



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

EBPRAC Orientation Workshop
11 December 2008

Issues to be covered

- ◆ Program objectives and key priority areas
- ◆ Program objectives and planning
- ◆ Six-monthly progress reports
- ◆ Project summary reports
- ◆ Dissemination log

A sobering beginning

Despite 30 years of research in this area, we still lack a robust, generalisable evidence base to inform decisions about strategies to promote the introduction of guidelines or other evidence-based messages into practice'

Reference: Grimshaw, J., R. E. Thomas, et al. (2004). "Effectiveness and efficiency of guideline dissemination and implementation strategies." *Health Technology Assessment* 8(6).

Key success factors

- ◆ Receptive context for change.
- ◆ Model for change / implementation.
- ◆ The nature of the change in practice, including local adaptation, local interpretation of evidence and 'fit' with current practice.
- ◆ Demonstrable benefits of the change.
- ◆ Adequate resources.
- ◆ Staff with the necessary skills.
- ◆ Stakeholder engagement, participation and commitment.
- ◆ Systems in place to support the use of evidence.

Change management interventions (Round 1)

- ◆ Auditing and feedback
- ◆ Engaging staff e.g. focus groups, action research
- ◆ Education: mainly one-to-one and small group learning
- ◆ Local facilitation in each facility (e.g. 'champion', 'link', 'resource' person).

Lessons from Round 1

- ◆ 4-6 months to get ethics approval
- ◆ Commonest risks related to implementation
- ◆ Major challenges to building partnerships:
 - Loss of RACFs due to sanctions
 - Staff turnover
 - Tyranny of distance (especially when working across several jurisdictions)
- ◆ Resident preferences have either not had a lot of impact or too early to judge extent of impact (emphasis more on communication)
- ◆ Engagement of staff generally in line with expectations
- ◆ Most dissemination at the facility level
- ◆ Future dissemination includes conference presentations and publication in peer-reviewed journals
- ◆ Unclear how the majority of the industry will learn about the findings

Program objectives

- ◆ Improvements for residents
 - Improvements in clinical care
- ◆ Improvements for staff
 - Opportunities for aged care clinicians to develop and enhance their knowledge and skills
 - Support staff to access and use the best available evidence in everyday practice
- ◆ System improvements
 - Clearer industry focus on improvements to clinical care
 - Wide dissemination of proven best practice in clinical care
 - Develop national clinical or educational resources and evidence summaries that support evidence-based practice in aged care and are able to guide the ongoing development of accreditation standards
- ◆ Community impact
 - Build consumer confidence in the aged care facilities involved in EBPRAC

Program objectives and planning

- ◆ In Round 1 program objectives were not used as an organising framework for plans
- ◆ Consider using the objectives to set out what you plan to do.
- ◆ Of the seven objectives one was not well incorporated into the activities of Round 1:
 - Build consumer confidence in the aged care facilities involved in EBPRAC

Evaluation plan

Objective	Evaluation questions	Indicators / data items	Data sources
Level 1: Processes, impacts and outcomes for consumers (residents, families, carers, friends, communities)			
Improve clinical care	Has clinical care improved?	Opinions of staff Change in work practices	Focus groups Survey of staff Pre and post implementation audit of work practices
Level 2: Processes, impacts and outcomes for providers (professionals, volunteers, organisations)			
Enhance knowledge and skills of aged care clinicians	Have the knowledge and skills of clinicians improved following implementation?	Knowledge and skills of clinicians	Pre and post survey of staff knowledge and skills

Six-monthly progress reports

- ◆ Annexure A: progress report to DOHA (as per details in contract)
- ◆ Annexure B: report for the national evaluator
- ◆ Overlaps between A & B which we have tried to minimise with a combined progress report
- ◆ Reporting for accountability vs reporting for learning

Six-monthly progress reports

- ◆ First report due 1 April 2009, covering the period from project start to end of February 2009

- ◆ Attach with progress report:
 - updated project plan that includes significant timelines
 - completed dissemination log
 - summary report

