



Department of Human Services
State Government of Victoria, Australia

HOSPITAL ADMISSION RISK PROGRAM

EVALUATION GUIDE

HARP PROGRAM EVALUATORS:



MAY 2003

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Hospital Admission Risk Program (HARP)

HARP is a component of the Hospital Demand Management (HDM) Strategy of the Victorian Department of Human Services.

The aim of HARP is to implement a prevention strategy to reduce demand pressure on hospitals, by averting unnecessary and/or preventable use of Emergency Departments and inpatient services. The specific nature, objectives and contribution of individual HARP projects to the attainment of the HARP aim are multiple and varied and involve implementing interventions and models of care that better manage emergency presentations and emergency admissions to public hospitals through alternatives that involve both the hospital and/or the community.

HARP is a collaborative strategy, involving hospitals, general practitioners, community providers, key clinical groups, consumers, research bodies, and the Department of Human Services.

Through undertaking the HARP evaluation, the Department of Human Services and service system will be better informed to develop a service system that provides the right service, at the right time and with the right resource mix.

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WHAT'S IN THIS GUIDE

This guide provides information on the evaluation activities for projects funded through the Hospital Admission Risk Program (HARP). The guide provides an in-depth explanation of each activity and outlines the approaches and tools that have been developed for the evaluation. These approaches and tools are clearly indicated within each section and projects are provided with 'walk through' examples.

The guide is in four sections:

SECTION 1 – Provides an overview of the key project evaluation activities.

SECTION 2 – Discusses the role of the project in the HARP evaluation.

SECTION 3 – Specifies the detailed evaluation activities:

- **Project Understanding;**
- **HARP Schema Process;**
- **Project Collection and Reporting;**
- **Project Reflections;** and
- **Supplementary Information.**

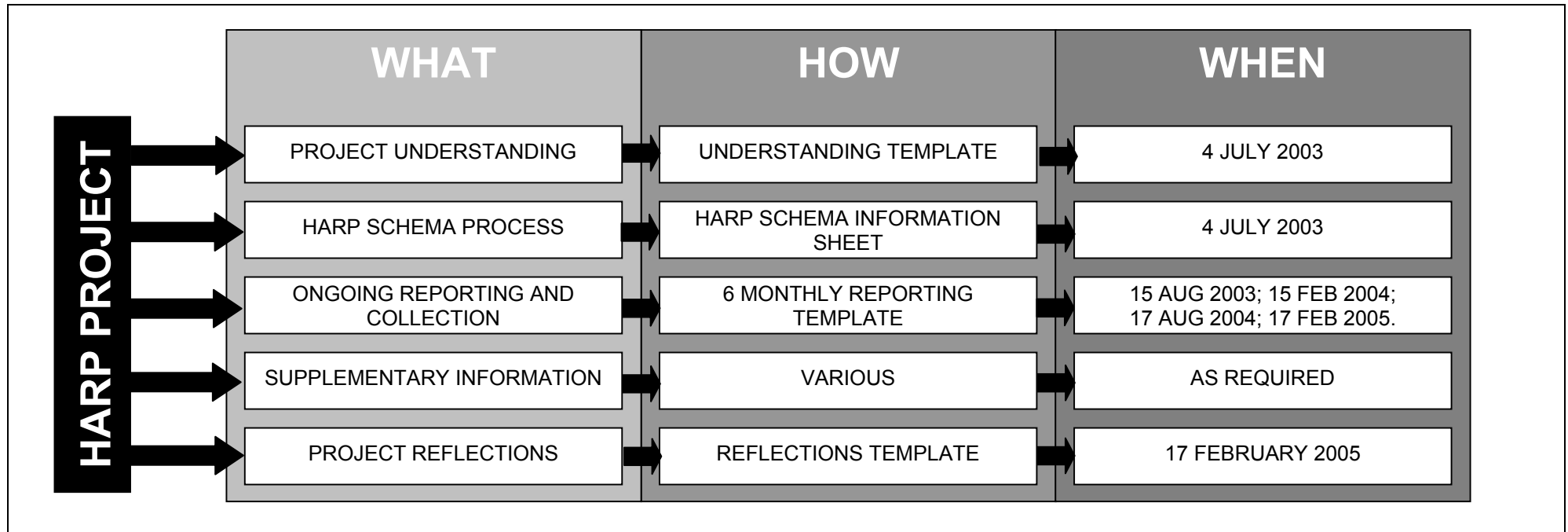
SECTION 4 – Provides information and attachments to support the evaluation.



This guide is available on the HARP web site - www.health.vic.gov.au/hdms/harp/harpeval.htm

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SECTION 1: AN OVERVIEW OF THE KEY EVALUATION ACTIVITIES

This section provides a summary of the projects' evaluation activities, reporting tools and the timelines for providing information to the evaluators.



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This guide is available on the HARP web site - www.health.vic.gov.au/hdms/harp/harpeval.htm

	COMPLETE NOW		ONGOING	AS REQUIRED	AT THE END
	Project Understanding	HARP Schema Process	Collection and Reporting	Supplementary Information	Project Reflections
Description	<p>The project is required to provide detailed information on the project background, context and set-up.</p> <p>Further information can be found under 'Project Understanding' (page 9) .</p>	<p>Projects are required to clarify the relationship between their project components and HARP, and to identify the project reported evaluation indicators.</p> <p>Further information can be found under 'HARP Schema Process' (page 15).</p>	<p>Projects are required to conduct ongoing data collection and reporting.</p> <p>Further information can be found under 'Project Collection and Reporting' (page 31).</p>	<p>Throughout the evaluation period various additional questions and issues will be considered for evaluation and the project will be required to provide relevant information.</p> <p>Further information can be found under 'Supplementary Information' (page 37)</p>	<p>Projects are required to identify lessons learned and insights into the project activities relative to HARP.</p> <p>Further information can be found under 'Project Reflections' (page 36).</p>
How	'Understanding Template'	'HARP Schema Information Sheets'	'6 Monthly Reporting Template'	Various - as defined by the type of information required	'Project Reflections Template' .
Required Information	<p>The information required include:</p> <ul style="list-style-type: none"> o Context and Justification; o Aims, Objectives and Scope; o Project Intervention/Model; o Appropriateness and Evidence Basis; o Funding; and o Project Structure. 	<p>The project is required to complete a 6 Step process, which involves:</p> <ul style="list-style-type: none"> o Identifying the core components of the project; o Specifying the objectives and intended outcomes of the core components; o Outlining the intended impacts of the core components; o Defining the project indicators; o Plotting the relationship between the project core components and HARP objectives; and o Identifying contribution of the project to HARP outcomes. 	<p>The collection of information required for the evaluation includes:</p> <ul style="list-style-type: none"> o Items prescribed by the evaluators; and o Indicators identified by the project through the Schema Process. 	<p>Various approaches will be utilised to collect the supplementary information, including:</p> <ul style="list-style-type: none"> o Case Studies; o Questionnaires; and o Interviews. 	<p>The information required is project specific. The following themes are provided for guidance:</p> <ul style="list-style-type: none"> o Issues encountered by the project; o Lessons emerging from the project; o Project findings; and o Opportunities for the project.
When	Return the ' Understanding Template ' to BearingPoint by <u>4 July 2003</u>	Return the ' The HARP information Sheets ' to BearingPoint by <u>4 July 2003</u>	The information is to be reported to BearingPoint every six months on the ' 6 Monthly Reporting Template ': <u>15 August 2003</u> <u>15 February 2004</u> <u>17 August 2004</u> <u>17 February 2005</u>	As required	Return the ' Project Reflections Template ' to BearingPoint by <u>17 February 2005</u>

NOTE: ALL project reported information is required in an electronic format – BearingPoint will e-mail projects the specified reporting Tools.

SECTION 2: THE ROLE OF THE PROJECT IN THE EVALUATION

This section outlines the role of the project in the HARP evaluation.

Projects play a central role in the evaluation of HARP. They are the means through which local outcomes are achieved, they contribute to the overall HARP initiative, and they are a major source of evaluation data to identify what works, under what conditions and by how much.

Given project diversity, there are no uniform measures across projects to inform the evaluation. As a consequence, there is no minimum dataset within the evaluation. Instead our approach is to capture project specific data consistently and systematically across the projects, i.e. our methodology is uniform, while the data are project specific. This has two benefits:

- ensuring that data of relevance to each particular project intervention are collected; and
- increasing the likelihood that projects will be able to demonstrate their effectiveness by measurement that is set as close as possible to where the real changes are most likely to be evident.

This approach to accommodating project diversity involves projects providing two types of data:

- information to inform our understanding of the project, provided once according to a prescribed process, and updated thereafter in response to changes;
- information on project activities – on processes, impacts and outcomes, based on a template format that asks common questions of projects and enables projects to provide data on project determined indicators.

The precise nature of these indicators will vary according to the project characteristics and objectives and so cannot be prescribed. We will be assessing the project's stated indicators to consider their appropriateness for the project and HARP evaluation. *In certain circumstances we may specify a number of indicators for the project to collect.*

Project Evaluation Activities

The evaluation activities for the project relate to three evaluation stages:

- Stage 1: *Understanding* the background and context within which the project was conceived and established;
- Stage 2: *Measurement and Assessment* of the activities associated with the project in terms of process, impacts and outcomes; and
- Stage 3: *Interpretation* of the implications for policy and future program development that arise through interpretation of lessons learned, understanding of the critical success factors and barriers to change.

The following table outlines the project activity by stage and provides an overview of the approach to support the evaluation activities.

Table 1: Project Activities

Stage	Project Activities	Evaluation Approach	
1. Understanding	Detailing the project background and context.	Project responses to a uniform Understanding Template (page 9).	Supplementary Information on topics, issues and interesting activities as required (page 37).
	Identifying the relationship between the project and HARP.	Project-specific information developed through project application of the HARP Schema Process (page 15).	
2. Measurement and Assessment	Identifying and developing the indicators to inform project and HARP evaluation.	Project Collection and Reporting of both prescribed and project-determined information and data (page 31).	
	Collecting and reporting on process, impact and outcome evaluation information.	Project Reflections developed in response to project interest (page 36).	
3. Interpretation	Proving insight into the issues and lessons that contribute to policy and program development.		

Project Staging

Projects involved with the HARP evaluation will be at different stages within the life of their project. While this has implications for the evaluation, it is still necessary to standardised information collected from all projects regardless of their development, activities or previous reporting. Where information is a duplication of a previous request, we ask that projects provide the information within the specified format.

Comparison – Project Evaluation

The aim of the HARP evaluation is to consider whether the project intervention/model has been effective in reducing the preventable use of emergency acute health services. The way in which the intervention/model is assessed is relative to what would have happened within the service system in the absence of HARP i.e. a comparison between the HARP service system and the non-HARP service system across the dimensions of interest. Essentially the evaluation question becomes:

Does the project intervention/model (i.e. HARP) when compared to ‘usual practice’ (i.e. non-HARP, however defined) result in improved outcomes and in the reduced use of emergency acute health services?

It is only through comparison that the effectiveness of the project can be considered. Within the recent HARP funding submission process, projects have been asked to identify their evaluation design. Projects that were funded through a previous round will be required to identify the comparison methodology through which their project can be assessed. The specific choice of the comparison methodology will be dependent upon the nature of the project. Options include:

- before-after implementation – this approach involves measuring the outcome(s) of interest before the project model/intervention is implemented and comparing this to the outcome(s) of interest after the project intervention/model has been implemented. This approach may utilise general cohorts of patients as a comparator, or the targeted project patients as ‘self-controls’;
- comparative (matched) cohort – this approach involves measuring the outcome(s) of interest within two cohorts of patients; the project model/intervention cohort and a valid ‘usual practice’

cohort (for example, patients receiving a comparable service in a different region), and making comparisons between the two; or

- randomised control – this approach involves randomly assigning the target group into the project model/intervention ('intervention group') or into a 'control group' that receives 'usual practice'. The measurement and comparison of the outcome(s) of interest is made between the intervention and control groups.

It is essential that all projects consider and identify a valid comparison methodology and implement appropriate data collection processes for their project. For the majority of projects it is expected that the pre-post approach will be used. Where projects have been established without a comparison methodology it is essential that they reconsider the viability of a comparator, for example, through consideration of the data within the VAED as a source for pre HARP comparison information.

The following table (Table 2) provides a summary of the information (at a minimum) that will be required from projects to inform a comparative analysis.

Table 2: Comparison Data Requirements

HARP verses 'Comparator'
Differences in Emergency Department (re-) presentations.
Differences in Hospital admissions.
Differences in costs of treatment (including all <u>relevant</u> services).

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SECTION 3: DETAILED EVALUATION ACTIVITIES

This section details the evaluation activities for projects:

- **Project Understanding** (page 9);
- **HARP Schema Process** (page 15);
- **Project Collection and Reporting** (page 31);
- **Project Reflections** (page 36); and
- **Supplementary Information** (page 37).

Project Understanding

The objective of **Project Understanding** is to collect the contextual and background information on the project. It is essential that the evaluation of projects is conducted with a 'common' basis of understanding across all projects. Whilst this information may have been previously provided by the project in an alternative format, we request that projects complete all relevant questions.

The **Understanding Template** consists of a series of discrete questions; however it is anticipated that there will be a degree of overlap in the information provided. The series of questions are based around the following broad headings:

- Context and Justification;
- Aims, Objectives and Scope;
- Project Model/Intervention;
- Appropriateness and Evidence Base;
- Funding; and
- Project Structure.

The **Understanding Template** (page 59) will be e-mailed to you at the beginning of June 2003, for return to the Evaluators (harpevaluation@bearingpoint.com) in electronic format by 4 July 2003.

The next sections outline each series of understanding questions and provide a guide to the information required. Where applicable illustrative examples are provided.

Stage 1.1 Context and Justification

Context

Question 1a:

Describe the characteristics of the setting (context) of the project, including the following:

- Service delivery environment; and
- Client population.

Guide:

The contextual characteristics provide the background information of the environment within which the HARP project was conceived and is being implemented. Essentially the evaluation is concerned with gaining an understanding of the 'state of the world' prior to the project and understanding the driving forces and motivation for conceiving a HARP project.

