



# CanEngage

## CanEngage Symposium Research Findings

**Associate Professor Reema Harrison**

@reemaharrison

AUSTRALIAN INSTITUTE  
OF HEALTH INNOVATION



**MACQUARIE**  
University  
SYDNEY · AUSTRALIA



## Session overview

1. Why did we embark on CanEngage?
2. What did we do?
3. What did we learn?
4. What next? (later on today)





CanEngage

## Why did we embark on CanEngage?

---

AUSTRALIAN INSTITUTE  
OF HEALTH INNOVATION



**MACQUARIE**  
University  
SYDNEY · AUSTRALIA



## Cultural and linguistic diversity in Australia

- 29.8% of Australia's population were born overseas
- Nearly every single country from around the world was represented in Australia's population in 2020
  - England, India, China, NZ, Philippines, Vietnam = largest overseas-born groups
- >20% of people speak a LOTE at home
  - Mandarin, Cantonese, Arabic and Vietnamese most common
- Broad range of ethnicities and cultures.





# Disparities in healthcare safety



Less likely to have health insurance and access to care/ treatments



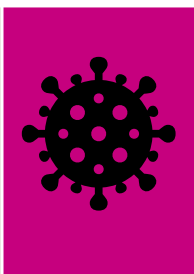
Higher rates of medication errors



More communication errors



More likely to experience delays in treatment



Higher mortality risk Covid-19



Higher incidence of healthcare-associated infections

SYSTEMATIC REVIEW

Open Access

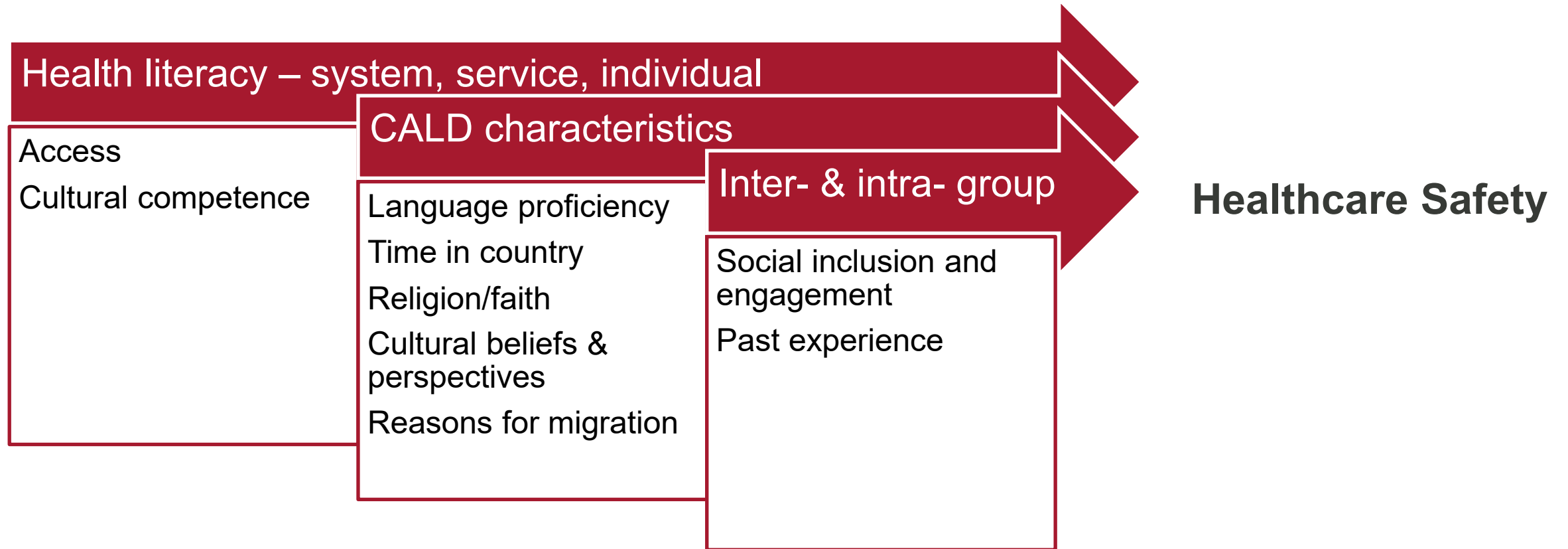
## The safety of health care for ethnic minority patients: a systematic review



