



**STEP TWO**

ACI / CEC

# **EIH evaluation report**

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# About this document

Step Two was engaged in March 2015 to evaluate the Excellence and Innovation in Healthcare website on behalf of the Agency for Clinical Innovation and the Clinical Excellence Commission, two pillars of NSW Health.

The evaluation was to determine the utility and effectiveness of the current site, and identify any areas where it could be improved.

Several assessments were conducted, the results of which are outlined in this report, providing key findings and recommendations.

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## Details

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# About Step Two

Step Two is Australia's leading vendor-neutral consultancy on intranets and other closely-related fields including:

- intranet strategy and design
- information architecture
- content management
- knowledge management
- internal communication
- collaboration
- usability

We consult, mentor and train using comprehensive and proven methodologies. Since 1996 we have published three internationally successful books, scores of reports and hundreds of articles.

Step Two has an extensive consulting client list across Australia and internationally, in both the private and public sectors.

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# Executive summary

## About the evaluation

The Agency for Clinical Innovation (ACI) with its sister organisation, the Clinical Excellence Commission (CEC), created and launched an Excellence and Innovation in Healthcare (EIH) portal last year to inform and support healthcare professionals.

ACI and CEC commissioned an evaluation of the portal to assess the effectiveness of this resource from a number of perspectives, using multiple sources of data including:

- interviews with ACI and CEC stakeholders
- a survey aimed at target-audience representatives
- follow-up interviews with selected survey participants

## EIH in context

When the EIH site is viewed from the ACI and CEC perspective, the information can be interpreted easily and the full context is usually understood.

When the EIH site is viewed by the target audience much of this context is not only missing, but the site sits within an ocean of disparate competing information sources. To fully evaluate EIH this audience viewpoint must be understood. With this in mind the following aspects were investigated:

- How EIH users viewed the purpose and usefulness of the site
- How easily information could be located when using the site
- How understandable and complete the information was when it was located
- How findable EIH itself was within the wider health information landscape

## What to retain

We found that the site as originally conceived, works well, supported in particular by:

- a rich topic-based landing page
- plain language summary format
- simple home page search and browse options
- relevant search/browse facets (topic, location etc)
- integrity of the information, reinforcing ACI/CEC as key sources of 'truth'
- overall site design including the responsive component

## What to improve

Key recommendations for building and maintaining the site's value centre on:

- **Governance:** oversight and governance to ensure the information remains current, relevant and that is easy to navigate between related subjects
- **Orientation and context:** clarifying the relationship between the site itself and other related information, particularly ACI and CEC websites
- **Promotion and syndication:** improve findability of the site itself and its information within the broader NSW Health information landscape
- **Identity:** work to develop the site brand by considering more descriptive and memorable naming

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# Background and method

## Background

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. They do this through service redesign, advice, model of care initiatives, implementation support, and knowledge sharing.

Working with their sister organisation, the Clinical Excellence Commission (CEC), they created and launched an Excellence and Innovation in Healthcare (EIH) portal last year to inform and support healthcare professionals.

ACI and CEC commissioned an evaluation of the portal to assess the effectiveness of this resource through a number of methods including survey and interviews.

## Source of evaluation data

The EIH site was evaluated from a number of perspectives; results were then analysed and synthesised into key outcomes and recommendations.

The key sources of data included:

- interviews with ACI and CEC stakeholders to understand the context and intended purpose of the EIH site
- a targeted survey to gain an understanding of the utility and experience of the EIH site (and to a lesser extent ACI and CEC sites).
- follow-up interviews with selected survey participants to provide more user context to the survey results

In addition to these sources, we drew on our expertise as workplace information professionals. Throughout the project, this expertise provided a lens through which to analyse data obtained, and to examine the current site's functionality and utility.

## Participant details

**Stakeholder research** comprised 13 ACI and CEC staff members. The interviewees included those responsible for the EIH site initiative and for contributing content to the site.

