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

Theme: Use findings

Alison Laycock, Jodie Bailie, Veronica Matthews, Frances Cunningham, Gillian Harvey, Nikki Percival, Ross Bailie
Our developmental evaluation

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
'Engaging Stakeholders in identifying Priority evidence-practice gaps and strategies for improvement' (ESP) project

ABCD program

ESP project

developmental evaluation

ongoing knowledge translation

2010

2014

2017
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
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

ESP project aim

- 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

developmental evaluation objectives

evaluation design

- Increase understanding of what works
- Modify design, processes, tools and products
- Strengthen knowledge and skills of team
- Test refinements, observe, gather feedback

Agreed action, refinement

Stakeholder feedback...

... report refinement

Adapted from Togni, Askew et al. 2016
Dissemination

phase 1  phase 2  review
phase 3

Response

phase 1  phase 2  review
phase 3

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<tr>
<th>Stakeholder Category</th>
<th>Dissemination phase 1</th>
<th>Dissemination phase 2</th>
<th>Dissemination review phase 3</th>
<th>Response phase 1</th>
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methods

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)
Add reflective qns final survey
Reduce phase 3 survey qns
Extend survey time to 4 weeks
PDF of survey with emails
Adjust survey qns
Adjust survey qns

Change report format to 1-3-25

Revise ‘final report’ content to include all phases
Add flow chart: includes theory-base, links local CQI to ESP
Add contextual info

Further refine report headings
Full-colour report covers: all phases

More dissemination platforms: websites, twitter, newsletters
Develop group discussion guide
Merge ESP phases 2/3
Plain language summaries [all phase reports]

Working with clinical advisors (interpretation)

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

Next steps

“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)
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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\(^4\) The Australian Centre for Public and Population Health Research, University of Technology Sydney, NSW


Stakeholder engagement by profession

**Chronic illness**

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<th>Phase 1</th>
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<th>Review</th>
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26% Indigenous

**Preventive health**

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41% Indigenous