EVALUATION OF THE NSW INSTITUTE OF RURAL CLINICAL SERVICES AND TEACHING'S 2007 FUNDING PROGRAM FOR "RESEARCH, SERVICE DEVELOPMENT AND EVAULATION PROJECTS"

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Executive Summary

The NSW Institute of Rural Clinical Services and Teaching (IRCST) introduced its first program of funding in 2007, allocating almost $2,000,000 to support a range of research, service development and evaluation projects, across rural and remote NSW.

The 2007 Funding Program aimed to:

- increase the amount of rural-based health research being undertaken
- develop the project management and clinical skills of health staff in rural and remote locations within NSW
- apply metropolitan models of care to rural and remote environments
- identify best practice models of service delivery for rural and remote environments
- contribute to the body of rural-based health literature
- raise awareness of IRCST amongst the rural and remote health workforce

This evaluation was carried out to determine if the aims were achieved, and to identify the factors which helped or hindered the projects. The evaluation also sought to gain insight into the impact on the work life of Project Managers and identify opportunities for IRCST to improve the funding process as a whole.

The results of the evaluation will be used to inform decisions about providing such funding in the future, and the process with which it will be administered.

Methodology

A mixed methods approach was used. Although primarily a summative evaluation, it also has a formative component, in that lessons learned from this evaluation have been used to inform future funding rounds.

A Program Logic model was employed as a framework for the process (Table 1), and information was gathered from the following sources:

- progress reports provided by Project Managers
- correspondence and file notes for each project
- interviews conducted during the implementation phases of the projects
- IRCST financial records
- interview with IRCST Executive Director, Ms Linda Cutler
- Project final reports, and

- a questionnaire sent to Project Managers, completed for 20 of the 27 projects

Conclusion

In evaluating the 2007 Funding Program, it is clear that the program's intended outcomes were met to varying degrees by the funded projects:

- There has been an increase in the amount of rural-based health research being undertaken, with six research projects and three evaluation projects being completed.

- The project management and clinical skills of health staff in rural and remote locations within NSW have been developed, along with several other types of skills sets, eg information technology.

- Although only one project applied a metropolitan model of care to the rural and remote environment, other projects (often having considered metropolitan models) developed appropriate models of care for the rural environment.

- Indications are that best practice models of service delivery for rural and remote environments were achieved; however these were not assessed due to the complexity of determining a consistent definition and the subsequent issues of sourcing appropriate levels of evidence.

- The body of rural-based health literature has been contributed to, both through peer reviewed journal articles and through other Area Health Service (AHS), university or Division of General Practice newsletters.

- Awareness of IRCST amongst the rural and remote health workforce has been raised, by virtue of the initial promotion of the funding opportunity and the ongoing presentation of project results.

Findings from the evaluation regarding processes for the management of funding programs were used to improve subsequent funding programs in 2008 and 2010.

It is further noted that, based on experience from the 2007 Funding Program:

- There is a high likelihood of completion (92.6% for the 2007 program)
- There is a high likelihood of achievement of aims and objectives (>84% for the 2007 program)
- Many barriers to timeframes and completion could be pre-empted and overcome if they are identified as a risk early in the process

- The provision of expertise and support from key external partners can be a valuable enabler, and can be critical to the success of some projects

In summary, the 2007 Funding Program met its intended outcomes to varying degrees; and improvements were made in the management of processes for subsequent funding programs.

Recommendations

It is recommended that the following improvements be made to future funding programs:

- The general structure of the funding program should be retained
- A simple risk assessment should be undertaken for each of the projects to identify potential barriers, with strategies put in place to minimise these potential barriers
- A more rigorous evaluation process should be required for each of the projects
- Consideration should be given to providing training in evaluation techniques where necessary
- Questionnaires should be distributed closer to completion of the project, for example one month after its completion
- Evaluation methods for funding programs should be determined prior to the allocation of funds.

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1. Introduction

This evaluation seeks to determine if the expenditure of almost $2,000,000 on a range of research, service development and evaluation projects, across rural and remote NSW, has met the intended aims of the NSW Institute of Rural Clinical Services and Teaching's (IRCST) 2007 Funding Program.

In doing so, it will identify inputs and seek to identify factors that helped or hindered the projects; the applicability of the findings to other organisations; the extent to which the results of each project have been disseminated throughout the wider health system; any resulting changes to policies or practices; the level and impact of collaboration; the impact on the work life of the Project Manager; and how the IRCST funding process can be improved.

The results of the evaluation will be used to inform decisions about providing such funding in the future, and the process with which it will be administered.

It should be noted that the evaluation does not seek to measure the success of each funded project; rather its focus is to determine if the aims of the Funding Program itself have been met.

1.1 Literature review

Searches of Medline and Cochrane Systematic Review databases, along with general internet searches were undertaken. Search terms, used alone and in combination, included: program evaluation, cost-benefit analysis, program funding, health funding, health evaluation. All searches were limited to English language.

Multiple papers were reviewed, with many evaluating individual projects or a group of projects that had similar aims and objectives; however no papers were found that evaluated such a varied range of health projects.

During the literature review, however, several methods of evaluation were observed and considered. It was subsequently decided that a suitable method for this type of evaluation would be the Program Logic Model or Logic Model.

McCawley (2010) defined the Program Logic Model as a tool used by program managers and evaluators "… to describe the effectiveness of their programs".

The Program Logic Model clearly identifies the inputs of the program; outputs; and short, intermediate and long term outcomes of the program. See table 1.

2. Background

IRCST was formed in 2003 following recommendations from the *NSW Health Plan*. It aims to support rural clinicians across all stages of their careers and promote good practice in rural health service delivery. It is a "virtual institute" with staff working across NSW (NSW Institute of Rural Clinical Services and Teaching, 2009).

Towards the end of 2006, the IRCST Executive Committee, recognising a gap in the rural health environment for special project funding, sought approval to use surplus funds to support research, service development and evaluation projects across rural and remote NSW, to a combined total of $2,000,000.

Applications were called and all funds were allocated by June 2007.

The program completion date was December 2009, which is when the evaluation process commenced, however due to an extension granted to one project, this was changed to February 2010.

2.1 Program Rationale and Logic

The rationale of the funding program was to provide an opportunity for rural and remote health workers to undertake research, service development and evaluation projects. The program's intended outcomes were to:

- increase the amount of rural-based health research being undertaken
- develop the project management and clinical skills of health staff in rural and remote locations within NSW
- apply metropolitan models of care to rural and remote environments
- identify best practice models of service delivery for rural and remote environments
- contribute to the body of rural-based health literature
- raise awareness of IRCST amongst the rural and remote health workforce

These are represented in a Program Logic Model (table 1).

2.1.1 Inputs

Three major inputs were required:

- IRCST funding of $1,994,195
- IRCST staff to manage and support the process

- staff from Area Health Services and other organisations: who applied for the funding, were involved in implementing the project, carried out recruitment and completed the reporting processes

2.1.2 Outputs

Several key activities were required:

- IRCST staff developed the funding guidelines
- AHS and other organisations assisted with the advertising of funding
- An assessment panel made up of IRCST staff and Executive Committee members reviewed all applications and made the final decision on who would receive funding
- IRCST staff with the assistance of NSW Health Finance Branch and NSW Health Legal Branch allocated the funds and negotiated funding agreements
- IRCST staff and Project Managers participated in regular reports and annual teleconferences
- Project Managers and other staff within the organisation implemented the project, evaluated the project, wrote Project Reports and promoted their findings
- IRCST staff promoted the findings through the IRCST newsletter and on the IRCST website.

2.1.3 Outcomes

The previously described outcomes were divided into three time-based sections:

- Short-term Outcome was to raise awareness of IRCST amongst the rural and remote health workforce
- Intermediate Outcomes included increasing the amount of rural-based health research being undertaken; developing the skills of health staff in rural areas; and applying metropolitan models to a rural environment
- Long-term Impacts included contributing to the body of rural-based health literature; and identifying best practice models for the rural environment.

