



Health Workforce Australia Expanded Scopes of Practice Program

Compendium of Data Requirements and Evaluation Tools

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Centre for Health Service Development

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Abbreviations

CHSD	Centre for Health Service Development, University of Wollongong
ECP	Extended Care Paramedic
ED	Emergency Department
ESOP	Expanded Scopes of Practice Project also referred to as the Program
ESOP-APEN	Expanded Scope of Practice – Advanced Practice in Endoscopy Nursing
ESOP-PED	Expanded Scope of Practice – Physiotherapists in the Emergency Department
ESOP-NED	Expanded Scope of Practice – Nurses in the Emergency Department
ESOP-ERP	Expanded Scope of Practice – Extending the Role of Paramedics
GP	General Practitioner
HWA	Health Workforce Australia
ICP	Intensive Care Paramedic
NET	National Evaluation Team
Program	Refers to the Expanded Scopes of Practice Program
SAAS	South Australian Ambulance Service
VIRIAF	Victorian Innovation and Reform Impact Assessment Framework

Introduction to the evaluation tools

1.1 Overview

The evaluation of the Expanded Scopes of Practice (ESOP) Program is structured to include data collection at the local; sub-project and national level. Local projects are responsible for conducting their own project evaluation within the overarching framework of the national evaluation. This means that projects will collect a range of data to support evaluation activities. In some cases this data will be analysed locally and for other evaluation activities it will be analysed by the NET. The National Evaluation Team will not finalise the sub-project data analyses until the first quarter of 2014.

The NET will directly collect information from all projects through conducting site visits, using short on-line questionnaires and surveys with project personnel and implementing interviews with key stakeholders and expanded scope of practice clinicians, by telephone or face to face. The NET is responsible for aggregating and analysing data and information at the level of each sub-project and producing findings relevant to national implementation issues.

Additional data and information will come from documentary sources such as project plans and progress reports, communication and dissemination logs and direct observation during national and sub-project workshops.

1.2 Development

This compendium includes a summary of the data collection activities that projects are required to complete to support the national evaluation. For some projects, these activities may be the only evaluation that is completed for the project. Others will add activities and there are several projects that have already indicated their plan to implement a range of other evaluation and/or research tasks. These sites intend to investigate issues that are particularly important for their organisation and the sustainability of the project.

A range of tools are included in this compendium to assist project sites, some have been developed by the NET and others come from published sources. In addition, lead sites have generously provided advice and copies of existing evaluation tools to inform the development of this compendium. We have endeavoured to acknowledge this where appropriate.

1.3 Use

These evaluation tools have been provided to support all sub-projects; inevitably some will be more suited to certain contexts than others as the four sub-projects involve very different organisations and settings.

Each evaluation tool has been assigned a code. An overview is provided for each tool which briefly explains the purpose, instructions for use and proposed user. Several of the templates are best viewed electronically.

1.4 Evaluation Plan

An evaluation plan has been documented for each sub-project based on the sub-project KPIs included in the "Evaluation Framework". Each sub-project evaluation plan provides an overview of the data requirements, explains who is responsible for collection and analysis and recommends a supporting evaluation tool. A Gantt chart highlights the timing for data collection across the project implementation period.

This information is included in Appendices 1 to 4.

In addition to collecting the data generated by the KPIs further evaluation information is needed to achieve the aims of the national evaluation. These are documented briefly in the evaluation plan and relate to the implementation evaluation, training evaluation, economic evaluation and national implementation requirements.

A listing of the proposed evaluation tools within this compendium is provided in the table below. These tools will continue to be refined as the evaluation progresses and feedback from project sites is welcomed.

Table 1 *Evaluation tools used in the evaluation of the Expanded Scopes of Practice Program*

Evaluation Tool #	Evaluation Tool
Evaluation Tool 1	Staff establishment profile
Evaluation Tool 2	Data specification guide – Advanced Practice in Endoscopy Nursing
Evaluation Tool 3	Data specification guide – Physiotherapists in the ED
Evaluation Tool 4	Data specification guide – Nurses in the ED
Evaluation Tool 5	Data specification guide – Extending the Role of Paramedics
Evaluation Tool 6	Log book / Professional portfolio
Evaluation Tool 7	Patient telephone interview guide
Evaluation Tool 8a	Staff survey – Advanced Practice in Endoscopy Nursing
Evaluation Tool 8b	Staff survey – Physiotherapists in the ED
Evaluation Tool 8c	Staff survey – Nurses in the ED
Evaluation Tool 8d	Staff survey – Extending the Role of Paramedics
Evaluation Tool 9a	Patient experience and satisfaction survey – Advanced Practice in Endoscopy Nursing
Evaluation Tool 9b	Patient experience and satisfaction survey – Physiotherapists in the ED
Evaluation Tool 9c	Patient experience and satisfaction survey – Nurses in the ED
Evaluation Tool 9d	Patient experience and satisfaction survey – Extending the Role of Paramedics
Evaluation Tool 10	ESOP personnel survey: role satisfaction and views on sustainability
Evaluation Tool 11	ESOP personnel interview guide
Evaluation Tool 12	Key stakeholder interview guide
Evaluation Tool 13	Patient journey analysis tool
Evaluation Tool 14	Victorian Health Partnerships Analysis Tool
Evaluation Tool 15	Training program review report
Evaluation Tool 16	Training program quality report
Evaluation Tool 17	Training evaluation – Trainee experiences and satisfaction survey
Evaluation Tool 18	Data Collection Form for NHS Sustainability Model
Evaluation Tool 19	Issues and lessons log
Evaluation Tool 20	Dissemination log

1.5 Advanced Practice in Endoscopy Nursing – Evaluation tools

The table below lists the evaluation tools that are to be used by each APEN project. The timing of implementation is included in **Appendix 1a**. Each of these evaluation tools is available electronically from the National Evaluation Team.

Evaluation Tool 11 and 12 are included in the National Ethics Application Form (NEAF) submitted by the National Evaluation Team. Project implementation sites will need to ensure that they have ethical approval locally to provide the National Evaluation Team the data generated by all other evaluation tools.

Appendix 1b explains how the evaluation tools will assist in ensuring that the data needed to monitor the Key Performance Indicators for the APEN sub-project is available at the end of the implementation period.

Table 2 Evaluation tools for the Advanced Practice in Endoscopy Nursing sub-project

Evaluation Tool #	Essential Evaluation Tools	Collected By
Evaluation Tool 1	Staff establishment profile	Project team
Evaluation Tool 2	Data specification guide – Advanced Practice in Endoscopy Nursing	Project team with guidance of NET
Evaluation Tool 6	Log book / Professional portfolio (ITeMS)	Nurse endoscopist trainee
Evaluation Tool 8a	Staff survey – Advanced Practice in Endoscopy Nursing	Project team with guidance of NET
Evaluation Tool 9a	Patient experience and satisfaction survey – Advanced Practice in Endoscopy Nursing	Project team with guidance of NET
Evaluation Tool 10	ESOP personnel survey: role satisfaction and views on sustainability	Project team with guidance of NET
Evaluation Tool 11	ESOP personnel interview guide	NET
Evaluation Tool 12	Key stakeholder interview guide	NET
Evaluation Tool 15	Training program review report – <i>lead sites only</i>	Project team with guidance of NET
Evaluation Tool 17	Training evaluation – Trainee experiences and satisfaction survey	Project team with guidance of NET
Evaluation Tool 18	Data Collection Form for NHS Sustainability Model	Project team with guidance of NET
Evaluation Tool 19	Issues and lessons log	Project team
Evaluation Tool 20	Dissemination log	Project team
Evaluation Tool #	Optional Evaluation Tools	Collected By
Evaluation Tool 7	Patient telephone interview guide	Project team with guidance of NET
Evaluation Tool 13	Patient journey analysis tool	Project team with guidance of NET
Evaluation Tool 14	Victorian Health Partnerships Analysis Tool	Project team with guidance of NET

1.6 Physiotherapists in the Emergency Department – Evaluation tools

The table below lists the evaluation tools that are to be used by each PED project. The timing of implementation is included in **Appendix 2a**. Each of these evaluation tools is available electronically from the National Evaluation Team.

Evaluation Tool 11 and 12 are included in the National Ethics Application Form (NEAF) submitted by the National Evaluation Team. Project implementation sites will need to ensure that they have ethical approval locally to provide the National Evaluation Team the data generated by all other evaluation tools.

Appendix 2b explains how the evaluation tools will assist in ensuring that the data needed to monitor the Key Performance Indicators for the PED sub-project is available at the end of the implementation period.

Table 3 *Evaluation tools for the Physiotherapists in the Emergency Department sub-project*

Evaluation Tool #	Essential Evaluation Tools	Collected By
Evaluation Tool 1	Staff establishment profile	Project team
Evaluation Tool 3	Data specification guide – Physiotherapists in the ED	Project team with guidance of NET
Evaluation Tool 6	Log book / Professional portfolio	Primary contact physiotherapist
Evaluation Tool 8b	Staff survey – Physiotherapists in the ED	Project team with guidance of NET
Evaluation Tool 9b	Patient experience and satisfaction survey – Physiotherapists in the ED	Project team with guidance of NET
Evaluation Tool 10	ESOP personnel survey: role satisfaction and views on sustainability	Project team with guidance of NET
Evaluation Tool 11	ESOP personnel interview guide	NET
Evaluation Tool 12	Key stakeholder interview guide	NET
Evaluation Tool 15	Training program review report – <i>lead sites only</i>	Project team with guidance of NET
Evaluation Tool 17	Training evaluation – Trainee experiences and satisfaction survey	Project team with guidance of NET
Evaluation Tool 18	Data Collection Form for NHS Sustainability Model	Project team
Evaluation Tool 19	Issues and lessons log	Project team
Evaluation Tool 20	Dissemination log	Project team
Evaluation Tool #	Optional Evaluation Tools	Collected By
Evaluation Tool 7	Patient telephone interview guide	Project team with guidance of NET
Evaluation Tool 13	Patient journey analysis tool	Project team with guidance of NET
Evaluation Tool 14	Victorian Health Partnerships Analysis Tool	Project team with guidance of NET

1.7 Nurses in the Emergency Department – Evaluation tools

The table below lists the evaluation tools that are to be used by each NED project. The timing of implementation is included in **Appendix 3a**. Each of these evaluation tools is available electronically from the National Evaluation Team.

Evaluation Tool 11 and 12 are included in the National Ethics Application Form (NEAF) submitted by the National Evaluation Team. Project implementation sites will need to ensure that they have ethical approval locally to provide the National Evaluation Team the data generated by all other evaluation tools.

Appendix 3b explains how the evaluation tools will assist in ensuring that the data needed to monitor the Key Performance Indicators for the NED sub-project is available at the end of the implementation period.

Table 4 Evaluation tools for the Nurses in the Emergency Department sub-project

Evaluation Tool #	Essential Evaluation Tools	Collected By
Evaluation Tool 1	Staff establishment profile	Project team
Evaluation Tool 4	Data specification guide – Nurses in the ED	Project team with guidance of NET
Evaluation Tool 8c	Staff survey – Nurses in the ED	Project team with guidance of NET
Evaluation Tool 9c	Patient experience and satisfaction survey – Nurses in the ED	Project team with guidance of NET
Evaluation Tool 10	ESOP personnel survey: role satisfaction and views on sustainability	Project team with guidance of NET
Evaluation Tool 11	ESOP personnel interview guide	NET
Evaluation Tool 12	Key stakeholder interview guide	NET
Evaluation Tool 16	Training program quality report - <i>may require input of primary education provider</i>	Project team with guidance of NET
Evaluation Tool 17	Training evaluation – Trainee experiences and satisfaction survey	Project team with guidance of NET
Evaluation Tool 18	Data Collection Form for NHS Sustainability Model	Project team
Evaluation Tool 19	Issues and lessons log	Project team
Evaluation Tool 20	Dissemination log	Project team
Evaluation Tool #	Optional Evaluation Tools	Collected By
Evaluation Tool 6	Log book / Professional portfolio	ESO P nurse
Evaluation Tool 7	Patient telephone interview guide	Project team with guidance of NET
Evaluation Tool 13	Patient journey analysis tool	Project team with guidance of NET
Evaluation Tool 14	Victorian Health Partnerships Analysis Tool	Project team with guidance of NET

1.8 Extending the Role of Paramedics – Evaluation tools

The table below lists the evaluation tools that are to be used by each ERP project. The timing of implementation is included in **Appendix 4a**. Each of these evaluation tools is available electronically from the National Evaluation Team.

Evaluation Tool 11 and 12 are included in the National Ethics Application Form (NEAF) submitted by the National Evaluation Team. Project implementation sites will need to ensure that they have ethical approval locally to provide the National Evaluation Team the data generated by all other evaluation tools.

Appendix 4b explains how the evaluation tools will assist in ensuring that the data needed to monitor the Key Performance Indicators for the ERP sub-project is available at the end of the implementation period.

Table 5 Evaluation tools for the Extending the Role of Paramedics sub-project

Evaluation Tool #	Essential Evaluation Tools	Collected By
Evaluation Tool 1	Staff establishment profile	Project team
Evaluation Tool 5	Data specification guide – Extending the Role of Paramedics	Project team with guidance of NET
Evaluation Tool 8d	Staff survey – Extending the Role of Paramedics	Project team with guidance of NET
Evaluation Tool 9d	Patient experience and satisfaction survey – Extending the Role of Paramedics	Project team with guidance of NET
Evaluation Tool 10	ESOP personnel survey: role satisfaction and views on sustainability	Project team with guidance of NET
Evaluation Tool 11	ESOP personnel interview guide	NET
Evaluation Tool 12	Key stakeholder interview guide	NET
Evaluation Tool 16	Training program quality report – <i>for completion by SAAS and SJANT/ECU only</i>	Project team with guidance of NET
Evaluation Tool 17	Training evaluation – Trainee experiences and satisfaction survey	Project team with guidance of NET
Evaluation Tool 18	Data Collection Form for NHS Sustainability Model	Project team
Evaluation Tool 19	Issues and lessons log	Project team
Evaluation Tool 20	Dissemination log	Project team
Evaluation Tool #	Optional	
Evaluation Tool 6	Log book / Professional portfolio	ECP
Evaluation Tool 7	Patient telephone interview guide	Project team with guidance of NET
Evaluation Tool 13	Patient journey analysis tool	Project team with guidance of NET
Evaluation Tool 14	Victorian Health Partnerships Analysis Tool – <i>recommended for priority partnerships for ERP project teams e.g. Medicare Local partnership</i>	Project team with guidance of NET

Evaluation Tool 1

Overview – Staff establishment profile

Purpose

The purpose of this tool is to record relevant details relating to the staff working in the ESOP role. In most cases these personnel will be funded through the allocation provided by HWA. However, some project sites have chosen to expand the scope of practice of existing employees who are already funded by their organisation.

If you are unclear about which staff to include in this profile then contact the National Evaluation Team.

Instructions for use

Information should be collected on all staff that worked in the ESOP role for the project at any time, including the Project Officer.

This tool is designed to be used in a Microsoft Excel spreadsheet to facilitate sorting and collation of the data (refer to Evaluation Tool 1). A separate row should be used for each employee.

Information collected on the first worksheet of the Microsoft Excel spreadsheet includes: date the staff member commenced in the ESOP role, staff name, industrial classification, qualifications, years of experience, previous experience and training in an expanded scope of practice role, annual salary (excluding oncosts), retention across the life of the project – indicated by the date the ESOP staff member ceases in the role, and time in organisation prior to commencement in the ESOP role.

Information collected on the second worksheet of the Microsoft Excel spreadsheet includes total hours worked by each staff member working in the ESOP role. This is divided by clinical and non clinical hours. The worksheet allows information to be recorded for one year (52 weeks) for a maximum of ten staff members.

This information will assist in answering several evaluation questions, particularly questions relating to sustainability and cost-effectiveness.

User

This tool will be completed by the Project Officer.

Evaluation Tool 1

Staff establishment profile

Worksheet 1

HWA Expanded Scopes of Practice - Staff Establishment Profile											 centre for health service development	
Date commenced in ESOP role	Staff name	Industrial Classification	Qualifications	Years of experience	Has the ESOP clinician previously worked in the same department/service in which the ESOP role is based?	Has the ESOP clinician previously worked in an ESOP role? If so, what organisation and what country?	Where and when did the ESOP training occur?	Is the ESOP clinician an overseas trained health professional?	What is the annual salary for this position (including oncosts) ?	Date ESOP clinician ceased working in this role	Estimated length of employment in organisation prior to commencement in ESOP role (if applicable)	

Worksheet 2

HWA Expanded Scopes of Practice - Staff Establishment Profile											 centre for health service development			
Example: John Smith		Staff name 1		Staff name 2		Staff name 3		Staff name 4		Staff name 5		Staff name 6		
Week	Example: Total clinical hours worked (per week)	Example: Total non clinical hours worked (per week)	Total clinical hours worked (per week)	Total non clinical hours worked (per week)	Total clinical hours worked (per week)	Total non clinical hours worked (per week)	Total clinical hours worked (per week)	Total non clinical hours worked (per week)	Total clinical hours worked (per week)	Total non clinical hours worked (per week)	Total clinical hours worked (per week)	Total non clinical hours worked (per week)	Total clinical hours worked (per week)	Total non clinical hours worked (per week)
1	29	9												
2	29	9												
3	30	8												
4	32	7												
5	29	9												
6	32	7												
7	32	6												
8	33	5												
9	29	9												
10	29	9												

Evaluation Tool 2

Overview – Data specification guide: Advanced Practice in Endoscopy Nursing

Purpose

The purpose of this document is to provide a specification for the datasets required for the Expanded Scopes of Practice Program - Advanced Practice in Endoscopy Nursing sub-project. Ongoing support will be available from the National Evaluation Team (NET) to minimise the burden placed on sites in providing the required information.

This information will assist in answering several evaluation questions, particularly relating to efficiency, cost-effectiveness, workforce productivity, safety and quality.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The data items listed in Table 1 are required at the patient level in a deidentified format for each procedure undertaken in the endoscopy unit between 1 October 2011 and 31 March 2014. This information should be able to be extracted from existing information systems at participating sites and will be requested for three different time periods.

- Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013
- Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013
- Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.

If project sites are unable to provide this data from existing information systems, the National Evaluation Team will work with individual sites to determine the best approach to accessing the required information.

The data items in Table 2 will be required to be collected by the trainee Expanded Scope of Practice nurse endoscopist from the commencement of their training program until March 2014. These data will be required for the second two time periods listed above.

The data items in Table 3 are required at the Endoscopy Unit level from the period 1 October 2011 to 31 March 2014. These data should also be able to be extracted from existing information systems.

Table 4 is simply a look up table for the designation of the clinician listed at Item 1 in Table 1 to allow analyses to be undertaken by professional designation.

If possible, data should be submitted in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at milena@uow.edu.au. For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. The NET statistician will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Site Identifier Codes

Each participating site has been allocated a site code as shown below.

Site name	Site ID	Sub-Project ID
The Alfred Hospital	101	1
The Austin Hospital	104	1
Dandenong Hospital	108	1
Heidelberg Repatriation Hospital	112	1
Logan Hospital	114	1
Monash Medical Centre	116	1
Sunbury Day Hospital	125	1
Sunshine Hospital	126	1
Western Hospital	129	1

User

It is suggested that project officers discuss this data specification with relevant management / performance reporting unit staff and request extracts be returned at the agreed time periods. These extracts should then be forwarded to the NET. The NET statistician is available to speak directly with any staff from project sites to assist with this process.

The 'Frequently Asked Questions' provided at the end of Evaluation Tool 2 have been produced in response to the queries most commonly received from project teams.

Evaluation Tool 2

Data specification guide: Advanced Practice in Endoscopy Nursing

Table 1 Data items to be extracted from routine information systems

#	Item	Description	Codeset / data length	Data type
ID1	Site ID	A unique identifier for the site	101 = Alfred Hospital 104 = Austin Hospital 108 = Dandenong Hospital 112 = Heidelberg Repat Hospital 114 = Logan Hospital 116 = Monash Medical Centre 125 = Sunbury Hospital 126 = Sunshine Hospital 129 = Western Hospital	Numeric
ID2	Sub-project ID	A unique identifier for the sub-project. If Nurse Endoscopy Sub-project, record '1'	Nurse Endoscopy Sub-project = 1	Numeric
1	Proceduralist identifier	A unique identifier for the primary clinician who performed the endoscopy. This identifier should correspond with the staff member's identifier assigned in Table 4 (item 1). Record the trainee nurse endoscopist ID if the procedure was on the trainee's list.	1-12 characters	Alphanumeric string
2	Patient identifier	A unique patient identifier (may be MRN or UR number)	1-12 characters	Alphanumeric string
3	Date of birth	The date of birth of the patient	10 characters (including "/" characters)	Date in format dd/mm/yyyy
4	Sex	The sex of the patient	1 = male 2 = female	Numeric
5	Aboriginal or Torres Strait Islander	The Aboriginal or Torres Strait Islander status of the person	1 = No 2 = Yes, Aboriginal 3 = Yes, Torres Strait Islander 4 = Yes, Aboriginal and Torres Strait Islander 7 = Refused to answer 8 = Unable to answer 9 = Not stated / inadequately described	Numeric
6	Postcode	The postcode of the person's usual residence	4 characters	Numeric
7	Date of referral for procedure	The date that the patient was referred for the procedure	10 characters (including "/" characters)	Date in format dd/mm/yyyy
8	Source of referral	The source of referral to the hospital	1 = GP 2 = specialist 3 = self 4 = other	Numeric
9*	Referral following procedure	The referral following the procedure	1 = GP 2 = outpatient clinic 3 = nurse practitioner 4 = other	Numeric
10	Date placed on waiting list	The date the patient was placed on the endoscopy waiting list	10 characters (including "/" characters)	Date in format dd/mm/yyyy
11*	Category of waiting list	The waiting list category for the patient indicating their level of urgency / priority	1 = recommended to have procedure within 30 days 2 = recommended to	Numeric

#	Item	Description	Codeset / data length	Data type
			have procedure within 90 days 3 = recommended to have procedure within 180 days	
12	Inpatient status	Whether the patient was an inpatient on the day of the procedure	1 = inpatient 2 = same day admitted patient 3 = non inpatient	Numeric
13	Emergency / booked procedure	Whether the procedure was a booked or an emergency procedure	1 = booked 2 = emergency	Numeric
14	Date of procedure	The date of the procedure	10 characters (including "/" characters)	Date in format dd/mm/yyyy
15	Procedure type	The type of procedure undertaken	1 = colonoscopy 2 = gastroscopy 3 = colonoscopy and gastroscopy 4 = double balloon enteroscopy 5 = capsule endoscopy	Numeric
16	Procedure time	The number of minutes between entering and departing the procedure room	up to 3 characters	Numeric
17	Colonoscopy withdrawal time	The number of minutes of colonoscopy withdrawal time. (Leave field blank if procedure was not a colonoscopy)	up to 3 characters	Numeric
18 ⁺	Endoscopy performed unassisted	Did a supervising physician provide assistance during the endoscopy	1 = assistance provided 2 = assistance not provided	Numeric
19 ⁺	Supervision	Was the procedure performed under medical supervision or independently	1 = Under medical supervision 2 = Independent	Numeric
20	Level reached	Was the caecum reached during the procedure	1 = yes 2 = no	Numeric
21	Procedures during endoscopy	What procedures were undertaken during the endoscopy	1 = Biopsy 2 = Biopsy and Polypectomy 3 = Other	Numeric
22	Complications	Did any serious events occur as defined by the organisations management/clinical governance systems	1 = yes 2 = no	Numeric
23	Unplanned re-admission	Was there an unplanned re-admission to this hospital within 28 days of the endoscopy that was directly related to this endoscopy procedure?	1 = yes 2 = no	Numeric
24	Patient death	Did the patient die in this hospital within 30 days following the endoscopy	1 = yes 2 = no	Numeric
25	Patient re-presentation	Did the patient re-present to the emergency department within 96 hours of the endoscopy with a presenting problem directly related to this endoscopy procedure?	1 = yes 2 = no	Numeric

* Items may not be available based on preliminary feedback from sites.

⁺ Required only for procedures undertaken by the trainee nurse endoscopist

Table 2 Data items to be recorded in trainee Log Book

#	Item	Description	Codeset / data length	Data type
ID1	Site ID	A unique identifier for the site	1-12 characters	Alphanumeric string
ID2	Proceduralist ID	A unique identifier for the trainee nurse endoscopist. This should be the same as the proceduralist ID used in Table 1 and Table 4.	1-12 characters	Alphanumeric string
1	Clinic hours	The cumulative number of hours spent attending clinics outside the endoscopy unit	up to 3 characters	Numeric
2	Multi-disciplinary team meetings	The cumulative number of hours spent attending multi-disciplinary team meetings	up to 3 characters	Numeric
3	Research	The cumulative number of hours spent on research based activities	up to 3 characters	Numeric
4	Number of refusals	The number of patients who refused treatment by a trainee nurse endoscopist within the reporting period	up to 3 characters	Numeric

Table 3 Endoscopy unit level data

#	Item	Description	Codeset / data length	Data type
ID1	Site ID	A unique identifier for the site	1-12 characters	Alphanumeric string
1	List date	The date of each endoscopy list completed during the reporting period	10 characters (including "/" characters)	Date in format dd/mm/yyyy
2	List identifier	A unique identifier for the procedure list	1-12 characters	Alphanumeric string
3	Patient volume	The number of patients treated during this session	up to 2 characters	Numeric

Table 4 Proceduralist ID Lookup Table

(The Proceduralist ID recorded in this table at Item 1 should correspond with the Item 1, Table 1)

#	Item	Description	Codeset / data length	Data type
ID1	Site ID	A unique identifier for the site	1-12 characters	Alphanumeric string
1	Proceduralist ID	A unique identifier for the staff member. This should be the same as the proceduralist ID recorded in Table 1 (Item 1) and Table 2 (item ID2)	1-12 characters	Alphanumeric string
2	Staff designation	The designation of the staff member performing the procedure	1 = Consultant 2 = Registrar 3 = Nurse Endoscopist 4 = Trainee Nurse Endoscopist 5 = Other	Numeric

Frequently Asked Questions – Data specification guide: Advanced Practice in Endoscopy Nursing

Q1. Why do we need to submit data for the period between October 2011 and March 2014, when the ESOP project implementation period finishes up at the end of 2013? What do we do?

A. *The NET will need the name of a contact from your facility who will send us the data extract if you are no longer working on this project. The purpose of collecting data in the time period after the project concludes is to illustrate what occurs when funding ceases e.g. is there a return to the status quo?*

Q2. What Site ID (item ID1) and Sub-Project ID (item ID2) should I use?

A. *Please refer to the following table:*

Site name	Site ID	Sub-Project ID
The Alfred Hospital	101	1
The Austin Hospital	104	1
Dandenong Hospital	108	1
Heidelberg Repatriation Hospital	112	1
Logan Hospital	114	1
Monash Medical Centre	116	1
Sunbury Day Hospital	125	1
Sunshine Hospital	126	1
Western Hospital	129	1

Q3. Does the NET require data for all procedures performed in the endoscopy unit or only those which were performed by the trainee nurse endoscopist?

A. *Refer below. For items in Tables 1, 2 and 3 we are looking to obtain data on all procedures undertaken in the endoscopy unit within the relevant time period. This will allow us to investigate patterns before, during and after the implementation of the nurse endoscopist role. The exception to this are items 18 and 19 in Table 1 which are required only for procedures undertaken by the trainee nurse endoscopist. The items in Table 2 relate only to the activities of the trainee nurse endoscopists.*

Items	Table 1			Table 2	Table 3	Table 4
	1 to 17	18 to 19	20 to 25	1 to 4	ID1 to 3	ID1 to 2
All Endoscopy unit						
Trainee nurse endoscopist only						

Legend:
Data item
required



Q4. What is the definition of a proceduralist in item 1 (Table 1)?

A. *For item 1 in Table 1 we are asking for the proceduralist ID – i.e. a unique identifier for the primary clinician who performed the procedure. If the patient was assigned to the trainee nurse endoscopist's list, we require the nurse's designated proceduralist ID in this field.*

We confirm that for this item we are asking for a proceduralist ID as opposed to a procedure list.

Q5. Does the NET need to know the designation of the clinicians specified in item 1?

A. Yes, we have added Table 4 – a proceduralist identifier reference table. This table will be used to record each staff member's designation (e.g. consultant, registrar, nurse endoscopist or trainee nurse endoscopist).

