

Victorian Cancer Survivorship Program: Phase II Grants Scheme 2016

Evaluation and Outcomes Framework- Summary

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

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Evaluation and Outcomes Framework- Summary

Introduction

An evaluation and outcomes framework has been developed for the Victorian Cancer Survivorship Program (VCSP) Phase II grants scheme to achieve the following key objectives at a project and statewide level:

Project level

- Inform high quality project design, planning and implementation
- Generate consistent and meaningful insights throughout the project's duration to inform an iterative action learning approach to optimising the value and success of the project
- Provide evidence of the overall impacts achieved by the project initiative that can inform concise and compelling internal and external communications and inform the business case for ongoing support for successful initiatives
- Generate robust evidence that can be published and shared with the field through peer-reviewed publication and conference presentations.

Statewide level

- Generate evidence that will make a contribution to the knowledge base on cancer survivorship
- Understand the impacts achieved from the investment in VCSP2
- Inform, guide and focus the development of future initiatives seeking to further progress cancer survivorship reform in Victoria.

The framework identifies six key domains for evaluation focus reflecting the key mechanisms of intended action for VCSP2:

- Model of care design (unique to each project)
- Organisational engagement and leadership – creating the environment for success
- Project implementation and evaluation
- Participation
- Expected outcomes (at an individual and organisational level)
- Sustainability and spread.

This summary provides an overview of the proposed evaluation methods and maps a series of measures that reflected key dimensions of interest across the key domains of evaluation focus.

Figure 1 illustrates the critical timepoints for the capture of evaluation data and the methods and dimensions of interest recommended for consideration in evaluation planning and implementation by each project team.