**The survey** was completed by 62 participants from across the NSW Health spectrum, who described themselves as:

- senior leaders (19%)
- patient carers (22%)
- ACI/CEC initiative leaders / participants (18%)
- ACI/CEC employees (26%)
- others: students, administrators (15%)

Survey **follow-up interviews** captured the views of five participants. Some were associated with ACI and CEC initiatives, and three worked in a rural setting. The roles of the interviewees were:

- (Initiative) network manager
- General practitioner
- Director of clinical governance
- Head of clinical governance
- Nurse manager

## Generalisability of the results

The participant numbers are relatively low in comparison to the total count of medical practitioners in NSW. However, the target audience for the EIH site is much narrower than this population, and the results obtained were generally consistent, suggesting that the findings accurately represent the views of the broader target audience.

## How the results are presented

This report does not attempt to provide a detailed account of all data collected; rather, time has been spent synthesising and integrating this data into an interpreted and holistic picture, with key recommendations.

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# ElH in context

## Information landscape

As information providers to health professionals and practitioners in NSW (referred to in this report as recipients or audience), ACI and CEC operate within a complex and informationally disparate environment. It is important to understand this environment from the recipients' perspective in order to appropriately evaluate the ElH site.

The health information seeker, for the most part, has a specific medical, clinical, or patient-care related topic in mind. They then have a multitude of places to seek out such information.

The number of online information sources is daunting, with many simply reverting to Google search as a starting point. However, within this sea of information some significant islands of knowledge are well-regarded.

These sources include:

- CIAP: "Ground-breaking" and "unique" when launched several decades ago, this website is still well-regarded as a source for research and evidence-based practice. CIAP is arguably one of the the most well-known of the general information sources. However, its utility is often limited due to speed constraints when accessed via Citrix.
- NSW Health pillars: Within this information environment the NSW Health pillars are held in high regard; mentioned specifically were HETI, ACI and CEC.
- Local intranets: Respondents suggested that although the information available from their local intranets was 'terrible', they still used it as a jumping-off point to other sources of information, with several suggesting this may be a good place to promote ElH.
- Other sites: Other sites mentioned included other NSW Health sites, sites related to specific patient-care topics, and sites beyond NSW including international sites (a more complete

list of information sources can be found in the appendix under survey question #18).

Most respondents interviewed regarded themselves as "knowledge brokers". They were often responsible for delivering optimal patient outcomes and went about sourcing best practices from multiple sources, integrating this information and making the results available to their staff. It was commented that making information directly available to staff was valuable, but extremely difficult to achieve due to workload, computer access, and an ageing workforce that were technology-resistant (though comfortable with smartphone technology).

## Information management

It is important to note that information sources are not 'set and forget' communication instruments. They must be continually nurtured and tended to within the boundaries of the site itself, and must maintain appropriate connections with external sites so as to remain relevant in the face of competing information sources.

Examples of how information sources change over time and impact related sources include:

- Attempts at an LHD level to develop local guidelines around patient-care best-practice, which dilute attempts to deliver a single state-wide approach.
- Even within some well-established sources, comprehensive areas of information were often only located by accident. For example, when a respondent recently came across a comprehensive medical equipment instruction-manual library within CIAP, they marvelled at its value and utility, but also at its unfortunate obscurity.

Though still in relative infancy, the ElH site is already showing signs that it may not be getting the attention it needs to remain current. Trust in an information source is difficult to gain, and easy to lose, and one of the key recommendations outlined later centres on ensuring the site remains fresh, accurate and relevant to visitors.

## Rural perspective

A number of interviewees worked in rural settings, providing additional context regarding the needs of those in a more remote setting. Key points included:

- participating in ACI/CEC networks was particularly difficult due to major staffing limitations and the significant time imposition when travel was required
- similar to the information maxim in most workplaces, respondents confirmed that those furthest away from the source of information often have the greatest need
- rural practitioners were often generalists, and needed to be able to find a wider range of guidelines in comparison to their more specialised urban counterparts
- the ageing workforce and technology difficulties mentioned earlier apply even more strongly to a rural workforce
- connectivity and technology in general tend to be less modern in a rural setting

*“All of the pillars are very supportive. ACI and CEC are particularly so”*

## ACI and CEC

All of the pillars are well-respected sources of information, but ACI and CEC were highlighted as being particularly well-regarded for the following reasons:

- they are seen as information gatekeepers with strong quality assurance practices in place to ensure they deliver only high-grade information to recipients
- they are seen as a source of resource-rich, high-quality tools and advice
- they are supportive, always responding when called upon
- they are seen to be above the politics of the day

*“I don't understand why these two pillars are separate”*

- they are regarded as open and transparent (in what is often seen as a more closed cultural landscape)
- their websites are seen as detailed, and generally up-to-date

Despite the glowing endorsements of the two organisations, the main detractor is the blurring of responsibilities between the ACI and CEC. While a small number of people tacitly understood the differences between the initiatives of each organisation, no individual was able to articulate this to the point where it could be codified and used to guide site visitors to one entity or the other.

