Centre of Research Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE)

Case Study Handbook

Contents

Introduction

A common theme of currently available service delivery models is that they tend to be designed for use in mainstream services. Rarely do they capture the unique features and benefits offered by Aboriginal Community Controlled Health Organisation. In response to the need to continually improve healthcare delivery and health outcomes, researchers, managers and clinicians working in Aboriginal Community Controlled Health Organisation have developed new service delivery models which articulate the ways in which health services could or should be provided. The intention is to define and describe the essential service components and explain the relationships these components have with each other, within real world settings.

The Centre of Excellence in Aboriginal Chronic Disease Knowledge Translation and Exchange (CREATE) aims to identify the key principles which underpin best practice in Aboriginal Community Controlled Health Organisations. These principles will be incorporated into a ***Best Practice Aboriginal Community Controlled Health Organisation Framework*** which could be used by services to demonstrate their unique values and advocate for improved resources and better policies, understand how other Aboriginal Community Controlled Health Organisation are implementing the identified principles and where appropriate develop their own contextually specific best practice service delivery models.

In order to identify and translate the outcomes of CREATE including the best practice principles into policy and practice, CREATE researchers have designed the following program of work. The Program is comprised of three integrating streams, Knowledge Translation, Building a Body of Evidence and Capacity Strengthening, each with a number of elements (figure 1).

