

# Evaluation of an in-house support unit for Evidence Based Practice in a large regional health service

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# Acknowledgement

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# Southern Health

- Largest health service in Victoria, Australia
- Primary, secondary, tertiary, quaternary services
- Integrated health service (>40 sites, 13,000 staff)
  - Acute hospitals (1 tertiary referral centre, 4 general)
  - Subacute and rehabilitation services
  - Mental health services
  - Community health services
  - Residential aged care services

# Role

To enable and support health professionals, managers and policy makers to use the best available evidence to improve healthcare decision-making

## EBP Hospital Support Unit

*NICS Adopting best evidence in practice. MJA March 2004, Vol 180, No 6, Supp*

# Funding

## Internal

- Respond to organisational needs
  - Core budget: org-wide impact, reviews, committees, infrastructure
  - Project funding: discretionary

## External

- Maintain skills, retain staff, complement work for SH
  - Competitive: projects
  - Commissions: reviews, guidelines

# Aims

1. To deliver an EBP Support Service
  - Evidence synthesis
  - Implementation
  - Evaluation
2. To determine how effective CCE has been in achieving its Strategic Plan

# Methods to deliver EBP service

- Undertake the work when high level of skill required
- Provide advice and support to help staff do their own
- Deliver teaching programs to increase capacity
- Develop resources to assist

# Strategic Goals

1. Support organisations and individuals in achieving clinical effectiveness through projects, information, expertise, resources and capacity building
2. Provide education and training to teach skills for clinical effectiveness
3. Undertake research to understand and enhance processes of clinical effectiveness
4. Sustain CCE operations by addressing methodologies, skills, financial viability, partnerships, profile to share our knowledge



# Methods for Evaluation

- Evaluation Framework and Plan
- Survey
- Interviews
- Document analysis
  
- CCE – new Evaluation Consultant
- Evaluation Service – external Evaluation Consultant

# Results

- Outputs
- Reach
- Usefulness
- Use
- Intended long-term outcomes

*Sullivan TM, Strachan M, Timmons BK. Guide to monitoring and evaluating health information products and services. USAID (2007)*

# Outputs 1. Support clinical effectiveness

- Completed 28 systematic reviews (17 internal, 11 external)
- Developed 3 evidence-based guidelines (1 local, 2 national)
- Participated on 21 committees, advisory groups or expert panels (9 internal, 12 external)
- Responded to requests for use of CCE resources by over 100 different external stakeholders (local, national and international)
- Developed 2 step by step 'Guides to finding the evidence' (Introduction of new technologies, Clinical procedures)

# Outputs 1. Support clinical effectiveness

## Projects

- Development of new Policy and Procedure Framework
- SHARE (Sustainability in Health care by Allocating Resources Effectively)

# Outputs 2: Education and training

- Provided 19 training events (6 internal, 13 external by request)
- Capacity building program in EBP for Allied Health Program
- Clinical Fellowship
- First national workshop on 'disinvestment' (Australia and NZ)

# Outputs 3: Research

- PhD in pragmatic methods for guideline development
- Action research to inform projects

# Outputs 4: Operations

- Participated in national and international methods groups
- Developed career structure and training program for CCE staff
- Published 15 papers in peer-reviewed journals (PhD, SRs, GLs)
- Presented at 15 international and national conferences and 11 other healthcare settings

# Reach

Southern Health clinicians, managers, educators, policy makers

- ✓ All clinical disciplines, all major campuses
- ✗ Relatively small numbers (total staff >13,000)
- ✗ Regular users versus 'never heard of CCE'
- ✓ Regular requests from external agencies → declined
- Challenge: how to promote services without creating unrealistic expectation



# Usefulness

- Staff : highly regarded
- Work: respected, high quality
- Training: appropriate content & format, improved knowledge & skills
- Evidence reviews: useful, requestors would use service again
- Evaluation service: high rates of satisfaction
- ✘ Lack of formal evaluation/monitoring methods
- Challenge: rigour versus pragmatism

# Use

- Prioritisation
  - Evidence reviews only for pending decisions
  - Consultations only for high priority projects, Executive sign off
- Infrastructure
  - Evidence-based decision-making Policy
  - Decision summaries for decisions related to new technologies
- Reported use: CCE projects ‘directly influence decisions and outcomes’
- ✘ Lack of formal evaluation/monitoring methods
- Challenge: we don’t rule the world

# Outcomes 1. Support clinical effectiveness

- × CCE activities → better patient outcomes
- ? CCE activities → EB clinical decisions → better patient outcomes
- ✓ CCE activities → EB organisational decisions → better use of resources

# Outcomes 2: Education and training

- ✓ Improved knowledge and skills (short term)
- ✓ Culture change towards applying principles of EBP
- ✗ No funding from Southern Health

# Outcomes 3: Research

- ✓ PhD in pragmatic methods for guideline development
- ✓ PhD publications
  - Top 10 Implementation Science, Emerald Literati International Award
- ✓ Action research to inform projects
- ✗ No other publications about what we have learnt
- ✗ Investigation of change process (SHARE)

# Outcomes 4: Operations

- ✓ Expertise sought out by national & international bodies (NHMRC, NICE)
- ✓ Training requested by interstate & international bodies (Qld, WA, Canada)
- ✓ Visited by interstate and international colleagues (Qld, WA, Norway)
- ✓ Requested to take staff for training (Malaysia, Canada)
- ✓ Requests to use CCE resources (mainly international)
- ✓ Links to CCE on international EBP websites
- ✓ Funding ~ \$1 million external sources

# Outcomes 4: Operations

- ✘ Current hospital accounting practices mean that CCE not financially sustainable
- ✘ Skills shortage significant problem
- ✘ Lack of succession planning

# The challenge

## Huge potential

- Exciting, stimulating, worthwhile work
- Recognised nationally and internationally
- Organisational commitment to EBDM

## But vulnerable

- Not financially sustainable
- Skills shortage
- Tension between rigour and pragmatism
- Lack of ongoing evaluation



# Thank you

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