


Evaluation of outreach allied health service delivery to remote communities

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Why evaluation is essential

- Remote outreach Allied Health practice is very different to metropolitan practice
- The challenges of remote practice make it difficult to evaluate the full impact with current methods
- New models of AHP practice require sound evaluation to provide feedback and direct future resource allocation

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.....but it is no easy exercise to develop meaningful and valid measurement tools for service delivery, health outcomes for remote communities and quality of life / independent living of the residents.

“Measuring what counts” workshop

- Alice Springs workshop held September 2005
- Participants significant players from across the country
- Discussed development of more relevant and effective evaluation measures of the work of remote Allied Health teams
- Draft evaluation framework developed

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Participants were remote AHPs, managers of remote allied health services, representatives of funding bodies and experts in evaluation.

Goals of the MWC workshop...

- Describe current service delivery models
- Identify key goals of remote AHP teams
- Describe and review evaluative measures
- Identify strengths and weaknesses
- Clarify work to develop relevant measures
- Make recommendations for improved evaluation
- Report on workshop, outcomes and recommendations

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These were developed during the preliminary processes prior to the workshop

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OUTCOMES OF “MWC” WORKSHOP

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(a) 7 goals for outreach AH teams

- Enhance levels of inter sectoral collaboration
- Increase and build sustainable workforce
- Contribute to body of knowledge of AH practice
- Increase community capacity/participation
- Improve health outcomes and quality of life
- Increase access to/coordination of AH team
- Improve the quality of services provided

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(b) 16 guiding principles for a draft evaluation framework

Evaluation of outreach AH service delivery should:

- Inform practice
- Reflect what stakeholders want to measure
- Be formative and summative
- Build upon existing QI processes
- Be culturally appropriate
- Incorporate consumer feedback
- Apply to realities and be easy to use
- Use language that informs funding bodies
- Evaluate the benefit of the service

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(b) 16 guiding principles cont...

- Adequately resourced
- Qualitative and quantitative
- Discipline specific and general needs
- Engage Indigenous people and organizations who are experts in the field
- Appropriate IT and systems
- Demonstrate impact of complex PHC practice
- Participatory at all levels of government services and with the community

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(c) Recommendations to bring evaluation framework forward

- Workshop participants form a national collaboration to further develop framework
- The collaboration seeks funding to:
 - Further develop the evaluation framework
 - Increase body of knowledge regarding effective evaluation measures
 - Develop appropriate measures/tools
 - Pursue potential to influence funders regarding evaluation of AHP remote teams
 - Support funding for evaluation of KRAHS

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(c) Recommendations....

- The collaboration maintains momentum and provides feedback through workshops, research and publication
- Evaluation measures should consider the guiding principles of evaluation framework
- Development of Quality of Life measure for Indigenous residents; health outcome indicators for remote communities
- Development of definitions: community based workers, remote allied health practice, primary health care in remote AHP

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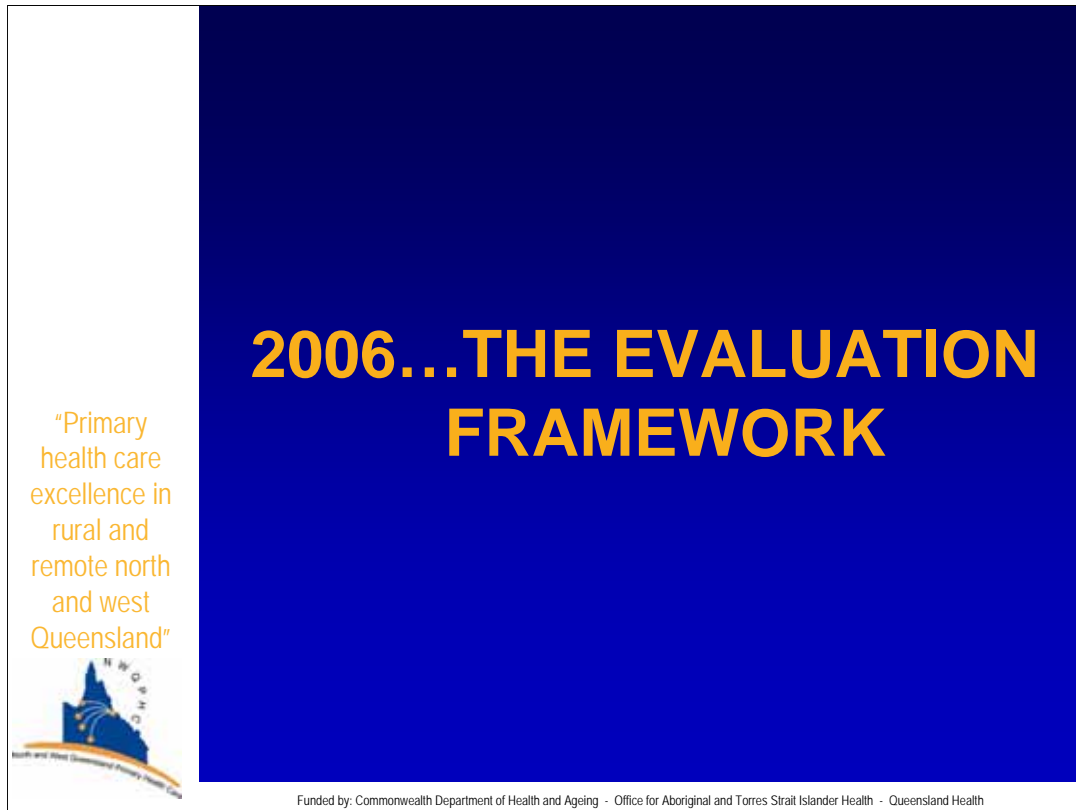
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Where to now captain?...

