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Encouraging Best Practice in Residential Aged Care (EBPRAC) program evaluation

Round 2 Workshop

20 May 2009

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Content

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- Reminder regarding the framing of the evaluation
- Sharing of some data
- Evaluation update
- Use of tool to measure sustainability
- Economic evaluation

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EBPRAC Objectives

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- 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 guides, resources and evidence summaries that support aged care accreditation standards
- Community impact
  - Build consumer confidence in the aged care facilities involved in EBPRAC

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Key success factors

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- Receptive context
- 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

- Stakeholder engagement, participation and commitment
- Staff with the necessary skills
- Adequate resources
- Systems in place to support the use of evidence e.g. monitoring, feedback and reminder systems

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Major gaps and deficiencies in the literature

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- Lack of theory
- Focus on ‘what’ rather than ‘why’ and ‘how’
- Lack of understanding about which factors are important in which circumstances
- Lack of understanding about how various factors interact with each other
- What is known largely based on work in health care, primarily involving hospitals and doctors, rather than residential aged care
- Lack of agreement on definitions of concepts such as context, implementation

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Evaluation framework – key issues

- Summative and formative components
- Program delivery
- Program impact
- Sustainability
- Capacity building
- Generalisability
- Dissemination

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Location of facilities

	Round 1	Round 2	Total
New South Wales	10	11	21
Queensland	3	12	15
Victoria	11	31	42
South Australia	10	12	22
Western Australia	2	2	4
Tasmania	2	0	2
Total	38	68	106

- Average of one more facility per project in Round 2 compared to Round 1
- No facilities in Northern Territory or ACT in either round

Total number of facilities in both rounds as percentage of total number of facilities in each state

New South Wales	2.3%
Queensland	3.1%
Victoria	5.3%
South Australia	7.6%
Western Australia	1.6%
Tasmania	2.3%

- Approximately 2-3% of facilities involved in most states
- Higher representation from Victorian and South Australian facilities
- 23% of participating facilities in Melbourne

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Remoteness of facilities

	% in EBPRAC	% in Australia
Major cities	52.0%	59.5%
Inner regional	35.7%	25.9%
Outer regional	10.2%	12.5%
Remote	1.0%	1.4%
Very remote	1.0%	0.7%
	100.0%	100.0%

- Based on the Australian Standard Geographical Classification (ASGC) Remoteness Structure as developed by the Australian Bureau of Statistics
- ASGC Remoteness Structure used by AIHW in annual statistical overview of residential aged care

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Change management strategies

	Round 1 (5 projects)	Round 2 (8 projects)
Action research	2	4
Champions/link nurses	4	4
Audit and feedback	3	5
Care planning	0	4
Policies, procedures, protocols	3	5
Environmental changes	1	2
Education of GPs	0	3
Development of training manuals	2	5
Academic detailing	1	1

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Round 1 March 2009 workshop

Factor	No.
Receptive context for change (includes leadership)	38
Adequate resources	22
Staff with necessary skills	11
Stakeholder engagement	9
Staff turnover	6
Other factors	16
Total	102

- What factors influence the successful implementation of evidenced-based practice in residential aged care?
- Data from 35 staff working in residential aged care facilities

Receptive context for change

- A receptive context for change includes factors such as leadership (including informal leaders), the existing relationships between staff, a climate that is conducive to new ideas and the presence of a recognised need for change.

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Receptive / non receptive context

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- Cohesive communication within facility
- Support and encouragement from management to attend project
- 'Older' aged HCW who feel the way they do things is fine and they don't see the need to change the way they've always done it.
- Poor leadership - lacking the ability to involve staff to give them ownership of the project
- Lack of upper management behind the projects not allowing for full empowerment - therefore half hearted responses
- Resident and staff willingness to accept change
- Negative, influential staff members
- Negative attitude - its too hard - don't like change - done before - didn't work
- Apathy from management and staff - resistance to change - have other priorities - values and beliefs - culture of the facility - exhaustion - serious problems arise each day and project placed on back burner