The evaluation requires the project to provide a summary of the contextual characteristics and factors, including, but not limited to, the following:

- *Service delivery environment where the project is (to be) implemented* – this includes

descriptions and details of such factors as:

- the range of project relevant services;
 - service system organization;
 - service cohesion;
 - inter-sectorial collaboration;
 - service gaps; and
 - issues and problems.
- *Client population* – the characteristics of the client population that the project is (to be) established to target, including:
 - service utilisation;
 - mortality and morbidity; and
 - service needs.

Justification

Question 1b:

Outline the nature and extent of the 'issue' being addressed by the project in terms of its contribution to hospital emergency demand pressure.

Guide:

To understand the rationale for the project within the context of HARP, it is necessary to consider the extent by which the 'issues' (or reasons that the project has been established to address) contribute to hospital demand pressure.

In providing information to this question, projects should incorporate a description of the 'issues' or reasons, and provide supportive information in terms of preliminary studies and/or analysis of the expected contribution to hospital demand pressure.

Stage 1.2 Aims, Objectives and Scope

Aims

Question 2a:

What is the aim of the project?

Guide:

The primary focus of this question is to identify precisely what the project is trying to achieve. Projects may have multiple aims, which may or may not be consistent with the HARP aims and outcomes. To ensure that the project evaluates what it is aiming to achieve, we need to understand precise project aims.

It is expected that the aims of the project will be consistent with the aims of HARP in terms of 'prevention'.

Objectives

Question 2b:

What are the objectives of the project?

Guide:

This question is directly related to the 'aims' question (2a) and seeks to identify the specific objectives through which the project intends to achieve the projects aims. The objectives relate to what the project is trying to achieve. They should be specific and measurable.

Projects should define the project's objectives and identify how they contribute to the project and HARP aims.

Note: The **HARP Schema Process** may provide assistance to the project in identifying the project objectives.

Scope

Question 2c:

What is the target group of the project?

Guide:

The target group of the project may be clients/patients and/or service providers (e.g. GPs).

The project is required to provide descriptive information on the target group and provide data on the magnitude of the eligible target population for the project.

The project should provide estimates of the expected impact of the project including details of the rationale used within the analysis.

Question 2d:

What is the project comparator and how is this defined?

Guide:

The projects have been required to identify an evaluation methodology through which the success of the project can be measured. To inform the evaluation we require details on:

- what the methodology for comparison is;
- the validity of the comparison methodology;
- the basis and variables upon which comparisons will be made (i.e. Emergency Department presentations); and
- the availability of data to undertake the comparison.

Stage 1.3 Project Intervention/Model

Project Intervention/Model

Question 3a:

What are the core components of the project?

Guide:

The core components of a project refer to the major elements of the project and project model/intervention. Projects may consist of a single core component or have multiple core components that may be discrete or sequentially linked.

Note: The **HARP Schema Process** may provide assistance to the project in identifying the project core components.

Question 3b:

What are the objectives of the project core components? How do the project core components relate to the overall project objectives?

Guide:

The objectives of the core components refer precisely to what each core component is trying to achieve within the project setting. Each core component can be regarded as having specific objectives within the context of the project.

The objectives of the core components should be consistent with the overall objectives of the project.

Note: The **HARP Schema Process** may provide assistance to the project in identifying the project core components objectives.

Question 3c:

How do the project core components link and interact? (*Where relevant*)

Guide:

This question will not be applicable for all projects.

Where there is an interaction between core components, we require the project to outline the nature of the relationship and provide information on whether this has implications for the success of the relative core components and/or the overall project.

Examples of core component interaction are:

- specific core components that are dependent and sequential;
- core components jointly contributing to a project objective; and
- core components that have a facilitation role in the project.

Question 3d:

What are the planned activities for each core component?

Guide:

For each of the core components we require the project to specify the activities that the project plans to undertake that will contribute to the project achieving the core components' objectives.

The activities should reflect the means through which the core component objectives will be achieved.

Note: The **HARP Schema Process** may provide assistance to the project in identifying the planned activities.

Question 3e:

What is the expected timing of core component activities?

Guide:

The timing of implementation of the core component provides an indication of how the project was/is expected to proceed and informs upon the characteristics of the contribution to reducing demand pressure.

Question 3f:

What is the expected impact of the project upon demand?

Guide:

This question has two perspectives that the project needs to consider. First, the overall impact of the project upon hospital demand, and second, the relative contribution of each core component upon hospital demand.

Projects should provide details of the methodology employed in making these estimations.

Question 3g:

What are the critical success factors for the project?

Guide:

The critical success factors of the project refer to the activities and actions that are essential to the project in progressing toward the project objectives.

We require the project to specify the critical success factors for their project and explain why these factors are critical to the project e.g. stakeholder engagement.

Stage 1.4 Appropriateness and Evidence Basis

Appropriateness

Question 4a:

Outline the congruency between the project and HARP

Guide:

The project is required to outline the appropriateness of the project in relation to HARP. The project should consider the congruency between the issues or reason for the project, the contribution of the project to providing a solution, and the relationship to the HARP aim, objectives and outcomes and aims (refer to page 43 for further information on the HARP aim, objectives and outcomes).

Note: The **HARP Schema Process** may provide assistance to the project in identifying the relationship between the project and HARP.

Evidence Basis

Question 4b:

Is there any evidence (or other information) available that support's the projects core components as being 'likely' to contribute to the HARP objectives and outcomes? If the project has departed from the available evidence, what is the rationale for doing so?

Guide:

Depending on the specific characteristics of the project's core components, there may be a significant evidence basis to support the project's approach to reducing hospital emergency demand.

If the project plans to undertake research to establish an evidenced based model, then it should describe what information it does have that has led it to believe that there is likely to be some evidence upon which it is to base its model.

The project should provide details to support its approach, including relevant sources of reference.

Stage 1.5 Funding

Funding

Question 5a:

What are the funding sources of the project?

Guide:

The project should identify all sources of funding to the project (for projects that have been previously

funded this information should be reported retrospectively on an annual basis), including:

- funding organisation
- the amount of funding;
- the type of funding – one-off, recurrent, roll-over;
- funding conditions; and
- \$ estimates and details of ‘in-kind’ funding – where services have been provided to the project rather than funds being directly allocated.

Question 5b:

How has the funding been allocated across projects core components?

Guide:

Given the range of anticipated project activities, we are interested in how the project intends to allocate (or has already allocated) the project funds (outlined in question 5a) across the various core components.

Provide estimates of the amount of project funds allocated across the projects core components.

Stage 1.6 Project Structure

Project Structure

Question 6a:

How is the project structured and organised?

Guide:

Describe the structure and organisation of the project, including:

- the organisational set-up within the project domain;
- project management;
- project stakeholders;
- decision making lines;
- who holds and has responsibility for project funds;
- linkages with other projects (HARP and non-HARP) including details of shared funding and resources, and
- evaluation responsibility – including ‘local evaluation plans’.



Report information on the **Understanding Template**

Provide information on each of the **Project Understanding** questions.

HARP Schema Process

The **HARP Schema Process** has been developed to provide a uniform approach to identifying the relationship between the project and HARP, and to provide a mechanism to identify indicators to inform both the project and HARP evaluations. This process will also assist in completing some of the questions within the **Understanding Template**.

Completing the **HARP Schema Process** will provide:

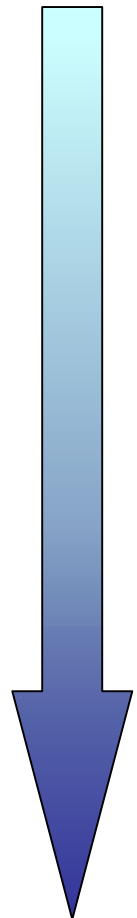
- an understanding of what the project wants to do and how it is going to do it;
- an understanding of the relationship between the project and HARP; and
- the indicators through which the success of the project will be measured.

The following section walks through a series of steps, to identify and understand the specific components of the project, and then assists in identifying appropriate indicators required to inform the evaluation process. At each step the information is reported on the **HARP Schema Information Sheet** (page 63). These steps, summarised below (Figure 1), are each described in more detail in the following text. Note: a completed HARP Schema Information Sheet is located on page 75.

The **HARP Schema Information Sheets** will be e-mailed to you by the beginning of June 2003, for return to the Evaluators (harpevaluation@bearingpoint.com) in electronic format by 4 July 2003.

Figure 1: HARP Schema Process Steps

STEP	ACTIVITY
1	IDENTIFY Project Core Components
2	SPECIFY Objectives and Intended Outcomes
3	OUTLINE Intended Impacts
4	DEFINE Project Indicators
5	PLOT HARP Schema
6	IDENTIFY HARP Contribution



1	<h2 style="margin: 0;">IDENTIFY</h2> <h3 style="margin: 0;">Project Core Components</h3>
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Step 1 – Identify the project’s core components

Key Concept

‘Core components’ are defined as major elements of the project and its model/intervention.

The first step involves identifying the core components that make up the project. Core components are defined as major elements of the project and its model/intervention. Projects may consist of multiple core components that may be discrete or sequentially linked.

Through identifying the core components, the evaluation will be focused towards assessing the contribution of both the project and the specified core components toward the project and HARP objectives.

An important issue in identifying the core components is to differentiate between the components that are fundamentally related to the project being a ‘project’ as distinct from the components that form part of the project intervention/model. To assist with this we have defined core components according to three overall categories in two areas:

- Project Functioning
 - core components concerned with the project being a ‘project’ (*Project Functioning*);
- Project Activity
 - core components that impact upon the operation and performance of the service system (*Service System Functioning*); and
 - core components of models/intervention that impact on or relate to service provision (*Service Provision*).

In defining your project’s core components, we ask you to differentiate between the three categories. The following table provides examples of the types of core components for each category.

Table 3: Core Components Examples

PROJECT CORE COMPONENTS (Examples)		
Project Functioning	Service System Functioning	Service Provision
Project Management	Liaison	Coordination
Evaluation	Governance	Disease Management
	Up-skilling	Triage
	Education	Rapid response services

It is possible that, over the course of the project, the core components will remain consistent but that the activities that occur within the core component may change. Similarly, the core components may change in line with modifications to the model/intervention. For example, a GP liaison project may comprise the following three components:

- communication component, the aim of which is to engage GPs with the overall project and its model;
- assessment component, the aim of which is to identify issues impacting on GP management of a patient where that issue arises from within the hospital (eg inadequate discharge planning);

- strategy component that represents the agreed action that the Liaison Unit will initiate to resolve the problem.

Within these components there may be a range of activities that will vary according to the nature of the issues being addressed including, improving discharge processes, establishing registers of GPs, providing stakeholders with contact details for after hour services, facilitating workshops between stakeholders to develop solutions to resolve issues etc. These activities whilst important and reflecting the strategy response, do not represent the key elements of the project that are best characterised as the communication, assessment and strategy components.



The identification of the core components should be documented in Step 1 of the **HARP Schema Information Sheet**.

Example – Rapid Response Project¹

The Rapid Response project has identified that a large number of attendances at the emergency department could have been prevented if patients and community-based providers had access to rapid response community services. The project is established to assess the patients needs through a telephone based triage system, provide home assessment and immediate services to in-need patients, and to establish, implement and monitor a care plan for patients.

The core components of this project are identified as:

Table 4: Example Project – Rapid Response Project Core Components

STEP 1		
Project Functioning	Service System Functioning	Service Provision
Project Management	<input type="text"/>	1 Action Line
Evaluation	<input type="text"/>	2 Home Assessment and Rapid Service Provision
	<input type="text"/>	3 Care / Service Coordination

¹ This example has been constructed by the evaluation team to illustrate the use of the HARP Schema process. It is in no way a direct reference to any particular HARP project.

2

SPECIFY Objectives and Intended Outcomes

Step 2 – Specify the objectives and intended outcomes of the Core Components

Key Concepts

- Objectives define precisely what the core component is aiming to achieve within the project setting.
- Intended outcomes refer to ‘what would have happened as a result of the core component’.
- The intended outcomes are synonymous with the objectives of the core component.

Taking the core components identified under project activity – ‘*Service System Functioning*’ and ‘*Service Provision*’, the second step involves considering each core component as a separate entity and defining the specific objectives and intended outcomes.

In identifying the objectives of each core component you need to consider precisely what each core component is trying to achieve (as compared to the means of achieving it). Through considering what the core component is trying to achieve, you are at the same time defining the intended outcomes for each core component.



The objectives and the associated intended outcomes should be documented in Step 2 of the **HARP Schema Information Sheet**.

Example – Rapid Response Project

Table 5: Example Project – Objectives and Intended Outcomes

STEP 2	
Core Component	Objectives and Intended Outcomes
1 (Action Line)	<p>Objectives</p> <p>The purpose of the rapid response action line is to provide community based providers with access to a screening protocol for patients that would otherwise access acute based services that will determine the suitability of patients for the rapid response community based services – to divert appropriate patients to the rapid response service provider.</p>
	<p>Intended Outcomes</p> <p>The identification of people suitable for the project intervention/model</p>
2 (Home Assessment and Rapid Service Provision)	<p>Objectives</p> <p>The purpose of the home assessment and rapid service provision is to identify the mix and timing of service requirement necessary to prevent patients from requiring acute based services and to provide the services required – to provide patients with immediate community-based services to address their assessed needs</p>
	<p>Intended Outcomes</p> <p>People receive the services that they require (to avoid an Emergency Department presentation)</p>
3 (Care / Service Coordination)	<p>Objectives</p> <p>The purpose of care/service coordination is to ensure that patients receive the right service, at the right time to prevent the occurrence/ reoccurrence of events – to provide appropriate patients with ongoing care / service coordination.</p>
	<p>Intended Outcomes</p> <p>People receive the services that they require to avoid the reoccurrence of the event or the occurrence of an alternative event.</p>

3	<h2 style="margin: 0;">OUTLINE</h2> <h3 style="margin: 0;">Intended Impacts</h3>
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Step 3 – Outline the intended impacts for the Core Components

Key Concept

- The intended impacts are the direct consequences of the core component activities required to achieve the intended outcomes

The third step involves identifying the intended impacts of the core components. The intended impacts are the immediate changes or consequences associated with progressing toward the intended outcomes of core components. In essence the intended impacts are the building blocks to achieving the intended outcomes.



