

# Evaluating effectiveness of participation projects

**Request for  
expression  
of interest  
for:**

Department of Human Services  
*Evaluating effectiveness of  
participation projects*

## Guidelines for expression of interest

**All expressions of interest (EOI) must be received by:**

**4pm on Friday 4 May 2007**

Department of Human Services  
Quality and Safety Branch  
Level 17/50 Lonsdale Street  
GPO Box 4057  
Melbourne Vic 3001

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# Evaluating effectiveness of participation projects

## PART A Information for prospective health services

### Rationale

In February 2006 the Department of Human Services launched the consumer, carer and community participation policy in the health service system: 'Doing it with us not for us'. As part of the development of the policy a review of the evidence of participation and a series of focus group discussions were held around the state. A summary of the review findings and recommendations from the focus groups were distributed for further comment to stakeholders as a consultation paper in 2005. The review found that there was evidence of consumer, carer or community participation being positively valued across the health service system, but there was limited evidence on the:

- effectiveness: does it work?
- availability: is it reaching those who need it?
- efficiency/economic evaluation: should the resources be spent on this program, procedure or service as compared with other things and, second, should they be spent in this way rather than some other way? (Department of Human Services 2005)

It was also noted that there were many missed opportunities to evaluate the effectiveness of participation. The consultation paper recommended:

*Recommendation 9*

*Evaluation of participation activities should be undertaken to increase our understanding of the effects of participation, specifically concerning health outcomes and economic effectiveness.*

In response to stakeholder feedback on the above recommendation and review findings, specific priority actions were included within 'Doing it with us not for us' on the evaluation of consumer, carer and community participation within the health service system. These were:

**Priority actions – at the health service organisational level**

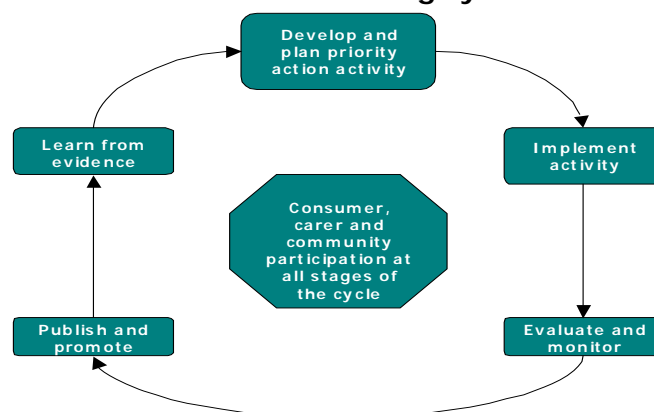
17. Evaluate, monitor and report on participation to the community and the Department of Human Services.

**Priority actions – at the Department of Human Services level**

21. Encourage health services to evaluate and monitor participation within a quality improvement framework.

In addition to the priority actions a participation evaluation and monitoring cycle was outlined as part of the policy.

**Figure 1. Participation evaluation and monitoring cycle**



To promote the use of the participation evaluation and monitoring cycle and to increase the body of evidence on the effectiveness of participation in improving the quality and safety of health care, a series of demonstration projects: *Evaluating the Effectiveness of Participation (EEP) projects*, are proposed. The long-term aim of the EEP projects is to *integrate into practice the evidence on the effectiveness of participation in improving the quality and safety of health care*.

The EEP projects will be funded through the Quality and Safety Branch of the Department of Human Services. Victorian health services are invited to use the guidelines contained within this document to submit an Expression of Interest (EOI) for an EEP project.

## Consumer, carer and community participation

The EEP projects will undertake an evaluation of consumer, carer or community participation at the individual care level, program or department level, or the health service organisational level. For the purpose of the EEP projects the definition of participation is:

**Participation** occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your views, and listening to the views and ideas of others. In working together, decisions may include a range of perspectives (Department of Human Services 2006).

The definition of participation, principles and enablers of participation, categorisation of different types of participation and the levels of the health service system are those defined in the 'Doing it with us not for us' policy.

