

Initiatives in primary health care: Evaluation of a South Australian program

CHARLIE MURRAY AND GWYNETH JOLLEY

Charlie Murray and Gwyneth Jolley are Senior Research Officers with the South Australian Community Health Research Unit.

Abstract

In 1994 the Primary Health Care Initiatives Program was established as part of the South Australian government's hospital service improvement strategy. In its first year, the program funded 34 demonstration projects, of which half were concerned with improving continuity of care and discharge planning, and half with health promotion or illness prevention. Evaluation of the program has shown that it achieved significant improvements in links and communication between the services involved, in the development of systems and procedures for facilitating discharge-planning and continuity of care, and in enhancing the capacity of organisations to undertake health promotion and illness prevention. Overall, it was not possible to determine whether the program had shortened or avoided hospital stays due to a range of factors, including the many changes occurring in the health system at the time. The program's strong emphasis on evaluation has produced a rich source of information and helped to develop the evaluation skills of project staff.

The Primary Health Care Initiatives Program

At the time of this evaluation, the Primary Health Care Initiatives Program was funded and administered by the South Australian Health Commission. It was a component of the South Australian government's hospital service improvement strategy, drawing funds from the service improvement pool. The program was established to:

- improve and extend links between hospital and community-based services
- provide more integrated care and continuous quality care for people who are already ill
- increase the emphasis on health promotion and illness prevention in the health system.

In 1994 the program provided \$1.5 million for primary health care projects of up to 12 months duration. The first round of funding was divided into two parts. Pool 1 provided \$1 005 000 for seeding grants for innovative joint projects between hospital and community-based organisations. Pool 2 provided \$400 000 for projects involving health promotion and illness prevention strategies. Most funding amounts were between \$25 000 and \$50 000, although five major metropolitan hospitals were funded for projects ranging from \$80 000 to \$129 000.

The evaluation of the program

The South Australian Community Health Research Unit was contracted to evaluate the program, to provide projects with evaluation support and to assist with report writing. The Unit is a statewide service that provides primary health care research and evaluation on behalf of, or in conjunction with, community health services and similar health-related groups and agencies throughout South Australia. It receives core funding from the South Australian Health Commission, and additional funding from external grant programs and consultancies.

Several methods were used to gather information for the Primary Health Care Initiative Program's evaluation, including:

- analysis of each project's final report
- telephone interviews with project officers and the organisations managing the projects
- a focus group interview
- a survey of the funding advisory group for the program
- a face-to-face interview with the manager of the branch administering the program, and
- surveys of executive directors and relevant staff within the South Australian Health Commission.

Originally funds were set aside to analyse relevant casemix data from projects in major metropolitan hospitals. However these projects varied enormously in terms of numbers, target groups, interventions and organisations involved. It was therefore decided that a detailed statistical analysis would not be undertaken.

Findings from the evaluation

Program objectives

The program was found to have made a significant contribution to the improvement of discharge-planning and continuity of care, and to the integration of the health services involved. It enabled recipients to develop and document systems, plans and procedures to support discharge-planning and continuity of care. Improvement in the

Figure 1: Primary Health Care Initiatives Program objectives 1994–95

Pool 1 objectives

- (a) Integrate the management of episodes of hospital treatment with continuity of care, incorporating pre-admission, inpatient and post-discharge strategies which facilitate continuity of care and the efficient use of resources.
- (b) Shorten or avoid hospital stays by providing community-based treatment, care and support.
- (c) Demonstrate improved and extended links and formal arrangements between hospitals and community-based organisations.
- (d) Demonstrate how the achievements of the project will be maintained and extended beyond the funding period.

Pool 1 projects funded

Hospital to home*	Post-acute care*
Seamless care in the south*	Seamless surgical care*
Supported early discharge*	Continuity of care in the West
Riverland domiciliary midwifery	Improved discharge-planning in the Riverland
Continuity of care Tatiara	Saving soles
Barossa light discharge-planning	Paediatric diabetes care
Healthy mother healthy children	Rural midwifery practice
Women's business	Palliative care volunteer program
Eastern heart health project	

Pool 2 objectives

- (a) Focus on health promotion and/or illness prevention.
- (b) Demonstrate improved and extended links between health units and other organisations and groups.
- (c) Demonstrate how the achievements of the project will be maintained and extended beyond the funding period.

