



Health service policy uptake: evaluating and influencing change through an action research approach

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Outline

- Screening new and expectant mothers for perinatal depression and psychosocial risk in NSW – the policy context
- Evaluation of SAFE START – overview
- Key project considerations
 1. Working across a broad and complex health care system
 2. Communicating with and engaging stakeholders across a range of health care systems
 3. The evaluators role in influencing change
- Addressing these considerations through our approach and methods
- Take home messages

Routine screening for depression and psychosocial risk in the perinatal period – the policy context

Context



NPDI (2008-2013)

IPC (1998-2007)

SAFE START (from 2007)

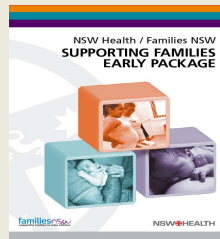
| | |
|------------------|---|
| Antenatal | Within the first 20 weeks of pregnancy |
| Postnatal | At the UHHV (review only) 6-8 week check 6-8 month check |



1) Screening women for depression, using the EDS/ EPDS

2) Screening women for psychosocial risk, using SAFE START psychosocial questions

Risk identified



Review – level III

4) Follow-up treatment & care

3) Multidisciplinary Case Discussion (MCD) meetings

Discuss :

- vulnerabilities/ strengths
- level of care
- available supports



Evaluation of SAFE START

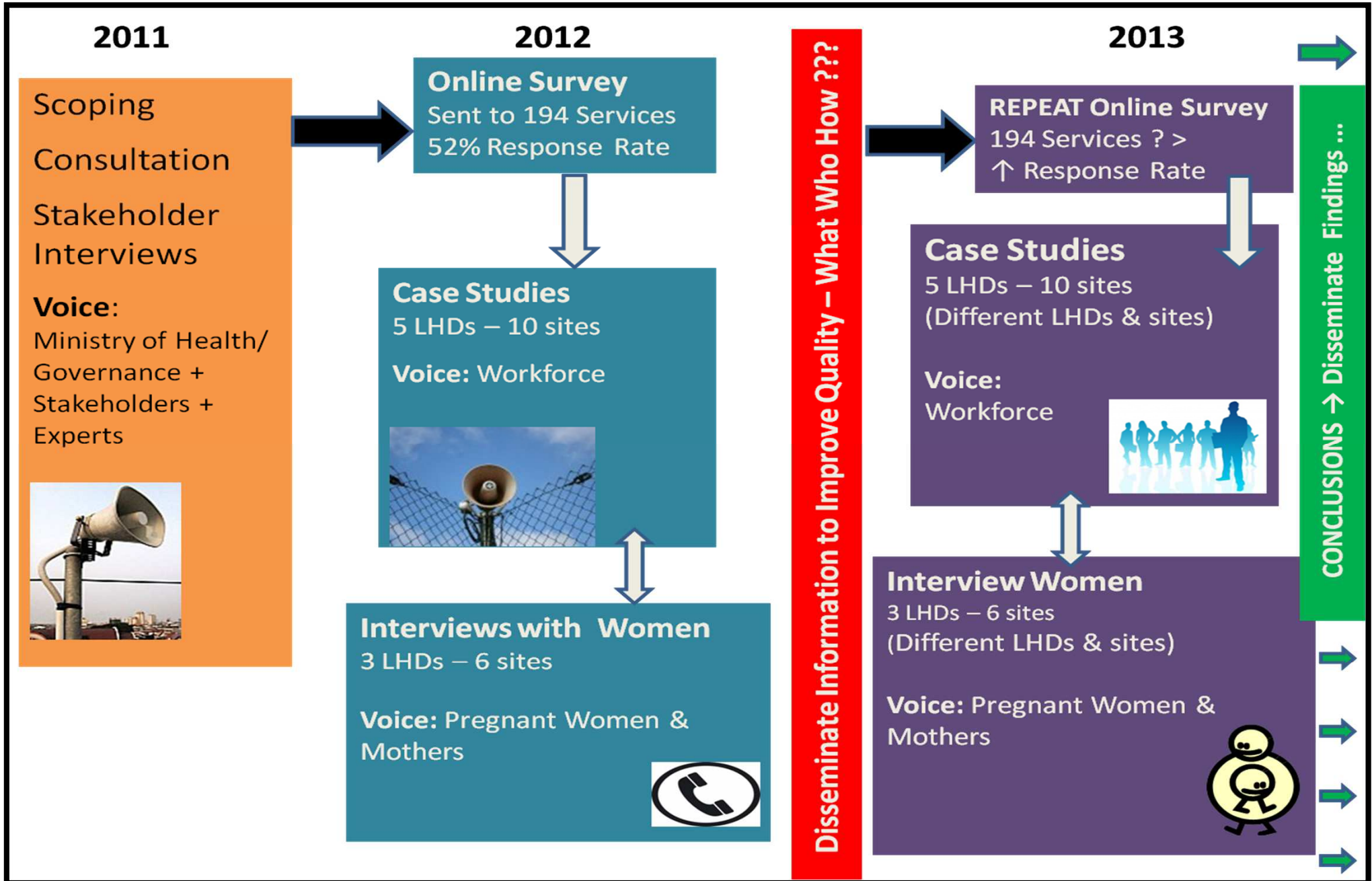
- Commissioned by the NSW Health, Mental Health and Drug & Alcohol Office, MH-Kids
- Evaluation of a policy implementation initiative
- May 2011 – June 2013
- A mixed-method, three tiered data collection, with an action research approach and quality improvement focus

