

Evaluating effectiveness of participation projects (EEP)

MAP of interventions, outcomes and tools

MAP presented to the Quarterly meeting of EEP projects 26 November 2007
Department of Human Services
(updated 2 January 2008)

This document:

- Creates an illustrative and descriptive MAP of interventions, outcomes and measurement tools of the four EEP projects;
- Presents the detail of EEP projects in their investigation of effectiveness of consumer participation interventions;
- May assist in the provision of further support to EEP projects around range of outcomes and measurement tools.

Mapping = exploring the range of:

- Consumer participation interventions EEP projects are investigating;
- Consumer, health care professional and organisational outcomes projects are interested in;
- Measurement tools projects are utilising.

How to use this document (EEP MAP):

- View and print in colour
- View page 1 individually
- View following pages as two page spread:
 - P 2–3 Overview of EEP projects—research question, interventions, outcomes, tools
 - P 4–5 Cobram District Hospital project details
 - P 6–7 Peter MacCallum Cancer Centre project details
 - P 8–9 South West Health Care project details
 - P 10–11 Orbost Regional Health project details

EEP MAP is housed on the [Resources page](#) of the Health Knowledge Network, CC&CRG, La Trobe University

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EEP PROJECTS:

TITLE &/OR RESEARCH QUESTION

AIM & INTERVENTION

Cobram District Hospital
(& Yarrowonga District Health Service)

Does nursing home case management influence family (or other care-giver) involvement in the care of residents; family-staff relationships; and family satisfaction with nursing home care?

More structured family involvement in residents' care

- Re-organising care (improving continuity of care and coordination based on a prescribed care plan for each resident)
- Training staff (via case management and documenting involvement)

Peter MacCallum Cancer Centre

How can consumers best be empowered to participate in the medication reconciliation process on admission and discharge from an acute care episode to reduce medication errors?

Medication safety & reconciliation
(Intervention to be confirmed)

- Raising awareness of health care professionals (reconciliation focus) & patients (medication safety brochure)
- Documentation systems (decision aid approaches for routine practice)
- Health care professionals' skill development (communication skills training & process)
- Structured medication information forms for patients/GP at discharge

South West Healthcare
Psychiatric Services Division
(& Sage Hill Carers Service Inc.)

What is the impact of consumer and carer delivery of training on clinician attitude, confidence and satisfaction?

"Both Sides of the Story"

- Consumer- and Carer-delivered training to clinicians
- Family sensitive practices training

Orbost Regional Health
(& Yarram & District Health Service)

Will a model of community participation that uses formalised capture and management of anecdotal data to nurture continuous dialogue between the health service and its community result in improved staff awareness/value and increased community involvement/appraisal?

Testing a model of community participation

- Dialogue model intervention—tools, systems, communication strategies—workshops
 - Continuous quality improvement
- Stated at 14 August workshop:
- System capture anecdotal data
 - Mechanism capture—postcard
 - Data management
 - Feedback/dissemination to community

PRIMARY OUTCOMES

TOOLS

Cobram

- Degree family involvement in resident's care—nursing home visits
- Staff-family relationships
- Perception of care/satisfaction

- Family involvement questionnaire adapted from Gaugler et al. Nursing home visits
- 7-item scale Cobram adapted and tested for reliability, validity
- Family Perceptions of Care Tool—FPCT Maas et al. (pre-tested for reliability, validity)

Peter MacCallum

Intervention: surgical unit

Control: oncology

- Patient awareness (medication safety brochure); staff awareness (reconciliation focus)
- Medication reconciliation rates (document audits)
- Medication reconciliation near-miss errors (pharmacist identifies)
- Staff & patients satisfaction

Will measure (post-intervention) with:

- Incident database (historical—number medication errors & near misses)
- Pharmacy database (historical—number medication errors & near misses)
- Patient & staff satisfaction (survey)

SWHC

- Clinician attitude & confidence
- Clinician competence—self report
- Clinician satisfaction

SWHC are developing a tool that draws on questions from the following:

- Bouverie Centre resource (for core competencies)
- Cook et al. (1995)
- FSS (Family Support Service) questionnaire (Kavanagh et al.)