Pool 2 projects funded

Adolescent suicide prevention by general practitioners	Beat osteoporosis
Riverland early intervention group	Asthma and the community
Asthma management Torrens Valley	Better hearing Murray Mallee
No violence no shame	Practical parenting
Tackling injury prevention with small industry	A curriculum approach to health promotion
Health and safety in the workplace: Penola	Northern men's domestic violence
Breaking the cycle of disadvantage	Is there something else I can do?
General practitioner and emergency contraception	Guys talk too
Young Nunga mums	

* denotes major metropolitan project

integration of health services was characterised by better links, communication, cooperation and collaboration between health services. Most significant were developments between hospitals and community-based services.

It has been a way to force agencies together, and I mean force, because by having a funded project it provided reason for agencies to collaborate. (Major metropolitan project – community-based agency)

As a hospital-based nurse I didn't take much notice of community-based staff. Working with them on this project was a good bridge for me and other hospital staff. (Major metropolitan project – hospital)

Projects used differing strategies to improve their health service's capacity to provide integrated care. Several used funds to employ someone to develop information about health promotion and undertake staff development and/or facilitate community groups. Some projects used their funds to employ a change agent who facilitated the development of processes and links and then moved on, while others trialled the creation of a new position.

Nearly all those interviewed thought that the projects had been successful in promoting health, with the exception of three major metropolitan projects. These major metropolitan projects did not consider health promotion or illness prevention to be a focus of their project, generally because their target groups were people who were already ill.

Pool objectives

Projects from Pool 1 were very successful at demonstrating improved and extended links and formal arrangements between hospitals and community-based organisations. However, very few were able to demonstrate they had reduced or avoided hospital stays. Generally it was difficult to determine reduced length of stay in hospital because of the lack of baseline data, the small numbers involved, the wide range of diagnosis-related groups and the small numbers within them. There are so many factors which influence length of stay other than discharge-planning and the provision of post-acute care, such as the client's age, co-morbidities, reactions to medication and the discharge practice of the hospital. It was difficult to attribute change in length of stay in hospital to the work of the projects because of other changes occurring in the system at the time.

All Pool 2 projects focused on health promotion and/or illness prevention. Some of these addressed specific illnesses such as osteoporosis, and others had a broader focus such as school health curricula, or community action about domestic violence. Most projects provided some form of health education and information to improve awareness of a health problem and/or its management. Like Pool 1 projects, these projects were successful in demonstrating improved links between organisations and groups.

Sustainability

Projects from both pools were required to demonstrate how the achievements of the projects would be maintained and extended beyond the funding period. Many were able to confirm that some aspects of their projects would continue, although few were able to secure ongoing funding from alternative sources. Pool 1 projects provided many examples of processes, forms, networks, staff development materials and so on that would continue to be used. Some health units have funded aspects of projects, or acted on project recommendations. For example, a country health service funded a trial lactation unit; another funded the continuation of a domiciliary midwife for part of the region; a country hospital funded a discharge-planning nurse position; and a metropolitan community health service funded a part-time podiatrist position. Half of the Pool 2 projects were able to secure continued funding for at least some aspect of their project. For example, a hospital began funding asthma clinics and educators in schools; a country community health service continued education on noise prevention and screening for hearing loss; and a non-government organisation funded an osteoporosis prevention project. Four were successful in gaining further funding from alternative sources.

At the time of the interviews, none of the major metropolitan projects had secured ongoing funding, although most were planning further developmental work, including grant applications. An encouraging aspect is that these were joint applications between organisations brought together by the Primary Health Care Initiatives Program projects. One had developed a proposal for a post-acute care unit to be jointly administered by a hospital, Domiciliary Care and Rehabilitation Services and the Royal District Nursing Service.

