An Australian Government Initiative

Final Report for Phase 3 of the National Continence Management Strategy

31 August 2010
Executive Summary

National Continence Management Strategy

The National Continence Management Strategy (NCMS) was established in 1998 by the Australian Government to provide funding to research and service development initiatives aimed at prevention and treatment of incontinence, in order to enable more Australians to live and participate in their community with confidence and dignity. The NCMS has been funded across 3 phases: Phase 1, 1998-2002; Phase 2 from 2002 to 2006; and Phase 3 from 2006 to 2010. In Phase 3, the program’s aim was to be achieved through four key action areas:

- improving the information and evidence base;
- raising awareness of incontinence;
- supporting the workforce; and
- improving access to continence intervention and management.

Evidence gathering

An independent evaluation was funded in Phase 3 to facilitate informed policy decision making by improving the availability and quality of evidence and aligning projects with stakeholder values. Evidence has been obtained through a multifactorial approach. This has incorporated systematic project review and analysis of project based data, evidence gathering processes including the use of Conjoint Value Hierarchy (CVH) research, and a review of progress towards achievement of key performance indicators (KPIs) and earlier recommendations.

This final evaluation report focuses on presenting evidence which demonstrates the level to which the project activities in Phase 3 contributed to the desired intermediate outcomes, that is:

- informed policy decision making;
- awareness of continence issues is raised and continence health is promoted;
- capacity of stakeholders is broadened; and
- evidence base for continence management is improved.

A supplementary report has been provided which demonstrates achievements against the KPIs. This report has drawn on information within the supplementary report.

Summary of key findings

The evaluation of the NCMS has revealed success in meeting the desired intermediate outcomes for Phase 3. Results indicate that projects have been effective in raising awareness and supporting the workforce and have made positive inroads into both consumer and health professional practice. A number of areas for development have been identified, providing a basis to inform decisions on future iterations of the program and policy more generally.

The NCMS has implemented a number of awareness raising initiatives, providing the Australian community with information relating to bladder and bowel health and management of incontinence. During Phase 3 there was an increase in the availability and uptake of information via the National Continence Helpline, the Bladder and Bowel website, and the National Public Toilet Map. There has also been a general increase in the number of consumers seeking help for their incontinence. Marketing and promotion of continence messages have been effective at an individual project level, however, promoting the work and achievements of the NCMS, as a whole, could further increase awareness.
While the Bladder and Bowel website has played an important role in providing resources designed for Aboriginal and Torres Strait Islander (ATSI) and Culturally and Linguistically Diverse (CALD) groups, equitable access to all target groups has not been fully realised. Inclusion and access for all potential target groups need to be identified in initial project planning and evaluation and sufficient emphasis placed on meeting the needs of such groups.

Beyond broad awareness raising, continence education programs have increased the professional knowledge of health workers, resulting in a greater level of confidence and engagement with potential to be translated into practice. There is, however, a growing need to continue to pursue continence education for the health workforce, especially through a targeted approach that provides greater access to health professional groups such as GPs/practice nurses, physiotherapists, community care workers, and occupational therapists and other allied health professionals.

A positive outcome of Phase 3 related to linkages and collaboration, namely: building the collaborative capacity of stakeholders; increasing the number of projects involved in multidisciplinary collaboration; and developing links with external organisations. Scope remains for future national initiatives to develop greater on-the-ground linkages, with a more deliberate focus on collaboration across projects to allow for maximum project impact through sharing and learning from early planning stages.

Several achievements of the NCMS may potentially impact on policy and decision making relating to continence management and treatment. These include the extension and integration of the Aged Care Continence Assessment tools within the Aged Care Funding Instrument. In addition, work on continence outcome measures offers the possibility of ongoing, widespread adoption of specific continence measures.

Many of the recommendations from Phases 1 and 2 have been achieved or are in progress. Unfulfilled recommendations relate to the development and implementation of workforce education policy decisions and development of models of care. These are areas for consideration in future programs.

The experiences of individual projects, as well as the NCMS as a whole, suggest the need to incorporate rigorous evaluation requirements into individual project plans, as well as building on the program logic and evaluation frameworks adopted in the current NCMS phase. The program has been effective in achieving the desired effects of raising awareness, supporting the workforce, and improving both consumer and health professional practice. The comprehensive nature of the NCMS and what has emerged through the individual project evaluations, together with the Independent Evaluation, provide a useful platform for program progression in the future.

The recommendations arising from the evaluation of Phase 3 of the NCMS are as follows.

Building on previous work
1. Review the ongoing relevance and applicability of the recommendations arising from Phases 1 and 2, particularly the recommendations or action items that have not yet been addressed.

2. Review the ongoing relevance and applicability of the outstanding planned actions for Phase 3, together with the identified outcomes, and incorporate into future program planning as appropriate.

3. Continue to build on strengths of previous initiatives, incorporating lessons learnt into program planning and implementation. Explore which specific projects have the momentum and potential for continued funding.
Awareness raising and education
4. Ensure adequate accessibility to community awareness and education initiatives through multiple modes of access. Continue to review the effectiveness of such access for all target groups.

5. Implement a broad communications strategy to raise awareness of current practices in continence management and the availability of information and support services.

6. Enhance the scope, reach and efficiency of workforce education, targeting health professional groups that have received limited continence specific education during Phase 3. This particularly includes undergraduate curricula, GPs/practice nurses, physiotherapists, community care professionals, occupational therapists and other allied health professionals, as well as ATSI health workers.

7. Ensure that stakeholders are informed of the program’s progress and outcomes.

Evidence based decision making
8. Incorporate stakeholder-determined value priorities and understanding of their impact on change into future program planning and evaluation. Ensure that stakeholder-determined performance targets are built into measures of success.

9. Incorporate systematic, comprehensive monitoring and evaluation into all program planning and implementation with adequate support to build evaluation capacity at the project level. The evaluation process should be informed by the use of program level evaluation framework and program logic, with emphasis on improved data collection.
Preface

An independent evaluation was incorporated into the activities of the NCMS to inform the direction of the program by evaluating and reviewing processes, activities, and outcomes from individual projects. This has measured the capacity of the projects to address the intermediate outcomes identified as part of the overall program’s aims and objectives, as set out in the logic model (see Attachment). The evaluation has also considered broader lessons from the work of Phase 3 and opportunities for future continence activities.

The independent evaluation used information within data submission reports, evaluation plans and progress reports supplied by the individual projects. The report covers the period from July 2006 to June 2010. The data produced by projects has predominately been analysed for the period up to December 2009; allowing for comparative analysis of annual totals.

Figure 1: Document Map

The Independent Evaluation team would like to thank the program and project managers for the provision of data that informed the overall evaluation of the NCMS.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>2</td>
</tr>
<tr>
<td>Preface</td>
<td>5</td>
</tr>
<tr>
<td>CONTENTS</td>
<td>6</td>
</tr>
<tr>
<td>CONTEXT</td>
<td>8</td>
</tr>
<tr>
<td>RATIONALE</td>
<td>9</td>
</tr>
<tr>
<td>RESULTS AND FINDINGS</td>
<td>10</td>
</tr>
<tr>
<td>INTERMEDIATE OUTCOMES – ACHIEVEMENTS AND GAPS</td>
<td>14</td>
</tr>
<tr>
<td>SNAPSHTOS OF KEY PROJECT OUTCOMES AND FUTURE IMPACT</td>
<td>19</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>23</td>
</tr>
<tr>
<td>POST SCRIPT: ULTIMATE IMPACT</td>
<td>28</td>
</tr>
<tr>
<td>ATTACHMENTS</td>
<td>30</td>
</tr>
<tr>
<td>NCMS Program Logic Model</td>
<td>31</td>
</tr>
<tr>
<td>INDEX</td>
<td>32</td>
</tr>
</tbody>
</table>

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The Consultant is responsible for the content and views expressed within this report. As an independent advisory report the views herein do not necessarily reflect the views of the Australian Government, but have been published to encourage further dialogue.