EEP projects must demonstrate how they will use the 'Doing it with us not for us' policy by:

- using the *participation evaluation and monitoring cycle* (p.47)
- including consumers, carers or community members in the evaluation design or process (p.47)
- evaluating a participation intervention or strategy that supports one of the *priority actions 1 to 16* (pp. 25-33)
- relating the participation intervention or strategy to the *types of participation* (p.67-68) and *principles of participation* (p.20)
- incorporating at least one of the enablers of participation into the intervention or strategy being evaluated and/or the evaluation design process (pp.37-38).

## Quality and safety improvement framework

The EEP projects must be set within a broad quality and safety improvement framework. The Victorian Quality and Safety Council's quality and safety improvement framework outlined in the *Better quality better health care: A safety quality improvement framework for Victorian health services* (Department of Human Services, updated July 2005) is recommended. This framework can be viewed on the website <http://www.health.vic.gov.au/qualitycouncil/>

Health services should note the principles underpinning the framework and ensure that the activities to be evaluated in their EEP submissions relate to the stated dimensions of quality.

# A framework for evaluating consumer, carer and community participation

Appendix A: *A framework for evaluating consumer, carer and community participation* provides information to aid the development of evaluation projects. Specifically, it includes examples of some relationships between the over-arching policy, 'Doing it with us not for us', the quality and safety improvement framework, and interventions for communication and participation.

## Funding and support

### Department of Human Services – Quality and Safety Branch

EEP project development and implementation will be managed through the Department of Human Services' Quality and Safety branch. The financial resources available for the 12 month EEP projects are outlined below in Table 1.

Table 1. Financial resources available for EEP projects (July 2007 to June 2008)

Health service category*	Funding (\$)
Metropolitan	\$50,000 (x2)
Regional and large rural	\$50,000 (x1)
Small rural	\$50,000 (x1)

\*Category classifications are the same as those used for Quality of Care Report Awards and a list can be found at <http://www.health.vic.gov.au/consumer/awards.htm>

The Quality and Safety branch together with a subcommittee of the Department of Human Services' **Participation Advisory Committee**<sup>1</sup> will:

- convene a **compulsory** briefing session for all health services wishing to submit an EEP project proposal on:  
**Tuesday 13 March 2007**  
10:00am to 11:30am  
Rooms 2:18 – 2:19  
Level 2/50 Lonsdale Street  
Melbourne  
RSVP to [Nerolie.Powell@dhs.vic.gov.au](mailto:Nerolie.Powell@dhs.vic.gov.au) by **Friday 9 March**
- review and score proposals against the selection criteria and recommend projects for funding to the Department of Human Services
- facilitate quarterly meetings with successful EEP grant recipients to share implementation experiences.

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<sup>1</sup> The Participation Advisory Committee provides advice to the Department of Human Services' on the implementation and monitoring of the 'Doing it with us not for us' policy. Health service employees on the committee are excluded from membership of the EEP project subcommittee.

## Cochrane Consumers and Communication Review Group

The Department of Human Services has engaged the Cochrane Consumers and Communication Review Group (CCCRG) to support health services in their EEP project submission development and implementation processes. Support for health services from the CCCRG for the EEP projects comprises:

Table 2. CCCRG support to health services for EEP projects (January 2007 to June 2008)

EPP project stage	Support from CCCRG
<i>Submission development</i> <i>January 2007 –</i> <i>June 2007</i>	Evaluation framework. (see Appendix A: A framework for evaluating consumer, carer and community participation)
	Details on Controlled Before-and-After studies and other designs available from Monday 5 March 2007, from Helen Dilkes at <a href="mailto:h.dildes@latrobe.edu.au">h.dildes@latrobe.edu.au</a>
	Identification of relevant evaluation methods of consumer, carer and community participation in quality and safety.
	Review submissions as member of EEP subcommittee of the Participation Advisory Committee to the Department of Human Services
	Electronic bulletin on evidence and resources for consumer, carer and community participation and good communication
<i>Project implementation</i> <i>July 2007- June 2008</i>	Information searches including 'how to write search strategies' tailored for EEP sites
	Two site visits to each of the four EEP sites to provide feedback
	Tailored advice on measurement tools for assessing key outcomes to EEP sites
	Ongoing monthly electronic bulletin on evidence and resources for consumer, carer and community participation and good communication
A full day seminar in February 2008 to promote evaluation of consumer, carer and community participation within a quality and safety setting	

**NB:** *Support for individual health services from the CCCRG for the EEP projects will be capped for each project/service.*

## Part B Evaluating Effectiveness of Participation: Project requirements

### Section 1: Background: type of evaluation

Health services must specify the type of evaluation they will be conducting in relation to the following guidelines. An EEP project must be an evaluation of the **effectiveness** of an intervention in consumer, carer or community participation, where the EEP project is used as a key strategy to improve the quality and safety of health care. The project must focus on the *immediate* or *long term outcomes* (Wholey *et al*, 1994) within either:

- i. a new project/program/policy/care provision
- ii. an existing project/program/policy/care provision.

