

Evaluation of the Centre for Clinical Effectiveness

Southern Health

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Executive Summary

The Centre for Clinical Effectiveness (CCE) is an evidence-based practice support unit within Southern Health. The role of the Centre is to encourage and support health professionals, managers and policy makers to use methods of evidence based practice to improve healthcare.

The purpose of this evaluation is to determine how effective the Centre for Clinical Effectiveness has been in achieving its goals as outlined in the 2007-2009 CCE Strategic Plan; and to explore future opportunities and directions for CCE within Southern Health. This evaluation has been conducted by internal staff using interview and survey methods with 68 Southern Health staff participating. Document analysis of three consecutive CCE annual activity reports also contributed to the evaluation.

Evaluation Findings

CCE processes to support Southern Health staff in evidence-based decision making

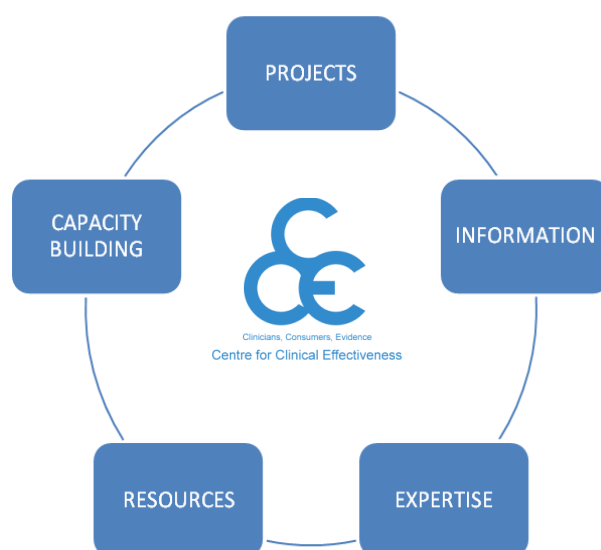
CCE had multiple processes to support different staffing groups and individuals within and outside Southern Health in evidence-based decision making during 2007-2009.

These involved CCE staff working on **projects** that use an evidence-based change model, providing the best available **information** to support healthcare decisions, providing **expertise** to individuals, working parties and committees on how to use evidence in decision-making, developing **resources** to support clinicians in evidence-based practice, and **increasing staff capacity** through training and education.

Achievement of CCE goals

CCE goals were to:

1. Support organisations and individuals in achieving clinical effectiveness
2. Provide education and training in skills for clinical effectiveness
3. Undertake research to understand and enhance processes of clinical effectiveness
4. Sustain CCE operations



The evaluation identified that substantial work was undertaken by CCE during 2007-2009 towards the achievement of all these goals. The CCE team supported both Southern Health staff and external organisations (including local, state, national and international) in evidence-based practice and clinical effectiveness, through all of its processes. The achievements of CCE during 2007-2009 included:

- Completion of 28 systematic reviews,
- Publication of 15 peer reviewed papers,
- Development of three evidence-based guidelines,
- Participation on 21 different committees, advisory groups or expert panels (9 internal, 12 external),
- Distribution of CCE resources to over 100 different external stakeholders (local, national and international),
- Provision of 19 training events (related to principles of evidence-based practice, guideline development, implementation and evaluation, and evidence-based change processes), and
- Presentations at 15 international and national conferences, and 11 other healthcare settings.

CCE's work in developing evidence-based guidelines in the Health for Kids project, and its participation on the Southern Health Technology and Clinical Practice Committee (TCPC) received both internal and external recognition for best-practice excellence. CCE staff and key informants highlighted the significance of this work in "directly influencing decisions and outcomes" and the use of evidence-based practices at Southern Health.

The recognition of CCE as a centre of excellence in evidence-based practice appears evident from the number of requests from staff within Southern Health and from external organisations seeking CCE staff involvement, support and/or advice. However, the evaluation revealed that the influence of CCE on clinical effectiveness across Southern Health maybe confined to small pockets of staff and specific program/service areas who have been involved in CCE processes over past years.

Several CCE staff expressed the view that *“we still don’t have a culture of evidence-based decision making”* at Southern Health. These staff felt that the use of evidence varied significantly between different Southern Health committees and clinicians, with evidence used to inform some decisions and in other instances to confirm or defend decisions already made.

During 2008, CCE’s work focus was redirected into two key Southern Health projects: the Sustainability in Healthcare by Allocating Resources Effectively (SHARE) project, and the development of an evidence-based Policy and Procedure Framework. This resulted in a reduction of evidence-based practice training provided to Southern Health staff. During this time, several external stakeholders offered additional funding for CCE to provide its evidence-based practice training to staff outside of Southern Health. The ability of CCE to attract funding from external stakeholders enabled additional staff to be recruited to the CCE team and additional evidence-based practice support to be provided to staff at Southern Health and many external organisations.

During 2007-2009 CCE maintained many formal and informal links with external organisations, and hosted several interstate and overseas visitors. CCE also partnered with the Australasian Cochrane Centre to provide the Transport Accident Commission and Worksafe Victoria (TAC/WSV) Evidence Service; and participate on the National Health and Medical Research Council (NHMRC) Guidelines Assessment Register (GAR) Panel.

CCE undertook small research activities through the projects it managed and supported. Research undertaken through the SHARE project during 2009 included the:

- Completion of a systematic review on the implications for disinvestment in an Australian health service,
- Exploration of Southern Health projects and processes that allocated resources to technologies or clinical practice,
- Methods for needs analysis, project mapping and decision mapping, and
- Design and piloting of an Evidence Dissemination Service (EDS) for clinicians.

CCE’s operational focus during 2007-2009, included methodologies, skills, financial viability, partnerships, CCEs profile and the sharing of CCE knowledge. Whilst these appear to have all contributed to the operational success of CCE during this time, several of these were also identified as key challenges, and areas of improvement for CCE over the coming years.

Stakeholder satisfaction

Key informants stated that CCE work was *“respected”* and *“recognised as high quality products”* by many Southern Health staff. However, it is difficult to make any overall judgment regarding whether CCE’s products or services met stakeholder needs during 2007-2009, as many CCE feedback processes were informal or collected stakeholder satisfaction with non-comparable measures across different activities.

CCE staff did recall receiving positive verbal feedback from various Southern Health staff and external stakeholders during project consultative processes, which was often related to CCE training programs or CCE resources. The repeated requests that CCE received for training and support from stakeholders does also imply some degree of stakeholder satisfaction. Feedback obtained from 67% (12/18) of Southern Health staff who participated in the Allied Health Capacity Building training program, demonstrated 95-100% satisfaction in relation to the sessions meeting participant needs, the subject matter and content, the effectiveness of the educational methods used, and the opportunities for interaction and discussions. Of the nine Evidence Reviews produced by CCE during 2009, 33% (3/9) of Southern Health staff provided feedback. All three expressed satisfaction with the format of the Evidence Review; two staff rated the time taken from request to delivery of report as very good, and one as satisfactory. Communication by CCE staff was also rated as excellent by two staff and very good by one staff member; and all three staff stated that they would use the CCE Evidence Review service again, and recommend it to others.

Key informants perceived that some senior staff at Southern Health *“struggle quantifying value in some of the conceptual work that CCE gets involved in”*, and view CCE’s work as being *“very detailed and at times too academic”* for practical implementation in the organisation. These comments were raised in relation to CCEs work in the SHARE project and the Policy and Procedures Framework.

Southern Health staff knowledge and skills in evidence-based practice

An intention of this evaluation was to explore whether CCE had contributed to improved staff knowledge and skills in evidence-base practice. Of the twenty-two senior leadership team (SLT) staff who had accessed one or more CCE products and services during 2007-2009, all reported that their level of knowledge and skills in evidence-based practice had improved. Ten individuals rated a moderate to significant improvement. Conversely, of the 31 SLT staff who stated not to have accessed any CCE products or services over this time, reported no difference to their knowledge in evidence-based practice.

The ability of CCE to effectively support only small pockets of staff, as previously mentioned, may be a contributing factor to why several CCE staff and key informants held a view that many Southern Health staff “do not understand what evidence-based practice is”.

Staff feedback (12/18) following the CCE Allied Health training programs illustrated an average of 70% - 75% of staff reporting increased confidence in different aspects of evidence-based practice, and increased confidence assessing published articles. It is evident from these results that when staff access CCE products and services, there is a noticeable transfer of knowledge and skills in evidence-based practice.

Key challenges during 2007-2009

The key challenges identified for CCE during 2007-2009 were most relevant to the goal of sustaining CCE operations.

