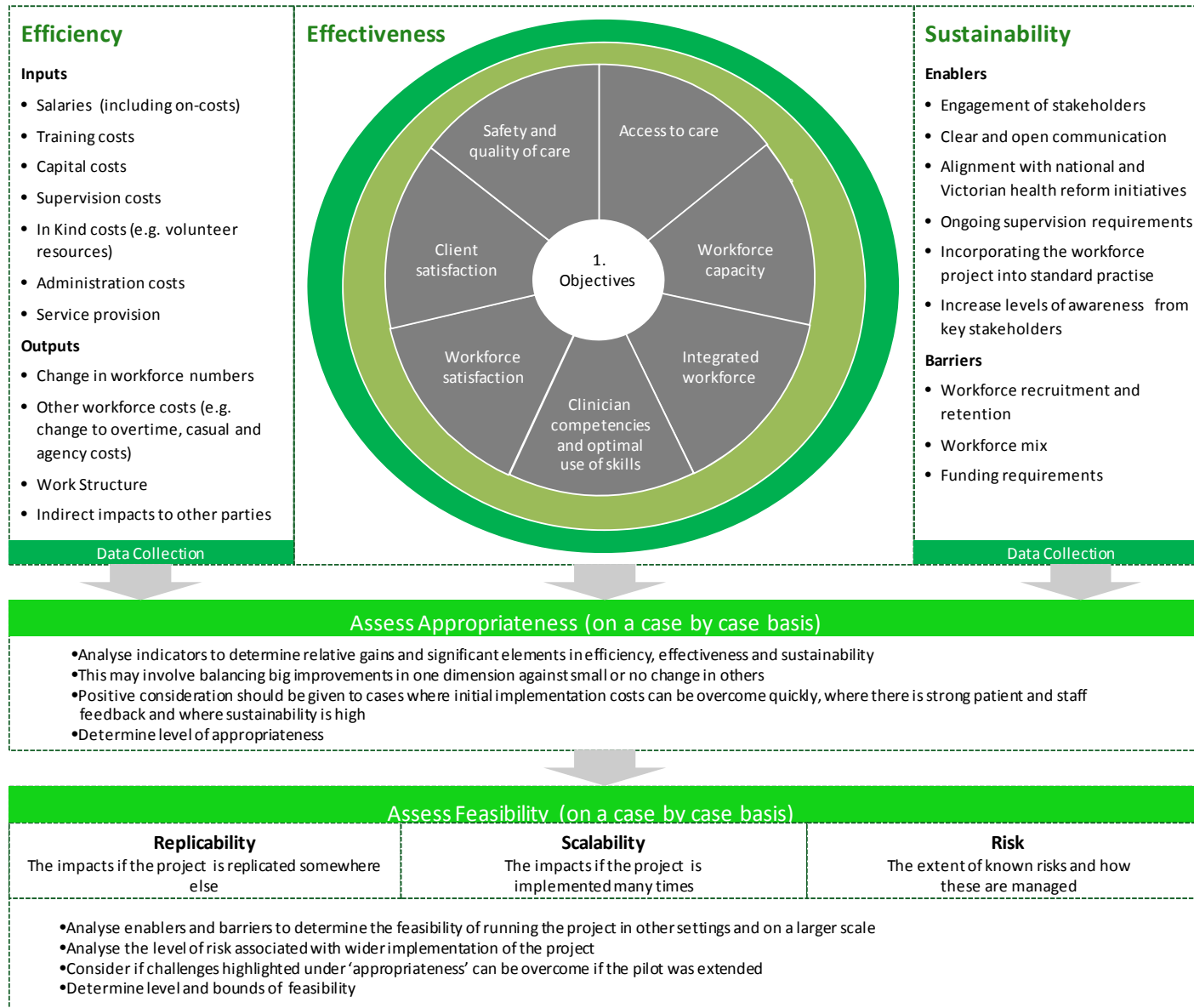

1. Victorian Innovation and Reform Impact Assessment Framework (VIRIAF)

1.1 Overview

The VIRIAF provides meaningful translation of the principles, concepts and structure of the national IAF to workforce innovation and reform projects being undertaken in the Victorian context. The VIRIAF is tailored to the specific needs of Victorian workforce innovation projects and has been designed based on the IAF with input from the 16 workforce innovation project representatives and the Department of Health.