Q6. Can you please add supplementary codes for 'refused to answer' and 'unable to answer' to the Indigenous Status codes (item 5)?

A. Yes, we have added 7 = Refused to answer, 8 = Unable to answer and 9 = Not stated / inadequately described.

Q7. Can you please add supplementary codes for patients who were referred to someone other than a GP, outpatient clinic or nurse practitioner (item 9)?

A. We have added another coding option for this item, i.e. 4 = other.

Q8. Trainee refusals aren't captured in our standard databases (item 11), what do we do?

A. After further consideration, this item has been moved from Table 1 to Table 2 and will comprise an overall count of the number of patient refusals within the time period. As this is a key performance measure, we expect that sites will be noting any refusals at the point when you ask for patient consent.

Q9. We can't provide clinical indication, what do we do?

A. Due to feedback from a number of sites, we have removed this item from the dataset.

Q10. We currently don't have a mechanism for capturing item 18 (endoscopy performed unassisted) and item 19 (supervision).

A. These are a key performance measures and we recommend that at a minimum trainee nurse endoscopists collect this data for all patients on their lists.

Q11. Which procedure type do I select when both a biopsy and Polypectomy are undertaken (item 21)?

A. We have modified the code-set to 2 = Biopsy and Polypectomy

Q12. What type of re-admissions should we include in unplanned re-admissions (item 23)?

A. Only include re-admissions that were directly related to the endoscopy procedure.

Q13. We can only provide information regarding deaths while the patient was under the care of the hospital (item 24)

A. We have re-worded item 24 to 'Did the patient die in this hospital within 30 days following the endoscopy?'

Q14. Are you looking for re-presentations to the same ED or any ED within the organisation (item 25)?

A. *We are asking for re-presentations to the same ED, however if your site does not have an emergency department we are asking for any ED presentation within the organisation.*

Q15. Our facility doesn't routinely collect some of the data items. What do we do?

A. *Please contact the NET for advice. If you cannot provide data for the entire endoscopy unit for a particular data item, we may be able to accept a subset of data. This will depend on which data items you are having issues with and their level of importance to the evaluation. The most important thing is to contact the NET to discuss what is possible.*

Q16. How do we submit the data file?

A. *The NET is asking that you submit the data file in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at milena@uow.edu.au*

For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. Milena Snoek will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Evaluation Tool 3

Overview – Data specification guide: Physiotherapists in the ED

Purpose

The purpose of this document is to provide a specification for the dataset required for the Expanded Scopes of Practice Program – Physiotherapists in ED sub-project. Consultation is ongoing to determine the capacity of project sites to comply with the requirements outlined in this specification. Ongoing support will be available from the National Evaluation Team (NET) to minimise the demands upon sites for the provision of data and information.

This information will contribute to answering several evaluation questions, particularly questions relating to efficiency, cost-effectiveness, workforce productivity, safety and quality.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The data items listed in Table 1 are required at the patient level in a deidentified format for ED activity between 1 October 2011 and 31 March 2014. This information should be able to be extracted from existing information systems at participating sites and is requested for three different time periods. (The specialty physiotherapy data collection developed by lead sites for use by all implementation sites will be required for Data Submission 2 and 3. If project sites wish to supply their specialty physiotherapy data collected to date with Data Submission 1, the NET would be pleased to review and provide comment on this data).

Data Submission	Data Extraction Period	Due Date for Supply to the NET
1	1 October 2011 to 30 September 2012	31 March 2013
2	1 October 2012 to 30 September 2013	31 October 2013
3	1 October 2013 to 31 March 2014	30 April 2014

The data submission must include all presentations to the ED. We recognise that a sub-set of these presentations includes patients who were suitable for primary contact physiotherapist care, further, only some of these patients will have been seen by a primary contact physiotherapist. Suitability for care by a primary contact physiotherapist will be derived from triage category (item 21), presenting problem (item 23) and principal diagnosis (item 24) with the advice of lead sites.

The NET is requesting that the submitted data file is in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at milena@uow.edu.au.

For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. The NET statistician will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Site Identifier Codes

Site Name	Site ID	Sub-Project ID
Alice Springs Hospital	102	2
Ballarat Health Services	105	2
Cairns Base Hospital	106	2
Casey Hospital	107	2
Dandenong Hospital	108	2
Flinders Medical Centre	110	2
Robina Hospital	118	2
St Vincent's Hospital Melbourne	124	2
The Alfred Hospital	101	2
The Canberra Hospital	127	2
Sandringham Hospital	131	2

User

It is suggested that Project Officers discuss this data specification guide with relevant personnel from their management / performance reporting unit and request extracts be returned at the agreed time periods. These extracts should then be forwarded to the National Evaluation Team. The NET statistician is available to speak directly with any staff from project sites to assist with this process.

The 'Frequently Asked Questions' provided at the end of Evaluation Tool 3 have been produced in response to the queries most commonly received from project teams.

Evaluation Tool 3

Data specification guide: Physiotherapists in the ED

Table 1 Data items to be extracted from routine information systems

#	Item	Description	Codeset / data length	Data type	Coverage
1	Site ID	A unique identifier for the site	1-12 characters	Numeric	All of ED
2	Sub-project ID	A unique identifier for the Physiotherapy sub-project, record 2	2 = Physiotherapy sub-project	Numeric	All of ED
3.1	Primary contact ID	A unique identifier for the primary clinician who treated the patient	1-12 characters	Alphanumeric string	All of ED
3.2	Primary contact designation	The designation of the primary clinician	1 = Medical Officer 2 = Nurse 3 = Physiotherapist 4 = Other	Numeric	All of ED
4.1	Secondary contact ID	A unique identifier for the secondary clinician who treated the patient	1-12 characters	Alphanumeric string	All of ED
4.2	Secondary contact designation	The designation of the secondary clinician	1 = Medical Officer 2 = Nurse 3 = Physiotherapist 4 = Other	Numeric	All of ED
5	Patient ID	A unique patient identifier (may be MRN or UR number).	1-12 characters	Alphanumeric string	All of ED
6	Date of birth	The date of birth of the patient	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
7	Sex	The sex of the patient	1 = Male 2 = Female 3 = Intersex or indeterminate 9 = Not stated / inadequately described	Numeric	All of ED
8	Postcode	The postcode of the patient's usual residence	4 characters	Numeric	All of ED
9	Indigenous status	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. This is in accord with the first two of three components of the Commonwealth definition	1 = Aboriginal but not Torres Strait Islander origin 2 = Torres Strait Islander but not Aboriginal origin 3 = Both Aboriginal and Torres Strait Islander origin 4 = Neither Aboriginal nor Torres Strait Islander origin 7 = Refused to answer 8 = Unable to answer 9 = Not stated / inadequately described	Numeric	All of ED
10	Interpreter services required	Whether an interpreter service is required by or for the person, as represented by a code	1 = Yes 2 = No	Numeric	All of ED

#	Item	Description	Codeset / data length	Data type	Coverage
11	Funding source for hospital patient	The principal source of funds for an admitted patient episode or non-admitted patient service event, as represented by a code	01 = Medicare 02 = Private health insurance 03 = Self-funded 04 = Worker's compensation 05 = Motor vehicle third party personal claim 06 = Other compensation (e.g. public liability, common law, medical negligence) 07 = Department of Veteran's Affairs 08 = Department of Defence 09 = Correctional Facility 10 = Other hospital or public authority (contracted care) 11 = Reciprocal health care agreements (with other countries) 12 = Other 13 = No charge raised 99 = Not known	Numeric	All of ED
12	Date patient presents	The date that the patient presented at the emergency department	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
13	Time patient presents	The time at which the patient presents for the delivery of a service	5 characters (including ":" characters)	Time in format HH:MM	All of ED
14	Date of triage	The date on which the patient is triaged	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
15	Time of triage	The time at which the patient is triaged	5 characters (including ":" characters)	Time in format HH:MM	All of ED
16	Date of commencement of service event	The date on which an emergency department service event commences	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
17	Time of commencement of service event	The time at which an emergency department service event commences	5 characters (including ":" characters)	Time in format HH:MM	All of ED
18	Episode end date	The date on which the emergency department service episode ends.	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
19	Episode end time	The time at which the emergency department service episode ends	5 characters (including ":" characters)	Time in format HH:MM	All of ED
20	Mode of arrival	The mode of transport by which the person arrives at the emergency department, as represented by a code	1 = Ambulance, air ambulance or helicopter rescue service 2 = Police / correctional services vehicle 8 = Other (Includes walking, private transport, public transport, community transport, and taxi) 9 = Not stated / unknown	Numeric	All of ED
21	Triage category	The initial triage category that the patient was assigned	1 = Resuscitation 2 = Emergency 3 = Urgent 4 = Semi-urgent 5 = Non-urgent	Numeric	All of ED

#	Item	Description	Codeset / data length	Data type	Coverage
22	Service episode end status	The status of the patient at the end of the emergency department service episode, as represented by a code	1 = Admitted to this hospital 2 = Non-admitted patient emergency department service episode completed – departed without being admitted or referred to another hospital 3 = Non-admitted patient emergency department service episode completed - referred to another hospital for admission 4 = Did not wait to be attended by a health care professional 5 = Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed 6 = Died in emergency department as a non-admitted patient 7 = Dead on arrival, not treated in emergency department	Numeric	All of ED
23	Presenting problem / Reason for Visit	The clinical interpretation of the problem or concern that is identified by the triage clinician as the main reason for the person's emergency department service episode, as represented by a code	250 characters	Alphanumeric	All of ED
24	Principal diagnosis	The primary diagnosis code of the patient (e.g. ICD 10 code or SNOMED)	10 characters	Alpha numeric	All of ED
25	Number of procedures	The number of procedures listed below that were performed on the patient Procedures include: <ul style="list-style-type: none"> ▪ Plaster of Paris ▪ Other splint ▪ IV regional block ▪ Digital or other nerve block ▪ Reduction (fracture or dislocation) 	2 characters	Numeric	All of ED
Adverse events					
26	Patient death	Whether the patient died in the same hospital following admission from the ED within 28 days	1 = Yes 2 = No	Numeric	All of ED
27	Patient re-presentation (96 hours)	Whether the patient had an unplanned re-presentation to the same ED for the same health condition within 96 hours of discharge	1 = Yes 2 = No	Numeric	All of ED

#	Item	Description	Codeset / data length	Data type	Coverage
28	Patient re-presentation (28 days)	Whether the patient had an unplanned re-presentation to the same ED for the same health condition within 28 days of discharge	1 = Yes 2 = No	Numeric	All of ED
Pathway					
29	Was the patient seen by a primary contact physiotherapist?	Whether the patient was seen by a primary contact physiotherapist during their stay in ED	1 = Yes 2 = No	Numeric	PCP Only
30	Did the patient refuse treatment by a primary contact physiotherapist?	Whether the patient refused treatment by a primary contact physiotherapist	1 = Yes 2 = No	Numeric	PCP Only
31	Was the case handed back to ED medical staff due to the patient being out of scope?	Whether a patient who was seen by a primary contact physiotherapist was referred back to ED medical staff due to the patient being out of scope. (This decision is made by the PCP)	1 = Yes 2 = No	Numeric	PCP Only
Extended Scope - Imaging					
32	Did the patient require x-ray?	Whether the patient required x-ray	1 = Yes 2 = No	Numeric	All of ED
33	Did the patient require CT scan?	Whether the patient required CT Scan	1 = Yes 2 = No	Numeric	All of ED
34	Did the patient require ultrasound?	Whether the patient required Ultrasound	1 = Yes 2 = No	Numeric	All of ED
Extended Scope - Medication					
35	Did the patient require medication for pain relief?	Whether the patient required medication for pain relief	1 = Yes 2 = No	Numeric	All of ED
36	Who prescribed the medication?	Used to identify what type of staff prescribed the pain relief medication (only required if item 35 = 1)	1 = Medical Officer 2 = Nurse Practitioner 3 = Primary Contact Physiotherapist 4 = Other	Numeric	All of ED
Extended Scope - Certification					
37	Did the patient require certification?	Whether the patient required certification	1 = Yes 2 = No	Numeric	All of ED
38	Was certification provided by the primary contact physiotherapist?	Whether the primary contact physiotherapist provided certification (only required if item 37 = 1)	1 = Yes 2 = No	Numeric	PCP Only
Extended Scope - Referrals					
39	Did the patient require a referral?	Whether the patient required a post discharge referral	1 = Yes 2 = No	Numeric	All of ED
40	Did the primary contact physiotherapist refer the patient on for further health care?	Whether the primary contact physiotherapist provided the post-discharge referral (only required if item 39 = 1)	1 = Yes 2 = No	Numeric	PCP Only

Frequently Asked Questions – Data specification guide: Physiotherapists in the ED

Q1. Do we need to collect data for all patients who present to ED, or only PCP patients?

A. *We've asked for all episodes of all patients who presented to the ED within the time period so that we can investigate the data before, during and after the implementation of the ESOP physiotherapist role. Items 29, 30, 31, 38 and 40 will only be needed for PCP patients.*

Item	1 to 28	29	30	31	32	33	34	35	36	37	38	39	40
ALL ED													
PCP only													

Legend: Data item required

Q2. We need to submit data for the period between October 2011 and March 2014; however the ESOP project finishes up at the end of 2013. What do we do?

A. *The NET will need the name of a contact from your facility that will send us the data extract if you are no longer working on this project. The purpose of collecting data in the time period after the project concludes is to illustrate what occurs when funding ceases e.g. is there a return to the status quo?*

Q3. What Site ID (item 1) and Sub-Project ID (item 2) should I use?

A. *Refer to the following table:*

Site Name	Site ID	Sub-Project ID
Alice Springs Hospital	102	2
Ballarat Health Services	105	2
Cairns Base Hospital	106	2
Casey Hospital	107	2
Dandenong Hospital	108	2
Flinders Medical Centre	110	2
Robina Hospital	118	2
St Vincent's Hospital Melbourne	124	2
The Alfred Hospital	101	2
The Canberra Hospital	127	2

Q4. Do you need to know the designation of the clinicians specified in items 3 and 4?

A. *Yes, we will be adding items 3.2 (Primary Contact Designation) and 4.2 (Secondary Contact Designation) to the data specifications. Roles will be categorised into the following codes; 1 = Medical Officer, 2 = Nurse, 3 = Physiotherapist, 4 = Other.*

Q5. Can you please add supplementary codes for 'refused to answer' and 'unable to answer' to the Indigenous Status codes (item 9)?

A. *Yes, we have added 7 = Refused to answer and 8 = Unable to answer.*

Q6. What is the definition of 'commencement of service' (items 16 and 17)?

A. *Date and time of commencement of service event is the time when the patient is first seen by any health care professional. The commencement of a service event does not include contact*

associated with triage. Some jurisdictions may record this differently, for example, "First Seen by Doctor Time", if you are unclear what date item should be used please contact the NET.

Q7. Our site doesn't collect ICD10 codes for principal diagnosis(item 24).

A. If your organisation routinely uses a different coding system, you can use these in your data extract. We will also need some information that explains what each code represents so that we can compare diagnosis codes across sites within the sub-project.

Q8. What is the definition of a procedure (item 25)?

A. This question aims to capture procedures that relate to the ESOP role of the PCP, some of these procedures may still be provided by staff in the ED who are not PCPs. This is a list of some of the procedures commonly undertaken by PCPs, noting that there may be minor differences between jurisdictions.

The procedures to be included in this data item are:

- *Plaster of Paris*
- *Other splint*
- *IV regional block*
- *Digital or other nerve block*
- *Reduction (fracture or dislocation)*

Q9. What is meant by patient death (item 26)?

A. This data item aims to capture whether a patient who presented to the ED and was admitted to the hospital subsequently died within 28 days of their initial ED presentation. Further analysis of whether the cause of death was related to the original reason for the ED presentation may be required in some cases.

Q10. Are you looking for re-presentations to the same ED or any ED within the organisation (items 27 and 28)?

A. To be consistent across all sites we are asking for re-presentations to the same ED.

Q11. We record unexpected re-presentations at the 48 hour mark rather than the 96 hour mark referred to in item 27. Can we submit data at the 48 hour mark instead?

A. We would prefer to collect this data in a consistent manner across sites and have selected 96 hours as the preferred performance measure. We understand that some hospitals may differ in what they routinely report. However if you can only provide this data for a 48 hour period, please ensure that you clearly note this when you submit your data.

Q12. Are patient re-presentations (items 27 and 28) based on their primary diagnoses?

A. Yes.

Q13. Items 29, 30, 31, 38 and 40 are data items that aren't routinely collected at our facility. What do we do?

- A. *ESOP physiotherapists are asked to collect these data items for all PCP patients they see. Lead sites have developed custom excel spreadsheets or a simple database to be filled in by their ESOP Physiotherapists.*

Q14. Does item 31 refer to patients whose entire care is handed back to medical staff?

- A. *This item only refers to patients whose entire care is handed back to medical staff because they were out of scope. We wouldn't consider a patient as being handed back to the medical team if the physiotherapist performed an extended scope of practice task (such as ordering imaging, prescribing pain relief, providing certification or post-discharge referrals).*

Q15. Our facility doesn't routinely collect some data items. What do we do?

- A. *Please contact the NET for advice. If you cannot provide data for the entire ED for a particular data item, we may be able to accept a subset of data. This will depend on which data items you are having issues with and their level of importance to the evaluation. The most important thing is to contact the NET to discuss what is possible.*

Q16. How do we submit the data file?

- A. *The NET is asking that you submit the data file in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at: milena@uow.edu.au*

For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. Milena Snoek will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Evaluation Tool 4

Overview – Data specification guide: Nurses in the ED

Purpose

The purpose of this document is to provide a specification for the dataset required for the Expanded Scopes of Practice Program – Nurses in ED sub-project. Consultation is ongoing to determine the capacity of units to comply with the requirements outlined in this specification. Ongoing support will be available from the National Evaluation Team (NET) to minimise the demands upon sites for the provision of data and information.

This information will assist in answering several evaluation questions, particularly questions relating to efficiency, cost-effectiveness, workforce productivity, safety and quality.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The data items listed in Table 1 are required at the patient level in a deidentified format for ED activity between 1 October 2011 and 31 March 2014. Data items 1 to 28 should be available from existing information systems at participating sites. If this is not the case, the National Evaluation Team will work with individual sites to determine the best approach to accessing the required data.

This information will be requested for three different time periods. Each project may also collect specialty data items that are specifically relevant to their expanded scope of practice role. For example, a project site working with mental health patients may wish to record an additional data item that captures whether benzodiazepines prescribed by the expanded scope of practice clinician. If project sites wish to supply their specialty nursing data collected to date with Data Submission 1, the NET would be pleased to review and provide comment on the data.

Data Submission	Data Extraction Period	Due Date for Supply to the NET
1	1 October 2011 to 30 September 2012	31 March 2013
2	1 October 2012 to 30 September 2013	31 October 2013
3	1 October 2013 to 31 March 2014	30 April 2014

The data submission must include all presentations to the ED. We recognise that a sub-set of these presentations includes patients who were suitable for treatment by an expanded scope of practice nurse, further, only some of these patients will have been seen by an expanded scope of practice nurse.

The NET is requesting that the submitted data file is in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at milena@uow.edu.au.

For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. The NET statistician will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Site Identifier Codes

Site Name	Site ID	Sub-Project ID
Eastern Health	109	3
Eastern Health - Box Hill Hospital	132	3
Eastern Health - Maroondah Hospital	133	3
Murrumbidgee Local Health District	111	3
Prince of Wales Hospital	117	3
Royal Children's Hospital	119	3
Royal Prince Alfred Hospital	120	3
Sunshine Hospital	126	3
The Kilmore and District Hospital	113	3
Wollongong Hospital	130	3

User

It is suggested that Project Officers discuss this data specification guide with relevant personnel from their management / performance reporting unit and request extracts be returned at the agreed time periods. These extracts should then be forwarded to the National Evaluation Team. The NET statistician is available to speak directly with data personnel from project sites to assist with this process.

The 'Frequently Asked Questions' provided at the end of Evaluation Tool 4 have been produced in response to the queries most commonly received from project teams.

Evaluation Tool 4

Data specification guide: Nurses in the ED

Table 1 Data items to be extracted from routine information systems

#	Item	Description	Codeset / data length	Data type	Coverage
1	Site ID	A unique identifier for the site	1-12 characters	Numeric	All of ED
2	Sub-project ID	A unique identifier for the Nurses in ED sub-project, record 3	3 = Nurses in ED sub-project	Numeric	All of ED
3	Primary contact ID	A unique identifier for the primary clinician who treated the patient	1-12 characters	Alphanumeric string	All of ED
4	Patient ID	A unique patient identifier (may be MRN or UR number).	1-12 characters	Alphanumeric string	All of ED
5	Date of birth	The date of birth of the patient	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
6	Sex	The sex of the patient	1 = Male 2 = Female 3 = Intersex or indeterminate 9 = Not stated / inadequately described	Numeric	All of ED
7	Postcode	The postcode of the patient's usual residence	4 characters	Numeric	All of ED
8	Indigenous status	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code	1 = Aboriginal but not Torres Strait Islander origin 2 = Torres Strait Islander but not Aboriginal origin 3 = Both Aboriginal and Torres Strait Islander origin 4 = Neither Aboriginal nor Torres Strait Islander origin 7 = Refused to answer 8 = Unable to answer 9 = Not stated / inadequately described	Numeric	All of ED
9	Interpreter services required	Whether an interpreter service is required by or for the person, as represented by a code	1 = Yes 2 = No	Numeric	All of ED

#	Item	Description	Codeset / data length	Data type	Coverage
10	Funding source for hospital patient	The principal source of funds for an admitted patient episode or ED service event, as represented by a code	01 = Australian Health Care Agreements 02 = Private health insurance 03 = Self-funded 04 = Worker's compensation 05 = Motor vehicle third party personal claim 06 = Other compensation (e.g. public liability, common law, medical negligence) 07 = Department of Veteran's Affairs 08 = Department of Defence 09 = Correctional Facility 10 = Other hospital or public authority (contracted care) 11 = Reciprocal health care agreements (with other countries) 12 = Other 13 = No charge raised 99 = Not known	Numeric	All of ED
11	Date patient presents	The date that the patient presented at the emergency department	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
12	Time patient presents	The time at which the patient presents for the delivery of a service	5 characters (including ":" characters)	Time in format HH:MM	All of ED
13	Date of triage	The date on which the patient is triaged	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
14	Time of triage	The time at which the patient is triaged	5 characters (including ":" characters)	Time in format HH:MM	All of ED
15	Date of commencement of service event	The date on which an emergency department service event commences	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
16	Time of commencement of service event	The time at which an emergency department service event commences	5 characters (including ":" characters)	Time in format HH:MM	All of ED
17	Episode end date	The date on which the emergency department service episode ends	10 characters (including "/" characters)	Date in format dd/mm/yyyy	All of ED
18	Episode end time	The time at which the emergency department service episode ends	5 characters (including ":" characters)	Time in format HH:MM	All of ED
19	Mode of arrival	The mode of transport by which the person arrives at the emergency department, as represented by a code	1 = Ambulance, air ambulance or helicopter rescue service 2 = Police / correctional services vehicle 8 = Other (Includes walking, private transport, public transport, community transport, and taxi) 9 = Not stated / unknown	Numeric	All of ED
20	Triage category	The initial triage category that the patient was assigned	1 = Resuscitation 2 = Emergency 3 = Urgent 4 = Semi-urgent 5 = Non-urgent	Numeric	All of ED

#	Item	Description	Codeset / data length	Data type	Coverage
21	Service episode end status	The status of the patient at the end of the emergency department service episode, as represented by a code	1 = Admitted to this hospital 2 = Non-admitted patient emergency department service episode completed – departed without being admitted or referred to another hospital 3 = Non-admitted patient emergency department service episode completed - referred to another health care provider or hospital for admission 4 = Did not wait to be attended by a health care professional 5 = Left at own risk after being attended by a health care professional but before the non-admitted patient emergency department service episode was completed 6 = Died in emergency department as a non-admitted patient 7 = Dead on arrival, not treated in emergency department	Numeric	All of ED
22	Presenting problem/Reason for Visit	The clinical interpretation of the problem or concern that is identified by the triage clinician as the main reason for the person's emergency department service episode, as represented by a code	250 characters	Alphanumeric	All of ED
23	Principal diagnosis	The primary diagnosis code of the patient (e.g. ICD 10 code or SNOMED)	10 characters	Alpha numeric	All of ED
24*	Number of procedures*	The number of procedures performed on the patient	2 characters	Numeric	All of ED
Adverse events					
25.1	Patient death	Whether the patient died in the same hospital following admission from the ED within 28 days	1 = Yes 2 = No	Numeric	All of ED
25.2 ⁺	Unexpected death within 14 days	Whether a patient who presented to the emergency department with a mental health condition died within 14 days of discharge	1 = Yes 2 = No	Numeric	All of ED
26	Patient re-presentation (96 hours)	Whether the patient had an unplanned re-presentation to the same ED for the same health condition within 96 hours of discharge	1 = Yes 2 = No	Numeric	All of ED

#	Item	Description	Codeset / data length	Data type	Coverage
27	Patient re-presentation (28 days)	Whether the patient had an unplanned re-presentation to the same ED for the same health condition within 28 days of discharge	1 = Yes 2 = No	Numeric	All of ED
Expanded scope special collection					
28.1	Expanded scope practitioner contact ID	A unique identifier for the expanded scope practitioner who treated the patient (if applicable)	1-12 characters	Alphanumeric string	ESOP Only
28.2	Did the patient refuse treatment by an expanded scope practitioner?	Whether the patient refused treatment by an expanded scope practitioner	1 = Yes 2 = No	Numeric	ESOP Only
29 ^Y	Did the patient receive any expanded scope of practice treatment?	Whether the patient received any expanded scope of practice treatment	1 = Yes 2 = No	Numeric	ESOP Only
30 [#]	Did the patient require a referral?	Whether the patient required a post discharge referral	1 = Yes 2 = No	Numeric	ESOP Only
31 [#]	Did the expanded scope practitioner refer the patient on for further health care?	Whether the expanded scope practitioner provided the post-discharge referral (only required if item 33 = 1)	1 = Yes 2 = No	Numeric	ESOP Only
32 ^A	Did the expanded scope practitioner discharge the patient?	Whether the expanded scope practitioner discharged the patient	1 = Yes 2 = No	Numeric	ESOP Only

*Sites will need to provide a list of procedures that their organisation includes in this data item

Project Specific Data Collection Issues:

⁺ Data item 26.2 relates to Mental Health programs only:
 Eastern Health
 Royal Prince Alfred Hospital Wollongong Hospital

^Y Additional data items to capture information about the implementation of the Expanded scope practice role are site specific. A data collection process should be developed by each project site to meet their unique requirements.

For example:

- Eastern Health - physical and mental health assessment, medication management, diagnostic testing, certification
- Kilmore - suturing, application of plaster for simple, stable fractures, limited diagnostic radiology procedures, management of presentations for ear/nose/throat conditions
- Murrumbidgee Local Health District – application of advanced/expanded scope skills (e.g. Isolated limb injuries, abdominal pain management, suturing and gluing, etc), use of medication standing orders, diagnostic testing
- Prince of Wales Hospital - clinical history, clinical examination, pathology, imaging and medications
- Royal Children's Hospital Melbourne – manage changes to the treatment regimen of patients presenting to the emergency department through implementation of criteria led discharge for the conditions of asthma, bronchiolitis, croup and gastroenteritis
- Royal Prince Alfred Hospital - physical and mental health assessment, management and information gathering
- Sunshine Hospital - physical and mental health assessment, diagnostic testing, gluing and suturing, nurse initiated medications

- Wollongong Hospital - physical and mental health assessment, management and information gathering

Expanded scope referrals are relevant to the following sites:

- Eastern Health - direct referral to other specialist agencies
- Kilmore - referral to local GP
- Prince of Wales Hospital - referral to inpatient/outpatient teams as needed and to community health services and other outpatient facilities
- Sunshine Hospital - manage referrals and follow-ups
- Wollongong Hospital - establish community care plan and/or ongoing health plan, arrange follow-up appointments

^ Expanded scope discharges are relevant to the following sites:

- Eastern Health
- Royal Children's Hospital
- Prince of Wales Hospital

Frequently Asked Questions – Data specification guide: Nurses in the ED

Q1. Do we need to collect data for all patients who present to ED, or only expanded scope patients?

