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

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EBPRAC National Workshop

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Issues to be covered

- Background information
- Quick reminder about the program evaluation framework
- Progress to date
- Incentives and barriers
- Change management interventions
- Stakeholder engagement
- Capacity building, sustainability, dissemination and generalisability

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Knowledge translation

- The state of science - what researchers collectively know
- The state of art - what practitioners collectively do
- These ‘co-exist more or less autonomously, each realm of activity having little effect on the other’
- Variously described as a ‘quality chasm’ or a ‘problem of knowledge translation’
- EBPRAC is about bridging the gap by taking what has been learnt by researchers and translating that knowledge into practice

Ref: Dearing, J. W. (2006). The science of translational research: what we know (and what we need to know) for closing evidence-practice gaps, Robert Wood Johnson Foundation.

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Residential aged care facilities

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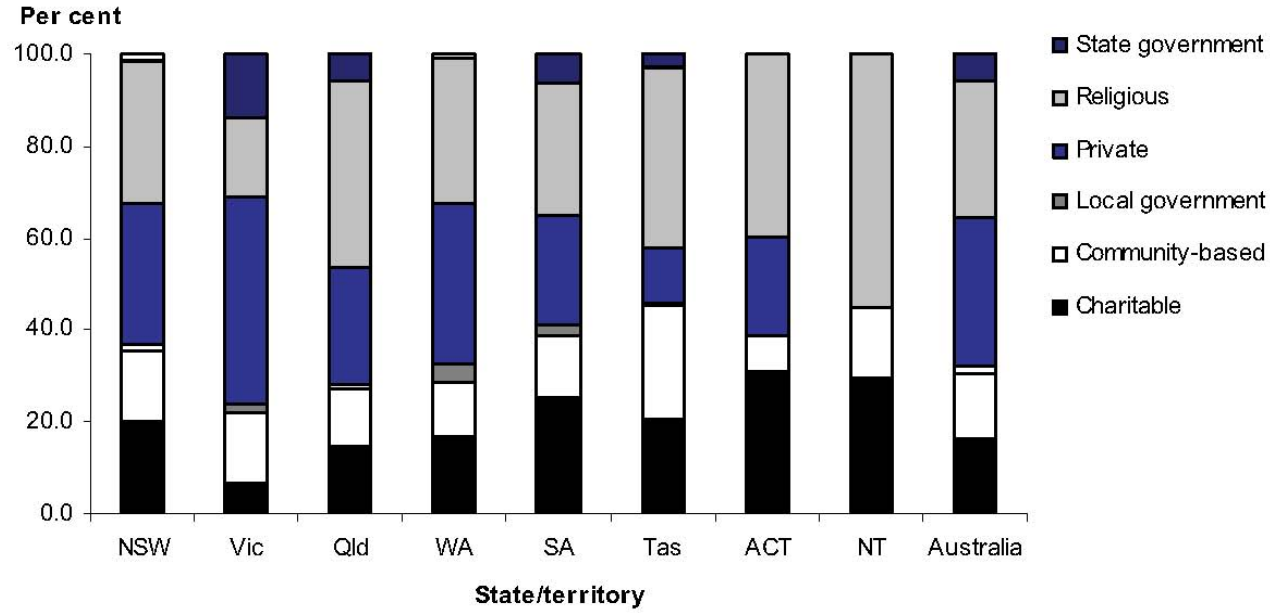
- 170,000 residential aged care places
- 2,872 facilities

Ref: AIHW (2008) Residential aged care in Australia 2006-07: a statistical overview



Source: Table 2.4.

Figure 2.2: Organisational type of service by state/territory, 30 June 2007 (per cent)

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Six key evaluation questions

- What did you do? (Program & project delivery)
- How did it go? (Program & program 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)

How did it go? Evaluation hierarchy

- Level 1: Impact on, and outcomes for, consumers
  - patients, families, carers, friends, communities
- Level 2: Impact on, and outcomes for, providers
  - professionals, volunteers, organisations
- Level 3: Impact on, and outcomes for, the system
  - structures and processes, networks, relationships

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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.