A diagrammatic representation of the VIRIAF is presented in Figure 1 below.

Figure 1: The Victorian Innovation and Reform Impact Assessment Framework



Step 1 of the evaluation process is to determine project specific objectives based on the overarching Victorian objectives which are contained in the middle of Figure 2:

- **Safety and quality of care:** Maintain or improve the quality and safety of care provided to clients
- **Access to care:** Improve access to care
- **Workforce capacity:** Improve workforce capacity, utilisation and productivity
- **Integrated workforce:** Develop an integrated workforce through increasing collaboration between agencies, disciplines and the communities to achieve better client outcomes
- **Clinician competencies and optimal use of skills:** Enhance ability of clinicians to make treatment and assessment decisions. Achieve most efficient skill mix and workforce profile relative to desired outcome
- **Workforce satisfaction:** Enhance workforce training, career pathways, wellness and satisfaction
- **Client satisfaction:** Enhance client satisfaction

Figure 3: Example indicators and potential sources of information collection

Overarching Objective	Example Indicators	Potential Sources of Information
Integrated workforce: Develop an integrated workforce through increasing collaboration between disciplines, health services and the communities for better client outcomes	Improved/consistent continuity of care for the client	Customer surveys
Workforce capacity: Improve workforce capacity, utilisation and productivity	Optimal occasions of service	Data from hospital management systems
	Decrease in occasions of service per clinician	Data from hospital management systems
Clinician competencies and optimal use of skills and full scope of practice Enhance ability of clinicians to make treatment and assessment decisions	Increase in clinician competency	Performance appraisals
	Optimal use of existing skills Use of full scope of practice	
Access to care: Improve geographical and /or timely access to care	Reduction in waiting list numbers	Data from waiting lists
	Decrease in average time to treatment	Data from hospital management systems
	Increase in services in remote/rural areas	Data from hospital management systems
	Increase in incidents of early intervention	Customer surveys
	Decrease in travel time/costs to client	Customer surveys
Workforce satisfaction: Enhance workforce training, retention, career pathways, wellness and satisfaction	Increase in workforce satisfaction	Workforce surveys
	Optimal number of clinicians	Data from HR
	Increased opportunities for professional growth	Workforce surveys
Client satisfaction: Enhance client satisfaction	Increased customer satisfaction in service provided	Customer surveys/Focus groups/Interviews
	Improved customer journey	Customer surveys/Focus groups/Interviews
	Decrease in number of customer complaints	Customer surveys/Focus groups/Interviews
Safety and Quality of care: Ensure	Reduction in number of incident reports	Data from incident reports

appropriate Quality and safety of care provided to clients	Reduction in number of adverse events	Data from hospital management system
	Early intervention with an impact on health status	Workforce surveys
	Reduced clinical risk	Workforce surveys

Step 2 of the evaluation process is to identify indicators of success specific to the projects for the following categories:

- Efficiency: examples contained in Figure 2
- Effectiveness: examples contained in Figure 3
- Sustainability: examples contained in Figure 3

Step 3 of the evaluation process is to collect data to substantiate the indicators of success identified in step 2. Potential sources of data are listed in Figure 3.

Step 4 of the process involves assessing appropriateness. This step uses the information collected in Step 1 through to Step 3 to determine whether or not the project objectives have been fulfilled. Appropriateness is measured by assessing the extent to which the following elements have been met:

- **Efficiency:** this involves weighing up the tangible inputs and outputs of the project. Examples of inputs may include salary and training costs, while outputs might include change in staff numbers or services delivered. Often, the result of an assessment of efficiency is an indicator of 'net cost'. Where a 'net benefit' can be shown a favourable assessment of efficiency is established.
- **Effectiveness:** this involves the assessment of whether or not the project's objectives have been met. This is measured against the project specific indicators outlined in Step 2 and the information collected on these indicators in Step 3. Indicators of success, as mentioned, could include enhanced workforce integration, improved access to care or improved quality and safety of care.
- **Sustainability:** this involves determining whether or not the project can continue to meet its objectives in the medium to longer term, analysing the enablers and barriers outlined in Step 2 (including, for example, the workforce mix, engagement of stakeholders and clear leadership).

