BPCLEtool:
Demonstrating the power of
map-enabled experiential review
for statewide quality improvement projects

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MEERQAT
Quality Assessment Tools

Today's presentation

- What is map-enabled experiential review (MEER)?
- Case study: BPCLE Framework – a statewide quality improvement project
  - Development of the first MEER tool: BPCLEtool
  - Evaluation of the BPCLEtool user experience
  - Analysis of data collected by BPCLEtool
- Potential applications of MEER

Map-enabled experiential review

Self-assessment (in the context of quality improvement or evaluation) that is mediated by an interactive graphical representation of the program, project or process that is being assessed.

Program logic maps

- A model of how a project/program is expected to work
  - Describes the relationships between inputs, activities, outputs/outcomes and objectives
  - Reveals assumptions about the system
- A tool for project/program managers
  - The foundations of program/project planning
  - A roadmap for program/project implementation
- A tool for project/program evaluators
  - Identification of evaluation questions and indicators
  - A tool for conducting evaluations ???

Case study: The BPCLE Framework
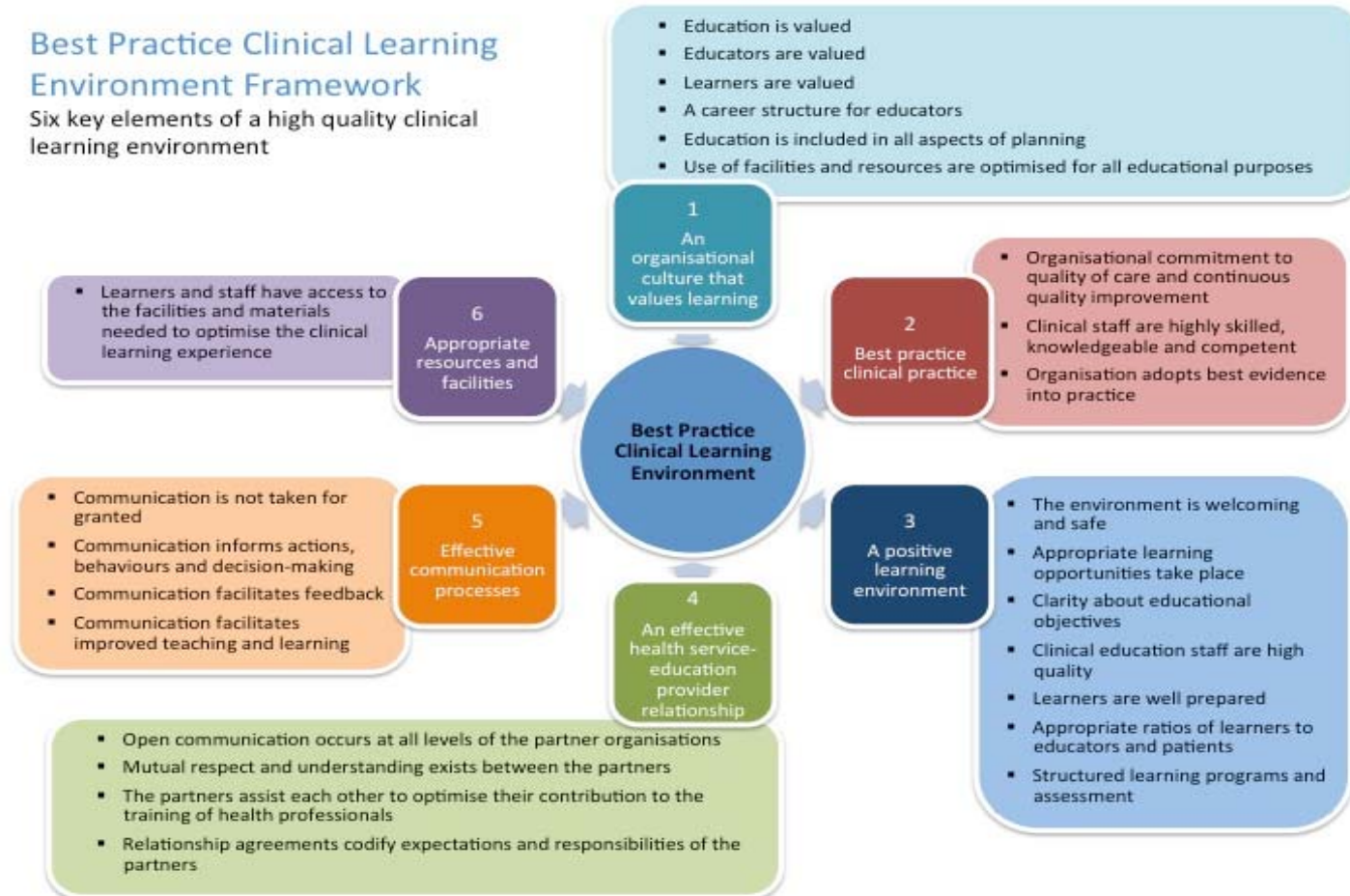## A statewide quality improvement project

- In the mid-2000s, there were large increases in the numbers of students in health professional courses, in response to projected health workforce shortages.

- The Victorian Department of Human Services (now DHHS) was concerned to ensure that increased clinical placement activity would not compromise the quality of clinical education.

- DHS commissioned a project to address the question:

"What is needed to create a positive learning experience for entry-level learners?"

The BPCLE Framework

Best Practice Clinical Learning Environment Framework
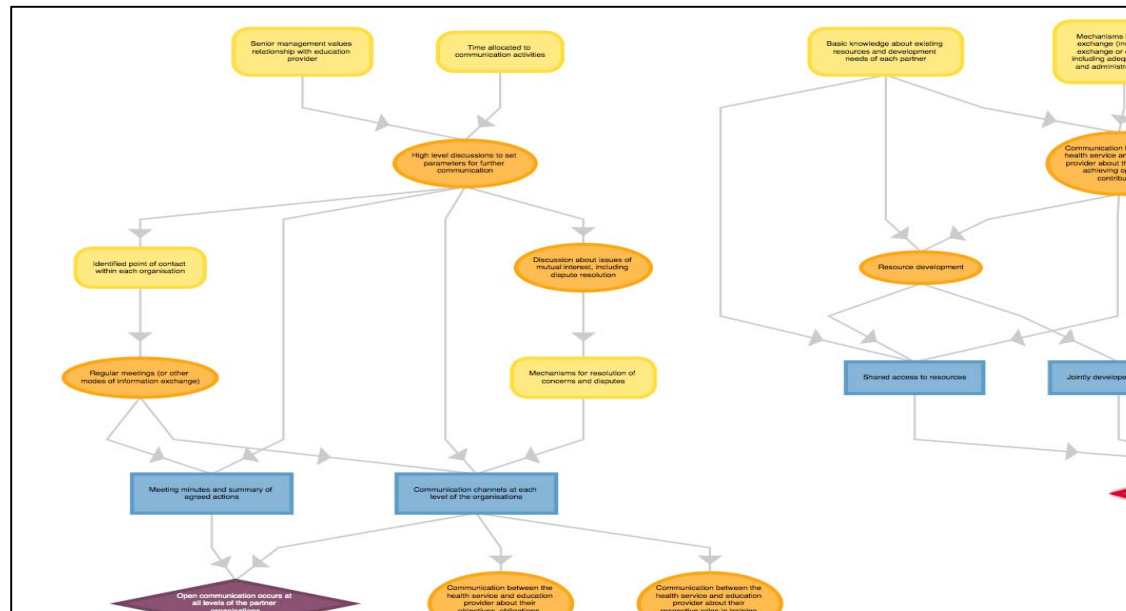Six key elements of a high quality clinical learning environment