*Impact evaluation* determines if the **immediate outcomes** of a program were achieved and often relies on data that are indicators of long term outcome aims. For example, staff were identified as communicating more effectively with culturally and linguistically diverse consumers following a training program on using translating and interpreting services developed with consumers compared to a program developed without consumer participation.

*Outcome evaluation* determines if a program's **longer term** aims (often over two to three years) were achieved and relies on the availability of end result data. Judgements are made as to 'the extent to which and the ways in which outcomes are caused by the program'. For example, consumers were found to use medications and education strategies effectively two years after group education at a health service following introduction of a new education program based on shared decision making.

The EEP projects may evaluate *processes* but **must** primarily focus on immediate or longer term outcomes. Process evaluation verifies whether or not a program was delivered as intended, including to the degree intended, and is usually concerned with questions of efficacy and availability. For example, have public health services developed community advisory committees in accordance with the legislation and guidelines?

### Section 2: Evaluation methodology requirements: study design issues

EEP submissions must outline their study design/plan. EEP projects should be conducted using the principles of at least a Controlled Before-and-After study (CBAs), or study designs of greater rigour (ie quasi randomised controlled trials or randomised controlled trials). This will mean that the EEP Projects may meet the inclusion criteria for Cochrane systematic reviews according to the policy of the Cochrane Consumers and Communication Review Group. (However, please note that this does not guarantee the study's inclusion in a systematic review, as inclusion/exclusion decisions are the responsibility of review authors and not just the Review Group.)

EEP project submissions may involve collaboration between health services to facilitate meeting CBA criteria. For example, to ensure that comparison groups with similar key characteristics are formed, collaborations between health services may be necessary.

Details on Controlled Before-and-After and other study designs and their quality will be available from the Cochrane Consumers and Communication Review Group from **Monday 5 March 2007** (contact [h.dilkes@latrobe.edu.au](mailto:h.dilkes@latrobe.edu.au)).

## Section 3: Project Details

### Title

Health services should decide on a title for the project and state whether the project is a new or an existing (continuing/ongoing) project.

### Type of evaluation

The health service should state which type of evaluation will be undertaken for the project (ie impact evaluation, outcome evaluation, process and impact evaluation combined).

### Aim

The health service should clearly state the aim of the project. Clearly identify what is expected to happen as a result of the consumer, carer, or community participation intervention being implemented.

### Rationale

The health service should briefly establish a rationale for undertaking their particular EEP project, including information on the issue/problem that will be addressed. This section should also address why it is important to evaluate the intervention, what the evaluation will contribute to the developing body of evidence on the effectiveness of consumer, carer or community participation and how the evaluation will contribute to improving the quality and safety of health care.

### Intervention

This should include a clear outline of the intervention to be implemented. (Please refer to Appendix A: A framework for evaluating consumer, carer and community participation, for sources of information about interventions.)

### Target group(s)/participants

Health services must identify the primary target group/participants, and any secondary target group(s)/participants of the consumer, carer or community participation intervention under evaluation in the project.

### Outcomes – immediate or longer term

What are the intended effects? In the EEP submission health services should clearly identify the outcomes (short term and long term) that will be measured to determine the effectiveness of the consumer, carer, or community participation intervention. (EEP projects should refer to Appendix A: A framework for evaluating consumer, carer and community participation, for sources of information on broad categories of outcomes of interest in this field.)

### Data gathering and analysis

EEP submissions should outline the data gathering and analysis process; what data will be gathered and how and how will the analysis be undertaken? If relevant, projects should identify whether there are validated measurement tools to measure the outcomes being assessed.

### Key personnel

Health services should describe who will be in key positions during the project and describe their relevant experience, i.e. experienced project staff and/or supervisors.

