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

Round 2 Workshop
20 May 2009
Content

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

◆ Improvements for residents
  – Improvements in clinical care

◆ Improvements for staff
  – Opportunities for aged care clinicians to develop and enhance their knowledge and skills
  – Support staff to access and use the best available evidence in everyday practice

◆ System improvements
  – Clearer industry focus on improvements to clinical care
  – Wide dissemination of proven best practice in clinical care
  – Develop national clinical guides, resources and evidence summaries that support aged care accreditation standards

◆ Community impact
  – Build consumer confidence in the aged care facilities involved in EBPRAC
Key success factors

- Receptive context
- Model for change / implementation
- The nature of the change in practice, including local adaptation, local interpretation of evidence and ‘fit’ with current practice
- Demonstrable benefits of the change

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

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

- Summative and formative components
- Program delivery
- Program impact
- Sustainability
- Capacity building
- Generalisability
- Dissemination
### Location of facilities

<table>
<thead>
<tr>
<th></th>
<th>Round 1</th>
<th>Round 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>10</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Queensland</td>
<td>3</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Victoria</td>
<td>11</td>
<td>31</td>
<td>42</td>
</tr>
<tr>
<td>South Australia</td>
<td>10</td>
<td>12</td>
<td>22</td>
</tr>
<tr>
<td>Western Australia</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Tasmania</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>68</strong></td>
<td><strong>106</strong></td>
</tr>
</tbody>
</table>

- Average of one more facility per project in Round 2 compared to Round 1
- No facilities in Northern Territory or ACT in either round
Total number of facilities in both rounds as percentage of total number of facilities in each state

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New South Wales</td>
<td>2.3%</td>
</tr>
<tr>
<td>Queensland</td>
<td>3.1%</td>
</tr>
<tr>
<td>Victoria</td>
<td>5.3%</td>
</tr>
<tr>
<td>South Australia</td>
<td>7.6%</td>
</tr>
<tr>
<td>Western Australia</td>
<td>1.6%</td>
</tr>
<tr>
<td>Tasmania</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>% in EBPRAC</th>
<th>% in Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major cities</td>
<td>52.0%</td>
<td>59.5%</td>
</tr>
<tr>
<td>Inner regional</td>
<td>35.7%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Outer regional</td>
<td>10.2%</td>
<td>12.5%</td>
</tr>
<tr>
<td>Remote</td>
<td>1.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Very remote</td>
<td>1.0%</td>
<td>0.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0%</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Round 1 (5 projects)</th>
<th>Round 2 (8 projects)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action research</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Champions/link nurses</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Audit and feedback</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Care planning</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Policies, procedures, protocols</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Environmental changes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Education of GPs</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Development of training manuals</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Academic detailing</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
What factors influence the successful implementation of evidenced-based practice in residential aged care?

- Data from 35 staff working in residential aged care facilities

### Factor

<table>
<thead>
<tr>
<th>Factor</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receptive context for change (includes leadership)</td>
<td>38</td>
</tr>
<tr>
<td>Adequate resources</td>
<td>22</td>
</tr>
<tr>
<td>Staff with necessary skills</td>
<td>11</td>
</tr>
<tr>
<td>Stakeholder engagement</td>
<td>9</td>
</tr>
<tr>
<td>Staff turnover</td>
<td>6</td>
</tr>
<tr>
<td>Other factors</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102</strong></td>
</tr>
</tbody>
</table>
Receptive context for change

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

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

◆ Time x 11 (6 help, 5 hinder)

◆ Money x 9 (4 help, 5 hinder)

◆ Equipment x 4 (1 help, 3 hinder)
Evaluation update

♦ Site visits – 2nd visit in June/July 2010

♦ Interviews with stakeholders

♦ Sustainability tool

♦ Economic evaluation
Evaluation update

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

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

◆ Sustainability

Six-monthly progress reports

➢ Describe activities to ensure sustainability (Q30)

+ questions during site visits

+ Sustainability Tool
NHS Sustainability Tool

◆ Developed by:
  – Lynne Maher, NHS Institute for Innovation and Improvement
  – David Gustafson, University of Wisconsin
  – Alyson Evans, University of Wisconsin

◆ Designed to be used prospectively

◆ Can be used in various ways:
  – predict the likelihood of sustainability
  – self-assess against a number of key criterion for sustaining change
  – recognise and understand key barriers for sustainability, relating to their specific local context
  – identify strengths in sustaining improvement
  – plan for sustainability of improvement efforts
  – monitor progress over time
NHS Sustainability Tool

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

- Initial identification of over 100 factors considered to be important ingredients for sustaining change.

