

# Recommendations for future programs

The following recommendations are based on the qualitative review of NDHP3.

## Recommendations re program collaboration

The program highlighted that collaboration and communication within and between consortia needs to be actively managed by lead hospitals and the Department.

- Specific communication and collaboration strategies should be formally documented and agreed within two months of commencing a program.

## Recommendations re program dissemination

The following recommendations address the need to refine program dissemination requirements:

- Lead hospital dissemination requirements should be specified and contractually agreed. Contracts should articulate:
  - dissemination activities to be undertaken (for example, major dissemination activity, publication of articles, networks with the Australian Resource Centre for Hospital Innovations (ARCHI))
  - evaluation requirements for dissemination activities, and
  - the percentage of the consortium project management funds to be allocated to dissemination activities.
- A central evaluation of dissemination activities should be conducted. This evaluation would be facilitated by lead hospitals maintaining a common dissemination register.

## Recommendations re collaborating hospital project management

The following recommendations are made to enhance project management in future programs:

- Future programs should be targeted to specific service areas. This would allow the reliability and validity of best practice to be tested, national guidelines to be published and benchmarking activities to be mandated.
- The model should actively promote opportunities for consumer participation and consumer feedback in all projects.
- Collaborating projects should be consistent with the funding allocated to support the project. Project aims and objectives should be achievable and identified with a component of the lead hospital model.
- Future programs should allow at least two years for collaborating projects to be undertaken.
- All participating hospitals should be educated about program expectations at the commencement of a program.

## Recommendations re evaluation of the program

Program outcomes are based on a variety of project-specific evaluation activities. Each project is unique, and the structure and function of projects are only comparable at a broad conceptual level.

The key focus of the evaluation is at a local level. The program evaluation should include both central, consortium and local elements and the central evaluator/s should have a significant role in specifying the core criteria that need to be collected by consortia and local evaluation teams.

- A Program Evaluation Committee should be established to review, make recommendations and approve the program evaluation strategies.
- Evaluation criteria must be contractually agreed.
- A targeted approach to quantitative data collection should be supported. The data set should allow appropriate data to be collected for evaluation purposes.
- A standard evaluation framework should be used by all hospitals. The framework needs to be adaptable to different projects undertaken by a number of hospitals.
- Quantitative and qualitative performance measures need to be included in all evaluation strategies. Both research methods are required to evidence sustainable efficiency gains, consumer/patient participation and satisfaction, stakeholder satisfaction, and acceptance of the model/project.
- Validated evaluation instruments should be used where appropriate.

## Recommendations re evaluation of lead hospital consortium programs

- A Program Evaluation Committee should be established to review, make recommendations and finally approve the lead hospital consortium evaluation strategies.
- The lead hospital should be responsible for the final analysis of the consortium performance.
- The consortium evaluation should include evaluation of the lead hospital's management performance and benchmarking activities.
- Where possible, resources for completing consortium evaluation activities should be aggregated. This will enhance comparability between projects, allow more detailed descriptions of projects, promote economies in developing evaluation methods and instruments and improve benchmarking opportunities.
- Collaborating hospital staff should be consulted in developing the consortium evaluation strategies.
- Lead hospitals should conduct at least one costing study of a best practice model.
- An evaluation of the lead hospitals' performance should be completed annually in programs longer than one year, at six months for year-long programs, and on completion of the program.

- A program evaluation meeting should be scheduled with lead hospitals at the commencement of the program to clarify program evaluation requirements.
- Lead hospitals should conduct a workshop for collaborating hospitals to clarify the expectations for the consortium evaluation. This should be undertaken before the consortium evaluation plan is approved.

### **Recommendations re evaluation of lead hospital service enhancement projects**

- A separate evaluation should be completed for each funded service enhancement project.

### **Recommendations re evaluation of collaborating hospital projects**

- Program management of all projects should be evaluated using a common framework.
- Collaborating hospital evaluation plans should be developed by collaborating hospitals and be approved by both lead and collaborating steering committees. Evaluation strategies should be project-specific.

## **Recommendations re qualitative evaluation activities**

Historically, the evaluation of health services has focused on quantitative methodologies. Proper evaluation should include a triangulation of qualitative and quantitative methods. The importance and usefulness of qualitative methods in designing services has been confirmed in the program.

- A workshop on qualitative evaluation strategies should be conducted for all project staff at the commencement of the program. This would ensure that all project staff had the required skills to properly conduct a qualitative evaluation of projects.
- Validated evaluation instruments should be used where appropriate.

## **Recommendations re program reporting**

Reports are the major source of information for qualitative review documents. Program reporting requirements should be contractually agreed at the commencement of the program. A two-year reporting program should include the following elements:

- Six-monthly progress reports should be completed by the lead and collaborating hospitals.
- A best practice model report should be completed by lead hospitals after 12 months. This report should document the best practice model.
- Final reports should be provided by lead and collaborating hospitals at the completion of the program.
- Consideration should be given to requesting formal submission of articles to health and other journals to add to evidence and assist the broader dissemination of program initiatives.



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## Summary

The program supported project initiatives but the final outcomes relied on the individual management styles of project staff.

Acknowledging that the staff undertaking the projects had specific opinions on how the program could be improved, the reviewer requested all hospitals to report on the strengths and weaknesses of the program and document recommendations for future programs. Strengths, weaknesses and recommendations representing the lead and collaborating hospitals' perspectives were summarised by the reviewer under general thematic areas.

These recommendations do not necessarily represent the opinions of all hospitals – rather, a variety of recommendations were made by different hospitals. These are reported in the *NDHP model* section of this review.