1 An organisational culture that values learning
- Education is valued
- Educators are valued
- Learners are valued
- A career structure for educators
- Education is included in all aspects of planning
- Use of facilities and resources are optimised for all educational purposes

2 Best practice clinical practice
- Organisational commitment to quality of care and continuous quality improvement
- Clinical staff are highly skilled, knowledgeable and competent
- Organisation adopts best evidence into practice

3 A positive learning environment
- The environment is welcoming and safe
- Appropriate learning opportunities take place
- Clarity about educational objectives
- Clinical education staff are high quality
- Learners are well prepared
- Appropriate ratios of learners to educators and patients
- Structured learning programs and assessment

4 An effective health service-education provider relationship
- Open communication occurs at all levels of the partner organisations
- Mutual respect and understanding exists between the partners
- The partners assist each other to optimise their contribution to the training of health professionals
- Relationship agreements codify expectations and responsibilities of the partners

5 Effective communication processes
- Communication is not taken for granted
- Communication informs actions, behaviours and decision-making
- Communication facilitates feedback
- Communication facilitates improved teaching and learning

6 Appropriate resources and facilities
- Learners and staff have access to the facilities and materials needed to optimise the clinical learning experience

Best Practice Clinical Learning Environment

BPCLE Implementation:
A Plan–Do–Review Quality Improvement Cycle

Plan

Self Assessment & Action Plan Development

Review

Indicator Monitoring: data collection, analysis & reporting

Do

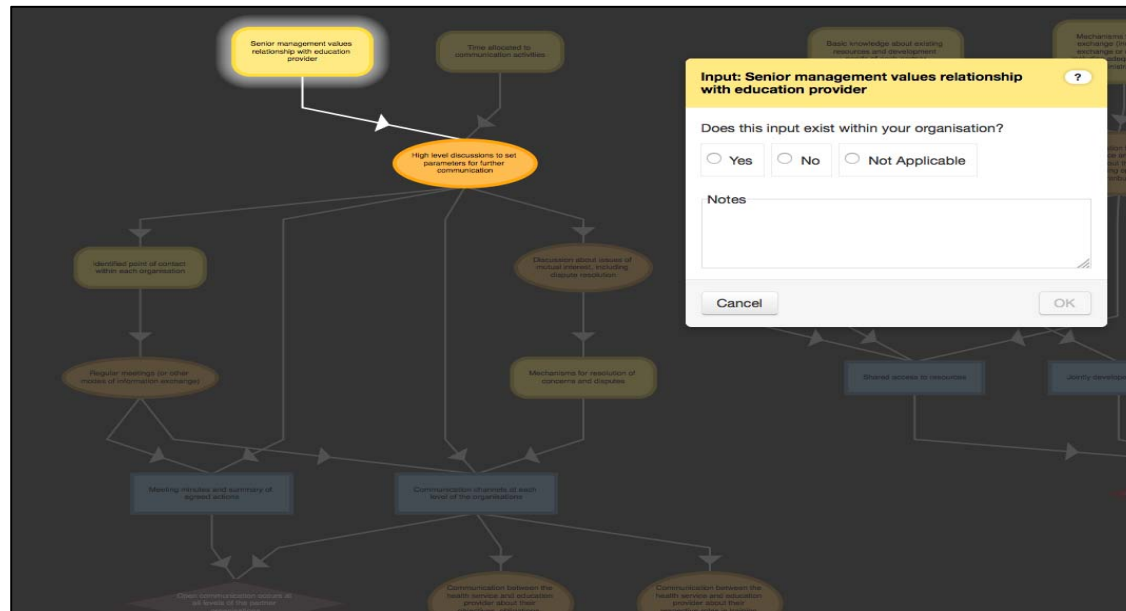Action Plan Implementation

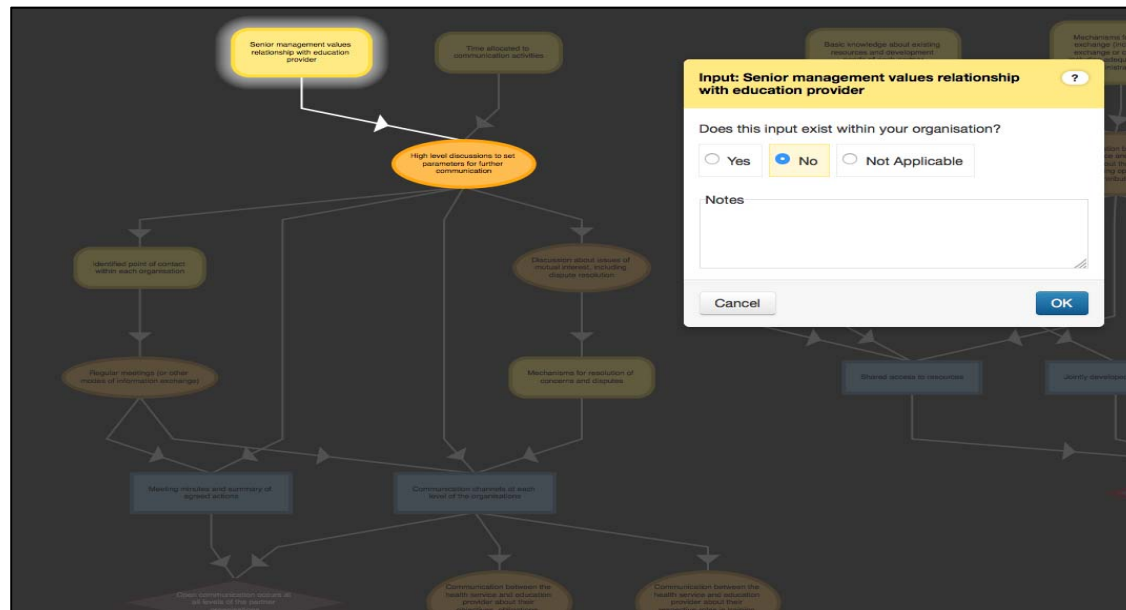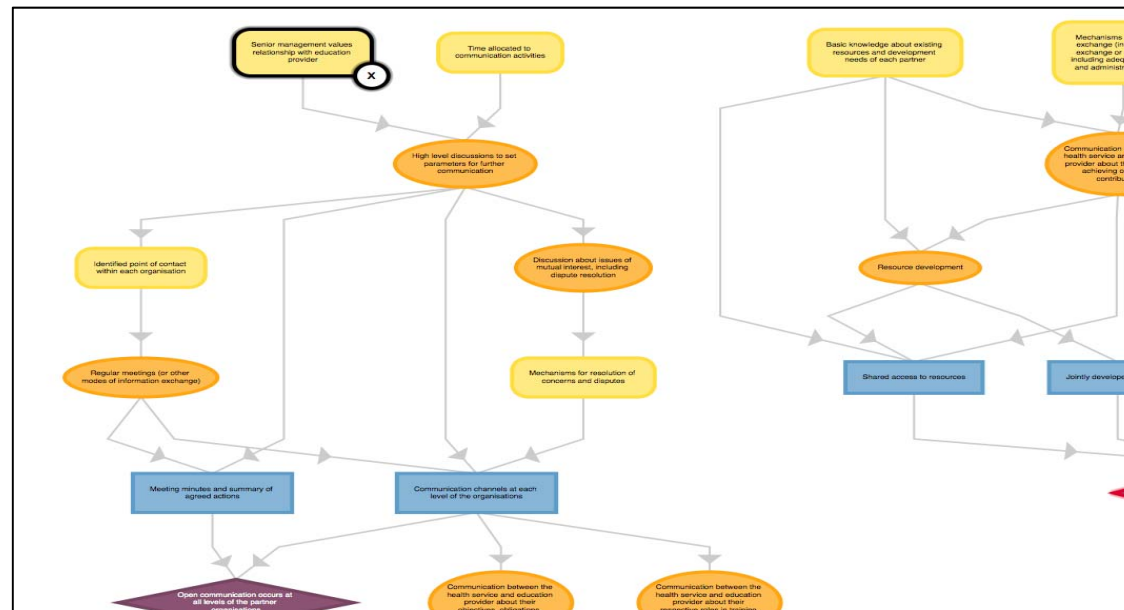BPCLE Quality Improvement Cycle

