



AGENCY FOR
CLINICAL
INNOVATION

Living Well and Feeling Better Multipurpose Services program evaluation unpacked

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Background



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○ Multipurpose services (MPS)

- Provide acute, sub-acute, emergency and residential aged care
- Located in rural areas (64 MPSs)
- No requirement to meet Aged Care Standards (RACF)
- Accredited entities under ACQSHC-NSQHS
- Gap analysis (2014)

○ “Living Well in MPS” program

- Aim
 - To support staff to provide individually-tailored, resident-centred care to people living in MPS
 - To enhance the lifestyle, independence, wellbeing and quality of life of people living in MPS

Living Well program



○ Key principles of the program

- Respect for Rights as an Individual
- Informed & Involved
- Comprehensive Assessment & Care Planning
- Homelike Environment
- Recreational & Leisure Activities
- Positive Dining Experience
- Multidisciplinary Services
- Expertise in Aged Care



- Respect for rights as an individual
- Informed and involved
- Participates in assessment and care planning
- Lives in a homelike environment
- Access to meaningful recreational activities
- A positive dining experience
- Access to multidisciplinary services
- Expertise in aged care

Living Well program



○ Implementation

- Approach: PDSA cycles & rapid small changes
- Period: Feb 2017- Nov 2017 (9 months)
 - 3×3-month learning-sharing-action periods
 - Weekly coaching and web-based support
 - Monthly teleconferences and reporting
- 25 MPSs (40% of NSW MPSs)

○ Interventions

- Living care plan (lifestyle based)
- Case management with families
- Gardening, music, art, cooking
- Volunteering, school and community visits
- ...

Evaluation



○ Quantitative method

- Approach: before-after implementation
- Domains:
 - 8 key principles
 - Quality of life indicators (relationship, independence, wellbeing,...)
 - Hospital utilisation (hospitalisation, ED presentations)
- Data:
 - Surveys (score indicators)
 - Hospital data
- Coverage (25 MPSs):
 - Residents (250-290 participants)
 - Family/care (200-204 participants)
 - Facility representative (50 participants); Staff (430-530 participants)

Evaluation



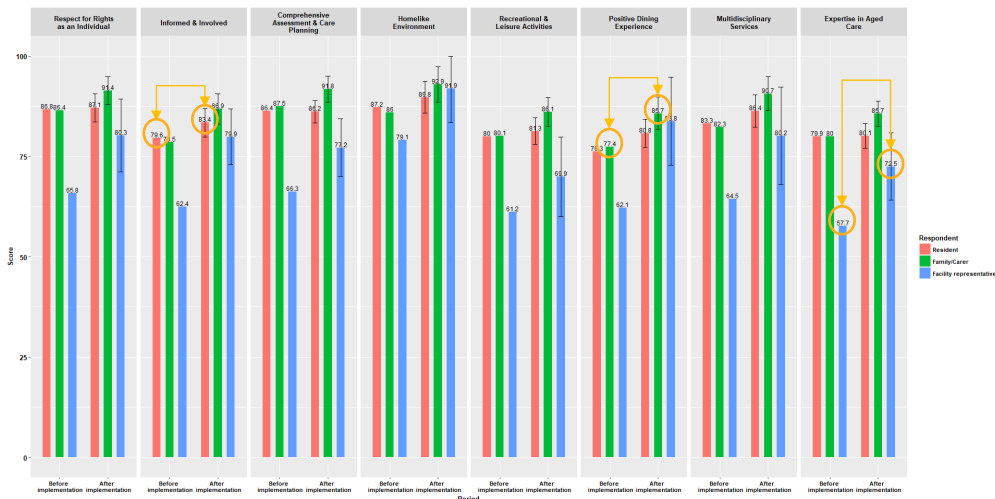
○ Statistical analysis

- Multilevel modelling (random intercept & slope)
 - Impact of the program
 - Change in indicators and outcomes
 - Contributing factors (e.g. age, gender, MPS size)
 - Factors influencing overall scores
 - Factors influencing impact (changed scores)
 - Inter-MPS variation
 - High and low performers (overall scores)
 - Best and poor movers (impact / changed scores)