A. *We've asked for all episodes of all patients who presented to the ED within the time period so that we can investigate the data before, during and after the implementation of the expanded scope nursing role. Items 28.1 to 32 will only be needed for expanded scope patients.*

Item	1 to 25.1	25.2	26 to 27	28.1	28.2	29	30	31	32
Eastern Health									
Murrumbidgee Local Health District									
Prince of Wales Hospital									
Royal Children's Hospital									
Royal Prince Alfred Hospital									
Sunshine Hospital									
The Kilmore and District Hospital									
Wollongong Hospital									

Legend:

All ED presentations

ESOP patients only



Q2. We need to submit data for the period between October 2011 and March 2014; however the ESOP project finishes up at the end of 2013. What do we do?

A. *The NET will need the name of a contact from your facility that will send us the data extract if you are no longer working on this project. The purpose of collecting data in the time period after the project concludes is to illustrate what occurs when funding ceases e.g. is there a return to the status quo?*

Q3. What Site ID (item 1) and Sub-Project ID (item 2) should I use?

A. *Refer to the following table:*

Site Name	Site ID	Sub-Project ID
Eastern Health	109	3
Eastern Health_Box Hill Hospital	132	3
Eastern Health_Maroondah Hospital	133	3
Murrumbidgee Local Health District	111	3
Prince of Wales Hospital	117	3
Royal Children's Hospital	119	3
Royal Prince Alfred Hospital	120	3
Sunshine Hospital	126	3
The Kilmore and District Hospital	113	3
Wollongong Hospital	130	3

Q4. Can you please add supplementary codes for 'refused to answer' and 'unable to answer' to the Indigenous Status codes (item 8)?

A. *Yes, we have added 7 = Refused to answer and 8 = Unable to answer.*

Q5. What is the definition of 'commencement of service' (items 15 and 16)?

A. *Date and time of commencement of service event is the time when the patient is first seen by any health care professional. The commencement of a service event does not include contact associated with triage.*

Q6. Our site doesn't collect ICD10 codes for principal diagnosis(item 23)

A. *If your organisation routinely uses a different coding system, you can use these in your data extract. We will also need some information that explains what each code represents so that we can compare diagnosis codes across sites within the sub-project.*

Q7. What is the definition of a procedure (item 24)?

A. *This question aims to capture procedures that relate to the ESOP nursing role. Please collect data for any procedures that your emergency department currently records. We will also need you to inform us of which procedures are included in your dataset.*

Q8. What is meant by patient death (item 25.1)?

A. *This data item aims to capture whether a patient who presented to the ED and was admitted to the hospital subsequently died within 28 days of their initial ED presentation. Further analysis of whether the cause of death was related to the original reason for the ED presentation may be required in some cases.*

Q9. Customarily mental health datasets report on unexpected deaths for patients within 14 days of discharge rather than a patient death in the hospital (item 25.1). What do we do?

A. *We have added data item 25.2 to capture unexpected deaths within 14 days of discharge for mental health patients.*

Q10. Are you looking for re-presentations to the same ED campus or any ED within the organisation (items 26 and 27)?

A. *To be consistent across all sites we are asking for re-presentations to the same ED.*

Q11. We record unexpected re-presentations at the 48 hour mark rather than the 96 hour mark referred to in item 27. Can we submit data at the 48 hour mark instead?

A. *We would prefer to collect this data in a consistent manner across sites and have selected 96 hours as the preferred performance measure. We understand that some hospitals may differ in what they routinely report. However if you can only provide this data for a 48 hour period, please ensure that you clearly note this when you submit your data.*

Q12. Is item 27 based on patient re-admission or patient re-presentation?

A. *Item 27 is based on patient re-presentation. The wording of this item has changed to 'Patient re-presentation (28 days)'.*

Q13. Are patient re-presentations (items 26 and 27) based on their primary diagnoses?

A. *Yes.*

Q14. Items 28.1 to 32 are data items that aren't routinely collected by our facility. What do we do?

A. *ESOP nurses are asked to collect these data items for all ESOP patients they see. Some sites have developed custom excel spreadsheets or a simple database to be filled in by their ESOP nurse; other sites are using paper based records and then transferring this data to a spreadsheet. If you have any concerns about the applicability of these data items to your project, you will need to contact the NET to negotiate any changes to the dataset requirements.*

Q15. Our facility doesn't routinely collect some data items. What do we do?

A. *Please contact the NET for advice. If you cannot provide data for the entire emergency department for a particular data item, we may be able to accept a subset of data. This will depend on which data items you are having issues with and their level of importance to the evaluation. The most important thing is to contact us to discuss what is possible.*

Q16. How do we submit the data file?

A. *The NET is asking that you submit the data file in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at milena@uow.edu.au.*

For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. Milena Snoek will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Evaluation Tool 5

Overview – Data specification guide: Extending the Role of Paramedics

Purpose

The purpose of this document is to provide a specification for the dataset required for the Expanded Scopes of Practice Program – Extending the role of Paramedics sub-project. Consultation is ongoing to determine the capacity of project sites to comply with the requirements outlined in this specification. Ongoing support will be available from the National Evaluation Team (NET) to minimise the demands upon sites for the provision of data and information.

This information will contribute to answering several evaluation questions, particularly questions relating to efficiency, cost-effectiveness, workforce productivity, safety and quality.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The data items listed in Table 1 are required at the patient level in a deidentified format for paramedic activity between 1 October 2011 and 31 March 2014. This information should be able to be extracted from existing information systems used by participating sites and is requested for three different time periods. The National Evaluation Team will work with individual sites to determine the best approach to accessing the required data. The specialty Extended Care Paramedic data collection items being collected by each site will be required for Data Submission 2 and 3. If project sites wish to supply their specialty ECP data collected to date with Data Submission 1, the NET would be pleased to review and provide comment on this data.

Data Submission	Data Extraction Period	Due Date for Supply to the NET
1	1 October 2011 to 30 September 2012	31 March 2013
2	1 October 2012 to 30 September 2013	31 October 2013
3	1 October 2013 to 31 March 2014	30 April 2014

The data submission must include all episodes for patients who were suitable for treatment by an extended care paramedic, regardless of whether or not the patient was seen by an extended care paramedic. Suitability for care by an extended care paramedic will be derived from the data items dispatch priority (item 18) and presenting problem (item 26). **If your organisation can demonstrate that you are able to clearly define all cases that are suitable for ECP attendance, this subset of data is sufficient.** If in doubt please contact the NET.

The NET is requesting that the submitted data file is in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at milena@uow.edu.au.

For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. The NET statistician will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Site Identifier Codes

Site Name	Site ID	Sub-Project ID
ACT Ambulance Service	100	4
Ambulance Tasmania	103	4
SA Ambulance Limestone Coast	121	4
SA Ambulance Port Lincoln	122	4
St John's Ambulance (NT) Darwin	123	4

User

It is suggested that Project Officers discuss this data specification guide with relevant personnel from their management / performance reporting unit and request that extracts be returned within the agreed timeframe. Data should then be forwarded to the National Evaluation Team. The NET statistician is available to assist sites with any aspect of the extraction process at any time.

The 'Frequently Asked Questions' provided at the end of Evaluation Tool 5 have been produced in response to the queries most commonly received from project teams.

Evaluation Tool 5

Data specification guide: Extending the Role of Paramedics

Table 1 Data items to be extracted from routine information systems

#	Item	Description	Codeset / data length	Data type
1	Site ID	A unique identifier for the ambulance service	100 = ACT Ambulance Service 103 = Ambulance Tasmania 121 = SA Ambulance Limestone Coast 122 = AS Ambulance Port Lincoln 123 = St John's Ambulance (NT) Darwin	Numeric
2	Sub-project ID	A unique identifier for the Extending the Role of Paramedics sub-project, record 4	4 = Paramedic sub-project	Numeric
3	Station ID	A unique identifier for the station	1-12 characters	Alphanumeric string
4	Paramedic ID	A unique identifier for the primary paramedic who attended to the patient (may be attendant no.)	1-12 characters	Alphanumeric string
5	Vehicle ID	A unique identifier for the vehicle	1-12 characters	Alphanumeric string
6	Patient ID (if available)	A unique patient identifier (may be MRN or UR number)	1-12 characters	Alphanumeric string
7	Case ID	A unique identifier for the case	1-12 characters	Alphanumeric string
8	Date of birth	The date of birth of the patient	10 characters (including "/" characters)	Date in format dd/mm/yyyy
9	Sex	The sex of the patient	1 = Male 2 = Female 3 = Intersex or indeterminate 9 = Not stated / inadequately described	Numeric
10	Postcode	The postcode of the patient's usual residence	4 characters	Numeric
11	Indigenous status	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	1 = Aboriginal but not Torres Strait Islander origin 2 = Torres Strait Islander but not Aboriginal origin 3 = Both Aboriginal and Torres Strait Islander origin 4 = Neither Aboriginal nor Torres Strait Islander origin 7 = Refused to answer 8 = Unable to answer 9 = Not stated / inadequately described	Numeric
12	Did the patient have ambulance cover?	Whether the patient provided an ambulance cover number	1 = Yes 2 = No	Numeric
13	Did the patient provide a pension number?	Whether the patient provided a pension number	1 = Yes 2 = No	Numeric

#	Item	Description	Codeset / data length	Data type
14	Source of referral	A code to identify who referred the patient to the paramedic	1 = Triple 0 call 2 = Residential aged care facility 3 = Medical practitioner 9 = Other	Numeric
15	Date patient call was received	The date that the patient called for the ambulance service	10 characters (including "/" characters)	Date in format dd/mm/yyyy
16	Call received time	The time the patient called for the ambulance service	5 characters (including ":" character)	Time in format HH:MM
17	Chief complaint	The chief complaint given to the call taker on the over-the-phone assessment	Up to 250 characters	Alphanumeric
18	Dispatch priority	The priority level the dispatch coordinator/ dispatch system has assigned to the patient based on the over-the-phone assessment	2 characters	Alphanumeric
19	Vehicle dispatch time	The time the vehicle was dispatched to attend to the patient	5 characters (including ":" characters)	Time in format HH:MM
20	Time of arrival at scene	The time the vehicle arrived at the patient address	5 characters (including ":" character)	Time in format HH:MM
21	Time of arrival at patient	The time the paramedic arrived at the scene of the patient	5 characters (including ":" character)	Time in format HH:MM
22	Time of departure from scene	The time the paramedic departed the address of the patient	5 characters (including ":" character)	Time in format HH:MM
23	Time of arrival at destination	The time the paramedic arrived at the destination	5 characters (including ":" character)	Time in format HH:MM
24	Time that the vehicle was cleared	The time the vehicle was cleared for use	5 characters (including ":" character)	Time in format HH:MM
25	Time that the paramedic was back on station	The time the paramedic was back on station	5 characters (including ":" character)	Time in format HH:MM
26	Presenting problem	The patient problem as diagnosed by the paramedic	Up to 250 characters	Alphanumeric string
27	Medications given	The medications that were given to the patient by the attending paramedic. Ambulance services may provide any additional relevant medication codes	ADR = Adrenaline ASP = Aspirin ATR = Atropine GLP = Glucose paste GLN = Glucagon GLI = Glucose IV GTN = GTN LIG = Lignocaine PEN = Penthrane MAX = Maxalon MID = Midazolam MOR = Morphine NAL = Naloxone NSL = Normal Saline PEN = Pentrox SAL = Salbutamol OTH = Other	Alphanumeric string
28	Did the dispatch coordinator deem the patient suitable for treatment by an extended care paramedic?	Whether the dispatch coordinator deemed the patient as suitable for treatment by an extended care paramedic	1 = Yes 2 = No	Numeric
29	Was the patient suitable for treatment by an extended care paramedic?	Whether the attending paramedic deemed the patient as suitable for treatment by an extended care paramedic	1 = Yes 2 = No	Numeric

#	Item	Description	Codeset / data length	Data type
30	Did the patient refuse treatment by an extended care paramedic?	Whether the patient refused care by an extended care paramedic	1 = Yes 2 = No	Numeric
31	Treatment destination	A code to identify where the treatment of the patient took place	1 = Private residence 2 = Residential aged care facility 3 = Health care facility 4 = Hospital 5 = Other	Numeric
32	Was transport to a hospital avoided?	Whether as a result of being treated by an extended scope paramedic, the patient avoided transportation to a hospital	1 = Yes 2 = No	Numeric
33	Was transfer to another health care facility avoided?	Whether as a result of being treated by an extended scope paramedic, the patient avoided transportation to another health care facility	1 = Yes 2 = No	Numeric
34	Did the extended care paramedic leave the case to respond to an emergency call?	Whether the extended scope paramedic was required to respond to an emergency call prior to completing treatment of the patient	1 = Yes 2 = No	Numeric
35	Start kilometres	The odometer reading at dispatch	1 – 6 characters	Numeric
36	End kilometres	The odometer reading at case completion	1 – 6 characters	Numeric
37	Did the patient receive treatment for the complaint as a result of the dispatch?	Whether the patient received treatment for the presenting complaint as a result of the dispatch. Reasons for lack of treatment may include case cancellation, re-tasking of case to another crew, service was refused etc.	1 = Yes 2 = No	Numeric
Adverse events				
38	Unexpected death	Whether an unexpected patient death occurred while the patient was in the care of the Ambulance Service	1 = Yes 2 = No	Numeric
39	Patient re-contacted triple 0 within 24 hours?	Whether the patient re-contacted triple 0 for the same health care condition within 24 hours of case completion	1 = Yes 2 = No	Numeric
40	Adverse Events	Whether an adverse event was recorded in accordance with the organisation's defined clinical governance procedures	1 = Yes 2 = No	Numeric
41	Complaints	Whether a complaint was recorded against this case	1 = Yes 2 = No	Numeric

Frequently Asked Questions – Data specification guide: Extending the Role of Paramedics

Q1. Do we need to collect data for all patients who were attended to by a paramedic or only ECP patients?

A. We've asked for all episodes for all patients who were attended to by a paramedic within the time period so that we can investigate the data before, during and after the implementation of the ECP role.

If your organisation can demonstrate that you are able to clearly define all cases that are suitable for ECP attendance, this subset of data is sufficient. Your data set should include all patients who may or may not have been attended to by an ECP, in addition to those who were seen by an ECP and were out of scope.

For all other patients, we request an overall count of patients by dispatch priority (and if possible chief complaint) for the relevant timeframe.

Item	1 – 27	28	31	32 – 34	35 – 41
ALL cases					
ECP only					

Legend: Data item required



Q2. We need to submit data for the period between October 2011 and March 2014, however the ESOP project may finish before then. What do we do?

A. The NET will need the name of a contact from your facility that will send us the data extract if you are no longer working with this project. The purpose of collecting data in the time period after the project concludes is to illustrate what occurs when funding ceases e.g. is there a return to the status quo?

Q3. What Site ID (item 1) and Sub-Project ID (item 2) should I use?

A. Refer to the following table:

Site Name	Site ID	Sub-Project ID
ACT Ambulance Service	100	4
Ambulance Tasmania	103	4
SA Ambulance Limestone Coast	121	4
SA Ambulance Port Lincoln	122	4
St John's Ambulance (NT) Darwin	123	4

Q4. Can you please add supplementary codes for 'refused to answer' and 'unable to answer' to the Indigenous Status codes (item 11)?

A. Yes, we have added 7 = Refused to answer and 8 = Unable to answer.

Q5. Which codes should we use for dispatch priority (item 18)?

A. If your organisation routinely uses a particular dispatch priority coding system; you can use these codes in your data extract. We will need some information that explains what each code

represents so that we can compare dispatch priority codes across ambulance services within the sub-project.

Q6. Which codes should we use for medications given (item 27)?

A. *If your organisation routinely uses a particular medication coding system; you can use these codes in your data extract. We will need some information that explains what each code represents so that we can compare medications across ambulance services within the sub-project.*

Q7. How do we record unexpected deaths (item 38)?

A. *This refers to unexpected deaths while the patient is in the care of the Ambulance Service. If your organisation does not routinely record this we may be able to accept data for item 39 and 40. Please contact the NET if you are unclear about this.*

Q8. What is the definition of an adverse event (item 40)?

A. *We are requesting that ambulance services provide adverse events as defined in accordance with their organisation's relevant clinical governance procedures. We are requesting that each service inform the NET of their organisation's definition of an 'Adverse Event'. Some organisations may monitor specific 'Sentinel Events'.*

Q9. Our facility doesn't routinely collect some data items. What do we do?

A. *Please contact the NET for advice. If you cannot provide data for a particular data item, we may be able to accept a subset of data. This will depend on which data items you are having issues with and their level of importance to the evaluation. The most important thing is to contact the NET to discuss what is possible.*

Q10. How do we submit the data file?

A. *The NET is asking that you submit the data file in tab delimited format. For data files smaller than 5MB, you can email the file to Milena Snoek at milena@uow.edu.au.*

For larger data files, the University of Wollongong has access to a data transfer tool called Cloudstor. Milena Snoek will send you a Cloudstor voucher via email, which you can use to send the data to the NET. The Cloudstor voucher is active for 20 days and can transfer up to 100GB of data per upload. For more information about Cloudstor, please refer to the following website: <http://www.aarnet.edu.au/services/cloud-services/cloudstor>.

Evaluation Tool 6

Overview – Log book / Professional portfolio

Purpose

The purpose of this tool is for staff delivering ESOP patient care to regularly record information relating to their training and experience in the role. This may include personal reflections, as well as barriers and enablers faced during day-to-day operations.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This tool will be completed progressively over the course of the ESOP project. For some sub-projects a high level of detail will be required e.g. the Advanced Practice in Endoscopy Nursing sub-project. It may also be useful for other ESOP roles to use a log book to reflect on their practice and record events that are not easily captured in administrative data systems.

An electronic log book has been developed by project leads for the Advanced Practice in Endoscopy Nursing sub-project. Other sub-projects may use a pen and paper journal or an Excel spreadsheet to record relevant information.

As the Advanced Practice in Endoscopy Nursing log book is an electronic data collection tool it is not possible to insert a copy into this Compendium.

The appropriateness of using this data collection tool for other sub-projects is currently being considered.

This information will assist in answering several evaluation questions, particularly questions relating to workforce capacity, safety, quality and sustainability.

User

This tool will be completed by staff working in the ESOP role within the Advanced Practice in Endoscopy Nursing sub-project.

Evaluation Tool 7

Overview – Patient telephone interview guide

Purpose

Several tools have been designed by various project teams to collect specific information about patient outcomes e.g. functional status and whether the patient has returned to work etc.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

These tools have been designed to be collected for a snapshot period for a specified sample of patients. Issues around patient selection (randomisation) and sample size are determined on a site by site basis.

As the tools developed to date are unique to their respective project they have not been inserted into this Compendium.

This information will assist in answering several evaluation questions, particularly questions relating to patient/consumer outcomes and experience and cost-effectiveness.

User

The completion of this tool is optional as not all project sites have the resources to collect and analyse this data. If the tool is used, interviews should be conducted by ESOP project personnel (or an appropriate delegate e.g. consumer representative trained in the interview protocol).

Project sites interested in using this data collection method should contact the National Evaluation Team.

The work of the Canberra Hospital, ACT has informed our thinking of the use of patient telephone interviews as a data collection method in expanded scopes of practice projects.

Evaluation Tool 8a

Overview – Staff experience and satisfaction survey on the role of the trainee nurse endoscopist in the endoscopy service

Purpose

This data collection tool is designed to examine the knowledge and attitudes of other members of the health care team that work with the trainee nurse endoscopist. It aims to explore the level of staff satisfaction and acceptance of the trainee nurse endoscopist role and perceptions and experience of the impact of the ESOP role on key stakeholders.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The survey has been developed by the National Evaluation Team using the online survey software SurveyMonkey®.

Project officers (or their delegate) need to collate a list of email addresses for all relevant staff at your hospital, and then electronically distribute the survey via email. Project officers (or their delegate) will also be required to monitor response rates and send reminders if appropriate. Organisational logos may be inserted into the survey if desired.

The auto collate function in SurveyMonkey® can be used to easily generate basic charts and tables of results that you may use for reporting purposes. Data from all responses collected will also need to be downloaded in Excel format and forwarded to the National Evaluation Team. This is an automatic process. For hospitals that do not have a license for SurveyMonkey®, paper copies of the survey may be handed out to all relevant staff and returned. Responses can then be entered into a simple Excel spreadsheet, which will be provided by the National Evaluation Team.

An introductory page will be included in both the online and paper copy survey, providing information to participants (your staff) about the survey being voluntary, processes for consent, completion time, and other instructions about completing the survey. The National Evaluation Team will be available to respond to any queries from project personnel, regarding the survey and the associated processes of distribution, collection and analysis. Advice will be provided by the National Evaluation Team on the recommended sample size and the categories of staff to be included.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience.

User

This tool will be completed by relevant medical, nursing and allied health staff.

Source

This survey is based on "The Northern Emergency Nurse Practitioner Staff Survey" developed by Considine and Martin. The work of the Alfred Hospital Melbourne is also acknowledged.

Evaluation Tool 8a

Staff experience and satisfaction survey on the role of the trainee nurse endoscopist in the endoscopy service

Date survey completed:

Facility name:

Your role (please tick which box applies):

- | | |
|--|--|
| <input type="checkbox"/> Nurse (RN / NP / CNC / CN / EN / AIN) | <input type="checkbox"/> Registrar |
| <input type="checkbox"/> Medical specialist | <input type="checkbox"/> Non clinical / administrative staff |
| <input type="checkbox"/> Surgical specialist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Anaesthetist | |

I have been directly involved in the program implementation and / or training with the trainee nurse endoscopist: Yes / No (please circle)

		Strongly agree					Strongly disagree		
1.	I have a good understanding of the role of the trainee nurse endoscopist	1	2	3	4	5		N/A	
2.	I have a good understanding of how the trainee nurse endoscopist will function in this endoscopy service	1	2	3	4	5		N/A	
3.	I have a good understanding of which patients are suitable for management by a trainee nurse endoscopist	1	2	3	4	5		N/A	
4.	I have a good understanding of the scope of practice of the trainee nurse endoscopist	1	2	3	4	5		N/A	
5.	I have a good understanding of how the trainee nurse endoscopist is different to nurses assisting with endoscopy.	1	2	3	4	5		N/A	
6.	I have a good understanding of the educational preparation required to become a nurse endoscopist	1	2	3	4	5		N/A	
7.	The trainee nurse endoscopist is developing the skills and knowledge to perform selected procedures safely and accurately for specific patient groups	1	2	3	4	5		N/A	
8.	The trainee nurse endoscopist is developing the skills and knowledge to provide appropriate information to specific patient groups	1	2	3	4	5		N/A	

	Strongly agree				Strongly disagree		
9. The trainee nurse endoscopist is developing the skills and knowledge to appropriately refer specific patient groups to outpatients and specialty clinics	1	2	3	4	5		N/A
10. The trainee nurse endoscopist will make the endoscopy team more effective	1	2	3	4	5		N/A
11. The trainee nurse endoscopist will improve access to endoscopy care	1	2	3	4	5		N/A
12. The trainee nurse endoscopist will improve quality of care for specific patient groups	1	2	3	4	5		N/A
13. I am comfortable with being approached by the trainee nurse endoscopist for advice regarding patient management	1	2	3	4	5		N/A
14. Medical specialists are the most appropriate personnel to supervise and / or mentor the trainee nurse endoscopist	1	2	3	4	5		N/A

15. Any additional comments:

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Evaluation Tool 8b

Overview – Emergency department staff experience and satisfaction survey on the role of the expanded scope of practice physiotherapist in the emergency department

Purpose

This data collection tool is designed to examine the knowledge and attitudes of other members of the health care team that work with the primary contact physiotherapist. It aims to explore the level of staff satisfaction and acceptance of the ESOP physiotherapist role and perceptions and experience of the impact of the ESOP role on key stakeholders.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The survey has been developed by the National Evaluation Team using the online survey software SurveyMonkey®.

Project officers (or their delegate) need to collate a list of email addresses for all relevant staff at your hospital, and then electronically distribute the survey via email. Project officers (or their delegate) will also be required to monitor response rates and send reminders if appropriate. Organisational logos may be inserted into the survey if desired.

The auto collate function in SurveyMonkey® can be used to easily generate basic charts and tables of results that you may use for reporting purposes. Data from all responses collected will also need to be downloaded in Excel format and forwarded to the National Evaluation Team. This is an automatic process. For hospitals that do not have a license for SurveyMonkey®, paper copies of the survey may be handed out to all relevant staff and returned. Responses can then be entered into a simple Excel spreadsheet, which will be provided by the National Evaluation Team.

An introductory page will be included in both the online and paper copy survey, providing information to participants (your staff) about the survey being voluntary, processes for consent, completion time, and other instructions about completing the survey. The National Evaluation Team will be available to respond to any queries from project personnel, regarding the survey and the associated processes of distribution, collection and analysis.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience.

User

This tool will be completed by relevant medical, nursing and allied health staff.

Source

This survey is based on "The Northern Emergency Nurse Practitioner Staff Survey" developed by Considine and Martin, as well as the "Emergency Department Staff Satisfaction Survey on the Role of the Primary Contact Physiotherapist in the Emergency Department" developed by Taylor et al. The work of the Alfred Hospital Melbourne is also acknowledged.

Evaluation Tool 8b

Emergency department staff experience and satisfaction and experience survey on the role of the expanded scope of practice physiotherapist in the emergency department

Date survey completed:

Facility name:

Your role (please tick which box applies):

- | | |
|---|--|
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Non clinical staff |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Resident / Intern |
| <input type="checkbox"/> Emergency Consultant | <input type="checkbox"/> Allied health staff |
| <input type="checkbox"/> Emergency Registrar | <input type="checkbox"/> Other |

		Strongly agree					Strongly disagree
1.	I have a good understanding of the role of the ED primary contact physiotherapist	1	2	3	4	5	N/A
2.	I have a good understanding of how the ED primary contact physiotherapist will function in my ED	1	2	3	4	5	N/A
3.	I have a good understanding of which patients are suitable for management by an ED primary contact physiotherapist	1	2	3	4	5	N/A
4.	I have a good understanding of the scope of practice of the ED primary contact physiotherapist	1	2	3	4	5	N/A
5.	I have a good understanding of how the ED primary contact physiotherapist is different to other physiotherapists working in the ED	1	2	3	4	5	N/A
6.	I have a good understanding of the educational preparation required to become an ED primary contact physiotherapist	1	2	3	4	5	N/A
7.	The ED primary contact physiotherapist has the skills and knowledge to provide appropriate emergency care to specific patient groups	1	2	3	4	5	N/A
8.	The ED primary contact physiotherapist has the skills and knowledge to provide appropriate education to specific patient groups	1	2	3	4	5	N/A

	Strongly agree					Strongly disagree	
9.	The ED primary contact physiotherapist has the skills and knowledge to appropriately refer specific patient groups to medical / physiotherapy outpatients and specialty clinics						N/A
10.	The ED primary contact physiotherapist has the skills and knowledge to initiate diagnostic plain film imaging						N/A
11.	The ED primary contact physiotherapist has the skills and knowledge to prescribe medication from a limited formulary of drugs						N/A
12.	The ED primary contact physiotherapist has the authority to prescribe medication from a limited formulary of drugs						N/A
13.	The ED primary contact physiotherapist has the skills and knowledge to discharge patients from the ED						N/A
14.	The ED primary contact physiotherapist has the skills and knowledge to refer patients to inpatient Registrars for assessment for admission						N/A
15.	The ED primary contact physiotherapist makes the ED team more effective						N/A
16.	The ED primary contact physiotherapist improves access to emergency care						N/A
17.	The ED primary contact physiotherapist improves quality of care of musculoskeletal presentations						N/A
18.	I am comfortable with being approached by the ED primary contact physiotherapist for advice regarding patient management						N/A
19.	Emergency physicians are the most appropriate personnel to supervise and / or mentor the ED primary contact physiotherapist						N/A

20. Any additional comments:

Evaluation Tool 8c

Overview – Emergency department staff experience and satisfaction survey on the role of the expanded scope of practice nurse in the emergency department

Purpose

This data collection tool is designed to examine the knowledge and attitudes of other members of the health care team that work with the ESOP nurse. It aims to explore the level of staff satisfaction and acceptance of the ESOP nurse role and perceptions and experience of the impact of the ESOP role on key stakeholders.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The survey has been developed by the National Evaluation Team using the online survey software SurveyMonkey®.

Project officers (or their delegate) need to collate a list of email addresses for all relevant staff at your hospital, and then electronically distribute the survey via email. Project officers (or their delegate) will also be required to monitor response rates and send reminders if appropriate. Organisational logos may be inserted into the survey if desired.