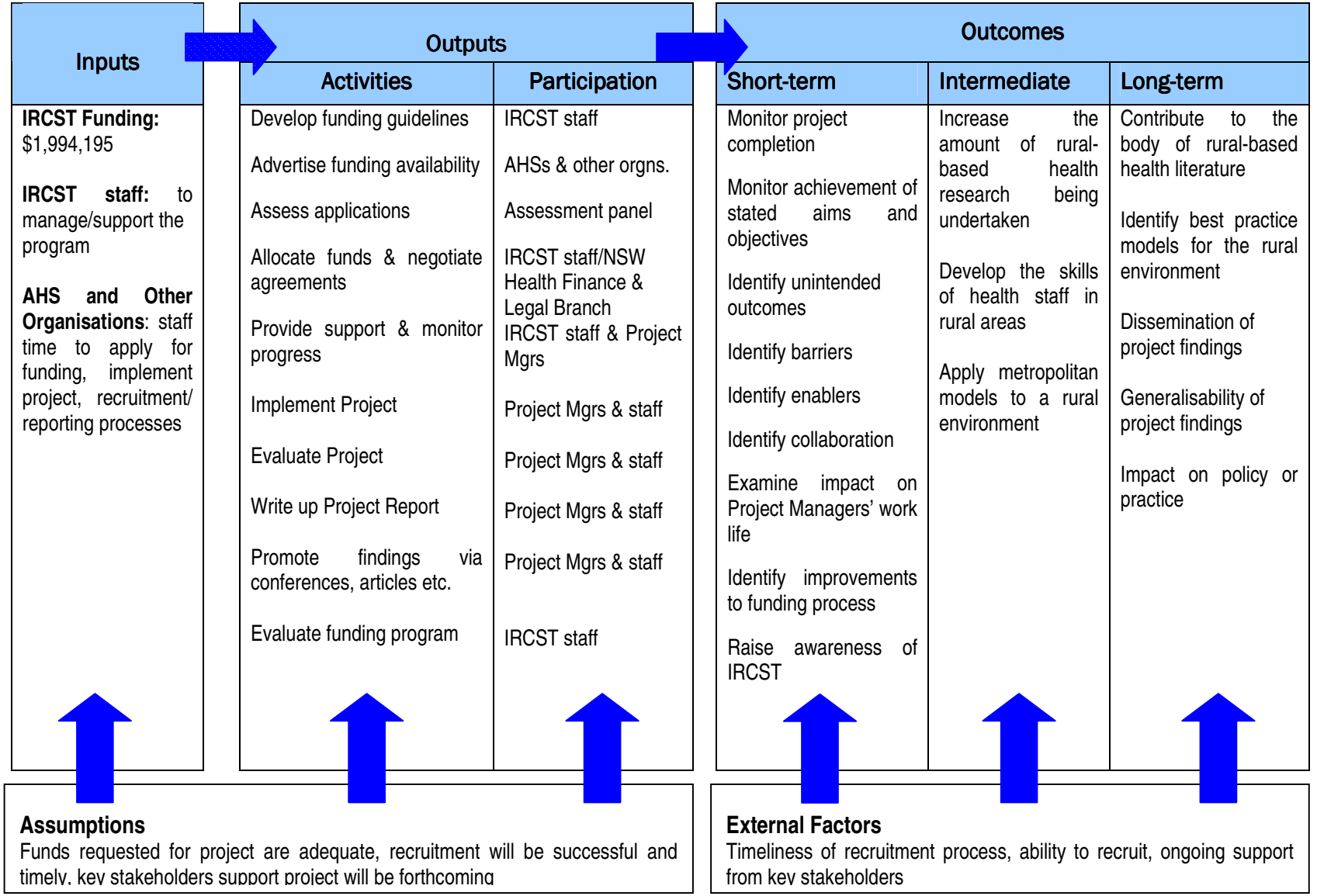
The degree of success in achieving these outcomes is explored later in the document (Section 4.).

2.1.4 Assumptions and External Factors

In developing the Program, several assumptions were made: it was assumed that the applications had requested adequate funding to complete the projects, that recruitment would be successful, and that the support of the key stakeholders would be forthcoming.

External factors which had the potential to adversely affect the program were identified as: the timeliness of the recruitment process, the ability to find suitably qualified staff, and the ongoing support from key stakeholders.

TABLE 1: Program Logic Model applied to evaluation of 2007 Funding Program



Adapted from Taylor-Powell, E. (1999) **The Logic Model: A Program Performance Framework**, University of Wisconsin-Extension

2.2 Application and Assessment Process

Funding was advertised electronically, primarily through Area Health Services, universities and other email groups; and through advertisements in major newspapers. Applicants were required to submit their proposals, addressing a series of questions, on the IRCST Application form (Appendix A).

Applications were assessed by a panel, consisting of two IRCST Executive Committee members and the Executive Director. Proposals were assessed against the following criteria:

- ability to demonstrate links to the NSW Institute of Rural Clinical Services and Teaching Business Plan
- applicability of projects to rural and remote NSW
- clarity of project aims and outcomes
- ability to be achieved within the defined period
- rigour of research proposal

A total of 89 submissions were received from the following organisation types:

Area Health Services	76
Universities	5
Divisions of General Practice	4
Other	4

Of these, 27 applications were allocated funding, with a total of $1,994,195 being awarded. Projects ranged in complexity and cost from funding a library web catalogue ($5,345) to a research and service development project titled “Young Adult Outreach Service for Type 1 Diabetes Mellitus in Rural NSW” ($266,000). The successful organisations, their project title and the amount of funding allocated are listed in Appendix B.

External bodies, such as universities, were required to sign a funding deed which outlined the responsibilities of each party. Similarly, Area Health Services were provided with a set of funding guidelines. All projects receiving funding were provided with a progress report template to be completed and submitted to IRCST at key points throughout their project’s implementation.

The final report format was negotiated and tailored for each project to ensure appropriateness and to reduce potential extra workload on Project Managers.

3. Evaluation Methodology

A mixed methods approach was used. Although primarily a summative evaluation, it also has a formative component, in that lessons learned from this evaluation have been used to inform future funding rounds.

3.1 Data sources

A Program Logic model was employed as a framework for the process (see Table 1), and information was gathered from the following sources:

3.1.1 Document analysis

At predetermined intervals during the implementation of each of the projects, Project Managers were required to submit progress reports. These were framed around the project plan and identified progress towards each of the targets as well as financial results.

Each project file contains routine correspondence, along with copies of letters and emails requesting extensions to project timelines, notification of inability to complete the project and other issues. File notes are also present.

In evaluating the project, each project file was reviewed, and information contained therein was summarised.

IRCST financial records were reviewed to identify the amounts allocated and expended by each project.

At the completion of each project, a final report was submitted which contained information about the findings of the project.

3.1.2 Interviews

As part of the program management process semi structured interviews were conducted with each of the Project Managers. These were conducted by the IRCST Executive Director and Rural Research and Executive Support Officer in April 2008 (n=22) and April 2009 (n=12) with those Project Managers who were yet to complete their projects. The aim of this process was to identify any risks to the implementation deadlines; to identify any underspends in funding allocations and to identify opportunities or mechanisms to promote the project results. The interview questions are attached as Appendix C.

In order to identify the original intentions of the 2007 Funding Program, the IRCST Executive Director, Ms Linda Cutler, was interviewed on 24th March 2008.

3.1.3 Questionnaire to Project Managers

In December 2009, which was the intended completion date of the 2007 Funding Program, a questionnaire was sent to project managers. Of the 27 projects funded, 20 questionnaires were completed, a response rate of 74%. The questionnaire is attached as Appendix D.

3.2 Focus of evaluation

In evaluating the 2007 Funding Program, the following issues were considered:

- Completion: was the project completed?
- Project aims and objectives: were all the identified aims and objectives achieved?
- Unintended outcomes: did the project result in any positive or negative outcomes that were not expected?
- Barriers: what barriers impacted on the implementation of the projects?
- Enablers: what were the key enablers for the projects?
- Collaboration: did the project demonstrate collaboration? With whom?
- Impact on work life: how did participating in the project impact on the Project Managers' work life?
- Suggested process improvements: how could IRCST improve the funding and reporting processes?
- Raising awareness of IRCST: was awareness of IRCST raised through the advertising and allocation of funds?
- Did the Funding Program result in an increase in the amount of rural-based health research undertaken?
- Developing the skills of staff in rural and remote health: were the skills of Project Managers and other staff enhanced by this process?
- Were metropolitan models of service delivery applied to the rural environment?
- Did the Funding Program contribute to the body of rural-based health literature?
- Were best practice models identified for the rural environment?
- Dissemination: have findings been disseminated? How?
- Generalisability: were findings applicable to other organisations?
- Impact on policy or practices: did projects result in changes to policies or practices?