Objectives

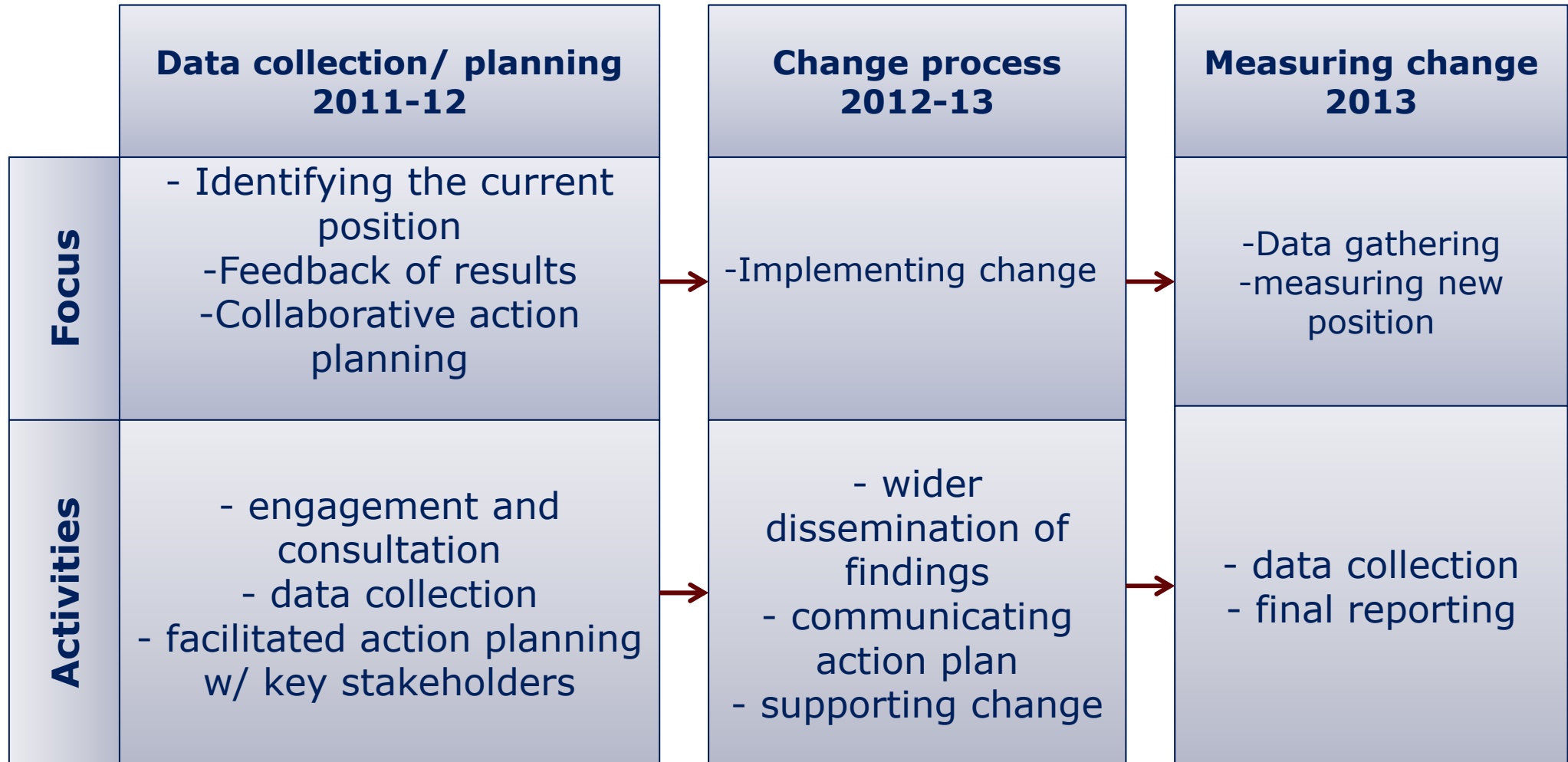


- To identify compliance with SAFE START processes across public antenatal and child and family health services in NSW
- To identify the critical success factors in the successful application of SAFE START
- To identify opportunities for improvement to achieve better outcomes

