

Using developmental evaluation to strengthen dissemination & use of quality improvement data from Aboriginal & Torres Strait Islander health centres

Theme: Use findings

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learnings

- 1 embedding evaluation into project design supported stakeholder input, continuous learning, use of findings
- 2 in-team evaluator enabled sense-making, timely use of findings
- 3 continue to apply lessons learnt in ongoing knowledge translation work



Project and context

'**E**ngaging **S**takeholders in identifying **P**riority evidence-practice gaps and strategies for improvement' (ESP) project





continuous quality improvement data

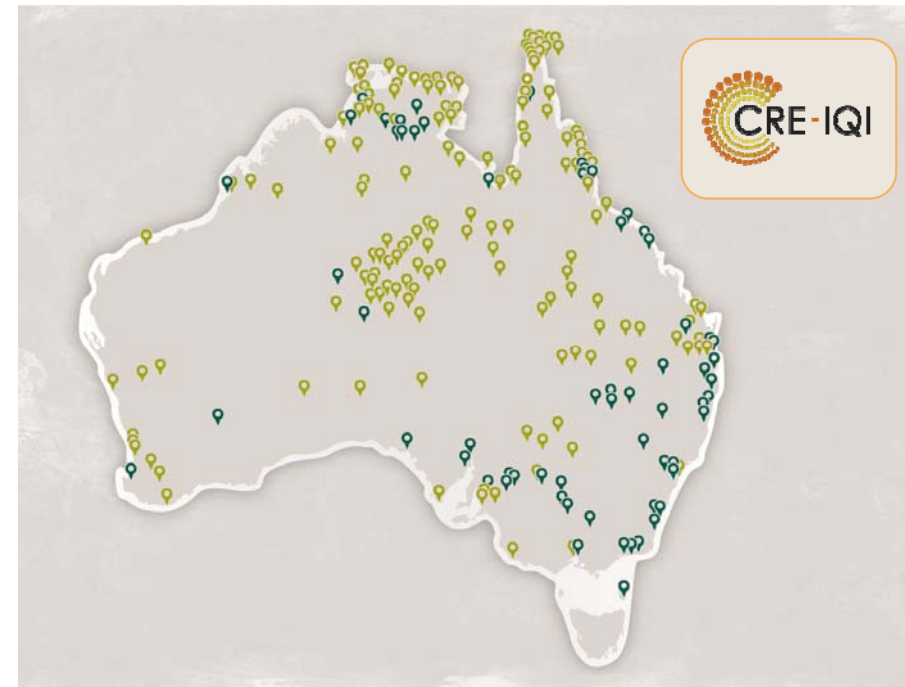
175 health centres

38 community controlled
137 government & other

9 years

60,000 audited patient records

492 system assessments by teams



CQI data on chronic illness, child, maternal, preventive and mental health, rheumatic heart disease care