Managing the diverse workload and balancing competing stakeholder demands, with a fluctuating and small team of highly skilled staff, and a small operating budget was identified as the key challenges for CCE, both past, and for the immediate future. The following strategies were implemented during 2007-2009 to address these challenges:

- Externally funded evidence-based practice activities
- Limitations to the amount of project support available
- Temporary suspension to systematic review requests
- Staff exchanges between CCE and the Australian Cochrane Centre
- Creation of a new Senior Evaluation Consultant position
- Development of a career structure and training program for junior CCE staff

Enhancing CCE support to Southern Health staff

The evaluation also sought feedback on ways to enhance CCE’s support to Southern Health. Individual comments are discussed in more detail in the evaluation report, and have been grouped together to support the following improvement recommendations:

- Improve staff awareness of CCE across Southern Health
- Increase staff availability and access to CCE products and services
- Develop new and innovative evidence-based practice resources and training
- Integrate CCE into more key decision making areas of Southern Health

The following recommendations have also been developed for consideration as a result of the evaluation findings to strengthen CCE’s effectiveness and sustainability:

- Establish CCE work priority criteria
- Explore different funding models and funding opportunities for CCE
- Develop a CCE workforce succession plan
- Implement a CCE monitoring and evaluation framework

Introduction

The Centre for Clinical Effectiveness (CCE) is an Evidence-Based Practice Support Unit. CCE was established in 1998 within Southern Health, which is the largest health service in Victoria delivering primary, secondary and tertiary services to a population of more than 800,000 people.

The role of the Centre is to encourage and support health professionals, managers and policy makers to use the best available evidence to improve healthcare. CCE provides a range of evidence-related services to the staff of Southern Health and to other external agencies.

CCE provides information, expertise and resources to assist health service personnel in getting evidence from research into everyday clinical practice and evaluating the effect on patient care. This includes clinical decisions made between health professionals and patients (evidence-based practice); organisational decisions made by managers, policy makers and health service consumers (evidence-based decision-making); and the introduction of new methods of practice or models of care through evidence-based change processes.

The goals of CCE as outlined in its 2007-2009 Strategic Plan are to:

Goal 1: Support organisations and individuals in achieving clinical effectiveness through:

- Projects
- Information
- Expertise
- Resources
- Capacity building

Goal 2: Provide education and training in skills for clinical effectiveness

Goal 3: Undertake research to understand and enhance processes of clinical effectiveness

Goal 4: Sustain CCE operations by addressing the following:

- Methodologies
- Skills
- Financial viability
- Partnerships
- Profile
- Sharing our knowledge

Background

The Centre for Clinical Effectiveness is situated within the Southern Health organisational structure under the Executive portfolio of Medical Services and Quality. The Director of CCE reports directly to the Executive Director of Medical Services and Quality, and has operational support from the Director of Medical Services.

The role of CCE has changed over time to meet advances in Evidence Based Practice methodologies and changing organisational priorities. The CCE Evidence Service undertakes systematic reviews for staff and provides support with evidence-based clinical practice. Over the past few years staff and funding limitations has contributed to a reduced capacity of CCE to support all staff requests and has lead to a reduction in Evidence-based Practice (EBP) education and training. The focus of CCE's work shifted to more organisation-wide priority areas during 2008-2009.

In July 2009, a Senior Evaluation Consultant was appointed within CCE to establish the Southern Health Evaluation Service. This new position expanded CCE's capability to support Southern Health staff in planning, participating and conducting evaluations of new and existing projects, programs and services. The CCE Evidence Service and Evaluation Service have complementary roles in supporting Southern Health staff to use evidence to inform their decision making.

It is also important that CCE evaluates its own activities to ensure that the products and services it provides to staff are appropriate and effective. This evaluation is being conducted at the completion of the CCE Strategic Plan (2007-2009), and will be used to assess CCE processes over this time, and inform the next strategic direction for CCE.

Evaluation Approach

The purpose of this evaluation is to:

- Determine how effective CCE has been in achieving its goals
- Explore future opportunities and directions for CCE within Southern Health

The appointment of the Senior Evaluation Consultant at Southern Health provided the opportunity to conduct a small-scale internal evaluation of CCE with minimal expense.

Internal stakeholders engaged in the evaluation included CCE staff, Southern Health staff on the Senior Leadership Team, and staff who have requested Evidence Reviews from CCE during 2009. An Evaluation Framework and Plan was drafted and presented to CCE staff for approval prior to the evaluation commencing.

Key Evaluation Questions

The following key evaluation questions provide the focus for this evaluation:

1. What CCE processes support Southern Health staff in evidence-based decision making?
2. Have the activities and projects undertaken by CCE staff contributed to the achievement of the CCE goals outlined in the CCE Strategic Plan (2007-2009)?
3. Do CCE products and services meet staff needs?
4. Has CCE contributed to improved staff knowledge and skills in evidence-base practice?
5. What have been the key challenges for CCE during 2007-2009, and what strategies have been implemented to address these?
6. What opportunities exist to enhance CCE support to Southern Health staff with evidence-based decision-making over the next 2-3 years?

Data collection methods

Multiple data collection methods were used for data triangulation and validity purposes. These included document analysis of CCE Activity Reports, interviews with CCE staff and key informants, an online survey to staff who requested and received Evidence Reviews, and a short survey to staff on the Southern Health Senior Leadership Team.

Document analysis

- CCE staff complete monthly activity reports which informs the annual CCE Activity Report, which is presented to the Executive Director Medical Services and Quality. The 2007-2008 and 2008-2009 and 2009-2010 Activity Reports contain a large amount of information about CCE activities. These documents, along with the CCE Strategic Plan (2007-2009), were analyzed as part of this evaluation.
- A quantitative summary of CCE products and services for 2007-2009 is also presented in an indicator set modified from Sullivan et. al 2007, Guide to monitoring and evaluating health information products and services¹ (Appendix 1).

Engagement of Southern Health staff

- CCE staff interviews were conducted (n=10) using the schedule outlined in Appendix 2. Staff consisted of nine current CCE staff including the Director of CCE, and one past staff member who had left Southern Health a few weeks prior to the evaluation commencing. This particular staff member was included in the interview process given their six years recent experience at CCE.
- Key informant (KI) interviews were held with the Executive Director of Medical Services and Quality, and the Director of Medical Services (n=2) using the schedule also outlined in Appendix 2. This purposeful sampling was conducted given the direct reporting responsibility of CCE to these two positions at Southern Health.

¹ T Sullivan, M Strachan, B Timmons, USAID, Guide to monitoring and evaluating health information products and services (2007, p10).

- A short survey in the form of a participation postcard (Appendix 3) was sent to all Southern Health Senior Leadership Team (SLT) staff (n=101), and a response rate of 52% (n=53) was obtained. SLT staff were all sent the survey via the internal mail with an additional internal envelope with return address details, and a reminder email was sent to all SLT staff prior to the completion date.
- An online survey (Appendix 4) was developed using Survey Monkey software and was emailed to nine Southern Health staff who have requested Evidence Reviews during 2009. Follow up reminder emails were also sent, and a 33% response rate was obtained (n=3).

Limitations

The evaluation scope has been restricted to internal stakeholders only, and the data collection limited to time efficient mechanisms (eg: small number of face-to-face interviews, an electronic survey to staff on the senior leadership team) due to time and funding constraints. This has meant that feedback from external stakeholders (those outside Southern Health) who have accessed CCE services and/or products have not been included in this evaluation. Individual Southern Health staff who accessed CCE products and services during 2007-2009 were also not identified and included in this evaluation.

The SLT was selected as a suitable group of staff to engage in the evaluation as it represents a cross-section of Executive Directors, Directors, Managers and senior staff from across Southern Health. However, it should be acknowledged that this group consists of clinical and corporate staff, not all of whom may have a need to access CCE products and services.

Staff requesting Evidence Reviews during 2007-2008 were not included, as it was felt that this type of retrospective feedback would be difficult to obtain given staffing changes over the past two to three years.

The findings presented in this evaluation report should be interpreted with the limitations outlined.

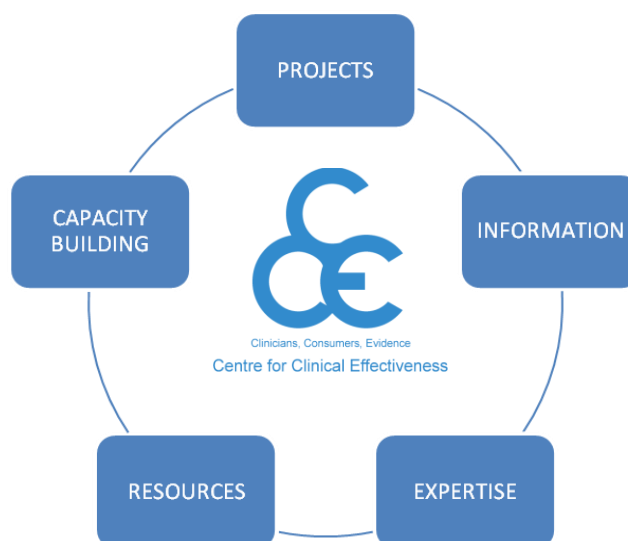
Evaluation Findings

The evaluation findings are presented under each of the key evaluation questions.

What CCE processes support Southern Health staff in evidence-based decision-making?

CCE has multiple processes in place to support different staff groups and individuals across Southern Health become aware of and use evidence in decision-making (figure 1). These involve CCE staff working on projects that use an evidence-based change model, providing the best available information to support healthcare decisions, assisting individuals, working parties and committees to use evidence in decision-making, developing resources to support clinicians in evidence-based practice, and increasing the capacity for clinical effectiveness in the healthcare workforce.