In particular, respondents reported that:

- they were not clear why ACI and CEC are distinct pillars
- there was no clear differentiation between the two organisations

We acknowledge that the EIH site is an attempt to remove the need to understand the difference between the two organisations. However, those who have a pre-existing relationship with either ACI or CEC are very attached to the relevant parent website, and would need encouragement to move to the EIH site.

A second notable gap in relation to the ACI / CEC suite of information is that while it may be comprehensive for initiatives in NSW, it is not comprehensive from a global perspective. Some respondents reported going to overseas organisations to locate resources similar to those of ACI/CEC, for initiatives not currently being undertaken in NSW.

It is also noteworthy that while the networks' activities are a key focus for ACI and CEC, practitioners who are members of ACI / CEC networks see the topic and associated resources as the primary reason for being involved in any specific initiative. The network is not a means in itself, but rather a vehicle for seeking best-practice in delivering optimal patient outcomes.

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# EIH site evaluation

Using the preceding perspective as the backdrop, the EIH site was evaluated from the following four angles:

- How site users viewed the purpose and usefulness of the site
- How easy it was to locate information when using the site
- How understandable and complete the information was when it was located
- How findable the site itself was within the wider health information landscape

*“It’s accessing the topics and underlying resources that are most important. It’s all about patient outcomes.”*

## EIH purpose and value

Within the scope of the initial release, the EIH site works well, with the following representing the broad view of respondents:

- overall, the site does a good job helping to summarise, integrate and make available initiatives relating to clinical and patient-care improvement
- the site represented a valuable resource, with most respondents indicating they do, or planned to, return again (It’s note worthy that post-survey interview respondents reported quickly returning to old habits of using the ACI or CEC sites.)
- the design of the site is modern and the responsive nature of the design means it operates well on all screen sizes including smartphones
- for most respondents the distinction between ACI and CEC is artificial, as both relate to patient care improvement and so respondents were unconcerned concerned about which organisation is responsible for any specific initiative

*“It replicates information already on the ACI/CEC websites and this makes it confusing for users”*

- while respondents came for more than one reason, their purpose was overwhelmingly driven by one or more, specific topics of interest, often ones that they were already experts in
- many people came for more than one reason: mostly for higher-level overviews, and tools & resources but also for networking opportunities, or information for self education
- there were mixed views on the currency of the information provided, with some suggesting content had not been updated since launch, while others felt the information was generally current
- all initiative timeframes were shown to be important to all respondents, but initiatives that has to be implemented, sustained and planned were of most value
- survey respondents indicated that comparing and contrasting initiatives across multiple sites was of value, however no additional insight was gained from post-survey interviews

## Findability of site information

Respondents reported that findability functions of the site were generally good. Overall it was reported that:

- topic-specific information was easy to find as was location-related information
- browse was easy to use, and search worked well
- a strong focus on topics, presented in table form on the home page, worked well
- integration of ACI and CEC sources meant only a single site needed to be viewed

The research did however identify several items that could guide improvements to information findability, such as:

- include additional search/browse facets: in particular, patient demographic information
- some topics were worded almost identically, and the appearance of these apparent duplicate topics resulted in some confusion for visitors (this might suggest a governance issue that could cause significant issues as the site grows and becomes more established)
- many who visited the site had expectations of finding material on topics that ACI and CEC may not be involved in but that relate to best-practice patient care (while EIH may never be all embracing for this scope of information, site visitors should be informed as to what the boundaries of the current site information is)
- EIH introduces another information source alongside the existing well-respected parent sites and potentially blurs the boundaries between these information sources

Making site information findable is not limited to on-site considerations but can also be made available via other online outlets. Considering the great value of the information referred to within the EIH site, but the relatively small size in quantity and size of ACI/CEC organisations, a syndication model might bring significant benefits discussed towards the end of this section.