Evaluation overview



Action research and quality improvement focus

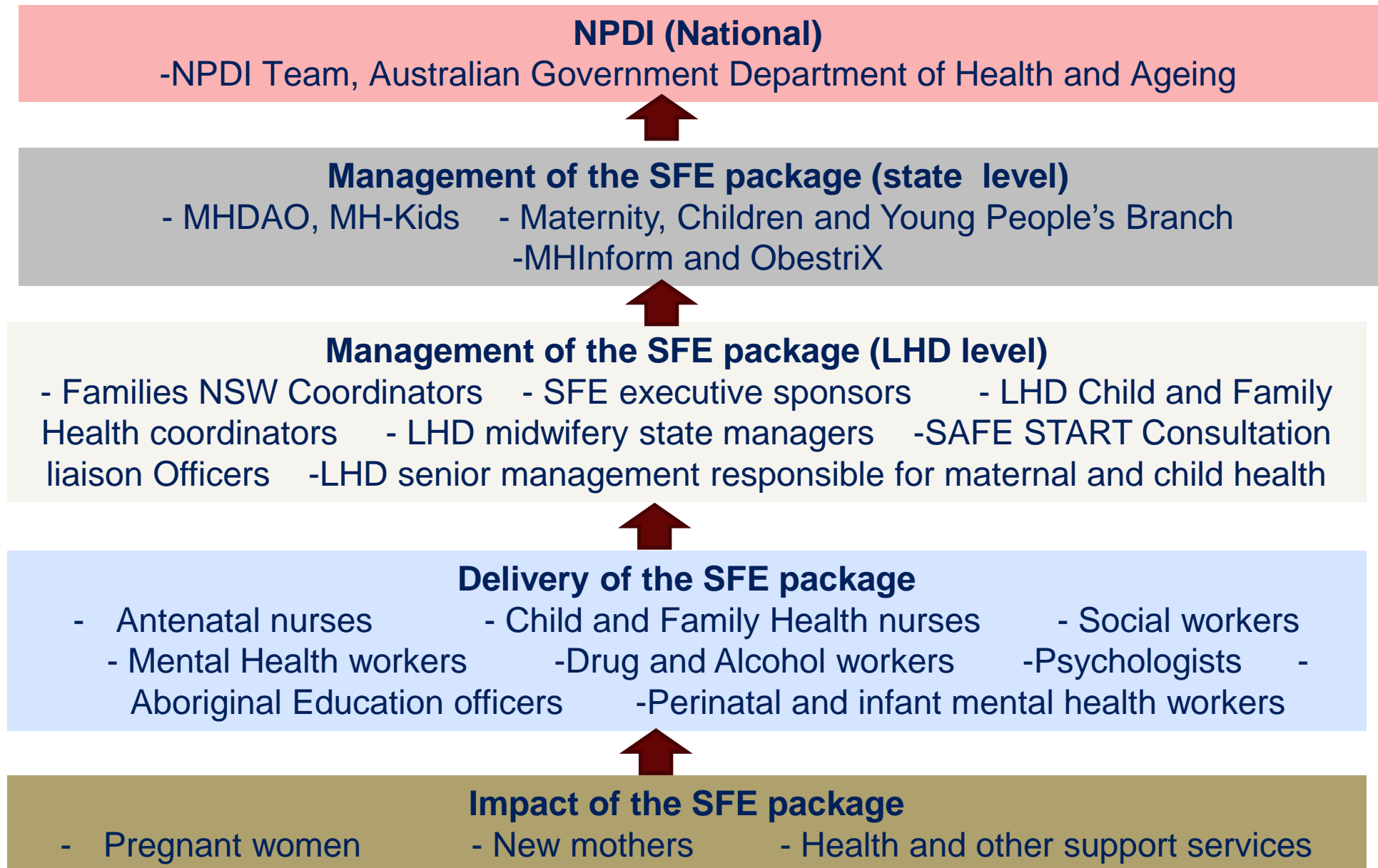


Key project considerations

1. Evaluating policy uptake across a broad and complex health care system
2. Communicating with and engaging stakeholders across the system
3. The role of the evaluation, and the evaluators, in influencing change



The range of stakeholders involved in the SFE package



Communicating and engaging with stakeholders across the system

2011

Scoping

Consultation

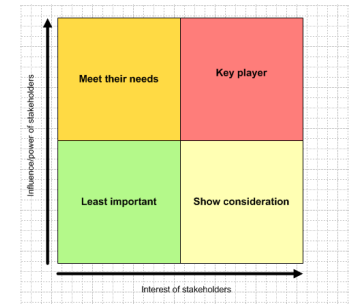
Stakeholder Interviews

Voice: Ministry of Health/Governance + Stakeholders + Experts



Stakeholder analysis

- Involvement in evaluation activities
- Impact of the evaluation on the stakeholder
- Capacity of stakeholder to influence change
- Knowledge of the stakeholder



Scoping interviews

- Antenatal and child and family health nurses
- SAFE START consultation-liaison officers
- Mental health representatives
- Policy-makers & academics



Consultations (ongoing)