Incontinence is a significant health issue across the lifespan with physical, social and economic implications for the individual, their carers and the community. Almost four million Australians are estimated to have some level of incontinence with the prevalence of incontinence increasing with age in both men and women. Estimates have identified that the $1.5 billion total expenditure for incontinence in 2003 is expected to increase by 201% by 2031.\(^1\)

**National Continence Management Strategy**

The National Continence Management Strategy was established in 1998 by the Australian Government to provide funding for research and service development initiatives aimed at prevention and treatment of incontinence. The developmental stage of the NCMS (Phase 1, 1998-2002) had four major priorities: public awareness, education and information; prevention and health promotion; quality of service; and research. Phase 2 (2002-2006) focused on the implementation and administration of existing projects and the establishment of further projects addressing prevention, community education and improved management of incontinence. In the May 2006 Budget, the Australian Government approved funding over 4 years for the continuation of the NCMS (Phase 3, 2006-2010). The Australian Government has committed a total of $44.4 million over the three phases.

The aim of Phase 3 of the NCMS was to improve continence awareness, management and treatment so that more Australians can live and participate in their community with confidence and dignity. This was to be achieved through addressing the recommendations made through the evaluation of Phases 1 and 2 and building upon those achievements.

### Objectives

| To promote bladder and bowel health across the lifespan |
| Recognition that the foundations of bladder and bowel health are laid in childhood and are linked to general health and wellbeing throughout the lifespan; |
| Increase awareness of bladder and bowel health within the population |
| Recognition that promotion of bladder and bowel health is an essential component in preventing continence problems; |
| Recognition that personal dignity and choice is imperative in supporting people with continence issues; |
| Improve access to quality continence care |
| Recognition that support to people with incontinence issues should be accessible from appropriately trained and informed health professionals. |

Rationale

The strategic framework for the work undertaken in Phase 3 was outlined by the Australian Government in the *National Continence Management Strategy Phase 3 Action: 2006-2010* plan. This framework identified 4 primary categories of work (Action Areas); key priorities for action; and a project plan that linked specific activities to the Action Areas.

Program Logic Model

The Program Logic Model for Phase 3 of the NCMS (see Attachments) was developed from the aims, objectives, guiding principles and actions of Phase 3. The ultimate impacts identified in the logic model are the long-term ‘system shift’ impacts sought by the NCMS and these will not be measurable for some years.

Evidence gathering

Project level results have provided information for the evaluation of the overall NCMS. Evidence has been obtained through systematic project review, evidence gathering processes such as the use of Conjoint Value Hierarchy (CVH) research, and a review of progress towards achievement of earlier recommendations. The complementary nature of these different sources of information has enhanced understanding of the success of initiatives and outcomes of the NCMS.

The evaluation framework set out the process and impact evaluation components that helped to determine the success of the NCMS in improving awareness, management and treatment of continence issues, within eight key performance indicators (KPIs) and associated measures. The content of the Final KPI report identifies the contribution that project results have made to addressing the KPIs, and subsequently the outcomes identified in the NCMS logic model, through a comprehensive analysis of data gathered from individual projects.

This report focuses on presenting evidence which demonstrates the level to which the NCMS project activities contribute to the desired intermediate outcomes, that is:

- informed policy decision making;
- awareness of continence issues is raised and continence health is promoted;
- capacity of stakeholders is broadened; and
- evidence base for continence management is improved.

The detailed supporting evidence for this report is provided in the Final KPI report.

The results chart (Table 1) provides a summary of the performance of the NCMS through a review of the outcomes achieved. It looks at the logic model in reverse order with a review of the desired outcomes, the way in which the indicators provide evidence of achievement of the intermediate outcomes and aspects of the outcomes that still need to be addressed. The source of the evidence is listed in the Index section of this report.

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ii The CVH methodology is based upon a hierarchical measurement structure which contains all elements of value important to all stakeholders and provides a value-based assessment of intangible entities

iii Evaluation and Analysis of NCMS Phase 3 Project Results against KPIs - Final Report, August 2010
## Results and Findings

### Table 1: Results Chart

<table>
<thead>
<tr>
<th>Intermediate outcome</th>
<th>Summary of achievement</th>
<th>Achievements*</th>
<th>Opportunities</th>
</tr>
</thead>
</table>
| Performance evaluation measures have been implemented | - Development and adoption of a NCMS evaluation framework and guidelines for the projects 2 | - Continued emphasis is required on improving database to measure impact of initiatives 3 | -  
|                     | - All relevant projects implemented in-depth evaluation of activities against KPIs 4 | - Further work required to increase performance in public understanding; self referrals; awareness of best practice; self management; and successful patient outcomes 5 | -  
|                     | - Exit surveys undertaken for both NCMS websites with feedback acted upon as appropriate 6 | - Nineteen of the 24 value attributes met or exceeded the targeted score range 7 | -  
|                     | - Projects implementing training or information sessions demonstrated both quality and acceptability 8 | - 95% of direct feedback received by DoHA from public is positive 9 | -  
|                     | - Stakeholders perceived an improvement in NCMS performance 10 | - 2/3 of Phase 3 projects activities have utilised data/work from Phase 1&2 projects 11 | -  
|                     | - Nineteen of the 24 value attributes met or exceeded the targeted score range 12 | - Significant uptake of information from work in Phases 1&2 via the Helpline and Bladder & Bowel website | -  
|                     | - Nineteen of the 24 value attributes met or exceeded the targeted score range 13 | - Continued access to, and uptake of, Phase 2 RHEF programs | -  
|                     | - Nineteen of the 24 value attributes met or exceeded the targeted score range 14 | - Phase 3 projects display a high of level appropriateness 15 | -  
|                     | - Nineteen of the 24 value attributes met or exceeded the targeted score range 16 | - The strategic priorities of Phase 3 have mostly been addressed 17 | -  
| Standards and consistency have been addressed in project planning and reporting | - Implementation of Joint Committee Standards for Evaluation 18 | - The use of defined data items and definitions and adoption of the International Continence Society definitions as the standard Australian definitions of incontinence have not yet been addressed 19 | -  
|                     | - The use of evaluation and reporting standards has resulted in an increased quality in the project deliverables 20 | - Users of the NPTM consistently rate the site as ‘average’ to ‘good’ 21 | -  
|                     | - Users of the NPTM consistently rate the site as ‘average’ to ‘good’ 22 | - Implementation of standardised look, content and branding of information resources 23 | -  
|                     | - Ethics approval received for all relevant projects 2 | - Ethics approval received for all relevant projects 24 | -  
|                     | - Ethics approval received for all relevant projects 25 | - High level of customer satisfaction with the Helpline 26 | -  
| How to sustain outcomes and gain maximum future impact | - The use of defined data items and definitions and adoption of the International Continence Society definitions as the standard Australian definitions of incontinence have not yet been addressed 27 | - The use of defined data items and definitions and adoption of the International Continence Society definitions as the standard Australian definitions of incontinence have not yet been addressed 28 | -  

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*Independent Evaluation Final Report, August 2010*
### Awareness of Continence Issues is Raised and Continence Health is Promoted

<table>
<thead>
<tr>
<th>Continence health has been promoted</th>
<th>The capacity of the Helpline is limited in managing the outcomes of broad reach media activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>An estimated 33% of the population have had access to NCMS information resources since 2004/05. 23</td>
<td>-</td>
</tr>
<tr>
<td>Total of almost 4 million information resources distributed in Phase 3. 24</td>
<td>-</td>
</tr>
<tr>
<td>Increase in uptake of resources via Helpline of 52% for clients and 98% for carers between 2007 &amp; 2009. 25</td>
<td>-</td>
</tr>
<tr>
<td>Half of the consumer callers to the Helpline implement some level of self-management strategy either in isolation or in conjunction with a health professional. 26</td>
<td>-</td>
</tr>
<tr>
<td>On average, over 30,000 NCMS pelvic floor specific brochures are accessed per month. 27</td>
<td>-</td>
</tr>
<tr>
<td>NCMS information resources rated as highly helpful. 28</td>
<td>-</td>
</tr>
<tr>
<td>Average of 4 media articles a month related to continence; 68% reference the NCMS or projects. 29</td>
<td>-</td>
</tr>
<tr>
<td>Helpline made 30,000 referrals to health professionals. 30, with 11% increase over Phase 3 in the number of responses indicating that the caller visited a health professional following their call. 31</td>
<td>-</td>
</tr>
<tr>
<td>Longer-term trend toward help seeking over self management evidenced by a 30 percentage point increase in people who reported seeking help in 2009 compared to 2003 Stancombe survey. 32</td>
<td>-</td>
</tr>
<tr>
<td>DoHA distributed an average of 1,600 information resources per event at 30 conferences/forums. 33</td>
<td>-</td>
</tr>
<tr>
<td>RHEF education has been successful in raising awareness of the importance of pelvic floor health. 34</td>
<td>-</td>
</tr>
<tr>
<td>Significant resource materials have been distributed by the National Men’s Continence Awareness Project with more than 55,000 people attending an information session. 35</td>
<td>-</td>
</tr>
<tr>
<td>The number of information resources requested by pharmacy staff for use with customers increased by 73% and the percentage of calls to the Helpline from pharmacy staff increased from 3% to 4% of all calls. 36</td>
<td>-</td>
</tr>
<tr>
<td>The greatest increase in value was in the capability and reputation of the NCMS. 39</td>
<td>-</td>
</tr>
<tr>
<td>NCMS distributed an average of 1,600 resources per event at 30 conferences/forums. 37</td>
<td>-</td>
</tr>
<tr>
<td>Generalist health professionals are more aware of the availability of the Helpline with 25% increase between 2007 and 2009 in generalist health providers accessing information resources via the Helpline. 38</td>
<td>-</td>
</tr>
<tr>
<td>Access to the NPTM is available via mobile phone, with 40,000 visitors using this feature as at end of 2009. 52</td>
<td>-</td>
</tr>
<tr>
<td>Four in five respondents to the 2008 NPTM survey found the site met their needs. 54</td>
<td>-</td>
</tr>
<tr>
<td>A greater level of understanding of the outcomes of referrals provided by the Helpline could be achieved through an enhanced level of qualitative data within the Helpline Satisfaction Survey. 55</td>
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</tbody>
</table>