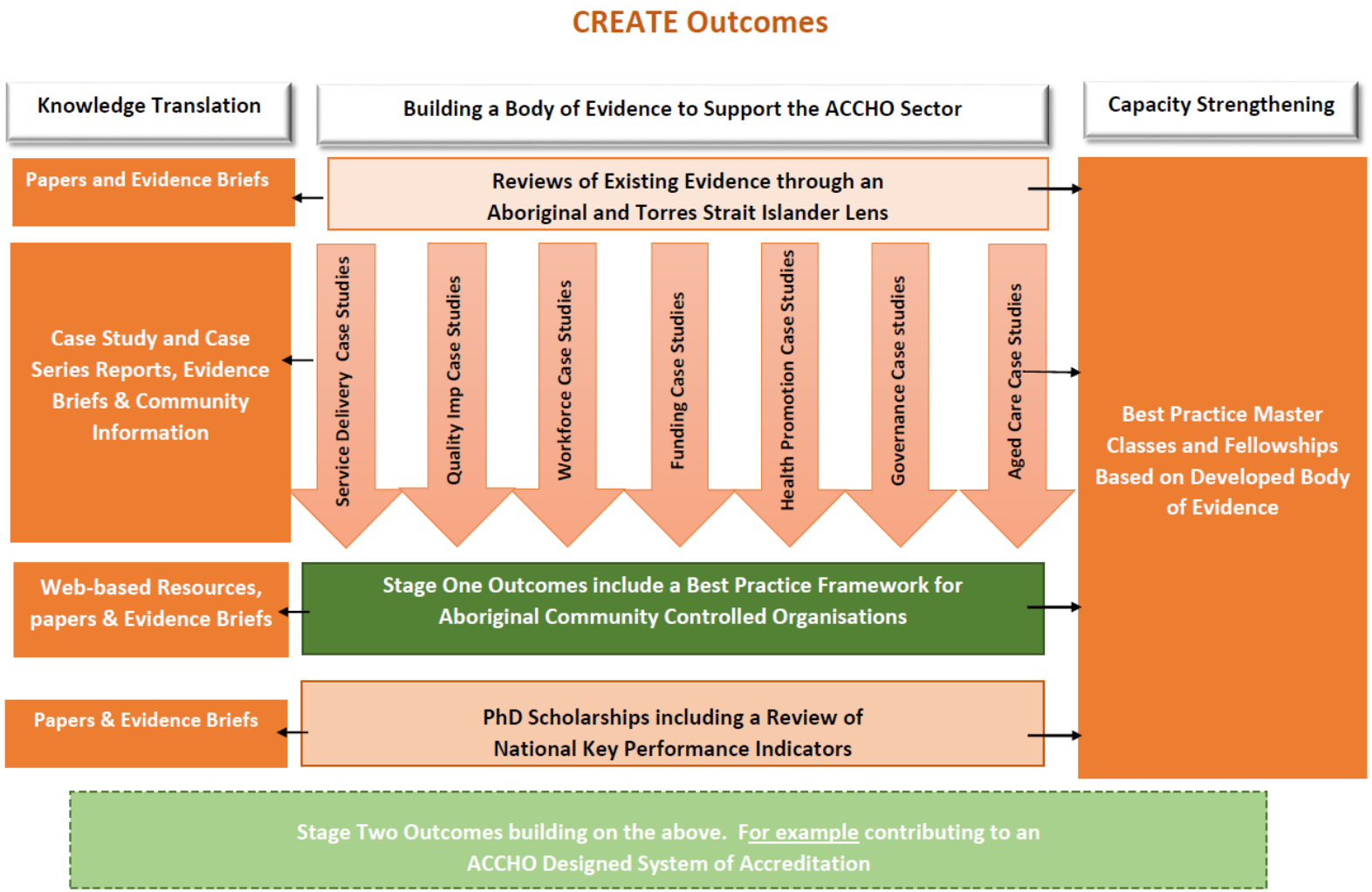


Figure 1: CREATE Outcome Program Design

Research Questions

Two of the primary research questions being addressed by the CREATE body of work are:

1. What principles underpin best practices in Aboriginal Community Controlled Health Organisations?

2. How do Aboriginal Community Controlled Health Organisations develop and sustain best practice?

In order to answer these two questions the CREATE team are undertaking a number of scoping and systematic reviews to synthesise the existing research evidence in relation to the ten domains identified by the CREATE Leadership Group:

- Service delivery
- Sustainable funding
- Health promotion
- Governance
- Workforce
- Accreditation
- Defining outcomes
- Quality improvement
- Aged care services
- Social determinants of health

Up to 20 CREATE Case Studies focusing on these ten domains will be undertaken between May 2016 and December 2017. The objective of these case studies is to capture practical examples of best practice service delivery within Aboriginal Community Controlled Health Organisations in order to articulate the principles that underpin the delivery of these services. Two types of data will be collected for each Case Study. A Case Study Matrix (Appendix A) will be used to ensure a broad range of diverse range of contexts are included.

1. Contextually specific descriptive data will be collected using the Case Study Tool (Appendix B). Data collected using this tool will provide a background to the Case Study Site and the communities they serve.
2. Case specific data will be collected through Best Practice Interviews. A semi structured interview guide (Appendix C) has been developed to assist Research Fellows to undertake the Best Practice Example Case Studies.

The remainder of this Handbook outlines the process and provides the resources to undertake the CREATE Case Studies as approved by appropriate ethics committees.

Ethical Approval

Ethics approvals have been provided by the following ethics committees for a period up to and **including December 2016.** In October 2016, a request to all ethics committees to extend the approval for a further 12 months will be made.

- Aboriginal Health Research Ethics Committee (Protocol number 04-16-651)
- Aboriginal Health & Medical Research Council Ethics Committee of New South Wales (Protocol number 1123/15)
- Menzies School of Health Research Human Research Ethics Committee (Protocol number HREC 2015-2481)
- Central Australian Human Research Ethics Committee (Protocol number HREC-15-352)
- Western Australian Aboriginal Human Research Ethics Committee (Protocol number 680)
- University of Adelaide Human Research Ethics Committee (Protocol number H-2015-221)
- St Vincent Hospital Melbourne (Current under review)

Copies of ethics applications have been uploaded to **P:\Research Themes\Indigenous Health\Projects & Grants\NHMRC_CRE_Translation_JBI\DOMAIN 1 - BEST PRACTICE\ETHICS\ETHICS APPLICATIONS** and letters of approval can be found in Appendix D. While information in this handbook is based on these ethics approvals **it is a requirement that all Research Fellows read and understand the ethics approval** relevant to each case study site prior to commencing.

Overarching Procedure for Undertaking Case Studies

The following provides an overview of the procedure for undertaking the CREATE Case Studies (Figure 2).

Figure 2: Overarching procedure for undertaking case studies.

Information about each of the above steps is described in more detail in the following sections of this handbook.

Step 1: Identify and Invite Potential Case Study Sites to Participate

The purpose of step one is to:

- identify potential Case Study Sites;
- liaise with the potential Case Study Sites to gauge their interest and capacity to participate, and
- negotiate with and agree upon outcomes for all Case Study Sites who agree to participate.

