra, NSW, Australia
^e Corresponding author: brona.nicgiollaeeaspaig@mq.edu.au

EBCD Phases



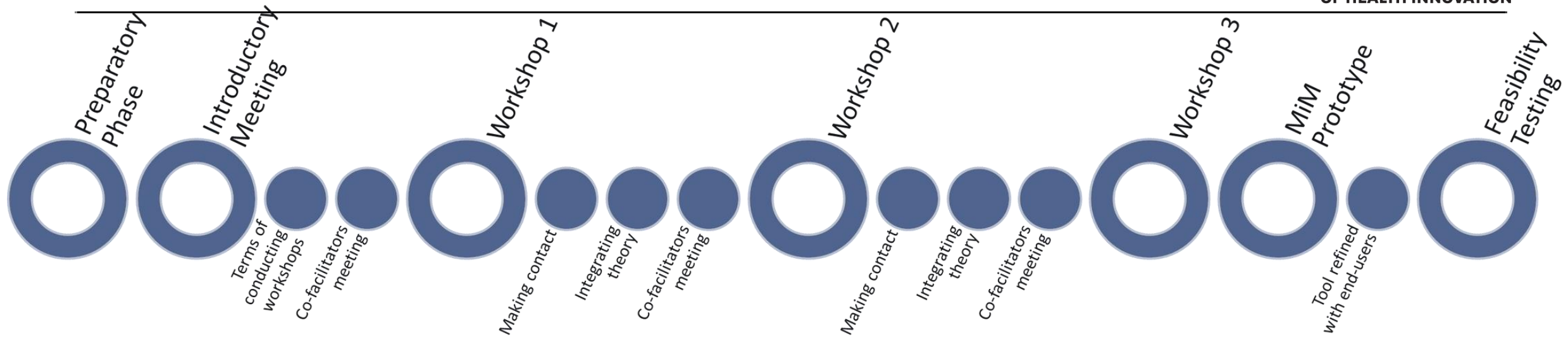
Phase 1

Experiential data collection

- interviews with service users from one cancer service
- observations of the physical environment of the public spaces

Phase 2 – Series of three co-design workshops

Co-design Schedule



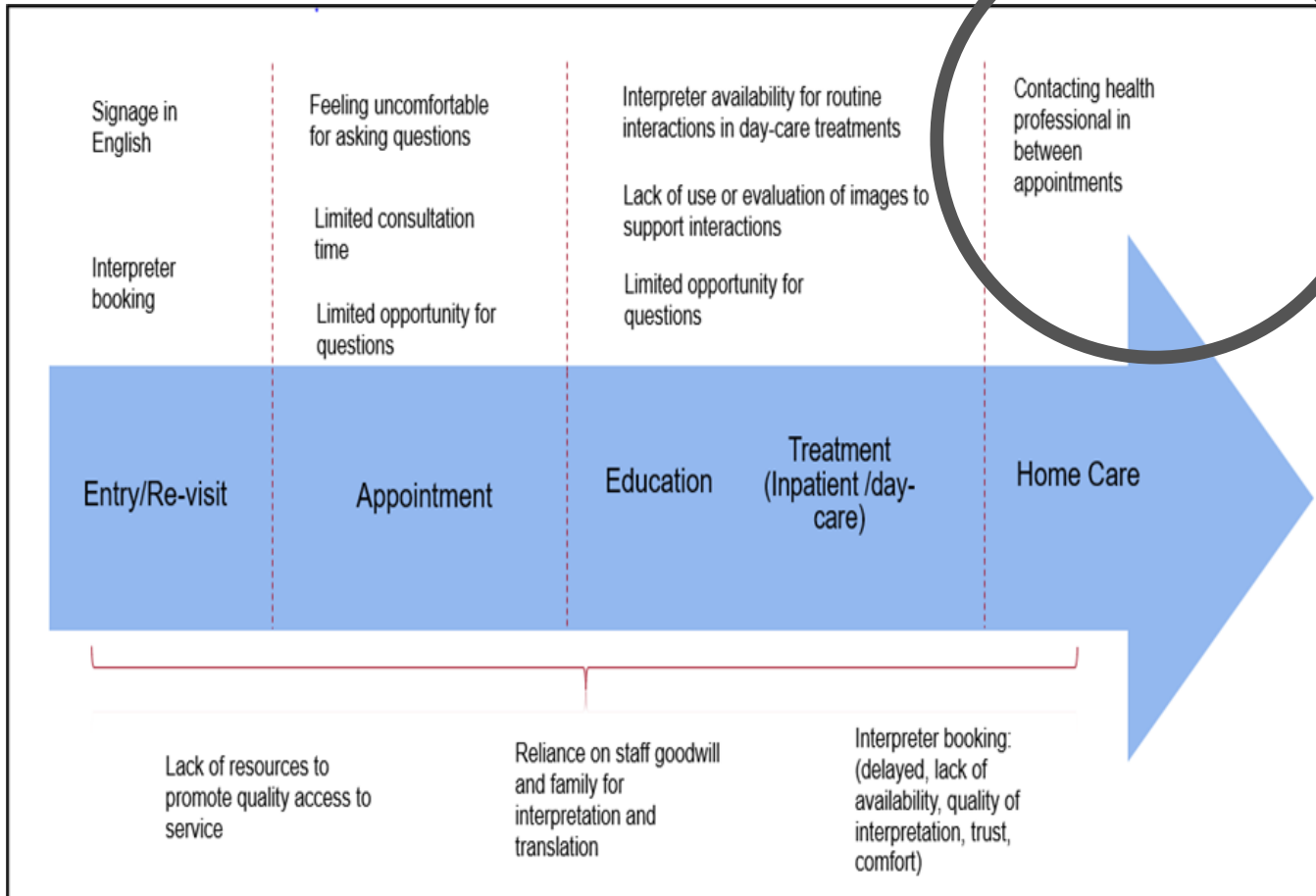
Optimising participation in co-design process