Results: key principles



Intervention effect



Results: key principles



Intervention effect

- Residents perspective:
 - Score range: 76%-87% → 80%-90%
 - Informed & involved (3%), Positive dining experience (11%)
- Residents' family/carer perspective:
 - Score range: 77%-88% → 86%-93%
 - All principles improved (5%-8%); greatest in Informed & involved, Positive dining experience
- Facility representative perspective:
 - Score range: 58%-79% → 70%-92%
 - All principles except "Recreational and leisure" improved (11%-21%); greatest in Informed & involved, Positive dining experience

Results: key principles



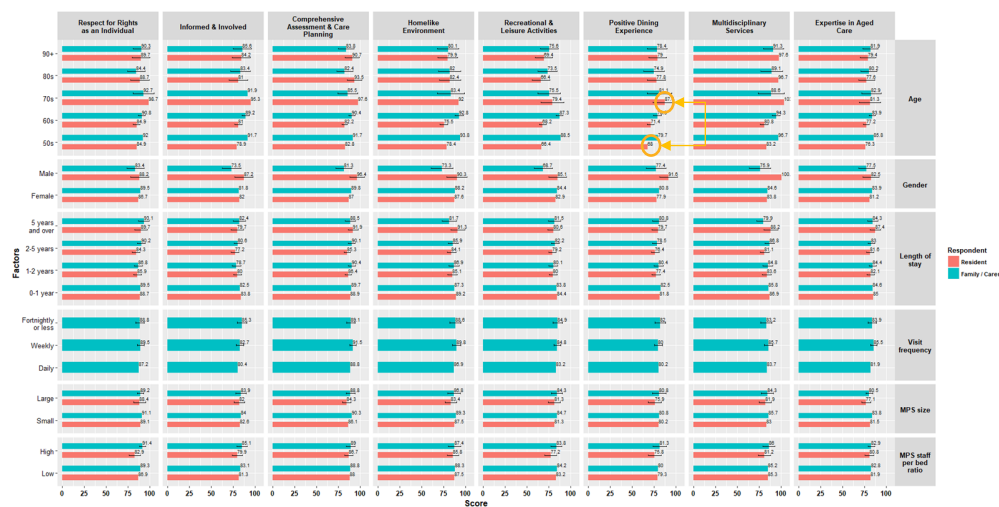
○ Contributing factors

- Age:
 - ~50% of residents were in 80s
 - ~75% aged over 80
- Gender: ~65% female
- Stay:
 - ~35% less than 1 year
 - ~60% less than 2 years
- Family/carer frequency of visits:
 - ~45% daily visit
- MPS (25 MPSs):
 - No. beds: 6-40 beds (average 17)
 - No. staff: 20-91 staff (average 40)