4. Results and discussion

Although the actual timing of the outcomes achieved varied from project to project, they are reported within the groupings previously identified in the Program Logic Model (Table 1).

4.1 Short-term outcomes

Included in the short-term outcomes was an assessment of process-based indicators such as completion of project, achievement of aims and objectives, identification of barriers and enablers, impact on work life of Project Managers, and improvements to the funding process. They are not, as such, outcomes of the Funding Program, rather indicators of the process itself; providing valuable information for future funding programs.

4.1.1 Completion

Of the 27 approved projects, 25 (92.6%) were completed successfully. See Appendix B.

The two projects which did not proceed experienced a similar set of circumstances: both commenced their projects with the appropriately qualified staff, only to have a key member of the team resign, and then were unable to recruit a suitably qualified replacement.

Several projects experienced delays (n=15), ranging from a few weeks to more than 12 months. In some instances this was related to negotiations over the allocation of funding or the terms of the funding agreement (n=6); however others (n=6) had issues with recruitment; these issues being delays with the process of recruitment, and lack of suitably qualified staff. Barriers to implementation, incorporating the reasons for project delays, are examined in more detail later in this section.

4.1.2 Achieving stated aims and objectives

Of the 25 completed projects, 21 achieved the stated project aims and objectives, consistent with their original application. The four projects which did not achieve this had varying degrees of success:

- One project achieved all its aims and objectives, with the exception of having the project results published
- One project was unable to achieve all aims and objectives due to a change in strategic direction from a critical external partner organisation
- One project's original aims and objectives included some long term "outcomes" which were not able to be realised within the project timeframe
- One project achieved all aims and objectives with the exception of one chapter of a manual which is being completed by an external organisation

In three of the four cases described above, Project Managers have expressed a confidence that the outstanding objectives will be achieved in the near future.

4.1.3 Barriers

Throughout the interview processes Project Managers described some of the barriers they were experiencing with their project implementation. This was further examined through the questionnaire, where respondents were asked to describe such barriers. Of the 20 Project Managers who responded, 16 (80%) described experiencing barriers, in many cases (n=8) more than one barrier was identified.

Many barriers were reported around the environment in which the Project Manager or the people they were supporting worked. For example issues with the handling of rollovers was raised (n=5) where flexibility with the project was hampered when funds were not allowed to be rolled over between financial years. This was particularly difficult when issues with recruitment impacted on the project's original timeline.

Similarly, access to resources was raised as a barrier (n=4) where Project Managers or the staff they were supporting did not have the expected level of access to computers, internet, accommodation or transport.

> *"The most significant barrier encountered was in relation to inpatient unit staff (IPU) – most were unable to access computer and internet to allow them to participate in online distance education. Most continued to do so in their own time at home but clearly, providing online distance education to IPU staff in rural and remote NSW is an ongoing challenge"* [Project Manager]

Also, as previously mentioned, delays with recruitment processes or the inability to recruit appropriate staff, including non-replacement was identified as a major barrier (n=4).

"The project officer was successful in obtaining a newly created part time position, a result of the project. However due to personal circumstances had extended leave and has subsequently resigned." [Project Manager]

However, others identified difficulties caused when key stakeholders ceased their involvement, or failed to meet predetermined deadlines (n=4)

"One partner agency did not maintain the commitment to the program" [Project Manager]

4.1.4 Enablers

Project Managers were asked in the questionnaire to reflect on what the key enablers were for their projects. Twenty Project Managers responded, with several (n=15) identifying more than one enabler.

The expertise and or support from key external partners was identified as a common enabler (n=12)

"The partnership and academic rigor that .....(the) University provided further added to the success and positive outcomes of the program" [Project Manager]

Funding and support provided by IRCST was also identified as an enabler (n=10)

"The funding granted for the project was the key enabler. It allowed for expansion of an existing resource. The IRCST also provided us with more than ample support in administering the funds" [Project Manager]

Another identified enabler was support from local Senior Managers or Senior Clinicians (n=8), along with support from staff (n=4) and enthusiasm of participants (n=4).

4.1.5 Collaboration

Project Managers were asked in the questionnaire to identify partnerships or collaborations. Only three respondents indicated they had not collaborated with other departments or organisations, and each of these projects were conducted without any apparent need for collaboration.

Of the 17 respondents who indicated their project had involved partnerships or collaborations, the following groups were identified:

- Universities (other than own) (n=8)
- Intra Organisation Departments (n=6)
- Non-Government Organisations (n=6)
- Area Health Services (other than own) (n=5)
- Other Government Organisations (n=5)
- Divisions of General Practice/GPs (n=4)
- Other (n=6)

Of course many projects involved collaboration with multiple organisations, and this is identified in Appendix E, which lists the organisations described by the respondents of the questionnaire.

4.1.6 Impact on work life

The questionnaire asked Project Managers to describe the impact (positive and negative), that participation in the project had on their work life.

More than half of the respondents (n=12) reported an increase in the time they had to commit to the project. This was often coupled with an indication that it was a positive experience (n=10); for example, improving their work-related networks (n=5). Other responses indicated an improvement in skills (n=4).

> *"The positive impact was enormous as I achieved one of the major goals I had set out with when commencing my position"* [Project Manager]

> *"Opportunity to work on a project that I only was able to think about! Opportunity to make a difference on a larger scale… was very busy – all positive"* [Project Manager]

Only two respondents reported the project had little or no impact on their work life.

4.1.7 Improvements to funding process

Of the 20 questionnaires completed, 14 offered no suggestion for improvement, with many (n=12) indicating a high level of satisfaction with the process.

"Valuable to continue to have designated funding available for rural projects – IRCST needs to continue!" [Project Manager]

"My experience with the funding and reporting process was excellent. I found IRCST to be supportive and flexible in their expectations and demands and the collaboration with IRCST was very positive" [Project Manager]

Although often coupled with positive responses, the following suggestions for improvement were offered:

- Provide more assistance with project evaluation (n=2)
- Develop a template for the Project Final Report (n=2)
- Help Project Managers have greater control of funds (n=2), suggesting that issues experienced with rolling over surplus funds, made access quite difficult
- One respondent suggested greater clarity about reporting deadlines; and
- One respondent, whose project was completed very early in the process, indicted the evaluation should have occurred closer to the completion of each individual project.

It should be noted that, given the varying complexity of projects, the format of the Project Final Report was negotiated with each Project Manager, and structured to suit each project's needs.

4.1.8 Unintended outcomes

Throughout the implementation of the projects, through formal and informal interviews, Project Managers described often surprising, beneficial unintended outcomes.

When completing the questionnaire, 11 Project Managers reported positive unintended outcomes, including:

- *"Management of Intravenous Medications in Aged Care Facilities: a collaborative model of care between the acute and the community aged care sector"*, North Coast Area Health Service (NCAHS), where Registered Nurses from Residential Aged Care facilities were not only up-skilled in intravenous antibiotic administration, but also trained in other acute treatment modalities including negative pressure wound therapy (VAC therapy); thereby expanding the impact of the project.
- *"Development of risk assessment for clients with Dementia living in the Rural Community"*, Hunter New England Area Health Service (HNEAHS). The original project was for use within the AHS; however the tool was subsequently taken up by Uniting Care and used for its clients.