Orbost

- Staff formal attention to community input
- Community appraisal
- Number of instances of community input

Long term measures (beyond EEP):

- Instances of community inputs (postcards) over defined period of time; breadth of issues covered

- Staff questionnaire
- Community questionnaire (Using 5-point Likert scales)

EEP measures: (from 14 August presentation)

- Principally attitudinal change
- Some behavioural change measures

Cobram District Hospital
(& Yarrawonga District Health Service)
Sarah Moor
RESEARCH QUESTION

Research question:
Does nursing home case management influence family (or other care-giver) involvement in the care of residents; family-staff relationships; and family satisfaction with nursing home care?

Cobram

AIM & INTERVENTION

Aim:
More structured family involvement in residents' care

Intervention:

- Re-organising care (improving continuity of care and coordination based on a prescribed care plan for each resident)
- Training staff (via case management and documenting involvement)

Intervention target:
30 bed high level of care Cobram

Control target:
30 bed high level of care Yarrawonga

Detail of interventions from Expression of interest document May 2007

Re-organising care

- Structure of case management role and introduction of case manager role

Training staff

- Education on aims and processes
- Teach case management role including assessment skills and coordination, family involvement and principles of participation
- Serve as role model assisting in patient assessment etc
- Provide education programs when deficits identified

Cobram

PRIMARY OUTCOMES

Cobram

TOOLS—components of survey tool*

Measuring these outcomes:
(with written questionnaires directed to family members—potential target/ participants one family member for each resident)

1) Degree family involvement in resident's care—nursing home visits

2) Staff-family relationships

3) Perception of care/satisfaction

Using these survey tools (65 items)
(survey subheadings/categories):

1) Family involvement interview (29 items)
(sub-headings group items within survey)

- Social-emotional support (8 items)
- Assisted relative with activities of daily living (ADL—groom, feed etc) (6 items)
- Assisted with instrumental activities of daily living (IADL—cleaning, laundry etc) (5 items)
- Monitoring care—oversee staff interaction with relative) (6 items)
- Directing care—make decisions about treatment or care (4 items)

2) Staff—family relationships (family perceptions of nursing home staff-family relationship)

- Assessment of staff—problems with staff assessed on a 7-item scale to determine care-giver's negative perceptions of staff

3) Family perceptions of care tool (FPCT)
(used to measure satisfaction with staff care of family or former care givers)

- Eg. "I feel reassured"; staff are caring etc—statements (16 items)
- Satisfaction with care by different sorts of staff members (9 items)
- Satisfaction with aspects of care/ environment (safety, noise etc 11 items)
- Possible improvements in aspects of physical care (grooming, medication etc); perceptions of care (8/7 items)

Peter MacCallum Cancer Centre
Sue Kirsa/Senthil Lingaratnam
RESEARCH QUESTION

Peter MacCallum

AIM & INTERVENTION

Research question:

How can consumers best be empowered to participate in the medication reconciliation process on admission and discharge from an acute care episode to reduce medication errors?

Re: Intervention

- Patient education materials
- Staff awareness materials

Pre-intervention consumer and staff focus groups to be conducted and analysed to guide development of intervention.

Peter MacCallum identified (from Institute of Health Improvement, National prescribing Service and "Patient First") DHAC template posters, brochures, information leaflets to be discussed during focus groups and built upon, for construction of intervention.

Peter MacCallum incorporated strategies suggested in "focus group kit" - to devise questions and conduct sessions appropriate to the type of information required, prior to intervention.

Aim:

Medication safety & reconciliation

Interventions (still in the process of designing, developing and field-testing the intervention):

- Raising awareness of health care professionals (reconciliation focus) & patients (medication safety brochure)
- Documentation systems (decision aid approaches for routine practice)
- health care professional skill development (communication skills training & process)
- Structured medication information forms for patients/GP at discharge

Intervention location:

Surgical unit (ward 3)

Control location:

Oncology (ward 9)

Target groups/participants:

- Patients and family members
- Health care professionals (doctors, nurses, pharmacists)
- Primary care physicians, relevant community health care services

Peter MacCallum

PRIMARY OUTCOMES

Peter MacCallum

TOOLS

Measuring these outcomes:
(survey questions directed to patients and staff)

- Staff awareness (medication reconciliation); Patient awareness (medication safety)
- Reconciliation rates (document/chart audits)
- Reconciliation near miss errors (pharmacist identifies)
- Staff satisfaction
- Patient satisfaction; level of knowledge; and confidence about their current medicines (will also ask re-current admitted patients)

Using these measurement tools:

- Pre-intervention—historical medication error/near-miss data
- Number of medication errors, chart audits to identify unreported errors
- Number of near-miss medication errors (pharmacist intervention data)
- Medication chart audits to verify reconciliation rates
- Post-intervention—patient surveys of satisfaction with and experience of medication reconciliation process and medication management

South West Health Care
Psychiatric Services Division & Sage Hill
Carers Service Inc. Jodi Bateman
TITLE &/OR RESEARCH QUESTION

South West Health Care

INTERVENTION

Title:
"Both Sides of the Story"

Research question:

What is the impact of consumer and carer delivery of training on clinician attitude, confidence and satisfaction?

