# Rural Health Network Development Evaluation Planning Workshop

Carrie Howard, MA CPHQ CPPS Sarah Brinkman, MA MBA CPHQ

Monday, May 6, 2024 9:00 a.m. – 3:00 p.m.



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# **Land Acknowledgement**

We acknowledge and pay tribute to the original inhabitants of this land including the Choctaw, Houma, Chitimacha, Biloxi, and other Native peoples. The city of New Orleans is a continuation of an indigenous trade hub on the Mississippi River, known for thousands of years as Bulbancha. Native peoples have lived on this land since time immemorial, and the resilient voices of Native Americans remain an inseparable part of the local culture. With gratitude and honor, we acknowledge the indigenous nations that have lived and continue to thrive here.

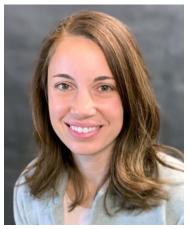
Adapted from Tulane University's Abbreviated Land Acknowledgement: Tulane Land Acknowledgement | Tulane



# **Speakers**



Carrie Howard, MA CPHQ CPPS Program Manager, Stratis Health



Sarah Brinkman, MA MBA CPHQ Program Manager, Stratis Health

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# **Stratis Health**

- Independent, nonprofit organization founded in 1971
- Work at the intersection of research, policy, and practice
- Lead collaboration and innovation in health care quality, safety, and equity
- Design and implement improvement initiatives across the continuum of care
- Organizational priorities include:
  - Improving health outcomes and reducing disparities in rural communities
  - Addressing the opioid crisis through stewardship and medications for opioid use disorder (MOUD) training and education
  - Working with community and national partners to advance health equity by understanding structural inequities such as racism, ageism, sexism, and xenophobia

# **Agenda**

- Evaluation Purpose
- Logic Models
- Evaluation Questions
- Data Collection and Analysis Plan
- Communications and Dissemination Plan
- Evaluation Work Plan
- Data Dashboard
- Work Session
- Wrap Up and Next Steps

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# **Quality Improvement (QI) Basics Course**

Series of 25 recorded modules – 15 minutes or less

· Slides, transcripts, and editable tools

• Topics include:

- Introduction to QI

- Team Concepts & Communication

 Organizational Culture & Change Management

- QI Processes
- Data to Support QI



https://stratishealth.org/toolkit/quality-improvement-basics

# **Evaluation Purpose**

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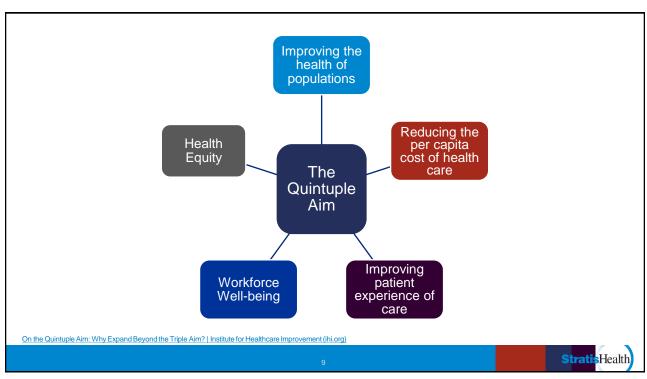
# Overview to include

- Brief description of network
- Brief description of program and primary strategies
  - Evidence-based models/promising practices
  - Stage of development of the program
- · Overview of need for the project
- Goals of evaluation (beyond grant requirement)

# **Potential Goals of Evaluation**

- Monitor and improve program activities
- · Accountability for funding
- Gain new knowledge or insights about implemented strategies
- Demonstrate program impact to the community

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# **The Value Equation**

$$Value = \frac{(Quality + Experience)}{Cost}$$

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# **Health Care Quality Defined**

- "The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."
- · Six dimensions of health care quality

- Safe

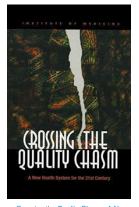
- Efficient

Timely

- Equitable

Effective

- Patient-centered



Crossing the Quality Chasm: A New ealth System for the 21st Century |The National Academies Press



There is no quality without equity.

# **Self-Reflection**

- What are your evaluation goals?
- What story do you want to be able to tell and why?
- What do you want to understand and how will that knowledge be useful?

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# Logic Model

# What is a logic model?

A graphic depiction that shows the connection between the different components of a program including the problem(s) or need(s) the program or project is trying to address, the activities planned and implemented, and the known and anticipated impacts of the program.



What is your team doing and why?