Results: key principles



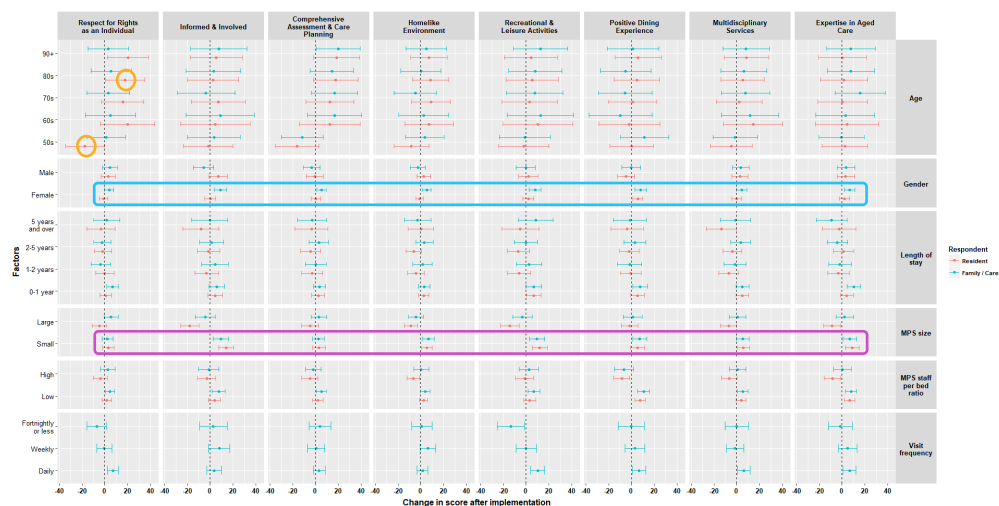
○ Contributing factors: overall score



Results: key principles



Contributing factors: impact



Results: key principles



Contributing factors

Residents perspective: higher overall scores

- Male vs females: Participates in assessment and care planning A positive dining experience
- 70s+ vs younger: Participates in assessment and care planning A positive dining experience Informed and involved Respect for rights as an individual Access to multidisciplinary services
- 0-1 vs 2-5 yrs stay: Participates in assessment and care planning A positive dining experience Access to multidisciplinary services

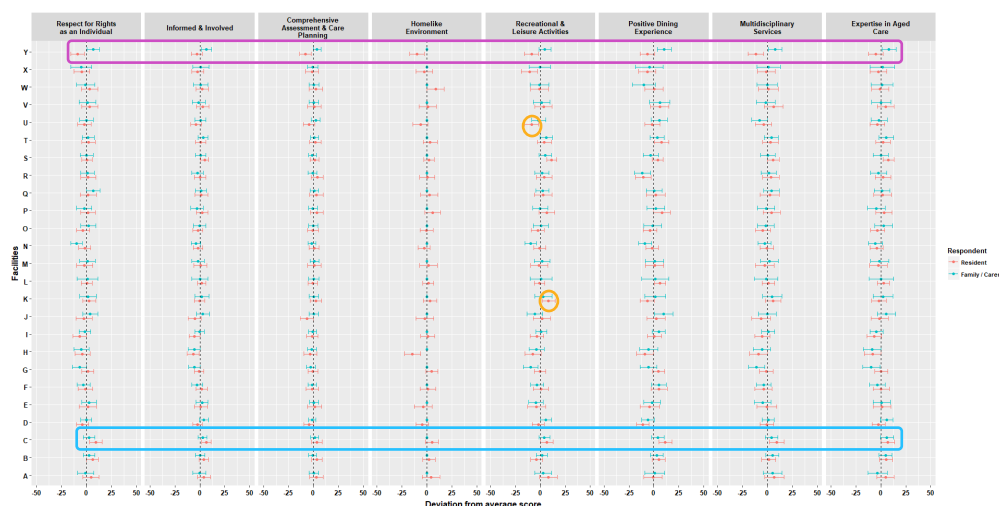
Residents perspective: greater impact

- Female vs males: A positive dining experience
- 80s+ vs younger: Respect for rights as an individual
- Small vs large MPS: Informed and involved Access to meaningful recreational activities Lives in a homelike environment Access to multidisciplinary services Expertise in aged care
- Low vs high staff ratio: A positive dining experience Expertise in aged care