The auto collate function in SurveyMonkey® can be used to easily generate basic charts and tables of results that you may use for reporting purposes. Data from all responses collected will also need to be downloaded in Excel format and forwarded to the National Evaluation Team. This is an automatic process. For hospitals that do not have a license for SurveyMonkey®, paper copies of the survey may be handed out to all relevant staff and returned. Responses can then be entered into a simple Excel spreadsheet, which will be provided by the National Evaluation Team.

An introductory page will be included in both the online and paper copy survey, providing information to participants (your staff) about the survey being voluntary, processes for consent, completion time, and other instructions about completing the survey. The National Evaluation Team will be available to respond to any queries from project personnel, regarding the survey and the associated processes of distribution, collection and analysis.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience.

User

This tool will be completed by relevant medical, nursing and allied health staff.

Source

This survey is based on "The Northern Emergency Nurse Practitioner Staff Survey" developed by Considine and Martin. The work of the Alfred Hospital Melbourne is also acknowledged.

Evaluation Tool 8c

Emergency department staff experience and satisfaction survey on the role of the expanded scope of practice nurse in the emergency department

Date survey completed:

Facility name:

Your role (please tick which box applies):

- | | |
|---|--|
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Resident / Intern |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Allied Health staff |
| <input type="checkbox"/> Emergency Consultant | <input type="checkbox"/> Non clinical staff |
| <input type="checkbox"/> Emergency Registrar | <input type="checkbox"/> Other |

		Strongly agree				Strongly disagree	
1.	I have a good understanding of the role of the ED primary contact nurse	1	2	3	4	5	N/A
2.	I have a good understanding of how the ED primary contact nurse will function in my ED	1	2	3	4	5	N/A
3.	I have a good understanding of which patients are suitable for management by an ED primary contact nurse	1	2	3	4	5	N/A
4.	I have a good understanding of the scope of practice of the ED primary contact nurse	1	2	3	4	5	N/A
5.	I have a good understanding of how the ED primary contact nurse is different to other nurses working in the ED	1	2	3	4	5	N/A
6.	I have a good understanding of the educational preparation required to become an ED primary contact nurse	1	2	3	4	5	N/A
7.	The ED primary contact nurse has the skills and knowledge to provide appropriate emergency care to specific patient groups	1	2	3	4	5	N/A
8.	The ED primary contact nurse has the skills and knowledge to provide appropriate education to specific patient groups	1	2	3	4	5	N/A
9.	The ED primary contact nurse has the skills and knowledge to appropriately refer specific patient groups to outpatients and specialty clinics	1	2	3	4	5	N/A

	Strongly agree					Strongly disagree
10. The ED primary contact nurse has the skills and knowledge to initiate diagnostic plain film imaging	1	2	3	4	5	N/A
11. The ED primary contact nurse has the skills and knowledge to administer medication from a limited formulary of drugs	1	2	3	4	5	N/A
12. The ED primary contact nurse has the authority to administer medication from a limited formulary of drugs	1	2	3	4	5	N/A
13. The ED primary contact nurse has the skills and knowledge to discharge patients from the ED	1	2	3	4	5	N/A
14. The ED primary contact nurse has the skills and knowledge to refer patients to inpatient registrars for assessment for admission	1	2	3	4	5	N/A
15. The ED primary contact nurse makes the ED team more effective	1	2	3	4	5	N/A
16. The ED primary contact nurse improves access to emergency care	1	2	3	4	5	N/A
17. The ED primary contact nurse improves quality of care for specific patient groups	1	2	3	4	5	N/A
18. I am comfortable with being approached by the ED primary contact nurse for advice regarding patient management	1	2	3	4	5	N/A
19. Emergency physicians are the most appropriate personnel to supervise and / or mentor the ED primary contact nurse	1	2	3	4	5	N/A

20. Any additional comments:

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Evaluation Tool 8d

Overview – Staff experience and satisfaction survey on the role of the extended care paramedic in the ambulance service

Purpose

This data collection tool is designed to examine the knowledge and attitudes of other members of the health care team that work with the Extended Care Paramedic (ECP). It aims to explore the level of staff satisfaction and acceptance of the ECP role and perceptions and experience of the impact of the ECP role on key stakeholders.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The survey has been developed by the National Evaluation Team using the online survey software SurveyMonkey®.

Project officers (or their delegate) need to collate a list of email addresses for all relevant staff at your organisation, and then electronically distribute the survey via email. Project officers (or their delegate) will also be required to monitor response rates and send reminders if appropriate. Organisational logos may be inserted into the survey if desired.

The auto collate function in SurveyMonkey® can be used to easily generate basic charts and tables of results that you may use for reporting purposes. Data from all responses collected will also need to be downloaded in Excel format and forwarded to the National Evaluation Team. This is an automatic process. For hospitals that do not have a license for SurveyMonkey®, paper copies of the survey may be handed out to all relevant staff and returned. Responses can then be entered into a simple Excel spreadsheet, which will be provided by the National Evaluation Team.

An introductory page will be included in both the online and paper copy survey, providing information to participants (your staff) about the survey being voluntary, processes for consent, completion time, and other instructions about completing the survey. The National Evaluation Team will be available to respond to any queries from project personnel, regarding the survey and the associated processes of distribution, collection and analysis.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience.

User

This tool will be completed by relevant paramedic, medical, nursing and allied health staff.

Source

This survey is based on “The Northern Emergency Nurse Practitioner Staff Survey” developed by Considine and Martin. The version developed for the Extended Care Paramedic sub-project has (Evaluation Tool 9d) has been informed by the annual Council of Ambulance Authorities Patient Satisfaction Survey. The work of the Alfred Hospital Melbourne is also acknowledged.

Evaluation Tool 8d

Staff experience and satisfaction survey on the role of the extended care paramedic in the ambulance service

Date survey completed:

Facility name:

Your role (please tick which box applies):

- | | |
|--|---|
| <input type="checkbox"/> Ambulance Officer | <input type="checkbox"/> Emergency Registrar |
| <input type="checkbox"/> Ambulance Service Manager | <input type="checkbox"/> General Practitioner |
| <input type="checkbox"/> Communications Centre Staff | <input type="checkbox"/> Aged Care Facility Staff |
| <input type="checkbox"/> Emergency Department Nurse | <input type="checkbox"/> Non Clinical Staff |
| <input type="checkbox"/> Emergency Consultant | <input type="checkbox"/> Other |

		Strongly agree					Strongly disagree	
1.	I have a good understanding of the role of the extended care paramedic	1	2	3	4	5	N/A	
2.	I have a good understanding of how the extended care paramedic functions	1	2	3	4	5	N/A	
3.	I have a good understanding of which patients are suitable for management by an extended care paramedic	1	2	3	4	5	N/A	
4.	I have a good understanding of the scope of practice of the extended care paramedic	1	2	3	4	5	N/A	
5.	I have a good understanding of how the extended care paramedic is different to other paramedics working in the ambulance service	1	2	3	4	5	N/A	
6.	I have a good understanding of the educational preparation required to become an extended care paramedic	1	2	3	4	5	N/A	
7.	The extended care paramedic has the skills and knowledge to provide appropriate emergency care to specific patient groups	1	2	3	4	5	N/A	
8.	The extended care paramedic has the skills and knowledge to provide appropriate education to specific patient groups	1	2	3	4	5	N/A	

	Strongly agree				Strongly disagree		
9. The extended care paramedic has the skills and knowledge to refer specific patient groups to alternative health services if transport to the emergency department is not appropriate	1	2	3	4	5		N/A
10. The extended care paramedic helps take pressure off the local emergency department	1	2	3	4	5		N/A
11. The extended care paramedic improves access to emergency care	1	2	3	4	5		N/A
12. The extended care paramedic improves quality of care for specific patient groups	1	2	3	4	5		N/A
13. I am comfortable with being approached by the extended care paramedic for advice regarding patient management	1	2	3	4	5		N/A
14. Medical officers are the most appropriate personnel to supervise and / or mentor the extended care paramedic	1	2	3	4	5		N/A

15. Any additional comments:

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Evaluation Tool 9a – 9d

Overview – Patient experience and satisfaction survey

Purpose

This data collection tool is designed to assess acceptability of the ESOP sub-projects to health care consumers. It aims to explore the level of patient satisfaction, experience and acceptance of the ESOP role.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This evaluation tool will be administered at the project site. The method of data collection is likely to vary for sub-projects. For example projects based in EDs and hospital settings may choose to provide a paper version of this survey to the patient immediately prior to discharge. Other projects may choose to use a mail survey or complete the tool by telephone survey.

This is a one off snapshot data collection that will be collected from a random sample of patients (NET will advise on sample size and the specific timing of the data collection). Advice on the details of collection will be provided on a site by site basis. Project officers (or their delegate) will also be required to monitor response rates and extend the period of data collection if the sample size has not been achieved. Organisational logos may be inserted into the survey if desired.

Project officers will enter the survey data either into the SurveyMonkey® application or a simple Excel spreadsheet. The auto collate function in SurveyMonkey® can be used to easily generate basic charts and tables of results that you may use for reporting purposes. Data from all responses collected will also need to be downloaded in Excel format and forwarded to the National Evaluation Team.

An introductory page is included, providing information to patients/consumers about the survey being voluntary, processes for consent and other instructions about completing the survey. The National Evaluation Team will be available to respond to any queries from project personnel, regarding the survey and the associated processes of distribution, collection and analysis.

The tool is designed for adult English speaking patients. Implementation sites wishing to modify this tool to accommodate particular patient groups are asked to discuss all changes with the NET. It may be more appropriate to use other methods of data collection with particular patient groups.

This information will assist in answering several evaluation questions, particularly questions relating to patient/consumer outcomes and experience.

User

This tool will be completed by patients/consumers or their carers who have been seen by the ESOP service provider.

Source

This survey has been informed by the prior experience of several project lead and implementation sites.

Evaluation Tool 9a

Patient experience and satisfaction survey – Advanced Practice in Endoscopy Nursing

Dear patient,

Patient experience and satisfaction survey

You are invited to take part in a survey about the care you received in [HOSPITAL NAME] where you recently attended the Endoscopy Unit and were seen by a Nurse Endoscopist as part of the Expanded Scopes of Practice Program. We are providing questionnaires to recent patients to collect their views; **your feedback is very important in helping us gain a picture of the care you received.**

Taking part in this survey is voluntary and it should take about 10 minutes to complete the enclosed questionnaire. None of the staff who treated you will know if you respond, and all answers provided are **entirely confidential**.

Results from the survey will be presented to the hospital where you received care and staff find this a very useful way of understanding patients' views and needs. Please take this opportunity to tell us what it was like for you. This survey is part of a national evaluation of the Expanded Scopes of Practice Program.

Please return the questionnaire in the stamped self-addressed envelope provided.

Completing the questionnaire

For each question please circle one number that best reflects the care you received and how you felt about it. If you make a mistake, simply cross out the mistake and circle another number. Please do not write your name or address anywhere on this questionnaire.

This survey is anonymous

At no point will your name and address be linked to your responses for this survey. Your responses will only be used to provide information about the quality of the services the hospital provides and to help us to improve these services. If you do not want to take part, you can opt out by returning the questionnaire blank.

I've visited this hospital more than once, which visit should I refer to?

This questionnaire is about your most recent visit where you attended the Endoscopy Unit as a patient and saw the Nurse Endoscopist.

Can this questionnaire be completed by a relative / friend of the patient?

Yes, but the questions should be answered from the point of view of the person who has seen the endoscopy nurse.

I can't answer one of the questions – what should I do?

If you can't answer a question just leave it blank and move to the next.

If you have any questions about the purpose of the survey or the use of this information, please speak with the Expanded Scopes of Practice endoscopy nurse or telephone the project team on [INSERT NUMBER].

Thank you from the Expanded Scopes of Practice Nurse Endoscopy Team

Your experience of care

There are five possible responses for each question, ranging from **1 (excellent)** to **5 (poor)**.

Please circle the number that best reflects your experience of care during your recent visit to the endoscopy unit.

	Excellent	Very good	Good	Fair	Poor
1. How would you rate the <u>personal manner</u> (courtesy, respect, sensitivity, friendliness) of the <i>endoscopy nurse</i> who performed your procedure?	1	2	3	4	5
2. How would you rate the <u>technical skills</u> (thoroughness, carefulness, competence) of the <i>endoscopy nurse</i> who performed your procedure?	1	2	3	4	5
3. How would you rate the <u>explanation and information</u> given by the <i>endoscopy nurse</i> at the start of the procedure (about what to expect, what will happen next)?	1	2	3	4	5
4. How would you rate the <u>explanation and information</u> given by the <i>endoscopy nurse</i> at the end of the procedure (about findings, self-care and recovery)?	1	2	3	4	5
5. How would you rate the <i>endoscopy nurse's knowledge</i> about your problem and your medical history?	1	2	3	4	5

Pain and discomfort

There are five possible responses for each question, ranging from 1 (none) to 5 (very severe). Please circle the number that best reflects your experience during the procedure.

	None	Mild	Moderate	Severe	Very severe
6. How anxious were you about / during the procedure?	1	2	3	4	5
7. How much pain and discomfort did you have during / after the procedure?	1	2	3	4	5

Satisfaction with care

For the following questions, please tick the box that best reflects your satisfaction with care from the Expanded Scopes of Practice endoscopy nurse today.

8. Thinking about the time it took to get an appointment with the endoscopy nurse, how satisfied were you?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

9. How satisfied were you with your experience in being cared for by the endoscopy nurse?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

10. Please circle the number that reflects your overall experience of the procedure.

I had a very poor experience

I had a very good experience



About you

For the following questions, please tick the most appropriate box.

11. Gender of the patient

- 1 Male
- 2 Female

12. Age of the patient _____

13. What was your relationship to the patient?

- 1 I was the patient
- 2 I am a relative or carer of the patient

14. Were you made aware that you were being treated as part of the Expanded Scopes of Practice Program for advanced practice in endoscopy nursing?

- 1 Yes, before the consultation
- 2 Yes, during the consultation
- 3 Yes, after the consultation
- 4 No

15. Have you ever had endoscopic examinations before?

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

Thank you for completing this questionnaire. Your help is appreciated.

Evaluation Tool 9b

Patient experience and satisfaction survey – Physiotherapists in the ED

Dear patient,

Patient experience and satisfaction survey

You are invited to take part in a survey about the care you received in [HOSPITAL NAME] where you recently attended the Emergency Department and were seen by an Expanded Scope Physiotherapist as part of the Expanded Scopes of Practice Program. We are providing questionnaires to recent patients to collect their views; **your feedback is very important in helping us gain a picture of the care you received.**

Taking part in this survey is voluntary and it should take about 10 minutes to complete the enclosed questionnaire. None of the staff who treated you will know if you respond, and all answers provided are **entirely confidential.**

Results from the survey will be presented to the hospital where you received care and staff find this a very useful way of understanding patients' views and needs. Please take this opportunity to tell us what it was like for you. This survey is part of a national evaluation of the Expanded Scopes of Practice Program.

Please return the questionnaire to the receptionist in the Emergency Department or place it the box marked "ESOP Survey Returns".

Completing the questionnaire

For each question please circle one number that best reflects the care you received and how you felt about it. If you make a mistake, simply cross out the mistake and circle another number. Please do not write your name or address anywhere on this questionnaire.

This survey is anonymous

At no point will your name and address be linked to your responses for this survey. Your responses will only be used to provide information about the quality of the services the hospital provides and to help us to improve these services. If you do not want to take part, you can opt out by returning the questionnaire blank.

I've visited this hospital more than once, which visit should I refer to?

This questionnaire is about your most recent visit where you attended the Emergency Department as a patient and saw the physiotherapist.

Can this questionnaire be completed by a relative / friend of the patient?

Yes, but the questions should be answered from the point of view of the person who has seen the physiotherapist.

I can't answer one of the questions – what should I do?

If you can't answer a question just leave it blank and move to the next.

If you have any questions about the purpose of the survey or the use of this information, please speak with the Expanded Scopes of Practice Physiotherapist or telephone the project team on [INSERT NUMBER].

Thank you from the Expanded Scopes of Practice Physiotherapy Team

Your experience of care

There are five possible responses for the following questions, ranging from **1 (strongly agree)** to **5 (strongly disagree)**.

Please circle the number that best reflects your experience of care from the Expanded Scopes of Practice physiotherapist today.

	Strongly agree				Strongly disagree
1. The physiotherapist gave me enough information about the cause of my problem	1	2	3	4	5
2. The physiotherapist gave me a clear explanation of the cause of my problem	1	2	3	4	5
3. The physiotherapist told me what to do to prevent further problems	1	2	3	4	5
4. The physiotherapist seemed to believe that my problem was real	1	2	3	4	5
5. The physiotherapist understood the concerns I had about my problem	1	2	3	4	5
6. The physiotherapist seemed comfortable dealing with my problem	1	2	3	4	5
7. The physiotherapist was concerned about what happened with my problem after I left the emergency department	1	2	3	4	5
8. The treatment prescribed by the physiotherapist for my problem was effective	1	2	3	4	5
9. The physiotherapist seemed confident that the treatment he / she prescribed would work	1	2	3	4	5
10. The physiotherapist gave me a clear idea of how long it might take for my problem to get better	1	2	3	4	5
11. After seeing the physiotherapist I knew what I needed to do for my problem	1	2	3	4	5
12. The physiotherapist listened carefully to my description of my problem	1	2	3	4	5
13. The physiotherapist made me feel less worried about my problem	1	2	3	4	5

	Strongly agree					Strongly disagree
14. The physiotherapist performed a thorough examination of me	1	2	3	4	5	
15. The physiotherapist understood what was wrong with me	1	2	3	4	5	
16. The physiotherapist ordered as many tests as necessary	1	2	3	4	5	

Satisfaction with care

For the following questions, please tick the box that best reflects your satisfaction with care from the Expanded Scopes of Practice physiotherapist today.

17. Thinking about the time it took to be seen by the physiotherapist, how satisfied were you?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

18. How satisfied were you with your experience in being cared for by the physiotherapist?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

19. Please circle the number that reflects your overall experience of the emergency department today.

I had a very poor experience

I had a very good experience



About you

For the following questions, please tick the most appropriate box.

20. Gender of the patient

- 1 Male
- 2 Female

21. Age of the patient _____

22. What was your relationship to the patient?

- 1 I was the patient
- 2 I am a relative or carer of the patient

23. Were you made aware that you were being treated as part of the Expanded Scopes of Practice Program for physiotherapists in the Emergency Department?

- 1 Yes, before the consultation
- 2 Yes, during the consultation
- 3 Yes, after the consultation
- 4 No

24. Before this current visit to the Emergency Department, had you previously visited the Emergency Department about the same condition or something related to it?

- 1 Yes, within the previous week
- 2 Yes, more than a week but less than a month earlier
- 3 Yes, more than a month earlier
- 4 No
- 5 Don't know / Can't remember

Thank you for completing this questionnaire. Your help is appreciated.

Please return the questionnaire to the receptionist in the Emergency Department or place it the box marked "ESOP Survey Returns".

Evaluation Tool 9c

Patient experience and satisfaction survey – Nurses in the ED

Dear patient,

Patient experience and satisfaction survey

You are invited to take part in a survey about the care you received in [HOSPITAL NAME] where you recently attended the Emergency Department and were seen by an Expanded Scope of Practice Nurse as part of the Expanded Scopes of Practice Program. We are providing questionnaires to recent patients to collect their views; **your feedback is very important in helping us gain a picture of the care you received.**

Taking part in this survey is voluntary and it should take about 10 minutes to complete the enclosed questionnaire. None of the staff who treated you will know if you respond, and all answers provided are **entirely confidential.**

Results from the survey will be presented to the hospital where you received care and staff find this a very useful way of understanding patients' views and needs. Please take this opportunity to tell us what it was like for you. This survey is part of a national evaluation of the Expanded Scopes of Practice Program.

Please return the questionnaire to the receptionist in the Emergency Department or place it the box marked "ESOP Survey Returns".

Completing the questionnaire

For each question please circle one number that best reflects the care you received and how you felt about it. If you make a mistake, simply cross out the mistake and circle another number. Please do not write your name or address anywhere on this questionnaire.

This survey is anonymous

At no point will your name and address be linked to your responses for this survey. Your responses will only be used to provide information about the quality of the services the hospital provides and to help us to improve these services. If you do not want to take part, you can opt out by returning the questionnaire blank.

I've visited this hospital more than once, which visit should I refer to?

This questionnaire is about your most recent visit where you attended the Emergency Department as a patient and saw the Expanded Scope of Practice Nurse.

Can this questionnaire be completed by a relative / friend of the patient?

Yes, but the questions should be answered from the point of view of the person who has seen the Expanded Scope of Practice Nurse.

I can't answer one of the questions – what should I do?

If you can't answer a question just leave it blank and move to the next.

If you have any questions about the purpose of the survey or the use of this information, please speak with the Expanded Scope of Practice Nurse or telephone the project team on [INSERT NUMBER].

Thank you from the Expanded Scope of Practice Nurse team

Your experience of care

There are five possible responses for the following questions, ranging from **1 (strongly agree)** to **5 (strongly disagree)**.

Please circle the number that best reflects your experience of care from the Expanded Scopes of Practice nurse today.

	Strongly agree				Strongly disagree
1. The nurse gave me enough information about the cause of my problem	1	2	3	4	5
2. The nurse gave me a clear explanation of the cause of my problem	1	2	3	4	5
3. The nurse told me what to do to prevent further problems	1	2	3	4	5
4. The nurse seemed to believe that my problem was real	1	2	3	4	5
5. The nurse understood the concerns I had about my problem	1	2	3	4	5
6. The nurse seemed comfortable dealing with my problem	1	2	3	4	5
7. The nurse was concerned about what happened with my problem after I left the emergency department	1	2	3	4	5
8. The treatment prescribed by the nurse for my problem was effective	1	2	3	4	5
9. The nurse seemed confident that the treatment he / she prescribed would work	1	2	3	4	5
10. The nurse gave me a clear idea of how long it might take for my problem to get better	1	2	3	4	5
11. After seeing the nurse I knew what I needed to do for my problem	1	2	3	4	5
12. The nurse listened carefully to my description of my problem	1	2	3	4	5
13. The nurse made me feel less worried about my problem	1	2	3	4	5
14. The nurse performed a thorough examination of me	1	2	3	4	5
15. The nurse understood what was wrong with me	1	2	3	4	5

	Strongly agree					Strongly disagree
16. The nurse ordered as many tests as necessary	1	2	3	4	5	

Satisfaction with care

For the following questions, please tick the box that best reflects your satisfaction with care from the Expanded Scopes of Practice nurse today.

17. Thinking about the time it took to be seen by the nurse, how satisfied were you?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

18. How satisfied were you with your experience in being cared for by the nurse?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

19. Please circle the number that reflects your overall experience of the emergency department today.

I had a very poor
experience

I had a very good
experience



About you

For the following questions, please tick the most appropriate box.

20. Gender of the patient

- 1 Male
- 2 Female

21. Age of the patient _____

22. What was your relationship to the patient?

- 1 I was the patient
- 2 I am a relative or carer of the patient

23. Were you made aware that you were being treated as part of the Expanded Scopes of Practice Program for nurses in the Emergency Department?

- 1 Yes, before the consultation
- 2 Yes, during the consultation
- 3 Yes, after the consultation
- 4 No

24. Before this current visit to the Emergency Department, had you previously visited the Emergency Department about the same condition or something related to it?

- 1 Yes, within the previous week
- 2 Yes, more than a week but less than a month earlier
- 3 Yes, more than a month earlier
- 4 No
- 5 Don't know / Can't remember

Thank you for completing this questionnaire. Your help is appreciated.

Please return the questionnaire to the receptionist in the Emergency Department or place it the box marked "ESOP Survey Returns".

Evaluation Tool 9d

Patient experience and satisfaction survey – Extending the Role of Paramedics

Dear patient,

Patient experience and satisfaction survey

You are invited to take part in a survey about the care you received from [AMBULANCE SERVICE NAME] when you recently were seen by an Extended Care Paramedic.

We are providing questionnaires to recent patients to collect their views; **your feedback is very important in helping us gain a picture of the care you received.**

Taking part in this survey is voluntary and it should take about 10 minutes to complete the enclosed questionnaire. None of the staff who treated you will know if you respond, and all answers provided are **entirely confidential.**

Results from the survey will be presented to the ambulance service that provides care in your local area and staff find this a very useful way of understanding patients' views and needs. Please take this opportunity to tell us what it was like for you. This survey is part of a national evaluation of the Expanded Scopes of Practice Program.

Please return the questionnaire in the stamped self-addressed envelope provided.

Completing the questionnaire

For each question please circle one number that best reflects the care you received and how you felt about it. If you make a mistake, simply cross out the mistake and circle another number. Please do not write your name or address anywhere on this questionnaire.

This survey is anonymous

At no point will your name and address be linked to your responses for this survey. Your responses will only be used to provide information about the quality of the services the paramedic provides and to help us to improve these services. If you do not want to take part, you can opt out by returning the questionnaire blank.

I've been seen by the paramedic more than once, which visit should I refer to?

This questionnaire is about your most recent experience with the Extended Care Paramedic.

Can this questionnaire be completed by a relative / friend of the patient?

Yes, but the questions should be answered from the point of view of the person who has seen the paramedic.

I can't answer one of the questions – what should I do?

If you can't answer a question just leave it blank and move to the next.

If you have any questions about the purpose of the survey or the use of this information, please speak with the Project Officer from the Expanded Scopes of Practice project on [INSERT NUMBER].

Thank you from the Expanded Scopes of Practice Extended Care Paramedic Team

Your experience of care

There are five possible responses for the following questions, ranging from **1 (strongly agree)** to **5 (strongly disagree)**.

Please circle the number that best reflects your experience of care from the Expanded Scopes of Practice ambulance officer today.

	Strongly agree				Strongly disagree
1. The ambulance officer gave me enough information about the cause of my problem	1	2	3	4	5
2. The ambulance officer gave me a clear explanation of the cause of my problem	1	2	3	4	5
3. The ambulance officer told me what to do to prevent further problems	1	2	3	4	5
4. The ambulance officer seemed to believe that my problem was real	1	2	3	4	5
5. The ambulance officer understood the concerns I had about my problem	1	2	3	4	5
6. The ambulance officer seemed comfortable dealing with my problem	1	2	3	4	5
7. The ambulance officer was concerned about what happened with my problem after I left their care	1	2	3	4	5
8. The treatment prescribed by the ambulance officer for my problem was effective	1	2	3	4	5
9. The ambulance officer seemed confident that the treatment he / she prescribed would work	1	2	3	4	5
10. The ambulance officer gave me a clear idea of how long it might take for my problem to get better	1	2	3	4	5
11. After seeing the ambulance officer I knew what I needed to do for my problem	1	2	3	4	5
12. The ambulance officer listened carefully to my description of my problem	1	2	3	4	5
13. The ambulance officer made me feel less worried about my problem	1	2	3	4	5
14. The ambulance officer performed a thorough examination of me	1	2	3	4	5

	Strongly agree					Strongly disagree
15. The ambulance officer understood what was wrong with me	1	2	3	4	5	

Satisfaction with care

For the following questions, please tick the box that best reflects your satisfaction with care from the Expanded Scopes of Practice ambulance officer today.

16. Thinking about the time it took to be seen by the ambulance officer, how satisfied were you?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

17. How satisfied were you with your experience in being cared for by the ambulance officer?

- 1 Very satisfied
- 2 Satisfied
- 3 Neither satisfied nor dissatisfied
- 4 Dissatisfied
- 5 Very dissatisfied
- 6 Don't know / Can't say

18. Please circle the number that reflects your overall experience of the ambulance service today.

I had a very poor experience

I had a very good experience



About you

For the following questions, please tick the most appropriate box.

19. Gender of the patient

- 1 Male
- 2 Female

20. Age of the patient _____

21. What was your relationship to the patient?

- 1 I was the patient
- 2 I am a relative or carer of the patient

22. Were you made aware that you were being treated as part of the Expanded Scopes of Practice Program for ambulance officers?

- 1 Yes, before the consultation
- 2 Yes, during the consultation
- 3 Yes, after the consultation
- 4 No

23. Before this call to the ambulance service, had you previously called the ambulance service about the same condition or something related to it?

- 1 Yes, within the previous week
- 2 Yes, more than a week but less than a month earlier
- 3 Yes, more than a month earlier
- 4 No
- 5 Don't know / Can't remember

Thank you for completing this questionnaire. Your help is appreciated.