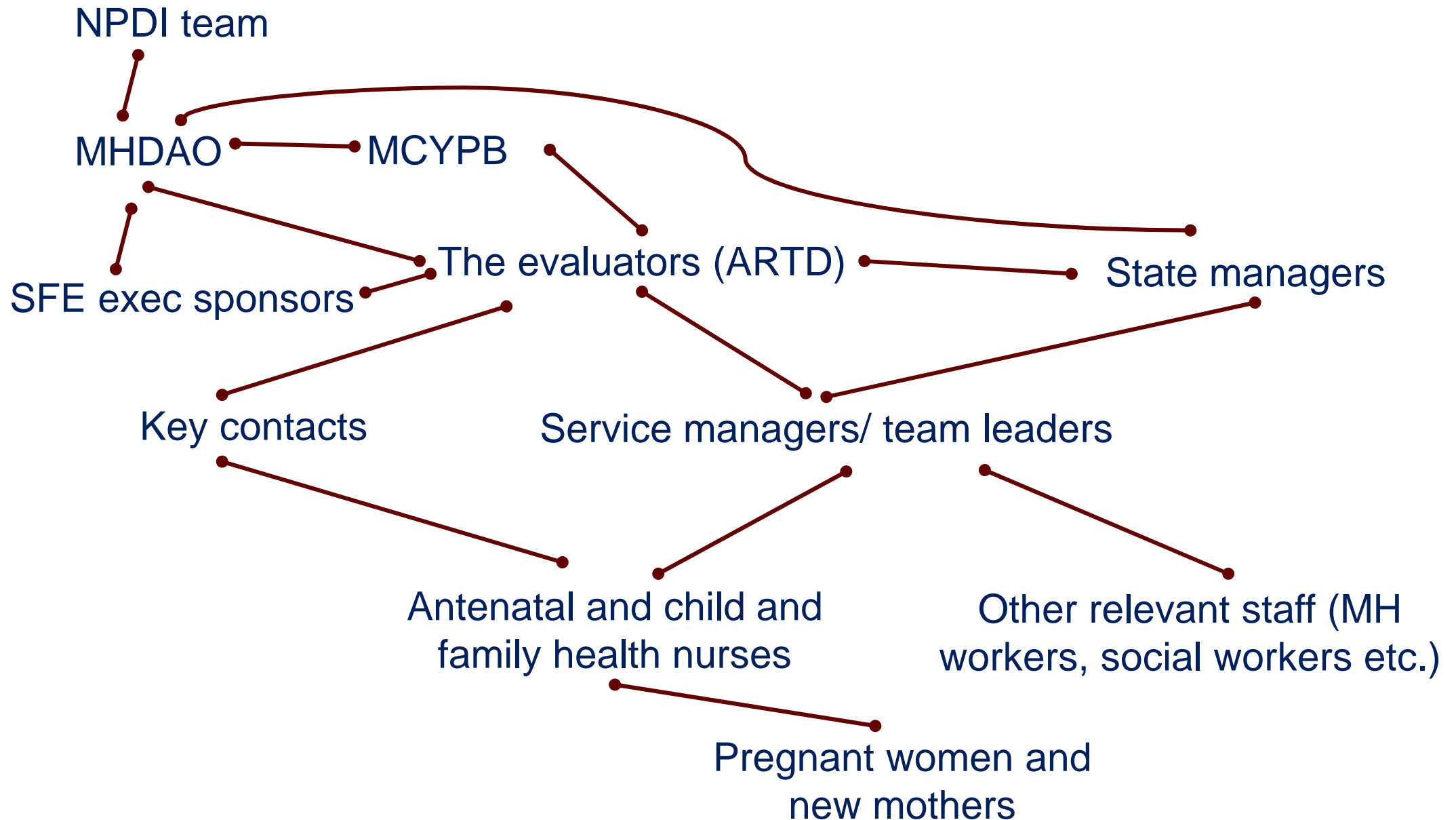
- Making key groups aware of the evaluation
- Seeking guidance on evaluation methods

Communication strategy based on stakeholder analysis

- Letters
- Emails
- Presentations/ meetings
- Short reports
- Phone calls

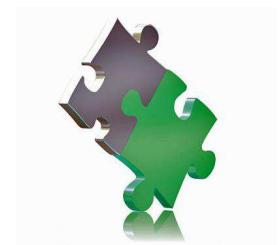


Network of communications



Engaging stakeholders in the evaluation

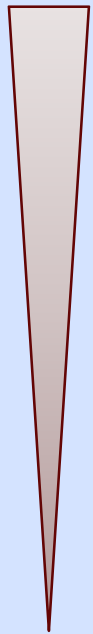
- Gaining commitment from CE's
- Identifying key stakeholder forums
 - Describing methods
 - Providing regular feedback on evaluation progress
 - Asking for advice/ guidance – contributing to design
 - Gaining an overview of what is happening on the ground
- Identifying a key contact in each LHD for the evaluation
 - to champion the evaluation
 - to link us with key stakeholders
 - troubleshooting
- Direct liaison with services on the ground
 - Evaluation summary
 - Role – in site visits and online survey
 - Ongoing feedback of results



Evaluating policy uptake across a broad and complex health care system – the approach

Three tiered approach to data collection

High level
information
across the state



Existing data collection

Review of data – all services

Service wide data collection

Online survey of all 194 publically funded antenatal and child and family health services

Selected services data collection

Site visits to ten services, inc.
-interviews with nurses
- interviews with MCD meeting participants
- service managers/ senior management

