

# Strengthening palliative care policy

## Evaluation data sources

### Evaluation questions\* (A)

Overarching question	Specific questions	Data source/s	Method for gaining new information
A.1 How relevant was the policy given the environment in which it was established and developed?	A.1.1 What was the rationale for establishing the <i>Strengthening palliative care policy</i> ?	Existing historical documents	Interview key informants
	A.1.2 What were the environmental and satisfaction factors that influenced the development of the policy?	PCRAM development documents	Interview key informants
	A.1.3 How well do the principles and content of the <i>Strengthening palliative care policy</i> align with best practice and relevant state and Commonwealth policies?	Existing state and Commonwealth policies Examples of best practice policies – national and international	Interview key informants
A.2 Has the policy been written and implemented in a useful way?	A.2.1 Is the <i>Strengthening palliative care policy</i> acceptable to patients, staff and other health services?		Survey stakeholders
	A.2.2 What were the key processes involved in implementing the <i>Strengthening palliative care policy</i> ?	Existing historical documents, consortia plans etc	
	A.2.3 How consistent are these processes with established guidelines, policies and procedures?		Interview key stakeholders

Overarching question	Specific questions	Data source/s	Method for gaining new information
A.3 What outcomes have been achieved as a result of implementing the policy?	A.3.1 What outcomes have been achieved by the <i>Strengthening palliative care policy</i> for patients, carers, health services, the system and the community?	Existing consortia plans, existing statewide project reports Service strategic and operational plans (including accreditation reports and annual reports)	Interview key stakeholders Interview key informants
	A.3.2 Which elements of localised models of implementation (clinical and administrative) have resulted in successful outcomes?	Existing consortia plans	Interview key stakeholders
	A.3.3 What positive and negative outcomes (planned and unplanned) have arisen from implementation of the <i>Strengthening palliative care policy</i> ?	Statewide meeting presentations	Interview key stakeholders Interview key informants
A.4 What are the ongoing implications for implementing the policy?	A.4.1 What barriers and facilitators exist to influence ongoing and statewide implementation of the palliative care principles?	Statewide meeting presentations	Interview key stakeholders Interview key informants
	A.4.2 What is the overall level of sustainability of palliative care services/initiatives in their current configuration/s?	Existing documents Data about future demand and access	Interview key informants
	A.4.3 What gaps in policy, planning and service provision need to be addressed in the next version of the policy?		Environmental scan Interview key informants

\* The audience for the questions is the key stakeholders listed in the project brief, that is: palliative care consortia (chairpersons, managers and members); Palliative Care Victoria; community, inpatient, consultancy, statewide and academic palliative care services; Department of Human services (Cancer and Palliative Care, regional offices, Disability Services, Aged Care, HACC); disability, aged care and HACC services; primary health services, particularly general practitioners; consumer groups; carer groups; CALD groups; and Indigenous groups.

## Activities (B)

Activities	Outputs of interest to the evaluation	Data source/s	Method for gaining new information
B.1 Review relevant literature, standards and policies	B.1.1 Key documents identified	Existing historical documents	
	B.1.2 Literature review completed	Existing historical documents	
B.2 Map stakeholders and conduct consultation	B.2.1 Stakeholders identified and documented	Existing historical documents	
	B.2.2 Number and range of consultation activities completed	Existing historical documents	
	B.2.3 Percentage of identified stakeholder groups included in consultation	Existing historical documents	
B.3 Develop policy defining the scope and expectations of palliative care services in Victoria	B.3.1 Reported stakeholder satisfaction with policy format		Survey stakeholders
	B.3.2 Reported stakeholder satisfaction with policy content		Survey stakeholders
	B.3.3 Reported stakeholder satisfaction with policy usability		Survey stakeholders
B.4 Develop and implement policy communication strategy	B.4.1 Communication strategy documented	Existing historical documents	
	B.4.2 Dissemination of policy by location/service type	Existing historical documents	
	B.4.3 Number and range of communication activities completed	Existing historical documents	
	B.4.4 Awareness of palliative care policy principles among palliative care service providers and consortia	Strategic and operational plans at consortia and service level Service-level accreditation reports (including reference to the policy principles regarding care of the dying) and DHS Quality Branch reports regarding accreditation status, recommendations and actions	Survey stakeholders