The intended impacts should be documented in Step 3 of the **HARP Schema Information Sheet**.

Example – Rapid Response Project

Table 6: Example Project – Intended Impacts

STEP 3		
Core Component	Intended Impacts	Intended Outcomes (from Step 2)
1 (Action Line)	People referred to the response line. Triage of patients occurs.	→ The identification of people suitable for the project intervention/model
2 (Home Assessment and Rapid Service Provision)	Assessments occur for patients referred to by rapid response line within a specified time period. Service needs are identified. Services are provided within a specified time period.	→ People receive the services that they require (to avoid an Emergency Department presentation)
3 (Care / Service Coordination)	Assessment of patients occurs. Service needs are identified. Services are provided.	→ People receive the services that they require to avoid the reoccurrence of the event or the occurrence of an alternative event.

4

DEFINE

Project Indicators

Step 4 – Define the project evaluation indicators

Key Concepts

- Impact Indicators – measures of the immediate consequences of the project in moving towards the project’s aims and objectives, i.e. the project will need to measure the immediate *changes or consequences* associated with the project’s component activities
- Outcome Indicators – measures of the intended outcomes.

The fourth step involves identifying the specific indicators that will be used to inform the evaluation on the success of the project core components in achieving their intended impacts and outcomes (i.e. project specific indicators).

The project will be required to identify the indicators that it will be collecting and reporting upon as ‘evidence’ of the project progressing toward (the impact indicators) and/or achieving the core components objectives (the outcome indicators). In doing so the project will also need to consider the availability of equivalent indicator information for the project comparator (as outlined in the ***Understanding Template***).

The precise nature of the indicators will vary according to the project characteristics and objectives and cannot therefore be prescribed. The Evaluation team will be assessing the stated indicators to consider their appropriateness for the project and HARP evaluation. *In certain circumstances the Evaluators may specify a series of indicators for the project to collect.*

The following section outlines the approach to identifying the specific indicators for each core component of the project, for the impacts and outcomes identified in steps 2 and 3.

Impact Indicators

Impact indicators relate to the immediate consequences of the project in moving towards the project’s aims and objectives i.e. assessment of the progress of the project components towards their objectives intended outcomes.

In Step 3 the intended impacts were identified, the task is now to identify the specific indicators that will be used to measure the immediate *changes or consequences* associated with the project’s component activities. The following are examples of impact indicators:

- percentage of the projects target group that were referred;
- percentage of the target group of patients that were assessed;
- proportion of eligible patients screened; and
- proportion of patients provided with services.

The project will be required to report upon the impact and outcome indicators in the ***6 Monthly Reporting Template***.



The impact indicators should be documented in Step 4 of the ***HARP Schema Information Sheet***.

Outcome Indicators

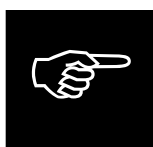
Outcome indicators reflect the extent by which the projects core components attain their intended outcomes outlined in Step 2. For some core components the identification of relevant indicators may be problematical – for example if the outcome is expected to occur beyond the life of the evaluation or if the

specific indicator is difficult to measure. It may be that the project is not able to report a definitive outcome indicator but is able to extrapolate from the impact indicators or identify a proxy or intermediate outcome indicator.

The following are examples of outcome indicators:

- percentage of patients who utilised the service but who were admitted; and
- percentage of people that had their risk factors maintained for a specified period.

The project will be required to report upon the impact indicators in the **6 Monthly Reporting Template**.



The outcome indicators should be documented in Step 4 of the **HARP Schema Information Sheet**.

Example – Rapid Response Project

The following tables provide examples of the various types of indicators for each of the core components.

Table 7: Example Project – Impact Indicators

Core Component	Intended Impacts (from Step 3)	Impact Indicators
1 (Action Line)	People referred to the response line. Assessment through the triage process.	Percentage of eligible people referred to the action line. Proportion of people that contact the action line and proceeded to have home assessment and service provision.
2 (Home Assessment and Rapid Service Provision)	Assessments occur for patients referred to by rapid response line. Service needs are identified. Services are provided.	Proportion of assessments that occurred for referred patients. Proportion of patients that were identified as requiring immediate services. The proportion of patients that received services.
3 (Care / Service Coordination)	Assessment of patients occurs. Service needs are identified. Services are provided.	Proportion of patients identified as requiring coordination. Proportion of patients that were identified as requiring immediate services. Proportion of patients that received services.

Table 8: Example Project – Outcome Indicators

Core Component	Int es (from Step 2)	Outcome Indicators
1 (Action Line)	The identification of people suitable for the project intervention/model	Percentage of patients who are referred to action line who proceed to hospital without referral to home assessment and rapid service provision
2 (Home Assessment and Rapid Service Provision)	People receive the services that they require to avoid an Emergency Department presentation	Percentage of patients referred to home assessment who subsequently have an emergency presentation for a related condition (within a defined timeframe)
3 (Care / Service Coordination)	People receive the services that they require to avoid the reoccurrence of the event or the occurrence of an alternative event.	Percentage of patients who receive service coordination who subsequently have an emergency presentation for a related condition (within a defined timeframe)

Table 9: Example Project – Impact and Outcome Indicators

STEP 4	
Core Component	Project Indicators
1 (Action Line)	<p>Impacts Indicators</p> <p>Percentage of eligible people referred to the action line.</p> <p>Proportion of people that contact the action line and proceeded to have home assessment and service provision.</p>
	<p>Outcomes Indicators</p> <p>Percentage of patients who are referred to action line who proceed to hospital without referral to home assessment and rapid service provision</p>
2 (Home Assessment and Rapid Service Provision)	<p>Impacts Indicators</p> <p>Proportion of assessments that occurred for referred patients.</p> <p>Proportion of patients that were identified as requiring immediate services.</p> <p>The proportion of patients that received services.</p>
	<p>Outcomes Indicators</p> <p>Percentage of patients referred to home assessment who subsequently have an emergency presentation for a related condition (within a defined timeframe)</p>
3 (Care / Service Coordination)	<p>Impacts Indicators</p> <p>Proportion of patients identified as requiring coordination.</p> <p>Proportion of patients that were identified as requiring immediate services.</p> <p>Proportion of patients that received services.</p>
	<p>Outcomes Indicators</p> <p>Percentage of patients who receive service coordination who subsequently have an emergency presentation for a related condition (within a defined timeframe)</p>

5

PLOT HARP Schema

Step 5 – Plot the HARP Schema

Key Concepts

- HARP Schema – the identification of the relationship between the expected project outcomes and HARP in terms of HARP strategy focus areas and HARP objectives.
- HARP Strategy Focus Areas – the strategic areas where the core component impacts upon the patient.
- HARP Objectives – the identified areas of HARP objectives that contribute to the attainment of the HARP aim (reduced hospital demand pressure).
- HARP Outcomes – reduced need for emergency response and reduced preventable Emergency Department presentations and/or hospital (re) admissions
- HARP Aim – reduced demand pressure on emergency departments and hospital inpatient beds.

Step 5 involves identifying the linkages between the project core components (that relate to 'Service System Functioning' and 'Service Provision') and HARP. This activity has a dual role. First it describes the congruency and relationship between the project and HARP, and second it provides the basis for identifying the indicators of the contribution of the project to the HARP objectives.

The identification of the linkages is achieved through plotting the intended outcomes for each core components (identified in Step 2) in relation to the HARP Strategy Focus Areas and the HARP Objectives.

HARP Strategy Focus Areas

The HARP strategy Focus Areas refer to the four broad occasions within which projects have an opportunity to contribute to the HARP aim. Essentially these occasions reflect the 'transition' of a patient from being at risk of an event that would necessitate accessing services, through to the service system response. Accordingly four HARP Strategy Focus Areas have been defined:

- Stopping 'events' occurring – this strategy focus area encompasses core components that stop events occurring that would otherwise have necessitated the patient accessing acute services;
- Non Emergency Department 'event' management – this strategy focus area encompasses core components that provide services to patients following an event, but outside of the emergency department;
- Emergency Department 'event' management – this strategy focus area encompasses core components that change the way that the patient is managed once they attend the emergency department; and
- Post hospital management – this strategy focus area encompasses core components that, following a hospital admission, stop events from reoccurring.

HARP Objectives

The HARP objectives incorporate the range of activities that contribute to the attainment of the HARP outcomes (and aim). Eight HARP objectives have been defined:

- Improved management of 'at risk' patients – improving the management of patients' condition/disease/risk factors and/or their environment e.g. fall prevention.
- Improved supported / self-management – increasing individuals ability to self manage and/or improving supported community living (including residential care).
- Improved responsiveness to patients' needs – providing services that address the needs of patients as they arise.

- Improved proactive management of patients – improvements in the proactive approach to health care management through the establishment of mechanisms in advance of need.
- Increased health system capacity – increasing capacity within the service system to respond to health needs, including the availability of services, acceptability of services, accessibility of services, scope of services, coordination of services, and skills of providers.
- Better continuity of care – clearer clinical pathways, information, communication, flexibility, common contact and consistent providers.
- Improved communication and cohesion between services – creating cohesion between public hospitals, the sub acute and primary care sectors through improved mechanisms for information sharing and established networks/contacts.
- Improved resource efficiency – through improving the value for money of services, in terms of the relationship between resource inputs and outcomes such that the same outcomes are achieved at a lower cost, or improved outcomes are achieved for the same cost.

The HARP templates (page79) provide further information on each HARP objective.

The HARP Schema

The HARP Focus Areas and HARP Objectives have been combined within a matrix construct – the HARP Schema, as the basis for identifying the relationship between where the core component contributes to HARP (strategy focus area) and through which means (objective). The HARP schema is presented below (within the context of the ‘rapid response project’ – example).

Completing the Schema

The section provides an outline of how to use the HARP schema to plot the core component intended outcomes.

- Taking each core component and its intended outcomes separately – identify the ‘HARP schema’ cell or cells that best capture the intended outcomes relative to the HARP strategy focus areas and the contribution to the HARP objectives.
- Highlight the ‘cell’ or ‘cells’ on HARP schema an ‘X’ and label with the relevant component reference.
- Where the core component is identified within more than one of the schema cells, circle the ‘X’ that is the primary focus → □



The Schema should be documented in Step 5 of the ***HARP Schema Information Sheet***.

Example – Rapid Response Project

The following figure outlines the application of the HARP Schema plotting of the outcomes from the three project components previously described. The ‘circled’ Xs (□) reflect the project’s own determination of its major emphasis for each component.

Table 10: Example Project – HARP Schema

HARP OBJECTIVES										
		Improved management of 'at risk' patients	Improved supported and/or self management	Improved responsiveness to patient needs	Improved proactive management of patients	Increased health system capacity	Better continuity of care	Improved communication and cohesion between services	Improved resource efficiency	
HARP STRATEGY FOCUS AREAS	Stopping Events Occurring	X ₃		X ₃	X ₃	X ₃	Key: X ₁ – Action Line (Component #1) X ₂ – Home Assessment and Rapid Service Provision (Component #2) X ₃ – Care / Service Coordination (component #3)			
	Pre Hospital Event Management	X ₂		X ₁ X ₂		X ₁ X ₂			X ₁	
	Emergency Department Event Management									
	Post Hospital Management									

6

IDENTIFY HARP Contribution

Step 6 – Identify the information to support the contribution to HARP

Key Concepts

- HARP Templates – provide information to assist in identifying the specific indicators of project activity toward the intended outcomes.
- Contribution to HARP – The project contributes to HARP through the HARP objectives to produce the HARP outcomes.
- Information – Direct Evidence, Indirect Evidence, Evidentiary Linkages, and Logical Reasoning.

The sixth and final step within the **HARP Schema Process** involves identifying the indicators that will be used to identify the contribution of the project to HARP in terms of the:

- contribution of the core components to the specific HARP objectives; and
- contribution of core components to the HARP outcomes:
 - the reduced need for an emergency response; and/or
 - reduced preventable presentations.

This step is facilitated through the preceding two steps:

- Step 5 involved identifying the relationship between the projects' core components and the HARP objectives; and
- Step 4 involved identifying the impact and outcome indicators for the projects core components which will form the basis of the indicators for assessing the projects contribution to HARP objectives and outcomes.

Project Contribution to HARP Objectives

Taking each core component, the project is required to identify the measures and indicators that will be used to support the contribution of the core component to the identified cells on the HARP Schema. The congruency between the indicators outlined in Step 4 and those required here will vary across projects. Where an alternative or additional indicators can be identified these should be specified.

For some of the interrelationships, indicators may not be relevant and in these circumstances the project is required to specify why e.g. increased communication and cohesion between services is facilitated by the projects core component but does not have a valid available indicator or measures.

HARP Templates (page 79) provide further information on each HARP objective and provides sample measures and indicators for identifying the projects contribution to HARP.



The approach to identifying the contribution to HARP objectives should be documented in Step 6a of the **HARP Schema Information Sheet**.

Project Contribution to HARP Outcomes

For HARP outcomes, the project should focus upon the 'primary' core component identified in the schema process (or where relevant, the focus should be on the entire project for example, where the core components are linked). The project will need to consider the relationship between the indicators that are

being collected and the approach through which the projects core components contribute to HARP outcomes:

- the reduced need for an emergency response; and/or
- reduced preventable presentations.

Pivotal to identifying the contribution of the project to HARP outcomes will be consideration of the project comparator. The difference between the HARP project and the comparator on HARP outcomes will provide an indication of the relative contribution of the project. Where valid comparator information is unavailable the project will need to identify an alternative methodology to indicate the relative contribution of the project.

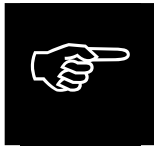
Four classifications of information on the contribution of the projects core components to HARP outcomes have been defined.

- *direct evidence* – where the project data that can be directly attributed to the project core components impact on HARP outcomes i.e. the information informs on the magnitude of the reduction in preventable emergency presentations;
- *indirect evidence* – where project data is indicative and is not directly attributable from the project core component to the HARP outcome i.e. a measurable change in the status of risk factors related to a patient's condition, where the improvement in the status of such risks factors would decrease the likelihood of the patient's condition deteriorating to the point that would result in an emergency presentation;
- *evidentiary linkages* – where the available literature provides a plausible link between core component outcomes and the HARP outcomes and/or aim i.e. the extent to which the project implements a model in accordance with the evidence such that replication of the model will in all likelihood lead to the same outcomes as that observed when the evidence for the model was established; and
- *logical reasoning* – where there is a logical argument for a link between project outcomes and HARP outcomes and/or aim i.e. when there is no empirical evidence for the model, but the model is supported by informed expert view and attribution.

