




University of Wollongong

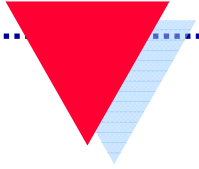


Evaluation of the Encouraging Best Practice in Residential Aged Care (EBPRAC) Program

Centre for Health Service Development
(CHSD)

Issues to be covered

- ◆ Who we are and how to find us
- ◆ Our role
- ◆ The National Evaluation Framework
 - Why evaluate?
 - Measuring impacts and outcomes at three levels
 - Establishing a common language for the evaluation
- ◆ Evaluating your project – some practicalities



Who we are and how to find us

About the CHSD



- ◆ Established 1993
- ◆ Part of Graduate School of Business
- ◆ Self-funded health services R&D centre
- ◆ Largest health services research centre in Australia
 - 200+ R&D projects - mix of national, state and local projects
 - 40 staff and affiliates and 16 disciplines
 - ◆ psychology, statistics, economics, public health, management, health planning, operational research, education, pharmacy, human geography, health sociology, medicine, occupational therapy, nutrition, nursing and communications

The core CHSD evaluation team

Team member	Position	Role in the evaluation
Kathy Eagar	Professor and Director	Director
Malcolm Masso	Senior Research Fellow	Project manager Round 1: nutrition project
Karen Quinsey	Senior Research Fellow	Round 1: falls prevention project
Anita Westera	Research Fellow	Round 1: oral health and prn medications projects
Kate Williams	Research Fellow	Round 1: pain management project
Darcy Morris	Administrative staff	Administrative support for the team
Rob Gordon	Deputy Director	Economic evaluation
Jim Pearse	Associate Professor	Economic evaluation

Plus others on specific aspects

Contact details

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University of Wollongong

Centre for Health Service Development (CHSD)



UOW Home > Graduate School of Business > CHSD

About CHSD

- What is CHSD?
- Where is CHSD?
- Contacting CHSD
- Who's Who in CHSD
- Annual Reports

CHSD Programs

- Australasian Rehabilitation Outcomes Centre
- Australian Health Outcomes Collaboration
- Palliative Care Outcomes Collaboration
- Australia and New Zealand Health Assessment Methods Network
- Australasian Occupational Science Centre
- Health and Productivity Research Centre

Welcome to the CHSD website.

Should you have any questions or comments relating to this site please contact the site administrator on (02) 4221 4411.

CHSD Research

- Research Themes and Content Area
- Contract Research and Development Projects
- Screening and Assessment Tools
- Caring Communities Program
- Palliative Care Research **NEW**
- Community Care Assessment Project **NEW**
- Care Planning Program **NEW**
- Publications

Other Links

- Links to related websites
- SNAPshot
- SNAP Report
- Glossary/Acronyms

Site Search

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Direct Links

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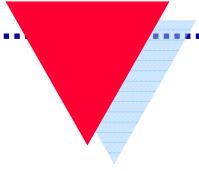
Virtual Tour



Learn more about student life at UOW through interactive images, sound and video.

Take the tour

EXCELLENCE INNOVATION DIVERSITY



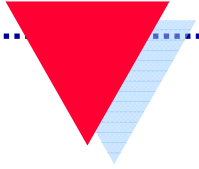
Role of the National Evaluation Team

Role in the evaluation - CHSD

- ◆ Design overall evaluation framework
- ◆ Provide a set of evaluation tools or common data collection elements
 - we will be working closely with each project on these
- ◆ Support and assist projects to undertake their own evaluations
- ◆ Synthesise local project evaluation findings and combine with the program evaluation to form a national evaluation.