### Collaboration

List collaborators, individuals and organisations, reasons for collaboration and the roles of (and experience) of collaborators. Collaborators could include both a control site or evaluation expertise from a university or research centre.

### Resources and timeframe

Health services should outline a realistic timeframe for the project and detail resources that will be required to deliver or implement the project, i.e. staff time, equipment, facilities.

## Limitations

Identification of any potential limitations to conducting the EEP project should be clearly stated. This should include limitations relating to meeting the CBAs and systematic review criteria, measurement of variable limitations (reliability and variance) and intervention limitations.

## Learning strategies

Projects must outline how the evidence from the evaluation will be used to continue improvements in the quality and safety of health care.

Health services must demonstrate how the knowledge gained through the evaluation will be utilised by the service. For example, this may include seconding an existing employee to conduct the EEP project, using the project funding to backfill the employee's position, and have the EEP employee provide advice on participation and evaluation projects on an ongoing basis to other staff.

## Section 4: Reporting requirements

The EEP project officer/teams will be required to meet quarterly to share experience and update members of the EEP subcommittee of the Participation Advisory Committee, CCCRG and the Department of Human Services. At these meetings a one page written summary of project activities against the design of the project should be submitted to the Department of Human Services.

A report on the findings of the evaluation in a format suitable for publication in a peer-reviewed journal, nominated by the health service, is to be submitted to the Department of Human Services, Quality and Safety Branch by 31 August 2008.

Health services will be required to present on the findings of their project/evaluation at the consumer, carer and community Participate in Health Conference to be held in Melbourne during February/March 2009.

Health services must submit an abstract on the evaluation findings to the 6<sup>th</sup> or 7<sup>th</sup> Australasian Conference on Safety and Quality in Health Care or its equivalent.

## Section 5: Timelines

The EEP project expression of interest (EOI) timelines and key project deliverables are chronologically ordered in Table 3 below.

Table 3. Expression of interest and key project timelines

Deliverables	Date
<ul style="list-style-type: none"> <li>• Launch by the Parliamentary Secretary for Health of the project funding at the Participate in Health Conference: Making it Work (EOI available)</li> </ul>	22 Feb 2007
<ul style="list-style-type: none"> <li>• EOI posted to health services</li> </ul>	22 Feb 2007
<ul style="list-style-type: none"> <li>• <b>Compulsory</b> briefing session to health services and consumers on EEP project process (<b>Tuesday 13 March</b>, 10am to 11:30am, Rooms 2:18 – 2:19, Level 2/50 Lonsdale Street, Melbourne)</li> </ul>	13 March 2007
<ul style="list-style-type: none"> <li>• Closing date for EOI lodgement</li> </ul>	4 May 2007
<ul style="list-style-type: none"> <li>• Selection of projects (by DHS and EEP subcommittee of the Participation Advisory Committee)</li> </ul>	9 May 2007
<ul style="list-style-type: none"> <li>• Letter of outcome of the EOI process to all health services</li> </ul>	18 May 2007
<ul style="list-style-type: none"> <li>• Sign EEP funding project agreements (DHS &amp; health services)</li> </ul>	by 30 June 2007
<ul style="list-style-type: none"> <li>• Staff recruitment/back fill (by health services)</li> </ul>	July 2007
<ul style="list-style-type: none"> <li>• Quarterly meetings between project teams, PAC EEP Reference Sub-committee and DHS (plus quarterly reporting to DHS)</li> </ul>	From 17 July 2007
<ul style="list-style-type: none"> <li>• Final report to DHS in style of peer reviewed journal article</li> </ul>	31 August 2008
<ul style="list-style-type: none"> <li>• Submission to peer reviewed journal and quality and safety conference</li> </ul>	from 30 Sept 2008

## PART C Selection criteria and process

Attendance at the briefing session is a **compulsory** component of the EOI process. The key dates for the EOI process are outlined in Table 3 above.