Notes of clarification

The following notes provide assistance in clarifying the approach being contemplated by the project:

- 1) A project would be using *direct evidence* if its outcome indicators identified during Step 4 are expressed directly in terms of HARP outcomes and where there is an evaluation design that enables meaningful comparison to assess the impact of the project on HARP aims.
- 2) While many projects have access to data regarding Emergency Department presentations and emergency admissions that will be useful to monitor trends, this information may not be sufficient to enable evaluation if effective comparison data are not available.
- 3) Projects are encouraged to at least monitor trends in Emergency Department presentations and emergency admissions even if such information is not to be used directly for evaluation
- 4) Clinical indicators associated with best practice are a form of *indirect evidence*.
- 5) The use of process indicators associated with best practice is a form of *evidentiary linkages* where the evidence that best practice was successfully implemented is evidence of the likelihood of patient outcomes that will avoid the need for a hospital presentation.
- 6) Projects using HARP to respond to an identifiable service need where there is no substantial evidence basis for the model/intervention, need to outline their logic for reasoning the benefit of the service and provide data that supports this reasoning (e.g. employing an allied health person within the Emergency Department to assist with referral of patients with complex psychosocial needs to appropriate community service providers).



The approach to identifying the contribution to HARP outcomes should be documented in Step 6b of the **HARP Schema Information Sheet**.

Example – Rapid Response Project

Table 11: Example Project – Project Contribution to HARP Objectives

STEP 6a		
Core Component	HARP Objectives	HARP Indicators
1 (Action Line)	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	Proportion of patients referred to the action line that required assessment for services. Proportion of patients referred to the action line that required rapid services. Proportion of patients referred to the action line that required ongoing coordination.
	Pre hospital event management – increased health system capacity	Proportion of patients that the action line provided a service to.
	Pre hospital event management – improved communication and cohesion between services	The action line facilitates the progression of patients between services.
2 (Home Assessment and Rapid Service Provision)	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	Proportion of patients referred to the action line that required rapid services.
	Pre hospital event management – increased health system capacity	Proportion of patients that receive services.
	Pre hospital event management – improved management of at risk patients	Proportion of patients that receive services that experience a change in their risk factors.
3 (Care / Service Coordination)	<i>Stopping events occurring – Improved proactive management of patients</i>	Proportion of patients referred to the action line that ongoing coordination. Proportion of patients that have coordination and have improved risk factor status. Proportion of patients that had coordination that had changes in their needs over the project.
	Stopping events occurring – Improved responsiveness to patients needs	Proportion of patients that had coordination whose needs change over the life of the project.
	Stopping events occurring – improved management of at risk patients	Proportion of patients that experience a change in patient risk factors.
	Stopping events occurring – increased health system capacity	Proportion of patients that received additional/new services.

Table 12: Example Project – Project Contribution to HARP Outcomes

STEP 6b		
Core Component	HARP Outcomes	HARP Contribution
1 (Action Line)	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	<u>Logical Reasoning</u> – the Action Line is the facilitator to the home assessment and rapid service provision.
2 (Home Assessment and Rapid Service Provision)	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	<u>Direct Evidence</u> – the project is able to use a matched cohort to illustrate that people who receive rapid assessment and service provision attend emergency departments at a lower rate for the same events.
3 (Care / Service Coordination)	<i>Stopping events occurring – Improved proactive management of patients</i>	<u>Direct Evidence</u> – the project is able to use a matched cohort to illustrate that people who do not have care/service coordination have more presentations and admissions to Emergency Departments

Project Collection and Reporting

This section outlines the project's role in collecting and reporting on the process, impact and outcome evaluation information. The information requirements are a combination of both prescribed and project determined. The information will be reported on the **6 Monthly Reporting Template**, which forms the primary basis for ongoing information exchange between the project and the evaluators. The Template consists of a series of prescribed questions in relation to the process, impact and outcome evaluation of each project. In addition the projects will be asked a range of questions required for Departmental purposes.

The **6 Monthly Reporting Template** will be e-mailed to projects 2 months before it is due for return (electronically) to the Evaluators (harpevaluation@bearingpoint.com). The following table outlines the reporting periods and the reporting dates:

Reporting Period	Due
January 2003 to June 2003	15 August 2003
July 2003 to December 2003	15 February 2004
January 2004 to June 2004	17 August 2004
July 2004 to December 2004	17 February 2005

Process Evaluation – Collection and Reporting

The project is required to provide information pertaining to the 'means used' to produce the intended impacts and outcomes. The process evaluation requirements are standard across all projects, although the way in which the information is collected and reported will be project specific. The process evaluation information required for the evaluation is in two forms:

- amendments and changes to information previously reported in the **Understanding Template**; and
- ongoing activities, as projects progress toward the projects intended impacts and outcomes.

Amendments and Changes

Within the **Understanding Template** we have required that projects provide information on their underlying model/intervention. To ascertain whether the project has progressed as expected we require the project to address the following series of questions over each six-month reporting period:

- Was each component of the project operationalised according to 'plan'? If there were any deviations explain what they were and why they occurred; and
- Outline how changes to project activities impact upon the project objectives.

Question A1:

Was each component of the project operationalised according to 'plan'? If there were any deviations explain what they were and why they occurred, and how changes to project activities impact upon the project objectives.

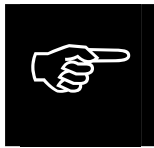
Guide:

Within the **Understanding Template** projects were asked to detail various aspects of their core components.

Where there are changes in the information reported within the **Understanding Template** we require the project to keep us informed and to provide information on:

- what has changed;
- why the changes occurred;
- how the changes impact upon the project and core component objectives; and

- changes in the relationship of the core component to HARP.



Report information on the **6 Monthly Reporting Template**.

Provide information on the amendments and changes to the project.

Ongoing Project Activities

The evaluation requires information on the project activities undertaken over the six month reporting period. The required information may be available from within existing reporting mechanisms, however there is the possibility that the project will need to establish its own collection methodology/processes. The following information is required:

- (where relevant) What have been the characteristics of patients that have been impacted upon by the project?
- What have been the factors that have facilitated and/or hindered the project?
- What have been the projects activities, expenditure and costs?

Question O1:

What have been the characteristics of patients that have been impacted upon by the project?

Guide:

Report on:

- the number of patients that have been recruited by the project and/or impacted upon by the project;
- how the patients were identified; and
- why were they identified by the project as suitable for HARP based activities?

Question O2:

What have been the factors that have facilitated and/or hindered the project?

Guide:

Projects are required to identify the factors that have facilitated or hindered the project and projects core components from the view point of:

- development of the project and project core components;
- implementation of the project and project core components; and
- operationalisation of the project and project core components.

Question O3:

What have been the projects activities, expenditure and costs?

Guide:

The project is required to collect and report on activity, expenditure and costs (further information is located on page 89):

- *Activity* – what the project actually did in relation to the core components;
- *Expenditure* – how the project has spent the HARP funding; and
- *Cost* – the 'total' cost of the HARP Project Activities, incorporating HARP and non-HARP resources.

Activity

Projects are required to provide details of what they actually have done within each core component, in terms of:

- Project Functioning i.e. activities that were undertaken because of the fact that the HARP projects are 'projects', for example, project development and fulfilling evaluation requirements; and
- Project Activity i.e. activities that are undertaken as part of the project model/intervention. Two forms of project activity have been defined:
 - Service System Functioning – core components that impact upon the operation and performance of the service system; and/or
 - Service Provision – core components that impact upon or relate directly to service provision.

Provide details of:

- Activities undertaken for each core component

Expenditure (- How did you spend the funds that you received?)

Projects are required to provide details of how their allocated HARP funding (and other non HARP allocated funding) has been spent.

- HARP funding is the amount of dollars (\$) that the project has received for the financial year from HARP.
- Expenditure is defined in terms of the dollars (\$) that the project has direct control over.
- Project expenditure should be classified according to:
 - Project Functioning – identifying establishment expenditure and ongoing expenditure; and
 - Project Activity (Service System Functioning and Service Provision) – identifying establishment expenditure and ongoing expenditure.

Provide details of:

- Expenditure in terms HARP funding and other funding according to Project Functioning and Project Activity.

Costs (- How much does the model/intervention really cost?)

Project generally have resource implications beyond the scope of the project i.e. patients are referred to community based services that are funded through an alternative mechanism than HARP. To understand the actual resource impact of the project it is necessary to understand what the wider costs are, and this involves identifying and measuring the direct and associated costs of the project.

Costs are the product of the quantity of the resources consumed and the unit cost of resources. Projects are required to provide details of the 'total' cost of HARP Project Activities, incorporating HARP and non-HARP resources. The range of costs should be restricted to those of the health care service system, although where additional patient costs are deemed significant (because of HARP as compared to 'usual practice') projects are encouraged to collect and report on this.

- In the HARP context, costs incorporate all resources that have been consumed as a result of the HARP Project Activities, including HARP and non-HARP resources i.e.
 - the costs of activity and services provided directly by the project **and** paid for through HARP expenditure; and

- the costs of activity and services provided as a consequence of the project **but not** funded through HARP expenditure i.e. additional costs associated with the project referral funded through non HARP sources.

Provide details of:

- The total cost of Project Activity (including the breakdown of costs by activity (core component) and funding source).
- (*Where relevant*) the cost per patient.

Question O4:

What were the activities and costs of the comparator?

Guide:

As outlined on page 6, the provision of information and data on a comparator is an essential element of the project evaluation. The project is required to collect and report on activity and costs for their comparator in terms of the services/interventions that would have occurred in the absence of HARP (i.e. the operation of the service system – functioning and/or service provision, under conditions of ‘usual practice’ for target patients). The specific format of the information will depend upon the comparison methodology, but in general:

For the before-after approach provide details of:

- the services/activity provided to targeted patients/services prior to the project intervention/model; and
- the ‘total’ cost (and *where relevant* cost per patient) of services/activity prior to the project intervention/model.

For the comparative (matched) cohort approach provide details of:

- the services/activity provided to comparator cohort; and
- the ‘total’ cost (and *where relevant* cost per patient) of services/activity provided to the comparator cohort.

For the randomised control provide details of:

- the services/activity provided to control group; and
- the ‘total’ cost (and *where relevant* cost per patient) of services/activity to the control group.

Further information is located on page 89.



Report information on the **6 Monthly Reporting Template**.

Provide information on the ongoing (process) project activities.

Impact Evaluation – Collection and Reporting

Steps 3, 4 and 6 of the **HARP Schema Process** required projects to identify the impact indicators. The project will need to monitor and report upon these indicators within the six monthly reporting activities.

The project will also need to report on the comparable impact indicators for the project comparator.



Report information on the **6 Monthly Reporting Template**.

Provide information on the identified impact indicators for the project and the comparator.

Outcome Evaluation – Collection and Reporting

Steps 2, 4 and 6 of the **HARP Schema Process** required projects to identify the outcome indicators. The project will need to monitor and report upon these indicators within the six monthly reporting activities.

The project will also need to report on the comparable outcome indicators for the project comparator.



Report information on the **6 Monthly Reporting Template**.

Provide information on the identified outcome indicators for the project and the comparator.

Project Reflections

Over the course of the project, the project will have experienced numerous insights into the issues and lessons that contribute to policy and program development within both the HARP and broader HDM strategy domains. We will be seeking to draw upon the experiences of the projects, from the perspective of the various stakeholders and participants. There is no prescribed structure within which the project is required to report the 'project reflections', but projects are encouraged to consider the following areas:

Issues

- What factors hindered or facilitated the project?
- What strategies in hindsight may have limited the impact of the project or acted as barriers?

Lessons

- What are the lessons that would be useful to share with other stakeholders?
- What are their implications for program and policy development and implementation?

Findings

- What are the key findings from the project and what are the implications for the project, for stakeholder groups in or associated with the project?
- What are the implications for program and policy development?

Opportunities

- Are there opportunities to expand the model/intervention?
- Are there opportunities to apply the project's model/intervention in an alternative setting?
- If so, describe the opportunities in terms of, for example, patient groups, care settings and service delivery.

Further information of the completion of the **Project Reflection Template** will be provided with the template. The template will be e-mailed to you by end of November 2004, for return to the Evaluators (harpevaluation@bearingpoint.com) in electronic format by 17 February 2005.



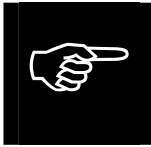
Report information on the **Project Reflections Template**.

Provide information on the project insights into issues and lessons

Supplementary Information

Throughout the evaluation period there will be occasions when we will require additional information or clarification of the information provided by the projects. A variety of methodological approaches will be utilised to gather this 'supplementary information' including:

- Case Studies;
- Questionnaires; and
- Interviews.



Report information on the ***Supplementary Information***.

Provide information as required in specified format.