Ashfaq Chauhan<sup>1\*</sup>, Merrilyn Walton<sup>2</sup>, Elizabeth Manias<sup>3</sup>, Ramesh Lahiru Walpola<sup>1</sup>, Holly Seale<sup>1</sup>, Monika Latanik<sup>4</sup>, Desiree Leone<sup>4</sup>, Stephen Mears<sup>5</sup> and Reema Harrison<sup>1</sup>



## Factors contributing to inequities





**CanEngage**

Together we strive for safer care - 12 September 2023



# What did we do?



---

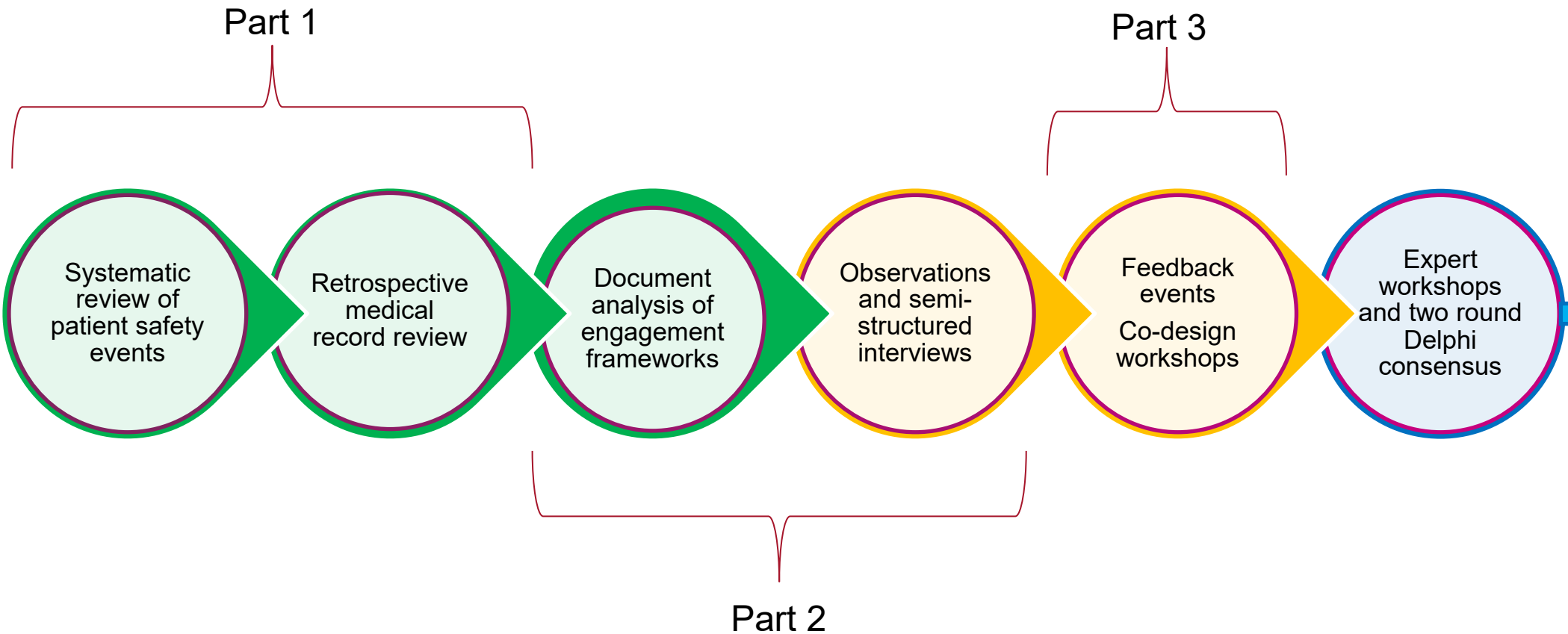
**AUSTRALIAN INSTITUTE  
OF HEALTH INNOVATION**