### There is an Increased Availability and Uptake of Information via Recognised Outlets including the Helpline, Bladder and Bowel website and NPTM

| - Between 1 and 1½ million resources have been distributed via the Helpline each year. 41 | - |
| - An increasing number of calls to the Helpline, more than half of which are made by clients or carers with more consumers accessing resources from Bladder & Bowel website 42 | - |
| - The overall level of access to NCMS information resources via the Helpline by GPs has increased by 13% since 2007. 43, but the number of calls from this group is falling in real terms. 45 | - |
| - More than 90% of callers would contact the Helpline again if assistance was required. 46 | - |
| - People with incontinence seek information via the Bladder & Bowel website 47 | - |
| - Increasing daily average number of visitors to the Bladder & Bowel website with users accessing an average of more than 3 pages. 48 | - |
| - There was an increasing trend in repeat visits to the Bladder & Bowel website over Phase 3. 49 | - |
| - More than 75,000 downloads from the Bladder & Bowel website in 2009 with an average of 51% of visitors downloading information. 50 | - |
| - Daily average of 3,000 visitors per day to NPTM, majority of whom are repeat or regular visitors. 51 | - |
| - Access to the NPTM is available via mobile phone, with 40,000 visitors using this feature as at end of 2009. 52 | - |
| - More than 90% of NCMS resources distributed via Helpline were sought by health professionals. 57 | - |
| - Generalist health professionals are more aware of the availability of the Helpline with 25% increase between 2007 and 2009 in generalist health providers accessing information resources via the Helpline. 58 | - |
| - 73% increase in pharmacy staff requesting resources via Helpline following education with 32% increase in calls by pharmacies. 59 | - |
| - 50% increase in knowledge of Helpline and Bladder and Bowel website as a result of pharmacy education. 60 | - |
| Special target groups have access to information and resources | - All target groups are addressed, as either primary or secondary targets and by several projects simultaneously. 63  
- 69% of information resources are available in other languages (including ATSI) or formats. 64  
- The Bladder & Bowel website provides an important access point to information resources in languages other than English, including ATSI information. 65  
- Some language groups prefer on-line access over Helpline access and vice versa. 66  
- The needs of consumers and health professionals in regional, rural and remote areas have been addressed. 67  
- There has been a more than fourfold increase in uptake of information resources by ATSI health workers. 68  
- ATSI medical services specifically targeted through RHEF DVD distribution. 69  
- Information specific to men dominates the patterns of access via the Bladder Bowel website. 70  
- Over 12,500 residential aged care assessment tools downloaded between November 2009 and March 2010. 71 | - ATSI, CALD, children, proxy and carer groups excluded from the COMS Validation and Clinical Translation Project. 72  
- A review of the appropriateness of LOTE and ATSI resources is required. 73 |

| How to sustain outcomes and gain maximum future impact | - Continue marketing existing resources to special target and further develop culturally appropriate programs for ATSI, CALD and other groups, especially where gaps have been identified.  
- Enhance the capacity of primary care providers to better manage continence issues through progression of NCMS developed education programs, particularly continuing education in general practice settings.  
- Continue to build on strengths of previous initiatives and incorporate lessons learnt into future planning.  
- Extend some of the existing materials and avenues of dissemination into new or, as yet, unfulfilled markets or target groups.  
- Seek more in-depth evaluation information from consumers and stakeholders about how to best meet their needs.  
- Implement a broad communications strategy to raise awareness of current practices in continence management and the availability of information and support services. | - The integration of continence to discharge planning has not yet been addressed. 80 |

| Capacity of stakeholders is broadened | - A high level of stakeholder involvement is seen across all projects and the NCMS. 74  
- Increase in the level of multidisciplinary collaboration. 75  
- Links have been made with a wide range of consumer and professional peak body organisations. 76  
- Links with NCMS projects and government websites accounted for more than 40% of all inward referrals to Bladder and Bowel website. 77  
- Cross-promotion within workforce support components of projects has resulted in positive outcomes. 78  
- Education has improved understanding of the need for, and development of, local referral networks. 79 | - Greater access to education is required by GPs/practice nurses, physios, community care providers, and occupational therapists. 81  
- Further work is required to address the education related recommendations from Phases 1 & 2. 82  
- Extend training by: building networking/referral into future training; providing post-training support; and incorporating continence training into existing accredited training modes and undergraduate curriculum. 83 |

| Collaboration and linkages have been improved | - RHEF education is likely to influence practice for more than 90% of viewers. 81  
- Approximately 900 health professionals were eligible for CPD points or hours, or received accredited education funded by the NCMS. 82  
- More than 15,500 RHEF DVDs have been distributed to health professionals. 83  
- Knowledge increased by 16-54% as a result of training initiatives. 84  
- Changes are occurring in interactions and transfer of continence information between pharmacy staff and customers. 85  
- Pharmacists’ level of confidence in providing advice about self management increased by 28% following training. 86  
- Pharmacists exhibit a 28% increase in confidence in referring customers to appropriate continence services. 87  
- The CFA conference is an important forum for maintaining and enhancing specialist health professional knowledge. 88 | - The integration of continence to discharge planning has not yet been addressed. 80 |
How to sustain outcomes and gain maximum future impact

- Continue to pursue continence education for the health workforce:
  o build capacity for improved networking and referral;
  o build post training support into education and training initiatives; and
  o enhance the focus of continence education in undergraduate curricula and for groups such as GPs/practice nurse, physiotherapists, community care workers, allied health, and ATSI health workers
- Seek efficiencies to build the capacity of health professionals through attendance at accredited education courses
- Support greater project-to-project linkages to increase understandings across projects and to contribute to health professional networking around continence management

The level of information available and distributed has been increased

- 100% of the completed projects can be taken up and implemented without additional work
- Information and results from NCMS funded projects are well disseminated through conferences and peer reviewed journals; ¾ of all known citations acknowledge the funding source
- Health professionals seek out valued NCMS project based information when it is made readily available
- The average time taken for uploading a final Phase 3 project report is 31 days
- 43% of NCMS resources have been updated or developed in Phase 3

Evidence base for continence management is improved

- Broad promotion of projects and their achievements is required
- Further work is required to address recommendations from Phases 1 & 2 relating to models of Community care
- “Evidence based” descriptors needed on NCMS information resource materials, including those available online
- Stakeholders seek a greater level of information about progress and successes within the program

* Numbered reference associated with each item refers to the evidence source as listed in the Index listing. The reference relates to the relevant section number within the Final KPI Report

Independent Evaluation Final Report, August 2010
Intermediate Outcomes – Achievements and Gaps

The evaluation of the NCMS has identified a number of key achievements and gaps that will inform ongoing continence work. These are discussed in terms of meeting the desired intermediate outcomes of Phase 3. The information has been derived from key results (Table 1) and a review of the important outcomes and sustainability of major projects (Table 2).