Each BPCLE element has a logic map
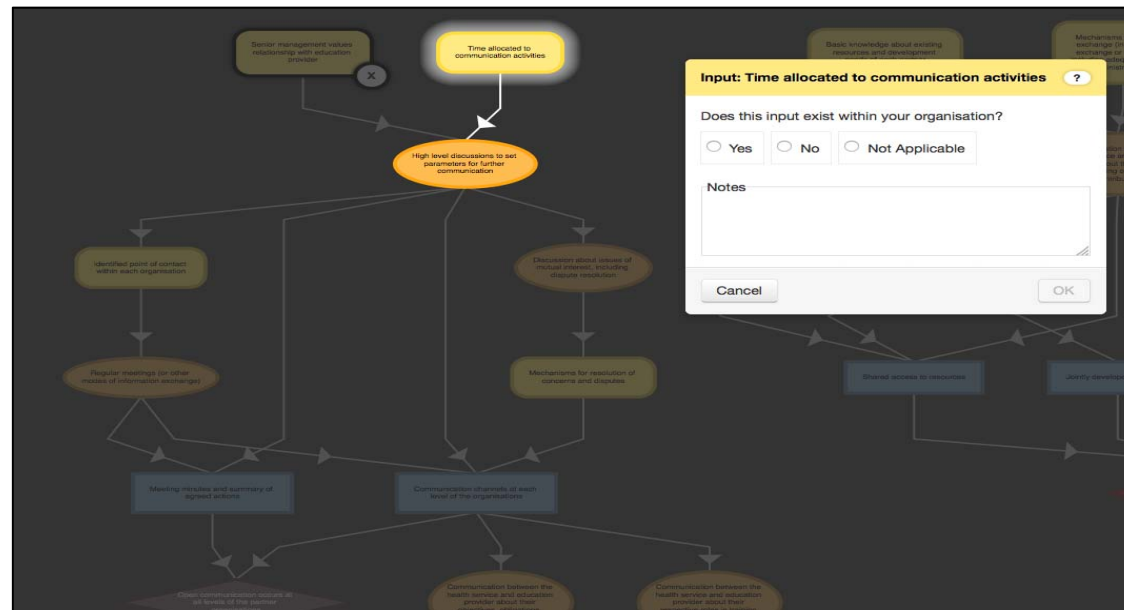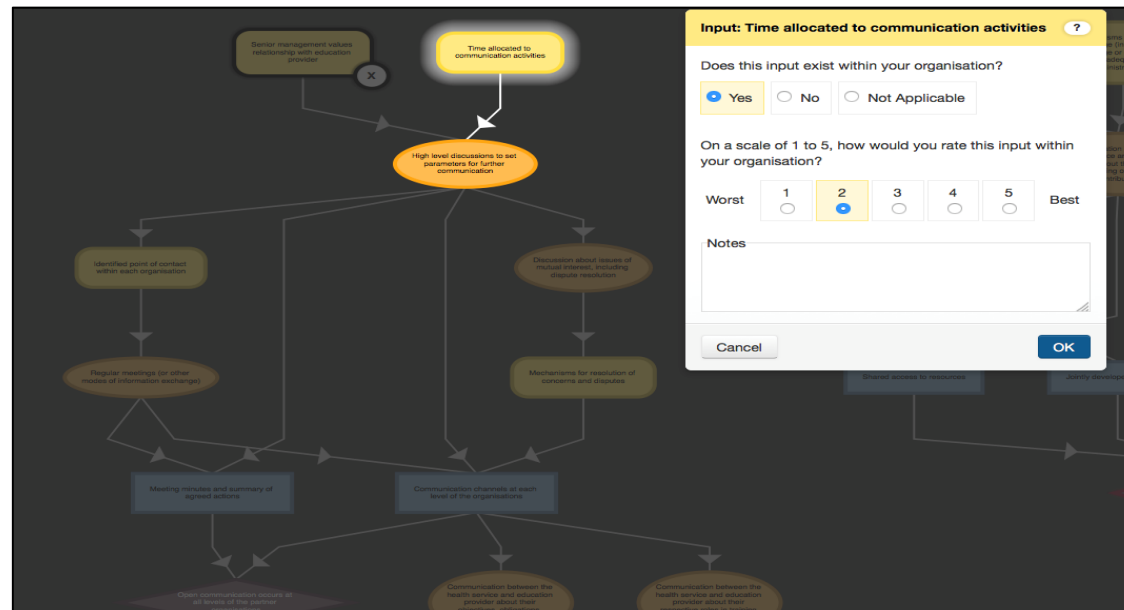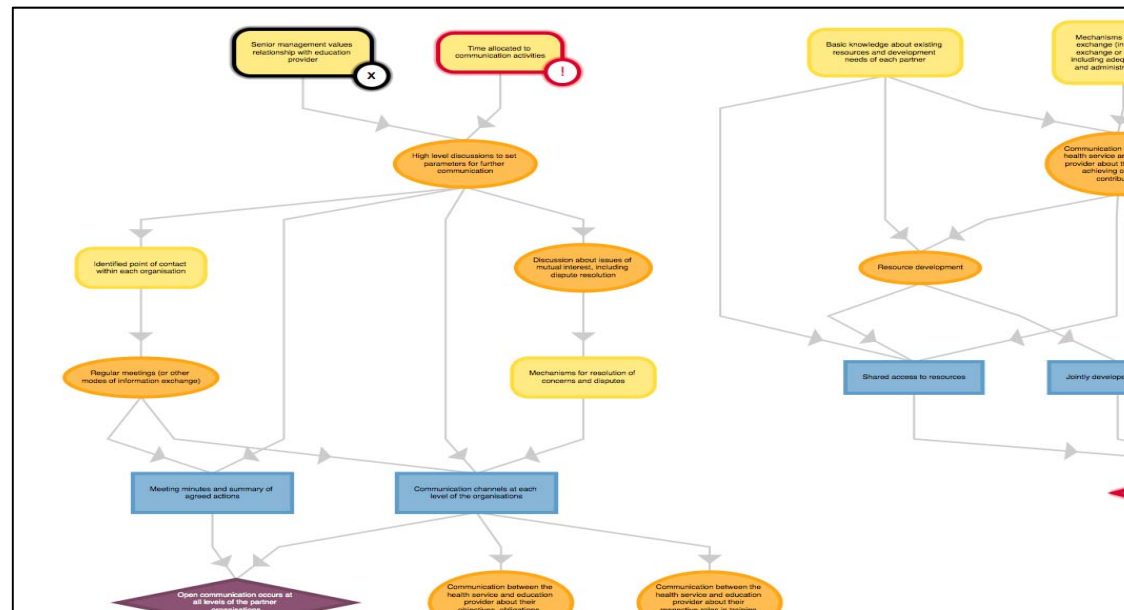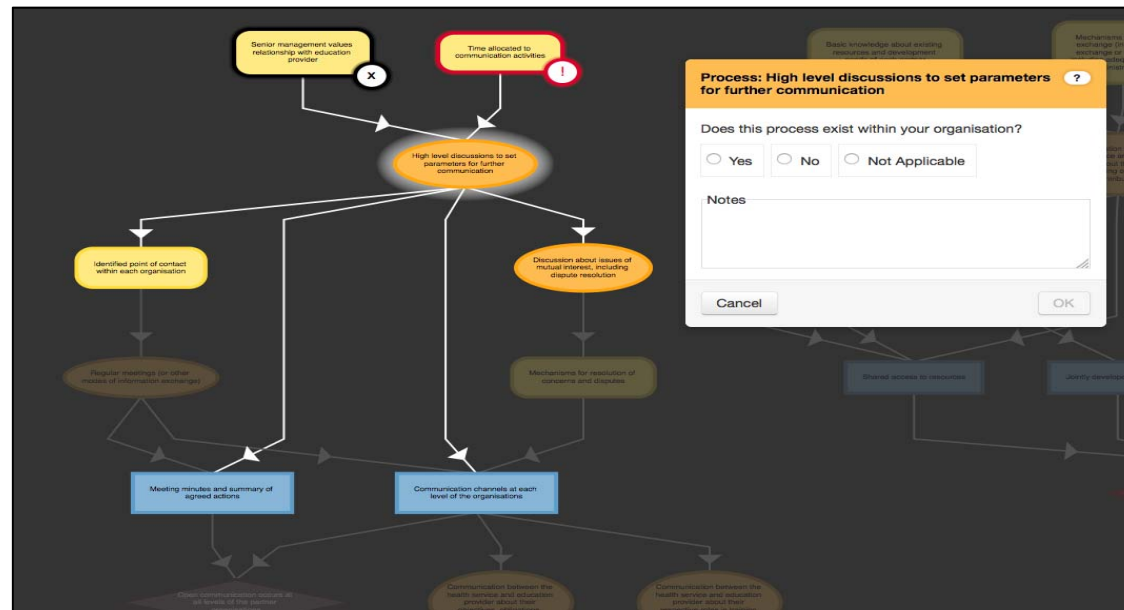