2013

CareSearch, NSAP, PCOC: evaluation of the Working Together Change Framework workshops

Jennifer Tieman  
*Flinders University*

Deborah Rawlings  
*Flinders University*

A Adams  
*Flinders University*

Shyla Mills  
*Palliative Care Australia*

Helen Vaz  
*Palliative Care Australia*

*See next page for additional authors*

Publication Details

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Abstract
There is increasing interest in the relationship between EBM and QI and in how evidence can inform choices made and processes used in QI activities (1 - 2). Other researchers have highlighted the need to establish functional goals, develop action plans, implement specific actions and monitor progress when undertaking change activities (3 - 4).

Keywords
pcoc, evaluation, working, nsap, together, workshops, change, caresearch, framework

Publication Details

Authors
Jennifer Tieman, Deborah Rawlings, A Adams, Shyla Mills, Helen Vaz, and Maree Banfield

This conference paper is available at Research Online: http://ro.uow.edu.au/ahsri/263
CareSearch, NSAP, PCOC: Evaluation of the Working Together Change Framework Workshops

Tieman JJ1, Rawlings D1, Adams A1, Mills S2, Vaz H2, Banfield M3
1 Flinders University, 2 Palliative Care Australia, 3 University of Wollongong

Introduction
There is increasing interest in the relationship between EBM and QI and in how evidence can inform choices made and processes used in QI activities (1-2). Other researchers have highlighted the need to establish functional goals, develop action plans, implement specific actions and monitor progress when undertaking change activities (3-4).

Services can face many challenges when trying to undertake, or maximize the value of, quality improvement activities. They may receive a PCOC report, create their NSAP action plan, or find new evidence about an issue in clinical practice, all of which can identify areas for improvement. But, how are these taken forward?

In 2012, workshops entitled ‘Working Together Change Framework’ were developed by the NSAP, CareSearch and PCOC to assist palliative care professionals. The workshops were designed to support attendees to identify a problem, analyse the cause, source evidence and develop an implementation plan and review what happens. The model was developed and presented at 7-hour workshops held in Adelaide, Melbourne, Perth, Launceston and Dubbo in 2012. Further two workshops were held in Sydney (Paediatrics) and Brisbane in early 2013.

Overview of the WTCF

Figure 1: Six phases of the WTCF

Workshop Evaluation
Across the seven workshops, 89% of respondents agreed, or strongly agreed, that the workshop had met their needs. Unless we can intelligently assess and respond with evidence-based practice then report it, we cannot expect to improve practice except individually (DW5004).

Eighty one percent agreed or strongly agreed that they were more confident in applying an evidence-based approach to problem solving. Very helpful to work through the “Butterfly Service”. Combining the 3 approaches to problem solving. (PW4006)

Across all workshops, 70% of participants agreed, or strongly agreed, that after this workshop they felt more confident in implementing changes in their organisation. Change management is difficult however this workshop has provided basic tools to assist me (PW4006).

I am not in a position to implement change however I feel confident to offer suggestions and discuss issues that may need changing (PW4008).

A number of participants commented on the value of having all of the three programs involved in the workshop.

Using NSAP, PCOC and CareSearch data to build a plan (AW1001)
How the national/state data can be used on the ground (PW2013)
To be able to see how NSAP, PCOC and CareSearch can work together to improve and assess palliative care (PW4010)

Varied perspectives on how NSAP and PCOC data (DW5004)

Feel more confident I am on the right track (DW5035-2)

Seven of the respondents (53.8%) had identified a problem that they wanted to change and six of them (46.2%) had already identified or developed strategies for implementation.

However, only 4 (or 30.8%) had identified measures that could be used to assess the success of the intended change activity.

Pre and post audits, Nurse surveys (PW4013-2)
Improvement in PCOC state (DW5010-2)

Around 70% of respondents indicated that there were problems in implementing change within their organisation.

Complex entrenched cultural issues (DW5024-2)
Limited services. Transient staff (PW4002-2)

Follow-up Study
Of the 13 who completed the follow up survey at 8 weeks, 11 (84.6%) had discussed the workshop with colleagues and 10 (76.9%) had discussed the role of evidence in change activities.

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Conclusion
Recognising and addressing problems in clinical practice and service delivery is an important part of ensuring quality care for patients. Staff and service need support in developing the skills and knowledge that are essential to successful quality improvement activities.

References
3. Cole MJ 2009 Benchmarking: a process for learning or simply individual (DW5025-2)