Progress to date

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Partnership development

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- Memorandums of understanding and contracts
- Challenges to partnership building
  - loss of RACFs due to sanctions
  - staff turnover in RACFs (including senior managers)
  - distances involved when working across several states
- Teleconferencing – commonest communication strategy for communicating between project leaders and participating facilities
- Most effort on building two-way relationships between the consortium leaders and individual facilities
- Relatively little contact between facilities

Program objectives

- The EBPRAC objectives are not well-understood by the project teams e.g. none of the project and evaluation plans use the objectives as a framework.
- Out of the seven objectives for the EBPRAC program only one is not well incorporated into the activities of the projects.
- Build consumer confidence in the aged care facilities involved in EBPRAC:
  - none of the projects will capture data on this directly
  - some indications about consumer confidence may emerge indirectly

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Project delivery – three levels

- Impact on residents – project evaluation plans should deliver findings on impact for residents in each of the five clinical areas
- Impact on staff – will primarily be measured in terms of improved knowledge and skills
- System-level changes likely to be less clear, identified by qualitative data about the effects of projects on the system in which they have been operating

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Residents

- Little or no influence on project design
- All projects planning to consult residents and their families in the near future as implementation begins

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Incentives and barriers

- Enablers (incentives)
  - regular contact between project staff and RACFs (2 projects)
  - formal written documentation of relationships, in the form of MOUs, contracts and/or position descriptions (3 projects)
  - high levels of commitment and resources from the host organisation (2 projects)
- Barriers
  - large distances between consortium partners (3 projects)
  - delays in obtaining ethics clearance (4 projects)
  - concern about the rollout of ACFI and its potential impact on facilities (4 projects).

Differences across states impacting on projects

- Requirements for ethics, health service provision, privacy legislation and guardianship.
- Proportion of qualified staff to less qualified staff.
- Salary requirements for backfill and project staff.
- Nursing practices that appear standard in some states are not accepted in others (e.g., hot packs are often used for pain relief in SA but are banned in Victoria).
- Different rules govern who is allowed to administer medication and under what conditions.

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Need for change

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- ‘Need’ largely identified with reference to the literature rather than the ‘need’ in participating facilities
- The extent to which each project ‘needs’ to be done is largely unknown
- Need for change will become clearer as implementation proceeds
- Participating facilities may not be representative of the industry in general

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Change management

- Mix of (planned) change management interventions
  - auditing at project commencement and feeding back results to staff
  - 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).
- Two projects based on the concept of self efficacy.
- These interventions have been shown to be effective, to varying degrees, in other settings.
- The evidence is not always strong, which is more a reflection of the current ‘state of the science’ than the methods themselves.

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Stakeholder engagement (1st 6 months)