Figure 1: CCE processes that support evidence-based decision-making



Projects

- CCE undertakes projects that support clinical effectiveness and evidence-based decision-making, and provides project support to other Southern Health staff in using the evidence-based change model (Appendix 5).

Information

- CCE provides the best available information to support healthcare decisions within Southern Health by undertaking systematic reviews to find, appraise and synthesise research evidence and evidence-based clinical practice guidelines.

Expertise

- CCE provides expertise, advice and assistance to individual staff, working parties and committees within Southern Health to use evidence in decision-making, integrate consumer views and perspectives into decision-making, and undertake any aspect of the model of evidence-based change model.
- CCE provides strategic advice to Southern Health on opportunities for developing and extending evidence-based practice.

Resources

- CCE develops resources such as toolkits and workbooks to support clinicians in evidence-based practice.

Capacity building

- CCE provides opportunities to increase capacity for clinical effectiveness in the Southern Health workforce through a number of different education and training, and support opportunities.

Have the activities and projects undertaken by CCE staff contributed to the achievement of the CCE goals?

The main activities and projects undertaken by CCE staff during 2007-2009 are discussed in this report under the relevant CCE goals. Figure 2 illustrates the CCE goals as outlined in the CCE Strategic Plan.

The CCE annual activity reports also documents in more detail the vast amount of work that has been undertaken by CCE staff towards the achievement of all CCE goals.

Figure 2: CCE Goals



Goal 1: To support organisations and individuals in achieving clinical effectiveness

CCE has supported Southern Health staff and external stakeholders in clinical effectiveness during 2007-2009 through a combination of projects, information, expertise, resources and capacity building activities. The roles and responsibilities of CCE staff on different activities vary between project management, service provision and advisory.

Support to Southern Health staff

CCE completed 17 Evidence Reviews (standard systematic reviews, methodology including comprehensive literature searches, data extraction and critical appraisals) and 12 Rapid Reviews for Southern Health staff. Rapid Reviews have a 24-48 hour responses and consist of a limited search and presentation of findings without appraisal.

CCE staff participated on nine different project committees or advisory groups, and had project management responsibilities for three large projects (Health for Kids, Sustainability in Healthcare by Allocating Resources Effectively (SHARE) project and the development of the Evidence-based Policy and Procedure Framework). During 2007-2009 CCE staff also advocated for evidence-based practice and provided advice and expertise on evidence-based decision making at various Southern Health forums including: Strategic Planning consultations, Accreditation preparation, Senior Leadership Team meetings, operational committees and clinical meetings.

CCE has its own Internet pages which are linked to the Southern Health Internet site which provides Southern Health staff and external stakeholders with information, documents, links and resources about evidence-based practice. The following CCE workbooks were produced during 2007-2009 and made available to all staff via the CCE website:

- Evidence-based answers to clinical questions for busy clinicians
- Finding the evidence: Guide to the best available evidence to support introduction of New Technologies and Clinical Practices

The main areas of CCE work within Southern Health during 2007-2009 included the:

- Development of Evidence-based Guidelines for enteral feeding in premature infants in Newborn Services
- Development and implementation of the Sustainability in Healthcare by Allocating Resources Effectively (SHARE) project
- Development of an Evidence-based Policy and Procedure Framework
- Provision of an Evidence Service that provided systematic evidence reviews for staff
- Participation, administration and evaluation to the Technology and Clinical Practice Committee (TCPC)
- Participation on the Therapeutics Committee
- Development and implementation of the Allied Health Clinical Effectiveness Capacity Building Program

- Facilitation of Journal Clubs for staff
- Participation on the Library Advisory Committee
- Project support to individuals and groups of staff
- Clinical Scholars Program in evidence-based practice

Support to external organisations

CCE is also regularly approached by external organisations for advice and support regarding evidence-based practices and clinical effectiveness. CCE completed eleven systematic reviews for external stakeholders, and provided advice and support on numerous activities for external stakeholders during 2007-2009; examples included:

- National Heart Foundation - Absolute Cardiovascular Disease Risk Assessment Guideline development
- Southern Metropolitan Integrated Cancer Services (SMICS) – Evidence reviews
- Transport Accident Commission/Worksafe Victoria - An evidence service
- National Health and Medical Research Council (NHMRC) - Guidelines Assessment Register (GAR) Panel
- Guidelines International Network (GIN) - Methodology Working Party
- Victorian Neurotrauma Initiative - Global Evidence Mapping (GEM) Project advisory group
- Australasian Cochrane Centre (NHMRC Grant) - IMPLEMENT trial advisory committee
- Australasian Cochrane Centre (NHMRC and Wellcome Grant) - SEA-ORCHID project
- Victorian Neurotrauma Initiative - Knowledge Transfer and Exchange Program
- Australasian Cochrane Centre (NHMRC Grant) - IRIS study (Investigating Research Implementation Strategies in the care of people with dementia)
- National Institute of Clinical Studies – Emergency Care Evidence in Practice (Evidence Reviews)
- Monash University School of Public Health and Preventative Medicine - Research Committee
- Health Technology Assessment International (HTAi) - Information Resources Group
- Australian Commission on Safety and Quality in Healthcare – expert panel member
- Medicines Australia - Code of Conduct Monitoring Committee
- Norwegian mental health professionals working group – guideline development and implementation
- Queensland Health – establishing a centre for evidence-based practice, learnings from the CCE model
- Queensland Policy Advisory Committee for new Technology – advice on disinvestment and workshop on Southern Health methods for introduction, monitoring and reporting of new technologies

Goal 2: Provide education and training in skills for clinical effectiveness

The CCE team has extensive experience and expertise in training health service staff on evidence-based practice and clinical effectiveness. To build staff capacity in clinical effectiveness CCE developed, delivered and evaluated numerous workshops, seminars, lectures, masterclasses.

CCE delivered on its intended goal of providing education and training for clinical effectiveness by providing 19 different training events between July 2007 and June 2009 to Southern Health staff and external stakeholders (Table 1).

Table 1: CCE Education and training provided from July 2007 to June 2009

Education and Training	Participants	Dates	Stakeholders
Evidence-based practice for busy clinicians	Paediatric Registrars and Hospital Medical Officers (HMOs)	July and September 2007, and January 2008	Southern Health
Evidence-based decision making: a new way of thinking for systems change in community child health	Victorian Paediatric Training Program in Community Child Health	August 2007 August 2008	External
Developing clinical questions for evidence-based guidelines Using nominal group technique to identify clinical questions for guideline development Pre and post hospital question generation Question generation workshops focusing on issues relevant to acute inpatient treatment of traumatic brain injury	Victorian Neurotrauma Initiative Global Evidence Mapping (GEM) Project participants	August 2007 September 2007 November 2007 and May 2008 September 2008	External
Introduction to evidence-based practice Evidence-based guideline development	SEA-ORCHID project participants Medical fellows Philippines and Indonesian clinicians	August 2007 August and October 2007 December 2007	External
Introduction to the Most Significant Change (MSC) technique	Victorian Public Health Training Scheme Fellows	February 2008	External
Allied Health Clinical Effectiveness Capacity Building Program	Allied Health staff, Acute Program	April – June 2009	Southern Health
Introduction to evidence-based practice	Monash Newborn staff	February 2009	Southern Health
Overview of Health Technology Assessment and Southern Health processes	Queensland Policy and Advisory Committee for Technology	September 2009	External
Teaching in EBP in clinical settings	Melbourne Health	October 2009	External
Publication Guidance and Assistance workshops	University and Hospital in Yogyakarta, Indonesian	October 2009	External
Developing guideline scopes	National PCOS Alliance and Jean Hailes Foundation	November 2009	External

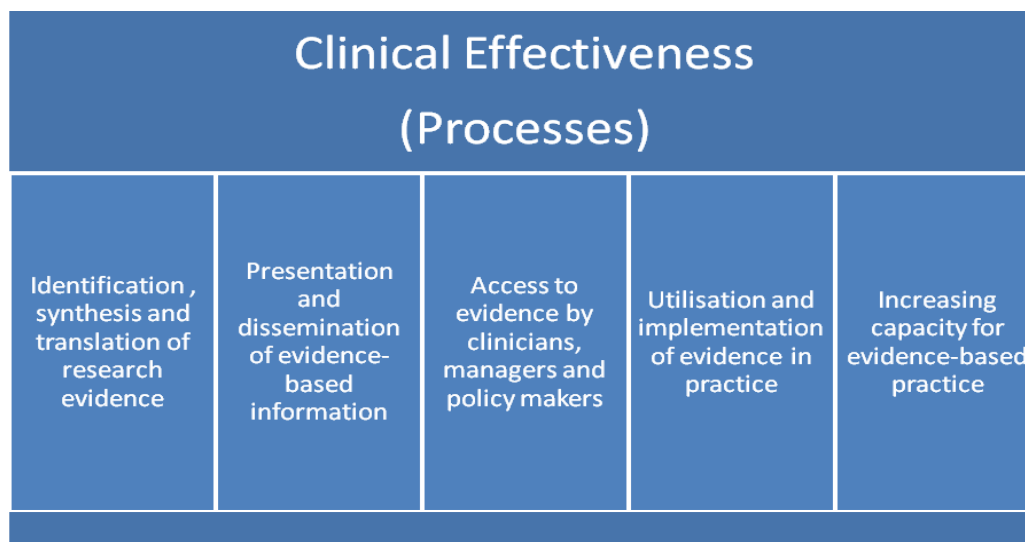
With the focus of CCE's work shifting to more organisation-wide priority areas during 2008-2009, as previously discussed, CCE was directed by Southern Health management to provide minimal evidence-based practice (EBP) education and training from 2008, so that CCE staff could become involved in other Southern Health priorities areas such as the SHARE project and the development of an Evidence-based Policy and Procedure Framework.