Activities	Outputs of interest to the evaluation	Data source/s	Method for gaining new information
B.5 Establish, review and strengthen palliative care consortia	B.5.1 Consortia terms of reference and memorandum of understanding documented and endorsed	Existing consortia documents	
	B.5.2 Number and type of consortia members	Existing consortia documents	
	B.5.3 Compliance with attendance requirements	Existing consortia documents	
	B.5.4 Functionality of consortia	Existing consortia documents/decision-making groups project	Survey stakeholders
B.6 Review local area needs and develop regional action plans	B.6.1 Sources of need evidence identified (qualitative)	Existing consortia plans	
	B.6.2 Number and range of local needs identified	Existing consortia plans	
	B.6.3 Percentage of regions with a documented action plan based on local objectives	Existing consortia plans	
	B.6.4 Implementation of initiatives in regional plans	Existing consortia plans/evaluation	
	B.6.5 Evaluation and review of regional plans	Existing consortia evaluations	
B.7 Review regional plans to develop statewide priorities	B.7.1 Priorities identified, documented and endorsed	Existing consortia plans	
	B.7.2 Priorities implemented	Documentation of statewide priorities	
B.8 Develop service delivery model and guidelines	B.8.1 Principles identified and endorsed	Existing documents/in process	
	B.8.2 Service delivery framework developed	In process	
	B.8.3 Stakeholder satisfaction with service delivery model		Survey stakeholders
B.9 Develop palliative	B.9.1 Funding model developed and documented	Existing PCRAM documentation	

Activities	Outputs of interest to the evaluation	Data source/s	Method for gaining new information
care resource allocation model	B.9.2 Funding allocated by service/LGA	Existing PCRAM documentation	
	B.9.3 Stakeholder satisfaction with funding model		Survey stakeholders
B.10 Identify and develop strategies to address current and future workforce needs	B.10.1 Current and future workforce requirements estimates documented	Workforce supply and demand study Consortia-level workforce studies Agency-level workforce studies	
	B.10.2 Gap analysis against requirements documented	Workforce supply and demand study Consortia-level workforce studies Agency-level workforce studies	
	B.10.3 Strategies developed to address gaps	Existing documents about strategies	Interview key stakeholders
B.11 Develop strategies and policies to address the needs of carers and special needs groups	B.11.1 Special needs groups identified	Existing historical documents	
	B.11.2 Needs analysis conducted against each special need group		Interview key stakeholders
	B.11.3 Number and range of strategies undertaken by all services	Existing project documents	Interview key stakeholders
	B.11.4 Number and range of strategies undertaken by statewide services to address the needs of special needs groups	Existing project documents	Interview key stakeholders
B.12 Develop service coordination pathways and protocols	B.12.1 Percentage of palliative care services/consortia that have documented key partners and referral protocols	Service coordination survey (2006-07)	
	B.12.2 Number and type of service coordination strategies developed and implemented by each consortium	Service coordination survey (2006-07)	
	B.12.3 Number and type of service coordination initiatives developed and implemented statewide	Existing project documents regarding palliative care supplement	Interview key stakeholders

Activities	Outputs of interest to the evaluation	Data source/s	Method for gaining new information
B.13 Implement public awareness and capacity-building strategies	B.13.1 Number and range of activities conducted	Documents re implementation of PCV communications strategy	Interview key stakeholders
	B.13.2 Number and range of populations targeted	Documents re implementation of PCV communications strategy	Interview key stakeholders
	B.13.3 Number and type of services that initiated and implemented public awareness and capacity-building strategies	Existing project documents	
	B.13.4 Effectiveness of capacity building strategies	Existing project documents	Interview key stakeholders
B.14 Establish mechanisms to monitor palliative care service provision	B.14.1 Minimum data set identified	VINAH and VAED datasets	Interview key stakeholders about HBPCCT MDS
	B.14.2 Data collection system implemented	VINAH and VAED collection	Interview key stakeholders about HBPCCT MDS
	B.14.3 Service provision reports reviewed regularly	VINAH and VAED reports	Interview key stakeholders about HBPCCT MDS
B.15 Strengthen leadership within the palliative care sector	B.15.1 Number and type of leadership initiatives undertaken	Existing project documents	
	B.15.2 Effectiveness of leadership initiatives undertaken	Existing project documents	Interview key stakeholders

## Impacts (C)

Impacts	Measures (areas of interest to the evaluation)	Data source/s	Method for gaining new information
C.1 Increased community and sector awareness and support	C.1.1 Service delivery staff awareness of palliative care principles by profession and service type (self-reported)		Survey key stakeholders
	C.1.2 Increased referral to palliative care services	VINAH/VAED data	Interview key stakeholders
	C.1.3 Increased appropriateness and timeliness of referral to palliative care services	Carer satisfaction survey data	Interview key stakeholders
	C.1.4 Self-reported understanding of palliative care services by clients and carers at time of referral to specialist palliative care services	Carer satisfaction survey data	
C.2 Improved sector agreement on key principles, scope and terminology	C.2.1 Consistency of palliative care terminology used by key stakeholders	Review existing policies, reports etc.	Survey key stakeholders
	C.2.2 Reported agreement with scope and principles as specified in policy (within and across stakeholder groups)		Survey key stakeholders
C.3 Improved availability and quality of data and evidence	C.3.1 Percentage of palliative care services collecting mandated data in relation to client/carers satisfaction, outputs and outcomes	VINAH/VAED compliance	HBPCCT MDS – interview key stakeholders
	C.3.2 Percentage of palliative care services reporting in compliance with specified format and frequency	VINAH/VAED compliance	HBPCCT MDS – interview key stakeholders
	C.3.3 Number and type of data reports provided back to services	VINAH/VAED reporting	
C.4 Improved regional planning of palliative	C.4.1 Regional EFT (located within palliative care consortia) devoted to palliative care planning and monitoring	Consortia plans	