Support and assistance

- ◆ Site visit to each project by May 2009
- ◆ Further site visits at a later date
- ◆ Key contact person for each project
- ◆ List server
- ◆ Web site
- ◆ Ongoing interaction with project teams



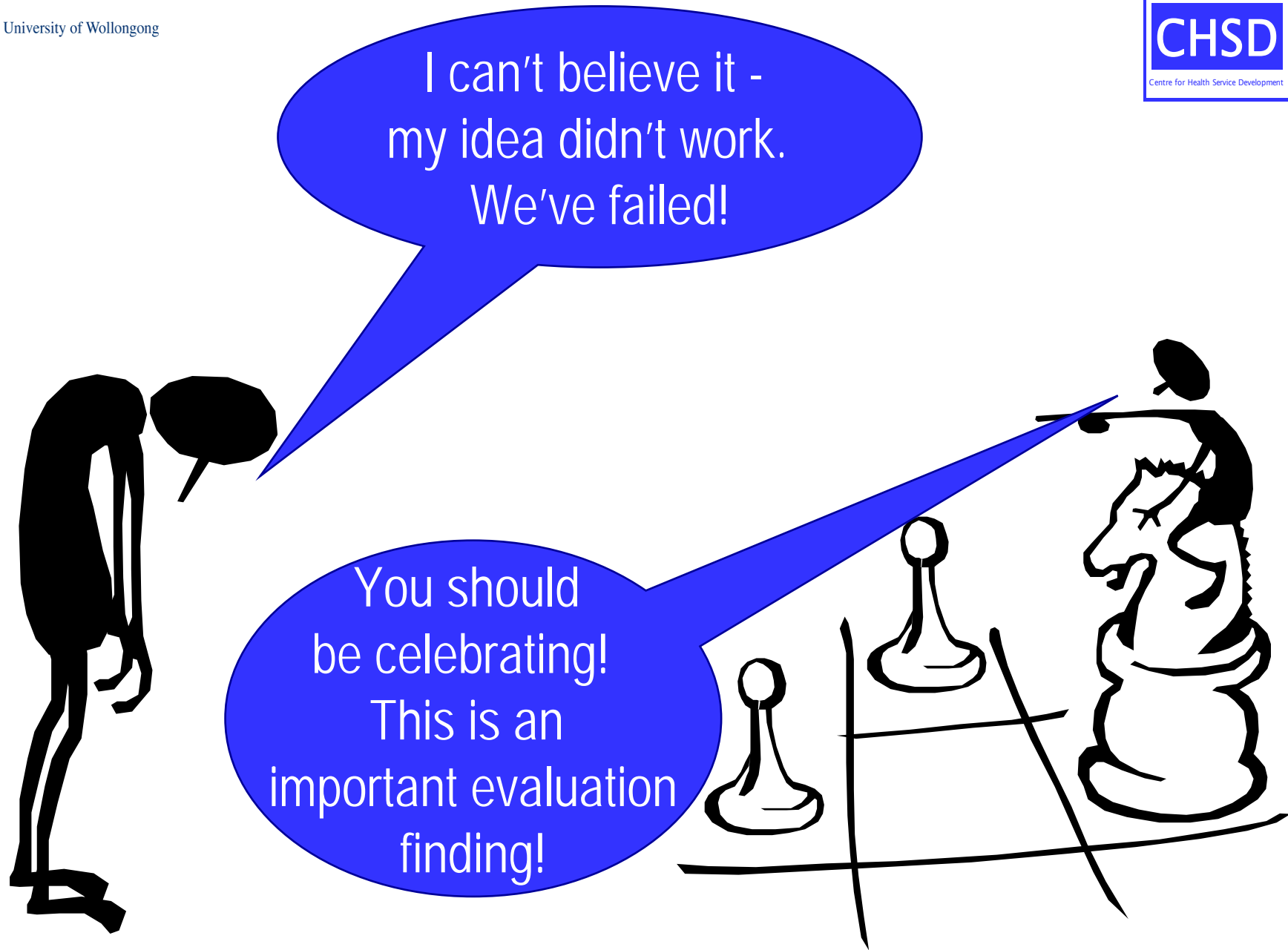
National Evaluation Framework

Why evaluate?

- ◆ The need for residential aged care will continue to grow over the next decade
 - in your own community/region/State/Territory
 - across Australia
- ◆ We need to:
 - learn what works (and what doesn't)
 - build capacity so that the need can be met
- ◆ The EBPRAC Program provides a great opportunity to do this

What is evaluation?