Figure 1: Evaluation methods and timeframe – an overview

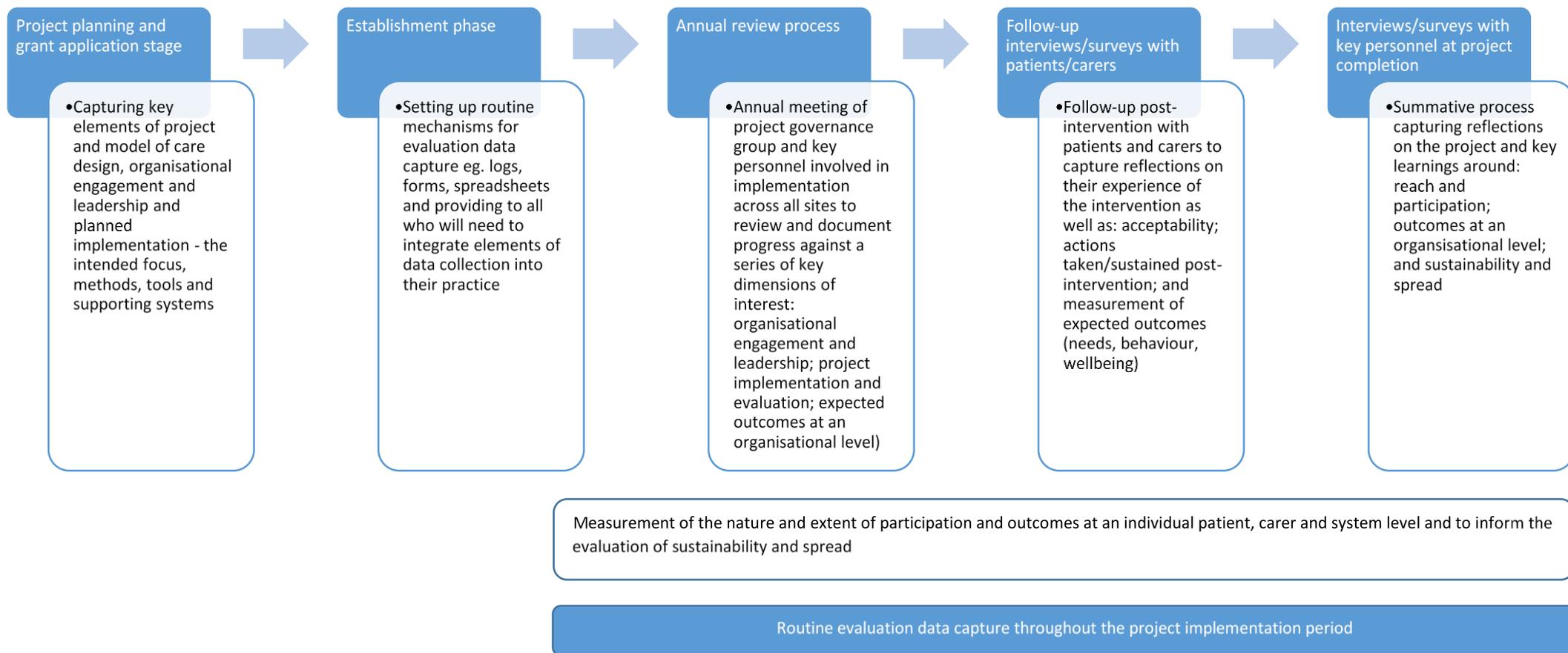


Table 1 summarises each of the key evaluation methods and maps the specific measures to be considered in the implementation of each method.

Table 1: Evaluation methods and measures to be captured (as relevant to project and model of care design)

Method	Description	Mapping of relevant measures to be captured by this method
Routine capture of key information at project planning and grant application stage	Inclusion of key elements defining the project – intended focus, methods, tools and supporting systems – in grant application fields	<p>Model of care design</p> <ul style="list-style-type: none"> • Problem/need this initiative is designed to address • What care will be provided? • To whom will the care be provided? • How will carers be involved? • When will the care be provided? • Who will be providing the care? • Who will be active partners in care delivery? (See Table 1.1 for examples) • Where is the care to be provided (setting)? • How is the care to be delivered (model of care)? • Specific tools that will be used to support implementation of the model of care (see Table 1.1 for list of examples) • Supporting/enabling systems that will be adopted in the project (see Table 1.1 for list of examples) • Measurement of specific patient/carer-level outcomes – tools proposed <p>Organisational engagement and leadership</p> <ul style="list-style-type: none"> • Criteria applied to identify potential participating sites across settings (all service types involved in the intervention) • For each site involved: <ul style="list-style-type: none"> ○ Organisational commitment to cancer and/or survivorship and/or innovation ○ Executive level sponsorship ○ Leader/champion (clinical or other key lead profession) ○ Extent of participation (Role identified, engagement, ownership – design/implementation/evaluation) • Representativeness of settings in which implementation is planned <p>Project implementation and evaluation</p> <ul style="list-style-type: none"> • Proposed project governance model – membership, meeting mode, frequency, role • Stakeholder map and communications plan • Intentions re: seeking ethics approval – site specific requirements understood • Anticipated resource requirements – cost and in kind (each participating site/setting) • Anticipated workforce requirements – roles, competencies, expected workload, capacity

Method	Description	Mapping of relevant measures to be captured by this method
Annual review (guided discussion) with outcomes of discussion documented in annual reports	<p>Annual meeting of project governance group and key personnel involved in implementation across all sites to review and document progress against a series of key dimensions, identify areas for improvement or refinement</p> <p>A separate meeting or incorporated into this process would be a review of project data, participation statistics, critical incidents and referrals to specialist services of participating patients</p>	<p>Organisational engagement and leadership</p> <ul style="list-style-type: none"> • Status of participating sites – engagement, participation, extent of participation • Suitability/appropriateness of each site • Representativeness of settings in which implementation has occurred <p>Project implementation and evaluation</p> <ul style="list-style-type: none"> • Project governance in place and operating effectively. All sites, sectors and stakeholder groups routinely represented • Communications activities undertaken in the six month period • Progress in development of key elements of the model of care, supporting tools, systems, resources and evaluation methods • Ethics approval granted/in progress • Progress in implementing model of care, achievements, challenges and barriers to success • Refinements to intended project method/model and rationale • Actual resource requirements for six month period – cost and in kind • Workforce requirements for the six month period – roles, competencies, workload, capacity <p>Expected outcomes – Organisational level</p> <ul style="list-style-type: none"> • Review of critical events – assessment of safety and influence of project intervention on the event and outcome • Review of referrals back to specialist service of patients involved in the project intervention – appropriateness of referral, issue/problem; timeliness of referral and access to specialist service; nature of service required; outcome for patient