- *"Rural Allied Health Assistants"*, Greater Southern Area Health Service (GSAHS), where the initial focus of training in Allied Health Assistance Certificate IV was expanded to a more extensive three tiered allied health career pathway, due to the networking with local communities and other key stakeholders.
- *"Midwifery Caseload Model"*, NCAHS, where the original project was for Lismore Base Hospital only; but was enthusiastically taken up by two additional facilities in the Area using the same framework.
- *"Strong in Control (SIC) Boyz"*, Greater Western Area Health Service (GWAHS). The project picked up previously unidentified health problems in the target group and treatment was provided; in addition, through partnerships developed during this project, other projects are now under development.
- *"Strengthening Rural Allied Health Services – New Skills to Consolidate Local Service Delivery to Rural Communities",* HNEAHS, where formal planning committees are now in place for future professional development events which reflect the principles of the original project.
- *"A Positive Approach to the Care of Older People"*, NCAHS, having five of its participants subsequently enrolling in a Masters in Aged Care through Southern Cross University; three enrolled nurses enrolled in the undergraduate Registered Nurse program; and participants' computer skills have also improved through use of the online course.
- *"Getting it Right for Undergraduate Nurses and Indigenous Communities in Far West NSW: A Model for Recruitment"*, Broken Hill University Department of Rural Health (BHUDRH), where the results of the project have impacted on urban university curriculum development and delivery.

Two Project Managers identified negative unintended outcomes. These could also have been included in the "barriers" category: one Project Manager reported that some project participants did not receive the study leave they had negotiated with their managers; the other Project Manager reported that one partner agency did not fulfil their role in the project, resulting in additional pressure on other staff.

4.1.9 Raise awareness of IRCST

The introduction of the 2007 Funding Program came at a time when the newly formed IRCST was actively promoting its services to rural and remote health workers.

When deciding to introduce the 2007 Funding Program, a minor consideration was that the advertising of funding would, by its nature, raise awareness of IRCST.

Although no specific data was collected, it can be argued that with 89 applications received, awareness was raised during the process. Similarly, the ongoing presentation and publication of project results has continued to promote IRCST to the wider health community.

4.2 Intermediate outcomes

4.2.1 Increase the amount of rural-based health research undertaken

Although most projects were not constructed with the academic rigour to be considered high quality research; findings from each of the projects provided useful information for rural and remote health workers. However, the following six research projects were completed:

- *"Metropolitan and rural Emergency Department nurses skill levels – an ethnographic study"*, HNEAHS
- *"Young adult outreach service for Type 1 Diabetes Mellitus in rural NSW"* Newcastle Institute of Public Health (NIPH)
- *"Type 2 Diabetes Mellitus early detection and risk reduction in women who have had Gestational Diabetes"*, NCAHS
- *"Preventing future fractures study: testing the effectiveness of designated nursing and medical roles to improve post fracture secondary prevention of Osteoporosis in a rural health setting"*, Northern Rivers University Department of Rural Health (NRUDRH)/NCAHS
- *"Getting it Right for Undergraduate Nurses and Indigenous Communities in Far West NSW: A Model for Recruitment"*, BHUDRH
- *"Screening for Abdominal Aortic Aneurysm in Remote NSW"*, BHUDRH

In addition to these projects, three evaluations were conducted:

- *"The establishment and first phase of an eight year evaluation: Rural Pathways Program",* Charles Sturt University (CSU)
- *"Evaluation of the GWAHS Patient Flow Unit",* GWAHS
- *"Evaluation of the partnership between Family Planning NSW and GWAHS to provide education and quality review for the remote Women's Health Network",* GWAHS.

The generalisability of this work is further explored in section 4.3.

4.2.2 Development of staff

One of the aims of the Funding Program was to develop the skills of staff in rural and remote NSW, and although this information was not specifically requested in the questionnaire, several responses indicated that this had happened to the Project Managers. The skills obtained by participants in the projects, or the Project Managers themselves, can be broken down in the following categories:

- **Clinical skills**

"Improving Emergency Care and outcomes in a rural facility: implementation of NSW Rural Emergency Clinical Guidelines for Adults", South Eastern Sydney Illawarra Area Health Service (SESIAHS), which saw nine Registered Nurses attend a two day training session in the Rural Emergency Department Clinical Guidelines.

"A Positive Approach to the Care of the Older Person", NCAHS, which saw 30 staff undertake a 10 month program in clinical aged care.

"New concepts in Dementia Care – and advanced practice course", HNEAHS, where 13 staff undertook a three day program of theoretical learning and train the trainer instruction, receiving certificates as Leaders in Dementia Care.

"Paediatric Emergency Care Support and Education Sessions for Rural GPs", HNEAHS, where 61 Medical Officers and 48 Nursing Staff (109 in total) attended education sessions on Paediatric emergency care at seven different locations in rural HNEAHS.

"Strengthening Rural Allied Health Services – New Skills to Consolidate Local Service Delivery to Rural Communities", HNEAHS, where the key professional development requirements for rural staff were identified via a needs analysis and clinical skills audit; and appropriate short courses or other forms of education were provided.

- **Develop skills to educate others**

"Sustainable Training and Assessment Programs for a small rural facility", SESIAHS, which saw 11 staff attend on-site education to achieve a Certificate IV Training and Assessment. These staff now have the skills to conduct the mandatory training to other staff at the facility.

"New concepts in Dementia Care – an advanced practice course", HNEAHS, where 13 staff undertook a three day program of theoretical learning and

train the trainer instruction, receiving certificates as Leaders in Dementia Care.

- **Development of education resources**

"Expanding the 'Knowledge Tank': Radiation Therapy education for rural and remote patients, primary care physicians, nurses and radiation therapists", Mercy Health Care (Newcastle Mater Hospital), where an online education package was developed for rural GPs, rural community nurses and their patients, as well as radiation therapists working in rural settings. This package provides information and education on the role of Radiation Therapy in the management of cancer, and has been made available to rural clinicians and patients.

"The production of the Indigenous Diabetic Foot Program (IDFP) resource for rural communities in NSW", Services for Australian Rural and Remote Allied Health (SARRAH), which saw the development of a CD-ROM and other resources for the implementation of the IDFP in rural and remote NSW. This product formed the basis of training of more than 114 staff which was subsequently arranged.

- **Research skills**

> *"I have learnt very valuable skills for obtaining ethics approval, data collection, data management, data analysis, presentation and writing for publication. All of these skills are and will be utilised in my substantive role in the future*" [Project Manager]

- **Information Technology (IT) skills**

> *"Personally for me the program gave me the opportunity to work much closer with the IT department, improve my skill base of online learning and develop a strong and enjoyable working relationship with my IT colleagues, which continues"* [Project Manager]

> *"The project has provided an opportunity to enhance existing skills and knowledge in e-learning and web-page design. The project has had an overall positive impact"* [Project Manager]

4.2.3 Apply metropolitan models to the rural environment

Although most projects, through their literature reviews and examination of other models, had considered metropolitan models of care; only one directly adapted a metropolitan model to the rural environment.

The *"NCAHS Midwifery Caseload Model"*, adapted a successful metropolitan model of care to the Lismore Base Hospital Maternity Services. This has since been implemented in other (smaller) sites within the AHS.

4.3 Long-term outcomes

4.3.1 Contribute to the body of rural-based health literature

Clearly not all projects have contributed to the body of rural-based health literature; however the following projects have had articles published in health-related journals:

- *"Young adult outreach service for Type 1 Diabetes Mellitus in rural NSW,"* NIPH, published in Medical Journal of Australia
- *"Introduction to Rural Mental Health Practice: A Transition Program for Nurses and Allied Health Professionals into Rural Mental Health"*, Centre for Rural and Remote Mental Health (CRRMH), published in Education for Health: Change in Learning and Practice, and the Journal of Psychiatric and Mental Health Nursing
- *"Screening for Abdominal Aortic Aneurysm in Remote NSW"*, BHUDRH, published in the Australian Journal of Rural Health
- *"Expanding the 'Knowledge Tank': Radiation Therapy education for rural and remote patients, primary care physicians, nurses and radiation therapists*", Mercy Health Care (Newcastle Mater Hospital), published in the Rural and Remote Health Journal
- *"Getting it Right for Undergraduate Nurses and Indigenous Communities in Far West NSW: A Model for Recruitment"*, BHUDRH, published in the Australian Journal of Rural Health

Other projects have had articles produced in GP, AHS or university newsletters. This is described in more detail in the "Dissemination" section below.

4.3.2 Identify best practice models for the rural environment

When designing the evaluation of the Funding Program, it became clear that there are many different interpretations around what constitutes "best practice". In fact, several articles have been written debating that exact issue.