Goal 3: Undertake research to understand and enhance processes of clinical effectiveness

Undertaking research that examines and improves processes that support clinical effectiveness was considered an important component of CCE work during 2007-2009. Whilst CCE did not have specified funding during most of this time to undertake specific research regarding clinical effectiveness processes, it has instigated small research activities as part of CCE's internal processes, or through the different activities and projects it provided support to.

The research activities conducted by CCE during 2007-2009 have explored and improved clinical effectiveness processes across the five areas outlined in figure 3.

Figure 3: Clinical Effectiveness Processes



Clinical effectiveness process explored and reviewed by CCE staff during 2007-2009 included:

- The CCE critical appraisal tables used to evaluate and synthesise research evidence,
- The CCE evidence review template,
- Methods to disseminate evidence to clinicians,
- The provision of research to clinicians in crisis settings,
- Effective search strategies for clinical practice guidelines,
- Methods for the development of evidence-based guidelines in hospitals,
- Capacity building opportunities in evidence-based decision making,
- Supporting Southern Health clinical staff to undertake a systematic literature review, and
- Evidence-mapping methodology for the Transport Accident Commission (TAC) Evidence Service.

A key initiative that also supported this goal was the development of a program of research and evaluation of the processes of change related to introduction of disinvestment of health technologies. In 2008 CCE began investigating the concept of 'Sustainability in Healthcare by Allocating Resources Effectively' (SHARE), which has become a three year demonstration project (2009-2011) funded by the Victorian Department of Health.

Research undertaken through the SHARE project during 2009 included the:

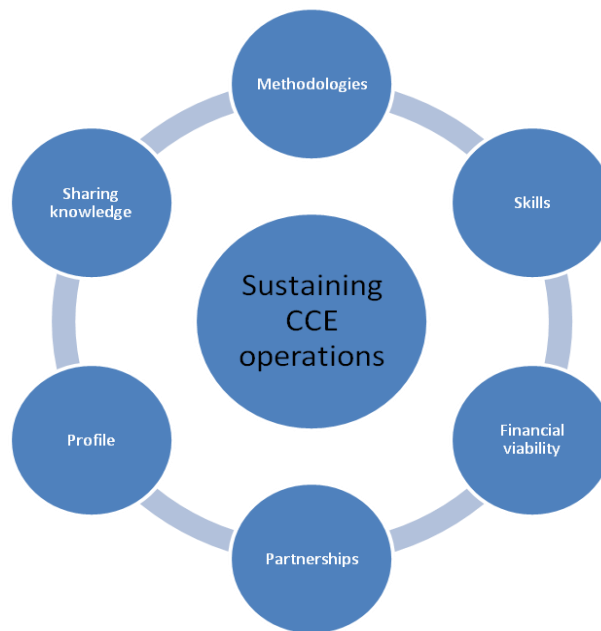
- Completion of a systematic review on the implications for disinvestment in an Australian health service,
- Exploration of Southern Health projects and processes that allocated resources to technologies or clinical practice,
- Methods for needs analysis, project mapping and decision mapping, and
- Design and piloting of an Evidence Dissemination Service (EDS) for clinicians.

This initiative will continue to provide opportunities for further research within Southern Health into processes that support clinical effectiveness over the coming years.

Goal 4: Sustain CCE operations

To enable CCE to function in an effective and efficient manner, internal systems and processes needed to be developed and operational. Figure 4 outlines the key areas that CCE planned to focus on over 2007-2009 to ensure sustainability of the service.

Figure 4: CCE operational focus



CCE operations were successfully maintained during 2007-2009 as indicated by the volume and diversity of product and service deliverables mentioned throughout this report, and outlined in more detail in the CCE Activity Reports. The following provides a summary of achievements during 2007-2009 for each area:

Methodologies

Significant time was spent during 2007-2009 developing internal consistency practices and ensuring CCE products were of a high quality. A Communications Plan was also developed during 2009, and an annual monitoring and reporting process for this plan would improve its use and value. During 2007-2008 CCE also reviewed and updated templates for evidence appraisals, rapid responses and evidence reports. Staff developed a Style Guide and commenced work on a Governance Framework for CCE.

Skills

The CCE team has extensive expertise and skills in evidence synthesis and evidence-based practice expertise, and the team consisted of nine staff as of June 2009. During 2007-2009 CCE staff were seconded by the Australasian Cochrane Centre to provide part-time assistance on key initiatives.

Maintenance of CCE staff skills was evident with staff attendance at 21 different seminars and workshops and 18 national and international conferences over this time.

Financial viability

CCE received core funding from Southern Health to undertake an agreed set of activities within Southern Health. CCE also received some additional funding from Southern Health Allied Health to undertake EBP capacity building training for Allied Health staff.

CCE received additional funding during 2007-2009 from external stakeholders to provide clinical effectiveness education and training, and funding from the Department of Health to undertake the SHARE project. The ability of CCE to attract this funding from external stakeholders enabled additional staff to be recruited to the CCE team, and a number of other consultancy, training and project work in evidence-based practice to be conducted.

Partnerships

CCE developed and maintained formal and informal links with a number of external agencies during 2007-2009 which enabled mutually beneficial partnerships to establish, contributing to raising the profile of CCE outside Southern Health. During 2007-2009 CCE collaborated with the Australasian Cochrane Centre to provide the Transport Accident Commission and Worksafe Victoria (TAC/WSV) Evidence Service, and participate on the National Health and Medical Research Council (NHMRC) Guidelines Assessment Register (GAR) Panel.

Profile

The Strategic Plan (2007-2009) proposed that CCE would undertake activities to raise its profile, and to raise the profile of Southern Health as a centre of excellence in evidence-based practice (EBP).

CCE activities were promoted in the Southern Health Chief Executive Newsletter seven times and twice in the Southern Health News and in the Southern Health Annual Reports during 2007-2009.

The recognition of CCE as a centre of excellence in evidence-based practice (EBP) appears evident from the number of requests from staff within Southern Health and from external organisations seeking CCE staff involvement, support and/or advice. However, this evaluation has revealed that this perception may well be contained to a relatively small proportion of individuals within Southern Health, and to external stakeholders who have had prior engagement with CCE staff. Staff awareness of CCE is explored further on in this report in relation to areas for improvement.

Sharing knowledge

During 2007-2009 CCE work has been promoted through several internal and external forums including publications, conferences, steering committees and/or advisory groups, and to other health services, organisations. CCE welcomed several individual from overseas or interstate who express an interest in speaking to staff about CCE's work. CCE staff also presented at 15 international and national conferences, and 11 other healthcare settings (outside of Southern Health) during 2007-2009.

CCE produced a range of different documents, resources (workbooks and toolkits), reports, evidence reviews and evidence-based guidelines for Southern Health staff and external stakeholders during 2007-2009, which are made publically accessible available via the CCE internet website, or available to Southern Health staff via the intranet.

Peer reviewed publications remain the 'gold standard' for publishing of learnings, and CCE staff had 15 peer reviewed publications accepted into health related journals during 2007-2009. Details of all the publications including all completed Evidence Reviews, and Evidence-based Guidelines completed by CCE are available in the CCE Activity Reports.

The online survey to staff who requested and received completed Evidence Reviews from CCE during 2009 identified three staff who stated to have shared and disseminated the review information to other Southern Health programs. Dissemination of these reviews occurred through the following committees/units and staffing groups:

- Therapeutics Committee and Adult Oncology Unit medical staff and relevant pharmacy staff
- Emergency, intensive care, respiratory, haematology, cardiology, perfusion services, cardiothoracic
- Allied Health and nursing staff in critical care program

It was also identified that one Evidence Review was also circulated to other Victorian hospitals, and another was published in an international peer reviewed journal (Journal of Critical Care).

Do CCE products and services meet staff needs?