Impacts	Measures (areas of interest to the evaluation)	Data source/s	Method for gaining new information
care services	C.4.2 Percentage of regions with a palliative care regional plan	Consortia plans	
	C.4.3 Number of initiatives in regional plan implemented and evaluated	Consortia plans/evaluation	
	C.4.4 Sector satisfaction with regional planning	Decision-making survey results	Survey stakeholders
C.5 Improved referral and collaboration between services	C.5.1 Reported compliance with protocols (according to the <i>Victorian service coordination practice manual</i> )	Service coordination survey (2006-07)	Interview key stakeholders
	C.5.2 Average number of referrals generated per service by destination	VINAH/VAED datasets	
	C.5.3 Average number of referrals received per service by source	VINAH/VAED datasets	
	C.5.4 Number and frequency of meetings between partnership service staff		Interview key stakeholders
	C.5.5 Reported satisfaction with relationship with partner services		Interview key stakeholders
C.6 Improve workforce satisfaction	C.6.1 Self-reported satisfaction by profession and service type	Employee/volunteer surveys	
C.7 Improved client and carer satisfaction in relation to care from specialist palliative care services and generalist services	C.7.1 Reported satisfaction of clients by population segment	Carer satisfaction survey data	
	C.7.2 Reported satisfaction of carers	Carer satisfaction survey data	
	C.7.3 Reported satisfaction of clients and carers across all domains of care – physical, social, emotional and spiritual	Carer satisfaction survey data	
	C.7.4 Reported satisfaction of clients and carers in relation to use of multidisciplinary approach by specialist palliative care	Carer satisfaction survey data	

Impacts	Measures (areas of interest to the evaluation)	Data source/s	Method for gaining new information
	services		
C.8 Improved equity of funding distribution	C.8.1 Comparison of existing funding distribution to PCRAM and other relevant guidelines	Existing documentation regarding funding distribution	
C.9 Improved alignment of services with identified principles	C.9.1 Number of new initiatives based on identified principles	Existing statewide project documentation	Interview key stakeholders
	C.9.2 Percentage of service policies that align with principles		Interview key stakeholders
C.10 Improved access to services for the general population and special needs groups	C.10.1 Increased number of clients admitted to existing services	VINAH/VAED data	HBPCCT MDS – interview/survey key stakeholders
	C.10.2 Increased number and location of services available	Existing documentation regarding funded services	HBPCCT MDS – interview/survey key stakeholders
	C.10.3 Increased number of special needs clients accessing services by service type	VINAH/VAED data	HBPCCT MDS – interview/survey key stakeholders
	C.10.4 Increases in funding to palliative care	Existing budget outcome information (2006–07, 2007–08, 2008–09)	
C.11 Increased use of principles by mainstream services (including aged care facilities and acute health services) as part of implementing the palliative approach	C.11.1 More appropriate and timely referral to palliative care (internal and external)	VINAH/VAED data	Interview key stakeholders
	C.11.2 Improved integration and coordination of care between services (such as partnerships established, mechanisms for coordination developed)	MOUs between palliative care and mainstream services (such as about shared care) Data/outcomes of R1 Commonwealth-funded projects Data about number of palliative care referrals picked up by mainstream services with advice/consultancy from specialist palliative care services	Interview key stakeholders

Impacts	Measures (areas of interest to the evaluation)	Data source/s	Method for gaining new information
	C.11.3 Effective use of palliative care consultation models	VINAH/VAED data	Interview key stakeholders
	C.11.4 Number and type of education and training initiatives undertaken by specialist palliative care services for mainstream services	Existing consortia and project documents	
C.12 Improved capacity to support palliative care clients in the community	C.12.1 Increase in resourcing for community palliative care	Existing budget outcome information (2006-07, 2007-08, 2008-09)	
	C.12.2 Increase in equitable funding distribution to community palliative care services	Existing documentation regarding funding distribution	
C.13 Improved workforce retention and recruitment	C.13.1 Number and type of education and training initiatives delivered for specialist palliative care workers (including volunteers)	Existing consortia and project documents	
	C.13.2 Number of unfilled positions by profession/service type	Workforce supply and demand study	Survey key stakeholders
	C.13.3 Workforce turnover (between palliative care services and to/from palliative care sector)	Workforce supply and demand study	Survey key stakeholders
	C.13.4 Volunteer satisfaction, numbers and turnover	Volunteer survey	
C.14 Improved appropriateness of services	C.14.1 Assessment of current practice against PCA guidelines re how palliative care should be provided		Interview key stakeholders
C.15 Improved consistency	C.15.1 Consistent implementation of service delivery framework model		Interview key stakeholders

Impacts	Measures (areas of interest to the evaluation)	Data source/s	Method for gaining new information
of services	C.15.2 Development of regional/service level service delivery type models	Existing consortia and project documents	
C.16 Other			