Hold on, who's flying this thing?

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As a direct result of the 2005 MWC workshop, 3 remote allied health services...Katherine Remote AHS NT, NWQPHC QLD, and Gascoyne PHS WA, pooled resources to employ a researcher to work on the evaluation framework to measure the impact of outreach AHS.

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Set up Steering Committee

- Heather Jensen (Allied Health academic, CRH)
- Rob Curry (SARRAH, AMSANT, Darwin)
- Jo Symons (EO, NWQPHC, MI)
- Ross Nable (Deputy CEO, NWQPHC)
- Chris Franklin (outreach AH staff, NWQPHC)
- Torres Woolley (Research Officer, NWQPHC)

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The second task was to set up a Steering Committee to add expert opinion in the field to the development of the evaluation tools.....

The initial Steering Committee involves.....



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Review of literature

- Existing models of outreach health service delivery in Australia
- International and national evaluation frameworks
- International and national chronic disease strategies
- Organizational service delivery plans
- Funding agreements / reporting frameworks
- Scoping observations and interviews in the field

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Commencing on the MWC project in July 2006, the first task was an extensive literature review of.....

.....and finished up with brief scoping observations and interviews in the field with outreach AH staff and community health services.....

Strategy for the evaluation framework

- Based both the NT Preventable Chronic Disease Strategy and the NQ Indigenous Chronic Disease Strategy
- Follows the 16 guiding principles of the draft evaluation framework (Alice Springs workshop)
- Evaluation measures will:
 - Quantitative and qualitative
 - Process and outcome evaluation

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It must be noted that this proposed strategy is not a trial.....but policy and program initiatives to which outreach allied health services are already committed and which they have already begun implementing.

Therefore, an evaluation framework strategy cannot make use of 'control' communities in which these strategies are not being implemented at present, and that this evaluation will have a retrospective as well as prospective dimensions.

It is also expected that the types and quality of data available, especially at the community level, are subject to serious limitations and short comings....the evaluation design must work within the constraints imposed by these limitations.


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What you see is inevitably determined by how you look at it

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Survey tool to measure impact of outreach AH services

- 4 key areas measured in survey tool:
 - Organizational commitment to support AH team
 - Promoting capacity building at the community level to foster community ownership of local health issues
 - Improving health outcomes and QoL of residents
 - Quality of service delivery
- 6 components for each key area
- Response scale

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Health care organizations need practical assessment tools to guide quality improvement efforts and evaluate changes in service delivery.

This survey tool is modelled after instruments developed by the Indian Health Service for evaluating diabetes care, and a modified tool used by the Menzies School of Health research in the “Healthy for Life” program.

The tool is intended to:

1. Identify areas for improvement in service delivery
2. Evaluate the level and nature of improvements made in response to quality improvement interventions

And the tool itself should be subject to regular quality improvement strategies!

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Organizational commitment

- Organizational leadership
- Sharing of information with community based organizations
- Partnerships with key regional agencies to coordinate and integrate services
- Appropriate recruitment, retention and orientation strategies
- Appropriate time spent on preparation and review at base
- Appropriate time spent on outreach visits

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Building community capacity

- Coordinated and integrated approach to service delivery with community organizations
- Outreach AH team act as an information and advocacy resource
- Outreach AH team collaborate with other community-based sectors
- Outreach AH team utilize available technology
- Outreach AH team build and strengthen community-based early detection initiatives
- Outreach AH team build and strengthen community-based health promotion/primary prevention initiatives

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Improving health of residents

- Patient centered approach to service delivery
- Appropriate range of acute clinical interventions
- Promote client's self-care management
- Have mechanisms to remove residents from identified harmful environments
- Contribute to clients living independently in community
- Develop initiatives for high risk/vulnerable groups

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Quality of service delivery

- AH team advertises who they are and what they do
- Training and continuing professional development (including cultural awareness, best practice skills, evidence based patient management techniques)
- Planning and evaluation of AH team services and programs
- Building rapport and trust of community
- AH team utilizes local resources (people and facilities)
- Consultation and feedback with communities

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Example page of MWC survey

Sharing of information between your outreach health service team and other health organizations in this community...		Rationale Healthcare systems must guard against the fragmentation of services, particularly in remote communities where both visiting and community-based health services exist. Patient care needs shared information across settings and providers, and across time from the initial patient contact.			
Little or none	Basic	Good	Fully developed		
...little or no information sharing with community-based health agencies of patient information; continuity of patient care.	...considering some degree of information sharing.	...currently coordinating information sharing in one or two Primary Health Care areas.	...all organizations operating in community share patient information and provide continuity of care		
0	1 2	3 4 5 6	7 8	9	10 11
Please describe what barriers to information sharing with your team exists with the other health organizations in this community, and any measures undertaken/suggested to overcome these barriers?					
Partnerships with key regional agencies to promote and deliver coordinated and integrated health services in this community...		Rationale Sound working relationships between key regional stakeholders in remote communities contribute to the effectiveness of the interaction between visiting and community-based health services.			
Little or none	Basic	Good	Fully developed		
...do not exist.	...partnerships are informal. Meetings with key agencies are irregular.	...some formal partnerships exist, but meetings are irregular or there is no dedicated person from outreach AH team to attend meetings.	... formal partnerships exist, regular, formal inter-service meetings between all service provider organizations operating in community. MOU in place with all key agencies. Integrated model of service delivery adopted and promoted by key agencies. Dedicated person to liaise with each key agency on regular basis.		
Score	0	1 2	3 4 5 6	7 8	9 10 11
Please describe what barriers to partnerships with other key agencies exist, and any measures undertaken/suggested to overcome these barriers?					

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