The following were identified as CCE products and services accessible to Southern Health staff and external stakeholders during 2007-2009:

1. Evidence-based answers to clinical questions for busy clinicians
2. Finding the evidence: Guide to the best available evidence to support introduction of new technologies and clinical practices
3. Guideline development toolkit
4. Systematic Reviews and Evidence-based Guidelines
5. Education and training in clinical effectiveness
6. Evidence-based practice consultancy/support (to individuals, to committees/advisory groups etc)
7. Projects that support evidence-based practice and clinical effectiveness
8. Other (published journal articles, presentation at conferences, local events etc)

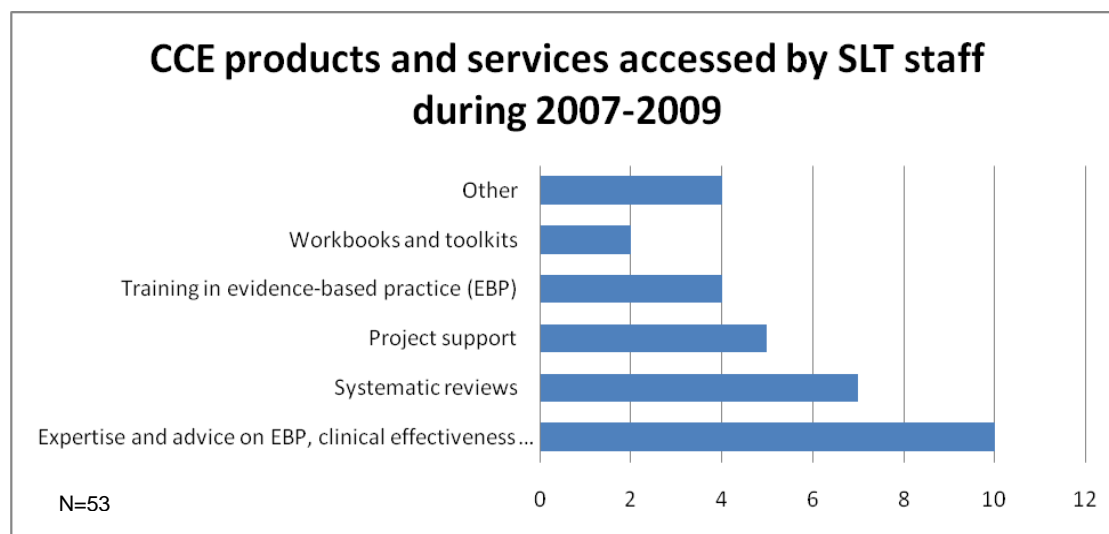
Access to CCE products and services

CCE records information about phone or email requests for CCE resources, and CCE received over 100 formal requests from external stakeholders during 2007-2009 to use its resources in their own training programs or other work.

Data from the Southern Health intranet or internet regarding the CCE homepage or CCE resources downloaded was not available for monitoring purposes; therefore CCE was unable to track access to CCE products from Southern Health staff or external stakeholders via this source over this period of time.

The Senior Leadership Team (SLT) staff survey was able to identify that 22 staff from this particular group of Southern Health staff had accessed one or more CCE products or services during 2007-2009. As Figure 5 illustrates, the majority of these staff accessed expertise and advice on evidence-based practice, clinical effectiveness or evaluation; or requested a systematic review, and only a small number accessed CCE workbooks or toolkits or evidence-based practice training.

Figure 5 – CCE products and services accessed by Senior Leadership Team staff



Other includes: Information about Journal clubs, ACHS Accreditation, general discussion and attendance at meetings

Stakeholder feedback

This evaluation intended to determine if CCE products and services met the needs of Southern Health staff. Given the limitations previously outlined, the evaluation scope was not able to be extended to ascertain if the needs of external stakeholders who accessed CCE products and services were also met. Therefore, the focus of this evaluation will remain on internal feedback from Southern Health staff.

It is difficult to make any overall judgment regarding whether CCE's products or services met stakeholder needs, as feedback process during 2007-2009 were in most instances informal and opportunistic. No consistent process to gathering feedback on CCE products and services had been established to routinely collect feedback from Southern Health staff who had accessed CCE products or services.

CCE staff reported receiving verbal feedback from stakeholders as part of consultative processes within different projects and/or activities they were involved in, but this was not collected or recorded in any formal evaluative manner. Some feedback from Southern Health staff following the Allied Health Capacity Building training program was obtained and documented in the evaluation report for this particular program. Twelve staff provided feedback with 95-100% of them stating they were satisfied that:

- The session was relevant to their needs
- The subject matter and content was interesting
- The educational methods used were effective
- There was adequate opportunity for interaction and discussion

Three Southern Health staff provided feedback via the on-line survey developed as part of this evaluation, regarding the Evidence Reviews produced by CCE during 2009. All expressed satisfaction with the format of the Evidence Review they received. In relation to the time taken to complete the review (from time of request to delivery of report) two staff rated the timing as very good and one staff rated it as satisfactory. Communication between CCE staff and the requesting staff was rated as excellent by two staff and very good by one staff member. All staff stated that they would use the CCE Evidence Review service again, or recommend it to others. The online survey developed and piloted as part of this evaluation (Appendix 3) will be implemented as an ongoing evaluation process to gather staff feedback on all subsequent Evidence Reviews conducted by CCE.

Key informants (KI) were asked how they thought Southern Health staff perceived the work of CCE. Their comments need to be acknowledged as perceptions regarding staff satisfaction, and not direct stakeholder feedback. Both key informants commented that CCE's work was "*respected*" and "*recognised as high quality products*" by most staff. However, one added that some senior staff "*struggle quantifying value in some of the conceptual work that CCE gets involved in*". In particular, some of the recent CCE work in the SHARE project and the Policy and Procedures Framework had been viewed by some Southern Health staff as being "*very detailed and at times too academic*". Whilst acknowledging this was good for design purposes, it was seen as problematic and challenging for subsequent implementation in the organisation. A concern expressed by this key informant was that this type of approach consisted of "*a whole lot of deep thinking which doesn't necessarily produce practical outcomes*". They emphasised the importance for CCE to ensure the products they develop satisfy the requirements of the end users.

Has CCE contributed to improved staff knowledge and skills in evidence-based practice?

CCE contributes to staff knowledge and skills in evidence-based practice through all of its processes (eg: projects, information, resources, expertise and capacity building). However, measuring the degree of improvement to individuals is difficult, as it is impractical to expect to routinely monitor changes in staff knowledge and skills for all CCE products and services accessed by staff.

Staff confidence in applying evidence-based practice

Feedback from the Allied Health capacity building training and education program demonstrated (through pre-post surveys) changes in staff confidence on aspects of EBP, including aspects of assessing a published article. Twelve Southern Health staff completed both surveys and the results are outlined below in Table 2 and 3.

Table 2: Changes in staff confidence in aspects of evidence-based practice

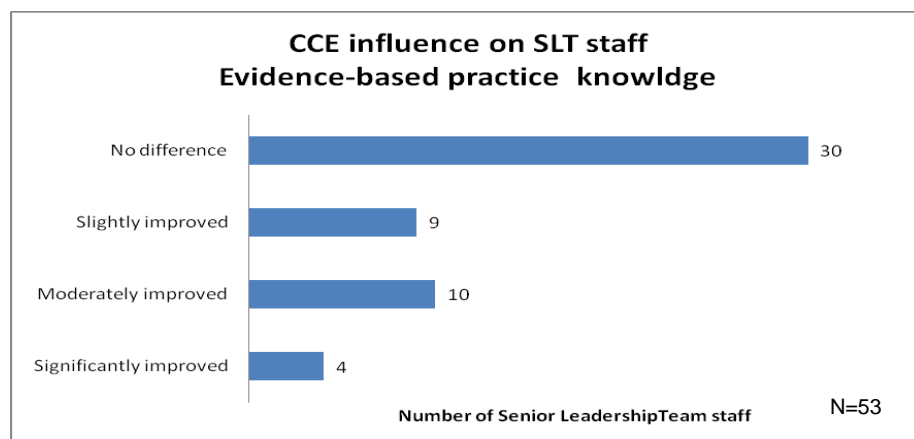
	Increased confidence n (%)	No change n (%)	Decreased confidence n (%)	Total
Searching for evidence	11 (92)	0 (0)	1 (8)	12
Accessing the evidence	10 (83)	1 (8)	1 (8)	12
Appraising evidence	9 (75)	1 (8)	2 (17)	12
Using evidence to make decisions	7 (58)	4 (33)	1 (8)	12
Implementing changes based on evidence	9 (75)	1 (8)	2 (17)	12

Table 3: Changes in staff confidence in assessing published articles

	Increased confidence n (%)	No change n (%)	Decreased confidence n (%)	Total
Study design	9 (75)	1 (8)	2 (17)	12
Influence of bias	9 (75)	2 (17)	1 (8)	12
Concealment of allocation	10 (83)	1 (8)	1 (8)	12
Intention to treat analysis	9 (75)	3 (25)	0 (0)	12
Adequacy of sample size	10 (83)	0 (0)	2 (17)	12
Statistical tests/principles	9 (75)	3 (25)	0 (0)	12
Trustworthiness of an article	8 (67)	4 (33)	0 (0)	12
Relevance to your situation	8 (67)	3 (25)	1 (8)	12

The Senior Leadership Team (SLT) survey also sought feedback as to whether CCE had made any difference to their own personal level of knowledge in evidence-based practice (over the past three years). Twenty three SLT staff reported an improvement in their level of knowledge in evidence based practice (Figure 2), with 22 of the same staff reporting having accessed one or more CCE products or services during 2007-2009.