project aim + DE objectives

ESP project aim

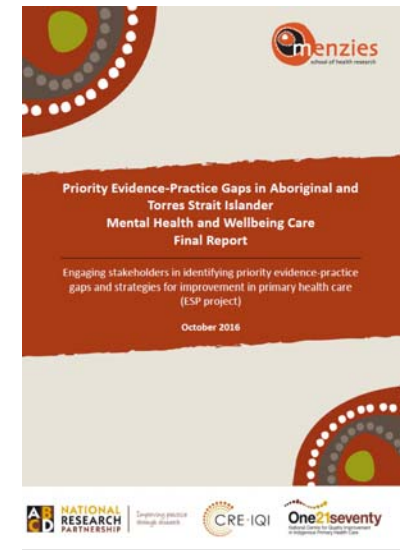
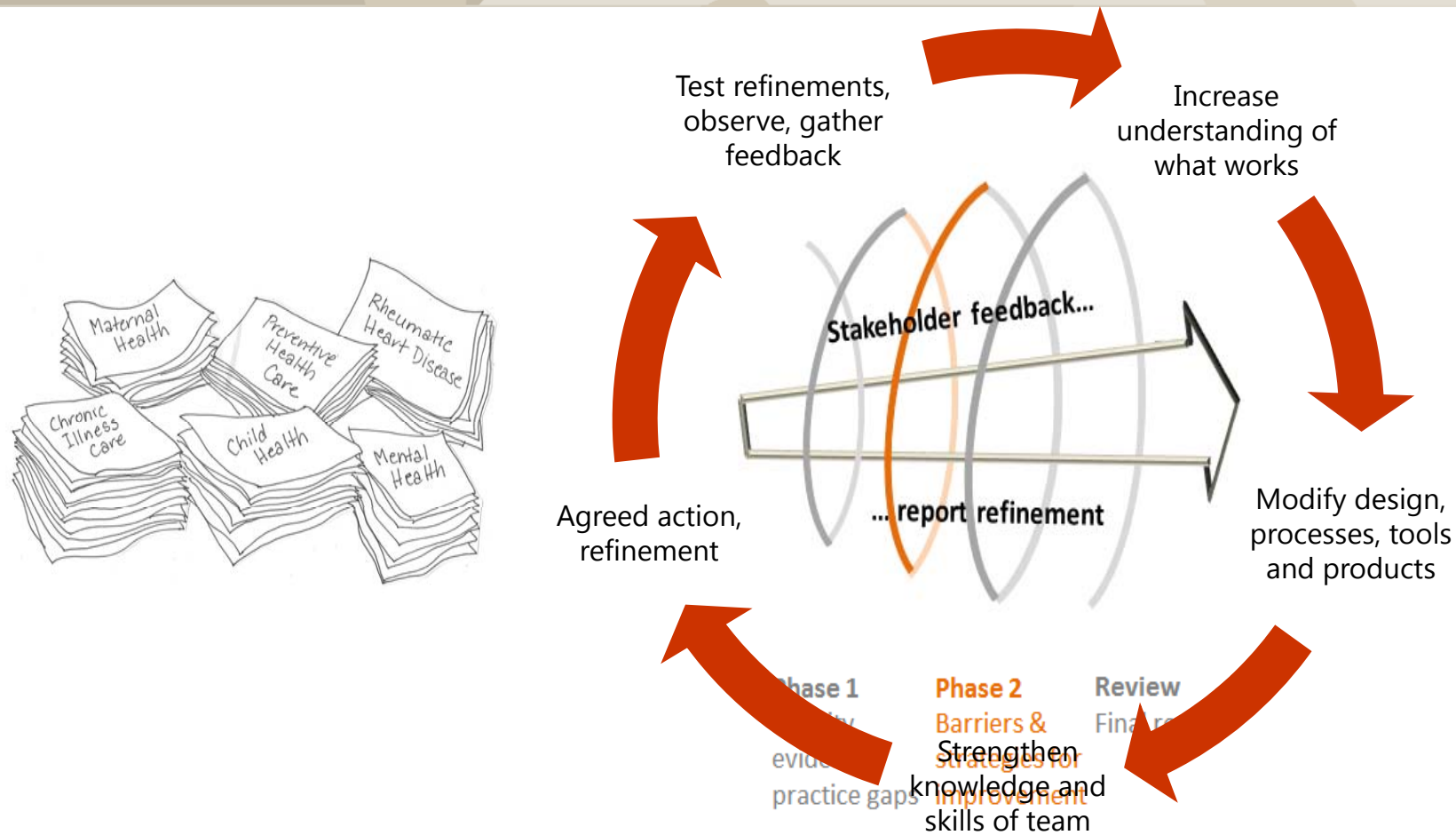
engage stakeholders across the primary health care system in using continuous quality improvement (CQI) data to identify:

- priority evidence-practice gaps in care
- barriers, enablers and strategies for improvement