- ◆ A process of continuous learning.
- ◆ NOT a test in which you pass or fail.
- ◆ NOT DIFFICULT.
- ◆ A continuous process of asking questions, reflecting on the answers and reviewing ongoing strategy and action.
- ◆ An opportunity to learn from both 'successes' and 'failures'.



2 purposes

◆ Formative evaluation

- evaluation for learning
- 'how can we learn and get better as we go?'

◆ Summative evaluation

- evaluation for judgement
- 'how did we do?'

Round 2: 8 EBPRAC projects

- ◆ With different goals, needs, resources and stakeholders
 - but lots of overlaps and similarities too
- ◆ Each project has its own evaluation but there are opportunities to share tools across projects, for example:
 - three palliative care projects all working on aspects of end-of-life care
 - three behaviour management projects

Round 1: 5 EBPRAC projects

- ◆ Julie Byles: University of Newcastle
 - Nutrition & hydration
- ◆ Stephen Gibson: National Ageing Research Institute
 - Pain management
- ◆ Keith Hill: National Ageing Research Institute
 - Falls prevention
- ◆ Anne Fricker: South Australian Dental Service
 - Oral health
- ◆ Debra Rowett: Drugs and Therapeutic Information Service
 - Medication management

Project consortium members involved in Round 1

- ◆ Approximately 40 residential aged care facilities across six states
- ◆ University of Queensland
- ◆ Queensland University of Technology
- ◆ NSW Health Department
- ◆ Victorian Department of Human Services
- ◆ Australian Centre for Evidence Based Practice in Aged Care
- ◆ University of Tasmania
- ◆ University of Adelaide
- ◆ Southern Division of General Practice, South Australia
- ◆ National Prescribing Service
- ◆ Edith Cowan University

Six key evaluation questions

- ◆ What did you do? (PROGRAM & PROJECT DELIVERY)
- ◆ How did it go? (PROGRAM & PROJECT IMPACT)
- ◆ What's been learned? (CAPACITY BUILDING)
- ◆ Will it keep going? (SUSTAINABILITY)
- ◆ Are your lessons useful for someone else? (GENERALISABILITY)
- ◆ Who did you tell? (DISSEMINATION)

Some questions for the Program evaluation

- ◆ What learning and knowledge gaps hindered the use of evidence-based practice?
- ◆ What incentives for the use of evidence-based practice can be identified?
- ◆ What barriers to the use of evidence-based practice can be identified?
- ◆ What links have developed between individual projects across the Program?
- ◆ Has consumer confidence in residential aged care facilities improved?

How did it go? Evaluation hierarchy

- ◆ 'Process, Impact and Outcome' not enough
- ◆ Level 1: Impact on, and outcomes for, consumers
 - residents, families, carers
- ◆ Level 2: Impact on, and outcomes for, providers
 - staff, organisations
- ◆ Level 3: Impact on, and outcomes for, the system
 - structures and processes, networks, relationships

Evaluation hierarchy

- ◆ Level 1: Impact on, and outcomes for, consumers
 - residents, families, carers
- ◆ Level 2: Impact on, and outcomes for, providers
 - staff, organisations
- ◆ Level 3: Impact on, and outcomes for, the system
 - structures and processes, networks, relationships

CHSD
will work
with each
project to
specify
what it is
aiming to
achieve at
each level

Putting it all together

What did you do?	How did it go?	Can you keep it going	What has been learnt?	Useful for someone else?	Who did you tell?
Level 1: Processes, impacts and outcomes for consumers (residents, families, carers, friends, communities)					
Interventions to change care delivery	Improvements in clinical care				
	Increased consumer confidence in RACFs				
Level 2: Processes, impacts and outcomes for providers (professionals, volunteers, organisations)					
Interventions directly targeting providers that will indirectly change care delivery	Enhanced knowledge and skills of aged care clinicians				
	Increased use of evidence in everyday practice				
Level 3: Processes, impacts and outcomes for the system (structures and processes, networks, relationships)					
System-level interventions to facilitate implementation of evidence-based practice	Industry focus on improvements to clinical care				Dissemination of proven best practice in clinical care
	Development of national clinical guides, resources and evidence summaries that support aged care accreditation standards				

The challenge for us!