Perleth et al (2000) recognised that best practice in a health context can mean "doing things smarter, practices which lead to superior performance, achieving consistent quality in what is done, and evidence-based practice".

Also, an article in Knowledge for Health (2007) indicates that "... a 'best practice' is a practice that upon rigorous evaluation, demonstrates success, has had an impact, and can be replicated".

Although it could be argued that several of the funded projects were able to identify best practice in a rural environment, this was not assessed due to the complexity of determining a consistent definition and the subsequent issues of sourcing the appropriate levels of evidence.

4.3.3 Dissemination

Results of the questionnaire indicate that the findings of all but one project were disseminated in some way; and that particular project intends to promote its findings in the near future. Of the 19 projects disseminated, the following methods were reported:

- Conference presentation(s) (n=15)
- Meetings with colleagues or multi-organisation networks held at a local level (n=9)
- Entrants at local Area Health Service Quality Awards (n=6)

  "We were overall winners of the NCAHS 2008 Health Awards" [Project Manager]

  "GWAHS Health Awards: Judges Award Winner 2009" [Project Manager]

- Articles in AHS or university newsletters, professional newsletters, local newspapers (n=6)
- Discussion or presentation at state-wide meetings (n=5)
- Peer reviewed journal articles (n=5)
- Winner of State or National Award (n=2)

  "We ended up with a Silver Award in the 2008 NSW Premier's Public Sector awards Delivering Better Services category and were a finalist in the GWAHS Health Awards" [Project Manager]

  "Winning at the end of 2009 two of the eight health categories in the Community Services and Health Industry Skills Council inaugural National Accolades was a fantastic finale" [Project Manager]

- Other, including presentations to other organisations (5)

4.3.4 Generalisability

Essentially the results, methods or content of all projects could be generalised to other organisations or contexts to varying degrees. Several projects have produced learnings which could benefit many health organisations or health workers within the rural and remote environment. For example:

- *"A Positive Approach to the Care of Older People"*, NCAHS, demonstrated the effectiveness of a blended learning model (face to face, assessment tasks, online learning, clinical exchange and clinical practice improvement projects); and the content of the program can be modified for other organisations.
- *"Evaluation of the GWAHS Patient Flow Unit"*, GWAHS, saw verification that the model was effective. This has been used as a basis for two other AHS Patient Flow Units.
- *"Management of Intravenous Medications in Aged Care Facilities: a collaborative model of care between the acute and the community aged care sector"*, NCAHS. The results of this project have demonstrated a cost effective method of improving the quality of care in Residential Aged Care facilities. The model can be readily adapted to Residential Aged Care facilities.
- *"Introduction to Rural Mental Health Practice: A Transition Program for Nurses and Allied Health Professionals into Rural Mental Health"*, CRRMH, could be adapted for all health professionals.
- *"Preventing Future Fractures: Testing effectiveness of designated nursing and medical roles to improve post fracture secondary prevention of osteoporosis in a rural health setting"*, NRUDRH/NCAHS. The results of this project can be used in both rural and metropolitan settings.
- *Rural Allied Health Assistants"*, GSAHS, where the framework could be used to implement training of a rural allied health workforce and in particular qualified rural allied health assistants (RAHAs).
- *"Midwifery Caseload Model"*, NCAHS, which has the ability to be implemented by most rural midwifery services.
- *"Strong In Control (SIC) Boyz"*, GWAHS, which could be replicated in most environments subject to the commitment of partner organisations.
- *"Strengthening Rural Allied Health Services – New Skills to Consolidate Local Service Delivery to Rural Communities"*, HNEAHS, where the same framework could be used for other AHSs, and in fact other disciplines.
- *"Screening for Abdominal Aortic Aneurysm in Remote NSW"*, BHUDRH, where the findings could be applied in many environments, particularly with primary health care providers. This project has been referred to the Standing Committee on Health Screening at the Australian Department of Health and Ageing.

- *"Getting it Right for Undergraduate Nurses and Indigenous Communities in Far West NSW: A Model for Recruitment"*, BHUDRH, where the findings of this study could be used by other rural and remote locations and organisations including Aboriginal Medical Services (AMS), community health services, universities and other AHSs.

4.3.5 Impact on policy or practice

Not all of the funded projects were of the type to directly affect policy or practice, for example training staff in current Emergency Department practices (resulting in compliance with existing policy and practice) or implementing a new Library database. However, 12 respondents to the questionnaire indicated their projects have done so; and a further three respondents indicated their projects are likely to have an impact in the future.

Examples of these changes are:

- *"A Positive Approach to the Care of Older People",* NCAHS, where 30 aged care 'champions' who had received the education in aged care and clinical practice improvement. Many improvement projects were carried out across 16 facilities, and new or improved practices include pet therapy, recognition of delirium as a co-morbidity, improved security practices, music and movie therapy, and improved communication processes with patients' families.
- *"The establishment and first phase of an eight year evaluation: Rural Pathways Program"*, CSU, where, as a result of the evaluation, improvements have been made to the types of subjects offered and delivery of clinical skills tutorials.
- *"Management of Intravenous Medications in Aged Care Facilities: a collaborative model of care between the acute and the community aged care sector"*, NCAHS, which saw direct changes where residents of aged care facilities are identified in the Emergency Department for possible referral to Community Acute/Post Acute Care Services (CAPACS) for management of their IV antibiotics in the community setting. Facilities who participated in the project are supported to provide intravenous antibiotics/infusions to their residents. Those facilities who did not participate in the project now allow CAPACS staff to provide the service in their facilities.
- *"Type 2 Diabetes Mellitus early detection and risk reduction in women who have had Gestational Diabetes"*, NCAHS, has seen a practice change in the Area that has resulted in women post Gestational Diabetes Mellitus receiving literature about the phone based health coaching service 'Get Healthy' with encouragement for them to participate, and follow up phone calls from the Diabetes Educator.
- *"Community Health Nursing Clinical Supervision Project"*, HNEAHS, linked with a HNEAHS review of clinical supervision policies and informed updated and new policies.

- *"NCAHS Midwifery Caseload Model, Project Officer"*, NCAHS, saw the introduction of the caseload model of care into Lismore Base Hospital Maternity Services, which resulted in a review and update of policies to ensure they incorporated the new model.
- *"Strengthening Rural Allied Health Services – New Skills to Consolidate Local Service Delivery to Rural Communities"*, HNEAHS, saw the introduction of formal professional planning committees in several of the Allied Health professions who continue to advise and help plan Allied Health training programs in the AHS.
- *"Evaluation of the partnership between Family Planning NSW and GWAHS to provide education and quality review for the remote Women's Health Network"*, GWAHS, resulted in a change of previous practice where Family Planning NSW provided the supervision, to the introduction of a GWAHS-provided clinical supervision and support program for all nurses in Women's Health.
- *"Getting it Right for Undergraduate Nurses and Indigenous Communities in Far West NSW: A Model for Recruitment"*, BHUDRH, resulted in a transition to longer term undergraduate nursing placements and the integration of program elements into undergraduate medical and allied health placements.

5. Strengths and limitations

Much of the information provided for this evaluation came from a reasonably comprehensive questionnaire completed at the pre-determined end point of the Funding Program (originally December 2009, but then extended to February 2010 due to project timeframe extensions). The limitations with this tool are that the information provided was self reported, ie the Project Managers' opinions; and it was also obtained at varying points in each of the project's lives, eg some projects had been completed for almost two years, whilst other projects were just being finalised.

However, additional information has also been obtained from other sources such as file notes, progress reports, final reports and interviews with Project Managers; and information has been verified from these sources where possible.

It is also noted that the involvement of the Program Manager in the implementation, management and subsequent evaluation of the Program, can be seen as both a strength and a limitation: the strength being continuity throughout the process, and the limitation being the potential for bias, particularly when the process itself is being critiqued.

Another limitation is that the evaluation design occurred several months after the implementation of the program, meaning that some outcomes, eg best practice compliance, could not be readily assessed, thereby impacting on the quality of the evaluation.

6. Conclusion

In evaluating the 2007 Funding Program, it is clear that the program's intended outcomes were met to varying degrees by the funded projects:

- There has been an increase in the amount of rural-based health research being undertaken, with six research projects and three evaluation projects being completed.