### Selection criteria

EOI submissions will be evaluated against the following selection criteria to determine selection of appropriate health services. The response to each criterion should not exceed specified word lengths itemised in the template located in Part E of these guidelines. This template can be sent to you electronically by contacting Cath Harmer, Program Manager, Consumer Participation and Information at [catherine.harmer@dhs.vic.gov.au](mailto:catherine.harmer@dhs.vic.gov.au)

- |              |  |
|--------------|--|
| Criterion 1. | The health service has integrated a clear understanding of consumer, carer or community participation in accordance with the 'Doing it with us not for us' policy into the design of their EEP project.  |
| Criterion 2. | The health service has set the EEP project within a quality and safety improvement framework.  |
| Criterion 3. | The health service has established, within the design of their EEP project, when they will utilise the support provided by the Cochrane Consumers and Communication Review Group in line with Table 2 of the guidelines.   |
| Criterion 4. | The health service provides information on the type of evaluation and how the study design/evaluation plan meets the requirements of a Controlled Before-and-After study, (or more rigorous if so planned). The applicants should state whether the participation activity is new or existing. |
| Criterion 5. | The project details (aim, rationale, intervention, participants, outcomes, data gathering, resources and timeframe etc.) are clearly specified by the health service.  |
| Criterion 6. | The health service provides evidence of the ability to implement a Controlled Before-and-After evaluation project, including identification of experienced project staff and/or supervisors. Commitment to the reporting requirements is demonstrated.   |
| Criterion 7. | The health service specifies the limitations, learning strategies and how reporting requirements will be met within the design of their EEP project; and demonstrates how knowledge will be retained in the service.   |
| Criterion 8. | The health service provides evidence of satisfactory completion of previous projects and compliance with project requirements.   |
| Criterion 9  | The health service participates in the <b>compulsory</b> briefing session on the EEP projects prior to submission of an EOI.   |

There will be an opportunity to discuss criteria in greater detail at the briefing session. You may also request further information on the criteria through the process outlined in Part D – Requests for further information of these guidelines.

## Review process

The EEP project subcommittee of the Participation Advisory Committee, which includes the Cochrane Consumers and Communication Review Group and the Quality and Safety Branch of the Department of Human Services, will review the EOIs against the selection criteria and recommend projects for funding to the Department of Human Services.

Those EOIs not short-listed will be notified in writing following the EEP project subcommittee's review. Health services with successfully short-listed EEP projects may be required to present to the EEP subcommittee to provide clarification or further information.

All applicants will be advised in writing of the final outcome of the selection process, including the identity of the EEP project health services.

## Scoring against criterion

Eoi submissions will be scored against the following scale:

Table 4. Expression of interest scoring scale

Review	Score
Exceeds all aspects of the selection criterion	4
Exceeds some aspects of the selection criterion (and meets all other aspects of the selection criterion)	3
Meets the selection criterion	2
Fails some aspects of the selection criterion	1
Fails all aspects of the selection criterion	0

## Agreement to participate

Once selection has been finalised, the successful health services will be required to sign an 'Agreement to Participate', which outlines the requirements of both the health service and the Department of Human Services in the EEP project. A copy of the participation agreement will be available at the mandatory information session on **Tuesday 13 March 2007**.

## PART D Conditions of expressions of interest

Health services wishing to participate in the Department of Human Services EEP projects must provide a submission in accordance with the Department of Human Service's guidelines outlined in this document. Prospective EEP project health services should ensure submissions conform to these guidelines. Prospective EEP project health services are deemed to have:

- examined the guidelines for EOI document made available by the Department of Human Services to prospective EEP project health services for the purpose of the submission
- examined all information relevant to risks, contingencies, and other circumstances having an effect in their submission and which is obtainable by making reasonable inquiries
- satisfied themselves as to the correctness and sufficiency of their submission and that the cost of complying with all conditions and matters and things necessary for due and proper performance and completion of work described in the submission documents, are accepted.

### Format of expression of interest

An EOI template is at Part E of this document. Prospective EEP project health services must address their responses to the specifications and will be assessed against the selection criteria. Prospective EEP project health services are advised to use the EOI template in the preparation of their submission.

### Lodgement of expression of interest

The EOI must be enclosed in a sealed envelope and clearly endorsed:

Confidential – Expression of interest  
Evaluating Effectiveness of Participation Project  
Department of Human Services  
Quality and Safety Branch

Postal address:                   Level 17/ 50 Lonsdale Street  
  GPO Box 4057  
  Melbourne 3001

OR

Delivery address:               Level 17/ 50 Lonsdale St  
  Melbourne 3001  
  \* Report to Reception, Ground Floor  
  \*\*Couriers to basement (off Lt Lonsdale  
  Street)

The EOI must be received at the above address by **no later than 4pm, Friday 4 May 2007**.

