

Raymond A. Kent School of Social Work/University of Louisville
KyMap (Completed Project)

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Other: Central State Hospital, Kentucky River Community Care, Seven Counties Services

BACKGROUND: Kent School is evaluating the implementation of the Kentucky Medical Algorithm Best Practice Model (KyMap). We are subcontracted by Central State to evaluate the ability of the implementation sites to follow the KyMap Best Practice protocols.

METHODOLOGY: The evaluation plan is designed to address three stages of systemic change:

- Stage One: Engaging and motivating stakeholders for change (engagement)
- Stage Two: Developing skills and supports to implement change (development)
- Stage Three: Sustaining the change (sustainability)

Preparing for Evaluation

- Evaluation retreat in November 2003 to co-ordinate strategies and secure dates for evaluation activities
- Review management and coordination plan for training providers
- Finalize measures for client outcomes
- Finalize training evaluation measures
- Train site coordinators in distribution and collection of training evaluation measures at training events
- Institutional Review Board at UofL reviewed research activities

Stage One: Engaging and motivating stakeholders for change

- Evaluation question:
- Are consensus building strategies and implementation plan of KyMap aligned with the Implementation Resource Kit for Medication Management Approaches in Psychiatry ?
- Data Collection Strategies:
- Implementation plan reviews (for each site)
- Focus groups with implementation teams at demonstration sites (Central State, KRCC, Seven Counties)

Stage Two: Developing skills and supports to implement change

Different Levels of Training Evaluation

- Predictors of success: Personality traits, learning readiness and supervisor support
- Level One: Participant reactions (satisfaction with training)
- Level Two: Gain in knowledge and skills (pre and posttests on training knowledge)
- Level Three: Transfer of learning to the job (focus group with consumers)
- Level Four: Organizational change
- Level Five: Client change and outcomes

Training Measures:

- Pre-Training Questionnaire
- Personality traits, learning readiness and supervisor support
- Post-Training Questionnaire
- Environmental factors and trainee reactions (training satisfaction)
- Training Content Questionnaire
- Multiple choice questions based on training modules

KEY FINDINGS: After one year of evaluation, the following results can be highlighted:

Consensus Building

- Two of the sites successful in consensus building strategies.
- One site had problems with consensus building.
- All three sites used implementation resource kit materials during consensus building.

Initial Implementation Successes

- Open discussions among partners
- Value in rating scales identified by clinicians
- Promotion of Evidenced Based Practice successful
- Support from medical staff

- Access to experts for rural areas
- Benefits of KyMAP for patient well-being

Initial Implementation Barriers

- Computer applications need improvement
- Caseload size
- Resistance from some employees due to increased productivity standards
- Paradigm shift for care coordinators
- Clinicians not computer trained
- Access to medication not always available
- Difficult to convince patients that change in medication will benefit them
- Possible that patients will not comply with implementation plan
- Too many resources required to implement KyMap
- Fidelity assessment requires too much work
- Original design of KyMap is based on inpatient systems; implemented in outpatient sites
- More support needed at beginning of implementation

Training Evaluation Beginning Trends

- Significant relationship between conscientiousness and importance of training ($X^2(1) = 3.59$; $p < 0.05$)
- Significant relationship between conscientiousness and increase in confidence to practice ($X^2(1) = 6.67$; $p < 0.01$)
- Significant relationship between conscientiousness and helpfulness of training ($X^2(1) = 4.69$; $p < 0.05$)
- Significant relationship between learning readiness and perceived increase in skills ($X^2(1) = 5.51$; $p < 0.05$)
- Significant relationship between learning readiness and pre-post change scores ($X^2(1) = 9.86$; $p < 0.01$)

Training Satisfaction (Useful comments for future training)

- Training not relevant for administrative staff
- Computer problems must be resolved
- Separate training needed for physicians
- Some information too technical
- Training too quick
- Lecturing not always helpful

Training Content (N=79)

- 44-item test of training content
- The average pre-test score was 15.95 (SD=4.98, Range 1-32)
- The average post-test score was 25.34 (SD=6.63, Range 8-38)
- Paired t-test was performed
- There was a significant difference between pre- and post-test scores, $t(78) = -17.36$, $p < .001$.

Training Transfer: Consumer Focus Groups (N= 31)

- What is good about KyMap?
- Convenient
- Medicine is working
- Can go on with life
- Feel connected to doctor and staff
- Does not have side effects like other medications
- Have not been back to hospital since start of new medications
- Fewer mood swings, more motivation
- What are problems with KyMap?
- Still some side effects (sleepy, panic attacks, weight gain)
- Don't like seeing the nurse every week
- Have been in hospital since change of medication
- New medicine has not resulted in any change
- Medications makes some feel like a "zombie"
- Medicine only helps with sleep, not mood changes
- Explanation of program and involvement in decision making:
- Some said program was explained, other said not
- Some felt involved in change, others not
- Depends on doctor if consumer is involved – not everyone involves them
- Other resources that were discussed with consumers:
- Focus groups

- Educational meetings
- Church
- Counselor
- Recommended changes to program:
- Let people on same medications do activities together
- Doctors should come to the group with them

USEFULNESS TO CABINET:

The methodology used can be repeated in any setting to evaluate new practice protocols