Adequate resources

- Time x 11 (6 help, 5 hinder)
- Money x 9 (4 help, 5 hinder)
- Equipment x 4 (1 help, 3 hinder)

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Evaluation update

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- Site visits – 2nd visit in June/July 2010
- Interviews with stakeholders
- Sustainability tool
- Economic evaluation

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Evaluation update

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- Interviews with 'high level' stakeholders to inform program evaluation and program review e.g.
  - Department of Health and Ageing
  - Aged Care Standards and Accreditation Agency
  - Aged Care Association Australia
  - Australian Centre for Evidence-Based Aged Care
  - Joanna Briggs Institute

- Interviews with people involved in EBPRAC projects:
  - those working as part of the project team for lead organisations
  - managers of participating facilities
  - facility staff with a particular role that provides a link between the facility and the project team, and hence a good understanding of the project e.g. 'change champions' and 'link nurses'.

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Sustainability

- Sustainability

Six-monthly progress reports

- Describe activities to ensure sustainability (Q30)

+ questions during site visits

+ Sustainability Tool

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NHS Sustainability Tool

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- Developed by:
  - Lynne Maher, NHS Institute for Innovation and Improvement
  - David Gustafson, University of Wisconsin
  - Alyson Evans, University of Wisconsin
- Designed to be used prospectively
- Can be used in various ways:
  - predict the likelihood of sustainability
  - self-assess against a number of key criterion for sustaining change
  - recognise and understand key barriers for sustainability, relating to their specific local context
  - identify strengths in sustaining improvement
  - plan for sustainability of improvement efforts
  - monitor progress over time

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NHS Sustainability Tool

- Developed using information gathered from various sources:
  - information drawn from available sustainability literature, especially general change management literature
  - research conducted on progress in the NHS National Booking Program
  - research generated by the NHS Research into Practice in numerous Modernisation projects
  - focus groups with global health care experts
  - detailed work with around 250 NHS staff

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NHS Sustainability Tool

- Initial identification of over 100 factors considered to be important ingredients for sustaining change.
- Subsequent focus groups with NHS staff and experts synthesised the factors down to the ten key factors appearing in the model.
- Scoring for each factor arrived at by asking 250 NHS staff to:
  - rank the 10 factors from 1-10; with 10 representing the most important factor
  - distribute 100 points amongst the 4 levels of each factor to indicate their relative importance

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NHS Sustainability Tool Factors

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- Process:
  - Benefits beyond helping patients
  - Credibility of the evidence
  - Adaptability of improved process
  - Effectiveness of the system to monitor progress
- Staff:
  - Staff involvement and training to sustain the process
  - Staff behaviours toward sustaining the change
  - Senior leadership engagement
  - Clinical leadership engagement
- Organisation:
  - Fit with the organisation's strategic aims and culture
  - Infrastructure for sustainability

Key success factor for EBPRAC evaluation	NHS Sustainability Model factor
Receptive context for change (including leadership)	Senior leadership engagement Clinician leadership engagement Staff behaviours toward sustaining the change Fit with the organisation's strategic aims and culture
Model for change / implementation	
The nature of the change in practice	Adaptability of improved process Fit with the organisation's strategic aims and culture
Demonstrable benefits of the change	Credibility of the benefits Benefits beyond helping patients Staff behaviours toward sustaining the change
Stakeholder engagement, participation and commitment	Senior leadership engagement Clinician leadership engagement Staff involvement and training to sustain the process
Staff with the necessary skills	Staff involvement and training to sustain the process Infrastructure for sustainability
Adequate resources	Infrastructure for sustainability
Systems in place to support the use of evidence	Effectiveness of the system to monitor progress

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Sustainability tool data (Round 1)