Affiliate Identified Potential Case Study Sites

The majority of potential Case Study Sites will be identified in collaboration with the Affiliates. The Program Manager supported by CREATE Research Fellows, will take the lead in requesting assistance from the Affiliates. In the first instance, representatives of the Affiliates on the Leadership Group will be approached for assistance. If the relevant Affiliate does not have a representative on the Leadership Group, the Program Manager will seek an introduction through CIA Professor Alex Brown.

Information that may be shared with Affiliates to assist them to identify the most appropriate Case Study Sites includes:

- this Handbook;
- relevant ethics application and approval letters (Appendices D),
- best Practice Brochure (Appendix E), and
- the planning matrix (Appendix A).

In collaboration with the relevant Affiliate, the Program Manager will contact identified potential Case Study Sites to gauge their interest in, and capacity to participate. The following information will also be sent by email to potential Case Study Sites:

- Phase 3 Board letter of introduction (Appendix F);
- Best Practice Brochure (Appendix E), and
- ethics application and approval relevant to the site (Appendices D).

The Program Manager will then telephone the potential Case Study Site and where interested, make arrangements for members of the CREATE team to meet with senior staff in order to clarify the study aims and provide additional information will be organised by the Program Manager if required.

Self-Identified Potential Case Study Sites

If the Affiliate is not able or prefers not to identify potential Case Study Sites, the Program Manager will email the following information to each ACCHO in that state.

- Phase 3 Board letter of introduction (Appendix F);
- Best Practice Brochure (Appendix E), and
- ethics application and approval relevant to the site (Appendices D).

The Program Manager will then telephone the potential Case Study Site and where interested, make arrangements for members of the CREATE team to meet with senior staff in order to clarify the study aims and provide additional information will be organised by the Program Manager if required.

Negotiating Terms and Conditions

The Program Manager will ensure that Case Studies are spread across the ten nominated best practice domains. To assist with this process, the Program Manager will develop and continually

update a Case Study Matrix (Appendix A) as a visual record of the case studies that have already been completed as well as those that still need to be undertaken. The Leadership Group will receive an updated copy of the Case Study Matrix at each Leadership Group meeting.

The Program Manager will then negotiate the terms and conditions of the Case Study with potential Case Study Sites. Terms and conditions that must be negotiated and agreed upon before commencing include:

- the focus of the Case Study;
- the potential appointment of an Aboriginal staff member to take up the role of site specific Aboriginal Research Fellow (ARF);
- reimbursement for the time of the ARF (where relevant);
- Case Study Site specific outcomes including the case study report (Appendix G) and evidence briefs;
- requirement for additional approvals (including Case Study Site specific approvals);
- at least one Key Contact Person, and
- timelines for at least the first visit.

The Program Manager will as appropriate, develop a draft Service Agreement (Appendix H) or Memorandum of Understanding (Appendix I) once the Case Study Site is comfortable with the terms and conditions. The Program Manager will ensure a signed Service Agreement has been received from the Case Study Site prior to commencing with Step Two.

Quality Management

- Ensure that all Affiliates have been given an opportunity to identify potential Case Study Sites.
- Program Manager will be involved in all liaisons with potential Case Study Sites.
- Wardlparingga Aboriginal Research Unit Business Manager will review all Memorandums of Understanding and Service Agreements prior to send to potential Case Study Sites.

Step 2: Set Up Case Study Sites

The purpose of the first site visit is to:

- identify and introduce the Research Fellows undertaking the Case Study;
- provide Session One training to the ARF (where relevant);
- provide information about the Case Study to staff;
- identify potential participants for the Best Practice Interviews, and
- begin to complete the Case Study Tool.

Identifying and Introducing the Research Fellow/s

Prior to commencing, the Program Manager will brief the Research Fellows about the Case Study site and provide them with a copy of the signed Service Agreement. The Program Manager will then introduce the Research Fellows through email or via teleconference to the Key Contact Person/s and any relevant senior staff members. The Program Manager will also provide the Research Fellow with a unique two number Site Identifier, which will be used in place of the Site Name within all data files and as part of the file names.