Evaluation Tool 10

Overview – Expanded Scope of Practice personnel survey

Purpose

As part of the Expanded Scopes of Practice Program, this data collection tool is designed to elicit the experiences of personnel who are working in ESOP roles, including role satisfaction, relationships with other staff, consumer acceptability and their opinions on whether the new ways of working are sustainable. We anticipate that ESOP personnel will also be interviewed by the National Evaluation Team regarding their experiences, using selected questions from Evaluation Tool 11. The use of a quantitative tool will complement the qualitative approach, facilitating comparison across sub-projects and ensuring key issues are covered.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The survey has been developed by the National Evaluation Team using the online survey software SurveyMonkey®. You will need to collate a list of email addresses for all ESOP staff at your organisation, for the survey to be electronically distributed to your ESOP personnel via email. Alternatively a web-link to the survey can be generated by the National Evaluation Team and forwarded to relevant personnel. You may be asked to assist with improving response rates and send reminders if appropriate. You will have the ability to insert your organisation's logo into the survey if desired.

An introductory page will be included in both the online and paper copy survey, providing information to participants (your ESOP staff) about the survey being voluntary, completion time, and other instructions about completing the survey. The National Evaluation Team will be available to respond to any queries regarding the survey and the associated processes of distribution, collection and analysis. This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience, workforce capacity and sustainability.

User

This tool will be completed by relevant ESOP staff.

Source

This survey has been adapted from "The Northern Emergency Nurse Practitioner Staff Survey" developed by Considine and Martin, as well as the "Emergency Department Staff Satisfaction Survey on the Role of the Primary Contact Physiotherapist in the Emergency Department" developed by Taylor et al. The work of the Alfred Hospital Melbourne is also acknowledged. This approach has been chosen in order to maximise the potential for overlapping content with the survey for other staff and stakeholders affected by the ESOP project (Tool 8a – 8d).

Evaluation Tool 10

Expanded Scope of Practice personnel survey

Date survey completed:

Facility name:

Please tick which box applies below:

- Nurse in ED
- Physiotherapist in ED
- Extended Care Paramedic
- Trainee nurse endoscopist

	Strongly agree				Strongly disagree	
1. Staff in the service where I work have a good understanding of my new role and functions	1	2	3	4	5	N/A
2. Other key stakeholders (i.e. other members of the health care team) have a good understanding of my new role and functions	1	2	3	4	5	N/A
3. My professional skills and expertise are acknowledged by other staff in the service where I work	1	2	3	4	5	N/A
4. Other staff at the service where I work have a good understanding of how my skills and expertise differ from other <i>nurses/physiotherapists/paramedics</i> who have not undertaken ESOP training and practice	1	2	3	4	5	N/A
5. Other staff at the service where I work have a good understanding of the educational preparation required to take on my expanded role	1	2	3	4	5	N/A
6. Other staff at the service where I work acknowledge that I have the skills and knowledge required to provide appropriate care to patients within my expanded role	1	2	3	4	5	N/A
7. Other staff at the service where I work acknowledge that I have the skills and knowledge required to provide education and information to patients within my expanded role	1	2	3	4	5	N/A
8. I feel confident that I have the skills and knowledge to provide appropriate care	1	2	3	4	5	N/A

	Strongly agree					Strongly disagree	
	to patients within my expanded role						
9.	I feel confident that I have the skills and knowledge to provide education and information to patients within my expanded role	1	2	3	4	5	N/A
10.	Changes to practices, protocols and policies have helped me to implement my expanded role	1	2	3	4	5	N/A
11.	Changes to attitudes and beliefs in my work place have helped me to implement my expanded role	1	2	3	4	5	N/A
12.	I feel confident dealing with patients in my expanded role	1	2	3	4	5	N/A
13.	Patients are comfortable that I have the skills and expertise required to provide appropriate care	1	2	3	4	5	N/A
14.	My expanded role makes the service where I work more effective	1	2	3	4	5	N/A
15.	My expanded role improves access to <i>emergency care/endoscopy</i>	1	2	3	4	5	N/A
16.	My expanded role improves quality of care for specific patient groups	1	2	3	4	5	N/A
17.	I am comfortable approaching other staff for advice regarding patient management	1	2	3	4	5	N/A
18.	Appropriate personnel – such as medical specialists, senior nurses and allied health staff – are available to supervise me and provide mentoring whenever needed	1	2	3	4	5	N/A
19.	I am satisfied with my expanded role and feel it has enhanced my career	1	2	3	4	5	N/A
20.	I am planning to stay on in my expanded role for the foreseeable future	1	2	3	4	5	N/A
21.	Any additional comments:						

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Evaluation Tool 11

Overview – ESOP personnel interview guide

Purpose

The purpose of this tool is to collect information on the views of ESOP personnel in relation to the ESOP Program. The semi-structured interview format provides an opportunity to explore issues raised by ESOP personnel through other data collection methods, in more depth.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This tool had been designed for one off data collection for a snapshot period for a complete sample of ESOP personnel.

This information will assist in answering several evaluation questions, particularly questions relating to service provider outcomes and experience and sustainability.

User

This guide will be used by the National Evaluation Team to direct semi-structured interviews to be conducted with ESOP personnel. These interviews will be conducted towards the end of the ESOP Program.

Evaluation Tool 11

ESOP personnel interview guide

National Evaluation of the Health Workforce Australia – Expanded Scopes of Practice Program

PARTICIPANT INFORMATION SHEET – INTERVIEWS WITH EXPANDED SCOPE OF PRACTICE PERSONNEL

Invitation

You are invited to participate in a semi-structured interview as part of the national evaluation of the Health Workforce Australia (HWA) Expanded Scopes of Practice Program. Please note that:

- Your participation is entirely voluntary.
- You may withdraw at any time from the interview without prejudice or affecting your employment.
- Your input will not influence your employment or participation in the expanded scopes of practice program.

After you have read the following explanation, please feel free to ask any questions that will ensure you understand the nature of the evaluation.

Contact for information about the evaluation

If you have any questions about participation in this project, please contact either:

- Cristina Thompson, Senior Research Fellow, on 02 4221 5095 or cristina_thompson@uow.edu.au
- Karen Quinsey, Senior Research Fellow, on 02 4221 4411 or kquinsey@uow.edu.au

What this evaluation is about

The Expanded Scopes of Practice (ESOP) program addresses the need for reform in Australia's health workforce. Funded by Health Workforce Australia, a national agency, the ESOP program is designed to support local practice improvements and evaluate them in terms of their national significance. Each project within the ESOP program has selected and trained staff to equip them for providing expanded scopes of practice. The ESOP program provides an opportunity to implement and evaluate existing models of care that aim to address health workforce shortages, improve access to care and encourage career development and staff retention in some key areas of the health workforce.

The aim of the national evaluation is to allow the achievements of the ESOP program to be judged against its objectives. This will include assessing how successfully the ESOP program has been implemented, whether the desired gains in workforce capacity and productivity have been achieved, and what supports are required (e.g., stakeholder engagement, changes to policy and funding platforms, training and accreditation requirements) to facilitate national replication of successful projects.

How this interview will be conducted

Your role in this part of the evaluation will be in the form of an interview, which will explore your perceptions of the Expanded Scope of Practice initiative implemented in your organisation.

ESOP personnel from all projects have been invited to participate in an interview. This semi-structured interview will take approximately 45-60 minutes to complete. You can cease the interview at any time and choose not to continue. Declining to participate or withdrawing your consent will not adversely affect your relationship with Health Workforce Australia, the University of Wollongong or the organisation at which you are employed.

The interview will be conducted at a time and place convenient to you. To ensure that there is an accurate record of what you say we would like to record your interview on a digital recorder. However, if for any reason, you do not wish that to occur the interview will be recorded by the taking of notes. If you agree to recording of the interview you can stop the recording at any time during the interview, in which case the remainder of the interview will be recorded by the taking of notes. Interview recordings will be transcribed.

All records of your interview (recording, transcription, notes) will be assigned a code number known only to the national evaluation team. This will allow us to check back to the original records during our analysis if there is a need to do so. This will also allow us to destroy the records if you decide after the interview that you wish to withdraw your consent to participate. Recordings, transcriptions and notes remain the property of the Centre for Health Service Development at the University of Wollongong and will be retained for five years and then destroyed. Your participation is entirely voluntary; your input will not influence your employment or participation in the expanded scopes of practice program in any way.

There are no known risks to participation. Your participation will contribute to the evaluation of the sub-project in which you are involved as well as the ESOP program overall, including the possibility of future national implementation. Your confidentiality will be respected. No information that discloses your identity will be released or published.

Contact for concerns about the evaluation

If you have any concerns or complaints regarding the way that the national evaluation is or has been conducted, you can contact the Complaints Officer, Human Research Ethics Committee, at the University of Wollongong on 02 4221 4457 or email rso-ethics@uow.edu.au and quote the reference number HE12/328.

National Evaluation of the Health Workforce Australia – Expanded Scopes of Practice Program

CONSENT FORM – INTERVIEWS WITH EXPANDED SCOPE OF PRACTICE PERSONNEL

I have been given information about the 'National Evaluation of the Health Workforce Australia (HWA) Expanded Scopes of Practice (ESOP) program', being conducted by the Centre for Health Service Development, University of Wollongong. I understand that the aim of the national evaluation is to assess the ESOP program against its objectives of improving workforce capacity and productivity; providing safe, high quality and cost-effective care; and contributing evaluation data to inform potential national rollout of successful, sustainable service models. I have had the opportunity to discuss any questions or concerns about the evaluation with a member of the national evaluation team.

I have been advised of the risks associated with this evaluation and the conditions of participation, which consists of participating in an interview that will take approximately 45-60 minutes.

I understand that my participation in this national evaluation is entirely voluntary, that I am free to refuse to participate and that I am free to withdraw from the project at any time. I understand that if I decline to participate or withdraw my consent, this will not adversely affect my relationship with Health Workforce Australia, the University of Wollongong or the organisation at which I am employed. I also understand that no identifying information will be included in any reports, publications or presentations developed from the interview, and that all materials generated as part of the interview will be securely stored and destroyed in accordance with relevant University guidelines.

I understand that if I have any questions or concerns about the evaluation and my participation, I can contact the Centre for Health Service Development (Project Manager, Cristina Thompson on 02 4221 5095). If I have any concerns or complaints regarding the way the evaluation is or has been conducted, I can contact the Ethics Officer at the University of Wollongong on (02) 4221 4457 or rso-ethics@uow.edu.au and quote the reference number HE12/328 (see the Participant Information Sheet for further information.)

By signing below I am indicating my consent to participate in an audio-recorded interview as part of the national evaluation of the Health Workforce Australia Expanded Scopes of Practice program.

Signed.....

Date/...../.....

Name (please print).....

Organisation (please print).....

A completed consent form must be returned prior to commencement of the interview. It can be completed in paper form and returned to Cristina Thompson (Project Manager) by facsimile or email:

Cristina Thompson, Project Manager,
Centre for Health Service Development, University of Wollongong
FACSIMILE: (02) 4221 4679

You may also scan the form and email it to cristina_thompson@uow.edu.au

Thank you.

Note for interviewers:

There may be some overlap between questions depending on the extent of the comments made in response to particular questions. Discretion should be used to avoid asking a question that has already been answered in responding to a previous question. Some questions may not be applicable for some interviewees and judgement should also be used in this regard.

Q	Domain of inquiry – ESOP Program Evaluation Framework	Specific questions
1	Provider outcomes and experience	What has changed about your own practice as a result of ESOP? <i>(Prompt: describe your own role before and after the implementation of ESOP)</i>
2	Productivity	To what extent were you able to implement the full expanded scope of practice? <i>(Prompt: obstacles and barriers to the role, including diversion to other roles, regulatory issues, etc.)</i>
3	Productivity	In your experience how has the ESOP project changed 'the way we do things around here'? <i>(Prompt: what if any impact has the ESOP role had on workforce productivity?)</i>
4	Workforce capacity	Did you feel adequately prepared for the role? <i>(Prompt: previous experience; training; competency assessment)</i>
5	Safety and quality	Did you feel adequately supported in the role? <i>(Prompt: mentoring, resources, governance and risk management arrangements)</i>
6	Sustainability	What has been the impact of ESOP on your working life? <i>(Prompt: workload; professional identity; respect from other members of the health care team; career structure and future intentions)</i>
7	Effectiveness	What has changed for consumers as a result of ESOP? <i>(Prompt: observations about impacts on wait times, patient journeys, etc.)</i>
8	Patient/consumer outcomes and experiences	Have you had patient/consumer feedback on ESOP? How have patients/consumers responded? <i>(Prompt: Do patients understand what ESOP is all about? How comfortable do you think patients are with the changes? How confident are you about the outcomes for patients – are they the same, better or worse?)</i>
9	Productivity	What has changed in your workplace and for your colleagues (those who are not directly involved in ESOP) as a result of ESOP? <i>(Prompt: changes in work practices; changes in roles;</i>

Q	Domain of inquiry – ESOP Program Evaluation Framework	Specific questions
		<i>changes in mix of skills available)</i>
10	Productivity	To what extent do you think ESOP created a new system of working (model of care), or did it mainly result in changes to the previous system of working? <i>(Prompt: changes in the way the organisation functions; genuine role substitution versus role enhancement)</i>
11	Sustainability	How have people in your workplace (not directly involved in ESOP) responded? <i>(Prompt: Do you think people understand what ESOP is all about? Do they understand your role and the new scope of practice? Have there been any misunderstandings? How were they resolved? How comfortable do you think people are with the changes?)</i>
12	Safety and quality	In your opinion what has been the impact of ESOP on patient quality and safety? <i>(Prompt: How are these outcomes monitored? Do you have access to these data? What are the arrangements for ensuring quality and safety? How are adverse outcomes addressed?)</i>
13	Efficiency	How has ESOP contributed to changes in efficiency and cost-effectiveness? <i>(Prompt: Do you have access to these data? Were there any factors outside the project that might have influenced these outcomes?)</i>
14	Generalisability/scalability	What is needed at the organisation level and the health system level to support a project like this? Were the necessary support systems in place to achieve the aims of your local ESOP project? <i>(Prompt: computer systems, staffing; regulatory changes; stakeholder engagement)</i>
15	Generalisability/scalability	What lessons do you think have been learnt from ESOP?
16	Sustainability	How has information about ESOP been shared in your workplace? What about beyond your workplace? <i>(Prompt: How was information about the changes communicated to staff? Have the results of the project been shared with staff and other stakeholders? How effective do you think the communication strategies have been, and is there anything you would do differently?)</i>
17	Sustainability	What is the likelihood of you continuing in this ESOP role? <i>(Prompt: What factors might affect retention of these staff/roles? What is the key advice you would give a colleague who decides to undertake this role?)</i>

Q	Domain of inquiry – ESOP Program Evaluation Framework	Specific questions
18	Patient/consumer outcomes and experiences	<p><i>Only ask this question if time permits:</i></p> <p>Is there any patient story you would like to share as an example of the impact that this ESOP role has on the patient journey?</p>
19	Demographic information	<p>Note interviewee's professional group (i.e. Nurse, physiotherapist, trainee nurse endoscopist, extended care paramedic) and gender.</p>
20	Closing the interview	<p>Do you have anything to add? Have I left out any important questions?!</p>

Evaluation Tool 12

Overview – Key stakeholder interview guide

Purpose

The purpose of this tool is to collect information on the key stakeholders in relation to the ESOP Program. The semi-structured interview format provides an opportunity to explore sustainability issues in more depth.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This tool had been designed for one off data collection for a snapshot period for a purposive sample of key stakeholders. Project sites will be asked to nominate appropriate individuals for interview on the basis of guidelines provided by the NET.

This information will assist in answering several evaluation questions, particularly questions relating to workforce productivity and sustainability.

User

This guide will be used by the National Evaluation Team to direct semi-structured interviews to be conducted with key stakeholders. These interviews will be conducted towards the end of the ESOP Program.

Evaluation Tool 12

Key stakeholder interview guide

National Evaluation of the Health Workforce Australia – Expanded Scopes of Practice Program

PARTICIPANT INFORMATION SHEET – INTERVIEWS WITH EXPANDED SCOPE OF PRACTICE KEY STAKEHOLDERS

Invitation

You are invited to participate in a semi-structured interview as part of the national evaluation of the Health Workforce Australia (HWA) Expanded Scopes of Practice Program. Please note that:

- Your participation is entirely voluntary.
- You may withdraw at any time from the interview without prejudice or affecting your employment.
- Your input will not influence your employment or participation in the expanded scopes of practice program.

After you have read the following explanation, please feel free to ask any questions that will ensure you understand the nature of the evaluation.

Contact for information about the evaluation

If you have any questions about participation in this project, please contact either:

- Cristina Thompson, Senior Research Fellow, on 02 4221 5095 or cristina_thompson@uow.edu.au
- Karen Quinsey, Senior Research Fellow, on 02 4221 4411 or kquinsey@uow.edu.au

What this evaluation is about

The Expanded Scopes of Practice (ESOP) program addresses the need for reform in Australia's health workforce. Funded by Health Workforce Australia, a national agency, the ESOP program is designed to support local practice improvements and evaluate them in terms of their national significance. Each project within the ESOP program has selected and trained staff to equip them for providing expanded scopes of practice. The ESOP program provides an opportunity to implement and evaluate existing models of care that aim to address health workforce shortages, improve access to care and encourage career development and staff retention in some key areas of the health workforce.

The aim of the national evaluation is to allow the achievements of the ESOP program to be judged against its objectives. This will include assessing how successfully the ESOP program has been implemented, whether the desired gains in workforce capacity and productivity have been achieved, and what supports are required (e.g., stakeholder engagement, changes to policy and funding platforms, training and accreditation requirements) to facilitate national replication of successful projects.

How this interview will be conducted

Your role in this part of evaluation will be in the form of an interview, which will explore your perceptions of the Expanded Scope of Practice initiative implemented in your organisation.

A range of key stakeholders from your organisation have been invited to participate in an interview. This semi-structured interview will take approximately 30 minutes to complete. You can cease the interview at any time and choose not to continue. Declining to participate or withdrawing your consent will not adversely affect your relationship with Health Workforce Australia, the University of Wollongong or the organisation at which you are employed.

The interview will be conducted at a time and place convenient to you. To ensure that there is an accurate record of what you say we would like to record your interview on a digital recorder. However, if for any reason, you do not wish that to occur the interview will be recorded by the taking of notes. If you agree to recording of the interview you can stop the recording at any time during the interview, in which case the remainder of the interview will be recorded by the taking of notes. Interview recordings will be transcribed.

All records of your interview (recording, transcription, notes) will be assigned a code number known only to the national evaluation team. This will allow us to check back to the original records during our analysis if there is a need to do so. This will also allow us to destroy the records if you decide after the interview that you wish to withdraw your consent to participate. Recordings, transcriptions and notes remain the property of the Centre for Health Service Development at the University of Wollongong and will be retained for five years and then destroyed. Your participation is entirely voluntary; your input will not influence your employment or participation in the expanded scopes of practice program in any way.

There are no known risks to participation. Your participation will contribute to the evaluation of the sub-project in which you are involved as well as the ESOP program overall, including the possibility of future national implementation. Your confidentiality will be respected. No information that discloses your identity will be released or published.

Contact for concerns about the evaluation

If you have any concerns or complaints regarding the way that the national evaluation is or has been conducted, you can contact the Complaints Officer, Human Research Ethics Committee, at the University of Wollongong on 02 4221 4457 or email rso-ethics@uow.edu.au and quote the reference number HE12/328.

National Evaluation of the Health Workforce Australia – Expanded Scopes of Practice Program

CONSENT FORM – INTERVIEWS WITH EXPANDED SCOPE OF PRACTICE KEY STAKEHOLDERS

I have been given information about the 'National Evaluation of the Health Workforce Australia (HWA) Expanded Scopes of Practice (ESOP) program', being conducted by the Centre for Health Service Development, University of Wollongong. I understand that the aim of the national evaluation is to assess the ESOP program against its objectives of improving workforce capacity and productivity; providing safe, high quality and cost-effective care; and contributing evaluation data to inform potential national rollout of successful, sustainable models. I have had the opportunity to discuss any questions or concerns about the evaluation with a member of the national evaluation team.

I have been advised of the risks associated with this evaluation and the conditions of participation, which consists of participating in an interview that will take approximately 30 minutes.

I understand that my participation in this national evaluation is entirely voluntary, that I am free to refuse to participate and that I am free to withdraw from the project at any time. I understand that if I decline to participate or withdraw my consent, this will not adversely affect my relationship with Health Workforce Australia, the University of Wollongong or the organisation at which I am employed. I also understand that no identifying information will be included in any reports, publications or presentations developed from the interview, and that all materials generated as part of the interview will be securely stored and destroyed in accordance with relevant University guidelines.

I understand that if I have any questions or concerns about the evaluation and my participation, I can contact the Centre for Health Service Development (Project Manager, Cristina Thompson on 02 4221 5095). If I have any concerns or complaints regarding the way the evaluation is or has been conducted, I can contact the Ethics Officer at the University of Wollongong on (02) 4221 4457 or rso-ethics@uow.edu.au and quote the reference number HE12/328 (see the Participant Information Sheet for further information.)

By signing below I am indicating my consent to participate in an audio-recorded interview as part of the national evaluation of the Health Workforce Australia Expanded Scopes of Practice program.

Signed.....

Date/...../.....

Name (please print).....

Organisation (please print).....

A completed consent form must be returned prior to commencement of the interview. It can be completed in paper form and returned to Cristina Thompson (Project Manager) by facsimile or email:

Cristina Thompson, Project Manager,
Centre for Health Service Development, University of Wollongong
FACSIMILE: (02) 4221 4679

You may also scan the form and email it to cristina_thompson@uow.edu.au

Thank you.

Note for interviewers:

There may be some overlap between questions depending on the extent of the comments made in response to particular questions. Discretion should be used to avoid asking a question that has already been answered in responding to a previous question. Some questions may not be applicable for some interviewees and judgement should also be used in this regard. The number of questions selected should align with the time allocated for the interview.

Priority questions for all projects include: 1, 2, 3, 4, 5, 7, 12 and 14. All respondents will be asked these questions.

As this guide is being used with all four sub-projects, remaining questions may be selected if time permits and according to their relevance to the local context and specific sub-project.

Q	Domain of inquiry – ESOP Program Evaluation Framework	Specific questions
1	Provider outcomes and experience	What is your understanding of the ESOP role and the purpose of the project? <i>(Prompt: what is the ESOP project trying to achieve; what are the main drivers of the project)</i>
2	Productivity	To what extent did the ESOP project affect your own practice (or practice of non-ESOP clinicians, if manager/administrator)? <i>(Prompt: contact with the ESOP personnel, changes to own/others' work practices as a result of ESOP e.g., taking on additional patients, having more time available for patients – extent to which practitioners are able to improve quantity and/or quality of care provided)</i>
3	Productivity	More broadly, what has changed in your workplace as a result of ESOP? To what extent do you think ESOP created a new system of working (model of care), or did it mainly result in changes to the previous system of working? <i>(Prompt: changes in the way the organisation functions; genuine role substitution versus role enhancement)</i>
4	Sustainability	How have people in your workplace responded to the changes brought about by ESOP? Has that changed over time? <i>(Prompt: Do you think people understand what ESOP is all about? To what extent have working relationships changed? Have there been any misunderstandings? How were they resolved? How comfortable do you think people are with the changes?)</i>
5	Effectiveness	What has changed for consumers as a result of ESOP? <i>(Prompt: observations about impacts on wait times, patient journeys, etc.)</i>

Q	Domain of inquiry – ESOP Program Evaluation Framework	Specific questions
6	Consumer outcomes and experiences	Have you had consumer feedback on ESOP? How have consumers responded? <i>(Prompt: Do patients understand what ESOP is all about? How comfortable do you think patients are with the changes?)</i>
7	Safety and quality	In your opinion what has been the impact of ESOP on quality and safety? <i>(Prompt: How are these outcomes monitored? Do you have access to these data? What are the arrangements for ensuring quality and safety? How are adverse outcomes addressed?)</i>
8	Safety and quality	How confident are you that quality and safety can be ensured through the existing arrangements? Do you have any suggestions for improvements? <i>(Prompt: selection and training; governance; mentoring and supervision)</i>
9	Efficiency	How has ESOP contributed to changes in efficiency and cost-effectiveness? <i>(Prompt: Do you have access to these data? Were there any factors outside the project that might have influenced these outcomes?)</i>
10	Generalizability/scalability	What is needed at the organisation level and the health system level to support a project like this? Were the necessary support systems in place to achieve the aims of your local ESOP project? <i>(Prompt: computer systems, staffing; regulatory changes; stakeholder engagement)</i>
11	Sustainability	Do you think there was adequate communication, consultation and opportunities for stakeholders to have input into the ESOP project? <i>(Prompt: describe stakeholder engagement and communication strategies; what could be improved?)</i>
12	Generalisability/scalability	What lessons do you think have been learnt from ESOP?
13	Sustainability	What are the advantages (and disadvantages) of ESOP for the organisation? What are the advantages (and disadvantages) for the individual ESOP practitioner? <i>(Prompt: any comments on the broader impacts e.g., on training of junior doctors, freeing highly qualified staff for complex cases; staff retention)</i>

Q	Domain of inquiry – ESOP Program Evaluation Framework	Specific questions
14	Sustainability	<p>What is the likelihood of your organisation retaining the ESOP roles? What are the prospects for expanding or adding new ESOP roles?</p> <p><i>(Prompt: How likely are ESOP trained personnel to stay in their roles after the project ends? What factors might affect retention of these staff/roles? How far could scopes of practice be expanded – where to draw the line.)</i></p>
15	Demographic information	<p>Note interviewee's professional group and gender. Seek information on qualifications and years of experience.</p>
16	Closing the interview	<p>Do you have anything to add? Have I left out any important questions?!</p>

Evaluation Tool 13

Overview – Patient journey analysis tool

Purpose

The use of this tool is optional and dependent on the project resources available. The National Evaluation Team recommends that project sites try to administer this tool for at least one patient journey pre and post implementation of the ESOP role.

The aim of this tool is to map the patient journey using a time and motion study approach and capture which members of the health care team provide direct patient care and for which tasks and for what period of time during the patient journey..

The project team should identify a high volume patient group or presenting condition. The patient journey is mapped for this presenting condition on up to three occasions.

This process is repeated toward the end of the project for the same presenting condition.

It is important to choose a high volume condition likely to benefit from the ESOP role; ideally all implementation sites will map the patient journey for the same condition.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The project team should identify a high volume patient group or presenting condition whose care pathway is predicted to change through the implementation of the ESOP project.

Ideally a member of the ESOP project team would complete this tool through direct observation of the patient journey and timing of each key step in the patient pathway. The patient journey is mapped for this presenting condition on up to three occasions.

This process is enhanced by an 'expert group' discussing their usual experience of this patient journey (this would consist of ESOP practitioners who have extensive experience in treating patients with this presenting condition or health care consumers who have experience this patient journey previously). This can happen prior to the direct observation period or after observation has occurred when the results of the patient mapping are discussed to decide if they depict the expected patient journey (according to the expert group).

In addition the expert group might review the medical record of the observed patient journey to verify the information recorded through observation e.g. the time the patient waited before treatment commenced.

Ideally at least three patient journeys would be observed across a two week period. The first three patients requiring the nominated care pathway, (e.g. routine colonoscopy), that consent to participate should be selected. Data collection ceases when three patient journeys have been obtained and/or the two week period has elapsed.

This process is repeated post implementation of the ESOP project with the same key patient presenting group whose care pathway was observed in the pre implementation period e.g. patients

identified in need of routine colonoscopy. Ideally data collection will occur when the project is well established and training is completed.

This information will assist in answering several evaluation questions, particularly questions relating to patient outcomes and experience; cost-effectiveness and workforce productivity.

User

This tool will be completed by the ESOP project team. This data collection occurs twice: pre implementation of the ESOP roles in October/November 2012 and repeated in November 2013.

Start and End Points

To improve consistency of data collection across all project sites it is important that the patient journey starts and ends at agreed points. In discussion with lead project sites it was agreed that for all hospital based projects most patients present to a reception desk of some kind to indicate that they have arrived for their episode of care so this is a logical 'start' point for the patient journey. The point at which all patients exit the treatment area (e.g. ED or Endoscopy Unit) was seen as an unambiguous 'end' point to the patient journey. For paramedic cases the patient journey would start from the receipt of the 000 call to the paramedic 'clearing' the case.