Figure 6 – CCE influence on Senior Leadership Team (SLT) staff EBP knowledge



The 30 SLT staff (57%) that felt that CCE had made no difference to their EBP knowledge also reported not having accessed any CCE products or services over the past three years. This report is unable to determine whether these staff did not access CCE products or services because their work was not relevant EBP, or they were not aware of what CCE products and services existed.

An overall belief arising from the KI interviewees and CCE staff interviews was that despite the existence of CCE, a majority of staff across Southern Health “do not understand what evidence-based practice is”, and agreed that there is still not “a culture of evidence-based decision making” at Southern Health.

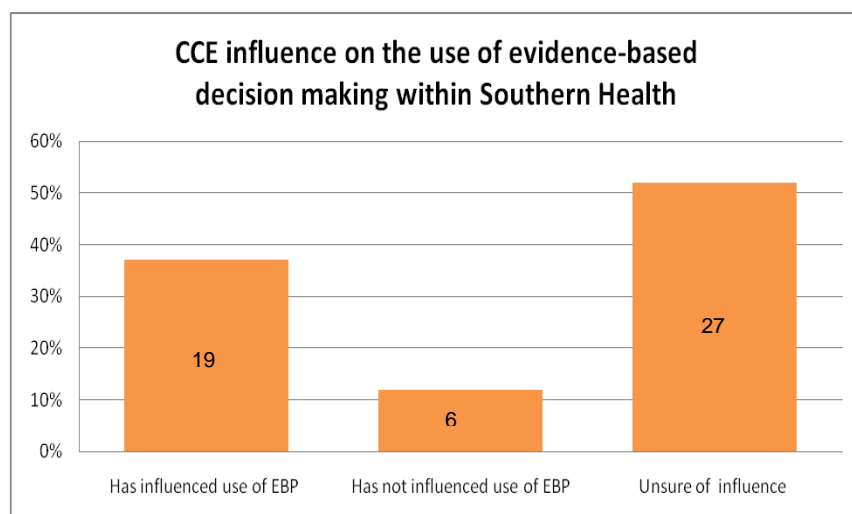
CCE influence on evidence-based decision making at Southern Health

There are numerous examples of where CCE supported individuals and organisations to better understand what constitutes evidence-based practice. However, in the absence of routinely collected data, it is difficult to determine to what degree CCE has influenced the application of evidence-based practice across Southern Health. CCE staff and key informants felt there were “mixed results on whether CCE has been effective” in influencing or enabling organisations to achieve clinical effectiveness through its different approaches. The awareness of evidence may have increased, but the application and use of evidence is said to vary between committees and clinicians. CCE staff stated that evidence is sometimes used to drive a decision, and in other instances it is used opportunistically when it supports a decision that has already been made, and ignored if it is in conflict.

CCE’s involvement with the Technology/Clinical Practice Committee (TCPC) around the establishment of systems and processes for the introduction, monitoring and reporting of technologies and clinical practices at Southern Health was viewed by all CCE staff and key informants as being one of CCE’s best achievements during 2007-2009, where “evidence was welcomed and used, and is now part of the decision-making process”.

The SLT staff survey also provided staff perceptions about whether CCE had influenced evidence-based decision making at Southern Health. The survey found 19 SLT staff who believed that the Centre for Clinical Effectiveness had influenced the use of evidence-based decision making within Southern Health: 27 staff were unsure whether CCE had influenced evidence-based decision making, and six did not feel CCE had made any influence on the use of evidence-based decision making within Southern Health (Figure 7). This uncertainty about CCE’s influence could well have been related to staff not understanding what constitutes evidence-based decision making, or possibility a staff not aware where evidence-based practice had been applied to decision making within Southern Health.

Figure 7 – CCE influence on evidence-based decision making



Whilst there were no clear indicators set to measure influence, areas where CCE work has contributed to processes and practice changes does illustrate several positive outcomes.

There was consistent recognition amongst the key informants and CCE staff interviewed that CCE’s most valuable contribution to evidence-based practice at Southern Health had been its work with the Technology/Clinical Practice Committee (TCPC) and Southern Health Therapeutics where it was felt that the evidence reviews conducted by CCE “were thought of quite highly by clinicians”, and “directly influenced decisions and outcomes”. The work undertaken in the TCPC gained external recognition as was awarded the 2009 Australian Council of Healthcare Standards Quality Improvement Award for Non-Clinical Services.

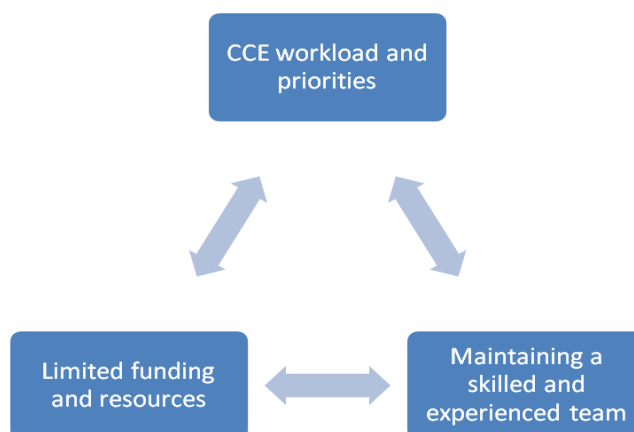
The online survey of the CCE Evidence Service identified that two of the evidence reviews conducted by CCE staff did contribute to subsequent practice changes, one informing the development of a hospital protocol for the management of large pulmonary embolism, and the other relating to the use of an oncology drug.

The Evidence-based Practice Training and the Journal Clubs run by CCE staff were also seen by CCE staff as being highly valuable evidence-based capacity building activities to Southern Health staff. There was also optimism that CCE's recent work on the evidence-based Policy and Procedures Framework (late 2009), would overtime demonstrate "*more real measures*" of influence and effectiveness, and that the SHARE project would also produce some significant outcomes over the next few years.

What have been the key challenges for CCE during 2007-2009, and what strategies have been implemented to address these?

The interviews with CCE staff and the key informants explored the key challenges that CCE experienced during 2007-2009. The challenges identified are illustrated in figure 8 and discussed in more detail below, along with the strategies that have implemented to overcome them.

Figure 8: CCE key challenges during 2007-2009



1. CCE workload and priorities

CCE's work during 2007-2009 was largely driven by organisational priorities, directed by the Executive Director, Medical Services and Quality, and external funders. External stakeholder funding has also enabled additional staff to be employed within the CCE team, and additional work involving evidence-based practice to be conducted. However, several CCE staff made comment during the interviews that the competing demands across CCE's work and the often tight time constraints for completion of tasks were constant challenges for the team.

2. Limited funding and resources

CCE staff and key informants agreed that a significant challenge for CCE was that CCE had "*to compete*" with other programs and services across Southern Health for scarce funding and resources. Resource limitations and the current financial structures in place between CCE and Southern Health were viewed by several CCE staff as "*stifling innovation*" opportunities and restricting the amount and type of activities CCE staff were able to undertake to support staff at Southern Health with evidence-based practices.

3. Maintaining a skilled and experienced CCE team

CCE staff and key informants identified recruiting and retaining a skilled workforce as being a significant challenge for CCE during 2007-2009. During this time there were several staff changes within the CCE team, which reduced the number of staff skilled in evidence synthesis and evidence-based practice expertise. CCE experienced difficulties recruiting suitably qualified and experienced staff during this time, with few applicants with the necessary skills applying for advertised positions. This contributed to an increase in CCE workload on exiting staff, and a reduction in CCE's capacity to take on additional requested work from Southern Health staff and external stakeholders at times during this period. CCE declined opportunities to apply for or contribute to seven different external projects/initiatives, and several Southern Health evidence review requests due to this ongoing challenge.

Strategies to address key challenges

The following strategies were implemented during 2007-2009 to address the challenges outlined above:

- External stakeholder activities were accepted as the funding enabled growth in the CCE team EFT
- The CCE project support request template was modified to include Program or Executive Director authorisation for request approval
- The amount of project support offered by CCE staff was reduced to two one-hour consultation sessions per project
- CCE temporarily suspended the Evidence Service from conducting systematic reviews for Southern Health staff whilst other work priorities were completed
- CCE seconded staff from the Australian Cochrane Centre (ACC) to support some of its work requests during 2007-2009
- CCE replaced two departing staff with five new staff, and established a new Senior Evaluation Consultant position to develop the Southern Health Evaluation Service
- A CCE career structure and training program for junior staff was being developed to attract and support new and future staff

What opportunities exist to enhance CCE support to Southern Health staff with evidence-based decision making over the next 2-3 years?

The evaluation sought feedback from CCE staff, key informants and SLT staff on how CCE could increase its level of support to Southern Health staff with evidence-based decision making over the next 2-3 years. Staff comments have been discussed and grouped under four main areas, which then inform several of the evaluation recommendations.