- The project management and clinical skills of health staff in rural and remote locations within NSW have been developed, along with several other types of skills sets, eg information technology.

- Although only one project applied a metropolitan model of care to the rural and remote environment, other projects (often having considered metropolitan models) developed appropriate models of care for the rural environment.

- Indications are that best practice models of service delivery for rural and remote environments were achieved; however these were not assessed due to the complexity of determining a consistent definition and the subsequent issues of sourcing appropriate levels of evidence.

- The body of rural-based health literature has been contributed to, both through peer reviewed journal articles and through other AHS, university or Division of General Practice newsletters.

- Awareness of IRCST amongst the rural and remote health workforce has been raised, by virtue of the initial promotion of the funding opportunity and the ongoing presentation of project results.

Findings from the evaluation regarding processes for the management of funding programs were used to improve subsequent funding programs in 2008 and 2010.

It is further noted that, based on experience from the 2007 Funding Program:

- There is a high likelihood of completion (92.6% for the 2007 program)
- There is a high likelihood of achievement of aims and objectives (>84% for the 2007 program)
- Many barriers to timeframes and completion could be pre-empted and overcome if they are identified as a risk early in the process

- The provision of expertise and support from key external partners can be a valuable enabler, and can be critical to the success of some projects

In summary, the Funding Program met its intended outcomes to varying degrees; and improvements were made in the management of processes for subsequent funding programs.

7. Recommendations

It is recommended that the following improvements be made to future funding programs:

- The general structure of the funding program should be retained
- A simple risk assessment should be undertaken for each of the projects to identify potential barriers, with strategies put in place to minimise these potential barriers
- A more rigorous evaluation process should be required for each of the projects
- Consideration should be given to providing training in evaluation techniques where necessary
- Questionnaires should be distributed closer to completion of the project, for example one month after its completion
- Evaluation methods for funding programs should be determined prior to the allocation of funds.

APPENDIX A: APPLICATION FORM

NSW INSTITUTE OF RURAL CLINICAL SERVICES AND TEACHING

OUR VISION

To contribute to
an effective and sustainable
rural and remote health system

This is a call for Submissions for Funding for Projects which will promote the vision and objectives of the Institute, in particular in the following key result areas:

KRA 4: Promoting excellence in rural and remote clinical services and practice

KRA 5: Demonstrated initiatives to support a sustainable rural and remote workforce

The establishment of the NSW Institute of Rural Clinical Services and Teaching was a key recommendation in The NSW Rural Health Report, with "The Institute" Executive Committee formally convened in 2004. The Executive Committee of the NSW Institute of Rural Clinical Services and Teaching is the governing body for the Institute. The Institute supports NSW Health staff working in rural and remote areas in numerous ways.

The NSW IRCST Business Plan and initiatives of the Institute can be viewed at:

http://www.health.nsw.gov.au/rural/ircst

Submissions will be considered which will initiate work in the focus areas or have the objective to evaluate service or workforce models currently in operation in rural and remote NSW.

NSW INSTITUTE OF RURAL CLINICAL SERVICES AND TEACHING

NSW Health

Applications will be evaluated on the following criteria:

- **Ability to demonstrate links to the NSW Institute of Rural Clinical Services and Teaching Business Plan**.
- **Application of projects to rural and remote NSW**
- **Clarity of Project Aims and Outcomes.**
- **Ability to be achieved within the defined period**

Funding Conditions

Specific conditions may be laid down in some instances at the discretion of the Executive Committee

The Institute will consider matching funding obtained from external bodies to increase the scope of existing projects in the development phase

Funding is one-off and the Institute will not enter into recurrent funding over and above the project timeframe.

Total Funding will be allocated prior to June 2007

Evaluations

- Will be funded to a maximum of $50,000 with a maximum timeframe of 12 months

Projects

- Will be funded to a maximum of $150,000 per year for 2 years

Reports:

- Regular progress reports will be required at least quarterly. The Institute reserves the right to alter the reporting schedule in line with individual submissions.

Acknowledgement:

- All publications or presentations emanating from an approved project or evaluation must acknowledge the NSW Institute of Rural Clinical Services and Teaching and copies must be forwarded, prior to publication, to the Executive Director.

Eligibility Requirement:

- Applicants must be an Australian citizen or have Permanent Resident Status and not be under bond to any foreign government. Applicants are to provide, where appropriate, evidence of resident status.

How to Apply

Failure to follow these instructions concerning the application form could prejudice the success of your application.

- The application should be complete in itself.
- It is in your interest to be precise and concise in your application. Do not add annexes or other documents to this application except those requested.
- The minimum size typeface to be used is 12pt.
- Do not change page divisions.
- All correspondence and enquiries should be addressed to Ms. Linda M. Cutler, Executive Director, NSW Institute of Rural Clinical Services and Teaching, PO Box 4061, Dubbo NSW, 2830, email: linda.cutler@doh.health.nsw.gov.au

Notification

- All applicants, whether they are successful or unsuccessful, will be notified by mail in March 2007. All applicants who are successful with another funding application must advise the NSW Institute of Rural Clinical Services and Teaching immediately.

NSW INSTITUTE OF RURAL CLINICAL SERVICES AND TEACHING

OUR VISION

To contribute to an effective and sustainable rural and remote health system

Funding Application

Submissions for Funding for Projects which will promote the vision and objectives of the Institute, in particular:

KRA 4:	Promoting excellence in rural and remote clinical services and practice
KRA 5:	Demonstrated initiatives to support a sustainable rural and remote workforce

ALL ENTRIES ON THIS FORM SHOULD BE TYPED CLEARLY IN BLACK INK. MINIMUM FONT SIZE SHOULD BE 12PT TYPE FACE.

DO NOT CHANGE THE PAGE DIVISIONS

Forward the original by post to
Ms. Linda M. Cutler
NSW Institute of Rural Clinical Services and Teaching
P. O. Box 4061, Dubbo, NSW 23830

And

Email a copy to : linda.cutler@doh.health.nsw.gov.au

No faxed applications will be considered

Closing date for applications: 31st Jan 2007
Post or email applications received after this date will not be considered

	NSW INSTITUTE OF RURAL CLINICAL SERVICES AND TEACHING CALL FOR PROJECTS/EVALUATIONS
	Date:

1. TITLE OF PROJECT/ EVALUATION

2. APPLICANT DETAILS

Name & Address of Organisation

Postal Address:

Contact Person:

Email address:

Ph: M: Fax:

3. FOCUS OF FUNDING

Project Type:

[ ] Research
[ ] Policy Development
[ ] Service Development
[ ] Evaluation
[ ] Other