Consent

Each patient identified as suitable for observation of the patient pathway should be provided with a Participant Information Sheet and Consent Form and have the opportunity to ask questions and discuss the data collection process. As the data collection is through observation, there is no requirement to gather any information directly from the patient. The main source of discomfort for the patient may occur through the experience of being observed. The patient is free to decline to participate at any stage of the process and this will in no way affect their care or relationship with the health care team.

Patients will also be asked if they are willing to be contacted at a future date in the next 3 – 6 months for a semi-structured telephone interview conducted by a member of the National Evaluation Team. This may not be required and it should be emphasised that not every patient who gives their consent to participate will be contacted. The purpose of this interview is to explore their experience as a patient and to understand what the patient values and how they perceived their own patient journey. The patient may decline to participate in the interview but still consent to observation of their patient journey.

It is anticipated that no more than one patient from pre and post implementation groups for each project will be identified as potentially suitable for interview. It may be possible that a patient consenting to interview requires the assistance of an interpreter and if so this will be accommodated.

Analysis

This data would be reviewed by the Project Manager and any identified inconsistencies may be checked against the patient's medical record or discussed with the project team.

A copy of the completed tool with all identifying patient details removed should be forwarded to the National Evaluation Team for review and analysis.

Should the National Evaluation Team identify a patient journey that may be suitable for the development of a case study then the Project Manager will be advised and asked to contact the

patient; confirm their consent to an interview and their willingness to be contacted by a member of the National Evaluation Team. Project sites interested in using this data collection method should contact the National Evaluation Team.

Explanation of data fields

Section 1: Administrative information

This information provides basic context about the data collection process. The date and time that the recording of data commenced should be entered; as well as the name and position of the person completing patient journey analysis and the location for the data collection e.g. Endoscopy Unit at Logan Hospital. In response to the data item: patient consent, it should indicate whether the patient consents to observation of patient journey only or in addition possible contact in 3 to 6 months inviting the patient to participate in a telephone interview with a member of the National Evaluation Team. The patient Medical Record Number or a Unique Patient Identifier is recorded to allow cross-checking of information against the patient's record at a future date. This information would not be made available to the National Evaluation Team.

Section 2: Patient journey

This section of the tool focuses predominantly on direct patient care, however does include some patient-related management and administration tasks that may be relevant to the procedure. It aims to capture each member of the health care team and the time that they spend with the patient i.e. their direct involvement in the patient's journey. The steps in the patient journey need to be recorded by the observer, with each step recorded as an interaction occurs with a member of the health care team e.g. in the ED setting the first step is likely to be triage.

Each line in the table is for a step in the patient journey. These should be numbered to reflect their sequence.

Section 3: Direct human resource costs

Data on the annual salary of each staff group is required. If this is unknown then the award classification of the team member may be recorded e.g. RN Division 1 (in the Victorian context).

As there may be inconsistency between facilities in the application of oncosts these are required as a percentage of total salary. Most facilities for budgeting purposes have an agreed oncost percentage that is levied to positions in various units depending on their hours of work and on call requirements.

Section 4: Important observations/comments

If anything about this patient journey is deemed 'atypical' by the observer this should be recorded and described in sufficient detail that another member of the project team could interpret what has occurred and make a judgement about whether they would also consider this event as atypical. For example, an adverse event or a member of the health care team called away to attend to another patient in the event of an emergency.

Note

The Patient Journey Analysis tool has been adapted from the work of Gallagher et al. 2010. "Modelling workforce skill-mix: how can dental professionals meet the needs and demands of older people in England?" **British Dental Journal**, 208, E6 and Professor Anthony Scott, Melbourne Institute of Applied Economic and Social Research, The University of Melbourne through his work for HWA 'Development of a methodology to link skill mix changes to national health workforce modelling – Final Report for Health Workforce Australia'.

Evaluation Tool 13

Patient journey analysis tool

Administrative Information	Date & time:								
	Completed by:								
	Data collection site:								
	Patient consent:	Observation of patient journey Yes / No				Follow up interview Yes / No			
	Patient MRN or UPI:								

	Task/Competency	Time in Direct Contact with Health Care Team Member (to the nearest minute)							
		Admin	EN	RN	N/En	Intern	Med Reg	SMO	Other
Patient Journey	Patient arrival and registration								
	Step 1								
	Step 2								
	Step 3 etc								

Task/Competency	Time in Direct Contact with Health Care Team Member (to the nearest minute)								
	Admin	EN	RN	N/En	Intern	Med Reg	SMO	Other	
Treatment									
Discharge and referral									

	Task/Competency	Time in Direct Contact with Health Care Team Member (to the nearest minute)							
Direct human resource costs	Salary and wage data	Admin	EN	RN	N/En	Intern	Med Reg	SMO	Other
	Annual salary rate excluding oncosts in dollars (\$) (if unknown insert industrial classification)								
	Specify the current oncost rate as a percentage of total salary (%)								
Important Observations	Comments								

Evaluation Tool 14

Overview – The Victorian Health Partnerships Analysis Tool (modified)

Purpose

The use of this tool is optional and dependent on the context of the ESOP project and resources available.

Several projects are particularly interested in developing partnerships with external organisations through their ESOP project. It may be useful to monitor the development of these relationships over the life of the project. The Victorian Health Partnerships Analysis Tool is an example of a tool that may be used or adapted for this purpose.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This tool will be used to capture information and perceptions from key partner organisations about the development of their relationship and collaboration with the ESOP project site.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience, workforce capacity, workforce productivity and sustainability.

User

This tool will be completed by the identified partners e.g. it could be a Medicare Local or particular residential aged care facility that has been targeted as a key partner by the ESOP project team.

Project sites interested in using this data collection method should contact the National Evaluation Team.

Source

“The Partnerships Analysis Tool” was developed by VicHealth (see http://www.health.vic.gov.au/pch/downloads/app13_vichealth_partnerships.pdf).

Evaluation Tool 14

The Victorian Health Partnerships Analysis Tool (modified)

The checklist

Rate your level of agreement with each of the statements below, with 0 indicating strong disagreement and 4 indicating a strong agreement.

Rating	1 Strongly agree	2 Agree	3 Not sure	4 Disagree	5 Strongly disagree
1. Determining the need for the relationship					
There is a perceived need for the relationship in terms of areas of common interest and complementary capacity					
There is a clear goal for the relationship.					
There is a shared understanding of, and commitment to, this goal among all potential participants.					
The participants are willing to share some of their ideas, resources, influence and power to fulfil the goal.					
The perceived benefits of the relationship outweigh the perceived costs.					
TOTAL					

2. Choosing participants					
The participants share common ideologies, interests and approaches.					
The participants see their core business as partially interdependent.					
There is a history of good relations between the participants.					
The coalition brings added prestige to the participants individually as well as collectively.					
There is enough variety among participants to have a comprehensive understanding of the issues being addressed.					
TOTAL					

3. Making sure the relationships work					
The managers in each organisation support the relationship.					
Participants have the necessary skills for collaborative action.					
There are strategies to enhance the skills of the relationship through increasing the membership or workforce development.					
The roles, responsibilities and expectations of participants are clearly defined and understood by all other participants.					
The administrative, communication and decision-making					

Rating	1 Strongly agree	2 Agree	3 Not sure	4 Disagree	5 Strongly disagree
structure of the relationship is as simple as possible.					
TOTAL					

4. Planning collaborative action					
All participants are involved in planning and setting priorities for collaborative action.					
Participants have the task of communicating and promoting the coalition in their own organisations					
Some staff have roles that cross the traditional boundaries that exist between agencies in the relationship.					
The lines of communication, roles and expectations of participants are clear.					
There is a participatory decision-making system that is accountable, responsive and inclusive.					
TOTAL					

5. Implementing collaborative action					
Processes that are common across agencies such as referral protocols, service standards, data collection and reporting mechanisms have been standardised.					
There is an investment in the relationship of time, personnel, materials or facilities.					
Collaborative action by staff and reciprocity between agencies is rewarded by management.					
The action is adding value (rather than duplicating services) for the community, clients or the agencies involved in the relationship.					
There are regular opportunities for informal and voluntary contact between staff from the different agencies and other members of the relationship.					
TOTAL					

6. Minimising the barriers to relationships					
Differences in organisational priorities, goals and tasks have been addressed.					
There is a core group of skilled and committed (in terms of the relationship) staff that has continued over the life of the relationship.					
There are formal structures for sharing information.					
There are informal ways of sharing information.					
There are strategies to ensure alternative views are expressed within the relationship.					

Rating	1 Strongly agree	2 Agree	3 Not sure	4 Disagree	5 Strongly disagree
TOTAL					

7. Reflecting on and continuing the relationship					
There are processes for recognising and celebrating collective achievements and/or individual contributions.					
The relationship can demonstrate or document the outcomes of its collective work.					
There is a clear need and commitment to continuing the relationship in the medium term.					
There are resources available from either internal or external sources to continue the relationship.					
There is a way of reviewing the range of participants and bringing in new members or removing some.					
TOTAL					

Evaluation Tool 15

Overview – Training Program Review Report

Purpose

The purpose of this tool is to support the training evaluation.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The tool "Training Program Review Report" will be completed by all lead sites and any paramedic site that completes training on behalf of other ERP project sites. On completion it will be issued to all related implementation sites for review and comment.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience, workforce capacity, cost-effectiveness and sustainability.

User

This tool will be completed by lead endoscopy and lead PED sites and by St John Ambulance NT and SAAS. It is a self-assessment tool and will be administered by the NET either by a webinar or site visit.

The completed tool will be sent to each associated implementation site for review and additional comment. This tool will be analysed by the National Evaluation Team.

Evaluation Tool 15

Training Program Review Report

The Training Program Review Report is to be completed by lead sites and/or project sites that have provided a structured training program on behalf of other implementation sites. It is a tool designed to be self-completed and then reviewed in consultation with members of the National Evaluation Team via teleconference, webinar or during a site visit. As lead sites have provided training on behalf of other implementation sites it is intended to provide a copy of the completed 'Training Program Review' to associated implementation sites for review and comment. Implementation sites are welcome to provide additional information via a simple feedback template attached as "Appendix A" to the Training Program Review Report. This process will be facilitated by the National Evaluation Team. All comments provided by implementation sites will be forwarded to the appropriate lead site.

The content of the report is to be completed electronically, printed off, signed, and submitted to the National Evaluation Team. Please attach and refer to program documentation where relevant. For any information requested that is not applicable to the program, please mark the appropriate box 'N/A'.

PROGRAM DETAILS

Program Name:			
Program Level:		Report Date:	
Length of Program:			
Delivery Sites:			
Delivery Modes:	Face-to-face		Flexi/Distance
	Clinical		Video-conference
	Simulation		Other (please specify)
Report completed by:			
Contact details:			

DEVELOPMENT AND REVIEW OF QUALIFICATIONS AND EDUCATIONAL PROGRAMS

Program Background

Summarise the history of the program, including development.

Outline program links to professional body requirements for extended scopes of practice.

Aims and Graduate Profile

State the aims of the program, including the graduate profile (this includes the student learning objectives).

Aims:

Learning Objectives:

Graduate Profile:

Stakeholders

Detail activities surrounding stakeholder engagement and consultation.

DATE	STAKEHOLDER GROUP	KEY ISSUES RAISED

Summarise any other consultation or links with stakeholders.

Summarise any other community/employer/industry feedback, including any commendations.

Comment on how key issues raised by stakeholders have been addressed.

Comment on how the expanded scope has impacted on other members of the health care team/ stakeholders

FINANCIAL, ADMINISTRATIVE, HUMAN AND PHYSICAL RESOURCES

Resourcing

Provide an outline of the key resources used to support learning and competency attainment.

Comment on the strengths and weaknesses of resources provided for this program, including anticipated future requirements.

Sustainability

Identify issues (if any) that would challenge the future sustainability of the program e.g. resources and funding

Capacity building

Comment on how the program has contributed to enhancing workforce capacity.

Simulation

Comment on the use of simulation in the training program.

Budget & Expenditure				
DELIVERY SITE:	SITE A	SITE B	SITE C	TOTAL
Actual Revenue	\$	\$	\$	
Actual Expenditure	\$	\$	\$	
Actual Surplus/Deficit *	\$	\$	\$	
Actual Return on Income **	%	%	%	
Budgeted Revenue	\$	\$	\$	
Budgeted Expenditure	\$	\$	\$	
Budgeted Surplus/Deficit *	\$	\$	\$	
Budgeted Return on Income **	%	%	%	
Staff: trainee ratio including all full-time equivalent (FTE) staff allocated to the program				

*Income - Expenditure = Surplus/Deficit

**Surplus/Deficit ÷ Revenue x 100 = % Return on Income

STAFF SELECTION, APPRAISAL AND DEVELOPMENT

Staff Synopsis					
Staff Member	Qualifications/Field of Expertise	Date Completed			
		Peer Evaluation	Teacher Evaluation	Appraisal	Induction Program

Staff Development		
Staff Member	Professional Development Activities Undertaken	Date

TRAINEE ADMISSION TO PROGRAM AND INFORMATION

Entry Requirements
State the current entry criteria for the program.
Program Admission Process

Date and process for trainee induction / orientation		
Date and how program handbook and information was made available to students		
Number of trainees	Number of Trainees awarded Recognition of Prior Learning (RPL)	Number of Credit Transfers/Advanced Standing Awarded per trainee

TRAINEE GUIDANCE AND SUPPORT

Trainee Support	
Support Needs Identified	How have these needs been addressed?

Trainee Complaints (formally investigated by the education provider's Complaints Officer)	
Number of Complaints Received	Nature of Complaints

PROGRAM DELIVERY

Program Intake	FULL-TIME	PART-TIME			
Number of trainees enrolled					
Number of trainees who withdrew from the program					
Number of trainees who completed the program (completion/retention)					
Percentage of trainees who completed the program (completion/retention)					
Number of trainees who gained the qualification/met the program requirements for the year (success)					
Percentage of trainees who gained the qualification/met the program requirements for the year (success)					
Number of graduates currently employed in expanded scope of practice roles					
Program structure	Lecture	Tutorial	Workshop	Simulation	Clinical
Detail the number of theory and practice hours					

Achievement Statistics per program component				
Paper/Unit/Module	Number Enrolled	Number Completing	Number Successful	Percentage Successful
Comment on strengths or weaknesses of specific components.				

Trainee Evaluations	
Number of evaluation responses received	
Percentage of trainees who AGREE that program is satisfactory	
Date feedback on evaluations was given to trainees	

Staff Commentary
What are the strengths of the program? Provide examples of good teaching practice.

Staff Commentary

What are the weaknesses of the program?

Comment on the availability of relevant teaching materials.

Program changes

Identify changes (if any) made during the program to content or other aspects of training.

Program changes

How were the change implemented?

As a result of change have policy/clinical guidelines changed? Please provide examples.

Have practitioner roles/the expanded scope of practice changed since implementation of the program? Please explain.

List the current Memoranda of Understanding (MOU) and sub-contracting arrangements for this program.

Name of Other Party	Date Agreement Signed	Renewal Date

OFF-SITE PRACTICAL/WORKPLACE COMPONENTS

If the program is offered on multiple sites please identify these arrangements for each implementation site.

Placement/Off-site Arrangements	
Name of Placement/Off-site Provider	Contract Signed and Current (Yes/No)
Contracts contain the following:	Yes/No
Education provider staff responsibilities	
Provider responsibilities	
Trainee responsibilities and scope of practice	
Trainee supervision, mentoring requirements and competency assessment	
Health and safety issues have been addressed	
Additional information	Yes/No
Aims of practical experience are clearly defined	

Information identifying expectations of trainee and provider has been supplied	
Opportunity for staff and students to evaluate the practical/off-site experience has been provided	
How are clinicians prepared for supervisory and competency assessment roles?	
Comment on any feedback/concerns from clinical placements.	

ASSESSMENT AND MODERATION

How are assessment criteria and weightings communicated to trainees (e.g. course booklet/folder)?
How is the competency of trainee practice assessed and managed?
What is the process for ensuring the consistency of assessment marking/grading over multiple sites?

Provide a summary of key issues arising from internal moderation during the program and how they have been addressed.

Provide a list of external moderators, those units/modules/papers that have been externally moderated and key issues raised during the last 12 months.

MODERATOR	MODERATED UNITS/MODULES/PAPERS	KEY ISSUES RAISED	HOW HAVE ISSUES BEEN ADDRESSED?

REPORTING AND CERTIFICATION

Transcripts	Date
Date(s) transcripts were issued to trainees on completion of qualification.	
Date copy of transcripts were placed on trainee files.	

RESEARCH

Research Activities of Staff
Provide details of research currently underway and outputs/scholarly activity completed in the past 12 months.
RESEARCH OUTPUTS
ONGOING RESEARCH
Identify the links between teaching and research activity.
Conferences / publications / presentations.
Scholarly activities.
Research partnerships.

INTERNAL PROGRAM AUDIT AND REVIEW

Outcomes of issues identified from internal & external program review			
INTERNAL ISSUE	PROPOSED ACTION	COMPLETED (YES/NO)	OUTCOME OF ACTION TAKEN
EXTERNAL ISSUE	PROPOSED ACTION	COMPLETED (YES/NO)	OUTCOME OF ACTION TAKEN

OTHER COMMENTS

Comment on any other features or examples of good practice within the program not covered by this report

APPENDIX A

For completion by implementation sites.

Implementation site	
Date	
Related project site providing the training	
Comments	
Additional information	

Evaluation Tool 16

Overview – Training Program Quality Report

Purpose

The purpose of this tool is to support the training evaluation by gathering information from project sites that implemented less formalised training pathways as part of their ESOP project e.g. several Nurses in ED projects.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The tool “Training Program Quality Report” is only for use by the Nurses in ED projects to reflect the diverse nature of the training pathways within these project sites.

It does not need to be completed by any project that has already contributed to Evaluation Tool 15.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience, workforce capacity, cost-effectiveness and sustainability.

User

This tool will be completed by the primary education provider, immediately after completion of the ESOP training program. Where possible, against each quality indicator, the provider describes actions and processes which demonstrate that the required standard has been met.

This tool will be collated and analysed by the National Evaluation Team.

Evaluation Tool 16

Training Program Quality Report

This tool is to be completed by the primary education provider, immediately after completion of the ESOP training program. Where possible, against each quality indicator, please briefly describe actions and processes which demonstrate that the required standard is met.

Item	Standard and quality indicators	Evidence that required standard has been met ¹
1	Program structure	
1.1	The program has a documented training pathway that identifies the training requirements to meet the expanded scope of practice for the role.	
1.2	The program is written and reviewed in consultation with clinicians, health agencies and other key consumer stakeholders within the community.	
1.3	The program has an identifiable and integrated focus consistent with the statement of beliefs or underlying assumptions for the expanded scope of practice.	
1.4	The program identifies expected learning outcomes and demonstrates how these will be met.	
1.5	The program structure (teaching and learning time) includes theory, simulation and practice. Please detail the number of hours for each component of the program	
1.6	The program outlines competencies appropriate to the expanded scope of practice and the means by which trainees will achieve these.	
1.7	The program demonstrates the inter relationship between professional practice, theory and research and the process of evaluation.	
1.8	The program allows for appropriate practice experience/simulation /practice learning opportunities, which facilitate trainees to integrate knowledge.	
1.9	The program provides detail regarding the length of the training pathway and the distribution of hours (theory, simulation and practice).	

¹ Additional supporting information and documentation may be appended.

Item	Standard and quality indicators	Evidence that required standard has been met ¹
2	The scope and content of the program is relevant, contemporary and includes theory and related practice experiences to enable trainees to achieve the expected outcomes of the program	
2.1	The program complies with professional requirements appropriate to the area and scope of expanded practice.	
2.3	The practice experiences have well-formulated learning outcomes which related to the competencies for the practitioner's scope of practice.	
2.4	An evaluation process for monitoring and evaluating the quality of the practice learning experience for trainees is implemented.	
3	The program is implemented by staff who are qualified for their roles	
3.1	The person responsible for coordinating the program holds a qualification equivalent to or in advance of that awarded on completion of the program.	
3.2	Where appropriate, training staff hold current practicing certificates or equivalent.	
3.3	Training staff have experience in/hold appropriate qualifications in adult teaching and learning.	
3.4	Training staff maintain and update knowledge and skills relevant to the area in which they are teaching.	
4	Facilities and resources are available to support the achievement of the expected outcomes of the program	
4.1	Teaching and learning resources are appropriate to achieve program outcomes and purposes and demonstrate how they will achieve this.	
4.2	The resources for the facilitation of student learning are appropriate for the level of preparation.	
4.3	An agreement exists detailing the roles and responsibilities of both training staff involved in the teaching/learning process and assessment in the clinical learning environment.	
4.4	Simulation is incorporated in program delivery.	

Item	Standard and quality indicators	Evidence that required standard has been met ¹
5	The environment supports the teaching-learning process	
5.1	Various learning styles are acknowledged by the provision of opportunities to meet individual learning needs.	
5.2	The policy and for procedure on recognition of prior learning is acceptable to professional bodies and meets policies and standards for expanded scopes of practice.	
5.3	There is a mechanism for ongoing discussion about progress between the training staff, clinical mentor and the trainee.	
5.4	Trainees are provided with information that links their learning outcomes with educational opportunities in the area of practice.	
5.5	The training staff (including clinical provider if different) demonstrates the way in which the program is responsive to trainee feedback.	
5.6	There is a process for ensuring consistency for marking/ grading including competency assessment.	
6	Trainee performance is assessed against learning outcomes relevant to the extended scope of practice	
6.1	There is a process for ensuring reliability and validity of trainee assessment.	
6.2	Trainees undertake a variety of assessments to test application of knowledge and practice experience including clinical judgment.	
6.3	Appeal mechanisms are made explicit to trainees.	
6.4	There is a process of moderation in place for theory and practice assessment.	
6.5	There is a process to ensure that clinicians involved in summative trainee assessment are appropriately prepared.	
6.6	Assessment criteria reflect professional body competencies for expanded scopes of practice.	
6.7	Trainees are provided with an opportunity to evaluate the program/teaching.	

Item	Standard and quality indicators	Evidence that required standard has been met ¹	
6.8	A record of trainee achievement is kept that demonstrates that on completion of the program the trainee's practice is safe and meets the competencies for the expanded scope.		
7	Program modifications		
7.1	Identify changes (if any) made during the program to content or other aspects of training.		
7.2	How were the change implemented?		
7.3	Have policy/clinical guidelines changed? Please provide examples.		
7.4	Have practitioner roles/the expanded scope of practice changed since implementation of the program? Please explain.		
7.5	Quality processes such as internal audit and review are implemented.		
8	Sustainability		
8.1	Identify issues (if any) that would challenge the future sustainability of the program e.g. resources and funding.		
9	Capacity building and impact		
9.1	Comment on how the program has contributed to enhancing workforce capacity.		
9.2	Comment on how the expanded scope has impacted on other members of the health care team/stakeholder group(s).		
10	Program Intake	Full-Time	Part-Time
10.1	Number of trainees enrolled		
10.2	Number of trainees who withdrew from the program		
10.3	Number of trainees who completed the program (completion/retention)		
10.4	Percentage of trainees who completed the program (completion/retention)		
10.5	Number of trainees who gained the qualification/met the program requirements for the year (success)		
10.5	Percentage of trainees who gained the qualification/met the program requirements for the year (success)		

Item	Standard and quality indicators	Evidence that required standard has been met ¹	
10.6	Number of graduates currently employed in expanded scope of practice roles		

Budget & Expenditure				
DELIVERY SITE:	SITE A	SITE B	SITE C	TOTAL
Actual Revenue	\$	\$	\$	
Actual Expenditure	\$	\$	\$	
Actual Surplus/Deficit *	\$	\$	\$	
Actual Return on Income **	%	%	%	
Budgeted Revenue	\$	\$	\$	
Budgeted Expenditure	\$	\$	\$	
Budgeted Surplus/Deficit *	\$	\$	\$	
Budgeted Return on Income **	%	%	%	
Staff: trainee ratio including all full-time equivalent (FTE) staff allocated to the program				

**Income - Expenditure = Surplus/Deficit*

***Surplus/Deficit ÷ Revenue x 100 = % Return on Income*

Evaluation Tool 17

Overview –Trainee experience and satisfaction survey

Purpose

The purpose of this tool is to support the training evaluation through collection of information from practitioners undertaking an ESOP training pathway.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This tool will be used to capture information from practitioners undertaking an ESOP training pathway about program content, information, staff and other aspects of the training program.

This information will assist in answering several evaluation questions, particularly questions relating to provider outcomes and experience, workforce capacity and sustainability.

User

The tool will be completed by every practitioner at the completion of their training pathway (irrespective of how long that training pathway takes).

This tool will be collated and analysed by the National Evaluation Team.

Evaluation Tool 17

Trainee experience and satisfaction survey

Date		Organisation	
-------------	--	---------------------	--

Please rate your level of agreement with the following statements:

Training program	1. Strongly Agree	2.	3.	4.	5. Strongly Disagree	6. N/A
1. The training program met my expectations						
2. The training program was well organised						
3. The objectives of the training program were clearly identified						
4. Content was delivered in a logical manner						
5. Training materials (work books, readings, handouts) were appropriate for my needs						
6. There was an appropriate balance between theoretical and practical components						
7. Content was pitched at a level appropriate to the expanded scope of practice role						
8. Necessary equipment and resources were available to complete the training program						
9. Techniques used to present material were appropriate for the training program						
10. The training program provided for debriefing and / or clinical supervision						
11. Learning through simulation assisted me to prepare for the expanded scope of practice role						
12. Assessment tasks were relevant to the training program						
13. The assessment requirements were clearly explained						
14. The assessments were challenging and at an appropriate level						
15. Assessment tasks were graded fairly						
16. Assessment feedback was timely						
Training program information	1. Strongly Agree	2.	3.	4.	5. Strongly Disagree	6. N/A
17. I was provided with accurate, timely information about the training program						
18. I was informed of any changes within the training program in a timely manner						
Training program staff	1. Strongly Agree	2.	3.	4.	5. Strongly Disagree	6. N/A
19. Training program staff had good knowledge of the subject material						
20. Training program staff facilitated independent practice and decision making with appropriate guidance						
21. Training program staff helped trainees to develop professional confidence and competence						
22. Training program staff provided supportive clinical supervision						
23. Training program staff assisted trainees to relate theory and practice						
24. Training program staff challenged trainees to think critically and problem solve						
25. Training program staff encouraged trainees to ask questions and/or ask for assistance						

26. Training program staff guided students to identify their own learning needs						
27. Training program staff provided individual constructive feedback, identifying both strengths and weaknesses						
28. Training program staff were accessible when assistance was required						

Training program feedback
29. Which aspects of the training program particularly met your learning needs?
30. Which aspects of the training program did not meet your learning needs? Please explain why.
31. Please comment on the structure and / or organisation of the training program.
32. Please comment on the training program staff / student rapport.
33. What did you really like about the training program?
34. What could be improved about the training program?
35. Any other comments.

Overall evaluation	1. Strongly Agree	2.	3.	4.	5. Strongly Disagree
I would recommend this training program to others					

Thank you for completing this survey

Evaluation Tool 18

Overview – Data Collection Form for NHS Sustainability Model

Purpose

The purpose of this tool is to collect information about the sustainability of ESOP projects, through the scoring of ten individual factors that influence sustainability. Changes in time will also be measured. Evaluation Tool 18 offers one method to monitor sustainability, it may be used as a self-assessment tool or implemented by the National Evaluation Team.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

The Sustainability Model should ideally be completed:

- for your organisation participating in the 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 3 - 6 months of implementation commencing in the organisation (or as soon as possible thereafter)
- within the last 3 months of the funded project in the organisation (or as soon as possible thereafter).

The Sustainability Model for each organisation can be completed either manually (using a Word document) or electronically (using an Excel file). The only difference between the two is that by using the Excel file a total score based on the Model can be generated and the areas where there is the greatest potential for improvement can be easily identified.

The Sustainability Model includes 10 factors, each scored on four levels.

If using the Word document:

- Print off a copy of the document ('Data collection form for NHS Sustainability Model')
- Include the name of the project on the first page
- Include the date (month, year) the Model is completed for the organisation.
- Read through each section of the Model, select the level of each factor that best describes your local project and place a cross (X) next to the description (make sure you use the appropriate column i.e. 'Time 1' or 'Time 2'). These factors may not exactly describe your situation; you are being asked to choose the 'best fit' for each factor.
- Send the completed form to the National Evaluation Team at the Centre for Health Service Development.

