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

Centre for Health Service Development
(CHSD)
Issues to be covered

◆ Who we are and how to find us

◆ Our role

◆ The National Evaluation Framework
  – Why evaluate?
  – Measuring impacts and outcomes at three levels
  – Establishing a common language for the evaluation

◆ Evaluating your project – some practicalities
Who we are and how to find us
About the CHSD

- Established 1993
- Part of Graduate School of Business
- Self-funded health services R&D centre
- Largest health services research centre in Australia
  - 200+ R&D projects - mix of national, state and local projects
  - 40 staff and affiliates and 16 disciplines
    - psychology, statistics, economics, public health, management, health planning, operational research, education, pharmacy, human geography, health sociology, medicine, occupational therapy, nutrition, nursing and communications
# The core CHSD evaluation team

<table>
<thead>
<tr>
<th>Team member</th>
<th>Position</th>
<th>Contribution to the evaluation</th>
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<tbody>
<tr>
<td>Kathy Eagar</td>
<td>Professor and Director</td>
<td>Director</td>
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<tr>
<td>Malcolm Masso</td>
<td>Senior Research Fellow</td>
<td>Project manager and internal team leader Nutrition project</td>
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<td>Karen Quinsey</td>
<td>Senior Research Fellow</td>
<td>Falls project</td>
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<tr>
<td>Anita Westera</td>
<td>Research Fellow</td>
<td>Dental &amp; medications projects</td>
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<tr>
<td>Kate Williams</td>
<td>Research Fellow</td>
<td>Pain management project</td>
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<tr>
<td>Jim Pearse</td>
<td>Associate Professor</td>
<td>Economic evaluation</td>
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<tr>
<td>Janette Green</td>
<td>Senior Research Fellow</td>
<td>Quantitative analysis</td>
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</tbody>
</table>

Plus others on specific aspects
Contact details

◆ Phone 0242 214 411

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      mmasso@uow.edu.au

◆ Website: http://chsd.uow.edu.au
Role of the National Evaluation Team
Role in the evaluation - CHSD

- design overall evaluation framework
- provide a set of evaluation tools or common data collection elements
  - we will be working closely with each project on these
- support and assist projects to undertake their own evaluations
- synthesise local project evaluation findings and combine with the program evaluation to form a national evaluation.
Support and assistance

◆ Site visit to each project over the next few months
◆ Potential for a follow up visit if necessary
◆ Key contact person for each project
◆ List server
◆ Information bulletins as needed
◆ Ongoing interaction with project teams
National Evaluation Framework
Why evaluate?

◆ The need for residential aged care will continue to grow over the next decade
  – in your own community/region/State/Territory
  – across Australia
◆ We need to:
  – learn what works (and what doesn’t)
  – build capacity so that the need can be met
◆ The EBPRAC Program provides a great opportunity to do this
What is evaluation?

- A process of continuous learning.
- NOT a test in which you pass or fail.
- NOT DIFFICULT.
- A continuous process of asking questions, reflecting on the answers and reviewing ongoing strategy and action.
- An opportunity to learn from both ‘successes’ and ‘failures’.
I can’t believe it - my idea didn’t work. We’ve failed!

You should be celebrating! This is an important evaluation finding!
2 purposes

◆ Formative evaluation
  – evaluation for learning
  – 'how can we learn and get better as we go?'

◆ Summative evaluation
  – evaluation for judgement
  – 'how did we do?'
Round 1: 5 EBPRAC projects

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

◆ What did you do? (PROGRAM & PROJECT DELIVERY)
◆ How did it go? (PROGRAM & PROJECT IMPACT)
◆ What’s been learned? (CAPACITY BUILDING)
◆ Will it keep going? (SUSTAINABILITY)
◆ Are your lessons useful for someone else? (GENERALISABILITY)
◆ Who did you tell? (DISSEMINATION)
Some questions for the Program evaluation

- What learning and knowledge gaps hindered the use of evidence-based practice?
- What incentives for the use of evidence-based practice can be identified?
- What barriers to the use of evidence-based practice can be identified?
- What links have developed between individual projects across the Program?
- Has consumer confidence in the residential aged care system improved?
- Has the image of the residential aged care sector as an employer of choice improved?
How did it go? Evaluation hierarchy