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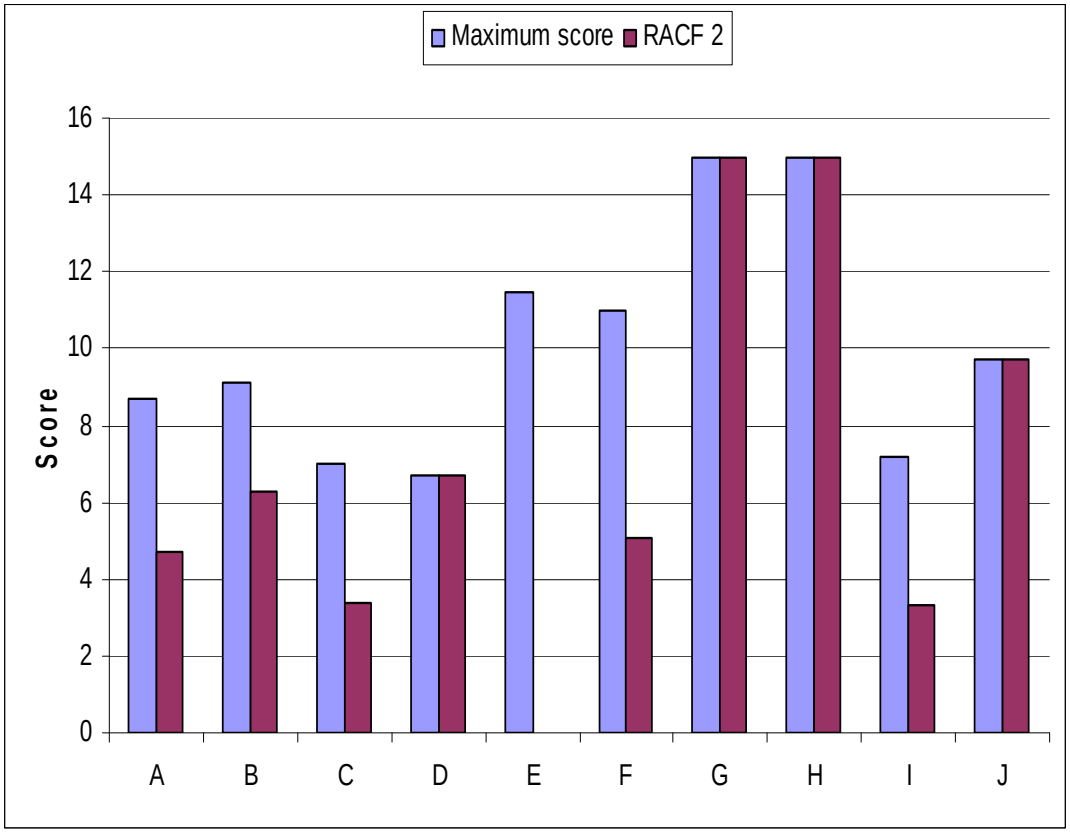

A: Benefits beyond helping residents

B: Credibility of the evidence

C: Adaptability of improved process

D: Effectiveness of the system to monitor progress

E: Staff involvement and training to sustain the process

F: Staff behaviours toward sustaining the change

G: Senior leadership engagement

H: Clinical leadership engagement

I: Fit with the organisation's strategic aims and culture

J: Infrastructure for sustainability

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Sustainability tool data (Round 1)