*“The information is delivered in a very succinct and informative way”*

## Understandability

Once the information has been located, it is important that site visitors can easily make use of it. The evaluation suggests that the understandability of the information is very high. In particular, respondents indicated that the information was informative and useful, and particularly liked:

- quick summaries
- ‘single source of truth’
- access to best practice guidelines
- plain english style

There was room for improvement though with some respondents reporting that they would like to see information regarding parameters that define a successful initiative and how to increase chances of success

*“EIH. Why didn’t we know about this site?”*

## Findability of the EIH site

Although the preceding evaluation suggests a well implemented information site, this success rests on the assumption that site visitors know about the site, and about ACI and CEC initiatives and have come for something specific.

This evaluation is valid when the EIH site is viewed from within ACI and CEC, since the information can be interpreted easily and its context is generally understood. When viewed by the target audience however, the site sits within an ocean of disparate, competing information sources and much of this context is missing.

Whether the scope of the EIH site changes or not, it will be critical to provide better signposting to the site, along with better context for those who engage with ACI and CEC, whether through the parent sites or via EIH.

For the existing site scope of providing ACI and CEC relevant information, the following feedback should be addressed:

- the findability of the site itself within this broader information landscape is very poor
- even respondents that regularly used ACI and CEC sites have no knowledge of the EIH site
- the acronym EIH, is not memorable and is already being confused with IE (Innovation Exchange)
- the name Excellence and Innovation in Healthcare does not describe what the site is or does, and this may hamper building the site’s long term brand
- the site appears to be poorly promoted, many never having heard of it before being invited to

the survey (though we acknowledge that the site may not have been fully promoted to date)

*“You need to promote the site more and have it easily linked to home pages”*

## **Consider syndication**

To bring added value and utility the EIH site, it may be tempting to broaden the scope of the site to include additional sources of similar information from areas beyond ACI and CEC. Indeed, providing site visitors with more orientation to where ACI and CEC fit in the overall landscape of best practice patient care delivery would be a valuable and recommended addition to the site.

However, to significantly broaden the scope of the site in the face of significant competing alternatives is unlikely to be an effective strategy.

Instead, the use of a syndication model - where website material is made available to multiple other sites via simple web feeds - could be a powerful way to promote and disseminate EIH at the same time.

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# Recommendations

## What to retain:

The site as originally conceived appears to work quite well. However, in order to maintain its value it is important to recognise and retain what facilitates the successful aspects of EIH:

- a rich topic-based landing page
- plain language summary format
- simple home page search and browse options
- relevant facets (topic, location etc)
- integrity of the information, reinforcing its status as 'single source of truth'
- overall site design including the responsive component

## What to improve:

**Governance:** As the site moves from initial launch stage to business-as-usual, there is a risk that information and governing practices may not be well-embedded. To reduce the risk of information decay, we recommend the following be given due attention:

- ensure that the information is kept up to date, and even if it does not need to be changed, ensure review dates/last updated are kept fresh
- oversee the site content to prevent duplicate, or strongly related information from competing with similar but disconnected items (from a publishing perspective)

**Orientation and context:** Orient site visitors so they know the context and boundaries of the information between ACI, CEC and EIH sites:

- provide an overall orientation to make it clear where EIH fits into the broader ACI/CEC and NSW Health information environment

- signpost site visitors to other respected sources of patient care information beyond ACI, CEC and NSW Health as appropriate
- make the relationship between EIH and parent (ACI/CEC) sites clearer
- consider aligning the ACI and CEC site home pages to help visitors distinguish between them and clarifies how EIH adds value as a third site
- clarify for site visitors how the information on the site relates to the ACI and CEC parent sites

**Functionality:** Additional functionality and utility can be considered, for instance by providing providing additional facets for locating information such as patient demographics like age or stage of life or more information about how to make the initiatives successful and what success looks like

**Identity:** The following recommendations will require a degree of debate and decision making at a strategic level and so may or may not be within scope for an improved EIH site.