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SECTION 4: INFORMATION AND ATTACHMENTS TO SUPPORT THE EVALUATION

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BACKGROUND INFORMATION

- Conceptualisation of the Hospital Demand Management Strategy and HARP
- HARP Conceptual Overview
- HARP Evaluation Overview

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Conceptualisation of the Hospital Demand Management Strategy and HARP

Hospital Demand Management (HDM) Strategy

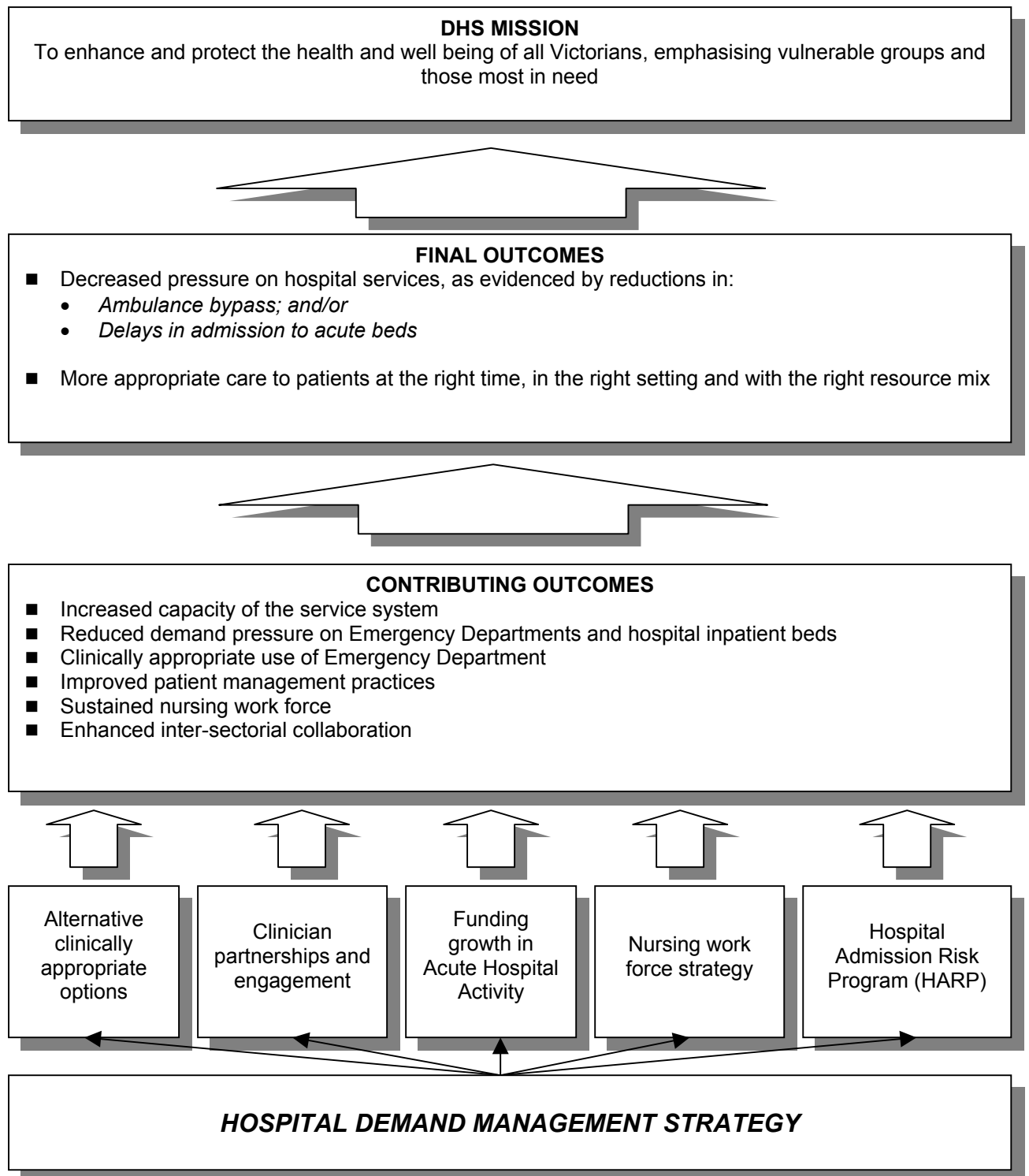
The Victorian Government has committed \$582 million through the HDM Strategy to strengthen the capacity of the health system to manage the increasing hospital demand pressures. The HDM Strategy focuses on the service system as a whole rather than on fragmented or single organizations. It promotes appropriate pathways for people using health care services and encourages models of care that respond to current demands for health services.

The key aspects of the HDM Strategy are:

- creating extra capacity through funding growth;
- relieving pressure on hospital beds and Emergency Departments through diverting people to alternative options where clinically appropriate;
- working with clinicians to improving patient management practices;
- improving working conditions that will attract and retain nurses; and
- implementing a prevention strategy to reduce demand pressure – the Hospital Admission Risk Program (HARP).

The following figure depicts the approach embodied within the HDM Strategy to achieve outcomes that will enable the service system to meet increasing demand pressures, and to ensure that all Victorians receive appropriate care, at the right time, in the right setting and with the right resource mix.

Figure: HDM Strategy Components and Outcomes



Hospital Admission Risk Program (HARP)

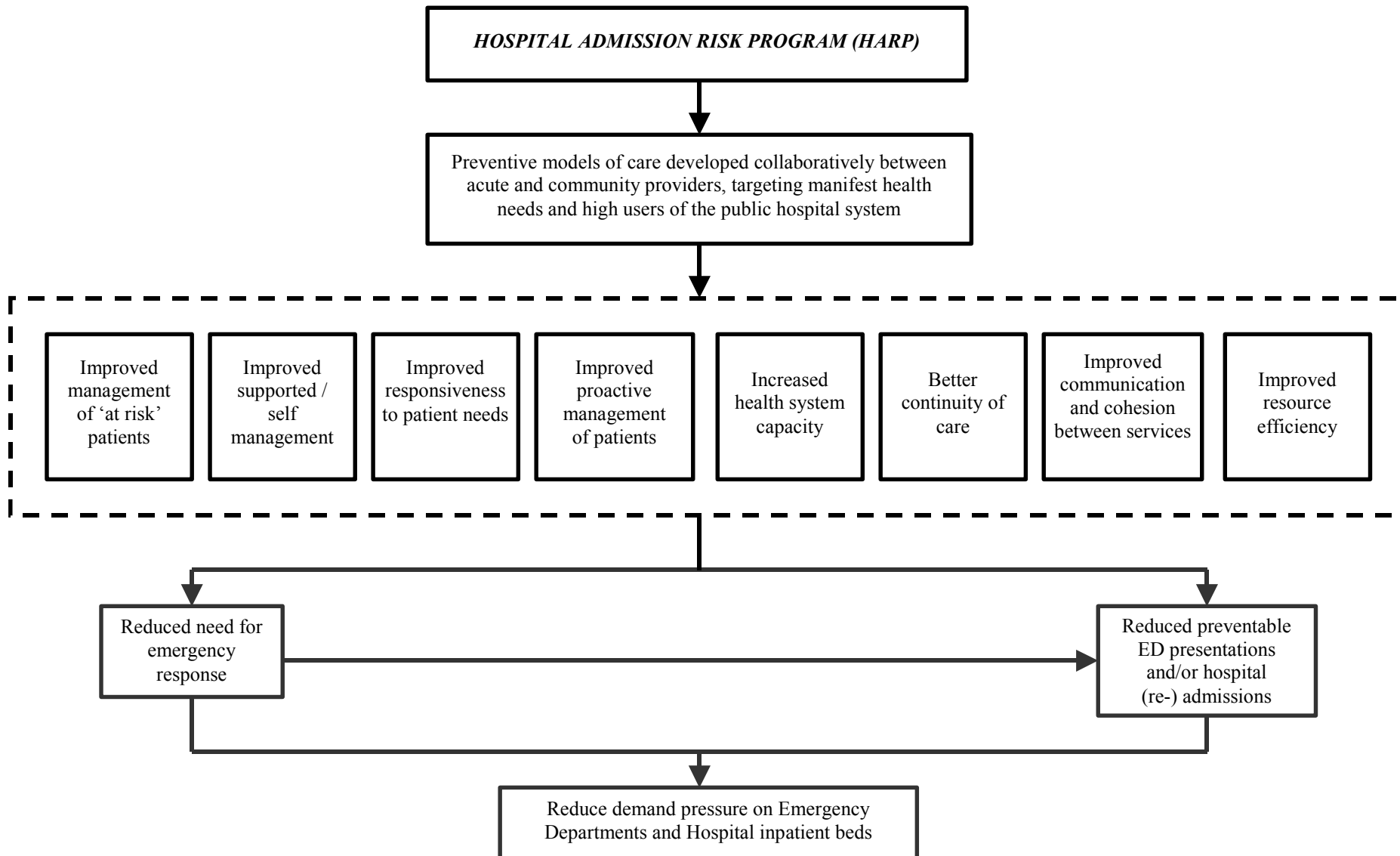
The aim of HARP is to implement a prevention strategy to reduce demand pressure on hospitals, by averting unnecessary and/or preventable use of Emergency Departments and inpatient services. The specific nature, objectives and contribution of individual HARP projects to the attainment of the HARP aim are multiple and varied and involve implementing interventions and models of care that better manage emergency presentations and emergency admissions to public hospitals through alternatives that involve both the hospital and/or the community.

HARP is a collaborative strategy, involving hospitals, general practitioners, community providers, key clinical groups, consumers, research bodies, and the Department of Human Services. It is expected that HARP will enhance people's health status and well-being by:

- supporting their independence and capacity to live within the community;
- increasing capacity within the service system to respond to the health needs of people;
- developing responsiveness in services and proactive management of people's health needs;
- clearer clinical pathways delivering better continuity of care; and
- creating cohesion between public hospitals, the subacute and primary care sectors.

The following figure depicts the linkage between HARP prevention strategy and the attainment of outcomes consistent HDM Strategy.

Figure: HARP



HARP Conceptual Overview

The conceptual framework for HARP provides the basis from which to consider the:

- appropriateness of the HARP strategies and projects as mechanisms for addressing the underlying issues associated with Emergency Department utilisation that could be 'prevented'; and
- relative contribution of project interventions and models of care towards the attainment of the HARP objectives.

The conceptual framework involves consideration of the intended objectives of the HARP within the context of the broader HDM Strategy and the Victorian health and community care service system. The framework has been 'built' upon the following principles:

- an identifiable '*at risk*' patient and/or disease cohort that has a high likelihood of future hospital utilisation that could potentially be avoided;
- demand for services is an expression of needs, viewed through perceived departures in health and/or well-being;
- a service system pathway through which health and community care services are accessed, conceived as an 'ordered' structure, whereby the patient has a series of choices on which services to access in times of need; and
- a service system that has the opportunity to:
 - prevent deviations in health and/or well being and manage expressed needs; and/or
 - divert or influence patient choice, access and the characteristics, format and structure of service system utilisation.

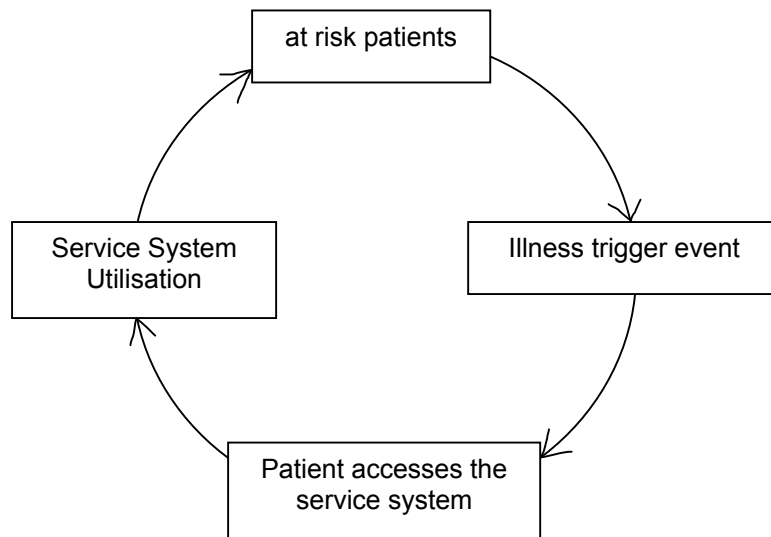
The Patient Transition

The foundations for the HARP conceptual framework lie within the notion that the interaction between the '*at risk*' patient and the service system can be represented by an implied transition of patients identified as being '*at risk*' of an event, to the occurrence of an event, and through to the response of the patient (or agent) and the service system. The specific components of this patient transition are:

- '*at risk*' patients which, within the context of HARP, refers to:
"target conditions or cohorts of patients with high Emergency Department presentations and admissions that have the potential to be proactively managed in the community";
- illness trigger events (immediate and gradual, incorporating pain, disease and anxiety) that cause an 'expressed' patient need that results in the patient requiring, or perceiving the need for, intervention;
- patients accessing the service system in order to meet their expressed needs; and
- patient service system utilisation– the services provided (primary, community and/or hospital) to the patient in response to expressed needs.

The following figure summarises the transition of '*at risk*' patients that experience an illness trigger event that necessitates accessing the service system, where the patient may access and utilise primary, community and/or hospital services. This figure illustrates that following the management of an event via service system utilization, the patient remains at risk of a re-occurrence of the same or a different event.

Figure: Patient Transition



Application to HARP

In general terms HARP can be considered as an approach specifically targeting areas of influence within the patient transition and service system structure through:

- o strategies that impact directly on the patient in terms of the maintenance of health and well-being so as to 'prevent', or to improve the management of the *originating* cause of emergency presentation at a hospital i.e. to 'reduce' the likelihood of 'illness trigger events' occurring.

HARP STRATEGY – STOPPING EVENTS OCCURRING

- o strategies that impact upon the operation and performance of the underlying service system in response to illness trigger events i.e. to 'prevent' unnecessary and/or inappropriate emergency presentation. Such initiatives are targeted at '*Service System Performance*' and reflect two broad strategy types – one associated with community based management and the other with management within the Emergency Department.