Informed policy decision making

Experiences of individual projects, as well as the NCMS as a whole, provided important lessons to inform future decision making. One such area was decision making about evaluation of future continence initiatives. These reinforce the need for incorporating rigorous evaluation requirements into individual project plans, as well as building on the program logic and evaluation frameworks adopted in Phase 3.

Formative evaluation has played an important role in the NCMS with Phase 3 projects displaying a significant use of findings arising from projects undertaken in earlier phases. This highlights the value of building on current practices, addressing emerging issues as well as ensuring the sustainability of outcomes. Individual project experience has shown the need for carefully considered data gathering and data management strategies. Whilst a level of evaluation capacity building was evident there remains a need for evaluation expertise to be built into project planning and costing.

An innovative feature of the current evaluation was the use of the Conjoint Value Hierarchy structure and associated analysis tools developed for the NCMS. The CVH methodology, based upon a hierarchical measurement structure that contained all elements of value important to stakeholders, provided a value-based assessment of the NCMS. The results indicated that both the stakeholder perceived value of the NCMS and the actual performance of the NCMS increased. The CVH results showed that the greatest increase in value was in the attributes relating to the capability and reputation of the NCMS and the key areas of ‘Resource generation’, and ‘Research capability’ (each with more than 66% increase in value). The CVH methodology informed policy decision making by identifying how best to continue to improve value. Twelve value attributes have been identified as having the most potential to create value in future. These should therefore be considered as future program priorities:
1) a focus on outcomes for those with incontinence -
   - ‘Successful outcomes’,
   - ‘Self management’,
   - ‘Preventative action’,
   - ‘Public understanding’,
   - ‘Level of treatments’,
   - ‘Self referrals (stigma)’, and
   - ‘Helpline subject coverage’
2) enhancing the skills of the workforce -
   - ‘Specialist health professionals using best practice’
   - ‘Awareness of best practice’ and
   - ‘Numbers attending courses which include continence issues’
3) and knowledge/evidence enhancement -
• ‘Research applicability’ and
• ‘Research quality’

In order to increase value of the program an increase in performance is required for the attributes of: ‘Successful outcomes’; ‘Self management’; ‘Public understanding’; ‘Self referrals (stigma)’; and ‘Awareness of best practice’. As the attributes ‘Successful outcomes’, ‘Self referrals’, or ‘Awareness of best practice’ are most sensitive to change, any further loss of performance in these areas will have a significant detrimental effect on the ongoing overall value of the NCMS.

**Awareness of continence issues is raised and continence health is promoted**

The NCMS has continued to invest in a number of awareness raising projects, with an increasing number of Australians being provided with general information relating to bladder and bowel health and the management of incontinence. Continence health has been promoted through increased availability and uptake of information via recognised outlets including the Helpline, Bladder and Bowel website and National Public Toilet Map, as well as effective marketing and promotion at individual project level.

Awareness-raising information has been disseminated to both consumers and health professionals, with approaches targeting specific groups being particularly effective. Initiatives such as the National Continence Helpline, the National Public Toilet Map, the National Men’s Health Continence Awareness Project, and the Rural Health Education Foundation educational DVDs have contributed to a high level of awareness raising and promotion of continence health. There is evidence from the Ambassador Speakers, of the National Men’s Continence Awareness Project, to suggest that these initial awareness raising experiences have had a flow-on effect with word-of-mouth promotion of newly acquired continence awareness.

The Helpline has provided a major conduit for information in the form of telephone advice, health resources and written information provided to the general public and health professionals, including those involved in research. An increase in demand for resources via the Helpline suggests an overall increase in awareness of continence in the community. The capacity of the Helpline, however, has shown to be limited in managing the outcomes of media activities such as one-off high profile television segments with an inherent ‘immediacy’ factor.

Access to information and resources via the Bladder and Bowel website has been shown to provide an important role in providing access to all sectors of the NCMS target groups. Despite this, the needs of ATSI and CALD groups, for example, have not been fully addressed in all Phase 3 projects. Future initiatives need to incorporate appropriate discussion of the needs of these groups and the availability of specialist information resources. Equitable access to some groups and inclusion for special target groups needs to continue to be a focus in future iterations of the program. To achieve this, inclusion and access for all potential target groups should be identified in initial project and evaluation planning with sufficient emphasis placed on meeting the needs of these groups.

There is also information available to gauge the impact of NCMS initiatives on consumers. This indicated that the number of consumers seeking help for their incontinence has increased. Generally, the impact on consumers has been positive, either through strategies directly targeting consumers or those targeting health professionals with immediate contact with consumers. It needs to be noted, however, that for a number of projects sourcing adequate consumer data was a challenge.
Any future extension of the NCMS has a strong foundation upon which to build and develop the most effective ways of raising continence awareness and promoting continence health across a range of health professional and consumer groups. Broad promotion is necessary, however, to adequately promote planned work and outcomes achieved.

There is an ongoing need for a formal, coordinated and strategic approach to communications and awareness raising to ensure targeted and consistent continence-health related messages. This would also allow for determination of effective dissemination points and distribution methods to ensure awareness and uptake of Phase 3 outputs. A coordinated approach would assist in ensuring that accessible and useful health promotion and preventative health messages are incorporated into consumer targeted information. This would raise awareness of available sources of advice or information about incontinence and appropriate management options. Such a strategy should ensure that professional networks are targeted as these are a principal source of promoting the use of the Helpline amongst health professionals.

A targeted and consistent approach to informing stakeholders of the program’s progress and success is also required. Widespread promotion of the work, both planned and completed, would provide an environment that encourages links with other continence research.

**Capacity of stakeholders is broadened**

Beyond broad awareness raising, continence education has increased the levels of knowledge of health professionals, resulting in a greater level of engagement that is likely to be translated to changes in work practices. Data indicates that the education provided through NCMS projects is helping health professionals find appropriate and tailored continence management options for consumers and begin to develop appropriate local referral networks.

The use of cost-effective modes such as DVDs have long-term usefulness as enduring educative resources that will be used beyond the known reach to raise awareness amongst both health professionals and consumers.

The CFA conference has developed momentum as an important forum for maintaining and enhancing specialist knowledge. The scope and reach of workforce education can be further enhanced through a targeted approach that provides greater access to health professional groups such as GPs/practice nurses, physiotherapists, community care workers, as well as occupational therapists and other allied health professionals.

A positive outcome of the NCMS was the capacity to build the collaborative capacity of stakeholders. Collaboration and linkages improved in Phase 3 with two thirds of Phase 3 projects showing evidence of building on work undertaken in Phases 1 and 2. There has also been an increase in the number of projects involving multidisciplinary collaboration and development of links with external organisations. Links made with government, not-for-profit and peak bodies in order to raise both awareness of continence issues and the profile of the Helpline, NPTM and Bladder and Bowel website are having an impact on usage.

Many beneficial linkages revolved around cross-promotion between NCMS projects as well as the inclusion of the Continence Foundation of Australia in varying capacities in the activities of the projects. Links with another government funded evaluation project has identified the need for continence education for community care providers and standardised continence assessment and management tools within this sector.
Most of the linkages described have occurred at the level of project governance, mainly through project advisory or management groups. Scope remains for future national programs to develop greater on-the-ground linkages, with a more deliberate focus on collaboration across projects from the early planning stages to allow for maximum project impact through sharing and learning. This links with stakeholder feedback; while the overall performance of the NCMS increased over Phase 3, qualitative feedback received from stakeholders indicated that they seek a greater level of information about progress and successes within the program.

A number of projects have provided lessons to further inform decisions about training and accreditation of health professionals. As indicated in Table 1, approximately 900 health professionals were eligible for continuing professional development (CPD) points or hours, or received accredited education as a result of 3 initiatives funded by the NCMS. It is probable that these figures are an underestimation as it appears that not all professional groups are required to have organisational acceptance of education in order to claim CPD points or hours. Project reporting indicates that efficiencies could be sought in ways of building the capacity of health professionals through attendance at accredited education courses.

Previous work undertaken to provide continence education to ATSI health workers, GPs and within undergraduate curricula has not been built on in Phase 3. Work specifically aimed at education of GPs or practice nurses has not been undertaken since Phase 1. The continence related undergraduate education needs of several health professional groups were reviewed in Phase 1. This was partly progressed within Phase 2 with national workshops aimed at gaining consensus for implementation of the undergraduate curricula guidelines for nurses and midwives. The findings of this project were seen to have important implications for work to be undertaken in Phase 3 but this has not yet been implemented. There is potential for this project to be a model to progress the undergraduate curricula requirements for other health professional groups. Progression of NCMS developed education initiatives, particularly continuing education in general practice settings and within undergraduate curricula, has the potential to enhance the capacity of health professionals to better manage continence issues.

