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

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Issues to be covered

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

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

Residential aged care facilities

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


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

◆ What did you do? (Program & project delivery)
◆ How did it go? (Program & program impact)
◆ What’s been learned? (Capacity building)
◆ Will it keep going? (Sustainability)
◆ Are your lessons useful for someone else? (Generalisability)
◆ Who did you tell? (Dissemination)
How did it go? Evaluation hierarchy

♦ Level 1: Impact on, and outcomes for, consumers
  – patients, families, carers, friends, communities

♦ Level 2: Impact on, and outcomes for, providers
  – professionals, volunteers, organisations

♦ Level 3: Impact on, and outcomes for, the system
  – structures and processes, networks, relationships
Key success factors

- Receptive context for change.
- Model for change / implementation.
- The nature of the change in practice, including local adaptation, local interpretation of evidence and ‘fit’ with current practice.
- Demonstrable benefits of the change.
- Adequate resources.
- Staff with the necessary skills.
- Stakeholder engagement, participation and commitment.
- Systems in place to support the use of evidence.
Progress to date
Partnership development

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

◆ The EBPRAC objectives are not well-understood by the project teams e.g. none of the project and evaluation plans use the objectives as a framework.

◆ Out of the seven objectives for the EBPRAC program only one is not well incorporated into the activities of the projects.

◆ Build consumer confidence in the aged care facilities involved in EBPRAC:
  – none of the projects will capture data on this directly
  – some indications about consumer confidence may emerge indirectly
Project delivery – three levels

◆ Impact on residents – project evaluation plans should deliver findings on impact for residents in each of the five clinical areas

◆ Impact on staff – will primarily be measured in terms of improved knowledge and skills

◆ System-level changes likely to be less clear, identified by qualitative data about the effects of projects on the system in which they have been operating
Residents

◆ Little or no influence on project design

◆ All projects planning to consult residents and their families in the near future as implementation begins
Incentives and barriers

◆ Enablers (incentives)
  – regular contact between project staff and RACFs (2 projects)
  – formal written documentation of relationships, in the form of MOUs, contracts and/or position descriptions (3 projects)
  – high levels of commitment and resources from the host organisation (2 projects)

◆ Barriers
  – large distances between consortium partners (3 projects)
  – delays in obtaining ethics clearance (4 projects)
  – concern about the rollout of ACFI and its potential impact on facilities (4 projects).
Differences across states impacting on projects

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

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

◆ Mix of (planned) change management interventions
  – auditing at project commencement and feeding back results to staff
  – engaging staff e.g. focus groups, action research
  – education: mainly one-to-one and small group learning
  – local facilitation in each facility (e.g. ‘champion’, ‘link’, ‘resource’ person).

◆ Two projects based on the concept of self efficacy.

◆ These interventions have been shown to be effective, to varying degrees, in other settings.

◆ The evidence is not always strong, which is more a reflection of the current ‘state of the science’ than the methods themselves.
None of the projects expected, nor achieved, any participation from physiotherapists, occupational therapists, domestic and kitchen staff or volunteers.

One project expected participation from pharmacists.

One project expected participation from dieticians.

One project expected involvement of dentists.

Involvement of pharmacists, dieticians and dentists generally met expectations.
Capacity building and sustainability

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

Similar dissemination and/or marketing strategies:

- project branding/logo
- newsletters
- conference presentations
- publication schedules
- engagement of key stakeholders at the local level.

Future dissemination:

- publication of articles in peer-reviewed journals
- conference presentations.

Will predominantly reach industry leaders.

How will direct care workers be able to readily access information beyond the life of the program?
Options for dissemination
(and capacity building and sustainability)

◆ Link EBPRAC program into the current JBI Connect Aged Care website:
  – provides a mechanism for making the evidence to support clinical practice available (with a procedural focus)

◆ Link EBPRAC program into existing mechanisms for disseminating ‘best practice’ in the industry:
  – Aged Care Channel
  – Education programs of the Aged Care Standards and Accreditation Agency.
Generalisability

Common features that may influence generalisability:

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

- Impressive commitment and enthusiasm demonstrated by those involved in each project

- Overall, program proceeding as expected

- No major variations either at a project level or in the conduct of the program evaluation

- Some delays in project establishment but nothing likely to impact on the program and the results it may achieve