- ◆ Find the balance between:
 - the requirements of the National EBPRAC Program,
 - the need to have a cost-effective and realistic evaluation
 - what you can manage
 - what you want to achieve
- ◆ Combine realism with rigour



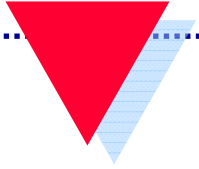
Examples of data sources

Project evaluation

- ◆ Site visits
- ◆ Six-monthly progress reports
- ◆ Interviews
- ◆ Workshop presentations
- ◆ Final reports
- ◆ Evaluation reports
- ◆ Exit interviews

Program evaluation

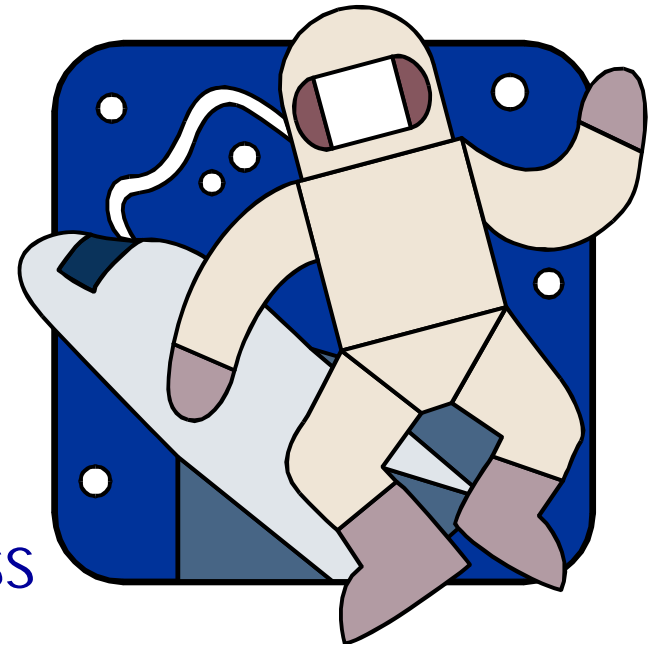
- ◆ Project data plus:
- ◆ Document review
- ◆ Stakeholder interviews
- ◆ Workshop group discussions
- ◆ Personal communication



Evaluating projects

Project purposes and evaluation terms

- ◆ Achieve your own goals
 - during the project (**IMPACT**)
 - after it finishes (**SUSTAINABILITY**)
- ◆ Contribute to the bigger picture:
 - build knowledge and expertise across Australia (**CAPACITY BUILDING**)
 - provide lessons for other projects, regions and States/Territories (**GENERALISABILITY**)



Why have an evaluation plan?

Purpose of the plan is to answer the question,

- ◆ “How will I assess whether my project has met its goals?”

Plan may encompass impacts, outcomes and processes:

- ◆ What effects are expected for each of the target groups?
- ◆ What happened during the project that may have affected its outcomes, positively or negatively?

What is in your evaluation plan?

- ◆ Plans should clearly define the relevant processes, impacts and outcomes and how they will be measured:
 - ◆ Timing of measurement
 - ◆ Methods and tools to be used
- ◆ NE team will review each project evaluation plan and liaise with each project team about how this links with the national evaluation
- ◆ We will ask you to report progress against your plan

Six monthly reports

- ◆ 6 monthly progress report to DOHA office (cc to CHSD)
 - reporting in accordance with the schedule in your contract
 - ◆ What did you do?
 - ◆ How did it go?
 - adding some information on the other evaluation questions
 - ◆ What's been learned?
 - ◆ Will it keep going?
 - ◆ Are your lessons useful for someone else?
- ◆ Details to be provided after lunch ...