- Regular meeting with consumer co-facilitator in between co-design workshops
- Contact in between workshops with co-design members
- Hospitality

Optimising participation in co-design activities

- Agenda and summary of task for each week prior to meeting
- Facilitating discussions through consumer co-facilitator and multilingual fieldworker
- Techniques (brainstorming, voting)
- Tea and coffee break

Co-design workshop 1



Co-design workshop 2 and 3

Second workshop

Brainstorm current strategies - focus on three elements

- Accessibility of the information
- Effective communication
- Facilitating interaction

Outcome: Shared agreement to develop a tool that facilitate effective understanding and communication about medication side effects and who to contact

Third Workshop

Examining current process of information sharing – do not attend to cultural and language diversity

Limited information on common side effects

Outcome: Making it Meaningful Instrument

Important things to remember

- If you are having chemotherapy take your temperature once a day or if you don't feel well.
- If your temperature is 38°C or higher:
 - call COT straight away (Mon-Fri 8-5pm)
 - Out of hours go straight to the Emergency Department
- Take your anti-nausea tablets as prescribed by your doctor
- Buy and take anti-diarrhea tablets from your chemist if you experience diarrhea

Contact Us

Business Hours

Monday-Friday 8-5pm
Closed on public holidays

Nurses phone numbers:



If we don't answer straight away please leave a message and we will phone you back as soon as we can

Out of Hours

If you become unwell or require urgent medical assistance please attend the nearest Emergency Department

Making-it-Meaningful instrument



可能出现的副作用 (已翻译)
Possible side effects (Translated)
中文 Chinese

名字 Name:

医疗记录编号 (no):

医疗服务从业者 Health Care Practitioner:

第一部分 提供已翻译过的常见副作用清单，以便病人和医疗人员的对话工具，同时为医疗人员提供说明补充空间以记录具体的治疗方案 (英文)
Section 1: Provides translated list of common side effects as a conversation tool and gives space for practitioner notes about specific treatment plans (in English)

说明 Note:

 恶心/呕吐 Nausea/vomiting	 头痛 Headache
 皮疹/皮疹 Rash/Itch	 意识模糊 Confusion
 反流/胃灼热 Reflux/Heartburn	 眩晕 Dizziness
 腹泻 Diarrhea	 疲劳 Fatigue



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'Making it Meaningful': Co-designing an intervention to improve medication safety for people from culturally and linguistically diverse backgrounds accessing cancer services.