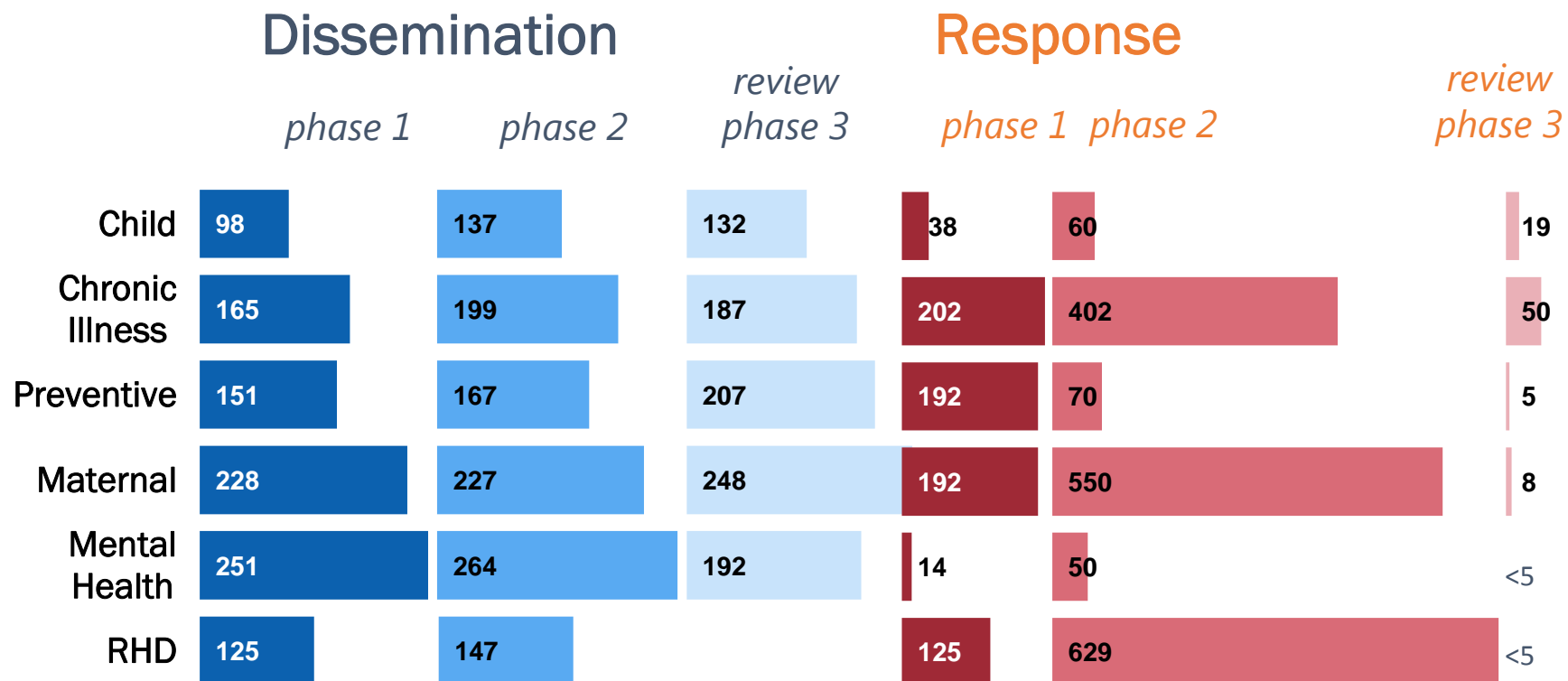
developmental evaluation objectives

- develop/refine the design, reports, processes
- explore barriers/facilitators to stakeholder engagement
- identify use of data and ESP findings
- assess effectiveness of 'interactive dissemination' process

evaluation design



Adapted from Togni, Askew et al. 2016





Document analysis

Project records, admin data



Online survey items

Likert scale + free text



Participant interviews

Focus on 1 jurisdiction; n = 31



Reflective team processes

findings: what supported engagement?