Method	Description	Mapping of relevant measures to be captured by this method
<p>Routine data capture by staff delivering the intervention</p>	<p>Establishment of routine mechanisms for use by all participating personnel throughout the project to capture key data items to enable measurement of the nature and extent of participation</p> <p>Log of time spent on project-related delivery to be captured by all participating personnel for a typical one month period once per year for the duration of the project. This is designed to capture resource requirements as well as the impact of time on decreasing the burden of service provision as tasks become routine.</p>	<p>Participation – individual level reach</p> <ul style="list-style-type: none"> • All eligible patients seen in the service (all participating sites and settings) – defining the denominator • Patients invited to participate (carer involvement) • Patients consented to participate • Characteristics of patients who consented and those who opted out (demographics, tumour/disease/treatment variables) • Degree of participation of patient/carers in component(s) of intervention (Completed; Incomplete (% Complete)) • Needs identified • Survivorship care plan put in place (Yes/No; Key elements of plan – actions identified) • CDM plan put in place (Yes/No; Key elements of plan) <p>Participation – system level reach</p> <ul style="list-style-type: none"> • Participation statistics as collected above stratified by site, setting and clinician – intended participation compared with actual • Characteristics of services, sites and clinicians who participated and those who opted out <p>Expected outcomes – Individual level</p> <ul style="list-style-type: none"> • Acceptability to patient/carers and adherence to recommendations/plan of action • Decrease in unmet needs (patient) • Experience of survivorship care, planning and transition (patient/carers) • Change in behavior (patient) • Proactive approach to survivorship (patient/carers) • Improvements to wellbeing (patient; patient/carers in relation to return to work) <p>Expected outcomes – Organisational level</p> <ul style="list-style-type: none"> • For each person involved in service delivery, log of estimated time spent on project-related tasks: <ul style="list-style-type: none"> ○ direct delivery (Patient and carer-related contact) ○ administration (data capture and other behind the scenes work to set up plans, correspondence with other care providers and with patient/carers, making referrals, seeking approval or review of plans) ○ project-related activities (governance or developmental work that would not be required post-project) • Safety - Critical events for patients involved in the project during the project period (nature of each event and its resolution) • Rapid re-entry to acute service – capture of each event, instances required, timeliness of access • Specific indicators that demonstrate impact on service access and efficiency (as relevant to each project) eg, ratio new:review outpatient appointments; time to first appointment for new referrals; time to treatment; clinic load – time with patients; quality of care provision

Method	Description	Mapping of relevant measures to be captured by this method
Routine data capture by staff delivering the intervention	Establishment of routine mechanisms for use by all participating personnel throughout the project to capture key data items to enable measurement of the nature and extent of participation	<p>Sustainability and spread</p> <ul style="list-style-type: none"> • Model of care integration into usual practice and policy in services core to the project (and extent of integration across sites/services) • Publications and presentations arising from this work • Tools and resources generated to support implementation in practice and dissemination/spread • Successful uptake of model in other settings and contexts (outside project) and description of settings and services in which this has occurred
Follow-up interviews/surveys with patients/carers	Follow-up to capture reflections on experience of care as well as key information about acceptability and actions taken/sustained post-intervention	<p>Participation – individual level reach</p> <ul style="list-style-type: none"> • Acceptability to patient/carer of plan identified • Actions taken (adherence to recommendations) • Deviations from the plan and reason <p>Expected outcomes – Individual level</p> <ul style="list-style-type: none"> • Decrease in unmet needs • Experience of survivorship care • Change in behavior • Proactive approach to survivorship • Improvements to wellbeing <p>Sustainability and spread</p> <ul style="list-style-type: none"> • Follow-up to explore whether effects seen in the patient/carer have endured (1-2 years hence) – specific to intervention and expected effects

Method	Description	Mapping of relevant measures to be captured by this method
Interviews/surveys with clinicians/personnel involved in the delivery of the intervention (intended and actual)	Summative process at program completion to capture reflections on the project and inform learnings	<p>Participation – system level reach</p> <ul style="list-style-type: none"> • Perspectives on the project – what worked, what didn't, how it could be improved? • Role personally played – how that differed from what was planned • What were the barriers to participation experienced? How could they be overcome? <p>Expected outcomes – Organisational level</p> <ul style="list-style-type: none"> • Human resources required for implementation: <ul style="list-style-type: none"> ○ Roles played, stepping out key components of each role, required skills and time commitment ○ Changes required to existing roles or creation of new roles (workforce or role redesign elements) • Acceptability of the role to the individual – how it could be done differently • Confidence in the role/capabilities of other providers and services involved in the project • Experience of participating in the project • Perspectives on safety and risk • Should this model (or the revised model of care if it differs from that proposed based on project learnings) be implemented into routine practice (Why/why not) • If yes, key components of the model, feasibility, resource implications (workforce, funding, systems and tools) <p>Sustainability and spread</p> <ul style="list-style-type: none"> • Value of model and views on transferability to other services/settings • Willingness to take up model in other services/settings • Critical success factors for the project and for the take up of the model of care in other settings/services