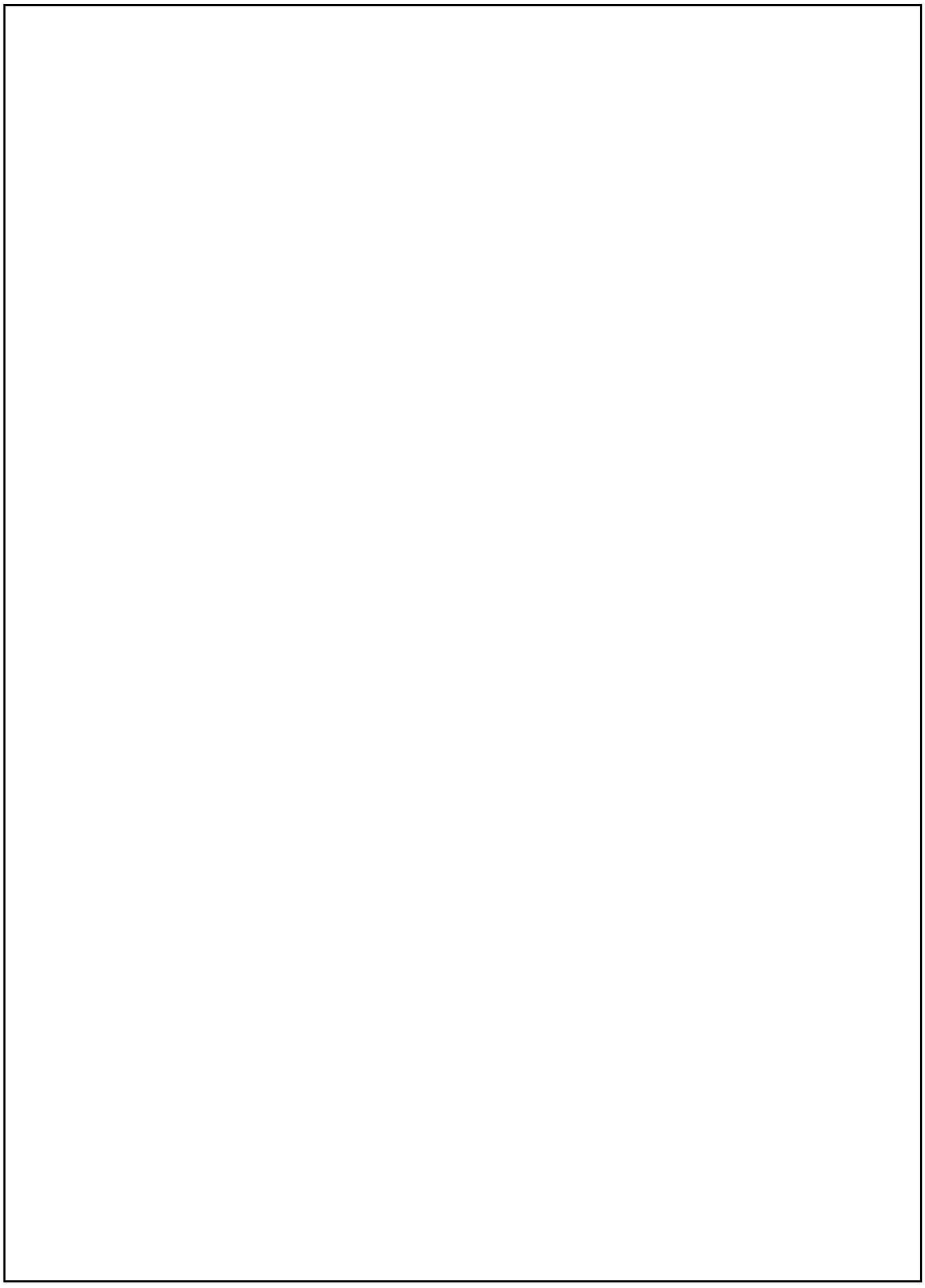
Issue/Topic

[ ] Workforce – Recruitment, retention, training, education, support
[ ] Clinical Services – new service models, protocols, practice
[ ] Health Information
[ ] Other: Please specify

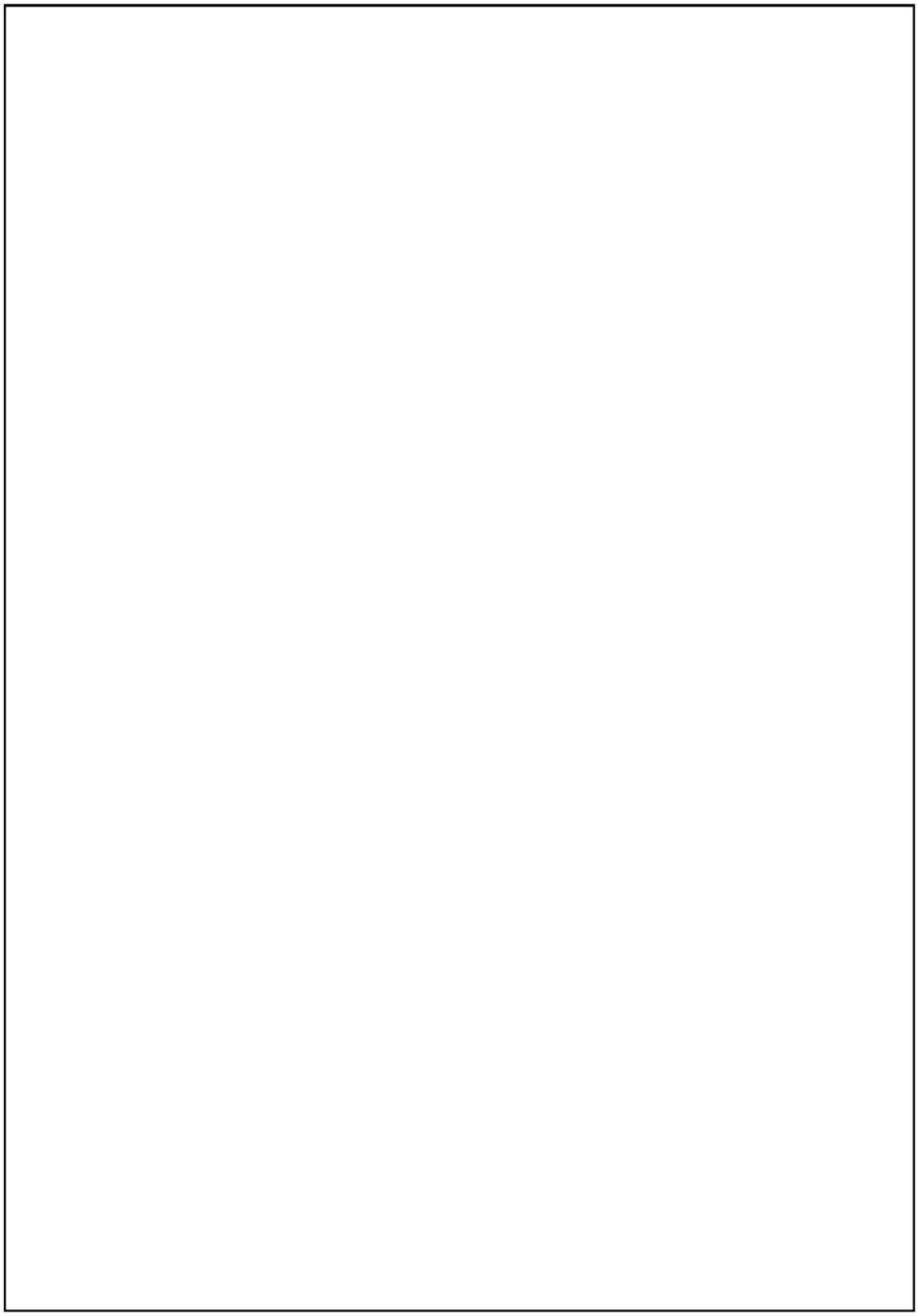
4. AIMS & OUTCOMES

5. TIMEFRAME

6. SUMMARY OF PROJECT



7. PROJECT PLAN & METHODOLOGY



8. DEMONSTRATED CONSISTENCY WITH INSTITUTE BUSINESS PLAN

9. FUNDING PROPOSAL

10. PROJECT TEAM

Complete for all research projects – please add no more than a single page for the following:

Identify all members of the research team and provide their details – current position, contact information, qualifications. Include past and current projects and publications and demonstrate capacity to undertake and complete the research in the proposed timeframe.

11. ETHICS APPROVAL

Please state if ethics approval is required under the rules/regulations of your organisation

Thank you for completing this application. You will be notified by mail of the outcome and funding will be available at this time.