Results: key principles



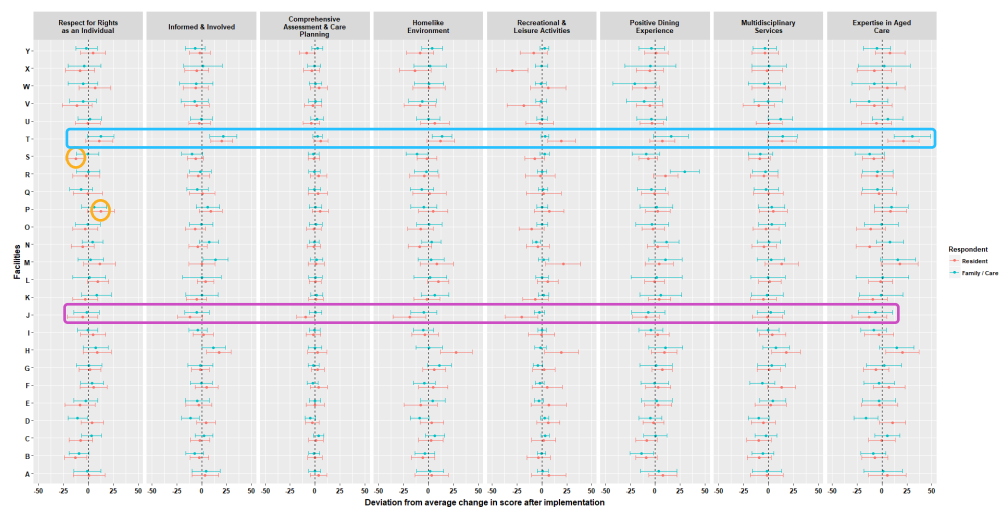
Inter-MPS variation: overall score



Results: key principles



Inter-MPS variation: impact



Results: key principles



○ Inter-MPS variation (compared to average)

• Residents perspective:

- Overall scores: -14% to 11%; Positive dining experience, Recreational and leisure activities (6 outliers)



A positive dining experience



Access to meaningful recreational activities

- Impact: -30% to 28%; Recreational and leisure activities (11 outliers)



Access to meaningful recreational activities

• Residents' family/carer perspective:

- Overall scores: -12% to 10%; Positive dining experience (4 outliers)



A positive dining experience

- Impact: -26% to 30%; Informed and involved (7 outliers)



Informed and involved

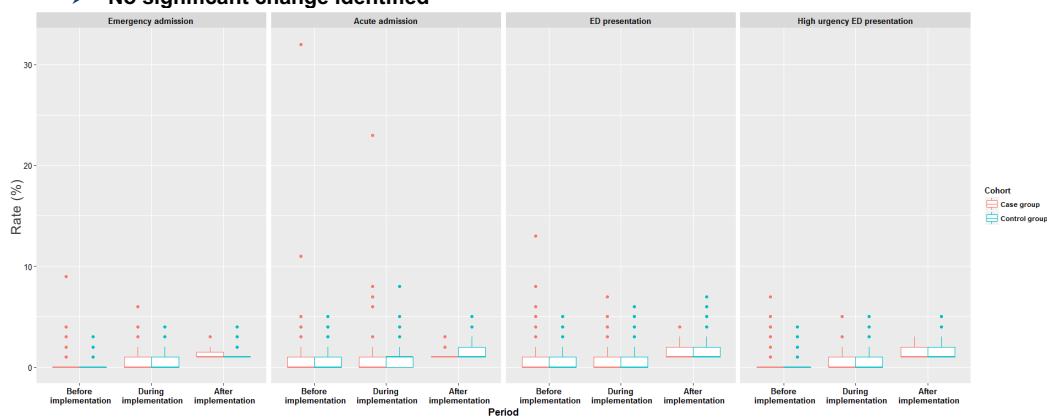
Results: hospital utilisation



○ Case-Control analysis

- Cases: 261 residents from 25 participating MPSs
- Controls: 345 residents from 39 non-participating MPSs

➤ No significant change identified



Conclusion



○ Findings

- Varying improvements reported by residents (2 areas), family/carer (8 areas) and staff (7 areas)
- Individuals' and MPSs' characteristics influenced scores and impact of the program
- Between MPSs notable variations in scores and impact of the program were identified
- The program had no effect on hospital utilisations (so far!)

○ Future work

- Utilise qualitative findings (e.g. interviews) to identify barriers and enablers
- Re-analysis of impact over a longer period
- Study of interventions in high performers & best movers



Thank you.