If using the Excel file:

- Open the spreadsheet and go to the worksheet named 'Scoring sheet'.
- Enter the name of the project in the appropriate column in Row 2.
- Enter the date (month, year) in the appropriate column in Row 3.
- Mark the level for each factor that best describes your local project with a cross (X) in the cell in the relevant column and row. For an example of how this should be done see the column headed 'Example'.

- When you have entered the data, the total score for the organisation will be in the last row in that column.
- To identify the factors where there is the greatest opportunity for improvement go to the worksheet named 'Chart'. For an example of what this looks like see the worksheet named 'Example Chart'.
- Return the spreadsheet to the National Evaluation Team at the Centre for Health Service Development.

This information will assist in answering several evaluation questions, particularly questions relating to sustainability.

User

This tool will be completed by each project team. Analysis will be completed by the National Evaluation Team.

Source

Maher L, Gustafson DH and Evans A (2006) *NHS Sustainability Model*. Retrieved 30/10/12, from http://www.institute.nhs.uk/index.php?option=com_joomcart&Itemid=194&main_page=document_product_info&cPath=67&products_id=290.

Evaluation Tool 18

Data Collection Form for NHS Sustainability Model

Name of project

Please complete and return to: Centre for Health Service Development
 University of Wollongong
 Fax (02) 4221 4679 or scan and email to milena@uow.edu.au

	Example	Time 1	Time 2
Name of project (please enter name in this row)	HWA Hospital		
Date completed (month, year)	Oct-12		
Factor 1: Benefits beyond helping patients			
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			
Factor 3: Adaptability of improved process			
The process can be adapted to other organisational changes and there is a system for continually improving the process	X		
The process can be adapted to other organisational changes but there is no system for continually improving the process			
The process is not able to adapt to other organisational changes but there is a system for continually improving the process			
The process is not able to adapt to other organisational changes and there is no system for continually improving the process			
Factor 4: Effectiveness of the system to monitor progress			
There is a system in place to identify evidence of progress, monitor progress, act on it and communicate results			
There is a system in place to identify evidence of progress and act on it, but the results are not communicated	X		
There is a system in place to identify evidence and monitor progress. The results are communicated but no one acts on them			
There is no system in place to identify evidence of progress or to monitor progress nor act on it or communicate it			
Factor 5: Staff involvement and training to sustain the process			
Staff have been involved from the beginning of the change and adequately trained to sustain the improved process			
Staff have been involved from the beginning of the change but not adequately trained to sustain the improved process			
Staff have not been involved from the beginning of the change but they have been adequately trained to sustain the improved process			
Staff have neither been involved from the beginning nor adequately trained to sustain the improved process	X		

	Example	Time 1	Time 2
Factor 6: Staff behaviours toward sustaining the change			
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	X		
Staff don't feel empowered by the change process or believe the improvement will be sustained			
Factor 7: Senior leadership engagement			
Organisational leaders take responsibility for efforts to sustain the change process. Staff generally share information with, and actively seek advice from, the leader			
Organisational leaders don't take responsibility for efforts to sustain the change process. Staff generally share information with, and seek advice from, the leader			
Organisational leaders take responsibility for efforts to sustain the change process. Staff typically don't share information with, or seek advice from, the leader	X		
Organisational leaders don't take responsibility for efforts to sustain the change process. Staff typically do not share information with, or seek advice from, the leader			
Factor 8: Clinical leadership engagement			
Clinical leaders take responsibility for efforts to sustain the change process. Staff generally share information with, and actively seek advice from, the leader	X		
Clinical leaders don't take responsibility for efforts to sustain the change process. Staff generally share information with, and actively seek advice from, the leader			
Clinical leaders take responsibility for the efforts to sustain the change process. Staff typically do not share information with, or actively seek advice from, the leader			
Clinical leaders don't take responsibility for efforts to sustain the change process. Staff typically do not share information with, or actively seek advice from, the leader			
Factor 9: Fit with the organisation's strategic aims and culture			
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 organisation's strategic aims are inconsistent	X		
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			
Factor 10: Infrastructure for sustainability			
Staff, facilities and equipment, job descriptions, policies, procedures and communication systems are appropriate for sustaining the improved process	X		
There is an appropriate level of staff, facilities and equipment, but inadequate job descriptions, policies, procedures and communication systems for sustaining the change			
The levels of staff, facilities and equipment to sustain the change are not appropriate although job descriptions, policies, procedures and communication systems are adequate			
The staff, facilities and equipment, job descriptions, policies and procedures and communication systems are all not appropriate for sustaining the change			

Evaluation Tool 19

Overview – Issues and Lessons Log

Purpose

The purpose of this tool is to record issues and lessons learnt throughout the course of the project.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This tool will be used to capture information about the issues faced by projects, as well as the lessons learnt in the process.

The tool will be provided in a Microsoft Excel worksheet that can be distributed to ESOP projects.

Issues can be classified into a number of categories, including:

- Project management
- Evaluation
- Ethics
- Communication
- Stakeholder management
- Change management
- Resource availability
- ECP personnel related
- Other

This information will assist in answering several evaluation questions and is likely to encompass several domains of inquiry.

User

This tool will be completed by project personnel as each issue and / or lesson arises.

Evaluation Tool 19

Issues and Lessons Log

						
1	Date	Issue / topic	Description of issue / topic / lesson	Action / follow-up	Barrier or Enabler	Classification
2						
3						
4						
5						
6						
7						
8						
9						
10						

Evaluation Tool 20

Overview – Dissemination Log

Purpose

The purpose of this tool is to record evidence of dissemination of project outputs over the life of the project. The example attached has been developed for the ESOP Extended Care Paramedic projects but is readily adaptable to other sub-projects.

If you have any queries about this tool contact the National Evaluation Team.

Instructions for use

This tool will be used to record dissemination activities of the ESOP projects. The tool will be provided in a Microsoft Excel worksheet that can be distributed to ESOP projects.

The details to be recorded about each activity are listed below.

This information will assist in answering several evaluation questions and is likely to encompass several domains of inquiry.

User

This tool will be completed by project personnel as each dissemination activity occurs. In accordance with the agreed timeframe for providing project progress reports, the project officer/manager will ensure electronic copies of all project dissemination logs are issued to the National Evaluation Team. This will allow all logs to be incorporated into one Master File that will enable analysis of the reach of all project related dissemination activities.

Dissemination tool data items and response options

Item	Response options
Time period	Up to submission of Progress Report 1 Up to submission of Progress Report 2 Up to submission of Interim Report Up to submission of Final Report
Method of dissemination	Presentation to staff at one service or agency in the local area (e.g. discussion at a staff meeting) Presentation to staff from more than one service or agency in the local area (e.g. discussion at an interagency meeting) Story in the local newspaper Story in a local magazine or newsletter Story in a professional or industry magazine or newsletter Presentation or poster at a local conference Presentation or poster at a State/Territory conference Presentation or poster at a national conference Peer-reviewed journal article Information provided on a website

Item	Response options
	Radio interview Television interview Brochures, leaflets or posters in health & community settings Project newsletter Email communication to groups/lists Media advertising Other (please describe briefly)
Who did the dissemination?	Project Manager Project team member Consumer(s) Local SAAS organisation State-based SAAS organisation Commonwealth Dept Health & Ageing Partner organisations Member of Project Steering Committee Service providers Member of local Project Management Committee HWA Others
Purpose	Capacity building and sustainability Generalisability
How would you classify the primary audience of this activity?	Local community State National SAAS staff Other
Did anyone hearing about the project follow-up seeking more information?	Yes No
On a scale of 1 – 5 (with 1 being the least effective) how would you rate the overall effectiveness of this dissemination activity?	1 2 3 4 5
Other comments?	Free text field

Evaluation Tool 20

Dissemination Log

									
HWA Expanded Scopes of Practice - Extending the Role of Paramedics Dissemination Log									
1	A	B	C	D	E	F	G	H	I
2	Time period	Method of dissemination	Who did the dissemination?	Purpose	How would you classify the primary audience of this activity?	Did anyone hearing about the project follow-up seeking more information?	On a scale of 1 - 5 (with 1 being the least effective) how would you rate the overall effectiveness of this dissemination activity?	Other comments?	
3									* Note re: Purpose
4									<p>CAPACITY BUILDING AND SUSTAINABILITY = Information may be shared with project stakeholders, such as steering committee members, management and staff of participating services, and groups or individuals in the local community. This type of dissemination supports the capacity building and sustainability aspects of the project.</p> <p>GENERALISABILITY = Information may be shared with the wider paramedic community, including clinicians, academics, managers, planners and policy makers. This type of dissemination supports the generalisability of the project.</p>
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Appendix 1a Evaluation Plan Gantt Chart – Advanced Practice in Endoscopy Nursing

Tool No.	Evaluation Tool Description	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	
ET 1	Staff establishment profile	Position commencement to project conclusion																		
ET 2	Data specs						Report due						Report due						Report due	
ET 6	Log book/professional portfolio	Position commencement to project conclusion																		
ET 7	Patient telephone interview guide							Optional												
ET 8A	Staff survey																			
ET 9A	Patient experience & satisfaction																			
ET 10	Personnel survey role satisfaction																			
ET 11	Personnel interview																			
ET 12	Key stakeholder interview																			
ET 13	Patient journey analysis	Optional												Optional						
ET 15	Training program review report																			
ET 17	Training evaluation - trainee																			
ET 18	Sustainability Model																			
ET 19	Issues and lessons log	From project commencement to project conclusion																		
ET 20	Dissemination log	From project commencement to project conclusion																		

Appendix 1b Evaluation Plan ESOP – Advanced Practice in Endoscopy Nursing

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>1.1 Increased number of nurse endoscopists who have completed the agreed nurse endoscopist training pathway through the ESOP-APEN projects</p> <p>1.2 Turnover rate of recruited nurse endoscopists during the funded period of the expanded scope of practice project</p>	<p>Quantitative Staff records Record of staff recruited into ESOP positions, qualifications, years and details of experience; retention across the life of the project and time in the organisation prior to commencement in ESOP role (if applicable).</p> <p>Record of completion (including evidence of competency assessment) of the agreed nurse endoscopist training pathway.</p>	<p>All project sites</p> <p>Evaluation Tool 1 Staff Establishment Profile (Excel File – provided by NET)</p>	<p>On commencement of each ESOP funded position and maintained until project conclusion.</p>	<p>NET</p>	<p>Workforce capacity & Economic evaluation</p>	<p>Level 2</p>
<p>1.3 Increased skills of nurse endoscopists in endoscopy procedures</p>	<p>Quantitative Qualitative Log book data collected for each nurse endoscopist to comply with the requirements of the Conjoint Committee for the Recognition of Training in Gastrointestinal Endoscopy</p>	<p>All project sites</p> <p>Evaluation Tool 2 Refer to endoscopy project data specifications</p> <p>Evaluation Tool 6 Log book date for each Nurse Endoscopist.</p>	<p>On commencement of each ESOP funded position and maintained until project conclusion.</p>	<p>Lead sites</p>	<p>Effectiveness and Efficiency</p>	<p>Level 3</p>
<p>1.4 High level of consumer satisfaction/experience with ESOP-APEN endoscopy services</p> <p>1.5 Number of patients who refuse to be scoped</p>	<p>Quantitative Patient survey This patient survey will be collected for all patients seen by the Nurse Endoscopists for a defined period as a snapshot data collection.</p> <p>The numbers of patients refusing to receive their endoscopy procedure</p>	<p>All project sites</p> <p>Evaluation Tool 9a Patient survey tool – a preferred tool will be provided by the NET based on the experience of the lead sites.</p>	<p>Snapshot data collection for one time period</p> <p>September 2013</p>	<p>All project sites using an Excel tool provided by the NET and/or Survey Monkey</p> <p>Data is collected from a random</p>	<p>Consumer outcomes and experience</p>	<p>Level 1</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
by the nurse endoscopist	from the ESOP Nurse Endoscopist will be recorded in the nurse's log book.	Implementation sites wishing to modify this tool to accommodate particular patient groups are asked to discuss all changes with the NET. Evaluation Tool 6 All project sites Log book data and administrative records		sample of patients (NET will advise on sample size and the specific timing of the data collection)		
OPTIONAL DATA COLLECTION ACTIVITY DEPENDENT ON RESOURCES	Qualitative Patient telephone interviews A random sample of patients are asked over a defined period to consent to a follow up telephone interview to explore self reported patient outcomes e.g. seeking further health care for the same problem that led to their initial presentation etc. It is anticipated that approximately 30 interviews per project site would be required.	All project sites Evaluation Tool 7 Patient interview tool developed by Logan Hospital is adapted for use by other project sites	One off snapshot data collection May 2013	Lead sites	Safety and quality	Level 1, 2 & 3
OPTIONAL DATA COLLECTION ACTIVITY DEPENDENT ON RESOURCES	Qualitative Patient journey mapping Two to three high volume patient groups or presenting conditions are identified. The patient journey is mapped for each of these presenting conditions on up to three occasions. Project teams identify the anticipated	All project sites Evaluation Tool 13 Complete mapping using the Patient Journey Analysis Tool.	This data collection occurs twice. Pre implementation of the ESOP roles in October/November 2012 and repeated in November 2013.	NET in collaboration with lead sites	Effectiveness	Level 1 & 2

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>change in the patient journey analysis.</p> <p>This process is repeated toward the end of the project for the same presenting conditions.</p> <p>It is important to choose a high volume condition likely to benefit from ESOP endoscopy care; ideally all project sites will map the patient journey for the same condition</p>					
<p>1.6 High level of staff satisfaction and acceptance of the nurse endoscopy role; staff experience of the impact of the expanded scope of practice role</p> <p>1.7 Perceptions of the impact of the expanded scope of practice role on key stakeholders</p>	<p>Quantitative Staff survey</p> <p>This staff survey will be collected from a range of relevant members of the health care team that may have been impacted by the ESOP project. The sample size will be influenced the size of the Endoscopy Unit and project scale.</p> <p>Qualitative ESOP personnel surveys/interviews</p> <p>One set of surveys/interviews will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative</p> <p>Qualitative Key stakeholder interviews</p> <p>One set of interviews will occur</p>	<p>All project sites</p> <p>Evaluation Tool 8a Staff survey tool – the validated tool developed by Considine is recommended and will be supplied by the NET</p> <p>NET</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 11 Semi-structured interview tool</p> <p>Evaluation Tool 12 NET</p>	<p>One off snapshot data collection</p> <p>September – November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p>	<p>Project sites using an Excel tool provided by the NET and/or Survey Monkey</p> <p>NET</p> <p>NET</p> <p>NET</p>	<p>Provider outcomes and experience</p> <p>Workforce productivity</p>	<p>Level 2</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	toward the end of the project and these will canvass several evaluation issues with key stakeholders	Semi-structured interview tool				
1.8 Consistent or improved unit safety outcomes post introduction of the ESOP-APEN initiative e.g. number of adverse events; number of consumer complaints	<p>Quantitative Administrative data sets e.g. Patient Administration System; Risk and quality information systems e.g. RiskMan An aggregated, de-identified data extraction of re-presentations to the ED and/or readmissions to the hospital for an agreed period e.g. 96 hours and/or 28 days</p> <p>Some sites may not have quality information systems that capture the required information an alternative is to keep a record of adverse events and patient complaints and refusals</p> <p>Qualitative Log book/Professional portfolio</p>	<p>All project sites</p> <p>Evaluation Tool 2 NET provides data specification to guide the data extraction which is completed by project sites</p> <p>Lead site supplies tool and coordinates</p> <p>Evaluation Tool 6 All staff employed to work in the ESOP are personally responsible for</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p> <p>Log book commences from project implementation and is monitored by lead sites quarterly</p>	<p>NET in collaboration with lead sites</p> <p>Lead sites provide clinical review</p>	Safety and quality	Level 1, 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	Record of ESOP personnel who document their experience in their practice within the ESOP role e.g. adverse patient events and patient complaints or refusals to be treated by the ESOP Nurse Endoscopist	completing their own log book.				
<p>1.9 Increased number of 'routine / surveillance' endoscopic procedures completed within the Endoscopy Unit</p> <p>2.0 Number of endoscopic procedures completed by the nurse endoscopist throughout the project (per list and total)</p> <p>2.1 Decreased waiting time for 'routine / surveillance' endoscopic procedures</p>	<p>Quantitative Administrative data sets</p> <p>An aggregated, de-identified data extraction of a range of data fields within the Endoscopy Department Information System in use; that captures ESOP activities</p>	<p>All project sites</p> <p>Evaluation Tool 2 NET provides data specification in collaboration with lead sites to guide the data extraction which is completed by project sites</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>	NET in collaboration with lead sites	Workforce productivity	Level 2
2.2 Conditions for sustained implementation in place	<p>Qualitative ESOP personnel interviews/surveys</p> <p>One set of interviews/survey will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly</p>	<p>NET</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 11</p>	<p>One off snapshot data collection during project sites visits</p> <p>November 2013</p>	NET	Sustainability	Level 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>involved in the ESOP initiative e.g. the perceptions of project sustainability; review of how the funding provided by HWA was used for example was the project reliant on one person?</p> <p>Qualitative Key stakeholder interviews One set of semi-structured interviews will occur toward the end of the project and these will canvass several evaluation issues including the views of key stakeholders e.g. the perceptions of project sustainability</p>	<p>Semi-structured interview tool</p> <p>NET</p> <p>Evaluation Tool 12 Semi-structured interview tool</p>	<p>One off snapshot data collection during project sites visits</p> <p>November 2013</p>			
National evaluation component	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of Inquiry	Evaluation Framework Level
Implementation evaluation	<p>Qualitative Project plan, progress reports and site visits will be used in combination to evaluate implementation fidelity; achievement of project objectives; barriers and enablers; lessons learned, sustainability issues and the costs of national replication</p>	<p>All project sites</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 18 Sustainability tool</p> <p>Evaluation Tool 19 Issues and lessons log</p> <p>Evaluation Tool 20</p>	<p>As determined by HWA Funding Agreement with sites and NET</p>	NET	Effectiveness	Level 1, 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
		Dissemination log				
National implementation	<p>Qualitative Self assessment survey tool Relationship between the lead and implementation sites</p>	<p>All project sites</p> <p>Evaluation Tool 14 NET provides modified NHS Partnership Tool</p>	<p>Two times</p> <p>30 April 2013</p> <p>31 October 2013</p>	NET	Sustainability	Level 2 & 3
Training evaluation	<p>Qualitative Two tools will be used to assess the training provided to project participants These tools aim to assess if training programs developed are appropriate for the ESOP role The training program review report includes the costs of training; assessment of training program quality The Trainee Experience and Satisfaction Survey assesses the trainees' experience of the training program</p>	<p>NET in conjunction with lead sites</p> <p>Evaluation Tool 15 – Training Program Review Report</p> <p>Evaluation Tool 17 – Trainee Experiences and Satisfaction Survey</p>	<p>One off snapshot data collection completed by 31 March 2014</p>	NET	Sustainability Scalability	Level 3
Economic evaluation	<p>Quantitative The economic evaluation will use aggregated data relating to patient throughput, safety and quality and the cost of service delivery (e.g. the same data obtained for previous KPIs will be used for patient throughput, safety and quality).</p>	<p>All project sites</p> <p>NET provides data specification in collaboration with lead sites to guide the data extraction which is completed by project sites</p> <p>The financial data</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30</p>	NET	Cost effectiveness	Level 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	Financial information on the cost of implementing the ESOP project will be required at project site level. T	<p>requirements are still under development.</p> <p>Evaluation Tool 2 will provide the patient throughput data and safety and quality outcome information required for the economic analysis.</p> <p>Evaluation Tool 15 will capture the costs of training.</p>	<p>September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>			

Appendix 2a Evaluation Plan Gantt Chart – Physiotherapy in ED

Tool No.	Evaluation Tool Description	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
ET 1	Staff establishment profile	Position commencement to project conclusion																	
ET 3	Data specs					Report due							Report due						Report due
ET 6	Log book/professional portfolio	Position commencement to project conclusion - monitored by lead sites quarterly																	
ET 7	Patient telephone interview guide							Optional											
ET 8B	Staff survey																		
ET 9B	Patient survey tool																		
ET 10	Personnel survey role satisfaction																		
ET 11	Personnel interview																		
ET 12	Key stakeholder interview																		
ET 13	Patient journey analysis	Optional												Optional					
ET 14	The Victorian Health Partnerships Analysis Tool (modified)					Optional									Optional				
ET 15	Training program review report																		
ET 17	Training evaluation - trainee																		
ET 18	Sustainability Model	As determined with sites and NET																	
ET 19	Issues and lessons log	From project commencement to project conclusion																	
ET 20	Dissemination log	From project commencement to project conclusion																	

Appendix 2b Evaluation Plan ESOP – Physiotherapy in ED

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>1.1 Increased number of ESOP physiotherapists who have completed the agreed training pathway through the ESOP-PED projects</p> <p>1.2 Turnover rate of recruited ESOP physiotherapists during the funded period of the expanded scope of practice project.</p>	<p>Quantitative Staff records</p> <p>Record of staff recruited into ESOP positions, qualifications, years and details of experience; retention across the life of the project and time in the organisation prior to commencement in ESOP role (if applicable).</p>	<p>All project sites</p> <p>Evaluation Tool 1 Staff Establishment Profile (Excel File – provided by NET)</p>	<p>On commencement of each ESOP funded position and maintained until project conclusion.</p>	<p>NET</p>	<p>Workforce capacity & Economic evaluation</p>	<p>Level 2</p>
<p>1.3 Increased number of Triage Category 4 and 5 musculoskeletal consumers seen by ESOP physiotherapist discharged within 4 hours</p> <p>1.4 Number of Triage Category 4 and 5 patients seen by the ESOP physiotherapist that required medical imaging</p> <p>1.5 Average number of patients/consumers seen per day by the ESOP physiotherapist</p> <p>1.6 Decreased total</p>	<p>Quantitative Administrative data sets e.g.EDIS, FirstNET, Symphony etc</p> <p>An aggregated, de-identified data extraction of a range of data fields within the Emergency Department Information System in use; that captures total patient throughput for all physiotherapy patients e.g. presenting problem and diagnosis, triage category, time from triage to patient seen etc.</p> <p>Refer to the ESOP physiotherapy specific database or Excel spreadsheet developed by the relevant lead site.</p>	<p>All project sites</p> <p>Evaluation Tool 3 NET provides data specification to guide the data extraction which is completed by all project sites. Data extraction will occur retrospectively.</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014</p>	<p>NET in collaboration with lead sites</p>	<p>Effectiveness and Efficiency</p>	<p>Level 3</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
treatment time for Triage Category 4 and 5 consumers seen by the ESOP physiotherapist 1.7 Decreased waiting time for Category 4 and 5 consumers seen by the ESOP physiotherapist			completed by 30 April 2014.			
1.8 High level of consumer satisfaction/experience with ESOP-PED	Quantitative Patient survey This patient survey will be collected for all patients seen by the ESOP physiotherapists for a defined period as a snapshot data collection.	All project sites Evaluation Tool 9b Patient survey tool – a preferred tool will be provided by the NET based on the experience of the lead sites. Implementation sites wishing to modify this tool to accommodate particular patient groups are asked to discuss all changes with the NET.	Snapshot data collection for one time period September 2013	All project sites using an Excel tool provided by the NET and/or Survey Monkey Data is collected from a random sample of patients (NET will advise on sample size and the specific timing of the data collection)	Consumer outcomes and experience	Level 1
1.9 High level of staff satisfaction and acceptance of the ESOP physiotherapy role; staff experience of the impact of the expanded scope of practice role 2.0 Perceptions of the impact of the expanded	Quantitative Staff survey This staff survey will be collected from a range of relevant ED and allied health staff that may have been impacted by the ESOP project. The sample size will be influenced the size of the ED and project scale.	All project sites Evaluation Tool 8b Staff survey tool – the validated tool developed by Considine is recommended and will be supplied by the NET	One off snapshot data collection September – November 2013	Project sites using an Excel tool provided by the NET and/or Survey Monkey	Provider outcomes and experience Workforce productivity	Level 2

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
scope of practice role on key stakeholders	<p>Qualitative ESOP personnel surveys/interviews One set of surveys/interviews will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative</p> <p>Qualitative Key stakeholder interviews One set of interviews will occur toward the end of the project and these will canvass several evaluation issues with key stakeholders</p>	<p>NET</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 11 Semi-structured interview tool</p> <p>Evaluation Tool 12 NET</p> <p>Semi-structured interview tool</p>	<p>One off snapshot data collection</p> <p>September - November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p>	<p>NET</p> <p>NET</p>	Provider outcomes and experience	Level 2
2.1 Consistent or improved unit safety outcomes pre and post introduction of the ESOP-PED initiative e.g. number of re-presentations of patients/consumers treated for the same health care problem within 96 hours/readmissions within 28 days; number of adverse events; number of consumer complaints; decreased number of consumers	<p>Quantitative Administrative data sets e.g. Patient Administration System; Risk and quality information systems e.g. RiskMan and Allied Health Information Systems An aggregated, de-identified data extraction of re-presentations to the ED and/or readmissions to the hospital for an agreed period e.g. 96 hours and/or 28 days</p>	<p>All project sites</p> <p>Evaluation Tool 3 NET provides data specification to guide the data extraction which is completed by project sites</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014</p>	NET in collaboration with lead sites	Safety and quality	Level 1, 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
who 'Did not wait'. Reduced number of patients who DNW	Some sites may not have quality information systems that capture the required information an alternative is to keep a record of adverse events and patient complaints and refusals Qualitative Log book/Professional portfolio Record of ESOP personnel who document their experience in their practice within the ESOP role e.g. adverse patient events and patient complaints or refusals to be treated by the ESOP physiotherapist	Lead site supplies tool and coordinates Evaluation Tool 6 All staff employed to work in the ESOP are personally responsible for completing their own log book.	completed by 30 April 2014. Log book commences from project implementation and is monitored by lead sites quarterly	Lead sites provide clinical review		
OPTIONAL DATA COLLECTION ACTIVITY DEPENDENT ON RESOURCES	Qualitative Patient telephone interviews A random sample of patients are asked over a defined period to consent to a follow up telephone interview to explore self reported patient outcomes e.g. seeking further health care for the same problem that led to their initial presentation to the ESOP-PED, functional capacity etc. It is anticipated that approximately 30 interviews per implementation site would be required.	Implementation site Evaluation Tool 7 The Canberra Hospital telephone follow tool is adapted by the two lead sites	One off snapshot data collection May 2013	Lead sites	Safety and quality	Level 1, 2 & 3
2.2 Increased capacity of medical staff for the management of more complex ED consumers in a more timely fashion	Qualitative ESOP personnel surveys/interviews One set of surveys/interviews will occur toward the end of the project	NET Evaluation Tool 10 ESOP Personnel survey	One off snapshot data collection September -	NET	Workforce productivity	Level 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative</p> <p>Qualitative Key stakeholder interviews One set of interviews will occur toward the end of the project and these will canvass several evaluation issues with key stakeholders e.g. the perceptions of other members of the health care team in relation to changes in workflow in the ED</p>	<p>Evaluation Tool 11 Semi-structured interview tool</p> <p>NET</p> <p>Evaluation Tool 12 Semi-structured interview tool</p>	<p>November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p>	NET		
2.3 Increased number of expanded scope of practice physiotherapy procedures undertaken by ESOP-PED in each of the implementation sites e.g. imaging, medication, certification, referrals	<p>Quantitative Administrative data sets e.g.EDIS, FirstNET, Symphony etc ESOP physiotherapy specific database An aggregated, de-identified data extraction of a range of data fields within the Emergency Department Information System in use; that captures ESOP activities e.g. number of presentations where imaging was ordered Lead sites have designed physiotherapy specific databases or spreadsheet tools to support the collection of a range of ESOP physiotherapy procedures.</p>	<p>All project sites</p> <p>Evaluation Tool 3 NET provides data specification in collaboration with lead sites to guide the data extraction which is completed by project sites</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30</p>	NET in collaboration with lead sites	Workforce productivity	Level 2

