Guide to Evaluating Co-design

This resource is designed to be used to evaluate co-design informed by the Metro North Co-design Framework. https://metronorth.health.qld.gov.au/get-involved/co-design

Introduction

We need to evaluate co-design to determine whether we have achieved our objectives. Generally we are doing co-design to **create better healthcare together**, so your evaluation should aim to answer these two key questions:

1. Did we achieve a positive change or *create better healthcare*?

2. Did we use a collaborative co-design process to work *together*?

We have designed this guide to help you plan the evaluation of your co-design project. This evaluation guide was informed by staff and consumer engagement at forums and workshops, and review of published and grey literature, including the Metro North Evaluation Framework[1]. Ethical considerations were developed in conjunction with the Metro North Human Research Ethics Committees.

> Tip: If your co-design team doesn't include strong evaluation expertise, consider connecting with a researcher who can help you to plan and undertake your evaluation. Seek guidance from MN Research if you are unsure about where to start.

1. Did we achieve a positive change or create better healthcare?

Evaluating the outcomes of co-design

Evaluation should include data or information that tells your team that you've *made things better*, as is relevant to the problem or issue you are aiming to address.

This will involve collecting and comparing data before and after you have implemented your co-designed intervention so see if there has been a positive change.

The measures or indicators that you choose should be informed by those with professional and lived experience with the issue. A successful outcome may look different for different people or groups. Therefore, what you measure, and how you measure it, should be selected and defined collaboratively by the co-design team. You can do this in the "Engage and Align" phase, by reflecting on and discussing the answers to these questions:

"If this project was successful..."

- What would that look like?

- What would it feel like?

- What would the data tell us?

- What would people be saying about it?

> Tip: Taking the time to carefully and collaboratively select your outcome measures will avoid wasted time collecting data that won't help you to know if you've achieved your objectives.

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It is important to select outcome measures that are clearly linked to and are likely to show the benefits of your co-designed product or intervention. It is easy to say that we want to improve hospital culture or reduce length of stay, but these can be difficult to measure (culture) and influenced by many unrelated factors (length of stay), making them tricky outcome measures. Using a logic model can help you think through the links between your co-designed product or intervention and the range of short, medium and long term outcomes that could be measured.

Refer to the Metro North Evaluation Framework[1] for more guidance on evaluation measures.

Examples of co-design outcomes

What will you measure?	How will you measure it?	Tips for data collection/ analysis
Patient/ client experience Staff experience Cultural safety	- Surveys - Feedback forms - Interviews	- Choose wisely. Don't collect all of these! - Ensure that your evaluation includes people that represent the diversity within the targeted service. It is easy to exclude people from evaluation who are likely to most benefit from (and be disadvantaged by) our services.
Care delivery processes	- Observations of care - Ward/service audits - Chart audit - Surveys - Interviews	- Use a validated survey/ tools wherever possible e.g. Health Literacy Questionnaire. - Use routinely collected surveys (e.g. PREMs, Have Your Say surveys) and data, as long as they a) include data relevant to your project, b) include responses from people who represent the diversity within your service
Knowledge/ health literacy	- Surveys	- You may need develop your own survey or feedback form specific to your project; however make sure you get some expert help with this.
Health or disease outcomes	- Clinical databases - Chart audit	- Interviews can provide powerful information and stories that can be hard to capture in surveys or numerical data; these can be formal or informal using structured or narrative interviewing techniques. Get some help with someone experienced with collecting and analysing qualitative data.
Service outcomes	- Attendance/ admission data - Financial data	- Often you will need data from more than one source to answer your evaluation questions, BUT only collect what is needed – data collection and analysis is time intensive! - Always seek advice from someone with research or evaluation experience when

Sustainability barriers and enablers	- Interviews	- Developing or choosing a survey instrument
		   - Writing interview questions
		   - Analysing and interpreting your data

Evaluating the implementation of the co-designed intervention

Once your co-designed product or intervention is implemented into practice, you should consider evaluating the **implementation** process. This will help you to know whether it is delivered in practice as intended and whether it reaches those patients who most need it; importantly if this is not the case, implementation evaluation will help you to understand why, and what your next steps might be in the co-design and implementation journey. The resources on the AH-TRIP website[2] can help you to plan a comprehensive implementation evaluation.

2. Did we use a collaborative co-design process to work together?

Evaluating the process of co-design

Evaluation should also tell you whether you have worked together as a co-design team. This helps you to know if you've been true to your co-design vision, and what areas the team can improve on when working together in future. This will involve collecting data during and after you have completed the co-design project, to monitor your progress as a team, and to evaluate the process as a whole at the end.