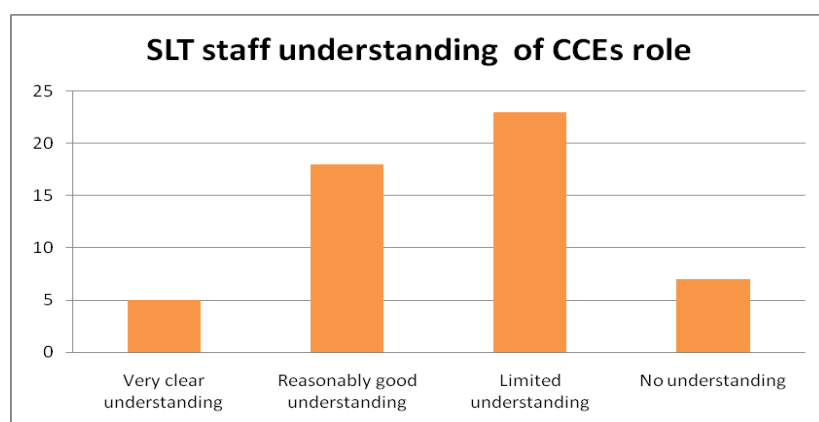
1. Staff awareness of CCE

As previously discussed, Southern Health staff awareness of CCE products and services appears to be contained to those that have had previous evidence-based practice support from CCE staff, or staff who have been on committees or working groups where CCE representatives have also participated.

Most CCE staff held a view that: *“only a small percentage of Southern Health staff know that we exist”*. Other CCE staff member comments included: *“a lot of people don’t know that we exist at all”*, and *“a lot that have heard of CCE don’t really know what we do”*. CCE staff explained that some areas within Southern Health would have a good understanding of the role of CCE; these would include the Monash Children’s program because of the Health for Kids project, the Paediatric Evidence Service, and journal clubs for different staffing groups. One key informant advised that CCE needed to *“maintain enough visibility and perception of value to continue to be funded”*. They commented that CCE was a *“small isolated unit”* which created a risk to its sustainability, particularly if the current senior management changes were to occur at Southern Health.

Although staff have access to information and resources from numerous sources within Southern Health (as previously outlined), the SLT survey findings also found that 30 SLT staff (57% of SLT respondents) had limited or no understanding of the role of the Centre for Clinical Effectiveness within Southern Health, and only five SLT staff stated having a very clear understanding of CCE’s role (figure 9).

Figure 9 – Senior Leadership Team (SLT) staff understanding of CCE’s role at Southern Health



Whilst these figures only represent a small cross-section of Southern Health staff, it does raise the question of how well other staff across the organisation understand CCE’s role.

The need to improve staff awareness and understanding of what CCE does and what the service can offer to support staff was recommended by 52% of SLT staff (n=15). Both key informants and CCE staff supported the need for a “*bigger profile*” and “*greater visibility*” of CCE across Southern Health. Improved awareness of the service to staff in particular areas of Southern Health was also identified; these included clinical and non-clinical areas, medical staff, and bedside staff. One staff member felt that CCE needed to “*communicate better with medical staff*” stating that: “*most have no idea CCE even exists*”.

One SLT staff mentioned the need to share CCE evidence reviews with other staff, and make them more widely available to other health services. Completed evidence reviews are currently available on the CCE internet site and therefore publically available. This comment supports the need for additional communication and promotion of CCE’s work to Southern Health staff and external stakeholders through different mechanisms.

Two CCE staff and one key informant also considered CCE geographically distant from other Southern Health staff, by the nature of being located in the previous Monash Institute Health Science Research (MIHSR) building. These staff also stated that some Southern Health staff see CCE as part of Monash University or the Australasian Cochrane Centre, rather than Southern Health. One key informant commented that: “*the thing that makes CCE unique is the translation into practice*” and that this may be misunderstood by staff given the location of CCE staff, and the collaborative arrangements with academic research organisations.

2. Availability and access to CCE support services

Availability and access is a critical factor to enabling CCE to influence the use of evidence-base practice within Southern Health. The timely provision of completed and comprehensive evidence reviews is crucial in supporting clinical and non-clinical staff to adopt evidence-based decision making practices across Southern Health. However, these are also reliant on workload, workforce, and funding and resources; which were identified as the three key challenges experienced by CCE during 2007-2009 (as previously outlined). The comments provided below by SLT staff suggest that availability and access to CCE services was clearly affected by these challenges during this time.

Four SLT staff identified the need to increase availability and access to CCE services; this included: “*increased availability and access to undertake systematic reviews and advise on evidence based practice*”, and the provision of “*more support/data for non acute based services*”. Two SLT staff mentioned the length of time often taken by CCE to complete some of the evidence reviews staff had requested. One commented that: “*If a request is made it can take a long time...therefore we do searches ourselves*”. Both key informants also mentioned that the level of complexity and detail of the work produced by CCE had on occasions conflicted with the need for timely and practical application of the evidence-based information to Southern Health staff and clinicians. One commented that CCE needed to have a better balance between developing “*rigorous processes*” and the need of clinicians to have things in “*a timely manner*”.

New strategies need to be explored to address the availability and access issues currently restricting CCEs operating capacity and ability to adequately support and influence evidence-based practice across more areas of Southern Health. Workload, workforce, and funding and resources remain fundamental to this exploration and will also need to be taken into consideration.

3. Development of new and innovative evidence-based practice resources and training

Three SLT staff identified the need for more helpful tools to be available on the intranet, with one suggesting the development of possible e-learning tools. Training staff from other health services to become Evidence Officers similar to a ‘community of practice’ model was also raised by a CCE staff member as a possible opportunity to obtain funds for additional capacity building activities. Applying for funding from external sources, to develop on-line training was also suggested by others.

4. Integration of CCE across key decision making areas

Four SLT staff identified the need for improved integration of CCE across areas of Southern Health where business decision-making, and service planning and evaluation occur. One SLT staff commented on the need for CCE to be integrated into “*mainstream activities*”, and the “*need to connect at the operational level*” as CCE current CCE work was perceived as being too distant from the practical level. Several CCE staff also commented on feeling distant and “*so far removed*” from what goes on in Southern Health.

Opportunities to enhance CCEs support role by having CCE staff work more directly with Southern Health staff, and become more “*connected*” and integrated with staff in different clinical settings should be further explored. Identifying key decision-making processes within Southern Health and investigating opportunities to build EBP within each process should also be considered.

Conclusion

This evaluation has identified substantial work undertaken by CCE during 2007-2009 towards the achievement of all CCE goals outlined in the CCE Strategic Plan (2007-2009). The CCE team has supported many Southern Health staff and external organisations (including local, state, national and international) in evidence-based practice through its different processes.

The awareness of CCE by external stakeholders was clearly evident with CCE's representation on external committees, advisory groups or expert panels, training requests, and presentations at conferences and workshops. External reach was notably greater than within Southern Health for the same support services, and this difference may have contributed to some of the evaluation findings outlined below in Table 4.

The key findings discussed in this evaluation report are presented in the table below and linked to recommendations to address the issues identified, and strengthen CCE's ability to support and influence the application of evidence-based practice in decision making within Southern Health in the future.

Greater availability and access to CCE products and services may assist with improving staff awareness of CCE; and the possible application of evidence-based decision making more widely across Southern Health. However, these will be extremely difficult to achieve until new solutions to funding limitations are explored and implemented.

Table 4: Summary of findings and recommendations

Key Findings	Recommendations
The nature and scope of CCE's work during 2007-2009 was extensive, and at times contributed to heavy workloads and competing priorities on the small CCE team.	Establish work priority criteria based on CCE staffing capacity.
CCE experienced constant challenges recruiting and retaining enough appropriately skilled staff to support all requests.	Develop a CCE workforce succession plan.
Funding and resource limitations restrict the ability of CCE to meet all stakeholder requests for evidence-based practice support. Southern Health staff want greater availability and access to CCE products and services.	Explore different funding models and funding opportunities for CCE.
Perception that Southern Health does not have a 'culture' of evidence-based practice.	Explore further integration of evidence-based practice processes into key decision making areas of Southern Health.
Awareness of CCE products and services is limited to a small number of staff across Southern Health.	Develop a communication and marketing plan to actively promote CCE's work to Southern Health staff.
Overall satisfaction with CCE products and services is difficult to determine, given current CCE feedback processes are often informal or inconsistently collected.	Development feedback mechanisms to collect stakeholder satisfaction for all CCE products and services.
Limited evidence exists regarding the effectiveness of CCE processes on the application of evidence-based practices across Southern Health.	Implement a CCE monitoring and evaluation framework.
Perceived staff confusion about what evidence-based practice is.	Develop new and innovative evidence-based practice resources and training for staff.