HARP STRATEGY – PRE HOSPITAL EVENT MANAGEMENT

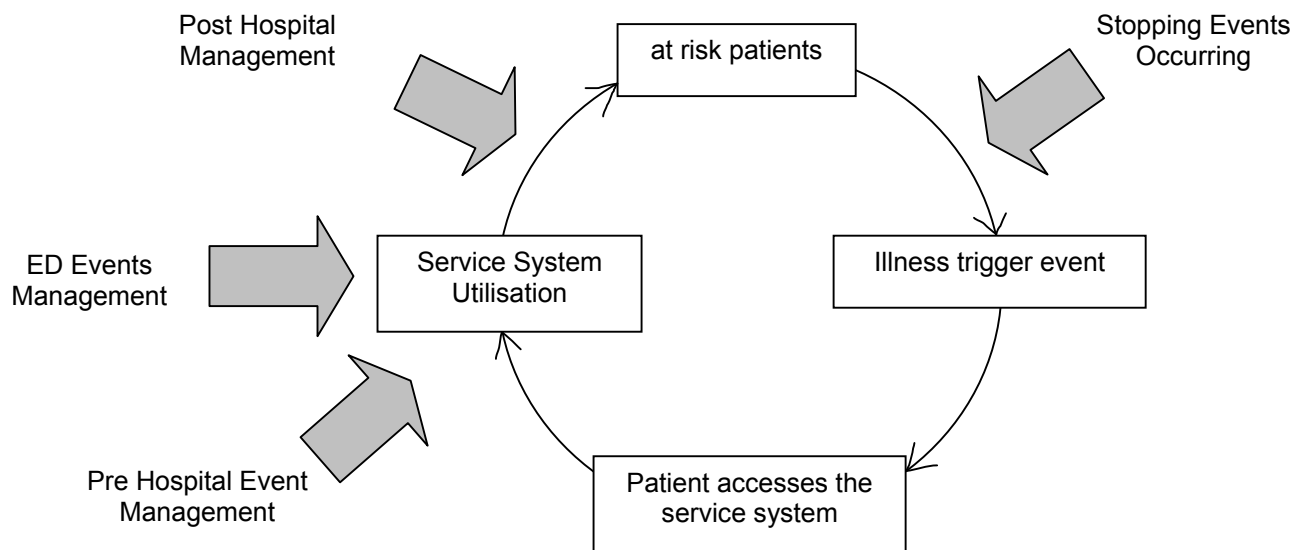
HARP STRATEGY – EMERGENCY DEPARTMENT EVENT MANAGEMENT

- o strategies that impact upon the patients re-entering the community following hospitalisation for an 'illness trigger event' to ensure that their condition is appropriately managed i.e. to 'prevent' reoccurrence.

HARP STRATEGY – POST HOSPITAL MANAGEMENT

The following figure presents the strategies within the context of the patient transition.

Figure: Patient Transition and HARP Strategies



HARP Strategy – Stopping Events Occurring

These strategies recognise that certain patients are at risk of illness trigger events (critical or gradual) that in all likelihood would ultimately result in emergency presentation to a hospital. Strategies focus on:

- improved management /safety of the 'at risks' patient's *environment* to reduce the likelihood of immediate crisis events occurring (e.g. falls prevention); and/or
- improved management of the patient's existing condition/disease/risk factors by the service system to reduce the likelihood of both an immediate and/or gradual development of crisis events (e.g. care coordination, self management, service linkages).

HARP Strategy – Pre Hospital Event Management

These strategies recognise that some patients will experience events or changes in their circumstances that will result in their immediate, or future utilisation, of hospital emergency services, due to an absence of viable alternatives.

Pre Hospital Event Management strategies are expected to provide more responsive, appropriate and integrated services as alternatives to Emergency Departments, and thereby reduce attendance and utilisation (e.g. telephone triage, assessment teams, acute service outreach).

HARP Strategy – Emergency Department Event Management

These strategies recognise emergency patients are heterogeneous in terms of the severity of their condition and service needs, and seek to reconfigure the services within the Emergency Department to better meet these needs (e.g. Emergency Department care coordination).

Emergency Department Event Management strategies are expected to provide patients with the most effective and appropriate health care response to their specific health care needs.

HARP Strategy – Post Hospital Management

These strategies recognise that when patients re-enter the community following hospitalisation they may require targeted assistance to ensure the non-reoccurrence of events, so as to prevent the further utilisation of hospital based services.

Post Hospital Management strategies are expected to provide the necessary assistance to ensure that the patient is appropriately managed within the community/primary care sectors following hospitalisation for events. These strategies reduce the likelihood of an event reoccurrence (e.g. step down, acute primary liaison).

HARP Evaluation Overview

Evaluation Aims

The aim of the HARP evaluation is to:

“Identify interventions and models of care that are effective in improving clinical outcomes and reducing the preventable use of acute health services”.

The specific evaluation objectives are to:

- 1) Identify interventions and models of care that have demonstrated effectiveness in:
 - Preventing emergency department presentations; and
 - Preventing emergency admissions and avoidable re-admissions.
- 2) Report on the relative resource utilisation of the various models of care and interventions funded under HARP.
- 3) Identify local factors that facilitate or inhibit the effective implementation of prevention strategies.
- 4) Analyse and describe how differences in outcomes relate to differences in program delivery at different sites.
- 5) Analyse and describe the ‘system’ issues that facilitate or hinder the progress of HARP.
- 6) Provide information about factors that contribute to program sustainability.
- 7) Identify the factors, both local and systemic, which facilitate or hinder the capacity of services to implement initiatives that reduce the preventable use of acute health services.

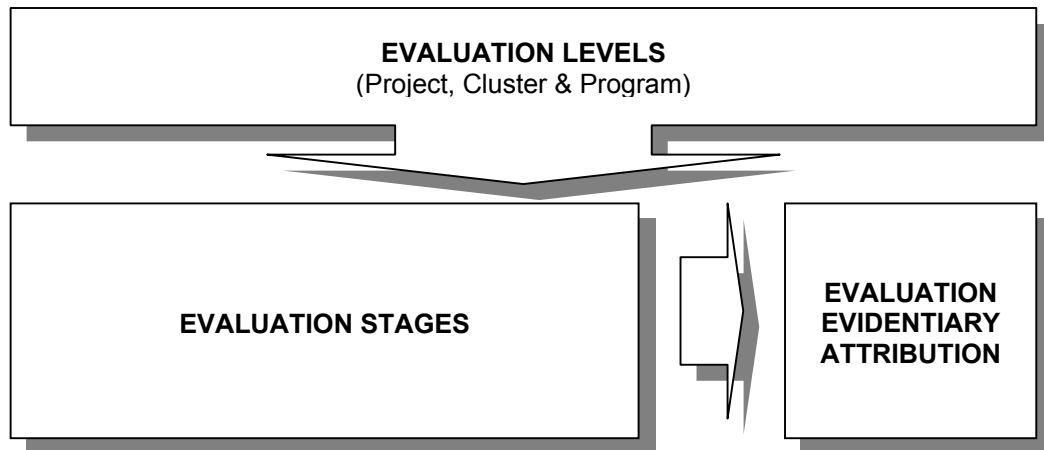
Evaluation Approach

The evaluation approach to HARP consists of:

- 1) Three levels of evaluation – project, cluster and program;
- 2) Three stages of evaluation activities for each level of evaluation that build up the program logic; and
- 3) The use of an evidentiary attribution approach to assess the linkages between, and the level of contribution of, individual project outcomes to expected HARP outcomes.

The following figure provides an overview of the evaluation approach.

Figure: HARP Evaluation Overview



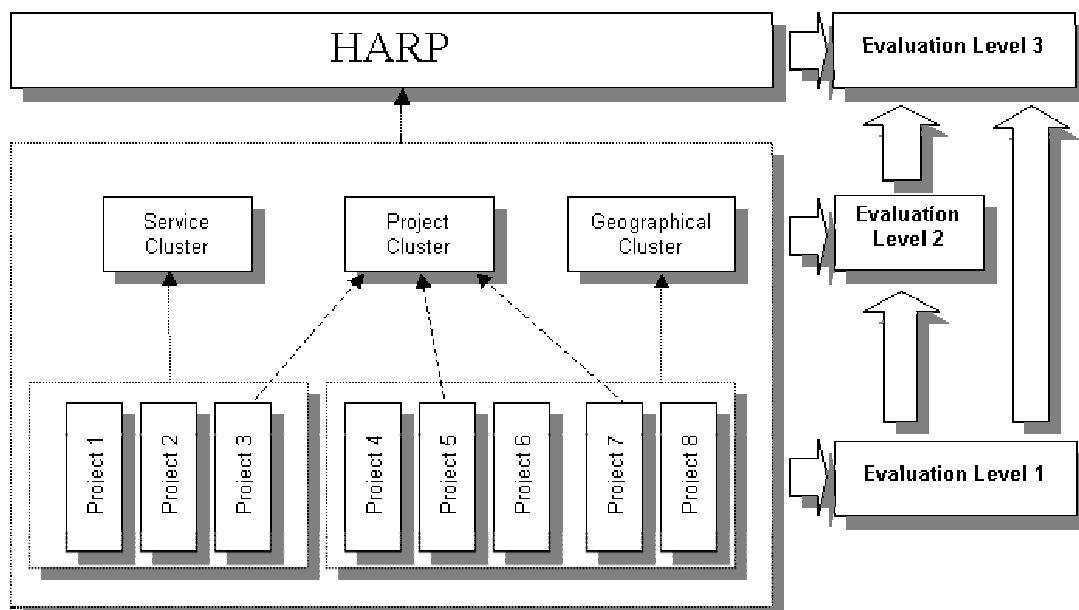
Evaluation Levels

HARP is an amalgamation of projects that share a common aim, through multiple objectives, to reduce hospital emergency demand pressure. The success or failure of HARP is dependent upon the relative contribution of individual projects, and where relevant, the contribution of clusters of projects toward this aim. To accommodate for the characteristics of HARP activities, the evaluation requires an underlying structure that is capable of incorporating and differentiating three evaluation levels:

- Evaluation Level 1: Individual project evaluation;
- Evaluation Level 2: Cluster evaluation; and
- Evaluation Level 3: Program Evaluation.

The following figure summarises the evaluation levels.

Figure: HARP Evaluation Levels



Evaluation Level 1: Individual project evaluation

The evaluation of the each project has multiple roles within the evaluation:

- informing on the performance of the project as a discrete entity to identify project effectiveness, in terms of:
 - the extent by which the project attains its specific objectives;
 - the extent by which the project attains the HARP aims and objectives;
- contributing to the evaluation of clusters (Evaluation Level 2); and
- contributing to the overall evaluation of HARP (Evaluation Level 3)

Evaluation Level 2: Cluster evaluation

Projects that share a common feature and/or attribute can be evaluated as clusters i.e. considering the impact of the operation of HARP projects within a broader context across a variety of settings. Three classifications of cluster have been identified:

- *service clusters* – projects that occur within a single service site, setting or location;
- *project clusters* – projects that have common objectives and/or characteristics; and
- *geographical clusters* – projects that occur within a geographical location.

The specific clusters have yet to be identified. They will be determined as the evaluation progresses and issues emerge to inform decision making regarding future HARP developments.

Evaluation Level 3: Program evaluation

The evaluation of HARP as a single entity involves the synthesis of the similarities and differences between project activities and outcomes to assess the overall impact of HARP on hospital demand pressure from the viewpoint of the entire system.

Evaluation Stages

The Evaluation Stages represent a common evaluation approach to be applied to projects, clusters and the program. The adoption of a 'staged' approach ensures consistency and completeness in the evaluation where:

- the projects are diverse in terms of such facets as design, the level of implementation, scope, aims, objectives and expected outcomes;
- clusters have been defined in terms of systematic collaborations and analytical constructs; and
- the evaluation of the Program (HARP) is based upon the 'additive' contribution of projects and clusters to the overall HARP aims and objectives.

The form of the analysis will be more specific and precise at the project level compared to the cluster or program level. This is because of the variability between the projects in terms of: the nature of the intervention, the target groups, and the expected impacts.

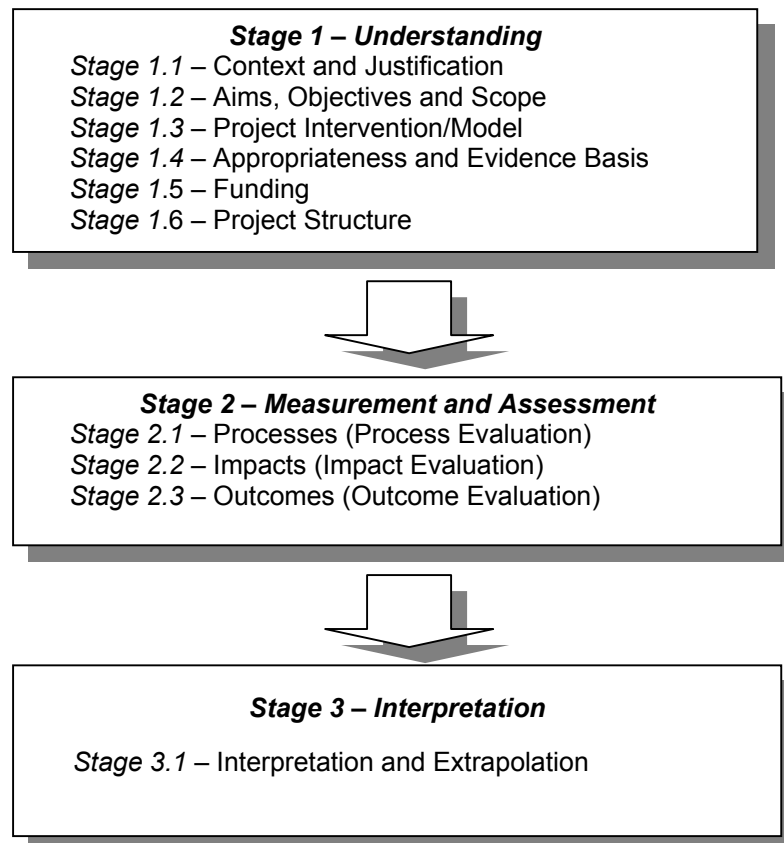
The three evaluation stages are:

- Stage 1 – Understanding the background and context within which the 'intervention' was conceived and implemented – this includes identifying the expected impact of the intervention in terms of the scope, aims and objectives (and relating these to HARP aims and objectives) and understanding the justification for, and the evidence basis of, the project's intervention strategy;
- Stage 2 – Measurement and Assessment of the activities associated with the intervention in terms of processes, impact and outcomes; and

- Stage 3 – Interpretation of the implications for policy and future program development that arise through interpretation of lessons learned, understanding of the critical success factors and barriers to change.

The following figure summarises the evaluation stages.

Figure: HARP Evaluation Stages



Evaluation Evidentiary Attribution

The establishment of HARP within the dynamic service system means that ‘trial’ based attribution of cause and effect relationships is unlikely to occur. This necessitates the need for an evaluation approach that is able to provide an indicative assessment of cause and effect. The evaluation essentially involves developing a picture of evidence for the project, based upon drawing together the available information to assess the ‘likely’ contribution of projects and clusters to their specific and/or HARP aims and objectives,

In some cases, it may be relatively simple to assess the impact and the cause and effect relationship between a project’s model of intervention and measured outcomes. In many other cases, this will be more difficult.