Ashfaq Chauhan
Australian Institute of Health Innovation, Macquarie University

Bronwyn Newman
Australian Institute of Health Innovation, Macquarie University

Elsa Roberto
c/o Australian Institute of Health Innovation, Macquarie University

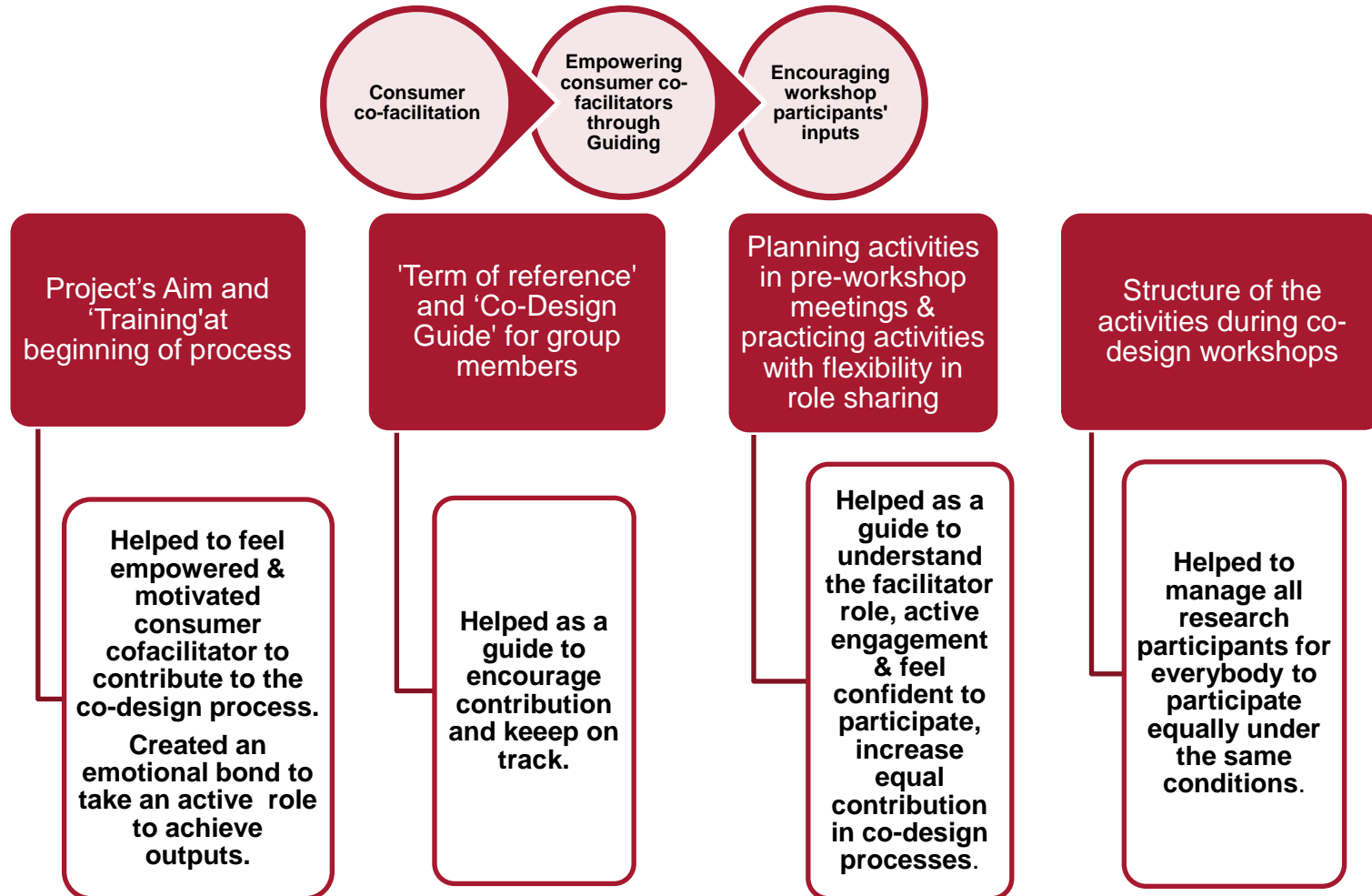
Ramesh Lahiru Walpola
School of Population Health, University of New South Wales

Holly Seale
School of Population Health, University of New South Wales

Employing co-facilitation in co-design

MASHREKA SARWAR – CONSUMER CO-FACILITATOR

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EDITORIAL |  Open Access |  

Employing cofacilitation to balance power and priorities during health service codesign

Reema Harrison  Bronwyn Newman, Ashfaq Chauhan, Mashreka Sarwar

First published: 11 September 2023 | <https://doi.org/10.1111/hex.13875>

Find it@MQ

Continuing collaborations and learning

- Consumer co-facilitator network newsletter (6 weekly)
- Opportunities to meet and network between members
- Opportunities to present and contribute to research outputs



Providing review and feedback as a co-author



▶ A guide for health care consumers

Healthcare research helps us to learn more about patients' health conditions, their treatment, ways of understanding health and well-being, and develop better ways to deliver health services. As researchers develop their ideas and find new ways of doing things,

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CanEngage Symposium Delegates



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Questions

CONTACTS

ashfaq.chauhan@mq.edu.au
[@AshNChauhan](#)

aihi.mq.edu.au