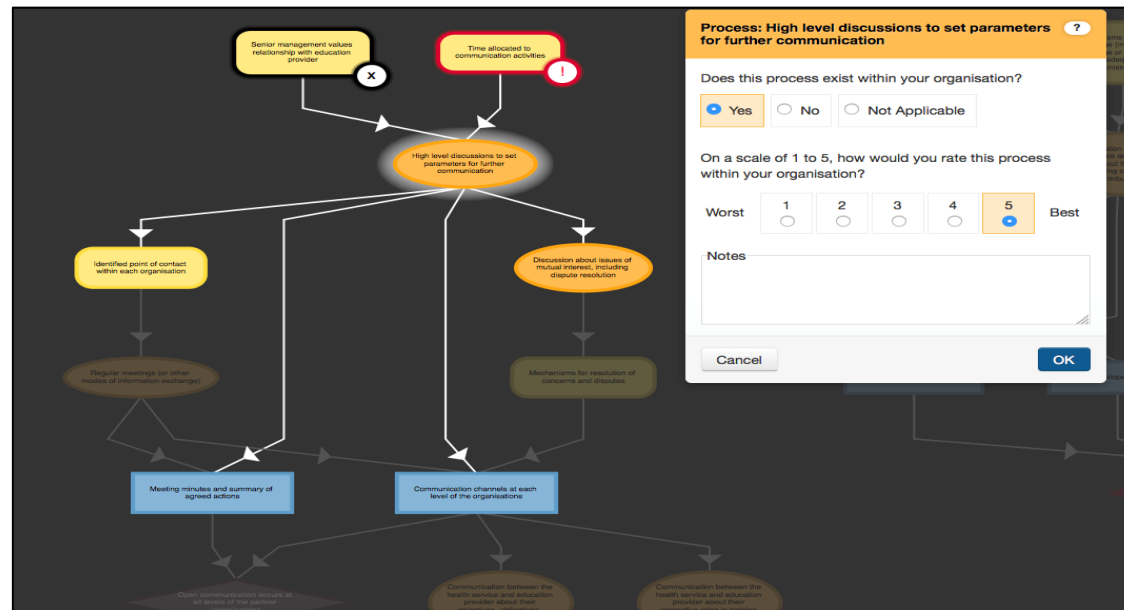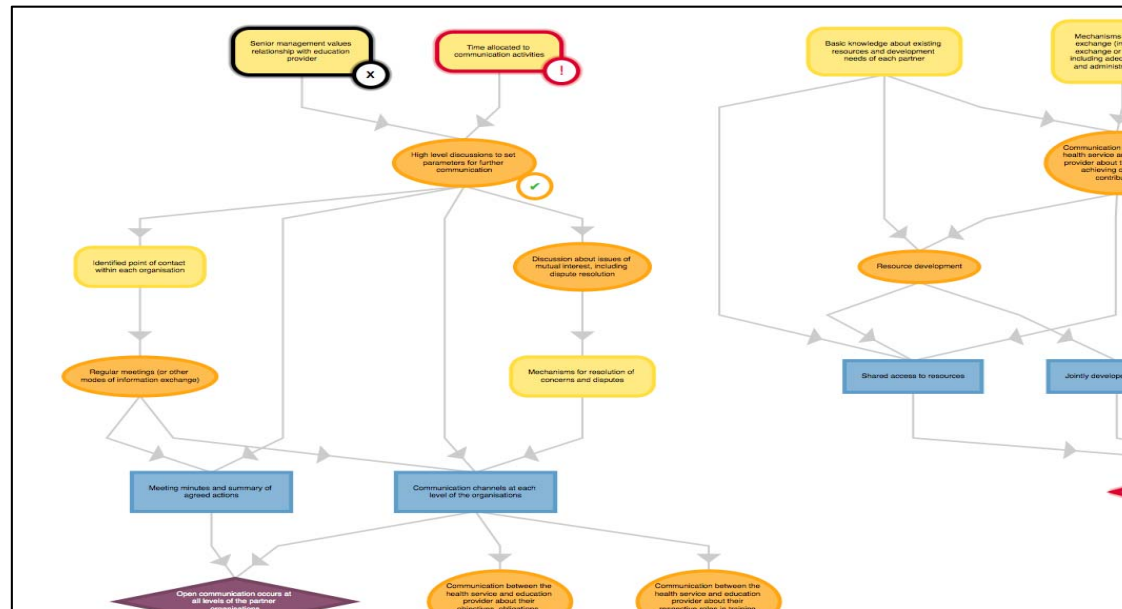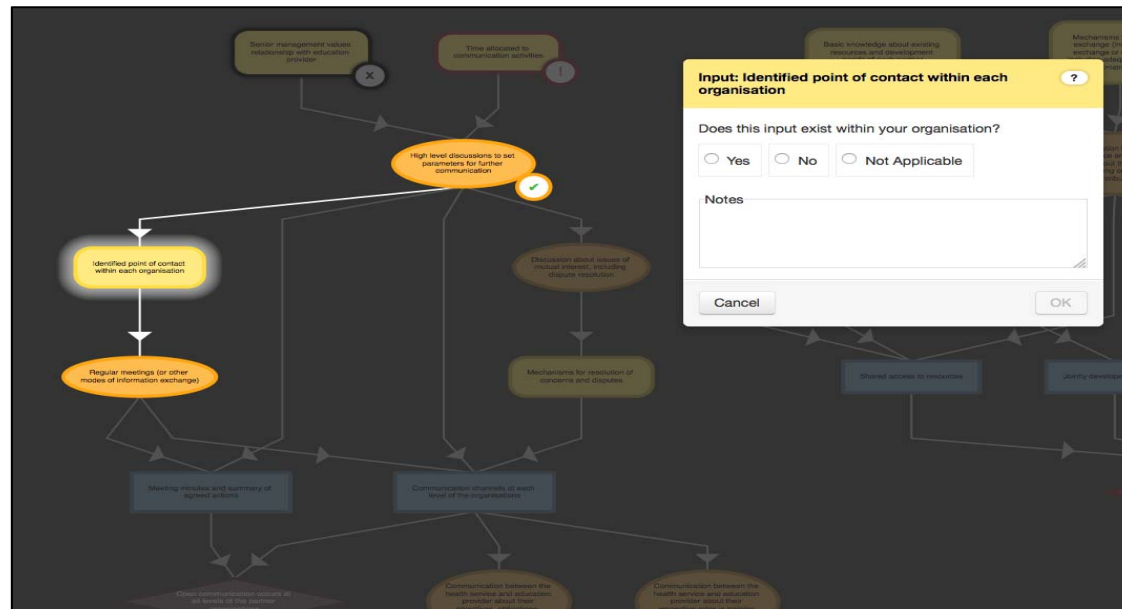
Self-assessment
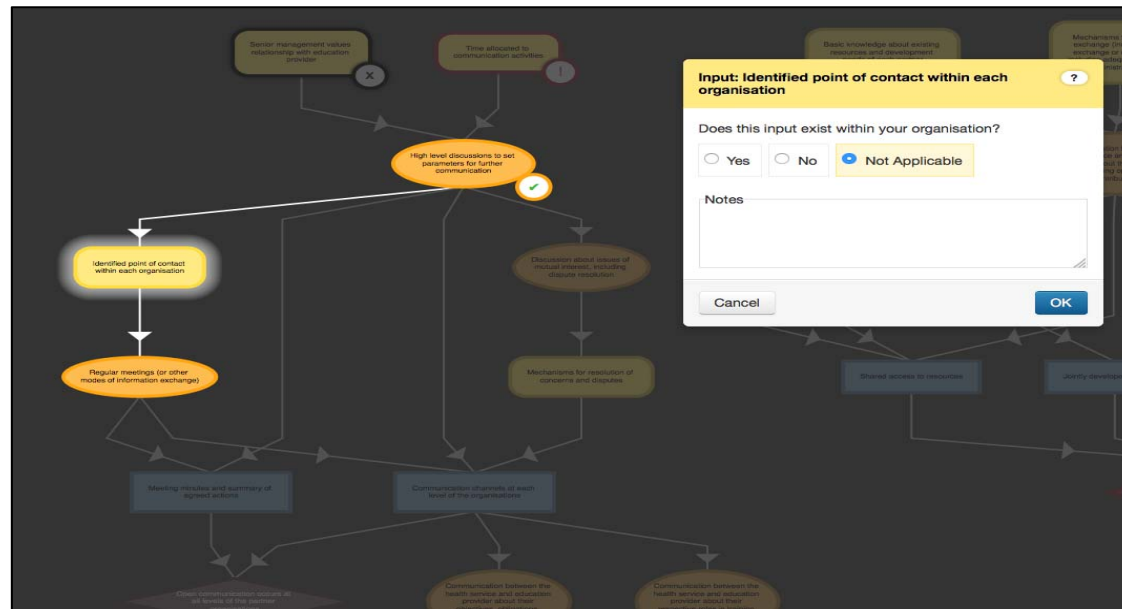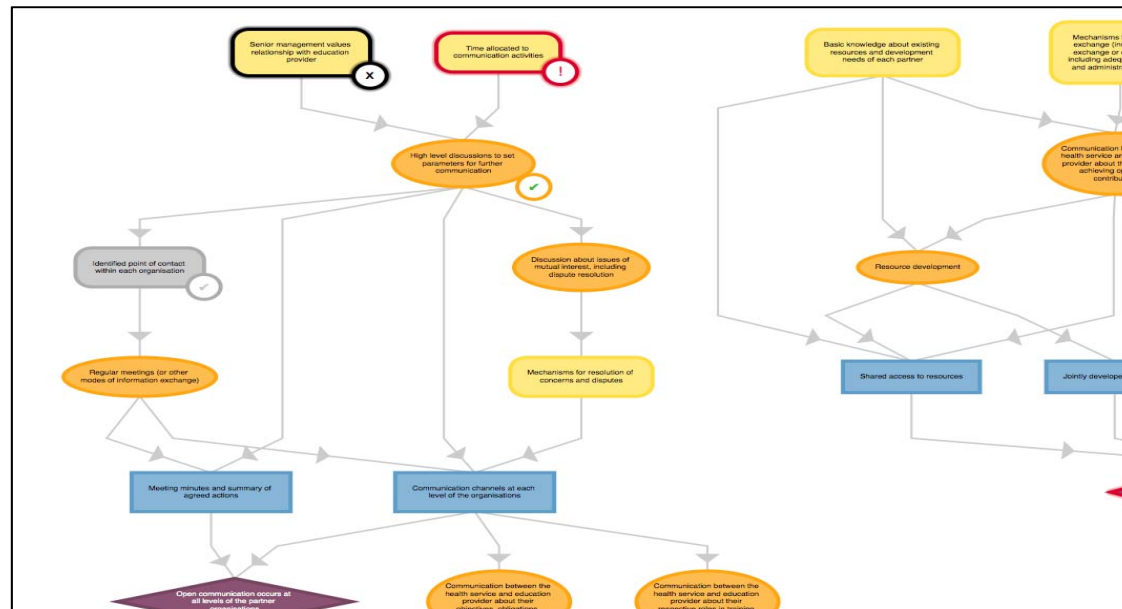
Self-assessment