In-depth
information
across selected
services

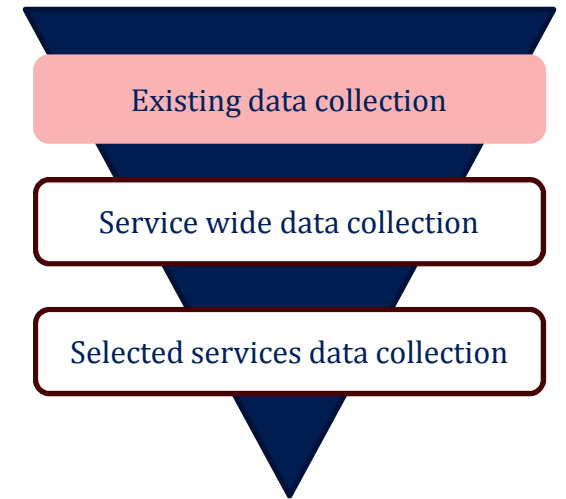
Telephone interviews with new and expectant mothers

Realist approach

Review of existing data

Challenges

- No state-wide data collection system
- Limited data reporting at the state-level
- Poor linkages between antenatal and postnatal data collection systems
- Limited data collected and different data collected across each service
- Mixture of paper-based and electronic data collection



Online survey-approach

- State-wide survey of all publically funded antenatal and child and family health services in NSW
- 194 services identified through 'key contacts' in each Local Health District