Evaluation domain	What will you measure?	How will you measure it?	When?	
			After each activity	At the end
Description of the co-design process	What did the co-design process involve? What costs/resources were involved?	Summary of activities undertaken Record of consumer time and travel (paid, in kind), staff time (funded, in-kind), event costs (venue, catering, resources), consultancy fees, etc. Use of our budget tracker might be helpful.		X X
Participation and representation (Reach)	Who was involved in the co-design process? Was there inclusion of diverse consumer perspectives? e.g. age (<25, >65 years), Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse, LGBTQIA+, disability	Record of number of people involved: - how many are primarily representing their professional or lived experience - how many identify as being from a diverse background	X X	X X
Effectiveness	Did those involved feel that the process achieved a positive outcome? Did those involved feel that they now have increased skills and confidence to undertake co-design in the future? Have relationships been built within the team that will continue after the project?	Survey of co-design team members Example questions[3]: - Do you think what you shared/ participated in will influence the future of {problem}? - Did you get anything out of being involved so far?		X

Evaluation domain	What will you measure?	How will you measure it?	When?	
			After each activity	At the end
Co-design team experience (Implementation of the co-design mindset)	Did all people feel adequately prepared and supported to participate in the process? Did all people involved feel heard, respected, engaged, empowered and equal? Did all people feel like they had an impact? Did all people feel their unique knowledge and skills were recognised and valued? Would people choose to be involved in co-design again in future? What could be done to improve/assist their participation in future?	Survey of co-design team members Example questions[3]: - Do you feel like you were heard today? - Would you recommend the process you just went through to a friend? - Do you feel like it was "co-design"? Example surveys: during an activity, at the end of an activity	X	X

Let's talk about ethics…

It's always good to discuss your evaluation with your research ethics team before you start.

If you stick to answering the two key questions outlined in this guide, you probably won't need formal ethics review or approval as this does not meet the definition of research. However, if you want to test whether one intervention is better than another, if you want to develop or test theories about the co-design process or if this forms part of a research higher degree, then this may be research and require ethics approval.

Even if you don't need formal ethics committee review, it is important to consider the values and principles of ethical conduct during your evaluation[4]:

- merit and integrity: undertake high quality evaluation, justified by its potential benefit

- justice: ensure inclusivity, minimise burden

- beneficence: ensure that benefit outweighs any potential harm or discomfort

- respect: support voluntary participation, due regard for people's welfare, beliefs, perceptions, privacy, confidentiality and cultural considerations

Sharing and celebrating the outcomes!

Sharing and celebrating the outcomes of the project is important to:

- close the loop with the community you have been co-designing with,

- acknowledge the contributions of all involved,

- show contributors that their input was valuable and contributed to the final product or outcome

- prompt reflection on the process

- promote the benefits from the co-design project, and

- initiate discussions about what is next.

For your co-design project, you may do this by publicly acknowledging their contribution through authorship on project reports and publications, and inviting them to co-present the project outcomes at internal and external meetings and forums. Learn more about acknowledgement here: https://metronorth.health.qld.gov.au/get-involved/co-design/team/engaging-people

If you choose to publish your findings in a peer-reviewed journal, ensure that you report the level of involvement of consumers using terminology consistent with the IAP2 spectrum and with detail in line with the Guidance for Reporting Involvement of Patients and the Public reporting guidelines[5].

> Tip: if you want to publish or present your project externally, you will need talk to your ethics team about getting a letter of ethical exemption.

References

1. Metro North Evaluation Framework
   https://qheps.health.qld.gov.au/metronorth/clinical/hei/innovation/resources

2. Queensland Health Allied Health Translating Research into Practice website
   https://www.health.qld.gov.au/clinical-practice/database-tools/translating-research-into-practice-trip/translating-research-into-practice

3. Jo Szczepanska "Co-design or Faux Design" presentation https://vimeo.com/313141243

4. Australian Evaluation Society (AES) 2013, 'Guidelines for the Ethical Conduct of Evaluations', <https://aes.asn.au/images/AES_Guidelines_web_v2.pdf?type=file>

5. Staniszewska S, Brett J, Simera I, Seers K, Mockford C, Goodlad S et al. GRIPP2 reporting checklists: tools to improve reporting of patient and public involvement in research BMJ 2017; 358 :j3453