Appendices

Appendix 1: Modified indicator set for CCE products and services

CCE Products:

1. Evidence-based answers to clinical questions for busy clinicians
2. Finding the evidence: Guide to the best available evidence to support introduction of new technologies and clinical practices
3. Other (includes: published journal articles, conference presentations)

CCE Services:

4. Systematic Reviews
5. Education and training in clinical effectiveness
6. Evidence-based practice consultancy/support
7. Projects that support evidence-based practice and clinical effectiveness

Indicator set	2007 - 2009	Comments
REACH		
Number of CCE product downloaded from internet site		N/A
Number of systematic reviews completed for Southern Health staff	17	
Number of systematic reviews completed for external parties	11	
Number of rapid reviews completed for Southern Health staff	12	
Number of project support consultations for Southern Health staff	24	
Number of project support consultations for external stakeholders	5	
Number of training programs for Southern Health staff	3	Allied Health, Monash Newborn Paediatric registrars and HMOs
Number of training programs for external stakeholders	16	
Number of Southern Health staff attending training programs	26	Allied Health
Number of projects underway with project management role	3	Health for Kids, SHARE, PPF
Number of evidence based guidelines developed	3	
Number of peer reviewed publications	15	
Number of presentations at external conferences, workshops	26	
Number of presentations at conferences, workshops within Southern Health	5	SH Research Week, Allied Health Patient Quality and Safety Committee, General Medicine, SH Chief Executive forum
USEFULNESS		
Number of users who are satisfied with CCE products	12	Recorded for Allied Health training
Number of users who rate the content of a product as useful		N/A
Number of users who report knowledge gained from a CCE product or service		N/A
Number of recognition awards given to a CCE product or service	2	Health for Kids Guidelines, TCPC
Number of products or services generating additional income for CCE	6	Health for Kids, TAC Evidence Service, SHARE, SMICS, PCOS, NHMRC expert panel
USE		
Number of times CCE products are requested or used in other settings	103	
Number of users using CCE products to find evidence to support decision-making		N/A
COLLABORATION & CAPACITY BUILDING		
Number of external committees, expert panels with CCE participation	12	Victorian Neurotrauma GEM project and knowledge transfer program, Research Committee – Monash University, IRIS study, NHMRC expert panel, Aust. Commission on Safety and Quality in Healthcare, MISHR, VPACT, NICE, Health Libraries Inc. HTAi Information Resources Group, Medicines Australia Code of Conduct Monitoring Committee
Number of Southern Health committees, expert panels with CCE participation	9	Health for Kids, TCPC, SHARE Therapeutics, JMO checklist, Target Best Care, Evaluation Service Advisory Group, Library Advisory Group, PPF Steering Committee

Adapted from: T. Sullivan, M. Strachan, B. Timmons, USAID, Guide to monitoring and evaluating health information products and services, 2007, p10)

NA = data not available / not routinely collected

Appendix 2: Interview questions for CCE staff and key informants


CCE Evaluation - Interview questions to CCE staff

1. How long have you been working at CCE?
2. How would you describe the Centre for Clinical Effectiveness to staff from other health services?
3. What is your main work at CCE?
4. What difference will your work have to Southern Health?
5. Has your work led to any unintended outcomes? If yes, please explain further:
6. What processes exist between CCE and Southern Health to support staff adopt evidence-based decision-making practices? Have they been effective?
7. Have you received any feedback (formal or informal) from Southern Health staff about CCE's work (positive or negative)?
8. What do you consider the most valuable contributions of CCE over the past 3 years (2007-2009)?
9. What have been the main challenges for CCE over the past 3 years (2007-2009)? How have these been addressed?
10. Do you think CCE has made a difference to clinical effectiveness practices at Southern Health? If so, what examples demonstrate this?
11. What would enable CCE to further influence evidence-based decision making at Southern Health?
12. What are the main challenges for the sustainability of CCE over the next 5 years?
13. Do you have any other comments or recommendations about the future direction of CCE?

CCE Evaluation- Interview questions to key informants

1. How would you describe the Centre for Clinical Effectiveness to staff from other health services?
2. How well do you think other staff across Southern Health knows what CCE does?
3. How do you think Southern Health staff perceive the work of CCE?
4. What do you consider the most valuable contributions of CCE staff over the past 3 years (2007-2009)?
5. Do you think CCE has made a difference to clinical effectiveness at Southern Health?
If so, what examples demonstrate this?
6. What would enable CCE to further influence evidence-based practice at Southern Health?
7. What are the main challenges for the sustainability of CCE over the next 5 years?
8. Do you have any other comments or recommendations about the future direction of CCE?

Appendix 3: Senior Leadership Team survey



PARTICIPATION POSTCARD 'WE VALUE YOUR OPINION'

Southern Health

The Southern Health Evaluation Service is currently conducting an internal evaluation of the Centre for Clinical Effectiveness.

The purpose of the evaluation is to determine how effective the Centre for Clinical Effectiveness (CCE) has been in achieving its operational goals over the past three years (2007-2009). It is also being conducted to explore future opportunities and directions for CCE products and services within and outside Southern Health.

As part of the Southern Health Senior Leadership Team you are being invited to participate in this evaluation.

This participation postcard has been designed to seek feedback on your awareness and interactions with CCE.

We welcome your thoughts on how CCE can improve its support to Southern Health staff in evidence-based practice, clinical effectiveness and evaluation.

1. How well do you understand the role of the Centre for Clinical Effectiveness at Southern Health?

Very clear understanding

Reasonably good understanding

Limited understanding

No understanding

2. What CCE products and services have you accessed over the past three years (2007-2009)?

Expertise and advice on evidence-based practice, clinical effectiveness or evaluation

Systematic reviews

Project support

Training in evidence-based practice

Workbooks and toolkits

Other

None

3. What difference has CCE had on your level of knowledge in evidence-based practice (over the past three years)?

Significantly improved

Moderately improved

Slightly improved

No difference

4. Do you think CCE has influenced the use of evidence-based decision making within Southern Health?

Yes

No

Unsure

5. How could CCE improve its support to Southern Health staff?

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.....

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Please return completed postcards in the internal envelope provided by 23rd July 2010

Thank you for your feedback!

Appendix 4: Evidence Service on-line survey



Evidence Request Service Evaluation

The Centre for Clinical Effectiveness (CCE) provides an Evidence Request Service to support health professionals, managers and policy makers at Southern Health to use the best available evidence to improve healthcare decision-making. The aim of this survey is to gain feedback on the Evidence Request Service provided to you in 2009 by CCE staff.

All information provided will remain confidential and be reported on using non-identifying methods.

Evidence Request Service

*Please indicate which program your Evidence Request came from:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Specialty | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Critical Care |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Continuing Care |
| <input type="checkbox"/> Women's | <input type="checkbox"/> Clinical Support |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Other |

If other (please specify)

* Which healthcare discipline was your Evidence Request relevant to?

- Medical
 Nursing
 Allied Health
 Other

If other (please specify)

Content of the Evidence Review

*Did the Evidence Review assist you in answering your question/s?

- Yes No Partial

If no or partial, please explain what additional information you would have appreciated?

*How would you rate the usefulness of the information provided in the Evidence Review?

- Not at all useful
 Somewhat useful
 Very useful
 Extremely useful

Format of the Evidence Review

*Were you satisfied with the format of the Evidence Review?

- Yes No Partially

If no or partially satisfied, please how the format could be improved?

Timeliness of the Evidence Review

*How would you rate the overall time taken for the Evidence Review? (eg from time of request to delivery of the report)

- Poor
 Satisfactory

- Very Good
- Excellent

Communication with CCE Staff

***How would you rate communication between yourself and CCE staff regarding the Evidence Request?**

- Poor
- Satisfactory
- Very Good
- Excellent

Planned use of the Evidence Review

***Did you share or disseminate the Evidence Review information with other Southern Health Programs or Units?**

- Yes
- No

If yes, who did you share the results with?

***Did you share or disseminate the Evidence Review information to others outside Southern Health?**

- Yes
- No

If yes, please specify?

***Did the conclusion of the Evidence Review lead to any practice change decisions at Southern Health?**

- Yes
- No

If yes, please outline decisions made?

***Were there any challenges or barriers to implementing practice change decisions arising from the Evidence Review?**

- Yes
- No

If yes, please outline the challenges/barriers?

***Would you use the CCE Evidence Review Service again, or recommend it to others?**

- Yes definitely
- Possibly
- No

Your Thoughts

The Centre for Clinical Effectiveness welcomes any suggestions you have for improving the Evidence Review Service. Please provide any additional comments below:

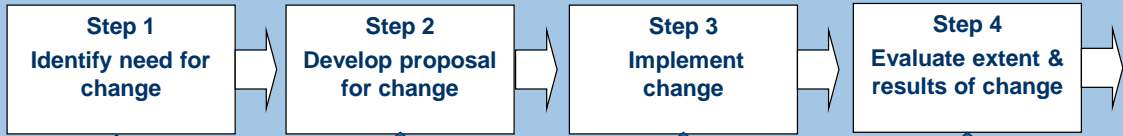
The End

Thank you for taking the time to complete this survey.

If you have any questions about this survey please contact us via email - marie.garrubba@southernhealth.org.au

Evidence-based change process

- A. Apply the principles of evidence-based decision-making
- Seek evidence (research literature, public health data & local information)
 - Consult health service personnel (clinicians, educators, managers, policy makers)
 - Consult consumers (patients, other health providers)



- B. Address systems issues
- Ensure sustainability through structure, skills, resources and commitment
 - Avoid duplication
 - Integrate with existing systems