- 1 committed to providing best practice care
- 2 knowing that knowledge and input valued
- 3 high quality evidence, accessible materials, visual impact
- 4 2-way research, interaction, CQI roles, group processes
- 5 support from managers - time for CQI

"It's respecting those practitioners, valuing what they have. ... getting them to think about what they're doing and making them feel that they can be part of improving things." (clinician)

"It is not something that's come about quickly or easily. The story, the narrative, is one that's of very strong credibility." (researcher)

findings: barriers

inverse of enablers

- 1 time poor, competing demands, staff turnover
- 2 lack of confidence in data interpretation
- 3 volume, length of reports – repetition
- 4 relating data or survey to role

"A lot of people haven't been around long enough. ... They're invariably having to learn a new system, deal with a high degree of complexity in a cross-cultural setting and with a high rotation of other practitioners." (manager)

"I think that a lot of people are frightened of data and want someone else to interpret it for them." (clinician)

surveys

reduce ph2
survey qnsAdd reflective
qns final surveyreduce phase3
survey qnsextend survey
time to 4 weekspdf of survey with emails
adjust survey qns

adjust survey qns

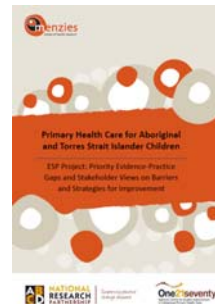
reports

Change report
format to 1-3-25**Guide to reading this report**

This final report presents the findings from each of the phases of the Engaging Stakeholders in Identifying Priority Evidence-Practice Gaps and Strategies for Improvement in Primary Health Care (ESP) Project.

The report comprises four sections:

1. Key messages
2. Executive summary
3. Main report
4. Appendices

Revise 'final
report' content
to include all
phasesadd flow chart:
includes theory-base,
links local CQI to ESP
add contextual info1st final
reportFurther refine
report headingsfull-colour report
covers: all phases

devt's

Working with clinical
advisors (interpretation)more dissemination platforms:
websites, twitter, newslettersdevelop group
discussion guide

merge ESP phases 2/3

plain language summaries
[all phase reports]emails: add
photo & headline

2014 jul

oct

2015 jan

apr

jul

stakeholders' use of ESP research findings

evidence to drive improvement

advocacy

planning and policy

supporting CQI

capacity strengthening

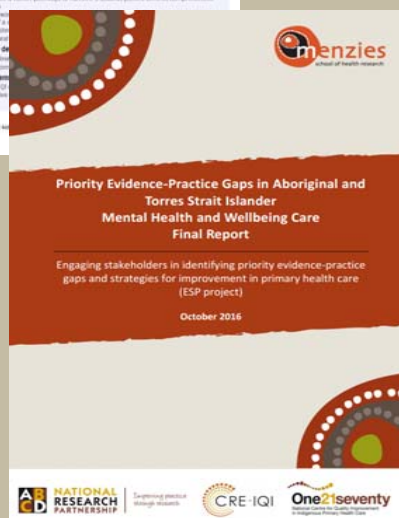
developing research

"There are things I can take with me and talk to managers, to see where we can support them to do some strategic planning to improve care." (senior policy officer)

"It informs how you lead a discussion. ... it informs my thinking, builds my capacity. It has given me evidence to talk about things with different clinical teams." (CQI facilitator)

Next steps

http://www.menzies.edu.au/page/Research/Indigenous_Health/Pri- mary_health_care_and_health_systems_research/The_ESP_Project/



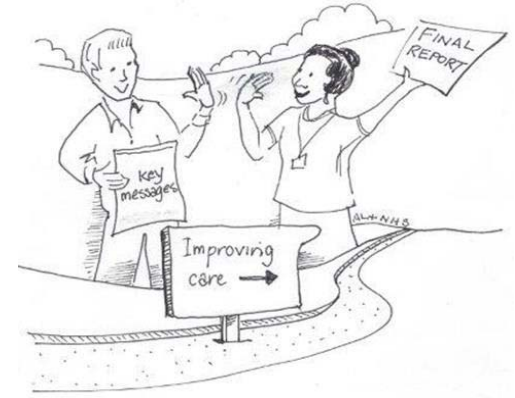
how did a DE approach support use of evaluation findings?