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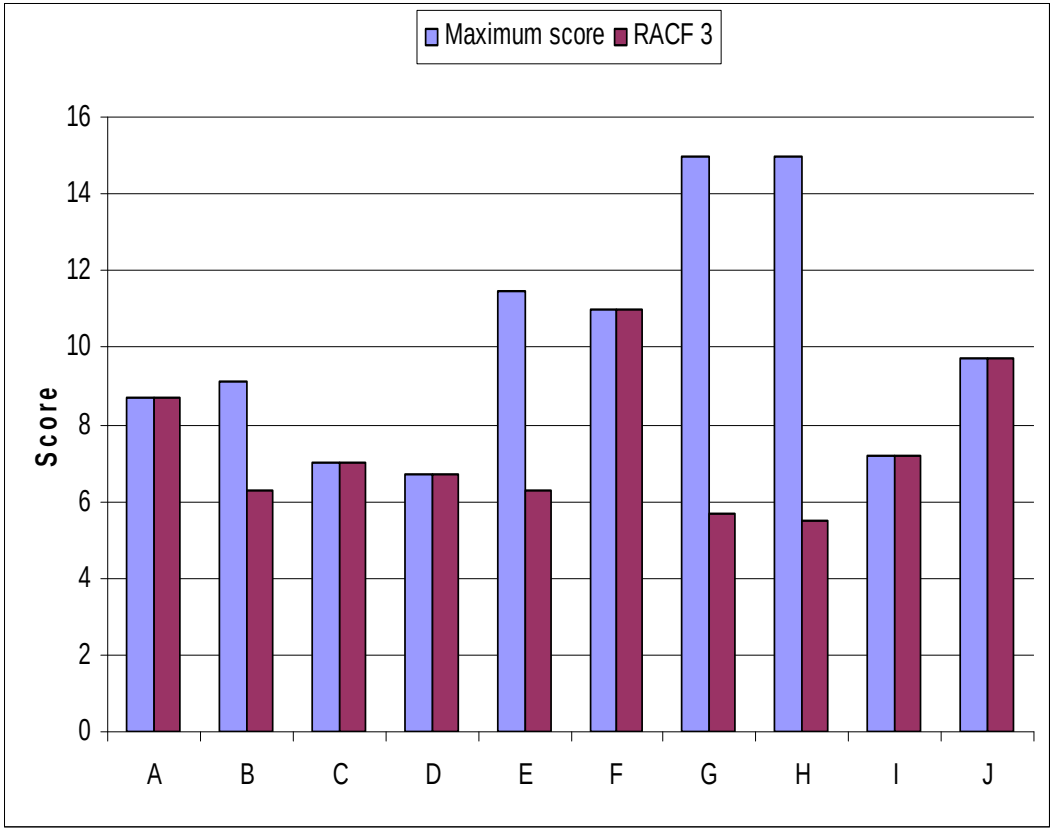

A: Benefits beyond helping residents

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E: Staff involvement and training to sustain the process

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I: Fit with the organisation's strategic aims and culture

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Total scores for each facility in one project

