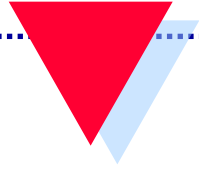


Evaluation of the Encouraging Best Practice in Residential Aged Care (EBPRAC) Program

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	Contribution to the evaluation
Kathy Eagar	Professor and Director	Director
Malcolm Masso	Senior Research Fellow	Project manager and internal team leader Nutrition project
Karen Quinsey	Senior Research Fellow	Falls project
Anita Westera	Research Fellow	Dental & medications projects
Kate Williams	Research Fellow	Pain management project
Jim Pearse	Associate Professor	Economic evaluation
Janette Green	Senior Research Fellow	Quantitative analysis

Plus others on specific aspects

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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

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Direct Links

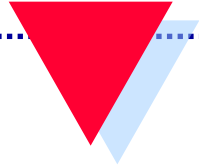
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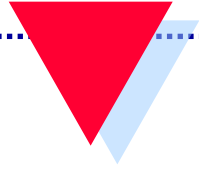
Role of the National Evaluation Team

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 over the next few months
- ◆ Potential for a follow up visit if necessary
- ◆ Key contact person for each project
- ◆ List server
- ◆ Information bulletins as needed
- ◆ Ongoing interaction with project teams



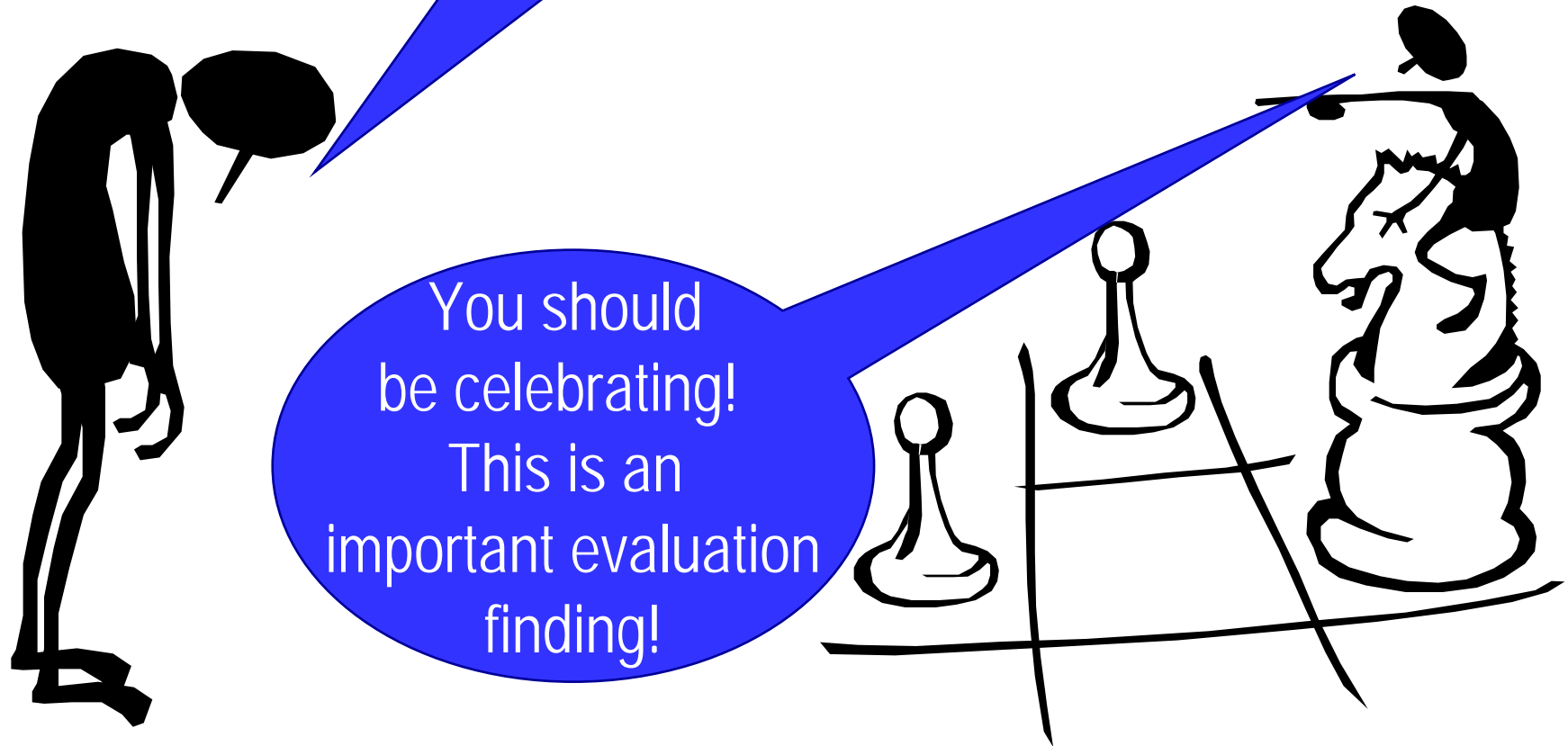
National Evaluation Framework

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 1: 5 EBPRAC projects

- ◆ With different goals, needs, resources and stakeholders
 - but lots of overlaps and similarities too
- ◆ The evaluation will be tailor-made to each project, but with as many common tools as possible

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 the residential aged care system improved?