- Subsequent focus groups with NHS staff and experts synthesised the factors down to the ten key factors appearing in the model.

- Scoring for each factor arrived at by asking 250 NHS staff to:
  - rank the 10 factors from 1-10; with 10 representing the most important factor
  - distribute 100 points amongst the 4 levels of each factor to indicate their relative importance
NHS Sustainability Tool Factors

◆ Process:
  – Benefits beyond helping patients
  – Credibility of the evidence
  – Adaptability of improved process
  – Effectiveness of the system to monitor progress

◆ Staff:
  – Staff involvement and training to sustain the process
  – Staff behaviours toward sustaining the change
  – Senior leadership engagement
  – Clinical leadership engagement

◆ Organisation:
  – Fit with the organisation’s strategic aims and culture
  – Infrastructure for sustainability
<table>
<thead>
<tr>
<th>Key success factor for EBPRAC evaluation</th>
<th>NHS Sustainability Model factor</th>
</tr>
</thead>
</table>
| Receptive context for change (including leadership)      | Senior leadership engagement\  
Clinician leadership engagement\  
Staff behaviours toward sustaining the change\  
Fit with the organisation’s strategic aims and culture |
| Model for change / implementation                        |                                                                                             |
| The nature of the change in practice                     | Adaptability of improved process\  
Fit with the organisation’s strategic aims and culture |
| Demonstrable benefits of the change                      | Credibility of the benefits\  
Benefits beyond helping patients\  
Staff behaviours toward sustaining the change |
| Stakeholder engagement, participation and commitment     | Senior leadership engagement\  
Clinician leadership engagement\  
Staff involvement and training to sustain the process |
| Staff with the necessary skills                          | Staff involvement and training to sustain the process\  
Infrastructure for sustainability |
| Adequate resources                                       | Infrastructure for sustainability                                                            |
| Systems in place to support the use of evidence           | Effectiveness of the system to monitor progress                                             |
Sustainability tool data (Round 1)

A: Benefits beyond helping residents
B: Credibility of the evidence
C: Adaptability of improved process
D: Effectiveness of the system to monitor progress
E: Staff involvement and training to sustain the process
F: Staff behaviours toward sustaining the change
G: Senior leadership engagement
H: Clinical leadership engagement
I: Fit with the organisation’s strategic aims and culture
J: Infrastructure for sustainability
Sustainability tool data (Round 1)

A: Benefits beyond helping residents
B: Credibility of the evidence
C: Adaptability of improved process
D: Effectiveness of the system to monitor progress
E: Staff involvement and training to sustain the process
F: Staff behaviours toward sustaining the change
G: Senior leadership engagement
H: Clinical leadership engagement
I: Fit with the organisation's strategic aims and culture
J: Infrastructure for sustainability
Total scores for each facility in one project

Preliminary evidence suggests a score of 55 or higher offers reason for optimism
Process factor
Benefits beyond helping patients

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

Choose one option from:

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

**Staff behaviours toward sustaining the change**

Choose one option from:

- **Are staff encouraged and able to express their ideas and is their input taken on board?**
  - Staff feel empowered as part of the change process and believe the improvement will be sustained

- **Are staff able to run small-scale tests, e.g. Plan, Do, Study, Act, (PDSA cycles) based on their ideas, to see if additional improvements should be recommended?**
  - Staff feel empowered as part of the change process but don’t believe the improvement will be sustained

- **Do staff think that the change is a better way of doing things that they want to preserve for the future?**
  - Staff don’t feel empowered by the change process but believe the improvement will be sustained

- **Staff don’t feel empowered by the change process or believe the improvement will be sustained**
Organisation factor
Fit with the organisation’s strategic aims and culture

- Has the organisation successfully sustained improvement in the past?