**Late, facsimiled, or incomplete** EOI will **not** be accepted.

EOIs received after the closing time will be recorded as such, with the date and time of receipt, and the documentation will be returned to the sender.

EOIs delivered by the prospective EEP project health service or their representative (including couriers) must be lodged with the Department of Human Services on the above address before the specified closing time.

EOIs forwarded through Australia Post should be posted (addressed as above) to ensure receipt no later than the closing time (registered post advisable).

The EOI must be signed and dated by the Chief Executive Officer of the prospective EEP project health service.

**Six copies** of the entire EOI must be submitted.

All EOIs must be in the English language.

EOIs will be opened after 4.00pm on the closing date of EOI and notification of receipt will be forwarded to each prospective EEP project health service.

Emailed EOIs (in .pdf format) will be accepted if received by the above closing time. Electronic EOIs should be directed to [catherine.harmer@dhs.vic.gov.au](mailto:catherine.harmer@dhs.vic.gov.au). The remaining conditions for lodgement of EOIs will need to be satisfied (eg submission of signed original and copies). The email will need to specify expected date of delivery of hard copies.

## Requests for further information

### Clarification of processes

Prospective EEP project health services may contact Cath Harmer, Program Manager, Consumer Participation and Information via email at [catherine.harmer@dhs.vic.gov.au](mailto:catherine.harmer@dhs.vic.gov.au) to clarify matters relating to the EOI process. Oral explanations or instructions given to prospective EEP project health services prior to acceptance of the EOI are not binding.

### Clarification of expression of interest guidelines and requests for additional information

Requests for clarification of EOI specifications and requests for additional information must be made in writing. Written requests for clarification or for additional information must be addressed to:

Department of Human Services  
Quality and Safety Branch  
Evaluating effectiveness of participation projects  
Att: Cath Harmer, Consumer Participation and Information Program  
and may be submitted by email to:  
[catherine.harmer@dhs.vic.gov.au](mailto:catherine.harmer@dhs.vic.gov.au)

All requests for clarification or for additional information must be lodged by **Friday 9 March 2007** to allow sufficient time in preparation for the briefing session.

The information session will be held on **Tuesday 13 March 2007**, 10:00am to 11:30am, Rooms 2:18 to 2:19, Level 2/50 Lonsdale Street, Melbourne. Attendance at the briefing session is a **compulsory** component of the EOI process. An opportunity for additional questions will be available at the completion of the briefing session. Please refer to attached flyer.

### Additional information required by the Department of Human Services

If information, additional to that contained in an EOI, is required by the Department of Human Services when EOIs are being considered, written information and/or interviews may be requested to obtain such additional information at no cost to the Department of Human Services.

The name, telephone number and email address of an officer or employee of the prospective EEP project health service capable of clarifying aspects of the EOI must be provided.

## Payments

A payment schedule will be negotiated with the successful EEP project health services. Payments will be made according to delivery of outputs or satisfactory achievement of key project stages. The payment schedule will be outlined in the 'Agreement to Participate'.

## General Conditions of expression of interest

EOI should be submitted using the EOI template included within Part E of these guidelines, or in the format indicated in the EOI template.

All parts of the EOI template should be completed and submitted before the nominated closing date for EOI.

Any additional supporting information should be attached to the completed EOI template and clearly referenced.

The Chief Executive of the prospective pilot health service must sign the EOI template.

## Part E Expression of interest template

### Section 1. Health service details

<b>Health service name:</b>			
<b>Postal address</b>			
			P'code
<b>EEP project physical address (if different from postal)</b>			
<b>Contact Person:</b>			
<b>Position/Title:</b>			
<b>Telephone No.</b>		<b>Mobile No.</b>	
<b>Email address</b>		<b>Facsimile No.</b>	

## Section 2. Criterion response

**Criterion 1:** The health service has integrated a clear understanding of consumer, carer or community participation in accordance with the 'Doing it with us not for us' policy into the design of their EEP project.  
Maximum 200 words

(insert response here)

**Criterion 2:** The health service has set the EEP project within a quality and safety improvement framework.  
Maximum 200 words