**MACQUARIE  
University**  
SYDNEY · AUSTRALIA



## CanEngage Project Overview



Resources to improve patient safety in cancer services:

- 1) Making it Meaningful
- 2) SWSLHD video

Policy support to improve engagement:

- 1) Strategies for implementing Standard 2 (ACSQHC)
- 2) Principles for engagement in cancer (CA)





**CanEngage**

Together we strive for safer care - 12 September 2023



# What have we learned?



---

**AUSTRALIAN INSTITUTE  
OF HEALTH INNOVATION**



**MACQUARIE  
University**  
SYDNEY · AUSTRALIA



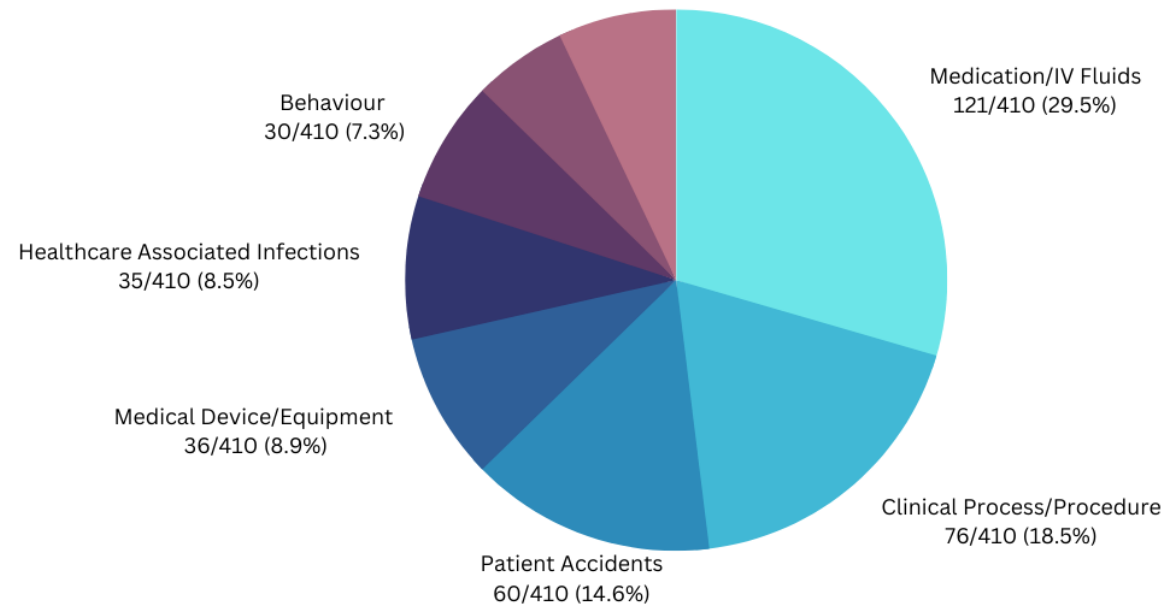
# 1. CALD communities risk unsafe care

- 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'