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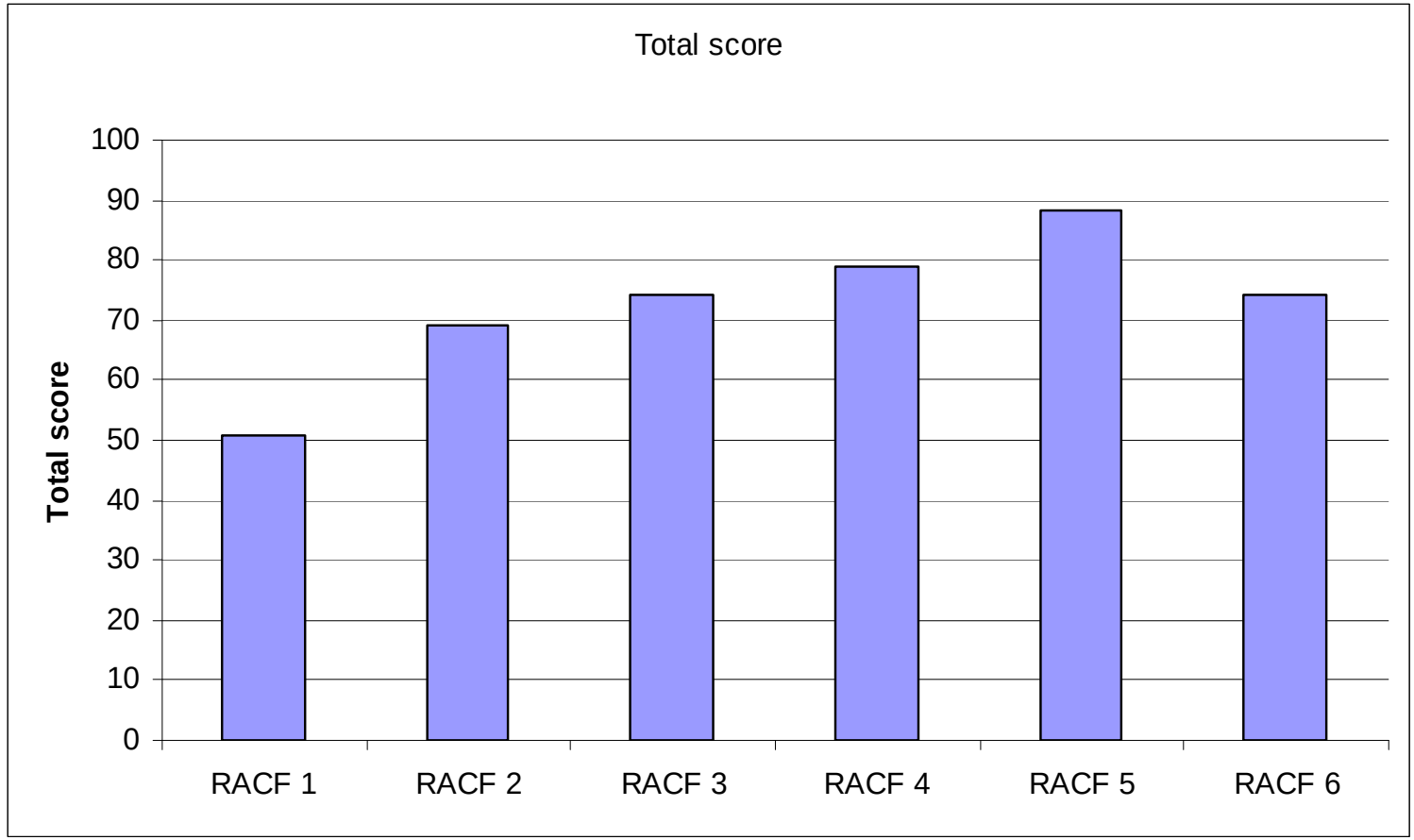

- Preliminary evidence suggests a score of 55 or higher offers reason for optimism

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Process factor
Benefits beyond helping patients

- In addition to helping patients, are there other benefits?
- Does the change reduce waste, duplication and added effort?
- Will it make things run more smoothly?
- Will staff notice a difference in their daily working lives?

Choose one option from:

- The change improves efficiency and makes jobs easier
- The change improves efficiency but does not make jobs easier
- The change does not improve efficiency but does make jobs easier
- The change neither improves efficiency nor makes jobs easier

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Staff factor

Staff behaviours toward sustaining the change

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- Are staff encouraged and able to express their ideas and is their input taken on board?
- Are staff able to run small-scale tests, e.g. Plan, Do, Study, Act, (PDSA cycles) based on their ideas, to see if additional improvements should be recommended?
- Do staff think that the change is a better way of doing things that they want to preserve for the future?

Choose one option from:

- Staff feel empowered as part of the change process and believe the improvement will be sustained
- Staff feel empowered as part of the change process but don't believe the improvement will be sustained
- Staff don't feel empowered by the change process but believe the improvement will be sustained
- Staff don't feel empowered by the change process or believe the improvement will be sustained

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Organisation factor
Fit with the organisation's strategic aims and culture

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- Has the organisation successfully sustained improvement in the past?
- Are the goals of the change clear and shared?
- Is the improvement aligned with the organisation's strategic aims and direction?
- Is it contributing to the overall organisational aims?
- Is change important to the organisation and its leadership?
- Does your organisation have a 'can do' culture?