While the framework details the foundations on which appropriateness should be evaluated: efficiency, effectiveness and sustainability - the final assessment of whether or not a project is appropriate will be largely on a case by case basis. Some examples of factors to consider in determining appropriateness are:

- A common aspect likely to transpire across all projects is an improvement in efficiency if the project is extended or implemented on a permanent basis, assuming that initial implementation costs are weighted heavily towards the first year across projects
- Strong positive staff and patient feedback should be identified as a good indicator of appropriateness as these key stakeholder groups are the intended beneficiaries of workforce reform and innovation activities.
- Where sustainability is high, there is likely to be a greater influence on appropriateness – it is much more likely that a sustainable pilot project will be feasible in the long term.

These three factors are illustrated in the case study below, taken from a recent evaluation completed for the Department on three Better Skills Best Care (BSBC) program initiatives. It is most important to note that the assessment of appropriateness is used as a 'gate' in the impact assessment framework and is intended to answer the question "is this project worth

doing?” It would be a rare occurrence that a planned project implementation that ties back to and achieves the initial project objectives would be assessed as ‘inappropriate’. One exception would be the assessment of sustainability, as there may often be unforeseen impacts that had not been identified/known in the project planning stage. The more important elements of cross-project comparability are the elements of feasibility – questions to be considered are: is a project scalable? Is the project replicable? What is the extent of risk involved in broadening the implementation of a pilot project? Each of these elements are discussed further below.

Case study: assessing appropriateness

The complete evaluation of three Workforce Innovation Grant Program (2008-09) projects under Victoria’s Better Skills Best Care strategy by PwC provides valuable insight into the assessment of appropriateness of health workforce projects detailed in this evaluation framework. The evaluation was conducted on two nursing assistant projects at Bendigo Health and Austin Health, and a remote nurse-led x-ray project at Lorne Community Hospital. Similar to many of the 16 projects outlined in this report, these programs shared a common objective of achieving a more efficiently operating workforce through the provision of greater support to existing staff, ultimately leading to improved patient outcomes.

The key themes in the evaluation of each project’s appropriateness were:

- Strong positive feedback from other staff in the hospital settings, with staff being able to complete work more quickly and focus more on clinically orientated tasks following implementation of the role
- Efficiency was found in all three pilot projects following the initial implementation year (during which time the costs, for example of infrastructure, outweighed the benefits). Following implementation, benefits outweighed costs
- Positive feedback from patients and the wider community, with all projects providing improved patient care through a higher level of responsiveness to specific patient needs (effectiveness)
- Sustainability across all of the projects, each with an initial objective of meeting community needs in the longer term.

In addition, key issues that arose in the evaluation of the appropriateness of the projects were:

- Prolonged stakeholder consultation with some key organisations, which had the detrimental effect of delaying certain project tasks which could have potentially impacted the successful engagement of other stakeholders, and
- Clarity around role definition and structure for supervision.

After considering these key findings (as well as others), all three pilot projects were assessed as appropriate. This result was founded in the strong positive indicators that are outlined above and they were assessed to outweigh the negative impacts outlined for each of these pilot projects (including factors such as education and training costs, initial time impost on staff).

Step 5 involves an assessment of feasibility. Feasibility relates to whether or not the project can be extended to a larger scale and informs the decision as to whether a project should be implemented more widely as workforce reform. In this framework, a project would only be assessed for feasibility if it had achieved a (strongly) positive assessment of appropriateness.

Assessing feasibility assists to inform the department’s planning. This step should be considered in the larger departmental context.