◆ 'Process, Impact and Outcome' not enough

◆ Level 1: Impact on, and outcomes for, consumers
  – residents, families, carers

◆ Level 2: Impact on, and outcomes for, providers
  – staff, organisations

◆ Level 3: Impact on, and outcomes for, the system
  – structures and processes, networks, relationships
Evaluation hierarchy

◆ Level 1: Impact on, and outcomes for, consumers
  – residents, families, carers
◆ Level 2: Impact on, and outcomes for, providers
  – staff, organisations
◆ Level 3: Impact on, and outcomes for, the system
  – structures and processes, networks, relationships

CHSD will work with each project to specify what it is aiming to achieve at each level.
# Putting it all together

<table>
<thead>
<tr>
<th>What did you do?</th>
<th>How did it go?</th>
<th>Can you keep it going?</th>
<th>What has been learnt?</th>
<th>Useful for someone else?</th>
<th>Who did you tell?</th>
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<tbody>
<tr>
<td><strong>Level 1: Impact and outcomes for consumers (residents, families, carers, friends, communities)</strong></td>
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<tr>
<td>Interventions to change care delivery</td>
<td>Improvements in clinical care</td>
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<tr>
<td></td>
<td>Increased consumer confidence in RAC system</td>
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<td><strong>Level 2: Impact and outcomes for providers (professionals, volunteers, organisations)</strong></td>
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<tr>
<td>Interventions directly targeting providers that will indirectly change care delivery</td>
<td>Enhanced knowledge and skills of aged care clinicians</td>
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<td>Increased use of evidence in everyday practice</td>
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<td>Improved image of the RAC sector as employer of choice</td>
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<td><strong>Level 3: Impact and outcomes for the system (structures and processes, networks, relationships)</strong></td>
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<td>System-level interventions to facilitate implementation of evidence-based practice</td>
<td>Industry focus on improvements to clinical care</td>
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<td></td>
<td>Development of national clinical guides, resources and evidence summaries that support aged care accreditation standards</td>
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<td></td>
<td>Dissemination of proven best practice in clinical care</td>
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The challenge for us!

◆ Find the balance between:
  – the requirements of the National EBPRAC Program,
  – the need to have a cost-effective and realistic evaluation
  – what you can manage
  – what you want to achieve

◆ Combine realism with rigour
Examples of data sources

**Project evaluation**
- Site visits
- Six-monthly progress reports
- Interviews
- Workshop presentations
- Final reports
- Evaluation reports
- Exit interviews

**Program evaluation**
- Project data plus:
- Document review
- Stakeholder interviews
- Workshop group discussions
- Personal communication
Evaluating projects
Project purposes and evaluation terms

- Achieve your own goals
  - during the project (IMPACT)
  - after it finishes (SUSTAINABILITY)

- Contribute to the bigger picture:
  - build knowledge and expertise across Australia (CAPACITY BUILDING)
  - provide lessons for other projects, regions and States/Territories (GENERALISABILITY)
Why have an evaluation plan?

Purpose of the plan is to answer the question,

◆ “How will I assess whether my project has met its goals?”

Plan may encompass impacts, outcomes and processes:

◆ What effects are expected for each of the target groups?

◆ What happened during the project that may have affected its outcomes, positively or negatively?
What is in your evaluation plan?

◆ Plans should clearly define the relevant processes, impacts and outcomes and how they will be measured:
  ♦ Timing of measurement
  ♦ Methods and tools to be used

◆ NE team will review each project evaluation plan and liaise with each project team about how this links with the national evaluation

◆ We will ask you to report progress against your plan
Six monthly reports

◆ 6 monthly progress report to DoHA office (cc to CHSD)
  – reporting in accordance with the schedule in your contract
    ♦ What did you do?
    ♦ How did it go?
  – adding some information on the other evaluation questions
    ♦ What’s been learned?
    ♦ Will it keep going?
    ♦ Are your lessons useful for someone else?

◆ Format and content to be decided ... may vary by project ...
What works?
A sobering beginning

Despite 30 years of research in this area, we still lack a robust, generalisable evidence base to inform decisions about strategies to promote the introduction of guidelines or other evidence-based messages into practice.

Key success factors

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