The Program Manager in consultation with the Senior Research Fellow will allocate a Research Fellow to each Case Study. The Research Fellows will then make arrangements to visit the Case Study Site. Where the Case Study Site has nominated an ARF, the Research Fellow will ensure that this person has a free day at the beginning of the trip to undertake Session One: Case Study Training (Appendix J).Flexibility is a must, and although it is advised to make arrangements and appointments for the site visits prior to attending, it is also important to also be respectful and mindful of unforeseen community pressures which may occur during the visit.

While non-Indigenous Research Fellows are expected to undertake Case Studies, for the first visit non-Indigenous Researchers who have no prior relationship with the Case Study Site will be accompanied by an Aboriginal or Torres Strait Islander Research Fellow. In these instances, the Aboriginal or Torres Strait Islander Research Fellow will take the lead in regards to identifying and introducing the non-Indigenous Research Fellow to the Key Contact Person/s, the ARF (where relevant) and other senior staff members.

Identifying Potential Participants for the Best Practice Interviews

At the beginning of the trip the Research Fellow/s consult with senior staff members and the Key Contact Person/s to identify staff members who may be best placed to provide information about the Best Practice Domain and therefore should be invited to participate in the Best Practice Interviews. The Research Fellow together with the ARF (where relevant) will arrange to meet with these staff in order to invite them to participate in the Case Study. Information which will need to be provided to these identified staff members is:

- Best Practice Brochure (Appendix E);
- Information sheet (Phase 3) (Appendix K), and
- Consent form (Appendix L)

If interested in participating, the Research Fellow and ARF (where relevant) will make a time for the interview suitable for the participant. While it is expected that the majority of these interviews will be conducted during the second visit, participants may prefer to complete the interview during visit one. The procedure for Best Practice Interviews detailed in Step Two would also apply in these instances.

The Research Fellow will also offer to provide general information about the Case Study at for example a staff meeting. If other staff are interested in participating in a Best Practice Interview, they should also be provided with:

- Best Practice Brochure (Appendix E);
- Information sheet (Phase 3) (Appendix K), and
- Consent form (Appendix L)

Beginning to Complete the Case Study Tool

The Research Fellows and the ARF (where relevant), will collect contextual data as outlined in the Case Study Tool (Appendix B). In the first instance data needed to complete the Case Study Tool **must be sought** from publically available information including annual reports and other material which may be published on the web. Starting this process prior to visiting will provide the Research Fellow with some background and will make a good starting point for further discussions once on site and also as preparation for the individual and staff meetings.

Where relevant contextual data is not available, the Research Fellow should consult with Key Contact Person/s to identify a staff member who may be able to assist in identifying any missing contextual data. Please note: in some instances data identified in the Case Study Tool may not be available or may be considered too sensitive to provide. In these circumstances, no further request should be made and a note to this effect made on the Case Study Tool

A copy of the Case Study Tool should be saved on the Research Fellow's laptop as follows:

1. Upload the file into Share Point using the following filename for de-identification.
2. Name the file in accordance with the following □ □ □ □ □ □ □□
    - First two spaces relate to the unique Site Identifier which is provided by the Program Manager (refer this section).
    - Second "CST" which identifies the file as a Case Study.
    - Third two spaces are for the initials of the Research Fellow's first, middle and last name. Where the Research Fellow does not have a middle name, two initials should be used with a blank space left in at the end.

Quality Management

- Research Fellows will review the ethics application prior to entering site.
- Research Fellows will seek out and read all publically available information on the Case Study Site prior to trip one.
- Program Manager will facilitate the introduction of Research Fellows to senior staff at potential Case Study Site.
- At least one Aboriginal or Torres Strait Islander Research Fellow will accompany any non-Indigenous Research Fellow on the first visit, in instance where the non-Indigenous Research Fellow is not known to the Case Study Site.
- A standardised Training Package for ARFs will be developed and reviewed by content experts.
- A standardised Case Study Tool will be used to collect context specific data and identify the source of this data.
- Research Fellows will notify the Program Manager, the Senior Research Fellow and Case Study Site key contact as soon as any potentially adverse events occur.

- Research Fellows will debrief with the CREATE team as soon as possible after returning from the first visit.

Step 3: Collect Best Practice Data

The purpose of Step 3 is to:

- provide Session One training to ARF (where relevant)
- complete the Case Study Tool, and
- conduct approximately five Best Practice Interviews.