Intervention:

- Consumer and Carer delivered training to clinicians
- Family sensitive practices training

Intervention: additional notes from 29 November 2007

- One day family sensitive practice in mental health training, based on the Bouverie centre competencies, is being presented to all clinicians of South West Healthcare Psychiatric Services Division. The training aims to train clinicians to negotiate the involvement of families in individual consumer care, respond effectively to families coping with mental illness in a relative, understand and address the impact of mental illness on family members, conduct meetings with families, share information about mental illness and document this in the treatment record. In the intervention group, consumer and carer stories will be presented to provide a rationale for the training, to emphasise the need for the training, to change the values, and attitudes of clinicians that are often a barrier to family engagement, and to enhance learning by providing the "real world" context.
- The control group will have the family sensitive practice in mental health training alone.
- In order to prepare the consumers and carers for the story presentation, a series of workshops has been held. These workshops taught consumers and carers to write their stories (emphasising the point we needed emphasized for the family sensitive practice training) and to present them (pacing, voice coaching, dealing with nerves, etc).

South West Health Care

PRIMARY OUTCOMES

Measuring these outcomes:
(survey questions directed to clinicians)

- Clinician competence—self report
- Clinician attitude & confidence
- Clinician satisfaction & confidence

South West Health Care

TOOLS—components

Using these tools:

SWHC developed a tool, Family Sensitive Practices Training Evaluation, based on 3 existing resources with questions, pre-intervention, around:

- Clinician core competencies (health professional self report) - questions on engaging with family around mental illness (6 items) - from Bouverie Centre
- Clinician attitudes, beliefs towards mentally ill (ie. consumers) (41 items) and confidence in engaging consumers/families (16 items)—from Cook et al 1995
- Clinician attitude and confidence to carers (family sensitive practice, effectiveness of family delivered training) (28 items)—from Kavanagh et al. 1993
- 5-point Likert scale

Orbost Regional Health
(& Yarram & District Health Service)
Peter Quin & Peter Orpin
TITLE &/OR RESEARCH QUESTION

Research question:

Will a model of community participation that uses formalised capture and management of anecdotal data to nurture continuous dialogue between the health service and its community result in: increased staff awareness/value of community input; increased community involvement/appraisal?

AIM & INTERVENTION

Aim:

To test a dialogue model of community participation

Interventions:

- System capture of anecdotal data—collection of spontaneously generated community input to health service delivery (ie. comment that arises in the course of day-to-day interactions)
- Mechanism of capture—postcard developed with service address on the front and simple invitation on the back “is there something you would like to tell us?”
- Data management action system—to ensure data is recorded, considered and actioned
- Feedback dissemination—feedback to community via newsletters at input points, and articles in local media

Orbost Regional Health

PRIMARY OUTCOMES

EEP component of the larger Orbost programme will measure these outcomes: (survey questions directed to community members and staff)

- Number of instances of community input
- Community more positive appraisal
- Staff increased formal attention to community input

(mentioned in email from project 221007)

- Communication/dialogue/conversation - a reciprocal process between health service and clientele/consumers
- Developing and fostering a shared knowledge and understanding through dialogue
- Trust

Orbost Regional Health

TOOLS

Using these tools: (Tools to be developed and trialed during the project, to be available to other projects after EEP)

Community questionnaire:

- Past experiences around raising health service concerns/issues (3 items)
- Attitudes around value of raising concerns/issues with health service (6 items)

Staff questionnaire:

- Experiences around, and responses to, spontaneous community input (3 items)
- Attitudes around value of community input (6 items)

(Uses 5-point Likert scales)

Long term measures (beyond one year):

- Audit of community inputs (postcards) over a defined period of time;
- Review of scope/type of issues addressed in community input