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**POSTER ABSTRACT****A Co-design Approach for System Transformation in Southwestern Ontario,  
Canada**

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***Introduction***

The Western Ontario Health Team (WOHT) is a newly formed entity aiming to support the primary and secondary healthcare needs of a population of over 514,000 in London-Middlesex, Ontario, Canada. Our first year priority population are adults with a primary diagnosis of advanced Chronic Obstructive Pulmonary Disease (COPD) and/or Congestive Heart Failure (CHF) in need of system-level care coordination or navigation, with special emphasis on patients who are at risk of institutionalization. Experience-based co-design and meaningful patient/client and caregiver engagement (guided by a Patient/Client & Care Partner Council) are embedded into all WOHT activities.

***Aims Objectives Theory or Methods***

Through relationships with local patients/clients, caregiver partners, providers, and health system administrators, the co-design process is being used to collectively develop system improvement strategies. Co-design begins with recruiting a network of system stakeholders (i.e., patients/clients, caregivers, providers, system administrators), guided by an equity, diversity, and inclusion matrix to ensure representation aligning with the demographics of our local population. Discovery interviews are conducted with a subset of this network (n=40) to understand current health system experiences and opportunities for change. Findings from discovery interviews then inform broader co-design sessions with diverse stakeholder groups to co-define problems and co-develop solutions.

***Highlights or Results or Key Findings***

Highlights and outputs of this process will include a summary of discovery interviews describing current experiences with regional COPD and CHF care, a set of co-defined problem statements with associated co-created solutions, and an implementation plan which the WOHT will implement through a plan, do, study, act (PDSA) approach. Priorities for co-creation include, but are not limited to, ensuring patients have access to a sustained care relationship, informing the development of a shared care record, and laying the infrastructure for patient individualized care plans. The co-

design methodology and supporting materials including recruitment frameworks, co-design session planning guides, engagement matrices, and workplans will also be refined through this process and published.

### ***Conclusions***

The WOHT embraces principles of co-design in all aspects of its system transformation agenda. This approach empowers patients/clients, care partners, providers, and administrators to drive health system change towards better outcomes. Lessons learned and materials developed through this process will inform other organizations in similar transformation activities.

### ***Implications for applicability/transferability sustainability and limitations***

The co-design approach being used by the WOHT in its system transformation efforts will be scaled and repeated in additional populations. Lessons learned from this first co-design plan will be incorporated into future iterations. This approach can also be used by other regions for large-scale system planning and design purposes.