Choose one option from:

- There is a history of successful sustainability and improvement goals are consistent with the organisation's strategic aims
- There is a history of successful sustainability but the improvement and organisations strategic aims are inconsistent
- There is no history of successful sustainability but the improvement goals are consistent with the organisation's strategic aims
- There is no history of successful sustainability and the improvement goals are inconsistent with the organisation's strategic aims

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Sustainability tool – use in EBPRAC

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- For each residential aged care facility participating in your project
- By those involved in the project who are best placed to rate the factors (for example, during a project team meeting)
- Within the first TWO months of implementation commencing in each facility (or as soon as possible thereafter)
- Within the last TWO months of implementation ceasing in each facility (or as soon as possible thereafter).
- Complete manually (using a Word document) or electronically (using an Excel file).

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Sustainability tool – Excel spreadsheet

Please enter name of project here		Example	RACF 1	RACF 2	RACF 3	RACF 4	RACF 5	RACF 6	RACF 7
Name of residential aged care facility (please enter name in this row)		EBPRAC Gardens							
Date completed (month, year)		Jun-08							
Factor 1: Benefits beyond helping residents									
The change improves efficiency and makes jobs easier									
The change improves efficiency but does not make jobs easier									
The change does not improve efficiency but does make jobs easier		X							
The change neither improves efficiency nor makes jobs easier									
Factor 2: Credibility of the evidence									
Benefits of the change are immediately obvious, supported by evidence and believed by stakeholders		X							
Benefits of the change are not immediately obvious, even though they are supported by evidence and believed by stakeholders									
Benefits of the change are not immediately obvious, even though they are supported by evidence. They are not believed by stakeholders									
Benefits of the change are neither immediately obvious, supported by evidence nor believed by stakeholders									

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Economic evaluation

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- DOHA want to know about the efficiency of the program:
  - the extent to which the use of inputs is minimised for a given level of outputs, or outputs are maximised for the given level of inputs
- What we will try and do is:
  - Blend quantitative data on inputs

    WITH
  - Qualitative and quantitative data on outputs

Economic evaluation

- There is a need to distinguish between different components of project costs:
  - Costs of establishing the project
  - Cost of maintaining the project
  - Cost of project evaluation

- There is a need to measure the reach of the program:
  - Number of facilities
  - Number of residents

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Economic evaluation

Questionnaire 1	Questionnaire 2
Identify main intended outcomes for residents	Qualitative findings of impact
	Quantitative estimates of impact
Identify main intended outcomes for staff	Qualitative findings of impact
	Quantitative estimates of impact
Identify main intended outcomes for facilities	Qualitative findings of impact
	Quantitative estimates of impact

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Economic evaluation

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Questionnaire 1:

- What questions is the project designed to answer?
- What are the main intended outcomes for:
  - residents
  - staff
  - facilities
- A brief description of the nature of the intervention
- A description of how you intend to achieve the outcomes
- A brief description of the supporting evidence used for designing the project
- Number of facilities involved
- Estimated number of residents involved

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Economic evaluation

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Questionnaire 2:

- Question: did the project involve any of the following processes/activities, for example
  - Training workshops
  - Academic detailing
  - Auditing
  - Assessment of residents

- For each activity:
  - Option to answer ‘no’
  - If yes, description + estimate of amount (e.g. number of staff trained, number of workshops)

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Economic evaluation

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Questionnaire 2:

- Details about positions employed on project:
  - Estimate of amount of time spent on project (full time equivalent months)
  - Estimate of degree of involvement in project activities (to total 100% of their time)

- Dollars spent on:
  - Salaries
  - Payments to facilities
  - Payments to evaluators
  - Travel costs
  - Other expenses
  - Capital purchases

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Economic evaluation

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Questionnaire 2:

- Any evidence of savings to staffing costs
- Estimated number of referrals to external providers
- Estimate of impact on hospitalisation (reduced or increased)
- For each of the main intended outcomes identified in Questionnaire 1:
  - summary of any qualitative findings of impact
  - summary of any quantitative estimates of impact
- Additional comments/information regarding effectiveness or cost effectiveness

- Questions?

- Any issues for discussion regarding own project evaluation or program evaluation