- 1 embedding evaluation into project design supported stakeholder input, continuous learning, use of findings
- 2 in-team evaluator enabled sense-making and timely use of findings
- 3 continue to apply lessons learnt in ongoing knowledge translation work
- 4 iterative DE processes and outcomes accord with CQI

thank you – questions?



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Project and evaluation participants

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References

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Laycock A, Bailie J, Matthews V, *et al.* A developmental evaluation to enhance stakeholder engagement in a wide-scale interactive project disseminating quality improvement data: study protocol for a mixed methods study. *BMJ Open* 2017;7

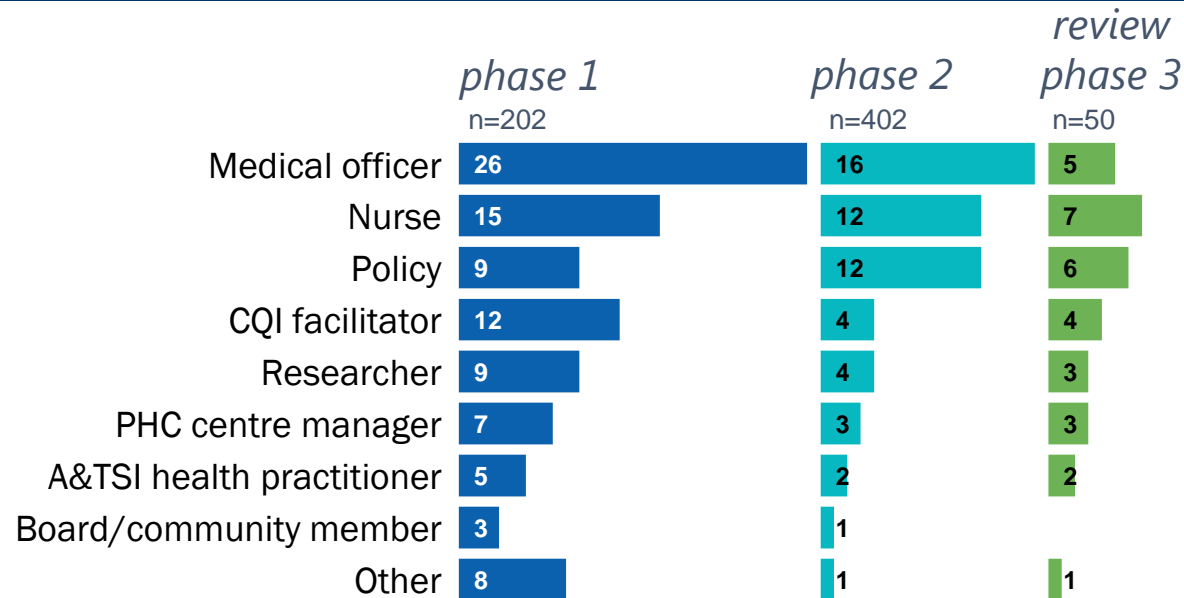
Laycock A, Bailie J, Matthews V, *et al.* Interactive Dissemination: Engaging Stakeholders in the Use of Aggregated Quality Improvement Data for System-Wide Change in Australian Indigenous Primary Health Care. *Front Public Health* 2016;4:84.

Togni S, Askew S, Rogers S, *et al.* Creating Safety to Explore: Strengthening Innovation in an Australian Indigenous Primary Health Care Setting through Developmental Evaluation. Patton M, McKegg K, Wehipeihana M, *Developmental Evaluation Exemplars: Principles in Practice*. New York Guilford Press, 2016:234–51.

Stakeholder engagement by profession

Chronic illness

26%
Indigenous



Preventive health

41%
Indigenous