- Individual survey links for each service
 - respondent tracking
 - tracking by LHD, service name, service type (antenatal/ child and family), location type (metro and rural/ regional)
 - targeted reminders
- Hard copies of the survey supplied, for services with poor internet access and limited experience with online systems (4 received)



Existing data collection

Service wide data collection

Selected services data collection

Online survey—strengths and limitations

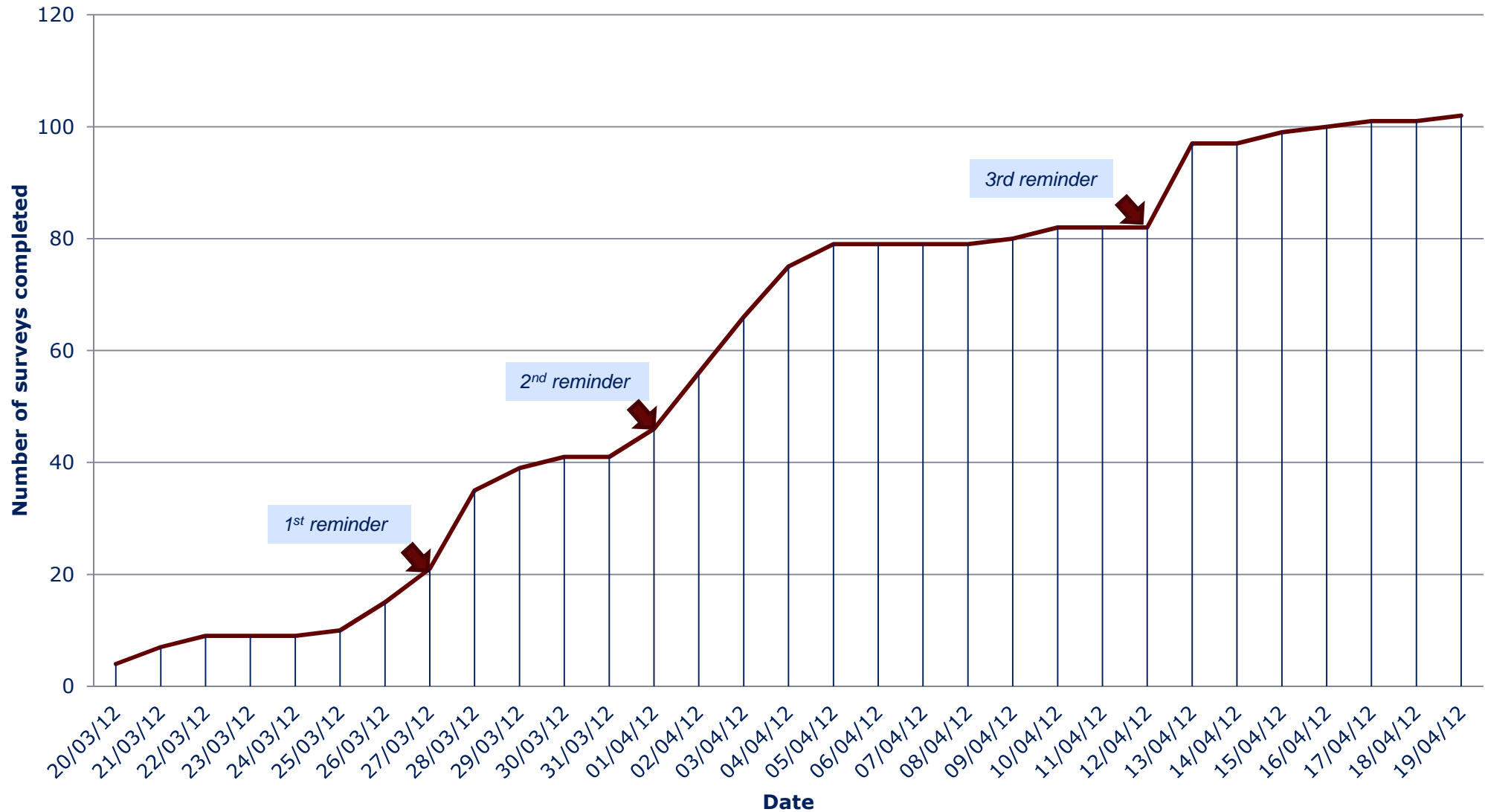
- Relatively high response rate (52%)
- Represented a range of service types and sizes
- Responses from all Local Health Districts (LHDs), but
 - high variation in response rates across LHDs: 22 – 100%.