- consider a site name that better describes what a visitor might expect to find and what its boundaries are
- ideally pick a name which has an acronym that is both distinct, meaningful and memorable

**Promote and syndicate:** Ensure that all target audiences are made aware of the EIH and its value to them, and continue to reinforce it:

- publicise the site more widely, including clearer links from the parent sites
- work closely with other NSW Health information providers and develop a syndication model to push EIH information through to local information portals



ACI / CEC

## **Appendix: Survey results**

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# Appendix: Survey results

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## About the respondents

### Overall

One of the key findings is that for the majority of questions, the respondents connection with patient care nor their connection with ACI/CEC had a meaningful impact on the overall pattern of results obtained. This suggests that the results from the bulk of the questions can be generalised to all groups.

There are some trend differences and these are noted under Q1 and Q2, and where meaningful are reflected in the detailed results commentary.

### Question 1: Main connection with patient care

#### 1.1 People who identified themselves as **ACI or CEC employees**

- Showed more of a specific interest in either Redesigning and promoting better healthcare or Ensuring quality and safety presumably because this was the focus of the organisation they work for (Q3).

#### 1.2 Respondents that **lead or directly support an ACI/CEC quality, safety or redesign network, project or initiative**

- Indicate a slightly greater interest in tools and resources to bring about change (Q4)

#### 1.3 Those who **work directly with patients in a patient care setting** (e.g. hospital, clinic, general practice, community)

- Indicated a slightly higher interest in high level overviews (Q4)
- Indicate a slightly higher interest in using it as an information gateway/directory (Q9)
- More inclined to indicate that EIH is an authoritative source, simple to access and well integrated (but far from the only source) of information (Q13)

#### 1.4 I am a senior leader or decision maker (e.g. clinical director, CE delegate)

- Indicate a slightly higher interest in using it to get information directly from the site (Q9)
- More inclined to point out how EIH integrates different sources of information (Q13)

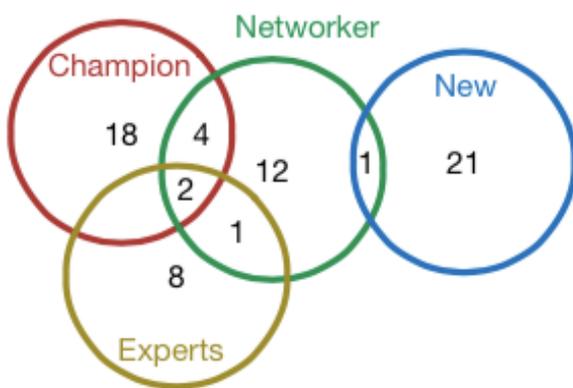
#### 1.5 **Other**

- Largely made up of students and administrators (Q1)
- This 'other' group also represent the 'other' uses in how EIH is used (Q9)
- Generally regard the CEC, ACI and IE sites as less useful than the four groups above rated them

# Connection with ACI/CEC

## Q 2: Main involvement with ACI and CEC initiatives

Respondents could select any of the four 'involvement' categories, but as can be seen the four groups are largely independent of each other. For example of the 21 respondents that indicated that they were new to ACI/CEC, only one indicated an interest in networking. The main overlaps were Champions and experts also expressing a desire to network.



This

2.1 I'm new to this, and still finding my way

- Generally regard the CEC, ACI and IE sites as less useful than the four groups above rated them

2.2 I'm experienced, but I am not actively involved in CEC/ACI initiatives

- Show a more pronounced interest in accessing information directly from the site itself (in contrast to using it as a directory or other reason)
- Regarded the IE site as a little more useful than other respondents

2.3 I'm keen to network more with peers and experts in the field

- Generally regard the CEC, ACI and IE sites as more useful than the other groups of respondents

2.4 I'm a champion/change advocate in my organisation

- More inclined to indicate that EIH is the only source of such information

## Q 3: To see if respondents distinguished between the patient care focus of CEC or ACI.

Apart from those who work for ACI or CEC identifying *Redesigning and promoting better healthcare* or *Ensuring quality and safety* based on where they work, it would be reasonable to deduce that the majority of site visitors see no distinction between these two and are simply interested in better patient outcomes.

## Q 4: When visiting CEC and ACI sites, what are they in general looking for.

- Of the four types of information, all are important with at least half of the respondents indicating that all four (self-education, networking, tools/resources, overviews of initiatives) were relevant to them
- About 80% of respondents indicated that tools/resources, as well as overviews of initiatives were relevant to them.