A recommendation arising from Phases 1 and 2 was the need to develop a workforce education and information strategy to plan, implement and evaluate continence education. Further progression of this would provide a coordinated and systematic approach to the provision of workforce education and training.

**Evidence base for continence management is improved**

While project activities may not have focused specifically on increasing the evidence base for continence management, all projects of the NCMS have in some way contributed to addressing continence management. They range from awareness-raising, resource and information dissemination, training of health care professionals, through to development of research-based measurement and assessment tools. Project evaluations have provided useful evidence to indicate how continence management can be improved.

Generally, the level of evidence and information available and distributed has been increased. Many of the recommendations from Phases 1 and 2 have been achieved or are in progress. Unfulfilled recommendations relate to development and implementation of workforce education policy decisions and development of models of care. The Men’s Continence Literature Review Project revealed that there is a need to include ‘evidence based’ descriptors on NCMS information resource materials, including those available online. This would assure users that the content produced under the NCMS was founded in research.
Several projects have contributed a very specific evidence base towards improving continence management, notably the Continence Outcomes Measure Projects and the Residential Aged Care Continence Assessment Tools Project. Important evidence-based contributions to continence management from the Continence Outcomes Measures Projects - the revised continence outcome measures and patient satisfaction tools - are being tested and validated through ongoing trials in clinical settings. When completed, the findings will add to the evidence base for continence management in the Australian context. Additional work is suggested to adapt the outcome measures for children, ATSI and CALD groups, and carers/proxies. This will provide a full suite of measures for use in clinical and community settings.

The continence assessment tools developed and trialled through the Residential Aged Care Continence Assessment Tools Project also have potential for widespread ongoing use but this will require that they be integrated into existing practices and processes. The findings suggest the possibility of significant change in practice for the unregulated workforce not previously involved in the assessment of continence. Project findings have also indicated a high level of early interest in the application of the tools and suggested that their use is sustainable. An increase in uptake could be achieved by incorporating them into questions 4 and 5 of Aged Care Funding Instrument (ACFI). This would require no additional resources or commitment from the NCMS. Opportunities also exist for considering how best to integrate the tools into already available electronic systems and developing further tools for use in the community care sector.

**Summary**

The NCMS has provided key learnings to contribute to more informed policy decision making, to raise awareness of continence issues and continence health, to broaden the capacity of stakeholders and to improve the evidence base for continence management. The comprehensive nature of the NCMS and what has emerged from the individual project evaluations, together with the Independent Evaluation, provide a useful platform for progression of the program in the future.
Snapshots of key project outcomes and future impact

This section of the report presents snapshots of key NCMS projects summarising lessons learnt with a focus on sustainability of outcomes and possibilities for maximum future impact. Projects include: Continence Awareness Support Program; Pharmacy Continence Care Project; National Men’s Continence Awareness Project; Residential Care Assessment Tools Project; Rural Health Education Foundation Project; Continence Outcomes Measures; and Independent Team Evaluation Project.

Table 2: Project snapshots with lessons for the future

<table>
<thead>
<tr>
<th>Intermediate outcomes addressed</th>
<th>Lessons learnt</th>
<th>Sustainability of Outcomes</th>
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<tbody>
<tr>
<td><strong>Intermediate outcomes</strong></td>
<td><strong>Achievements</strong></td>
<td><strong>Opportunities</strong></td>
<td><strong>Intermediate outcomes</strong></td>
</tr>
<tr>
<td><strong>The Continence Awareness Support Program</strong> contributed to raising awareness of continence promotion, management and treatment and facilitated access to a range of information and support services. The main avenues used to promote the key messages of bladder and bowel health to the general public and health communities were the National Continence Helpline; Continence Awareness Week (CAW); the National Conference on Incontinence; and Every Body’s Business awareness raising forums.</td>
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<tr>
<td><strong>1. Raising continence awareness and promoting continence health</strong></td>
<td>Almost 70,000 calls to the Helpline; over 30,000 referrals to other health or information providers and agencies; over 1 million brochures per annum distributed via the Helpline, with 10% reaching ATSI and LOTE communities</td>
<td>Review information needs of those using the CFA website, with easier cross-reference to resources on the bladder and bowel website</td>
<td>Enhancing the ability of the Helpline to manage peak calls resulting from large media events that generate an inherent immediacy of response – this should include provision of details about alternative sources of information</td>
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<tr>
<td><strong>2. Broadening stakeholder capacity</strong></td>
<td>Over 80% of respondents highly satisfied with the way the Helpline met their needs</td>
<td>Increase access to awareness raising resources such as the Bridge magazine</td>
<td>An enhanced level of qualitative data from the Helpline Satisfaction Survey will provide a greater level of understanding of the outcomes of referrals provided by the Helpline</td>
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<tr>
<td><strong>Targets:</strong></td>
<td>More than 40,000 copies of Bridge downloaded from the CFA website. CAW health messages reached up to 4.5 million consumers</td>
<td>Emphasise health promotion and preventative health messages in consumer-targeted education sessions</td>
<td>An enhanced level of informative data from the Helpline</td>
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<td>• consumers and health professionals via established channels of information dissemination</td>
<td>CFA conferences attended by over 1,600 health professionals. Every Body’s Business increased health professionals’ knowledge and confidence by 15%</td>
<td>Consider effective ways to obtain a greater level of evaluation data from consumers attending program funded initiatives such as Every Body’s Business and CAW events</td>
<td>Inform future training and professional development opportunities through evaluation of previous education initiatives. Include data about intended and actual practice changes resulting from the education</td>
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<td>• health professionals via project-specific channels such as conferences and professional forums</td>
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<td>Include data about intended and actual practice changes resulting from the education</td>
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<td>Both the established and project-specific channels of information dissemination have potential for longer term sustainability</td>
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<td><strong>The Pharmacy Continence Care Program</strong> provided information and skills to 579 pharmacies and over 1,600 pharmacy staff to raise community awareness of the issues of incontinence and to recognise and promote help-seeking strategies by consumers.</td>
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<td></td>
<td><strong>Achievements</strong></td>
<td><strong>Opportunities</strong></td>
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<tr>
<td><strong>1. Broadening stakeholder capacity</strong></td>
<td>Increased skill, knowledge and confidence levels of pharmacy staff to address continence issues with customers</td>
<td>Greater emphasis in training on how to make referrals and develop relevant networks</td>
<td>Need for continuing and appropriate levels of funding to sustain training effort</td>
</tr>
<tr>
<td><strong>2. Raising continence awareness and promoting continence health</strong></td>
<td>Delivery options so pharmacies can suit mode to specific circumstances</td>
<td>Greater focus on more interactive training approaches for dealing with pharmacy issues</td>
<td>Finding appropriate ways of providing post-training support</td>
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<td>Increased level of discussion on continence issues, with 43% customers indicating they had been referred to, and 23% receiving treatment from, a health professional</td>
<td>Incorporate pre-reading to help facilitate more interactive training</td>
<td>Incorporating incontinence training into accredited tertiary training modes</td>
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<td><strong>Pivotal role of the pharmacy in community has highlighted the importance (and potential) of linkages to other health professionals</strong></td>
<td>Provide more culturally sensitive continence care resources for people from CALD and ATSI communities</td>
<td>Community pharmacies provide opportunities for consumers to discreetly discuss continence concerns</td>
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<td><strong>Cost-effective, successful community-based model of delivery using volunteer speakers</strong></td>
<td><strong>Recruit speakers on a per-capita, rather than an absolute numbers basis across states</strong></td>
<td><strong>Extensive and effective face-to-face community presentations complemented by resource distribution</strong></td>
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<td><strong>Extensive coverage (rural and metropolitan) to reach 55,000 audience members</strong></td>
<td><strong>Extend program to more ATSI and CALD communities (with community involvement and culturally appropriate resources and delivery modes)</strong></td>
<td><strong>Mechanisms for review and updating of materials and presentation as part of continuous improvement</strong></td>
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<td></td>
<td><strong>Over 313,000 information resources distributed</strong></td>
<td><strong>Establish an oversight group (with speaker and corporate workplace input) to provide strategic advice and future planning</strong></td>
<td><strong>Need for sustained marketing and promotion of program and messages being delivered</strong></td>
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<td></td>
<td><strong>Effective media and Ambassador self-marketing campaign</strong></td>
<td></td>
<td><strong>Develop appropriate packages for a range of specific at-risk groups</strong></td>
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**The National Men's Health Ambassador Speaker Program**, undertook a series of national continence awareness raising presentations targeting men. The model was underpinned by community partnerships and the use of professionally trained volunteer speakers.