Self-assessment

Self-assessment

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Self-assessment

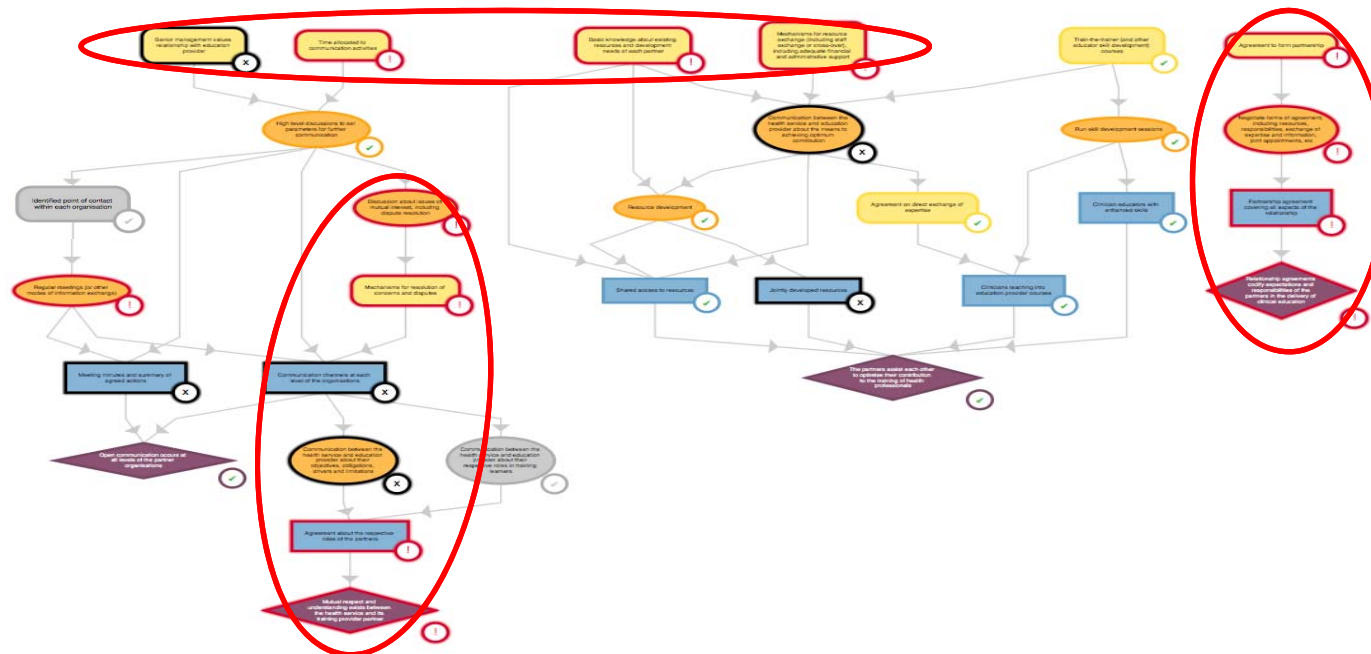# Self-assessment

Self-assessment

Self-assessment

Self-assessment
Map-enabled experiential review

Statewide implementation of the BPCLE Framework

- Prototype MEER tools (developed in Excel) were piloted in 11 health services around Victoria.
- The Excel prototypes were used as the basis for the development of an online, integrated tool: BPCLEtool.
  - Node ratings in the maps could be linked to action planning and indicator selection.
  - Reporting functionality was incorporated:
    - Single assessments
    - Assessment comparisons (longitudinal; benchmarking)
    - De-identified, system-wide analysis

Evaluation

- Was statewide implementation of the BPCLE Framework enabled by MEER?
- Stakeholder reactions to MEER
- Did MEER add value to the implementation process?
- Outcomes

Evaluation:
Did BPCLEtool facilitate implementation?

- The BCPLE Framework was implemented across Victoria's public health system with little or no external assistance
  - 88 public hospitals/health services (2014)
  - 30 Registered Community Health Services (2015)

Evaluation:
Stakeholder reactions to BPCLEtool

- 74% found the process to be relatively straightforward.

- 80% rated the process positively as a learning experience.

- Over 80% were *satisfied* or *very satisfied* with BPCLEtool.

- Over 70% would recommend other health services implement the BPCLE Framework using BPCLEtool.

Evaluation:
The value of self-assessment using MEER

- A structured conversation about business processes relating to the organisation, management and delivery of clinical education and training.

- Staff were engaged and educated.

- Provided a contextualised evidence base for quality improvement activities.

- Able to monitor improvement on the quality journey in a way that is meaningful.