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## EIH usage and value

### Q 5, 6, 7, 8: To identify first time users, and why visitors might not return

- About 10% said they used it in the past but no longer use it, five gave reasons suggesting limited and dated information (Q 5,6)
- About one third of respondents are repeat visitors who continue to use the site (Q 5)
- Over half of the respondents indicated this was their first time using the site, the vast majority of those indicated they would return (Q5)
- The two first time visitors who would not return, indicated that they had no need for the information provided (Q7, 8)

### Q 9: Whether they use the site as a gateway/directory, to differentiate between ACI/CEC or access information directly from the site

- Responses strongly suggest that accessing information directly from the site is of most value, particularly for the group that are not actively involved
- Some indicate using it as a gateway/directly
- A few indicated using it to differentiate between ACI and CEC

### Q10 Rate the relative importance of topics and location of initiatives

- Responses indicate that topics are more important than location, but location information does have utility for quite a few respondents also.

### Q11 How well EIH is at providing topic and location related information

- The utility of the EIH in delivering topic/location reflects the important of this information to respondents in that the site delivers topic related information the best. Though location relevant information is presented less well. it is still scores highly.

### Q12: Timeframe of initiatives of interest

- All timeframes were of some value. The following pattern of most to least important was evident across all groups:
- Implemented and sustained were important to the most respondents
- Current in startup and planned initiatives were important to about half of the respondents
- Past initiatives were of least interest, being important to about a quarter of respondents

### Q13 EIH as authoritative, unique, usable and integrated source of information

- EIH is seen by many respondents as authoritative, usable and integrated source of information but far from being the only such source

### Q14, 15, 16, 19 Open text question about how respondents use the EIH site, what they like best, what they like least and any other comments

#### What the site does well

- Overall, respondents see the site as a location that helps summarise, integrate and make available initiatives relating to patient care improvements.
- They also see the site as performing this function quite well.
- Respondents seem to be less concerned about which organisation is responsible for the initiative

#### **What they like:**

- quick summaries
- 'single source of truth'
- topic specific information primarily, but also location information
- access to best practice guidelines
- easy to use, and a search that works
- plain english style
- integration os multiple sources
- informative and up to date

#### **Suggestions where the current information can be improved:**

- keep it more up to date
- make it more comprehensive, particularly covering more topic areas covered
- provide more ways to divide up the information (by patient demographic for example)
- make clearer the relationship between EIH and parent (ACI/CEC) sites
- publicise the site more widely, including clearer links from the parent sites
- integrate other initiatives, policy directives, guidelines and information-sheets beyond ACI and CEC
- provide information about how to make the initiatives successful and what success looks like

## **Other sources including CEC, ACI**

### **Q17 Usefulness of CEC, ACI, IE websites?**

Overall somewhat less useful than the EIH site, however this based on comparison of different scales and different degrees of depth of questions

IE site scored the lowest, however this may be because it is not well known, rather than it being a reflection on its inherent usefulness. For example for the 'other' respondents in question 1, and the champion/change advocate in question2 the IE site is almost completely unknown

### **Q18 Free text questions about other online sources**

Quite a number of sources provided. See the next section for details.

### **Q20 Invitation to participate further**

Five respondents provided details to assist further. For privacy reasons these details are not included in this report.

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## Free text responses

Free text responses were edited to a minimal degree. Obvious spelling errors were corrected, and null responses were removed for clarity.

### **Q 14: Please tell us a little more about what you use the EIH website for**

- To review and / or identify initiatives that have been developed in the patient safety and quality arena
- Quick summaries of ACI /CEC initiatives
- INFORMATION SEEKING BEST PRACTICE GUIDELINES
- First visit - trying to tie the initiatives and resources together - trying to find a pathway for promotion to rural GP/VMOs
- as a source of information and evidence
- I finally found information in words I understand which explain the facts surrounding my sisters death I have been searching for these past 2 years
- general information, guidelines, resources.
- Trying to identify patient improvement projects that could be used in other sites (LHDs)
- Have not really used the website. Usually go straight to CEC website Not sure yet as it has been poorly publicised
- Promote initiatives that I am working on
- To encourage others to write up their work To encourage innovation and benchmarking
- I use it to find improvement projects that have been done through LHDs
- I have until recently accessed the information on the two web pages not on the EIH.
- Revision of policies and procedures