Ensuring Site is Comfortable with Proceeding

Before the second onsite data collection, the Research Fellow will contact the Key Contact Person/s, the ARF (where relevant) and other relevant senior staff members to ensure that they are comfortable with how the Case Study is proceeding.

Providing Training to ARF

The Research Fellow will organise a second visit at a time appropriate to the Case Study Site. The Research Fellow will ensure that the ARF (where relevant) has a free day at the beginning of the second visit to undertake Session Two: Collecting Qualitative Data (Appendix C).

Completing the Case Study Tool

During the second visit, the Research Fellow and the ARF (where relevant) will collect any data missing from the Case Study Tool and then begin to write up this data into the Case Study Report Template (Appendix G).

Conducting Best Practice Interviews

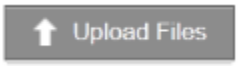
Research Fellows and ARFs (where relevant) should identify a quiet office within the facility to conduct the Best Practice Interviews. If the participant agrees to tape the interview, the tape recorder should be set up and tested prior to the interview time. If the participant does not want the interview to be taped, the Research Fellow must keep an accurate and comprehensive written record of the key points during and then update these immediately after the Best Practice Interview. **It is essential** that all participants are provided with information (Appendix K), have time to ask and receive answers to any questions they have about the study and sign a Consent Form (Appendix L) prior to commencing the interview. Once the information has been provided, interviews should proceed in accordance with the Semi Structured Interview Guide (Phase 3) (Appendix C).

As soon as possible after any tape recordings have been made they must be uploaded using the following process:

1. Save the audio file onto the Research Fellow laptop using the following filename for de-identification.
2. Name the file in accordance with the follow □ □ □ □ □ □ □□

- First two spaces relate to the Site Identifier which is provided by the Program Manager (refer section 2 above).
- Second two spaces relate to the Participant Identifier which is applied in numerical order by the Research Fellow after each interview.
- Third space is provided for interviews where the tape has been suspended during interview. In cases where there is more than one recording in “A” should be inserted for the first recording and a “B” should be inserted for the second etc.
- Fourth three spaces are for the initials of the Research Fellow’s first, middle and last name. Where the Research Fellow does not have a middle name, two initials should be used with a

blank space left in at the end.

3. Complete a Best Practice Data Collection Record and provide to the Program Manager (Appendix M).
4. Copy the file onto a USB as a backup.
5. Upload audio file from laptop to transcription service: https://daats.sharefile.com/.
    - Client Login Karen.glover@sahmri.com and Best Practice Phase 3
    - Click on the folder: "Best Practice"
    - Click on the health service folder that your interviews are associated with
    - Upload your audio files by clicking the 

button

Please note: audio files must not be uploaded to Share Point at any stage.

Collecting Other Relevant Data

You may also consider collecting other relevant data to inform the case study. Other data that may be collected as relevant include:

- Direct observations in the form of a Research Diary
- Descriptions of physical artefacts
- Photographs and videos

It will be important to ensure that permission is obtained, especially in relation to taking photos. If the photo identifies person/s, permission must be sought and a photo/ audio and video consent form (Appendix N) completed prior to taking the photo and/or video.

Quality Management

- A standardised Training Package for ARFs will be developed and reviewed by content experts.
- A semi-structured interview guide will be used to collect qualitative data.
- Research Fellows will notify the Program Manager, the Senior Research Fellow and Case Study Site key contact as soon as any potentially adverse events occur.
- Research Fellows will debrief with the CREATE team as soon as possible after returning from the second visit.
- Senior Research Fellow will review the completed Case Study Tool prior to ensuring the information is entered into the database.

Step 4: Draft Case Study Report

The purpose of Step 4 is to:

- prepare the interview transcripts;
- undertake analysis and interpretation of the data, and
- seek initial feedback from Case Study Sites.

Preparing the Interview Transcripts

The Program Manager will download the completed transcript and send to the Research Fellow via email. The Research Fellow will read through and de-identify the transcript before saving to Share Point. The original audio file will then be deleted from the relevant laptop.

If the participant has requested a copy of their transcript, the Research Fellow will send a de-identified transcript via email and negotiate a timeframe for request changes to be sent back. Any requests for changes should be made to the original de-identified file on Share Point by the Research Fellow with a note as to who requested the change noted on the updated version.