And from the statewide perspective…

- All public health and CHS implementing the BPCLE Framework had *comparable* structured conversations about their processes.
- The data captured in BPCLEtool provides a statewide snapshot of the 'health' of the system.
  - Distinguish local, regional and system-wide issues.
  - Identify issues relevant to particular setting types.
  - Stakeholder-generated evidence of where further support/resources are needed.
  - A helicopter perspective on whether implementing the BPCLE Framework is having the intended impact (in terms of embedding the principles of the framework in day-to-day practice).
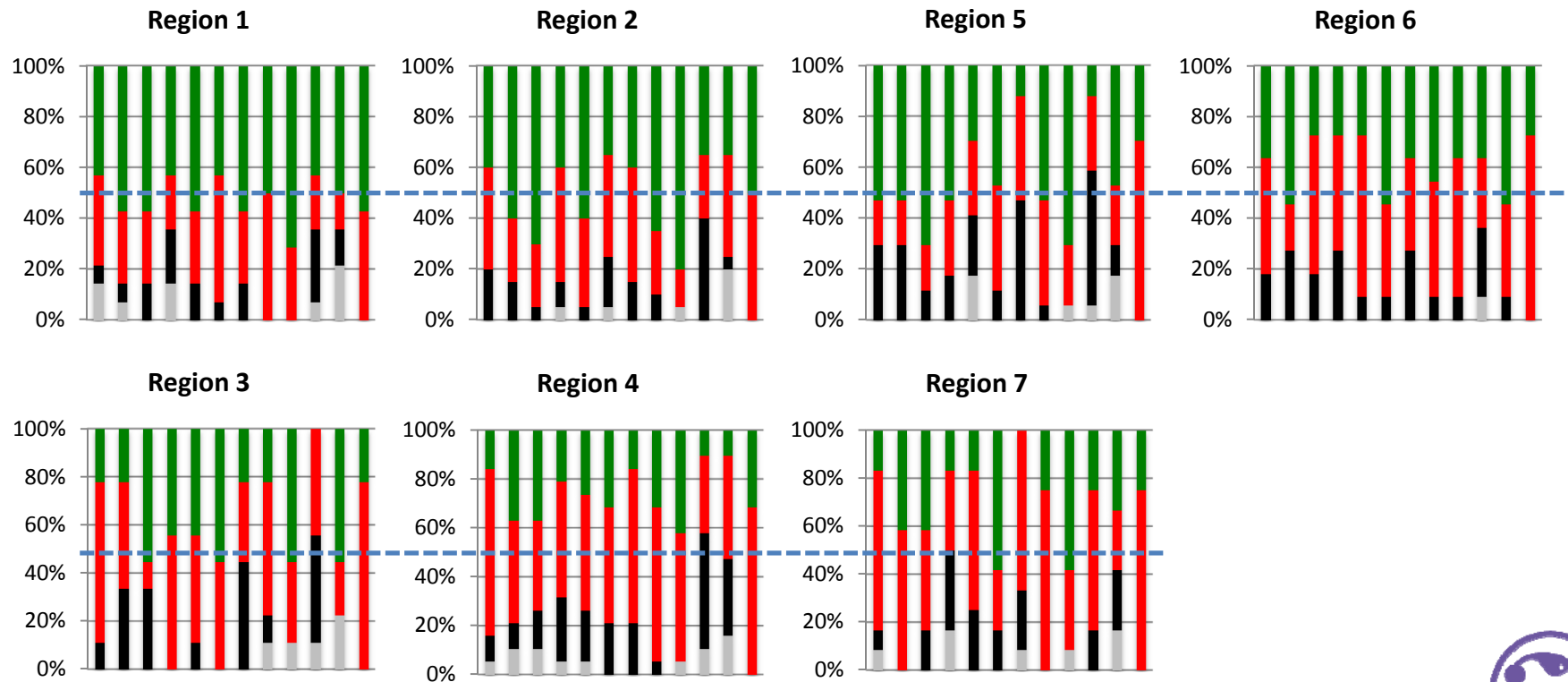
Statewide aggregated results
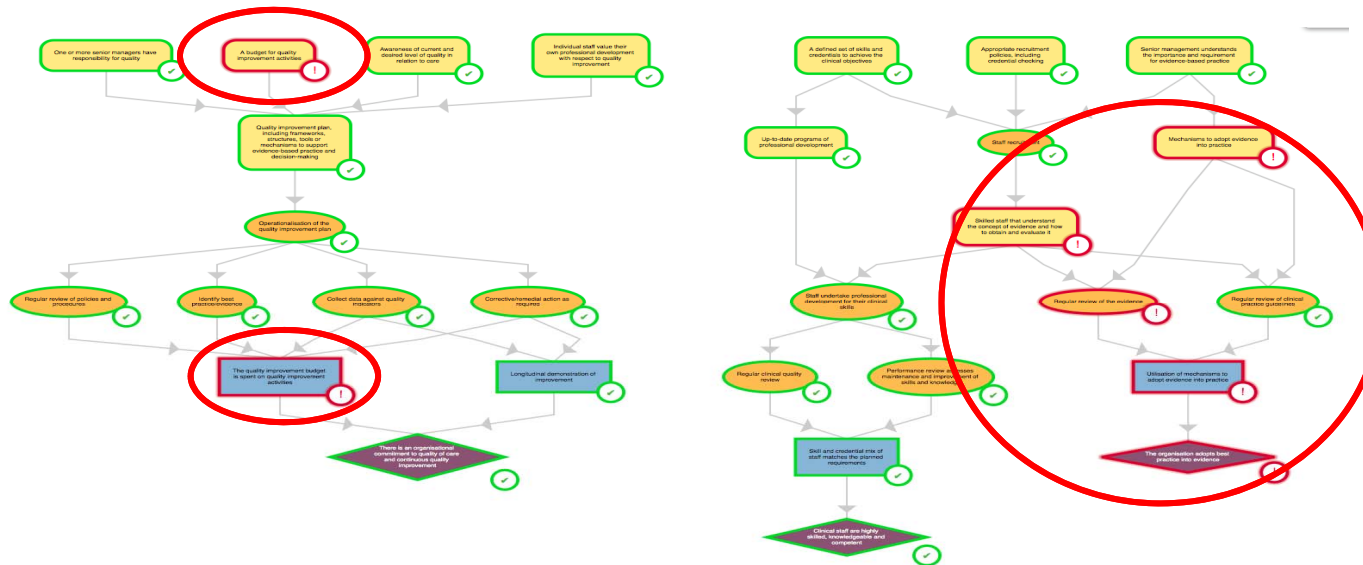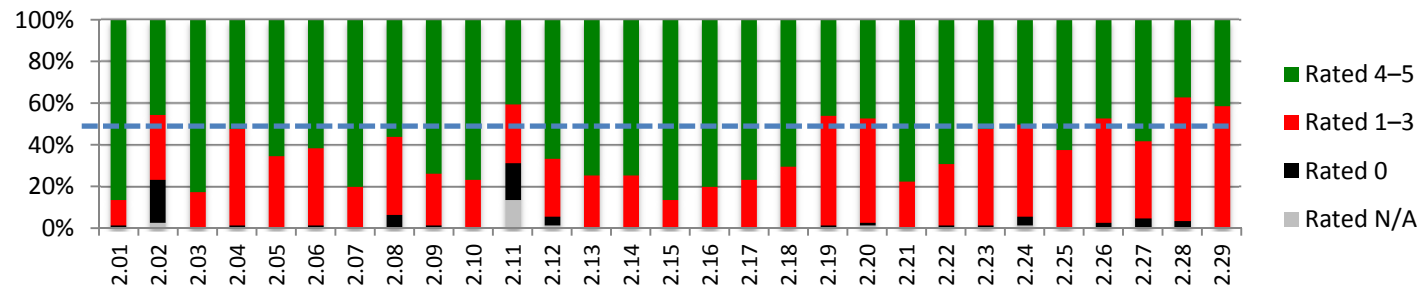## Element 6 – Appropriate resources and facilities
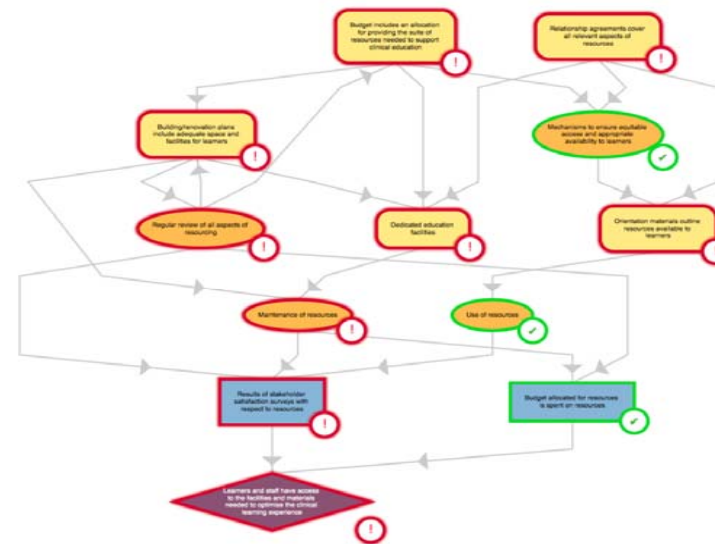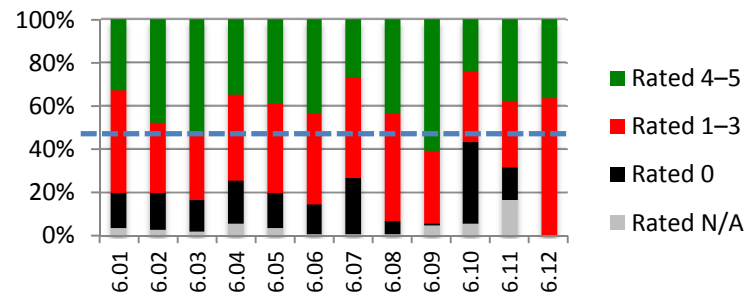
Aggregated results by network
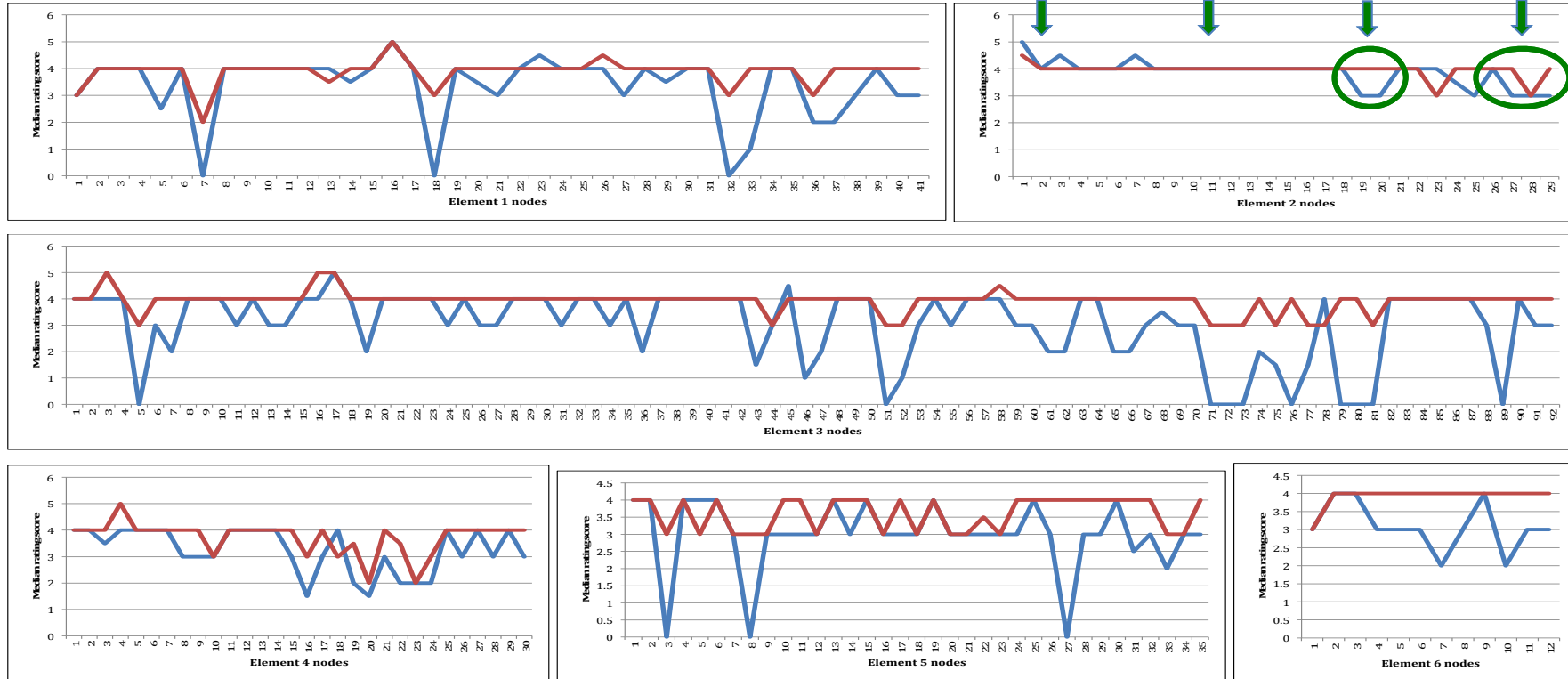## Element 6 – Appropriate resources and facilities