- To find out information about specific work being undertaken at ACI and CEC
- Reporting
- I must admit I haven't really used it much
- For information to support participants of Clinical Leadership Program
- Unfortunately, I haven't used the site previously - perhaps it takes time for this site to be considered the first option for information as opposed to going directly to the project source website
- Initiatives that are in place Success and challenges
- Frameworks and tool kits and ideas regarding program evaluation
- checking new initiatives, revisiting old issues to prompt me on my practice

### **Q15. Please tell us what you like most about the EIH website:**

- One source of truth
- Ease of use - clarity of presentation
- EASY ENOUGH TO NAVIGATE THROUGH
- to be advised after more use and reflection easy to navigate
- It is written in plain terms I understand
- simplicity, easy to navigate A few projects are there
- Lots of information in one place see above
- Early days yet, but seems okay so far.
- One stop shop!
- Integration of projects
- Best practice information around key clinical initiatives
- the ease of use and search function
- Ease of use and search options
- Impresses in terms of indicating the sheer scope and volume of activity in progress

- Simple to use Easy to navigate
- Informative, up to date information available easily

**Q 16. Please tell us what you like least about the EIH website? What is the one thing you would change?**

- IN HEALTH DOWNLOADS TAKE FOREVER TO COME THROUGH OUR COMPUTER SYSTEM
- seems a bit disconnected from all of the other initiatives
- need be able to source information pertinent to patient groups-old, young, disadvantaged etc as well as discipline or geography
- There should be lots more projects there. It isn't always easy to find projects
- It replicates information that is already on the ACI/CEC websites and this makes it confusing for users as they think there are multiple projects when there is only one. I don't think it adds any value to the ACI/CEC websites.
- There needs to be more about the different roles for success of the initiatives e.g. some include the people and their roles on the project team, but it is hard to tell about the engagement of sponsors and how this kind of structure and governance was managed within the Project.
- not all the projects that I know have been done are available on the website
- Links to NSW Health Policy Directives / Guidelines/ Information sheets would be helpful It should be a part of the ACI/CEC website, rather than stand alone
- Often out of date
- Sorry, not sufficiently conversant with the site to do this
- I cant find the Economic evaluation Framework I have seen previously

**Q18.What other online information sources do you rely on regarding quality, safety, and redesign of patient care?**

- The kings fund HIA Advisory board ANA
- Advisory Board Studer
- I used to use ICCMU a lot before being absorbed to ACI. MOH Ciap ICU connect UK NICE Guidelines
- Numerous / wide range
- Periodic reviews, physiotherapy journals
- CIAP and Medline Australian Commission on National Standards
- Information from other states by health service or ministry plus international sites in UK US and Canada
- Health Foundation IHI BMJ quality literature search
- Google searches on specific topics. CIAP [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)
- Quick links to resources for when people ring the main switch number particularly when they are not quite sure what they are looking for.
- advisory board
- NHS , CIG Wales, ACSQHC
- ACSQHC IHI website
- Usually Google and review relevant information Google
- CIAP
- Joanne Briggs
- Hunter New England Intranet
- Overseas sites such as Health Foundation, Kings Fund, IHI etc.
- CEC Safety Connect and network AHRQ net
- Gemstar
- CIAP +++++

- IHI information, journal articles; leading international organisations such as NICE; CDC; eCDC
- District internal documents

## **Q19. Do you have any other thoughts or comments you would like to add?**

- More comprehensive guidelines on more topics/ areas.
- I am seeking less confusion - particularly with regard to where I would go with a clinical issue or where I would advise a PGY4 doing a rural rotation/locum as a GP/VMO to go for advice support, NSW Health guidelines etc
- There needs to be more connection between frontline clinicians and CEC
- If staff have been encouraged to complete their abstracts and upload to the site but the projects are still not loaded one month later, those same staff are not likely to recommend that others use the IE site
- Thanks for the portal.
- very poor publicisation of this website. This is verified by the inclusion of the link to the site, for those not familiar with the site, with the survey invitation.
- Need to promote the site more and have it easily linked to home pages
- Not really sure on value of developing multiple sources of education by NSW Health pillars and databases of improvement projects
- I can feel there is a great positive energy in the Health Service regarding patient safety & care
- Too many sites - would be easier just having one.
- No, sorry don't have other thoughts to contribute!