Strengths and limitations

- It is possible that those who completed the survey had a more positive (or negative) experience of implementing SAFE START. It is impossible to know for sure whether our findings were biased in this way, but
 - Local Health Districts (LHDs) with high response rates were shown to have the highest level of compliance with SAFE START processes
 - LHDs with the highest response rates were those who site visits have suggested have many strengths and more positive experiences of administering the screening



Online survey—the importance of (targeted) reminders



Site visits



- Ten services, representing five LHDs (purposively selected)
- Exploring compliance issues in depth
- Speaking with broader stakeholders

Key findings to date

- Significant increase in the use of the EPDS/ EDS and SAFE START questions over the last 15 years
- Variable interpretation and implementation of the SFE policy package across NSW
 - Different EDS/ EPDS scores used to determine the need for additional support
 - Screening administered at the UHHV
 - MCD meetings vary broadly across services and services are struggling to implement these effectively

How do we disseminate these findings in a way that will engage stakeholders and promote change?

- In progress
- Providing a positive message
- Communicating a need for change
- Communicating a plan of action
 - To what extent do services need to amend their approach?
 - To what extent is a policy change required?

Actions to date

- SFE policy implementation forum – October 2011, and 2013 (DTBC)
 - SFE executive sponsors in each LHD
- Meeting to plan response and dissemination of findings
 - Representatives from the Mental Health and Drug & Alcohol Office/MH-Kids, Maternity, Children and Young People's Branch, and ARTD
- Presentation of findings and discussions of dissemination and quality improvement approach with key stakeholders groups
 - Families NSW Coordinators Network Meeting
 - Child & Family Health State-wide Managers Meeting
 - Antenatal State-wide Managers Meeting (planned)
- Dissemination of key survey findings to all publically funded antenatal and child and family health services in NSW
 - Findings update and plan of action to be sent in October 2012
 - Existing leaders to be engaged to strengthen the message

Caution in sharing of preliminary findings

Data collected early in the evaluation process may reflect a different perspective than that which is collected later

Online survey- March 2012

- Most services administering the screen at the UHHV
- 80% of services said this was *because 'it was NSW policy to conduct the screening at this time....'*