The approach to developing a picture of the evidence will involve consideration of:

- the theoretical justification and rationale of project interventions to address the specific need, aims and objectives;
- the collection and analysis of project specific information to assess the extent to which the project achieved its specific objectives;

- the collation of the evidence in a systematic and logical manner to establish the contributory 'likelihood' of the contribution to or attainment of expected HARP outcomes; and
- factors and influences, other than the HARP projects or clusters, that contribute to the aims and objectives, including State, Commonwealth and local initiatives.

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REPORTING TOOLS

- Understanding Template
- HARP Schema Information Sheet
- 6 Monthly Reporting Template
- Project Reflections Template

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Understanding Template

Instructions

- Provide information for each of the following questions.
- Information on completing each question is provided in the **HARP Evaluation Guide** (page 9 - Project Understanding)
- Where a question is not relevant please state why not.
- Your answers should be as complete and as informative as possible - bear in mind that this is the grounding from which the project will be evaluated!
- BearingPoint may contact you for clarification or additional information.

The **Understanding Template** will be sent to projects via e-mail. The file should be returned to BearingPoint (harpevaluation@bearingpoint.com) by 4 July 2003.

NOTE: The electronic version of this document may differ slightly in appearance from the one presented here, but will require exactly the same information.

Context and Justification

Question 1a:

Describe the characteristics of the setting (context) of the project, including the following:

- Service delivery environment; and
- Client population.

Question 1b:

Outline the nature and extent of the 'issue' being addressed by the project in terms of its contribution to hospital emergency demand pressure.

Aims, Objectives and Scope

Question 2a:

What is the aim of the project?

Question 2b:

What are the objectives of the project?

Question 2c:

What is the target group of the project?

Question 2d:
 What is the project comparator and how is this defined?

Project Intervention/Model

Question 3a:
 What are the core components of the project?

Question 3b:
 What are the objectives of the project core components? How do the project core components relate to the overall project objectives?

Question 3c:
 How do the project core components link and interact? (*Where relevant*)

Question 3d:
 What are the planned activities for each core component?

Question 3e:
 What is the expected timing of core component activities?

Question 3f:
 What is the expected impact of the project upon demand?

Question 3g:
 What are the critical success factors for the project?

Appropriateness and Evidence Basis

Question 4a:
 Outline the congruency between the project and HARP

Question 4b:

Is there any evidence (or other information) available that support's the projects core components as being 'likely' to contribute to the HARP objectives and outcomes? If the project has departed from the available evidence, what is the rationale for doing so?

Funding

Question 5a:

What are the funding sources of the project?

Source	2001/02*	2002/03
	\$	\$
DHS Recurrent		
DHS One-Off		
...specify others		
TOTAL		

*for projects funded in year 2001/02 provide funding sources and amounts

Question 5b:

How has the funding been allocated across projects core components?

Project Structure

Question 6a:

How is the project structured and organised?

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HARP Schema Information Sheet

Instructions

The **HARP Schema Information Sheet** provides a framework for completing the steps of the **HARP Schema Process** detailed in 'Evaluation Activities' Section (page 15) of the **Evaluation Guide**.

Complete the 6 steps of the HARP Schema Process:

STEP 1 – Identify the project's core components.

STEP 2 – Specify the objectives and intended outcomes for core components.

STEP 3 – Outline the intended impacts of the core components.

STEP 4 – Define the project indicators.

STEP 5 – Plot the HARP Schema.

STEP 6 – Identify the information to support the contribution to HARP

The **HARP Schema Information Sheet** will be sent to projects via e-mail. The file should be returned to BearingPoint (harpevaluation@bearingpoint.com) by 4 July 2003.

NOTE: The electronic version of this document may differ slightly in appearance from the one presented here, but will require exactly the same information.

STEP1

Project Core Components

- Identify the core components that make up the project.
- 'Core components' are major elements of the project and its model/intervention.
- Core components are defined in terms of:
 - Project Functioning – concerned with the project being a project.
 - Service System Functioning – concerned with the operation of the service system.
 - Service Provision – impact or relate directly to services.
- Number the 'Service System Functioning' and/or 'Service Provision Core Components in the shaded box.
- Use the number as the point of reference for Stages 2, 3, 4 and 5.

Project Functioning	Service System Functioning	Service Provision
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2	
Objective and Intended Outcomes	
<ul style="list-style-type: none"> Specify the Objectives of each core component – precisely what the core component is aiming to achieve. Specify the Intended Outcomes – what would happen as a result of the core component. 	

STEP 3	
Intended Impacts	
<ul style="list-style-type: none"> Outline the intended impact of each core component – the direct consequences of the core component activities required to achieve the intended outcomes. 	

STEP 4	
Project Indicators	
<ul style="list-style-type: none"> Impact Indicators – measures of the immediate consequences of the project in moving towards the project's aims and objectives Outcome Indicators – measures of the intended outcomes. 	

1	OBJECTIVE
	INTENDED OUTCOME
2	OBJECTIVE
	INTENDED OUTCOME
3	OBJECTIVE
	INTENDED OUTCOME
4	OBJECTIVE
	INTENDED OUTCOME
5	OBJECTIVE
	INTENDED OUTCOME

IMPACT INDICATORS
OUTCOME INDICATORS
IMPACT INDICATORS
OUTCOME INDICATORS
IMPACT INDICATORS
OUTCOME INDICATORS
IMPACT INDICATORS
OUTCOME INDICATORS
IMPACT INDICATORS
OUTCOME INDICATORS

- Take each core component and its intended outcomes and identify the cell or cells that best capture the intended outcomes relative to the HARP Objectives and HARP strategy focus areas.
- Highlight the cells with an 'X' and the corresponding core component number.
- Where the core component is represented in more than one cell identify the primary focus by circling the X

STEP 5 Plot the HARP Schema									
		HARP OBJECTIVE							
		Improved management of 'at risk' patients	Improved supported and/or self management	Improved responsiveness to patient needs	Improved proactive management of patients	Increased health system capacity	Better continuity of care	Improved communication and cohesion between services	Improved resource efficiency
HARP STRATEGY FOCUS AREAS	Stopping Events Occurring								
	Pre Hospital Event Management								
	Hospital Event Management								
	Post Hospital Management								

STEP 6	
STEP 6a	STEP 6b
Project contribution to HARP Objectives	Project contribution to HARP outcomes
<ul style="list-style-type: none"> Taking each core component identify the indicators that will be used to support the contribution of the core component to the identified cells in the schema, in terms of the (HARP objectives). 	<ul style="list-style-type: none"> Taking the 'primary' focus of each core component. Identify the information that the project will use to document the contribution of the project to the attainment of HARP outcomes.

1		
2		
3		
4		
5		

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6 Monthly Reporting Template

Instructions

Complete each section

- Process Reporting – Amendments and Changes, and Project Activities;
- Impact Reporting; and
- Outcome Reporting.

The **6 Monthly Reporting Template** will be sent to projects via e-mail two months before it is due to be reported upon.

The file should be returned to BearingPoint (harpevaluation@bearingpoint.com):

- 15 August 2003 (Reporting Period 1 January 2003 to 30 June 2003);
- 15 February 2004 (Reporting Period 1 July 2003 to 31 December 2003);
- 17 August 2004 (Reporting Period 1 January 2004 to 30 June 2004); and
- 17 February 2005 (Reporting Period 1 July 2004 to 31 December 2004).

NOTE: The electronic version of this document may differ slightly in appearance from the one presented here, but will require exactly the same information.

PROCESS REPORTING

Amendments and Changes

Question A1:

Was each component of the project operationalised according to 'plan'? If there were any deviations explain what they were and why they occurred, and how changes to project activities impact upon the project objectives.

--

Ongoing Project Activities

Question O1:

What have been the characteristics of patients that have been impacted upon by the project?

--

Question O2:

What have been the factors that have facilitated and/or hindered the project processes?

--

Question O3:

What were the projects activities, expenditure and costs?

(Refer to page 89)

--

Question O4:

What were the activities and costs of the comparator?

--

Impact Reporting

Impact Indicators (as specified in HARP Schema Process)	
Project	
Comparator	

Outcome Reporting

Outcome Indicators (as specified in HARP Schema Process)	
Project	
Comparator	

Project Reflections Template

Instructions

This is the opportunity for the project and its stakeholders to provide information to contribute to policy and program development for HARP and the HDM strategy.

There are no prescribed questions, but respondents are encouraged to consider project within the following areas:

- Issues
- Lessons
- Findings
- Opportunities

The **Project Reflections Template** will be sent to projects via e-mail. The file should be returned to BearingPoint (harpevaluation@bearingpoint.com) by 17 February 2005.

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Project Identifier	
Stakeholder	
Relationship to Project	

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GUIDES

- HARP Schema – Project Example
- HARP Templates
- Reporting Service Activity and Financial Information

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HARP Schema – Project Example

STEP 1		
Project Functioning	Service System Functioning	Service Provision
Project Management	<input type="checkbox"/>	1 Rapid response action line
Evaluation	<input type="checkbox"/>	2 Home assessment and rapid service provision
	<input type="checkbox"/>	3 Care/Service coordination

	STEP 2	STEP 3	STEP 4
Core Component	Objectives and Intended Outcomes	Intended Impacts	Project Indicators
1 (Action Line)	<p>Objectives The purpose of the rapid response action line is to provide community based providers with access to a screening protocol for patients that would otherwise access acute based services that will determine the suitability of patients for the rapid response community based services – to divert appropriate patients to the rapid response service provider.</p>	<p>People referred to the response line. Triage of patients occurs.</p>	<p>Impacts Indicators Percentage of eligible people referred to the action line. Proportion of people that contact the action line and proceeded to have home assessment and service provision.</p>
	<p>Intended Outcomes The identification of people suitable for the project intervention/model</p>		<p>Outcomes Indicators Percentage of patients who are referred to action line who proceed to hospital without referral to home assessment and rapid service provision</p>
2 (Home Assessment and Rapid Service Provision)	<p>Objectives The purpose of the home assessment and rapid service provision is to identify the mix and timing of service requirement necessary to prevent patients from requiring acute based services and to provide the services required – to provide patients with immediate community-based services to address their assessed needs</p>	<p>Assessments occur for patients referred to by rapid response line within a specified time period. Service needs are identified. Services are provided within a specified time period.</p>	<p>Impacts Indicators Proportion of assessments that occurred for referred patients. Proportion of patients that were identified as requiring immediate services. The proportion of patients that received services.</p>
	<p>Intended Outcomes People receive the services that they require (to avoid an Emergency Department presentation)</p>		<p>Outcomes Indicators Percentage of patients referred to home assessment who subsequently have an emergency presentation for a related condition (within a defined timeframe)</p>
3 (Care / Service Coordination)	<p>Objectives The purpose of care/service coordination is to ensure that patients receive the right service, at the right time to prevent the occurrence/ reoccurrence of events – to provide appropriate patients with ongoing care / service coordination.</p>	<p>Assessment of patients occurs. Service needs are identified. Services are provided.</p>	<p>Impacts Indicators Proportion of patients identified as requiring coordination. Proportion of patients that were identified as requiring immediate services. Proportion of patients that received services.</p>
	<p>Intended Outcomes People receive the services that they require to avoid the reoccurrence of the event or the occurrence of an alternative event.</p>		<p>Outcomes Indicators Percentage of patients who receive service coordination who subsequently have an emergency presentation for a related condition (within a defined timeframe)</p>

STEP 5

HARP OBJECTIVES

		Improved management of 'at risk' patients	Improved supported and/or self management	Improved responsiveness to patient needs	Improved proactive management of patients	Increased health system capacity	Better continuity of care	Improved communication and cohesion between services	Improved resource efficiency
HARP STRATEGY FOCUS AREAS	Stopping Events Occurring	X ³		X ³	X ³	X ³			
	Pre Hospital Event Management	X ²		X ¹ X ²		X ¹ X ²		X ¹	
	Emergency Department Event Management								
	Post Hospital Management								

	STEP 6a		STEP 6b	
Core Component	HARP Objectives		HARP Outcomes	
1 Action Line	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	Proportion of patients referred to the action line that required assessment for services. Proportion of patients referred to the action line that required rapid services. Proportion of patients referred to the action line that required ongoing coordination.	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	<u>Logical Reasoning</u> – the Action Line is the facilitator to the home assessment and rapid service provision.
	Pre hospital event management – increased health system capacity	Proportion of patients that the action line provided a service to.		
	Pre hospital event management – improved communication and cohesion between services	The action line facilitates the progression of patients between services.		
2 Home Assessment and Rapid Service Provision	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	Proportion of patients referred to the action line that required rapid services.	<i>Pre hospital event management – Improved responsiveness to patients needs</i>	<u>Direct Evidence</u> – the project is able to use a matched cohort to illustrate that people who receive rapid assessment and service provision attend emergency departments at a lower rate for the same events.
	Pre hospital event management – increased health system capacity	Proportion of patients that receive services.		
	Pre hospital event management – improved management of at risk patients	Proportion of patients that receive services that experience a change in their risk factors.		
3 Care / Service Coordination	<i>Stopping events occurring – Improved proactive management of patients</i>	Proportion of patients referred to the action line that ongoing coordination. Proportion of patients that have coordination and have improved risk factor status. Proportion of patients that had coordination that had changes in their needs over the project.	<i>Stopping events occurring – Improved proactive management of patients</i>	<u>Direct Evidence</u> – the project is able to use a matched cohort to illustrate that people who do not have care/service coordination have more presentations and admissions to Emergency Departments
	Stopping events occurring – Improved responsiveness to patients needs	Proportion of patients that had coordination whose needs change over the life of the project.		
	Stopping events occurring – improved management of at risk patients	Proportion of patients that experience a change in patient risk factors.		
	Stopping events occurring – increased health system capacity	Proportion of patients that received additional/new services.		

HARP Templates

The HARP templates provide additional information for each HARP objective, in terms of:

- The specific characteristics of each objective; and
- Indicators for identifying the projects contribution to HARP.

The HARP objectives are:

- Improved management of 'at risk' patients.
- Improved supported/self-management.
- Improved responsiveness to patients' needs.
- Improved proactive management of patients.
- Increased health system capacity.
- Better continuity of care.
- Improved communication and cohesion between services.
- Improved resource efficiency.