| **1. Raising continence awareness and promoting continence health** | **Cost-effective, successful community-based model of delivery using volunteer speakers** | **Recruit speakers on a per-capita, rather than an absolute numbers basis across states** | **Extensive and effective face-to-face community presentations complemented by resource distribution** |
| | **Extensive coverage (rural and metropolitan) to reach 55,000 audience members** | **Extend program to more ATSI and CALD communities (with community involvement and culturally appropriate resources and delivery modes)** | **Mechanisms for review and updating of materials and presentation as part of continuous improvement** |
| | **Over 313,000 information resources distributed** | **Establish an oversight group (with speaker and corporate workplace input) to provide strategic advice and future planning** | **Need for sustained marketing and promotion of program and messages being delivered** |
| | **Effective media and Ambassador self-marketing campaign** | | **Develop appropriate packages for a range of specific at-risk groups** |

Independent Evaluation Final Report, August 2010
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| **The Residential Aged Care Continence Assessment Tool Project** involved the trial, evaluation, revision, and dissemination of a suite of continence tools for use by the residential aged care workforce. There was wide participation in the project involving 140 staff across 18 residential aged care facilities (RACF).

1. Broadening stakeholder capacity
2. Improving continence management evidence base
3. Informing policy decision making

**Targets:**
- Health workforce and management in RACFs
- Research and policy makers

Project has highlighted potential for extended use of tools and broader engagement of health workforce

| Resources were useful, user friendly, easily implemented and helpful in assisting staff to assess and manage incontinence |
| Resources were suitable for culturally and linguistically diverse health workforce |
| Uptake has been promising with over 12,500 web downloads and 300 CD ROM orders between November 2009 and March 2010 |
| Consider strategies to encourage greater use of tools, noting: |
| • 30% of RACF staff had read but not used the tools (this appeared to be related to engagement of Manager) |
| • Paper-based tools provided no advantage where computer based systems were available |
| • Tools appear to have limited application in some target sectors (e.g. individuals with neurological disorders) |
| The implementation of the tools in the industry is yet to be seen |
| High level of early interest is a promising indication that the project outcomes are sustainable |
| The tools represent a change in practice for the unregulated RACF workforce which has not previously been involved in the assessment of continence |
| Ongoing use requires integration into existing practices and processes in respect of the Aged Care Funding Instrument |
| Long-term adoption would be improved through considering integration of tools into current electronic systems |
| Need for further work to develop a suite of continence resources for use in the community |

| **The Rural Health Education Foundation (RHEF) Project** centred on TV broadcasts and 3 DVDs focussing on men’s health; children and adolescents; and bowel continence for healthcare professionals to improve understanding, knowledge and continence management.

1. Broadening stakeholder capacity
2. Raising continence awareness and promoting continence health

**Targets:**
- Rural health professionals, practitioners
- Broader health workforce
- General public

Project has illustrated breadth of potential market and personalised access

| Broadcasts using high profile presenters, case studies and expert panel discussion |
| Formats enabled wide geographic dissemination |
| High level of quality and usefulness reported, with indications of anticipated impact on practice |
| Capitalise on initial interest in DVDs (which were capped because of insufficient supply, thereby restricting some early access) |
| As well as general dissemination, provide for some target specific groups to enhance scope of continence education |
| Capacity for ongoing access to materials via regular RHEF offerings and electronic availability |
| Exploring options for further development and dissemination of both the 718 series as well as the preceding 409 series |
| Because of its focus on rural and remote and ensuing use of electronic dissemination, the RHEF has the capacity to reach a very broad range of health professionals – beyond its ‘rural’ geographic focus. A targeted approach to DVD and electronic dissemination would assist in accessing health professional groups with limited knowledge of continence health |

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<td><strong>The Continence Outcomes Measures Validation and Clinical Translation Project</strong> builds on previous work to validate continence outcome measures and patient satisfaction tools for the Australian context and disseminate these to health professionals.</td>
<td>Rigorous, developmental approach incorporating review, refinement and trial of measures in a range of clinical settings. Initial results indicate that the measures have adequate internal consistency reliability in clinical settings as well as community settings and show sensitivity to change as a result of treatment.</td>
<td>Consider the adequacy of staffing levels within trial clinics in future research projects. Allow adequate time for ethics approval processes, especially for multi-site studies. Use more strategic identification of participating patients and recruiting clinics.</td>
<td>Once completed, the project will encourage adoption of revised, Australian specific continence assessment and measurement tools in clinical and research settings. Additional work to adapt the measures for children, ATSI and CALD groups, and proxies will provide a full suite of measures for use in clinical and community settings.</td>
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<tr>
<td>1. Improving continence management evidence base</td>
<td>2. Broadening stakeholder capacity</td>
<td>3. Informing policy decision making</td>
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<tr>
<td><strong>Targets:</strong></td>
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<td></td>
<td></td>
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<tr>
<td>• Health practitioners and administrators</td>
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<tr>
<td>High potential for penetration into pivotal areas of continence management</td>
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<td><strong>The Independent Evaluation Project</strong> aimed to inform the direction of the NCMS through evaluation and review of processes, activities, and outcomes. The approach focused on facilitating informed policy decision making by improving the availability and quality of evidence and aligning projects with stakeholder values.</td>
<td>Improvement in quality and coordination of program evaluation and reporting. Use of a stakeholder-driven process to build evaluation. A structured evaluation approach increased the level of information available and distributed. Flexibility and adaptability built into evaluation frameworks across projects.</td>
<td>Increase capacity through an enhanced level of evaluation specific instruction and cross project communication. Instigate an enhanced level of data quality and capture to better determine program impact. Ensure projects build realistic monitoring and evaluation commitments and costings into initial project proposals.</td>
<td>To continue the evolution of the evaluation it will be necessary to consider the program theory in greater depth. This will provide an enhanced understanding of impact. The needs and different contextual perceptions of stakeholders need to continue to be reflected in all aspects of the evaluation function.</td>
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<tr>
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<tr>
<td><strong>Targets:</strong></td>
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<tr>
<td>• Project level managers and evaluators</td>
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<td>• DoHA program administrators</td>
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<tr>
<td>• Broader continence management stakeholders</td>
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<td>High level accountability mechanism and input into future programs</td>
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The recommendations arising from the evaluation of Phase 3 of the NCMS are as follows.

**Building on previous work**

1. **Review the ongoing relevance and applicability of the recommendations arising from Phases 1 and 2, particularly the recommendations or action items that have not yet been addressed.**

   Most of the Phase 1 and 2 recommendations or action items have been achieved or partly achieved; however there are eight still outstanding. This represents a gap in the NCMS program. Fulfilment of the action item regarding the adoption of the International Continence Society definitions could be addressed through the Bladder and Bowel or CFA websites. The other recommendations or action items not addressed still have relevance for future continence programs such as development of a workforce education strategy, the determination of further research needs, and the development of continence service principles.

   Work was undertaken in earlier phases that made progress in these areas. This included a review of the continence related undergraduate education needs of several health professional groups in Phase 1 and delivery of national workshops aimed at gaining consensus for implementation of the undergraduate curricula guidelines for nurses and midwives during Phase 2. The findings of this project led to recommending dissemination of the guidelines by the government and further research in Phase 3. The suitability of this project as a model to progress the undergraduate curricula requirements for other health professional groups was then to be reviewed. The dissemination of the guidelines is still to be implemented.

   Given these gaps in Phase 3, future continence policy and program directions should include a review of the ongoing currency and relevance of the unfulfilled recommendations. Matters such as the determination of further research needs could be considered by the Continence Management Advisory Committee, who may well assist with planning for future work and preparation of an ongoing strategic action plan.

