



IDEAS EVALUATION STUDY

Exploration of client experiences final report

Prepared by Marie Gill on behalf of the IDEAS Evaluation working group. Supported by OEPCP.

THE PROJECT

Integrated Diabetes Education and Assessment Services (IDEAS) is a multidisciplinary model of care provided in a community setting for people with Type 2 Diabetes. The service is provided by community health services at EACH Knox Social & Community Health Service & Carrington Health in partnership with Eastern Health.

The aim of this project was to explore the experiences of two groups of clients': those attending IDEAS and those attending the Eastern Health diabetes outpatient clinic to gain a greater understanding of the strengths and weaknesses of both models of care.

WHO

- 31 IDEAS patients from Carrington Health
- 16 IDEAS patients from EACH Knox Social & Community Health Services
- 15 Eastern Health Outpatients Box Hill
- Clients' who had appointments between Aug-Sept
- Clients' who have attended at least 3 appointments
- >18 years
- 1/3 of participants born overseas in all sites
- 2 IDEAS participants and 2 Outpatients required interpreter

20

PARTICIPANTS

10

0

Knox

Carrington

Outpatients

MALE FEMALE

CONFIDENCE

Outpatient clients' reported higher levels of confidence than IDEAS clients'. Confidence levels were similar across the two IDEAS sites. The majority of clients (80%) across all 3 sites identified that the service had increased their confidence level. There were areas of similarity in terms of the reasons for how both IDEAS and Outpatients increased confidence for their clients but there was noticeable differences in the language used by respondents.

IDEAS

- Better understanding of what I need to do
- All staff knowledgeable & experienced
- Good communication & listening
- I have access to other services
- Provide me with information & explanations
- Staff encouraging and understanding
- Staff available to call if i have concerns
- They work as a team so I feel my care is thorough

OUTPATIENTS

- Access to the resources I need
- Communication back to my GP
- Explanations & discussions with the doctor
- Helped me understand what to do for my diabetes
- They look after me - tell me what to do

CONFIDENCE LEVELS

70

60

50

40

30

20

10

0

Fair

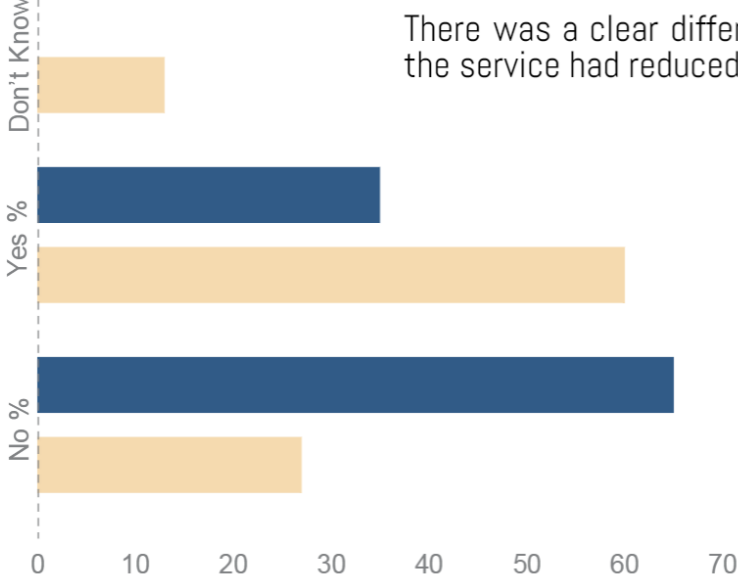
High

Very High

IDEAS Outpatients

WORRIES

WORRIES ABOUT COMPLICATIONS



Outpatient clients were more inclined to be worried about the complications of diabetes compared to IDEAS clients .

There was a clear difference in the reasons clients' gave for why/how the service had reduced their level worry.

IDEAS	OUTPATIENTS
all the complications	Amputation
Amputations	Eyes
Dying	Heart attack/Stroke
Eyes	Kidneys
Heart	Loosing licence
Kidneys	Low blood sugar
	Pregnancy

HOW THE SERVICES DIFFER

All of the clients who had previously attended outpatients indicated that they felt IDEAS was friendlier, kept to appointment times and felt more positive about the way they interacted with staff.

"Yes people listen to you. Specialist knows what they are talking about and take into account what you are saying and makes changes. Other service I was attending they just did what they wanted didn't take any notice of what you said. The staff were not very friendly so I didn't feel comfortable."



CARE PLANS

Clients attending IDEAS were asked about Care Plans as provision of a care plan developed collaboratively with the client is part of the model of care.

Care plans are not part of the model of care for the Outpatient service so a broader question about goal setting was used to explore this issue with Outpatient clients'.

Most clients' who indicated that they were involved in developing their care plan also identified that they had found the care plan useful. Those that indicated they did not feel they were involved in developing the care plan all indicated that they did not find the care plan useful.

"The dietitian asked me questions and then I wrote down what I was going to do on the care plan. We did it together and I did feel that it was my care plan - I felt some ownership of it."

"I read it and tried to do the most important part. No one referred back to it so I don't use it now"

"I found it very helpful because it helped me keep track of what I should be doing. Also because the DNE used to go over it with me each visit."

PERSONAL CHANGES



Summary of key changes identified

	IDEAS	OUT-PATIENTS
Diet	17	6
Blood glucose levels more stable	15	3
Medication changes	14	3
Exercising more	9	3
Changed my attitude to diabetes - pay more attention to it.	8	1
None	0	6

Changes in diet, exercise and improvements in blood glucose levels were the common areas of change across the two groups.

IDEAS clients were more likely to identify several areas of change and talked about changing attitude which was not mentioned by the Outpatient group.

A larger proportion of the Outpatient clients were unable to identify any areas of change compared to the IDEAS clients which could be explained by the fact that the majority of the Outpatient group had been attending the service for over 2 years so may not have been able to as clearly attribute changes made as a result of attending the service.

ASPECTS THAT WERE:

Helpful

Unhelpful

IDEAS	OUTPATIENTS	IDEAS	OUTPATIENTS
Access to experts who are knowledgeable	Doctor checks you & tells you what to do	Unsatisfactory personal interactions with a staff member	Parking
Feeling supported	Not sure or unable to identify anything	Staff part time	Poor communication
Access to other services	See experts & getting sound advice	Seen a few different doctors	Wait times
Don't have to wait too long	Tests come on the same day	Problem with script	75% said they don't see the same endocrinologist
Good communication	The care I get		75% want to see the same endocrinologist
Good explanations about diabetes to help me manage my own			
Get specialist services I wouldn't be able to afford			

Majority of clients across both groups indicated that they did not have suggestions for improvement. IDEAS clients in particular usually commented that they were very happy with the service and did not want to see it change.

SUMMARY

Confidence levels were higher in the Outpatients group which was an unexpected finding. It may be that a single question about confidence may not be sensitive enough to provide a good indication of confidence levels.

The responses indicated that IDEAS clients' are far more engaged with their service and see the service as supporting them to undertake self care activities. In contrast the language by Outpatient clients' suggests a more traditional medical model of care aligned with "providing care" and "telling".

Further to this those clients who had previously attended Outpatients and were now attending IDEAS all indicated that the IDEAS service was much better in a number of different ways.

Although IDEAS has identified provision of care plans as part of their model, the use of care plans is not consistent across the two services and not consistent with best practice principles.