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	Refer to the ESOP physiotherapy specific database or Excel spreadsheet developed by the relevant lead site.		April 2014.			
OPTIONAL DATA COLLECTION ACTIVITY DEPENDENT ON RESOURCES	<p>Qualitative Patient journey mapping Two to three high volume patient groups or presenting conditions are identified. The patient journey is mapped for each of these presenting conditions on up to three occasions. Project teams identify the anticipated change in the patient journey analysis method/tool. This process is repeated toward the end of the project for the same presenting conditions. It is important to choose a high volume condition likely to benefit from ESOP physiotherapy in ED; ideally all implementation sites will map the patient journey for the same condition</p>	<p>All project sites</p> <p>Evaluation Tool 13 Complete mapping using the Patient Journey Analysis Tool.</p>	<p>This data collection occurs twice.</p> <p>Pre implementation of the ESOP roles in October/November 2012 and repeated in November 2013.</p>	NET in collaboration with lead sites	Effectiveness	Level 1 & 2
2.4 Conditions for sustained implementation in place	<p>Qualitative ESOP personnel interviews/surveys One set of interviews/survey will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative e.g. the perceptions of project sustainability;</p>	<p>NET</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 11 Semi-structured interview tool</p>	<p>One off snapshot data collection during project sites visits</p> <p>November 2013</p>	NET	Sustainability	Level 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>review of how the funding provided by HWA was used for example was the project reliant on one person?</p> <p>Qualitative Key stakeholder interviews One set of semi-structured interviews will occur toward the end of the project and these will canvass several evaluation issues including the views of key stakeholders e.g. the perceptions of project sustainability</p>	<p>NET</p> <p>Evaluation Tool 12 Semi-structured interview tool</p>	<p>One off snapshot data collection during project sites visits</p> <p>November 2013</p>			
National evaluation component	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of Inquiry	Evaluation Framework Level
Implementation evaluation	<p>Qualitative Project plan, progress reports and site visits will be used in combination to evaluate implementation fidelity; achievement of project objectives; barriers and enablers; lessons learned, sustainability issues and the costs of national replication</p>	<p>All project sites</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 18 Sustainability tool</p> <p>Evaluation Tool 19 Issues and lessons log</p> <p>Evaluation Tool 20 Dissemination log</p>	<p>As determined by HWA Funding Agreement with sites and NET</p>	<p>NET</p>	<p>Effectiveness</p>	<p>Level 1, 2 & 3</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
National implementation	<p>Qualitative Self assessment survey tool Relationship between the lead and implementation sites</p>	<p>All project sites</p> <p>Evaluation Tool 14 NET provides modified NHS Partnership Tool</p>	<p>Two times 30 April 2013 31 October 2013</p>	NET	Sustainability	Level 2 & 3
Training evaluation	<p>Qualitative Two tools will be used to assess the training provided to project participants These tools aim to assess if training programs developed are appropriate for the ESOP role Tool 1 - The training program review report includes the costs of training; assessment of training program quality Tool 2 – The Expanded Scopes of Practice Program Participant Evaluation assesses the trainees experience of the training program</p>	<p>NET in conjunction with lead sites</p> <p>Evaluation Tool 15 – Training Program Review Report Evaluation Tool 17 – Trainee Experiences and Satisfaction Survey</p>	<p>One off snapshot data collection completed by 31 March 2014</p>	NET	Sustainability Scalability	Level 3
Economic evaluation	<p>Quantitative The economic evaluation will use aggregated data relating to patient throughput, safety and quality and the cost of service delivery (e.g. the same data obtained for previous KPIs will be used for patient throughput, safety and quality). Financial information on the cost of implementing the ESOP project will</p>	<p>All project sites</p> <p>NET provides data specification in collaboration with lead sites to guide the data extraction which is completed by project sites The financial data requirements are still under development.</p>	<p>Three times Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013 Data extraction for 1 October 2012 to 30 September 2013 completed by 31</p>	NET	Cost effectiveness	Level 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	be required at project site level. T	<p>Evaluation Tool 3 will provide the patient throughput data and safety and quality outcome information required for the economic analysis.</p> <p>Evaluation Tool 15 will capture the costs of training.</p>	<p>October 2013 Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>			

Appendix 3a Evaluation Plan Gantt Chart – Nurses in ED

Tool No.	Evaluation Tool Description	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
ET 1	Staff establishment profile	Position commencement to project conclusion																	
ET 4	Data specs					Report due							Report due						Report due
ET 6	Log book/professional portfolio	Position commencement to project conclusion - monitored by Project Officer quarterly																	
ET 8C	Staff survey																		
ET 9C	Patient experience & satisfaction																		
ET 10	Personnel survey role satisfaction																		
ET 11	Personnel interview																		
ET 13	Patient journey analysis	Optional												Optional					
ET 16	Training program quality report																		
ET 17	Training evaluation - trainee																		
ET 18	Sustainability Model																		
ET 19	Issues and lessons log	From project commencement to project conclusion																	
ET 20	Dissemination log	From project commencement to project conclusion																	

Appendix 3b Evaluation Plan ESOP – Nurses in ED

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>1.1 Number of structured learning sessions/modules that were provided as part of the ESOP- NED project to health care professionals working within the ED.</p> <p>1.2 Attendance records of ESOP related personnel at required training activities and summative assessment of competence.</p> <p>1.3 Turnover rate of recruited ESOP nurses during the funded period of the expanded scope of practice project.</p>	<p>Quantitative Project training records All projects must have a documented training pathway that identifies the training that nurses require to achieve competency in the expanded scope of practice role. This KPI aims to capture the progress of nurses along this training pathway and the number of learning or skill development sessions they attended as part of this process.</p> <p>Staff records Record of staff recruited into ESOP positions, qualifications, years and details of experience; retention across the life of the project and time in the organisation prior to commencement in ESOP role (if applicable).</p>	<p>All project sites</p> <p>The NET can provide examples of different ways to document training pathways if required</p> <p>Evaluation Tool 1 Staff Establishment Profile (Excel File – provided by NET)</p>	<p>Whenever training occurs in relation to the ESOP project</p> <p>On commencement of each ESOP funded position and maintained until project conclusion.</p>	NET	Workforce capacity	Level 2
1.4 Evidence of practice changes made due to the project intervention	<p>Quantitative Administrative data sets e.g.EDIS, FirstNET, Symphony etc ESOP nurse specific database or</p>	<p>All project sites</p> <p>Evaluation Tool 4 NET provides data</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30</p>	NET	Workforce productivity	Level 2

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>records</p> <p>An aggregated, de-identified data extraction of a range of data fields within the Emergency Department Information System in use; that captures ESOP activities (This will require that all ESOP patients can be 'flagged' in the ED information system) e.g. number of presentations where imaging was ordered Projects may design their own system for capturing data relating to the expanded scope of practice changes in databases or Excel spreadsheets developed for the project. Sites with fewer IT resources may also need to ensure that ESOP nurses keep a log book or professional portfolio to record their implementation of the expanded scope of practice e.g. evidence of occasions when suturing was provided</p>	<p>specification in collaboration with project sites to guide the data extraction which is completed by project sites</p>	<p>September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>			
OPTIONAL DATA COLLECTION ACTIVITY DEPENDENT ON RESOURCES (RECOMMENDED)	<p>Qualitative</p> <p>Patient journey mapping</p> <p>Two to three high volume patient groups or presenting conditions are identified. The patient journey is mapped for each of these presenting conditions on up to three occasions. Project teams identify the anticipated</p>	<p>All project sites</p> <p>Evaluation Tool 13</p> <p>Complete mapping using the Patient Journey Analysis Tool.</p>	<p>This data collection occurs twice.</p> <p>Pre implementation of the ESOP roles in October/November 2012 and repeated in November 2013.</p>	<p>NET in collaboration with project sites</p>	<p>Effectiveness</p>	<p>Level 1 & 2</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>change in the patient journey analysis.</p> <p>This process is repeated toward the end of the project for the same presenting conditions.</p> <p>It is important to choose a high volume condition likely to benefit from ESOP nurses in ED; ideally similar implementation sites will map the patient journey for the same condition</p>					
1.5 Increased number of Triage Category 4 and 5 consumers seen by ESOP-NED discharged within 4 hours (as appropriate)	<p>Quantitative Administrative data sets e.g.EDIS, FirstNET, Symphony etc</p> <p>An aggregated, de-identified data extraction of a range of data fields within the Emergency Department Information System in use; that captures total patient throughput for all patients flagged as seen by an ESOP Nurse e.g. presenting problem and diagnosis, triage category, time from triage to patient seen etc.</p> <p>A specific database may be required for additional data capture and will be discussed on a site by site basis</p>	<p>All project sites</p> <p>Evaluation Tool 4 NET provides data specification to guide the data extraction which is completed by all project sites. Data extraction will occur retrospectively.</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>	NET in collaboration with project sites	Effectiveness and Efficiency	Level 3
1.6 High level of consumer satisfaction/experience	<p>Quantitative Patient survey</p>	All project sites	Snapshot data collection for one time period	All project sites using an Excel tool provided by the	Consumer outcomes and experience	Level 1

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
with ESOP-NED	This patient survey will be collected for all patients seen by the ESOP nurses for a defined period as a snapshot data collection.	Evaluation Tool 9c Patient survey tool – a preferred tool will be provided by the NET designed for adult English speaking patients. Implementation sites wishing to modify this tool to accommodate particular patient groups are asked to discuss all changes with the NET.	September 2013	NET and/or Survey Monkey Data is collected from a random sample of patients (NET will advise on sample size and the specific timing of the data collection)		
1.7 High level of staff satisfaction and acceptance of the ESOP nurse role; staff experience of the impact of the expanded scope of practice role 1.8 Perceptions of the impact of the expanded scope of practice role on key stakeholders	Quantitative Staff survey This staff survey will be collected from a range of relevant ED and allied health staff that may have been impacted by the ESOP project. The sample size will be influenced the size of the ED and project scale. Qualitative ESOP personnel surveys/interviews One set of surveys/interviews will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative	All project sites Evaluation Tool 8c Staff survey tool – the validated tool developed by Considine is recommended and will be supplied by the NET NET Evaluation Tool 10 ESOP Personnel survey Evaluation Tool 11 Semi-structured interview tool	One off snapshot data collection September – November 2013 One off snapshot data collection September - November 2013 One off snapshot	Project sites using an Excel tool provided by the NET and/or Survey Monkey NET NET	Provider outcomes and experience Workforce productivity Provider outcomes and	Level 2

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>Qualitative Key stakeholder interviews One set of interviews will occur toward the end of the project and these will canvass several evaluation issues with key stakeholders</p>	<p>NET</p> <p>Evaluation Tool 12 Semi-structured interview tool</p>	<p>data collection</p> <p>September - November 2013</p>		experience	
<p>1.9 Consistent or improved unit safety outcomes pre and post introduction of the ESOP-NED initiative e.g. number of re-presentations of consumers treated for the same health care problem within 96 hours/within 28 days; number of adverse events; number of consumer complaints; number of consumers who 'Did not wait', number of consumers who left against medical advice</p>	<p>Quantitative Administrative data sets e.g. Patient Administration System; Risk and quality information systems e.g. RiskMan An aggregated, de-identified data extraction of re-presentations to the ED and/or readmissions to the hospital for an agreed period e.g. 96 hours and/or 28 days</p> <p>Some sites may not have quality information systems that capture the required information an alternative is to keep a record of adverse events and patient complaints and refusals</p> <p>Qualitative Log book/Professional portfolio Record of ESOP personnel who document their experience in their practice within the ESOP role e.g. adverse patient events and patient complaints or refusals to be treated</p>	<p>All project sites</p> <p>Evaluation Tool 4 NET provides data specification to guide the data extraction which is completed by project sites</p> <p>NET can advise on tool</p> <p>All staff employed to work in the ESOP are personally responsible for completing their own log book.</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>	NET in collaboration with project sites	Safety and quality	Level 1, 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	by the ESOP nurse	Evaluation Tool 6	Log book commences from project implementation and is monitored by Project Officer quarterly	Project sites provide clinical review		
2.0 Increased capacity of medical staff for the management of more complex ED consumers in a more timely fashion	<p>Qualitative ESOP personnel surveys/interviews One set of surveys/interviews will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative</p> <p>Qualitative Key stakeholder interviews Semi-structured interviews with other members of the ESOP-NED health care team to ascertain their perceptions of any changes in workflow (This will be part of one set of interviews that will occur toward the end of the project that will canvass several evaluation issues with key stakeholders)</p>	<p>NET</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 11 Semi-structured interview tool</p> <p>NET</p> <p>Evaluation Tool 12 Semi-structured interview tool</p>	<p>One off snapshot data collection</p> <p>September - November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p>	<p>NET</p> <p>NET</p>	Workforce productivity	Level 2 & 3
2.1 Increased number of consumers managed through the ESOP-NED	<p>Quantitative Administrative data sets e.g.EDIS, FirstNET, Symphony etc</p>	All project sites	Three times Data extraction for 1 October 2011 to 30	NET in collaboration with lead sites	Workforce productivity	Level 2

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
in each of the implementation sites	An aggregated, de-identified data extraction of a range of data fields within the Emergency Department Information System in use; that captures ESOP activities e.g. number of presentations by triage category, average time in ED etc. Different ESOP-NED projects may decide to collect data that is specific to their model of care.	Evaluation Tool 4 NET provides data specification in collaboration with project sites to guide the data extraction which is completed by project sites	September 2012 completed by 31 March 2013 Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013 Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.			
2.2 Conditions for sustained implementation in place	Qualitative ESOP personnel survey/interviews One set of surveys/interviews will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative e.g. the perceptions of project sustainability; review of how the funding provided by HWA was used for example was the project reliant on one person? Qualitative Key stakeholder interviews One set of semi-structured interviews will occur toward the end of the	NET Evaluation Tool 10 ESOP Personnel survey Evaluation Tool 11 Semi-structured interview tool	One off snapshot data collection during project sites visits November 2013 One off snapshot data collection during project sites visits	NET	Sustainability	Level 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	project and these will canvass several evaluation issues including the views of key stakeholders e.g. the perceptions of project sustainability	NET Evaluation Tool 12 Semi-structured interview tool	November 2013			
National evaluation component	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of Inquiry	Evaluation Framework Level
Implementation evaluation	Qualitative Project plan, progress reports and site visits will be used in combination to evaluate implementation fidelity; achievement of project objectives; barriers and enablers; lessons learned and the costs of national replication	All project sites Evaluation Tool 10 ESOP Personnel survey Evaluation Tool 18 Sustainability tool Evaluation Tool 19 Issues and lessons log Evaluation Tool 20 Dissemination log	As determined by HWA Funding Agreement with sites and NET	NET	Effectiveness	Level 1, 2 & 3
Training evaluation	Qualitative Two tools will be used to assess the training provided to project participants These tools aim to assess if training programs developed are appropriate	NET in conjunction with lead sites Evaluation Tool 16 – Training Program Quality Report	One off snapshot data collection completed by 31 March 2014	NET	Sustainability Scalability	Level 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>for the ESOP role</p> <p>Tool 1 - The training program review report includes the costs of training; assessment of training program quality</p> <p>Tool 2 – The Expanded Scopes of Practice Program Participant Evaluation assesses the trainees experience of the training program</p>	<p>Evaluation Tool 17 – Trainee Experiences and Satisfaction Survey</p>				
Economic evaluation	<p>Quantitative</p> <p>The economic evaluation will use aggregated data relating to patient throughput, safety and quality and the cost of service delivery (e.g. the same data obtained for previous KPIs will be used for patient throughput, safety and quality).</p> <p>Financial information on the cost of implementing the ESOP project will be required at project site level.</p>	<p>All project sites</p> <p>NET provides data specification to guide the data extraction which is completed by project sites</p> <p>The financial data requirements are still under development.</p> <p>Evaluation Tool 4 will provide the patient throughput data and safety and quality outcome information required for the economic analysis.</p> <p>Evaluation Tool 16 will capture the costs of training.</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>	NET	Cost effectiveness	Level 3

Appendix 4a Evaluation Plan Gantt Chart – Extended Role for Paramedics

Tool No.	Evaluation Tool Description	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	
ET 1	Staff establishment profile	Position commencement to project conclusion																		
ET 5	Data specification guide						Report due						Report due						Report due	
ET 6	Log book/professional portfolio	Position commencement to project conclusion - monitored by Project Officer quarterly																		
ET 7	Patient telephone interview guide							Optional												
ET 8D	Staff survey																			
ET 9D	Patient survey tool																			
ET 10	Personnel survey role satisfaction																			
ET 11	Personnel interview																			
ET 12	Key stakeholder interview																			
ET 13	Patient journey analysis	Optional													Optional					
ET 14	The Victorian Health Partnerships Analysis Tool (modified)	Applicability for discussion with project sites																		
ET 15	Training program review report																			
ET 17	Training evaluation - trainee																			
ET 18	Sustainability Model																			
ET 19	Issues and lessons log	From project commencement to project conclusion																		
ET 20	Dissemination log	From project commencement to project conclusion																		

Appendix 4b Evaluation Plan ESOP – Extended Role for Paramedics

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>1.1 Increased number of ECPs who have completed the agreed training pathway through the ERP projects</p> <p>1.2 Turnover rate of recruited ECPs during the funded period of the expanded scope of practice project</p>	<p>Quantitative Staff records Record of staff recruited into ESOP positions, qualifications, years and details of experience; retention across the life of the project and time in the organisation prior to commencement in ESOP role (if applicable).</p> <p>Record of completion (including evidence of competency assessment) of the agreed ECP training pathway.</p>	<p>All project sites</p> <p>Evaluation Tool 1 Staff Establishment Profile (Excel File – provided by NET)</p>	<p>On commencement of each ESOP funded position and maintained until project conclusion.</p>	<p>NET</p>	<p>Workforce capacity & Economic evaluation</p>	<p>Level 2</p>
<p>1.3 Increased number of extended role paramedic cases undertaken by the ECPs in each of the implementation sites</p> <p>1.4 Decreased number of consumers transported to ED subsequent to ECP attendance</p> <p>1.5 Decreased number of inter-facility transfers (as applicable)</p>	<p>Quantitative Administrative data sets An aggregated, de-identified data extraction of a range of data fields within the Ambulance Service Information System in use; that captures ESOP activities</p> <p>Separate databases of ECP case codes may be required in some jurisdictions</p> <p>Qualitative Clinical audit may be required to support quantitative identification of practice changes.</p>	<p>All project sites</p> <p>Evaluation Tool 5 NET provides data specification in collaboration with project sites to guide the data extraction which is completed by project sites</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>	<p>NET in collaboration with project sites</p>	<p>Workforce productivity</p>	<p>Level 2</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>1.6 Average number of consumers seen per shift by the ECP (including triage category, time spent on call, call out ratios, break number metrics etc.)</p> <p>1.7 Average waiting time from 000 call to the time the ECP arrived at the scene of the consumer</p> <p>1.8 Number of ECP consumers treated in their 'usual residence'</p>	<p>Quantitative Administrative data sets An aggregated, de-identified data extraction of a range of data fields within the Ambulance Service Information System in use; that captures ESOP activities</p> <p>Separate databases of ECP case codes may be required in some jurisdictions</p>	<p>All project sites</p> <p>Evaluation Tool 5 NET provides data specification in collaboration with project sites to guide the data extraction which is completed by project sites</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>	<p>NET in collaboration with project sites</p>	<p>Efficiency</p>	<p>Level 3</p>
<p>1.9 High level of consumer satisfaction/experience with the ECP role</p>	<p>Quantitative Patient survey This patient survey will be collected for all patients seen by the ECP for a defined period as a snapshot data collection.</p>	<p>All project sites</p> <p>Evaluation Tool 9d Patient survey tool – a preferred tool will be provided by the NET based on the experience of all project sites and the CAA. Sites wishing to modify this tool to accommodate particular patient groups are asked to discuss all</p>	<p>Snapshot data collection for one time period</p> <p>September 2013</p>	<p>All project sites using an Excel tool provided by the NET and/or Survey Monkey</p> <p>Data is collected from a random sample of patients (NET will advise on sample size and the specific timing of the data</p>	<p>Consumer outcomes and experience</p>	<p>Level 1</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
		changes with the NET.		collection)		
OPTIONAL DATA COLLECTION ACTIVITY DEPENDENT ON RESOURCES	<p>Qualitative Patient telephone interviews</p> <p>A random sample of patients are asked over a defined period to consent to a follow up telephone interview to explore self reported patient outcomes e.g. seeking further health care for the same problem that led to their initial presentation etc. It is anticipated that approximately 30 interviews per project site would be required.</p>	<p>All project sites</p> <p>Evaluation Tool 7 Patient interview tool developed/adapted for use by other project sites</p>	<p>One off snapshot data collection May 2013</p>	<p>Project sites</p>	<p>Safety and quality</p>	<p>Level 1, 2 & 3</p>
OPTIONAL DATA COLLECTION ACTIVITY DEPENDENT ON RESOURCES	<p>Qualitative Patient journey mapping</p> <p>Two to three high volume patient groups or presenting cases are identified. The patient journey is mapped for each of these presenting cases on up to three occasions. Project teams identify the anticipated change in the patient journey analysis. This process is repeated toward the end of the project for the same presenting cases. It is important to choose a high volume condition likely to benefit from ECP care; ideally all project sites will map the patient journey for the same condition</p>	<p>All project sites</p> <p>Evaluation Tool 13 Complete mapping using the Patient Journey Analysis Tool.</p>	<p>This data collection occurs twice.</p> <p>Pre implementation of the ESOP roles in October/November 2012 and repeated in November 2013.</p>	<p>NET in collaboration with project sites</p>	<p>Effectiveness</p>	<p>Level 1 & 2</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>2.0 High level of staff satisfaction and acceptance of the ECP role</p> <p>2.1 Perceptions of the impact of the expanded scope of practice role on key stakeholders</p>	<p>Quantitative Staff survey This staff survey will be collected from a range of relevant members of the health care team that may have been impacted by the ECP. The sample size will be influenced the size of the Ambulance Service and project scale.</p> <p>Qualitative ESOP personnel surveys/interviews One set of surveys/interviews will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative</p> <p>Qualitative Key stakeholder interviews One set of interviews will occur toward the end of the project and these will canvass several evaluation issues with key stakeholders</p>	<p>All project sites</p> <p>Evaluation Tool 8d Staff survey tool – the validated tool developed by Considine is recommended and will be supplied by the NET</p> <p>NET</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 11 Semi-structured interview tool</p> <p>Evaluation Tool 12 NET</p> <p>Semi-structured interview tool</p>	<p>One off snapshot data collection</p> <p>September – November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p>	<p>Project sites using an Excel tool provided by the NET and/or Survey Monkey</p> <p>NET</p> <p>NET</p> <p>NET</p>	<p>Provider outcomes and experience</p> <p>Workforce productivity</p>	<p>Level 2</p>
<p>2.2 Consistent or improved unit safety outcomes pre and post introduction of the ERP initiative e.g. number of re-contacts with the</p>	<p>Quantitative Administrative data sets An aggregated, de-identified data extraction of re-contacts to 000 for the Ambulance Service</p>	<p>All project sites</p> <p>Evaluation Tool 5 NET provides data specification to guide the</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012</p>	<p>NET in collaboration with lead sites</p>	<p>Safety and quality</p>	<p>Level 1, 2 & 3</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>OOO service by consumers treated by the ECP for the same health care problem ; number of adverse events; number of complaints</p> <p>2.3 Number of ECP cases deemed 'out of scope' by the ECP</p> <p>2.4 Number of consumers refusing treatment by the ECP</p>	<p>Some sites may not have quality information systems that capture the required information an alternative is to keep a record of adverse events and patient complaints and refusals</p> <p>Qualitative</p> <p>Log book/Professional portfolio</p> <p>Record of ESOP personnel who document their experience of their practice within the ESOP role e.g. adverse patient events and patient complaints or refusals to be treated by the ECP</p>	<p>data extraction which is completed by project sites</p> <p>NET supplies tool and project site coordinates</p> <p>Evaluation Tool 6</p> <p>All staff employed to work in the ESOP are personally responsible for completing their own log book.</p>	<p>completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p> <p>Log book commences from project implementation and is monitored by lead sites quarterly</p>	<p>Project sites provide clinical review</p>		
<p>2.5 Increased capacity of medical staff to manage more complex ED or primary care consumers in a more timely fashion</p>	<p>Qualitative</p> <p>ESOP personnel surveys/interviews</p> <p>One set of surveys/interviews will occur toward the end of the project and these will canvass several</p>	<p>NET</p> <p>Evaluation Tool 10</p> <p>ESOP Personnel survey</p>	<p>One off snapshot data collection</p> <p>September -</p>	<p>NET</p>	<p>Workforce productivity</p>	<p>Level 2 & 3</p>

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
<p>2.6 Number of consumers referred to the ECP model by other health care providers (source of referral)</p> <p>2.7. Strengthened partnerships developed between other aged care and primary care service providers and the ECP service</p>	<p>evaluation issues including the experience of personnel directly involved in the ESOP initiative</p> <p>Qualitative Key stakeholder interviews Semi-structured interviews with other members of the health care team to ascertain their perceptions of any changes in workflow (This will be part of one set of interviews that will occur toward the end of the project that will canvass several evaluation issues with key stakeholders)</p>	<p>Evaluation Tool 11 Semi-structured interview tool</p> <p>NET</p> <p>Evaluation Tool 12 Semi-structured interview tool</p> <p>Evaluation Tool 14 The Victorian Health Partnerships Analysis Tool – applicability for discussion with project sites</p>	<p>November 2013</p> <p>One off snapshot data collection</p> <p>September - November 2013</p>	NET		
<p>2.2 Conditions for sustained implementation in place</p>	<p>Qualitative ESOP personnel interviews/surveys One set of interviews/survey will occur toward the end of the project and these will canvass several evaluation issues including the experience of personnel directly involved in the ESOP initiative e.g. the perceptions of project sustainability; review of how the funding provided by HWA was used for example was the project reliant on one person?</p>	<p>NET</p> <p>Evaluation Tool 10 ESOP Personnel survey</p> <p>Evaluation Tool 11 Semi-structured interview tool</p>	<p>One off snapshot data collection during project sites visits</p> <p>November 2013</p>	NET	Sustainability	Level 2 & 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	Qualitative Key stakeholder interviews One set of semi-structured interviews will occur toward the end of the project and these will canvass several evaluation issues including the views of key stakeholders e.g. the perceptions of project sustainability	NET Evaluation Tool 12 Semi-structured interview tool	One off snapshot data collection during project sites visits November 2013			
National evaluation component	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of Inquiry	Evaluation Framework Level
Implementation evaluation	Qualitative Project plan, progress reports and site visits will be used in combination to evaluate implementation fidelity; achievement of project objectives; barriers and enablers; lessons learned, sustainability issues and the costs of national replication	All project sites Evaluation Tool 10 ESOP Personnel survey Evaluation Tool 18 Sustainability tool Evaluation Tool 19 Issues and lessons log Evaluation Tool 20 Dissemination log	As determined by HWA Funding Agreement with sites and NET	NET	Effectiveness	Level 1, 2 & 3
Training evaluation	Qualitative Two tools will be used to assess the training provided to project participants These tools aim to assess if training	NET in conjunction with sites conducting training Evaluation Tool 15 – Training Program Review	One off snapshot data collection completed by 31 March 2014	NET	Sustainability Scalability	Level 3

KPI	Data Source	Collection & Tool	Frequency	Analysis	HWA Domain of inquiry	CHSD Evaluation Framework Level
	<p>programs developed are appropriate for the ESOP role</p> <p>The training program review report includes the costs of training; assessment of training program quality</p> <p>The Trainee Experience and Satisfaction Survey assesses the trainees' experience of the training program</p>	<p>Report</p> <p>Evaluation Tool 17 – Trainee Experiences and Satisfaction Survey</p>				
Economic evaluation	<p>Quantitative</p> <p>The economic evaluation will use aggregated data relating to patient throughput, safety and quality and the cost of service delivery (e.g. the same data obtained for previous KPIs will be used for patient throughput, safety and quality).</p> <p>Financial information on the cost of implementing the ESOP project will be required at project site level. T</p>	<p>All project sites</p> <p>NET provides data specification in collaboration with lead sites to guide the data extraction which is completed by project sites</p> <p>The financial data requirements are still under development.</p> <p>Evaluation Tool 5 will provide the patient throughput data and safety and quality outcome information for economic analysis.</p> <p>Evaluation Tool 15 will capture the costs of training.</p>	<p>Three times</p> <p>Data extraction for 1 October 2011 to 30 September 2012 completed by 31 March 2013</p> <p>Data extraction for 1 October 2012 to 30 September 2013 completed by 31 October 2013</p> <p>Data extraction for 1 October 2013 to 31 March 2014 completed by 30 April 2014.</p>	NET	Cost effectiveness	Level 3