2. **Review the ongoing relevance and applicability of the outstanding planned actions for Phase 3, together with the identified outcomes, and incorporate into future program planning as appropriate.**

   The strategic priorities of Phase 3 have mostly been addressed. Reviewing progress against the planned work described in the Action Plan 2006-2010 shows areas that were not addressed in Phase 3. These are *scoping of models of community care, and integration of continence care into discharge planning*. Initial development and liaison has reportedly commenced in scoping of models of community care, however it is not clear to what degree that has led to further action in this area. Cross-jurisdictional issues affect the level to which integration of continence care into discharge planning can be addressed through the national program. For future program planning it is important to build on the identified outcomes as well as to review ongoing relevance and applicability of the outstanding planned actions for Phase 3.
3. **Continue to build on strengths of previous initiatives, incorporating lessons learnt into program planning and implementation. Explore which specific projects have the momentum and potential for continued funding.**

There have been a number of notable achievements over the 3 phases of the NCMS program upon which to build, including multiple information dissemination and awareness raising activities. As well as raising the level of understanding among community and health professional groups, these activities have pointed to a range of strategies appropriate for different contexts. Note, for example:

- the Helpline has consistently increased continence awareness of the general public and health professionals, including those involved in research;
- Continence Awareness Week played an important role in raising awareness of continence health and the availability of the Helpline on a national stage;
- the increasing use of the Bladder and Bowel website provided an alternative source of information for the community, particularly the non-English speaking community;
- CFA conferences have been a beneficial forum for maintaining and enhancing the specialist knowledge of health professionals;
- the Every Body’s Business forums provided an opportunity for generalist health professionals in regional areas to receive continence specific professional development;
- the Pharmacy Continence Care Project trained a group of health professionals who potentially play an important awareness and support role with consumers;
- the extensive dissemination of continence education through Rural Health Education Foundation (RHEF) broadcasts, DVDs, and webcast options; and
- the capacity of the National Men’s Continence Awareness Project community-focused model to innovatively deliver continence awareness messages to the public.

Several projects have contributed to better and more appropriate continence assessment processes. Note, for example:

- the usefulness, relevance and user-friendliness of the continence assessment and management tools and education package for residential aged care facilities; and
- the rigorous and developmental approach of the Continence Outcome Measures Validation and Clinical Translation Project.

The potential for each of the existing projects for continued funding has been identified. For some this might involve a ‘more of the same’ approach where existing activities continue into communities not yet serviced; for some continued funding would enable more attention to specific target groups; for yet others it would enable the project to be taken to a next stage of trial or adaptation. Note, for example:

- modifications to the Helpline Satisfaction Survey to achieve a greater level of understanding of the outcomes of referrals provided by the Helpline;
- incorporating continence training into existing accredited training modes;
- extending the reach of the community-based presentations into ATSI and CALD communities, with attention to involvement of these groups in planning, providing appropriate resources and delivery of culturally appropriate modes;
- improving the limited application of the residential aged care assessment tools in some target sectors (e.g. individuals with neurological disorders) and developing a suite of resources for use in the community care sector;
- extension and integration of the Aged Care Continence Assessment tools with the Aged Care Funding Instrument (ACFI);
- enhancing web links on the Bladder and Bowel website with relevant peak bodies and organisations;
- exploring options for ongoing access to the RHEF continence series;
- developing Continence Outcome Measures suitable for use with ATSI, CALD, children, proxy/carer groups; and
- supporting greater project-to-project linkages to increase understandings across projects and to contribute to health professional networking around continence management.

Awareness raising and education

4. **Ensure adequate accessibility to community awareness and education initiatives through multiple modes of access. Continue to review the effectiveness of such access for all target groups.**

The distribution of messages about bladder and bowel health was most effective via the Helpline and websites and through the use of mass media. It is apparent that access varies according to specific groups and information needs; however it is also apparent that the information needs of some language and cultural groups are not well addressed. Future developments in information delivery mechanism should review the needs of all groups and ensure provision through multiple modes.

5. **Implement a broad communications strategy to raise awareness of current practices in continence management and the availability of information and support services.**

A key strategic priority of Phase 3 was the development of an evidence based communications strategy to raise awareness of current practices in continence management and the availability of information and support services. This was also a recommendation arising from the evaluation of Phases 1 and 2. Changes to the funding available for the NCMS, in early 2008, required communications and awareness raising activities to be incorporated in the objectives of all communications specific work undertaken at project level, rather than through a coordinated approach at program level.

For future program planning the ongoing need for a formal, coordinated and strategic approach to communications and awareness raising should be considered to ensure targeted and consistent continence health related messages. Such a strategy should ensure that accessible and useful health promotion and preventative health messages are incorporated into consumer targeted information. Additionally, professional networks should also be targeted as these are a principal source of promoting the use of the Helpline amongst health professionals.

6. **Enhance the scope, reach and efficiency of workforce education, targeting health professional groups that have received limited continence specific education during Phase 3. This particularly includes undergraduate curricula, GPs/practice nurses, physiotherapists, community care professionals, occupational therapists and other allied health professionals, as well as ATSI health workers.**

A more in-depth look at the Action Plan identified that, in order to better address the activities of Improve access to training and support and Update skills and knowledge of health professionals, some groups required a greater level of access to education. The key workforce support and training projects
encompassed pharmacists, residential aged care staff, and generalist health providers. The information obtained from the project reports suggests limited uptake by other groups such as GPs, physiotherapists, community care providers, ATSI health workers, and allied health workers.

Results have identified the need to target GPs in order to encourage them to better address the level of under-reporting of continence issues. Therefore a greater level of work targeted at GPs and practice nurses is required. This should include raising awareness of the need to enquire about continence issues and the availability of information sources such as CFA, Helpline, and the Bladder and Bowel website. Education targeted at GPs and/or practice nurses also needs to include conservative care options. Care is required however, to ensure that the level of complexity of education sessions matches the needs of the audience. ‘Takeaway’ access to information presented at education sessions should also be incorporated to allow ongoing reference to the learning.

There has been very positive feedback from health professionals in relation to the Rural Health Education Foundation education initiative. Benefits could be gained from either targeting the distribution of the DVDs or increasing the access/distribution to allow a greater level of focussed infiltration. This could efficiently enhance the breadth of education across all health professional groups.

7. **Ensure that stakeholders are informed of the program’s progress and outcomes.**

Ongoing communication with stakeholders is an important way of ensuring that awareness is raised of program initiatives and outcomes. It is also important as a means of monitoring performance. In addition, widespread promotion of the work, both planned and completed, would provide an environment that encourages links with other continence research and projects. A targeted and consistent approach to informing stakeholders of the program’s progress and success is required.

**Evidence based decision making**

8. **Incorporate stakeholder-determined value priorities and understanding of their impact on change into future program planning and evaluation. Ensure that stakeholder-determined performance targets are built into measures of success.**

The use of the Conjoint Value Hierarchy (CVH) methodology provided an understanding of what is important in the NCMS and how the program is valued. This was achieved through defining the attributes of value in the program, analysing the stakeholders’ attribute preferences, and measuring the performance of the program. A review of value attributes, in 2010, confirmed aspects of the program still considered important to stakeholders. Review of the ongoing applicability of the current performance targets is recommended if the CVH research is taken forward into future work.

Mapping the CVH attributes to the Outcome Hierarchy for Phase 3 identified that the desired program outcomes and associated activities for Phase 3 were appropriate for sustaining and working towards improvements in these key elements of value. Ongoing identification of what is important to stakeholders should continue to inform the implementation and evaluation of the program.
Incorporate systematic, comprehensive monitoring and evaluation into all program planning and implementation with adequate support to build evaluation capacity at the project level. The evaluation process should be informed by the use of program level evaluation framework and program logic, with emphasis on improved data collection.

The NCMS Evaluation Framework and NCMS Evaluation Guidelines for Projects helped guide both the independent evaluation and the project level evaluations to produce quality outputs that met accepted standards. This should be updated to reflect the new program objectives and priorities before a new program commences to focus the evaluation processes and to ensure effective project alignment. This will also ensure that the evaluation will contribute to the knowledge base for continence management.

To achieve a complete and evidence based program, the theory behind the program should be well constructed and articulated in a documented program logic model. This should be specific about the actual level of achievement required at the early, intermediate, and long term levels in order to achieve the desired end results. As part of the planning and design of any new program, a program logic model should be developed. This will also assist in the redevelopment of the Evaluation Framework.

Whilst evidence is available that evaluation capacity has been built this would appear to be at mixed levels of capacity. In order to continue to build evaluation knowledge within project teams, evaluation support and capacity building needs to be incorporated into future program processes at both planning and implementation phases. Future projects should also be encouraged to be more reflective about the adequacy and validity of their evaluation data, particularly in relation to the outcomes for consumers.