Objective – Improved management of ‘at risk’ patients

HARP Objective – Further Information	
Definition	Improving the management of patients’ condition/disease/risk factors and/or their environment.
Description	<p>This objective is focused upon improving the way that the patient is managed through the improved management of factors such as the patients:</p> <ul style="list-style-type: none"> ○ condition / disease – the underlying problem of the patient that if not managed will contribute to the likelihood of requiring acute services; ○ risk factors – the directly identifiable factors that if not managed represent a primary contributory factor to a patient event and acute service utilisation; and ○ environment – the general factors that if not managed represent a primary contributory factor to a patient event and acute service utilisation. <p>The opportunities to improve the management of these factors are multiple and highly varied within the context of HARP; the following are illustrative of some of the models/interventions:</p> <ul style="list-style-type: none"> ○ care coordination – the identification of patient health care needs and the coordination of services to meet these needs; ○ injury prevention – the implementation of mechanisms and process to reduce the likelihood of events occurring e.g. hand rails, slip free bath mats, hip protectors; and ○ lifestyle programs – the provision of programs to change patient behaviour with regard to, for example, disease risk factors i.e. education and exercise programs for people at risk of exacerbations of COPD.

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<p><u>Measures and indicators should be considered relative to the project comparator.</u></p> <ul style="list-style-type: none"> ○ Proportion of patients that experience a change in their risk factors. ○ Proportion of patients that have a change in their environment. ○ Proportion of patients that have a reduction in the severity of their condition. ○ Proportion of patients that receive care coordination and appropriateness of care coordination. ○ Degree of patient compliance with care plan, education program, medication regimen, etc. ○ Proportion of patients that have, for example, handrails installed. ○ Appropriateness of the intervention for the target group. ○ Proportion of ‘managed’ patients that experience an event. ○ Proportion of patients satisfied with services provided. ○ Proportion of patients that have improved quality of life.

Objective – Improved supported/self management

HARP Objective – Further Information	
Definition	Increasing the individual's ability to self-manage and/or improving supported community living (including residential care).
Description	<p>This objective recognises that patients within the community can achieve improved health outcomes and more appropriate service utilisation through providing them with assistance to manage their health, health care, environment and knowledge. This is achieved through improving the individual's ability to act independently in maintaining their health and well-being and where necessary providing services to support the patient on an ongoing basis or in response to a specific need. Through doing this:</p> <ul style="list-style-type: none"> ○ the patient is able to self manage their health care needs; and/or ○ the patient is able to maintain their health status within the community (i.e. without requiring acute intervention). <p>The opportunities to improve supported/self management include use of:</p> <ul style="list-style-type: none"> ○ community based services; ○ informational resources to better inform consumers; ○ training of carers; ○ out reach services; and ○ case management.

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<p><u>Measures and indicators should be considered relative to the project comparator.</u></p> <ul style="list-style-type: none"> ○ Proportion of patients that have improved knowledge of their condition. ○ Proportion of patients that maintain their health status over the project period. ○ Proportion of patients that receive more appropriate services. ○ Proportion of patients provided support services. ○ Proportion of patients that have increased confidence with managing their care. ○ Proportion of patients satisfied with training. ○ Proportion of patients who experience an event. ○ Proportion of patients that have improved quality of life. ○ Appropriateness of information provided to patients. ○ Proportion of carers satisfied with training.

Objective – Improved responsiveness to patients’ needs

HARP Objective – Further Information	
Definition	Providing services in response to patient needs.
Description	<p>This objective is centred on identifying and providing the patient with the right services at the right time in response to their ongoing and current health care needs. The responsiveness of the service system will ensure that patients needs do not regress to such a point that they require an acute health care intervention. Example of strategies include:</p> <ul style="list-style-type: none"> ○ Care coordination; and ○ Telephone advice lines.

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<p><i>Measures and indicators should be considered relative to the project comparator.</i></p> <ul style="list-style-type: none"> ○ Proportion of patients that received services in line with their identified needs. ○ Number of ‘responsive’ services established. ○ Appropriateness of services to patient needs. ○ Proportion of patients satisfied with service responsiveness. ○ Proportion of services provided in timely a manner. ○ Proportion of patients that have improved quality of life. ○ Proportion of patients that have an event. ○ Proportion of patients representing to ED.

Objective – Improved proactive management of patients

HARP Objective – Further Information	
Definition	Improvements in the proactive approach to health care management through the establishment of mechanisms in advance of need.
Description	<p>This objective is focused on identifying and providing the health care services that the patient needs to ensure that the patient maintains their health status and to prevent the occurrence of events that result in the need for acute based health care services. Within the current service system, service provision is frequently reactive and typically will involve acute services to stabilise a patient's health. Through proactively identifying and providing services in response to patients needs the health and health care needs of the patient can be more appropriately managed within the community setting. Example of opportunities to improve the proactive management if patients include:</p> <ul style="list-style-type: none"> ○ Identification of people at risk; ○ Care coordination; and ○ Case Management.

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<p><i>Measures and indicators should be considered relative to the project comparator.</i></p> <ul style="list-style-type: none"> ○ Proportion of patients referred to ongoing coordination. ○ Proportion of patients that have coordination and have improved risk factor status. ○ Proportion of patients that had coordination and have changes in their needs over the project. ○ Proportion of patients that were case managed. ○ Appropriateness of management intervention. ○ Proportion of patients experiencing an event. ○ Proportion of patient presenting to ED. ○ Proportion of patients representing to ED. ○ Proportion of patients that have improved quality of life. ○ Proportion of patients appropriately referred to other services. ○ Proportion of people identified as being at risk that receive ongoing services. ○ Proportion of people being proactively managed that are admitted to hospital during the study period.

Objective – Increased health system capacity

HARP Objective – Further Information	
Definition	Increasing capacity within the service system to respond to health needs, including the availability of services, acceptability of services, accessibility of services, scope of services, coordination of services, and skills of providers.
Description	<p>This objective is focused on increasing the service systems ability to be able to provide additional and/or more appropriate services to patients. In essence this objective is expansionary and reflects the opportunities to provide services to patients who have a significant capacity to benefit from models/interventions. Increases in health system capacity include:</p> <ul style="list-style-type: none"> ○ the expansion of existing services; ○ development and implementation of new services; and ○ up skilling staff (e.g. GPs, residential care workers. Emergency Department staff).

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<p><i>Measures and indicators should be considered relative to the project comparator.</i></p> <ul style="list-style-type: none"> ○ Proportion of patients that receive additional services. ○ Proportion of patients that receive new services. ○ Appropriateness of new services. ○ Appropriateness of staff training. ○ Implementation of new skills. ○ Proportion of patients satisfied with new/additional services. ○ Proportion of providers satisfied with new skills. ○ Proportion of patients that have improved quality of life. ○ Proportion of targeted patients experiencing events.

Objective – Better continuity of care

HARP Objective – Further Information	
Definition	Clearer clinical pathways, information, communication, flexibility, common contact and consistent providers.
Description	<p>The existing service system can typically be disjointed and incomplete in managing patients health care needs, both within and between services. This objective is focused upon improving the communication and planning of services to provide more complete and continuous care to patients. It essentially involves identifying and implementing models and interventions to alleviate gaps and blockages within the service system to ensure a 'flow' within and between services, for example:</p> <ul style="list-style-type: none"> ○ Single point of referral for patients; and ○ Streamlined referral processes between agencies.

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<p><i>Measures and indicators should be considered relative to the project comparator.</i></p> <ul style="list-style-type: none"> ○ Proportion of patients that receive improved care. ○ Proportion of patients managed in accordance with pathway. ○ Proportion of patients receiving consistency in providers. ○ Proportion of patients with an identified common contact. ○ Proportion of patients that have improved quality of life. ○ Proportion of providers with pathways, networks, contact provisions etc. ○ Proportion of patients that access an Emergency Department for the management of an event. ○ Communication networks established and maintained.

Objective – Improved communication and cohesion between services

HARP Objective – Further Information	
Definition	Creating cohesion between public hospitals, the sub acute and primary care sectors through improved mechanisms for information sharing and established networks/contacts.
Description	<p>This objective is focused upon improving communication, cooperation, collaboration and understanding between service providers (for example, hospitals, community based providers and General Practice).</p> <p>Through improving communication and cohesion between services, an integrated service system will provide patients with seamless and coordinated care.</p>

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<p><i>Measures and indicators should be considered relative to the project comparator.</i></p> <ul style="list-style-type: none"> ○ Proportion of services that report improved cohesion. ○ Proportion of patients using new systems. ○ Proportion of providers using new systems. ○ Appropriateness of communication processes. ○ Proportion of patients that are satisfied with the communication and cohesion. ○ Proportion of providers that are satisfied with the communication and cohesion. ○ Appropriateness of the communication process. ○ Appropriateness of patient transitions between services. ○ Appropriateness of service planning. ○ Appropriateness of model/intervention development.

Objective – Improved resource efficiency

HARP Objective – Further Information	
Definition	Through improving the value for money of services, in terms of the relationship between resource inputs and outcomes such that the same outcomes are achieved at a lower cost, or improved outcomes are achieved for the same cost.
Description	<p>There are numerous services that are provided in an inefficient manner. This objective involves improving the efficiency of the services that are provided to ensure value for money. This includes</p> <ul style="list-style-type: none"> ○ making existing services and structures more efficient; and ○ implementing alternative (new) services and structures that are more efficient.

HARP Objective – Sample measures and indicators for identifying the contribution to HARP
<ul style="list-style-type: none"> ○ Proportion of services that are provided at a lower cost. ○ Proportion of increased services that are provided from within current resources. ○ Improved mix of service provision. ○ Improved mix of service provision.

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Reporting Service Activity and Financial Information

This section provides additional information to assist projects in reporting service activity and financial information for the **6 Monthly Reporting Template**.

Overview

HARP projects have been funded to develop and implement a variety of 'prevention' orientated models and interventions. For many projects, the allocated HARP funding does not cover the costs of the entire health care episode/event – some projects refer patients to 'other' services (agencies) which then bear the patient treatment costs, whilst other projects change the mix of services, and subsequently the costs of treatment, within the same service (agency). Changes in 'treatment' costs, attributable to, but not funded through HARP, potentially have significant implications for the cost effectiveness of the HARP model/intervention – the cost effectiveness from the perspective of the funded 'project' model/intervention may be considerably different when considered from the perspective of the funding agency or the broader health care system.

It is therefore essential to consider the project activity in terms of:

- activity attributable to the HARP project and funded through HARP expenditure; and
- activity attributable to the HARP project but funded through 'other' sources.

Activity

Projects are required to provide details of the activities that have been undertaken for each of their core components (as identified in the **HARP Schema Process** – Step 1).

The information required will vary across projects and core components types and therefore it is not possible to specify a generic evaluation template.

For each classification of core component (*project functioning, service system functioning and service provision*) the following information is required:

- Details of the activities undertaken;
- Outline who was involved (including both HARP and non-HARP funded staff); and
- Detail the resources consumed.

Expenditure

Expenditure, within the evaluation, has been defined in terms of the resource costs met through the HARP allocated funding i.e. expenditure refers to activity attributable to the HARP project and funded through HARP dollars (\$). Three classifications of expenditure have been defined (and are similar to the HDMS reporting template):

- Staff expenditure;
- Establishment/Infrastructure expenditure; and
- Ongoing expenditure.

STAFF EXPENDITURE

- Complete for each staff member over the 6 month reporting.
- Expenditure should reflect the 'full' cost of employment over the reporting period e.g. include relevant salary and wages, on-costs etc.
- Estimate the amount of time that staff member has spent relative to each core component – 'P' represents project functioning activities.

Professional Group	EFT	Date Position Active	Date Position Ceased	Expenditure \$	% time per Core Component								
					1	2	3	4	5	6	7	P	
Medical													
<i>Person 1</i>													
<i>Person ...</i>													
Nursing													
<i>Person 1</i>													
<i>Person ...</i>													
Pharmacy													
<i>Person ...</i>													
<i>...etc</i>													
Allied Health													
<i>...</i>													
Administrative													
<i>...</i>													
Other (specify...)													
<i>...</i>													
Total (6 month period)													

ESTABLISHMENT/INFRASTRUCTURE EXPENDITURE

- Complete for expenditure over the 6 month period.
- Provide details for expenditure on single items over \$5,000.
- Establishment and infrastructure expenditure is expenditure on setting up the project e.g. establishing the IT infrastructure, furnishing offices, etc.
- Estimate the proportion of the expenditure relative to each core component – ‘P’ represents project functioning activities.

Details (Description)	Expenditure \$	% per Core Component							
		1	2	3	4	5	6	7	P
<i>...</i>									
Total expenditure (6 month period)									

ONGOING EXPENDITURE

- Complete for each group of items over the 6 month period.
- Ongoing expenditure refers to the costs that occur from the project doing its activity over the reporting period.
- Estimate the proportion of the expenditure relative to each core component – ‘P’ represents project functioning activities.

Details (Description)	Expenditure \$	% per Core Component							
		1	2	3	4	5	6	7	P
Operating									
Corporate and Administration									
Flexible Service Funds and/or brokerage (by agency)									
<i>...</i>									
Other (Describe...)									
Total Expenditure (6 month period)									

Costs

For many projects, the allocated HARP funding does not cover the costs of the entire health care episode/event – some projects refer patients to ‘other’ services (agencies) which then bear the patient treatment costs, whilst other projects change the mix of services, and subsequently the costs of treatment, within the same service (agency). To understand the broader impacts of HARP projects it is necessary to identify and measure the resource implications beyond those related solely to project

funding. This involves incorporating the resources costs met through both HARP and non HARP funding sources, for example identify and measure the costs of service provision that occur as a result of a referral by the project.

The table below highlights some of the additional costs that the project may need to consider to permit a complete assessment of the resource implications of their projects.

Health Service Costs (for example)	Non – Health Service Costs (for example)
<i>HARP project costs (HARP expenditure)</i>	Patient travel costs
Hospital services	Patient time
Referred services e.g. community services	Informal care costs
	Patient out of pocket expenses

The specific resource cost information will vary across projects. For projects that provide the entire intervention/model or directly 'purchase' referred services (through project funds) the only point of interest will be non-health service costs.