- Are the goals of the change clear and shared?

- Is the improvement aligned with the organisation’s strategic aims and direction?

- Is it contributing to the overall organisational aims?

- Is change important to the organisation and its leadership?

- Does your organisation have a ‘can do’ culture?

Choose one option from:

- There is a history of successful sustainability and improvement goals are consistent with the organisation’s strategic aims

- There is a history of successful sustainability but the improvement and organisations strategic aims are inconsistent

- There is no history of successful sustainability but the improvement goals are consistent with the organisation’s strategic aims

- There is no history of successful sustainability and the improvement goals are inconsistent with the organisation’s strategic aims
Sustainability tool – use in EBPRAC

- For each residential aged care facility participating in your project

- By those involved in the project who are best placed to rate the factors (for example, during a project team meeting)

- Within the first TWO months of implementation commencing in each facility (or as soon as possible thereafter)

- Within the last TWO months of implementation ceasing in each facility (or as soon as possible thereafter).

- Complete manually (using a Word document) or electronically (using an Excel file).
<table>
<thead>
<tr>
<th>Please enter name of project here</th>
<th>Example</th>
<th>RACF 1</th>
<th>RACF 2</th>
<th>RACF 3</th>
<th>RACF 4</th>
<th>RACF 5</th>
<th>RACF 6</th>
<th>RACF 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of residential aged care facility (please enter name in this row)</td>
<td>EBPRAC Gardens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date completed (month, year)</td>
<td>Jun-08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Factor 1: Benefits beyond helping residents**

- The change improves efficiency and makes jobs easier
- The change improves efficiency but does not make jobs easier
- The change does not improve efficiency but makes jobs easier
- 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
- 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
DOHA want to know about the efficiency of the program:
  - the extent to which the use of inputs is minimised for a given level of outputs, or outputs are maximised for the given level of inputs

What we will try and do is:
  - Blend quantitative data on inputs
    WITH
    - Qualitative and quantitative data on outputs
Economic evaluation

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

◆ There is a need to measure the reach of the program:
  – Number of facilities
  – Number of residents
# Economic evaluation

<table>
<thead>
<tr>
<th>Questionnaire 1</th>
<th>Questionnaire 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify main intended outcomes for residents</td>
<td>Qualitative findings of impact</td>
</tr>
<tr>
<td></td>
<td>Quantitative estimates of impact</td>
</tr>
<tr>
<td>Identify main intended outcomes for staff</td>
<td>Qualitative findings of impact</td>
</tr>
<tr>
<td></td>
<td>Quantitative estimates of impact</td>
</tr>
<tr>
<td>Identify main intended outcomes for facilities</td>
<td>Qualitative findings of impact</td>
</tr>
<tr>
<td></td>
<td>Quantitative estimates of impact</td>
</tr>
</tbody>
</table>
Economic evaluation

Questionnaire 1:

◆ What questions is the project designed to answer?

◆ What are the main intended outcomes for:
  – residents
  – staff
  – facilities

◆ A brief description of the nature of the intervention

◆ A description of how you intend to achieve the outcomes

◆ A brief description of the supporting evidence used for designing the project

◆ Number of facilities involved

◆ Estimated number of residents involved
Questionnaire 2:

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

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

Questionnaire 2:

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

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

Questionnaire 2:

- Any evidence of savings to staffing costs
- Estimated number of referrals to external providers
- Estimate of impact on hospitalisation (reduced or increased)

For each of the main intended outcomes identified in Questionnaire 1:
- summary of any qualitative findings of impact
- summary of any quantitative estimates of impact

Additional comments/information regarding effectiveness or cost effectiveness
Questions?

Any issues for discussion regarding own project evaluation or program evaluation