The overall program evaluation of the NCMS would benefit from seeking additional sources of data for use in measuring impact. The potential for access to external data should also continue to be sought to cost-effectively build the evidence base and enhance the level of impact data available. This should be accompanied by a review of the acceptable level of performance for each of the measures.
Post script: Ultimate Impact

This post-script is in response to a request seeking the views and ideas of the Independent Evaluation Team (IE team) on the three ultimate impact statements, for Phase 4 and beyond. It needs to be recognised that these views may or may not have a direct link to the outcomes of the actual evaluation and may go beyond the level of evidence available to date. As per the funding body’s request, they are based on the IE team’s extensive and long-standing knowledge of the NCMS.

The evaluation of the NCMS has been comprehensive, incorporating individual project evaluations, as well as the synthesis of these undertaken by the IE team. The overall findings are available in two complementary documents - this shorter Final Report for Phase 3 of the National Continence Management Strategy and the comprehensive Evaluation and Analysis of NCMS Phase 3 Project Results against KPIs - Final Report.

The following comments address the desired long term impacts of the NCMS, namely to:

• foster an evidence based approach to bladder and bowel health across the lifespan;
• increase levels of awareness and information through established websites and programs; and
• ensure best practice approaches are well-established and used.

Fostering an evidence based approach

Several projects directly contributed to evidence based approaches. Their potential for sustainability and longer term impact has been indicated in Table 2.

Going beyond the potential of individual projects towards fostering an evidence based approach, consideration might be given to two broader directions: (a) developing a central depository for existing, current evidence based information arising from the NCMS and (b) funding a research based project to develop a coherent framework for future directions towards strong evidence based data on bladder and bowel health across the lifespan. This could address gaps/opportunities identified through the NCMS, as well as others identified through a broader literature search.

Increasing levels of awareness and information

Of the three desired long term impacts, the NCMS, to date, shows most potential to increase levels of awareness and information through established websites and programs. As indicated in Table 2, several key projects focused on awareness raising and information dissemination. A number of the initiatives undertaken by these projects have the potential for further information dissemination via established websites and programs.

Increasing levels of awareness and information is also directly linked to professional education of the health workforce. While the NCMS has shown the potential of health professionals to gain recognition for continuing professional development, there is scope for a more structured approach to professional continence education through undergraduate curricula for specific health professional groups. Some of this work was initiated in earlier phases of the NCMS, but has not been progressed beyond the development of continence guidelines for nursing and midwifery undergraduate programs.
A longer term strategy to further the work of the NCMS might be the linking of education/workforce planning and communications strategies to provide a broad based approach to information dissemination. This could incorporate a range of elements, from basic awareness raising information through to health professional education and dissemination of evidence based practice and evidence based research findings in a systematic and coordinated approach.

Ensuring best practice approaches
Whilst there was no individual project focusing on best practice approaches, the evaluation identified many individual project achievements - an indication of approaches that were working well. Furthermore, ‘awareness of best practice’ was seen as a priority component of the value of the NCMS, by the stakeholder group, in the Conjoint Value Hierarchy component of the evaluation.

Additionally, pockets of work undertaken in Phase 3 could well become springboards for a more concerted documentation of evidence informed practice, for example in:
- most effective models for continence awareness raising and training delivery in different contexts and for different populations;
- establishing local referral and networking relationships across health professional groups;
- most effective service/intervention delivery models across the lifespan; and
- most appropriate outcomes measures for different settings and different populations.

In conclusion, the NCMS has been a comprehensive national effort that has undertaken valuable groundwork in continence management. Any extension of this effort might benefit by being derived from a more targeted and structured approach to continence management. This might adopt a model built around a conceptual framework such as a continence pathway or trajectory that maps the continence process across the lifespan, noting potential entry and exit points and the best points for prevention and intervention. A determination of the continence pathway could also provide a basis for implementing program logic. This would allow an understanding of how the program logic differs along the pathway and how the program can be tailored to best meet the needs of the population at different points on the pathway. Strategies to address the awareness raising and workforce support needs at identified points of intervention could then be customised, together with evaluation measures.
**NCMS Program Logic Model**

**Continence awareness, management and treatment are improved so that more Australians can live and participate in their community with confidence and dignity**

### Core Value
- NCMS funding
- Recommendations from Evaluation of Phases 1 & 2
- Current NCMS teams
- Peak bodies (CFA & others)
- Stakeholders (incl CMAC and Minister for Ageing)
- Health Professionals
- Ongoing evaluation advice
- Phase 1 & 2 projects & other DoHA Programs

### Inputs
- Information and Evidence
  - Update resources to reflect current information
  - Increase use of Phase 2 data
  - Explore options to implement phase 2 findings
  - Address lack of standards & consistency
  - Independent evaluation

### Activities/Processes
- Awareness Raising
  - Conduct communication activities
  - Identify opportunities for dissemination of message
  - Develop links to external communication activities
  - Establish and strengthen partnerships
  - Utilise market research

- Workforce
  - Increase and update skills and knowledge of health professionals
  - Liaise with general health and well being bodies
  - Improve access to training, education & support
  - Foster a collaborative approach

- Intervention and Management
  - Explore treatment options special target groups (children, ATSI)
  - Commence scoping of models of community care
  - Integrate continence into discharge planning

### Process Outcomes
- Level of information and evidence is available and distributed
- Evidence of continence promotion and implementation of performance evaluation measures
- Availability of relevant information through the Helpline, National Public Toilet Map and Bladderbowel.gov
- Evidence that health care professionals are using resources
- Evidence that collaboration and linkages are improved
- Evidence that special target groups have access to information and resources

### Intermediate Outcomes
- Informed policy decision making
- Awareness of continence issues is raised and continence health is promoted
- Capacity of stakeholders is broadened
- Evidence base for continence management is improved

Phase 3

Phase 4 and beyond

- An evidence based approach to bladder and bowel health across the lifespan is fostered
- Increased levels of awareness and information through established web-sites and programs
- Best practice approaches are well-established and used
This index provides an indication of the source of the evidence from the Final KPI Report used within the Results Table.

3 Evaluation plans submitted by Pharmacy Continence Care Project; Residential Aged Care Tools Project; Continence Awareness and Support Project; Rural Health Education Project; Outcomes Validation and Clinical Translation Project; and National Men’s Continence Awareness Project.
4 Evaluation and Analysis of NCMS Phase 3 Project Results against KPIs, Final Report August 2010: Section 5.1.3
5 Ibid: Section 5.1.1
6 Ibid: Section 5.1.3
7 Ibid: Section 5.1.2
8 Ibid: Section 5.4.4
9 Ibid: Section 5.5.3
10 Ibid: Section 5.4.4
11 Ibid: Section 2.2
12 Ibid: Section 5.2.3, Table 19
13 Ibid: Section 5.2.4
14 Ibid: Sections 5.5.1 and 5.5.4
15 Ibid: Section 5.8.3
16 Ibid: Section 2.2
18 Evaluation and Analysis of NCMS Phase 3 Project Results against KPIs, Final Report August 2010: Section 5.1.1
19 Ibid: Section 5.1.3
20 Ibid: Section 5.1.1
21 Ibid: Section 5.6.8
22 Ibid: Section 5.6.3
23 Ibid: Section 5.7.2
24 Ibid: Section 5.7.2, Table 50
25 Ibid: Section 5.6.2
26 Ibid: Section 5.6.3
27 Ibid: Section 5.6.5
28 Ibid: Section 5.1.1
29 Ibid: Section 5.3.2, Table 28
30 Ibid: Section 5.6.7
31 Ibid Section 5.8.1
32 Ibid Section 5.8.1
33 Ibid: Section 5.2.4, Table 22
34 Ibid: Section 5.6.1
35 Ibid: Section 5.2.4
36 Ibid: Section 5.7.2, Table 50
37 Ibid: Section 5.6.2
38 Ibid: Section 5.6.2
39 Ibid: Section 5.8.4
Ibid: Section 5.2.3, Table 18
Ibid: Section 5.2.1
Ibid: Section 6.2.2
Ibid: Section 5.5.2 and 6.2.2
Ibid: Section 5.8.5
Ibid: Section 5.4.4
Paterson (2006). Consultation, Consensus and Commitment to Guidelines for Inclusion of Continence into Undergraduate Nursing and Midwifery Curricula. Report provided to the Department of Health and Ageing
Ibid: Section 5.5.3 and Attachment 6