



## Using Outcome Mapping to Advance Palliative Care

### Introduction

*Use this section to introduce project or programme. Include background information and relevant history.*

Many of the projects on the Outcome Mapping Learning Community website use Outcome Mapping in a developing country to demonstrate progress in a variety of situations. This project uses Outcome Mapping in a developing area of health care in a developed country to improve the delivery of palliative services to older people whose place of residence is what in Australia is termed 'residential aged care'.

The project is being conducted by a research team from University of South Australia, Adelaide, South Australia led by Associate Professor Kay Price. The team include Dr David Evans and Dr Sandra Ullrich with research assistance from Penny Williamson. It started in July 2012 and is forecast to end in January 2014. What attracted the research team to Outcome Mapping was its perceived utility in uncertain and dynamic environments where simple notions of linear attributions are neither meaningful nor accurate (Patton, 2011 p. 244)

Outcome Mapping is being used as a change management tool and a developmental evaluation methodology to assist the implementation of a new workforce model in palliative care for an approved provider of aged care services. As a change management tool, Outcome Mapping provides the logical, participatory and reflective steps to address the complexity in which the project is being implemented. Outcome Mapping meets the challenges in circumstances, resources, time lines, data demands, politics, intended users, and purposes of the project.

Outcome Mapping, as a developmental evaluation methodology, recognises that development is essentially about people relating to each other and their environment. To enable the approved provider of aged care services to make a significant contribution to the improvement of palliative care services, Outcome Mapping is being used to clearly define the project and then to build capacity and provide the 'how to work' with all involved to redesign and reconfigure its workforce. Therefore Outcome Mapping is not solely based on cause and effect rather it recognises that many different events lead to change in a complex social environment like the context of residential aged care services.

### Implementation process

*Describe the process of implementing OM, referring to and presenting the frameworks developed and tools used. You must attach either the full intentional design or monitoring tools/instruments developed.*

The three staged twelve stepped approach involved in Outcome Mapping provides a clear and logical approach to understanding and explicating the context of care and the dimensions of a new workforce model for the approved provider and assists with mapping how the aims of a specific workforce model can be achieved and if these have been achieved. The 12 steps of Outcome Mapping have not been altered. What is different is the context in which Outcome Mapping has been applied.



It is precisely the complexity of services required to ensure that palliative and end-of-life needs of people are identified and met that Outcome Mapping has proven its benefits. Stage 1 – Intentional Design has enabled us to work with the approved provider to make as clear as possible the complexity in which the project is being implemented and what is needed to happen to ensure the project’s success. Outcome Mapping provides the specific guidance both to elicit the project’s logic and as it is a cyclical process, to monitor and review the logic of the program. We are working with the approved provider to ensure that the Logic of the Project is achieved.

An advantage of Outcome Mapping is that this approach can ‘unpack’ the outcomes to provide a specific focus on behavioural change. Output indicators incorporate ‘expect to see’ progress markers while ‘like’ and ‘love to see’ become outcome indicators. This approach allows for a more complex picture of behavioural change. Progress markers observe the tendencies and progression towards change over time. As evaluators we know that a range of outcomes that can be quantified and captured are needed. Monitoring will be of the three elements of the project:

- Changes in the behaviours, actions, activities and relationships of the boundary partners and the achievement of progress markers
- Strategies that the project employs to encourage change in partners
- The functioning of the project.

## Challenges

*Highlight, if any, the challenges encountered in this process and how you overcame them.*

The often unfamiliar experience of death and the dying process creates challenges for residents, their families and friends as well as residential aged care staff. Being able to recognise and assess the needs and respect the wishes, directives and plans of people who live in residential aged care is imperative.

Outcome Mapping assists us to set monitoring priorities that are realistic and can be managed given the available human and financial resources. Working closely with the approved provider ensures this monitoring and our meetings throughout the life the project enable us to continue to reflect on and identify how best to improve our performance and collect data on the results of the project. Throughout the life of our evaluation we will reflect on the evaluation as a process to generate new knowledge, support learning, question assumptions, plan and motivate future activities and build the analytical capacity needed.

### Contact:

Dr Kay Price

Associate Professor, School of Nursing and Midwifery, University of South Australia

Research Theme Leader, Safety and Quality in Health Research Group

City east campus | Centenary building | North Terrace | Adelaide SA 5000

t +61 8 8302 2721 | f +61 8 8302 2168 |

[kay.price@unisa.edu.au](mailto:kay.price@unisa.edu.au)