Six-monthly progress reports

- ◆ What did you do that you said you would do?
- ◆ What didn't you do that you said you would do?
- ◆ What did you do that you didn't plan to do?
- ◆ Any problems, challenges or obstacles along the way?
- ◆ What helped or hindered your project?
- ◆ What were the consequences of any of the above?
- ◆ Specific questions around key issues e.g. resident preferences, stakeholder participation

Key priority areas

- a) Improving quality of clinical care for residents in Australian Government funded aged care homes taking into account resident preferences.
- b) Communication of changes to residents and their families.
- c) Implementation of change management processes across all levels of staff to ensure that clinical best practice is accepted and informs care delivery.
- d) Improving clinical capacity and staff skills through a multi-disciplinary approach.

Six-monthly progress reports

Key priority areas

- ◆ Key priority area (a)
 - List activities specifically aimed at improving the quality of care for residents. (Q8)
 - What did you do to incorporate residents' preferences? (Q9a)
 - To what extent have residents influenced the project? (Q9b)
- ◆ Key priority area (b)
 - What did you do to communicate with residents? (Q10)
 - What did you do to communicate with residents' families? (Q11)
- ◆ Key priority area (c)
 - Describe change management processes, including variations across facilities. (Q12)

Capacity building

- ◆ Three questions to reflect ways in which you may be building clinical capacity - key priority area (d):
- ◆ Q13 - activities to improve staff skills
- ◆ Q14 - activities to develop clinical or educational resources
- ◆ Q15 - other activities to improve clinical capacity e.g. purchase of equipment

Stakeholder participation

- ◆ What degree of participation was expected? (Q18)
- ◆ What degree of participation was achieved? (Q19)
- ◆ Rate on scale of none/little/some/moderate/significant
- ◆ Any difficulties engaging staff? (Q20a)
- ◆ How have any difficulties been addressed? (Q20b)
- ◆ Effect of any lack of engagement? (Q20c)
- ◆ Differences between facilities. (Q21)

The evidence you are implementing

- ◆ Differences between facilities regarding the evidence that was implemented and why this was so (Q23)
 - some facilities may not have adopted all the evidence
 - some facilities may already be using the evidence
 - some may have made local adaptations to 'fit' the evidence to current practice.
- ◆ How has the use of evidence increased as a result of your project? (Q28)
 - qualitative or quantitative data

Dissemination, generalisability and sustainability

- ◆ Dissemination
 - Complete log
 - Comment on which dissemination activities have been most effective (Q17)
- ◆ Generalisability
 - Describe activities to ensure generalisability of the project's achievements (Q31a)
 - Any barriers to the lessons being adopted more widely? (Q31b)
- ◆ Sustainability
 - Describe activities to ensure sustainability (Q30)
 - + questions during site visits
 - + Sustainability Tool

Reflection

- ◆ What have you learnt? (Q32)
- ◆ Is there anything you would do differently if starting over again? (Q33)
- ◆ Any essential ingredients for success (the 'must have' or 'must do')? (Q34)

Summary of progress to date

- ◆ To be published on EBPRAC web site
- ◆ Project summary template
- ◆ Template can be updated six-monthly and submitted with progress report
- ◆ Keep it brief (two-pages recommended)
- ◆ Either dot points or brief comments/explanations

Project summary

- ◆ Project details
- ◆ What evidence is being implemented?
- ◆ Aims
- ◆ Governance
- ◆ Partnerships
- ◆ Project delivery (implementation)
- ◆ Evaluation
- ◆ Capacity building
- ◆ Dissemination
- ◆ Impact
- ◆ Generalisability
- ◆ Sustainability

Dissemination log

- ◆ Purpose of the dissemination:
 - within the project
 - to the broader community
- ◆ Method of dissemination:
 - presentation or talk to staff (3 categories)
 - story in the media (5 categories – newspaper, radio etc)
 - brochure
 - newsletter
 - conference presentation
 - journal article

Dissemination log

Date	Who did the dissemination?	Purpose (use code above)	Method (use code above)	Estimate the number of people who heard/read about the project (if applicable)	Did anyone hearing about the project follow-up seeking more information? If so, estimate number who did