Developing Case Study Site Findings

Once requested changes have been made, the transcript should be imported into NVivo. A site specific NVivo file should be set up and saved to P:\Research Themes\Indigenous Health\Projects & Grants\NHMRC_CRE_Translation_JBI\DOMAIN 1 – BEST PRACTICE\STAGE THREE\Nvivo Files. All transcripts for the Case Study Site must be imported into this site specific Nvivo File. Please note: In order to produce a case series, site specific Nvivo Files will be merged once all Case Study Best Practice Interview data collection, analysis and interpretation has been completed.

For the purposes of the Case Study Report which will be developed for each Case Study Site, transcripts will be coded to the following framework.

The description of the Best Practice Example:

- What does it consist of?
- When was it developed/implemented?
- Why was it developed/implemented?
- How has it changed overtime?
- Who is it for?

The contributing factors which were considered necessary for the Best Practice Example:

- Internal staff
- Community members
- External partners
- Funding
- Other types of resources
- Community, Regional, State and Commonwealth Policy

The types of outcomes resulting from the Best Practice Example:

- health outcomes
- health practices
- accessibility (acceptability, affordability, awareness etc) for community members
- community participation etc.

Unexpected outcomes including:

- increased staff workloads
- conflict within or external to the ACCHO
- deflection of resources including funding from other programs/activities

If an ARF has been nominated, the Research Fellow may travel to the Case Study Site or alternatively the ARF can travel to SAHMRI, in order to analyse the Best Practice Interview data. Where an ARF has not been nominated or is not available, the Research Fellow will identify a colleague who will work with the Research Fellow to analyse the data. In this instance at least one member of this team must identify as an Aboriginal or Torres Strait Islander person.

Seeking Initial Feedback From Sites

Senior staff will be provided with a draft report including initial key findings and asked to review. The Research Fellow and where appropriate the ARF will discuss with the contact person the most appropriate way to receive any feedback including whether a face to face meeting or a teleconferences is required. The Research Fellow in collaboration with the ARF (where relevant) will use the feedback from this process to inform the interpretation of the key findings.

Quality Management

- Research Fellow will review completed transcripts for completeness.
- Transcripts will be sent to participants for review if requested.
- A framework will be used to code the transcripts in preparation for the Case Study Report.
- The Data Access and Publication Subcommittee will review all draft reports before they are sent back to senior Case Study Site staff.

Step 5: Provide Negotiated Outcomes

The purpose of Step 5 is to:

- develop all outcomes that were negotiated in the Service Agreement;
- ensure the quality of these outcomes, and
- disseminate outcomes from the Case Study.

Developing All Agreed Outcomes

The Research Fellow will incorporate the key findings informed by Case Study Site Feedback into the Case Study Report and ensure that all other areas of the Case Study Report are completed in full. The Research Fellow will then draft other agreed outcomes as per the Service Agreement.

A draft Case Study Report and other agreed outcomes will be sent to all CREATE CIs for review. Once all of their concerns and feedback have been addressed a copy of the full Case Study Report will be provided to senior Case Study Site staff and the ARF (where relevant) who will be given an opportunity to also provide any final feedback prior to completion. The final version of the Case Study Report and all agreed outcomes will then be reviewed through the Data Access and Publication Subcommittee prior to release.

Disseminating Outcomes of the Study

The Research Fellow will send the Case Study Report and all agreed outcomes to senior staff of the Case study Site and the ARF (where relevant). The Research Fellow will then ask senior Case Study Site staff if they would like to publish findings from the Case Study. If agreed, the Research Fellow shall draft a publication in collaboration with the ARF (where relevant) and senior Case Study Site staff. These people will be acknowledged as co-authors on the publication and if agreed, the Case Study Site should be thanked along with acknowledgement of the funding body. The publication process must adhere to the CREATE Publication Policy.

As soon as all outcomes have been provided to the Case Study Site, the Research Fellow should notify the Program Manager. The Program Manager will then upload the site specific NVivo File into the Case Series NVivo File ready for analysis and interpretation.

Quality Management

- The Data Access and Publication Subcommittee will again review all Case Study Reports as well as other outcomes before they are sent back to senior Case Study Site staff.
- The Data Access and Publications Subcommittee will review all outcomes before they are made publically available.