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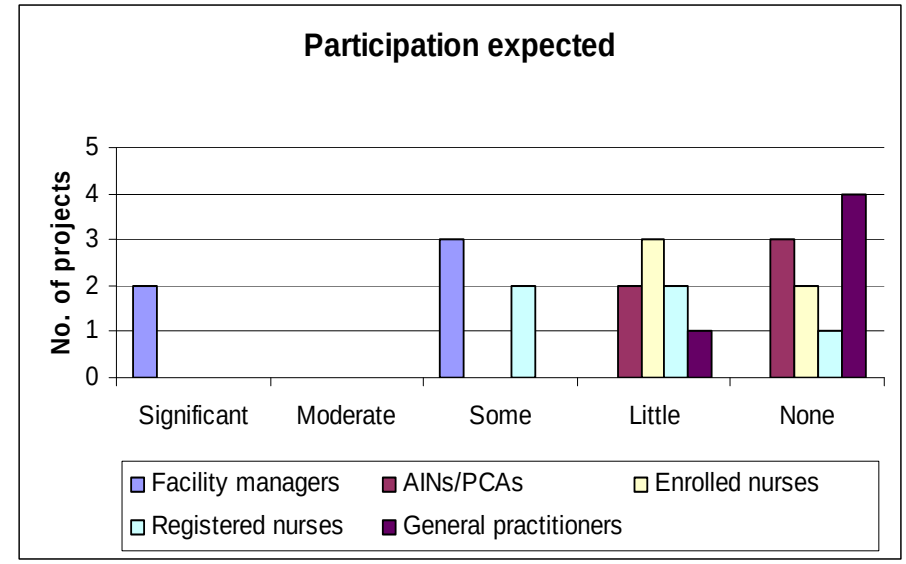
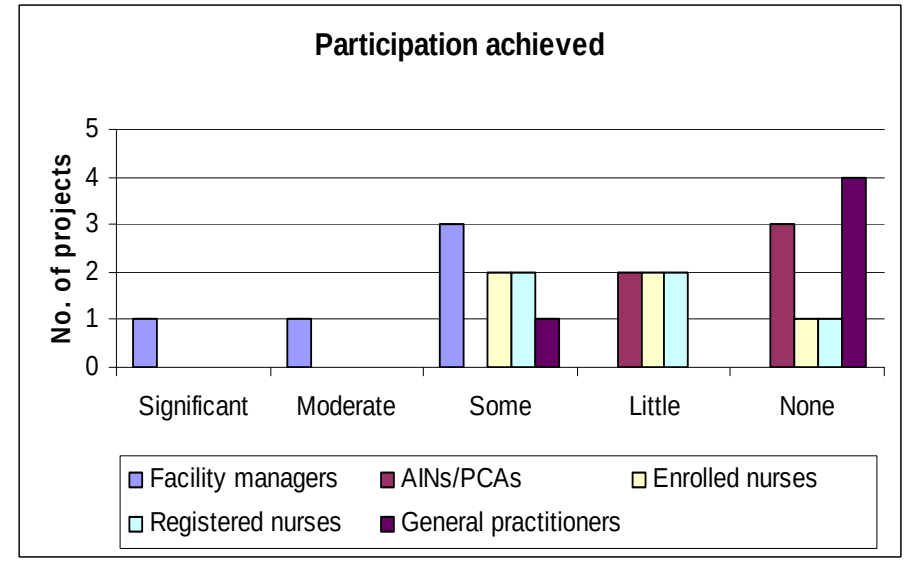
- None of the projects expected, nor achieved, any participation from physiotherapists, occupational therapists, domestic and kitchen staff or volunteers.
- One project expected participation from pharmacists.
- One project expected participation from dieticians.
- One project expected involvement of dentists.
- Involvement of pharmacists, dieticians and dentists generally met expectations.





Capacity building and sustainability

- Focus on education and training
- Establishing linkages with key external informants e.g. National Prescribing Service
- Integration of toolkits into curricula for trainee aged care and medical staff

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Dissemination

- Similar dissemination and/or marketing strategies:
  - project branding/logo
  - newsletters
  - conference presentations
  - publication schedules
  - engagement of key stakeholders at the local level.
- Future dissemination:
  - publication of articles in peer-reviewed journals
  - conference presentations.
- Will predominantly reach industry leaders.
- How will direct care workers be able to readily access information beyond the life of the program?

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Options for dissemination (and capacity building and sustainability)

- Link EBPRAC program into the current JBI Connect Aged Care website:
  - provides a mechanism for making the evidence to support clinical practice available (with a procedural focus)
- Link EBPRAC program into existing mechanisms for disseminating ‘best practice’ in the industry:
  - Aged Care Channel
  - Education programs of the Aged Care Standards and Accreditation Agency.

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Generalisability

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Common features that may influence generalisability:

- Relatively large, well resourced, projects spending 6-9 months on project establishment.
- Some facilities ‘hand picked’ based on existing working relationships and networks.
- Dedicated resources, particularly for education, that would not be available in the day-to-day management of a facility.
- Project consortiums include experts who developed the evidence.
- Most of the projects building on previous work.
- Consortium partners bring considerable expertise to bear on what they are doing e.g. academic detailing, action research.
- None of the lead organisations are providers.

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Summary of progress to date

- Impressive commitment and enthusiasm demonstrated by those involved in each project
- Overall, program proceeding as expected
- No major variations either at a project level or in the conduct of the program evaluation
- Some delays in project establishment but nothing likely to impact on the program and the results it may achieve