APPENDIX B: 2007 FUNDED PROJECTS – FUNDING ALLOCATED AND COMPLETION

Project Title	Organisation	Allocated Funding ($)	Completed Yes/No
Improving Emergency Care & outcomes in a rural facility: Implementation of NSW Rural Emergency Clinical Guidelines for Adults	SESIAHS	17,300	Yes
Sustainable Training & Assessment programs for a small rural facility	SESIAHS	25,000	Yes
A Positive Approach to Care of Older People across the NCAHS	NCAHS	72,800	Yes
New Concepts in Dementia Care - An advance Practice Course	HNEAHS	11,850	Yes
The establishment & 1st phase of an 8 year Evaluation: Rural Pathways Program	CSU Wagga	36,000	Yes
Library Web Catalogue Request	GWAHS	5,345	Yes
Metropolitan and Rural ED Nurses Skill Levels - an Ethnographic Study	HNEAHS	7,500	Yes
Young Adult Outreach Service for Type 1 Diabetes Mellitus in Rural NSW	N'castleInst Public Health	266,000	Yes
Evaluation of the GWAHS Patient Flow Unit	GWAHS	50,000	Yes
Management of Intravenous Medications in Aged Care Facilities: a collaborative model of care between the acute and the community aged care sectors	NCAHS	112,000	Yes
Type 2 Diabetes Mellitus early detection and risk reduction in women who have had Gestational Diabetes	NCAHS	53,680	Yes
Introduction to Rural Mental Health Practice: A Transition Program for Nurses and Allied Health Professionals into Rural Mental Health	CRRMH	150,000	Yes
Improving Patient Access to Integrated Primary Health Care through Specialist Nurse and General Practitioner Collaboration	NRUDRH	49,500	No – withdrawn
Paediatric Emergency Care Support & Education Sessions for Rural GPs	HNEAHS	29,855	Yes
Preventing Future Fractures: Testing effectiveness of designated nursing & medical roles to improve post # secondary prevention of osteoporosis in a rural health setting	NRUDRH/ NCAHS	31,000	Yes
Screening for Abdominal Aortic Aneurysm in Remote NSW	BHUDRH	126,460	Yes
Development of risk assessment for clients with Dementia living in the Rural Community	HNEAHS	66,550	Yes
Rural Allied Health Assistants	GSAHS	150,000	Yes
Community Health Nursing Clinical Supervision Project	HNEAHS	173,250	Yes
Expanding the 'Knowledge Tank': Radiation Therapy education for rural and remote patients, primary care physicians, nurses and radiation therapists	Newcastle Mater	134,000	Yes
Implementing a sustainable insulin pump therapy educational program and resources by a rural diabetes centre	NCAHS	39,795	No – withdrawn
NCAHS Midwifery Caseload Model, Project Officer	NCAHS	107,020	Yes
Strong In Control (SIC) Boyz	GWAHS	25,190	Yes
Strengthening Rural Allied Health Services - New Skills to Consolidate Local Service Deliver to Rural Communities	HNEAHS	119,100	Yes
Evaluation of the partnership between FPA Health and GWAHS to provide education and quality review for the remote Women's Health Network	GWAHS	30,000	Yes
The Production of the Indigenous Diabetic Food Program [IDFP] Resource for Rural communities in NSW	SARRAH	55,000	Yes
Getting it Right for Undergraduate Nurses & Indigenous Communities in Far West NSW: A Model for Recruitment	BHUDRH	50,000	Yes
TOTAL		**$1,994,195**	

APPENDIX C: INTERVIEW QUESTIONS FOR PROJECT MANAGERS

Please describe progress with the project. Are there any issues with meeting the timeframe?

Are there any financial issues? (identify rollovers required or other issues)

Working towards completion of the project: what opportunities are there to publish/promote project?

Are there any other issues or comments?

APPENDIX D: PROJECT MANAGER QUESTIONNAIRE

Evaluation of 2007 Funded Projects

As you are aware, in 2007 the Institute of Rural Clinical Services and Teaching (IRCST) allocated significant funds to a range of research, evaluation and service development projects.

In order to assess the effectiveness of this funding round, and to gain some insight into the experiences of the Project Managers, we are seeking your feedback.

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1. Did you achieve the project's aims and objectives (as described in your original application)?

☐ Yes

☐ No (provide details of which aims/objectives were not achieved and why

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……

……

……

2. Did your project result in any unintended outcomes (positive or negative)?

☐ No

☐ Yes (please describe these outcomes)

……

……

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……

3. Did you encounter any barriers to the implementation of your project?

☐ No

☐ Yes (please identify the barriers and the impact this had on your project)

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……

4. What were the key enablers of your project?

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……

5. Is your project applicable to other organisations?

☐ No

☐ Yes (please describe the type of organisation/s and how it is applicable)

……

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……

……

6. How have you disseminated the results of your project? (include presenting at meetings or conferences; articles in newsletters, media or journals; entries to quality awards, etc.)

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7. If you have plans to disseminate your project's results in the future, please identify the method(s) you intend to use.

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8. Did your project result in any changes to policies or practices in your local environment?

☐ No

☐ Yes (please describe these changes)

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……

9. Did your project involve partnerships/collaborations with other departments or organisations?

☐ No

☐ Yes (please identify the partners and their roles)

……

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……

10. What impact did participation in this project have on your work life (positive and negative)?

……

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……

……

11. What suggestions can you make for IRCST to improve both the funding and reporting process?

……

……

……

……

Thank you for taking the time to complete this evaluation. Your contribution is greatly appreciated.

APPENDIX E: 2007 FUNDED PROJECTS - IDENTIFIED PARTNERSHIPS AND COLLABORATION

Project Title	Organisations
A Positive Approach to Care of Older People across the NCAHS (NCAHS)	Southern Cross University, School of Nursing, NCAHS IT and NCAHS Clinical Nursing Departments
The establishment & 1st phase of an 8 year Evaluation: Rural Pathways Program (CSU Wagga)	Centre for Inland Health
Young Adult Outreach Service for Type 1 Diabetes Mellitus in Rural NSW (Newcastle Institute of Public Health)	HNEAHS, Diabetes Australia, Sunnybrook Medical Centre, University of Sydney, RPA, Westmead Hospital, UTS, SESIAHS
Evaluation of the GWAHS Patient Flow Unit (GWAHS)	GPs
Management of Intravenous Medications in Aged Care Facilities: a collaborative model of care between the acute and the community aged care sectors (NCAHS)	Residential Aged Care Facilities x 8, CAPACS Team, Working Party members from NCAHS and ACAT
Type 2 Diabetes Mellitus early detection and risk reduction in women who have had Gestational Diabetes (NCAHS)	NCAHS staff, Divisions of General Practice
Introduction to Rural Mental Health Practice: A Transition Program for Nurses and Allied Health Professionals into Rural Mental Health (CRRMH)	GWAHS, GSAHS, NCAHS, HNEAHS
Paediatric Emergency Care Support & Education Sessions for Rural GPs (HNEAHS)	Division of General Practice
Preventing Future Fractures: Testing effectiveness of designated nursing & medical roles to improve post # secondary prevention of osteoporosis in a rural health setting (NRUDRH/ NCAHS)	NRUDRH/NCAHS, Northern Rivers Division of General Practice, NCAHS Population Health and Planning
Screening for Abdominal Aortic Aneurysm in Remote NSW (BHUDRH)	Westmead Vascular Lab, Toshiba Medical Division, Broken Hill Lions Club volunteers, Triple A Initiative,
Rural Allied Health Assistants (GSAHS)	TAFE, CSU, NSW Board of Studies, Health Service Union, NSW Physiotherapist Registration Board, NSW Dept Health, GWAHS, HNEAHS, NCAHS
Community Health Nursing Clinical Supervision Project (HNEAHS)	UNE
NCAHS Midwifery Caseload Model, Project Officer (NCAHS)	SCU
Strong In Control (SIC) Boyz (GWAHS)	Local high school, PCYC, Aboriginal Medical Service, Neighborhood Centre
Strengthening Rural Allied Health Services - New Skills to Consolidate Local Service Deliver to Rural Communities (HNEAHS)	HNE Organisational Capability and Learning, Heart Research Centre,
Evaluation of the partnership between FPA Health and GWAHS to provide education and quality review for the remote Women's Health Network (GWAHS)	Other GWAHS Depts, Family Planning NSW, RFDS
Getting it Right for Undergraduate Nurses & Indigenous Communities in Far West NSW: A Model for Recruitment (BHUDRH)	GWAHS, Maari Ma Health Aboriginal Corporation, Boruke Aboriginal Medical Service, Coomealla Health Aboriginal Centre, SCU, ACU

GLOSSARY

AHS	Area Health Service
BHUDRH	Broken Hill University Department of Rural Health
CAPACS	Community Acute Post Acute Care Service
CRRMH	Centre for Rural and Remote Mental Health
GSAHS	Greater Southern Area Health Service
GWAHS	Greater Western Area Health Service
HNEAHS	Hunter New England Area Health Service
IRCST	Institute of Rural Clinical Services and Teaching (NSW)
NCAHS	North Coast Area Health Service
NIPH	Newcastle Institute of Public Health
NRUDRH	Northern Rivers University Department of Rural Health
SARRAH	Services for Australian Rural and Remote Allied Health
SESIAHS	South Eastern Sydney Illawarra Area Health Service

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