Statewide aggregated results
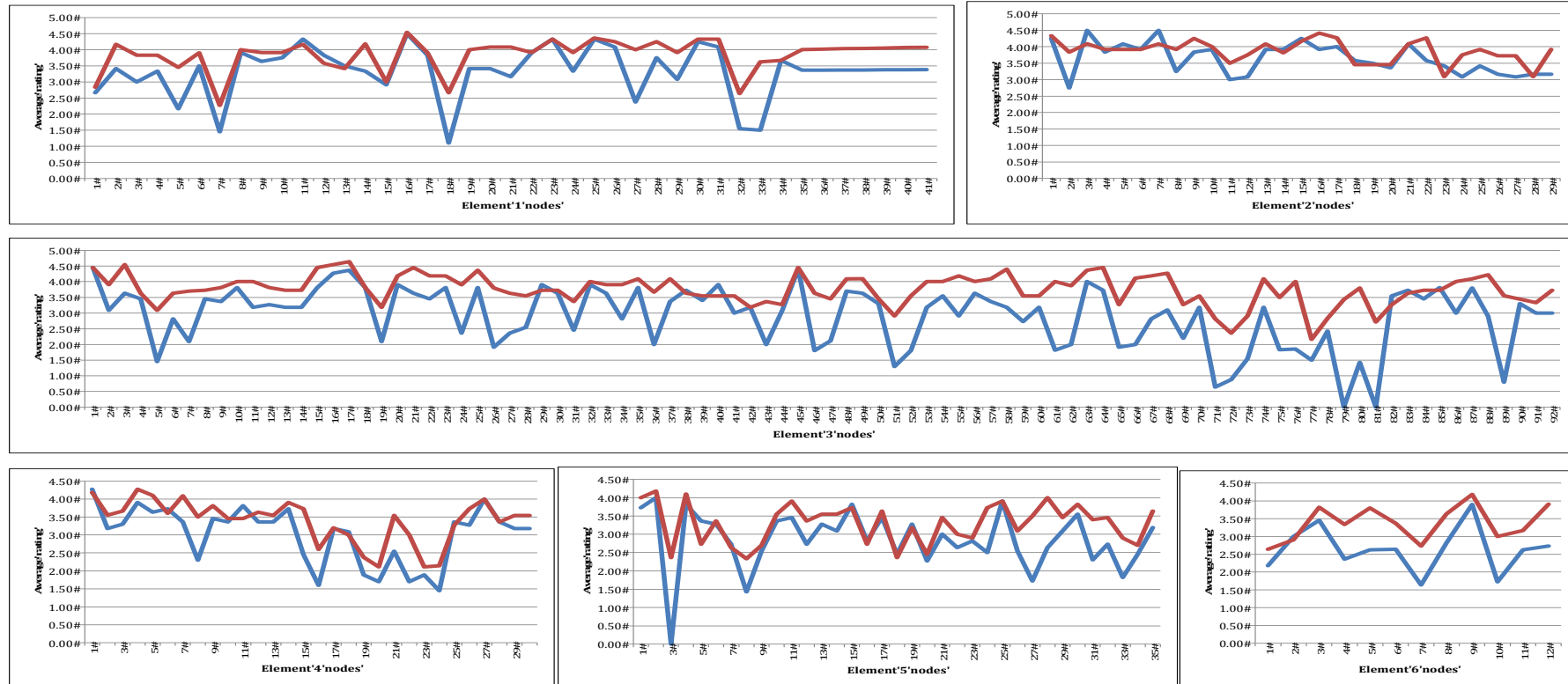## Element 2 – Best practice clinical practice

Early signs are promising…

Median rating in 1st assessment
Median rating in 2nd assessment

Early signs are promising…

Average rating in 1st assessment

Average rating in 2nd assessment

In conclusion

- A tool based on the MEER concept has been used successfully to facilitate and monitor implementation of a statewide quality improvement project in Victoria.
- Advantages of using the MEER tool for organisations:
  - Staff engagement in the process
  - Organisational learning – horizontal (peer-to-peer) and vertical
  - Contextualisation of indicator monitoring
- Advantages of using the MEER tool for DHHS
  - Consistent, structured process at every site
  - Collection of statewide data
    - Snapshot of the 'health' of the system
    - Comparisons between networks/organisation categories
    - Track progress over time

Beyond BPCLEtool

- The MEER concept can now be applied to any program logic/ theory of change/process map (MEERQAT).

- Potential applications of MEER
  - Self-assessment against a standard or framework
  - Assess readiness for program implementation
  - Track implementation during program roll-out
  - Compare implementation across program sites
  - Program evaluation
  - Monitor and improve business processes

Acknowledgements