How do national health guidelines work?
A realist analysis of the ACC
Moving and Handling People (MHP) New Zealand Guidelines, 2012

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Aim

To identify:
how and to what extent
the MHP Guidelines have worked
for whom,
and
under what circumstances
Research questions

• How were the guidelines intended to work?
• Who have been reached by the guidelines?
• Who have used the guidelines?
• How have the guidelines been used?
• What is the outcome of the use of the guidelines?
• What has influenced the use and the outcome?
Stage 1 - Method
How were the guidelines intended to work? - Programme Theory

- In-depth analysis of the Guideline document
- Interviews with developers
- Document review of material used to develop the Guidelines

Program theory of the 'Moving and Handling People Guidelines 2012'
Programme theory?

External context: Hospitals, Aged care, Rest homes, Home care, other… Population and workforce change, Budget cuts

Reasoning

Internal context: Employment relations, Organisational structure, Management support, Culture…

Outcome: Reduced injuries

Outcome: Reduced injury claims

Resource

Mechanism?
The Moving and Handling People Guidelines

• A national guideline aiming to reduce MSD caused by moving and handling people
• The Guidelines recommend multifaceted interventions

Organisational system

- Policy development
- Workplace culture
- Monitoring and evaluation

Key components

- Risk assessment
- Techniques
- Training
- Equipment
- Facility design

Implemented but not effective
Programme theory of the Guidelines

Results

Decision to read

Decision to use sections to make changes

Initiate change, follow guidelines

Improved working conditions

Reduced injuries

Evidence
Economic
Ethical
Legal

Guidance on implementation in the Guidelines

Guidance Evidence based

Sustained changes

Distributed via mail lists, conferences, internet

OHS managers
Moving and handling coordinators

Inaugural School of Public Health Symposium, 30 September 2016
**Context**
Increased staff turnover, rising health costs & budget constraints
Changing demographic patterns => Increased cost

**Reasoning**
- Reduce absenteeism and staff turnover
- Ensure cost-effectiveness
- Provide return on investment

**Resource**
Moving and Handling People: The New Zealand Guidelines

**Economic mechanism**

**Outcome**
Reduced injuries related to MHP => Reduced cost of injuries
Context
Health and Safety legislation
Influence from government agencies
Obligations to apply other injury prevention programmes

Reasoning
Fulfil the legal requirements
Avoid persecution

Resource
Moving and Handling People: The New Zealand Guidelines

Legal mechanism

Outcome
Reduced injuries related to MHP
The MHPG builds on research
Prevent injuries to staff and clients
Foster better working climate
Enhance quality of care

Context
Existing workplace culture
Existing MH programme
Changing demographic

Resource
Moving and Handling People: The New Zealand Guidelines

Reasoning

Outcome
Reduced injuries related to MHP

Ethical mechanism
Stage 2 - Method

Who have been reach by the guidelines?
Who have used the guidelines?

Internet-based survey questionnaire

Public & Private Hospitals
Residential & Aged Care
Home & Community Care

Managers
People who handle people
Senior management

Equipment & Facility design
Education & Training Institutions
Results - questionnaire
Awareness of the Guidelines

59% (362) were aware of the guidelines (N=612)

94% of MHP coordinators
91% of Trainers
86% of OHS managers
74% of H&S representatives

53% of Carers and Support Workers
48% of Nurses
Results - questionnaire

Awareness of the Guidelines

59% (362) were aware of the guidelines (N=612)

Awareness of the different formats of the guidelines in percentage

- Internet
- CD-ROM
- Hard copy

Only aware of one format of the Guidelines in percentage

- Internet
- CD-ROM
- Hard copy
Results - questionnaire

Read at least a section

- 50% (306) of all respondents had read at least a section of the Guidelines.
Percentage of respondents that are familiar with a section that have used it

14: Bariatric n=247
13: Auditing n=243
12: Monitoring n=274
11: Workplace culture n=294
10: Policy n=244
9: Facility design n=239
8: Equipment management n=306
7: Equipment n=334
6: Organising training n=271
5: Training n=306
4: Techniques n=336
3: Risk assessment n=328
2: Why MHProgrames n=325
1: Introduction n=288
Percentages of respondents that have used a section perceiving that it has resulted in changes

14: Bariatric n=118
13: Auditing n= 94
12: Monitoring n= 122
11: Workplace culture n= 132
10: Policy n=92
9: Facility design n= 67
8: Equipment management n=131
7: Equipment n=240
6: Organising training n= 119
5: Training n= 191
4: Techniques n=258
3: Risk assessment n= 230
2: Why MHProgrames n= 192
1: Introduction n=125
Conclusions so far

• The Hard copy and the Internet version of the Guidelines are most known
  – maybe not worth providing CD-ROM version

• The Technique and Training sections are most used and also perceived by more to have resulted in changes

• A higher percentage of H&S Practitioners/professionals are aware of the Guidelines
Stage 3: Case Studies
How have the guidelines been used? What is the outcome of the use of the guidelines? What has influenced the use and the outcome?

- In-depth interviews
  - MHP coordinators
  - Health and safety managers
  - Stakeholders

- Chronicle workshops

- Analysis of documents related to MHP
  - Procedures for risk assessment
  - Incident analysis
  - Training requirements related to MHP
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