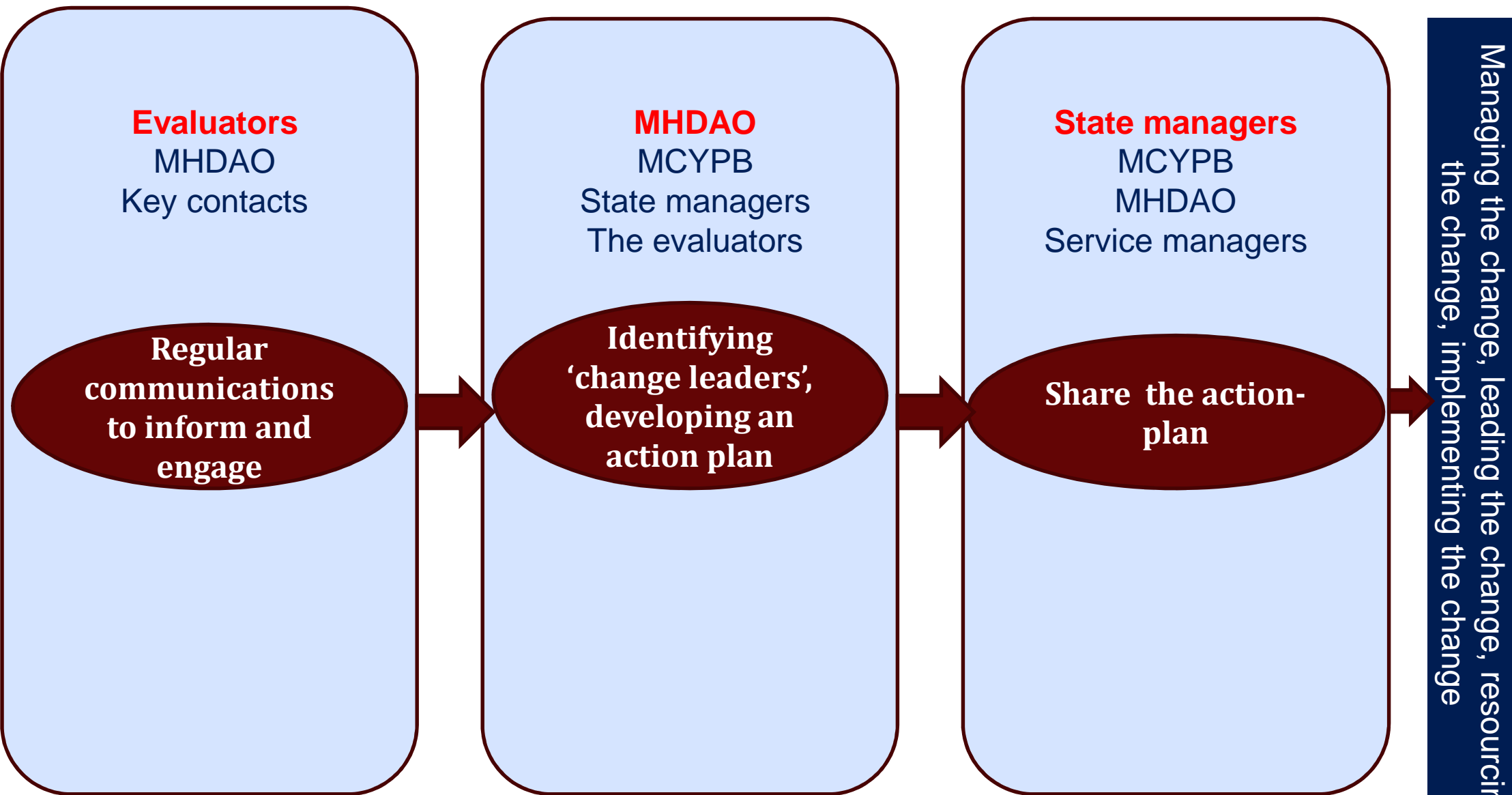
'We need to improve service's understanding of SAFE START policy'

Site visits – August 2012

- Antenatal and postnatal services do not share the same data collection systems, meaning that screening data is not available to nurses performing the UHHV

'We need to consider new systems for sharing data'

The evaluator's role in influencing change



Conclusions

- It can help to know you sample and your population
- Choosing the right communication strategy for each audience is important
- It can take time to engage stakeholders
- It can take time to develop effective communications and an appropriate strategy for feeding in evaluation data
- It is important to be clear about your role as an evaluator and where you need to hand over to others

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