(insert response here)

**Criterion 3:** The health service has established, within the design of their EEP project, when they will utilise the support provided by the Cochrane Consumers and Communication Review Group in line with Table 2 of the guidelines.  
Maximum 100 words

(insert response here)

**Criterion 4:** The health service provides information on the type of evaluation and how the study design/evaluation plan meets the requirements of a Controlled Before-and-After study. The applicants should state whether the participation activity is new or existing.  
Maximum 500 words

(insert response here, refer to Part B of this document)

**Title**

**New or existing**

**Evaluation type**

**Details of study design**

**Criterion 5:** The project details (aim, rationale, intervention, participants, outcomes, data gathering, resources and timeframe etc.) are clearly specified by the health service.

Maximum 500 words

(insert response here)

**Aim**

**Rationale**

**Intervention**

**Target group (s)/participants**

**Outcomes**

**Data gathering and analysis**

**Collaborators**

**Resources and timeframe**

**Criterion 6:** The health service provides evidence of the ability to implement a controlled before-and-after evaluation project, including identification of experienced project staff and/or supervisors. They demonstrate commitment to the reporting requirements.  
Maximum 200 words

(insert response here)

**Criterion 7:** The health service specifies the limitations, learning strategies and how reporting requirements will be met within the design of their EEP project; and demonstrates how knowledge will be retained in the service.  
Maximum 200 words

(insert response here)

**Criterion 8:** The health service provides evidence of satisfactory completion of previous projects and compliance with project requirements.  
Maximum 200 words

(insert response here)

**Criterion 9:** The health service participates in the briefing session on the EEP projects prior to submission of an EOI.  
Maximum 200 words

Attendance at the briefing session is mandatory and a registration form will be completed on the day. A minimum of one representative from a health service must attend the briefing session.

**Tuesday 13 March 2007  
10:00am to 11:30am  
Rooms 2:18 – 2:19  
Level 2/50 Lonsdale Street  
Melbourne**

Please RSVP to [nerolie.powell@dhs.vic.gov.au](mailto:nerolie.powell@dhs.vic.gov.au) with details of who will be attending from your health service.

*No further response is necessary in this section.*

### Section 3. Acceptance of terms and conditions

The Chief Executive Officer of the prospective EEP project health service must signify acceptance of the terms and conditions under which the EOI is advertised. Signature, as indicated in this section, and an EOI in response to the request for EOI signifies acceptance of all terms and conditions unless specifically indicated in this section by the prospective EEP project health service.

Prospective EEP project health services must indicate their understanding and acceptance of each part of this EOI document, by signing or initialling in the table below. Where any part of this EOI is not understood or accepted, prospective EEP project health services must attach a tabulated Statement of Departures with explanation of why that part is not accepted.

#### Acceptance of conditions

Part	Acceptance (initial)	Non-acceptance (initial, and attach tabulated Statement of Departures)
Part A: Information for prospective health services		
Part B: Evaluating effectiveness of participation project requirements		
Part C: Selection criteria and process		
Part D: Conditions of expression of interest		
Part E: Expression of interest template		

#### Endorsement

Signature of Chief Executive Officer for Prospective EEP Project Health Service	
Name of Chief Executive Officer	
Dated	

## Appendix A

### A framework for evaluating consumer, carer and community participation

The Cochrane Consumers & Communication Review Group (CCCRG) has developed a framework, which can help in the evaluation of consumer participation in health.

*From a practical perspective*, during preparation of the Evaluating Effectiveness of Participation (EEP), project submissions this framework will assist health services (individuals and organisations) in thinking about the evaluation of programs that focus on consumer participation; i.e. thinking particularly about:

- providing a frame of reference generally for evaluation projects
- identifying a quality and safety program area for improvement within the service
- identifying an area already implemented within the service which could be the focus of evaluation
- designing/selecting an intervention to affect change/improvement
- clarifying the purpose of interventions and possible effects
- directing people/health services to further explore Cochrane resources and information

#### **What consumer and carer participation includes:**

Consumer and carer participation is a very broad term, which covers a wide range of ways that people can be involved in their health, health care and the health system. Broadly speaking, our view is that participation includes a large component of communication.