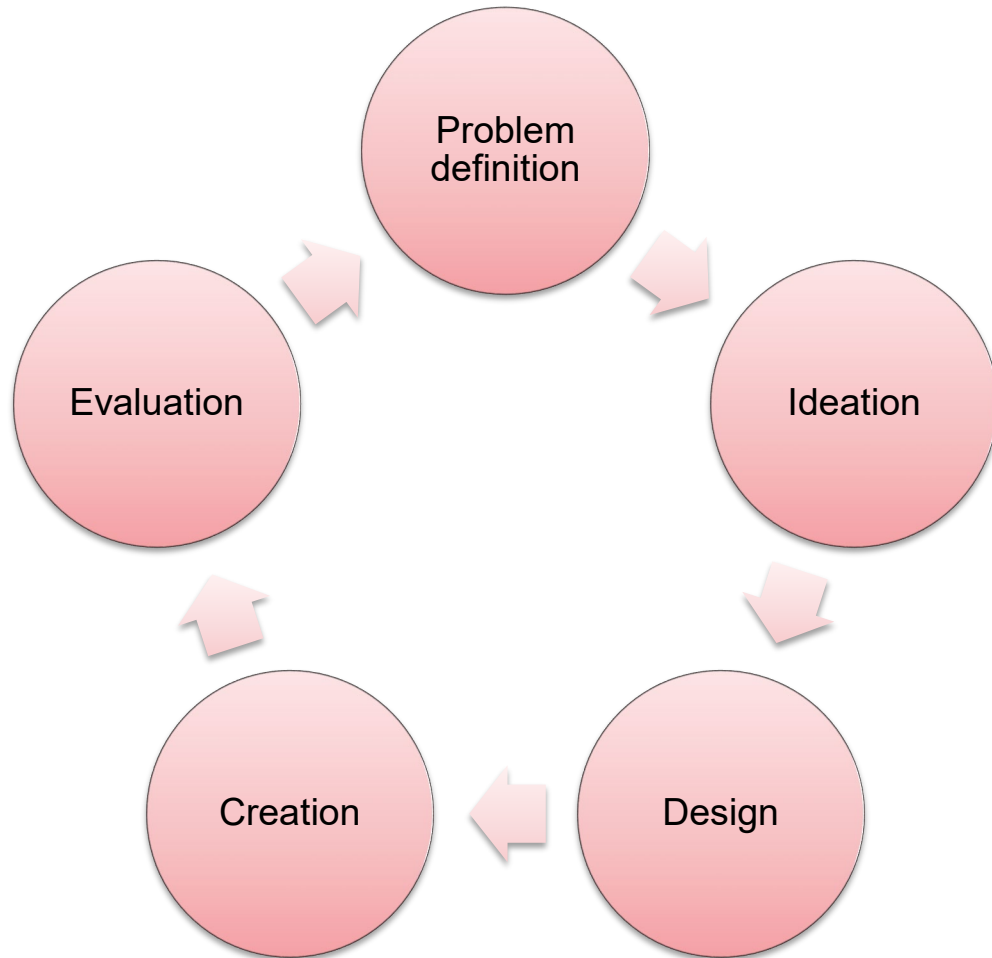
**1 in 3 patients  
with a safety  
event in cancer  
services**

Other (Clinical Administration, Blood/Blood Products, Nutrition, Res/Org Management, Oxygen/Gas/Vapour),  
29/410 (7.1%)





## 2. They also know how to make it safer



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 (MRN):

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，以方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 Notes:

恶心 / 呕吐 Nausea/vomiting	头痛 Headaches
瘙痒 / 皮疹 Itchy/Rash	意识模糊 Confusion
反流 / 胃灼热 Reflux/heartburn	眩晕 Dizziness



Patient Experience Journal

Volume 10  
Issue 2 Emerging Frontiers in Human Experience

Article 7

2023

**'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



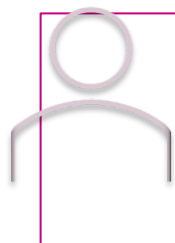
### 3. Codesign offers possibilities and pitfalls



Distributing power



Novel ideas



User-centric solutions

#### What does co-design mean for Australia's diverse clinical workforce?

Reema Harrison <sup>A D</sup>, Melvin Chin <sup>B</sup> and Eidin Ni She <sup>C</sup>

+ Author Affiliations

*Australian Health Review* 46(1) 60-61 <https://doi.org/10.1071/AH21>

Submitted: 1 April 2021 Accepted: 2 June 2021 Published: 30 Aug



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<sup>a,e</sup>, Éidín Ní Shé<sup>b</sup>, Ashfaq Chauhan<sup>a</sup>, Bronwyn Newman<sup>a</sup>, Kathryn Joseph<sup>c</sup>, Nyan Thit Tieu<sup>d</sup> and Reema Harrison<sup>a</sup>