- ◆ Has the image of the residential aged care sector as an employer of choice 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: Impact and outcomes for consumers (residents, families, carers, friends, communities)					
Interventions to change care delivery	Improvements in clinical care				
	Increased consumer confidence in RAC system				
Level 2: Impact 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				
	Improved image of the RAC sector as employer of choice				
Level 3: Impact 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



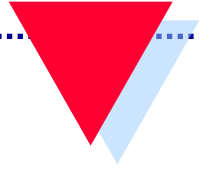
Examples of data sources

Project evaluation

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

Program evaluation

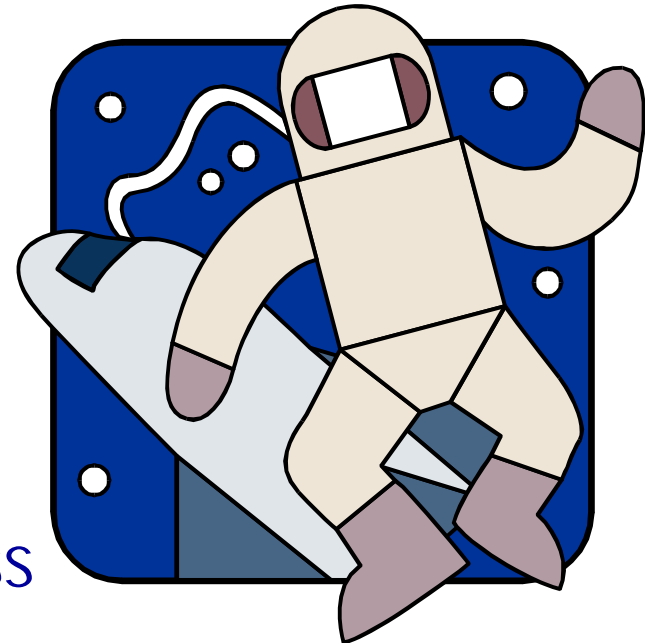
- ◆ Project data plus:
- ◆ Document review
- ◆ Stakeholder interviews
- ◆ Workshop group discussions
- ◆ Personal communication



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:

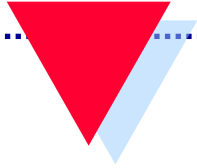
- ◆ What effects are expected for each of the target groups?
- ◆ What happened during the project that may have affected its outcomes, positively or negatively?

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?
- ◆ Format and content to be decided ... may vary by project ...



What works?

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
- ◆ Leadership (including informal leaders)
- ◆ Model for change / implementation
- ◆ Adequate resources
- ◆ Staff have the necessary skills
- ◆ Teamwork
- ◆ Stakeholder engagement, participation and commitment
- ◆ The nature of the change in practice, including local adaptation, local interpretation of evidence and 'fit' with current practice
- ◆ Systems in place such as monitoring, feedback and reminder systems
- ◆ Demonstrable benefits of the change