Figure 4 illustrates the following three components in a diagrammatic format:

- **Replicability:** this refers to the ability of the project to be implemented elsewhere. Relevant considerations in the assessment include clinical settings, geographical regions and other barriers and enablers of replicability such as access to training and availability of funding.
- **Scalability:** this refers to the ability of the project to be replicated many times over. Relevant considerations in the assessment may include consumer demand, infrastructure and workforce availability. Two key questions to ask in relation to scalability are:
 - Is it possible that the enablers for scalability could be removed, and if so what would be the associated impact?
 - Can barriers to greater scalability be removed? If so, how can this be facilitated, and is it worth the associated time and money? (shown in Figure 4)
- **Risk:** a comprehensive assessment of risk is essential to determining whether or not the project is feasible. Risks encompass those factors that would hinder the successful rollout of the workforce project (shown in Figure 5).

Figure 4: Example indicators for Feasibility

Feasibility		Example Indicators
Replicability	Enablers	What are the enablers of replicability in alternative settings or geographies? Is it possible that these enablers are removed and if so what would be the consequences?
	Barriers	What are the barriers of replicability in alternative settings or geographies? Can these barriers be removed and how so? Is it worth the investment? What are the enablers of replicability in alternative settings or geographies? Is it possible that these enablers are removed and if so what would be the consequences?
Scalability	Enablers	Some enablers to scalability could be: Workforce size: and availability of the workforce - Is there enough demand for this project to be implemented on a larger scale? Consumer demand: Is there a demand for this workforce project to be implemented on a larger scale?
	Barriers	Some barriers to scalability could be: Training, impacts on training a large number of staff: do the facilities exist to provide sufficient training to more staff if that is required? Infrastructure: Is there enough to support more implementations? In an evaluation of scalability, it is necessary to consider the implications of rolling out this workforce project on a larger scale on the current environment. What is the maximum scale to which this can be done in current circumstances?

Figure 5: Impact (risk)-Likelihood matrix

Risks Matrix		Risk Impact		
		Low	Medium	High
Risk Likelihood	Low	Low Likelihood, Low Impact	Low Likelihood, Medium Impact	Low Likelihood, High Impact
	Medium	Medium Likelihood, Low Impact	Medium Likelihood, Medium Impact	Medium Likelihood, High Impact
	High	High Likelihood, Low Impact	High Likelihood, Medium Impact	High Likelihood, High Impact

Following the consideration of the replicability, scalability and risk for a specific project, the 'feasibility' of the project can be assessed. Similar to assessing appropriateness, a scale of feasibility may be used to determine the extent of feasibility and most importantly – *where* - a project would be feasible. For example, a project could be feasible as a continued single workforce project, applied in a particular region, across Victoria where particular circumstances exist, or potentially on a national scale.

A scale of feasibility could yield an assessment of high feasibility where replicability is high and risk is low, but scalability is low. However it would not be a likely case for high feasibility if the risks are determined to be greater than 'moderate' using the risk matrix in Figure 4. A project with high risk may have some positive feasibility assessed, but should always be considered with these limitations in mind.

When assessing ongoing feasibility of the projects in this framework, a positive assessment of appropriateness is critical. Some key factors to consider when assessing ongoing feasibility include:

- Where challenges have been identified in the assessment of appropriateness (such as the impacts of stakeholder consultation and a lack of role definition as identified in the case study above) it is important to consider whether these challenges can be overcome as part of implementing an extended program. Such challenges should be considered on a case-by-case basis across the assessment of replicability, scalability and risk
- For those projects requiring ongoing supervision and training, feasibility will be dependent on the availability of these resources in sites where the project may be extended to
- Stakeholder support is likely to be a key factor influencing a project's feasibility, given the critical role they play in terms of the acceptance of new models
- Replicability and Scalability of the projects may be dependent on whether or not the respective extensions are in areas with similar demographic and/or regional characteristics.

If a project is firstly deemed appropriate, and is further not predicted to encounter any significant obstacles in regards to determinants of feasibility as detailed above, then it is likely that its implementation on an extended and/or permanent scale would be a positive move forward to improving the Australian health workforce.