The issue of ongoing funding of successful initiatives was, quite understandably, a source of frustration for many. Those interviewed from the Funding Advisory Group of the program recognised that the sustainability of projects beyond the funding period was an unrealistic expectation to place on projects or health units, as they do not know what their funding will be from year to year. Many services were struggling to cover recent cuts to budgets, so their capacity to fund projects within existing budgets had been drastically reduced. In this climate, successful projects do not necessarily secure further funding. Interviewees thought the South Australian Health Commission had the key responsibility to ensure sustainability of successful initiatives.

So that's been very disappointing. You set up something that's exceptionally good, and try as hard as you can, [but] it's very difficult to keep it going without ongoing funding. (Project officer)

The grant program has the potential to show us that there is the potential for us to do some very good things... The program can't take responsibility for the sustainability of things. A lot of the factors which affect sustainability probably are within the South Australian Health Commission. (Funding advisory group member)

Process issues

Helping factors

Several factors were identified as helping to facilitate the process of projects and the program. Project officers and managers alike considered the program's reporting requirements to be a very useful guide for documentation, reflection, evaluation and accountability. While a few respondents thought they were excessive, most believed they had helped to keep their project on track, and to develop skills in report writing and evaluation. In some cases the evaluation reports were instrumental in projects securing funding from other sources.

Hindering factors

Several projects reported that there was insufficient time for developing their applications. This was particularly so for major metropolitan projects which were complex and required collaboration with other organisations. Two major metropolitan projects chose to run their projects without a designated project officer, and they had greater difficulty in providing an impetus to get their projects started, in generating referrals, training staff and collecting information for evaluation.

One commonly reported barrier to successful implementation was the disruption caused by system change. At the time the program was being implemented, casemix funding was being introduced in hospitals and there were many other simultaneous changes. One major metropolitan project was based in a hospital undergoing a changeover from public to private administration, community health services in the metropolitan area were restructuring, and there was an intended co-location, integration and amalgamation process between Domiciliary Care and Rehabilitation Services and the Royal District Nursing Service (although this did not occur). Consequently this time was characterised by confusion, insecurity and low staff morale.

Evaluation challenges

Projects in both pools faced a range of evaluation challenges, although not all the projects experienced all the difficulties. The 12-month time frame for projects did not allow much time for evaluation, and for many it was too early to be able to demonstrate the impact.

Nearly all project officers reported that they had limited knowledge of evaluation when they commenced their project. This, in part, accounted for the fact that evaluation difficulties were experienced by many projects, but problems also arose due to poor project concept and design, staff changes, data collection difficulties, problems measuring project success and delays in appointing evaluation consultants. Many of these problems were beyond the control of the projects.

The major metropolitan projects experienced many problems in obtaining data from both hospitals and community-based organisations. Some data were not available, some were available but only via time-consuming manual extraction and some were difficult to extract from management information systems.

Recommendations, action and dissemination

Findings from the project and program evaluations were reported to the South Australian Health Commission as the evaluation progressed. This enabled changes to be made to subsequent rounds of funding. As a result, several recommendations had already been implemented before the conclusion of the evaluation. Some of these changes included an increase in staff to administer the program and a streamlining of notification and contracting processes. The program now has a three-month developmental phase for projects to consult with key stakeholders, build partnerships and write second stage applications. Furthermore, the program will now fund projects for up to three years.

Projects in subsequent rounds have also had access to evaluation support and advice from the beginning. Evaluation workshops are now conducted by the South Australian Community Health Research Unit at the beginning of each round of funding to assist project staff to meet the program's evaluation requirements.

Apart from these changes, it was recommended that:

- primary health care initiatives continue to be encouraged through the provision of grants or funding specifically for this purpose
- a formal review be undertaken to determine the most appropriate location for the program within the new structure of the South Australian Health Commission
- the South Australian Health Commission consider funding projects in line with organisational and strategic plans, as a means of enhancing the capacity of successful projects to secure ongoing funding
- support be given to processes that disseminate the outcomes and lessons learned from this round of funding.