#### **Intervention**

Interventions for communication and participation may have one or several purposes. They include those to promote consumers, patients and carers who are:

- more knowledgeable and competent
- able to express views and beliefs
- making choices alone or with health professionals
- supported or supporting
- understanding and minimising risks and harms
- accessing high quality information and quality health services
- participating in planning service improvement and research.

The term 'intervention' means an activity, action or series of linked actions that have a recognised objective to bring about outcomes linked to or caused by those actions. This distinguishes interventions from other sorts of activities where outcomes, or effects of interventions, may be left to chance or not taken into account, quantified or measured in some way. Interventions then might have one or more of these important characteristics:

- purposeful and planned
- formalised
- structured and explicit
- repeatable
- sequenced
- modifiable
- classifiable.

### **Interventions for participation to improve quality and safety**

Here is an indicative list of interventions in the domain of quality and safety. They are illustrative of purposeful, structured and repeatable actions or activities, which have the objective of improving quality and safety and minimising harms associated with treatment.

- Structured, deliberate communication with patients to confirm the site of surgery
- Information pamphlets on medications and their purpose
- Phone service for consumers to check on and report side effects of treatments
- Consumer involvement in safety reviews

### **Interventions for participation in three policy domains**

Here is an indicative list of interventions within the quality and safety domain for the three policy areas being addressed by EEP projects; i.e. in relation to each of the priority action areas outlined in the Department of Human Services policy document 'Doing it with us not for us'.

#### *Individual care level*

- Personalised risk communication for informed decision making about entering screening programs
- Decision aids for treatment or screening decisions
- Interventions, such as education and support, to help people take their medications

#### *Program or department level*

- Methods of involving consumers and carers in the development of health information materials
- Written information for patients discharged from acute hospital to home
- Interventions for improving communication with children and adolescents about their cancer or a family member's cancer

#### *Health service organisational level*

- Interventions for providers to promote a patient-centred approach to consultations
- Involving service users as service providers or as trainers for adult statutory mental health services

Further details of these interventions and links to systematic reviews of these interventions, or reviews in progress (called protocols); please refer to the Cochrane scope at: <http://www.latrobe.edu.au/cochrane/assets/downloads/scope.pdf>

### **Outcomes of interventions to improve participation**

Interventions are deliberate actions and they may have one or more objectives. Their outcomes, or their effectiveness, can therefore be measured. It is important to know the effects of interventions to ensure that society's resources are used wisely, to improve health and benefit all.

Traditionally, only a small range of health outcomes of interventions to improve communication and participation have been measured. Our Review Group (Consumers and Communication) – which combines the input of consumers, carers and researchers - has therefore identified a comprehensive range of outcomes that are important to communication and participation. Our taxonomy of outcomes (<http://www.latrobe.edu.au/cochrane/assets/downloads/Outcomes.pdf>) covers those of consumers and carers, providers, and health service-oriented outcomes. To follow is a list of the taxonomy's outcome categories, where each category can be broken down into more discrete outcomes, depending on the purpose and the interaction.

### **Consumer- and carer-oriented outcome category**

- Knowledge and understanding
- Communication
- Patient and carer involvement in care process
- Evaluation of care
- Skills acquisition
- Health status and well being
- Health behaviour
- Treatment outcomes

#### **Health provider outcome category**

- Knowledge and understanding
- Consultation processes

#### **Health service delivery oriented outcome category**

- Use of health services
- Cost
- Adverse events

#### **How the Cochrane Consumers & Communication Review Group uses the framework**

*The overall aim of the Cochrane Consumers & Communication Review Group is to provide evidence on effective ways of communicating with, and involving consumers and carers, in decision making about their health, healthcare services, research and policy.*

We use the framework to help us in our main task – which is to coordinate and support researchers preparing systematic Cochrane reviews of interventions for communication and participation. The framework helps us clarify the purposes of interventions and to identify what kinds of effects are possible. You can see examples of Cochrane reviews, synthesising information on the effects of interventions for communication and participation, at [www.latrobe.edu.au/cochrane](http://www.latrobe.edu.au/cochrane)

## References

Department of Human Services 2006, *Doing it with us not for us – Participation in your health service system 2006-09: Victorian consumers, carers and the community working together with their health services and the Department of Human Services*, Rural and Regional Health and Aged Care Services Division, Victorian Government, Department of Human Services, Melbourne.

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