#### COMMENTARY

Journal of Evaluation in Clinical Practice | WILEY

#### Creating space for theory when codesigning healthcare interventions

Reema Harrison PhD<sup>1</sup> | Éidín Ní Shé PhD<sup>2</sup> | Deborah Debono PhD<sup>3</sup> | Ashfaq Chauhan PhD<sup>1</sup> | Bronwyn Newman MIPH/MHM<sup>1</sup>

<sup>1</sup>Centre for Health Systems and Safety, Australian Institute of Health Innovation, Macquarie University, Sydney, New South Wales, Australia

<sup>2</sup>Graduate School of Healthcare Management, RCSI University of Medicine and Health Sciences, Dublin, Ireland

<sup>3</sup>Centre for Health Services Research, University of Technology Sydney, Ultimo, New South Wales, Australia

Chauhan et al. *Int J Equity Health* (2021) 20:240  
<https://doi.org/10.1186/s12939-021-01579-z>

International Journal for Equity in Health

#### COMMENTARY

#### Open Access

#### Optimising co-design with ethnic minority consumers

Ashfaq Chauhan<sup>1\*</sup>, Jessica Leefe<sup>2</sup>, Éidín Ní Shé<sup>3</sup> and Reema Harrison<sup>1</sup>

Received: 23 March 2021 | Revised: 2 June 2021 | Accepted: 6 June 2021  
DOI: 10.1111/hex.13308

#### VIEWPOINT ARTICLE

WILEY

#### Mitigating unintended consequences of co-design in health care

Éidín Ní Shé<sup>1</sup> | Reema Harrison<sup>2</sup>

<sup>1</sup>School of Population Health, University of New South Wales, Kensington, NSW, Australia

<sup>2</sup>Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University, Sydney, NSW, Australia

#### Correspondence

Éidín Ní Shé, School of Population Health, University of New South Wales, Samuels Building, F25, Samuel Terry Ave, Kensington, NSW 2033, Australia.  
Email: [eidin.nishe@unsw.edu.au](mailto:eidin.nishe@unsw.edu.au)

#### Abstract

**Background:** Co-design and associated terms are increasingly being used to facilitate values-based approaches to health-care improvement. It is messy and complex, involving diverse actors.

**Methods:** We explore the notion that initiatives have outcomes other than initially planned is neither new nor novel but is overlooked when thinking about co-design. We explore some of the unintended consequences and outline some optimal conditions that can mitigate challenges.

**Discussion:** Although co-design approaches are being applied in health care, questions remain regarding its ability to produce gains in health outcomes. Little is known about determining whether co-design is the most suitable approach to achieve the





## 4. Cultural adaptations can work



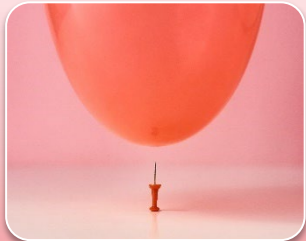
### Modalities

- Multi-channel
- Translation
- Visual / audio



### Content

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



### Conceptual differences

- Patient safety
- Engagement



Patient Education and  
Counseling

Volume 105, Issue 8, August 2022, Pages 2778-  
2784



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

[Kathryn Joseph<sup>a</sup>](#) , [Bronwyn Newman<sup>b</sup>](#) ,  
[Elizabeth Manias<sup>a c</sup>](#) , [Ramesh Walpola<sup>d</sup>](#) , [Holly Seale<sup>d</sup>](#) ,  
[Merrilyn Walton<sup>e</sup>](#) , [Ashfaq Chauhan<sup>b</sup>](#) , [Jiadai Li<sup>b</sup>](#) ,  
[Reema Harrison<sup>b</sup>](#)



## 5. Consumer engagement requires thought

1. What are the roles and tasks for consumers?
2. Who are the relevant consumers to make these contributions?
3. How can we build diversity and identify new collaborators?
4. What support will they need? (and can we provide it)
5. What capability do we need? (and how will we achieve it)
6. How will we reimburse AND remunerate for all aspects?
7. How do they wish to be recognised for their contributions?
8. How will we build capacity?
9. How will we sustain relationships?
10. How will we elicit and respond to feedback?





# CanEngage

Together we strive for safer care - 12 September 2023



## Collaboration is key...and makes it fun



**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,