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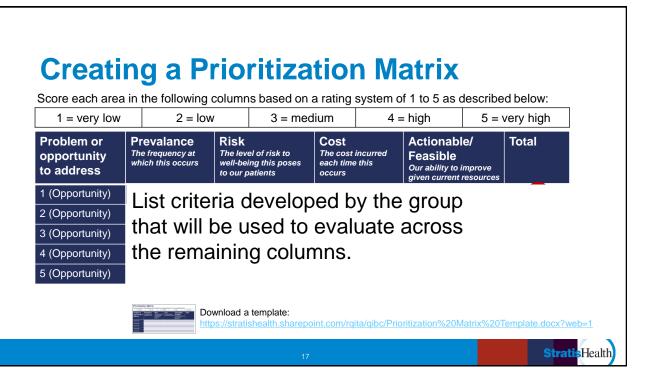
# **Hierarchy of Actions**

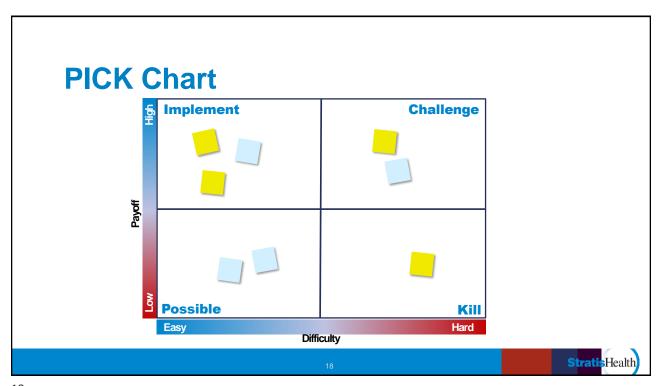
- To develop effective and sustainable, the team needs to consider where their actions fall in the hierarchy of strong, intermediate, or weak actions
  - Strong: change or redesign the process and/or system; require less reliance on humans to remember to do things correctly (e.g. simplify a process, change/remodel the environment, standardize equipment or processes, etc.)
  - Intermediate: some process or system changes but underlying processes remain unchanged (e.g. increase staffing, use checklists or cognitive aids, add redundancies, etc.)
  - Weak: no changes made to process or system; attempt to enhance or reinforce existing process (e.g. update a policy, provide training, remind people of the desired processes, add warning labels or alarms, etc.)

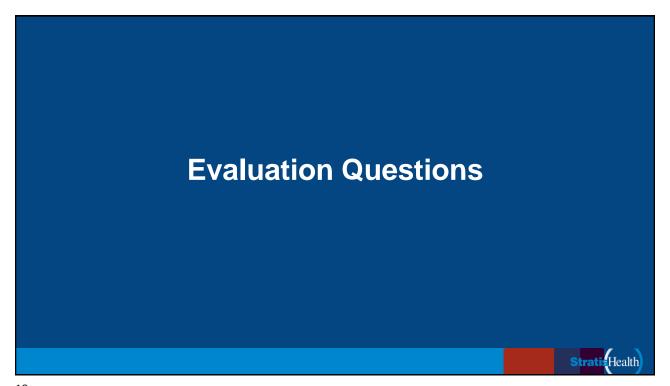
# What if we're overwhelmed?

- Consider using a prioritization tool
  - Sorts or ranks a diverse set of opportunities or ideas into an order of importance based on a set of criteria
  - Quantifies decision
  - Helps manage emotion
  - Creates a future reference if needed
  - Adaptable
  - Creates a platform for discussion

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# **Evaluation Questions**

- What does our project team want to know?
- What would other people want to know?
  - Funders
  - Organizational leaders and board members
  - Staff
  - Patients and the community

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# **Program/Project Evaluation Needs Both:**

### **Process Measures**

- Focused on implementation
- Progress milestones
- Monitored more frequently
- · Real-time evaluation
- Direct association between activities and measures

### **Outcome Measures**

- Focused on impact
- Final results
- · Monitored less frequently
- Lagging evaluation
- Likely impacted by many contributing factors

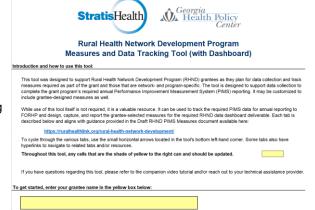
## **SMARTIE Goals S**pecific What exactly do you want to achieve? How will you know you have achieved it? What is the measure you will use, what is the current data for that measure, how do you want it to change? Measurable Is it possible to achieve? Based on best practice, average or benchmark? **A**ttainable Too low (not challenging)? Too high (unreasonable)? Relevant Addresses an important business problem, aligned with strategic plans Time-Bound Includes a target date for achieving the goal Inclusive Who is impacted and involved? **E**quitable How will it address inequities? **Stratis**Health

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# Data Collection & Analysis Plans

# **Measures & Data Tracking Tool**

- Excel-based Tool
  - PIMS Measure Plan
  - Narrative Stories
  - Measure Plan
  - Clinical Measure Data Tracking
  - Program Specific Measure Data Tracking
  - Dashboard
- Handbook
- Recorded Demo



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# **Data Collection Plan**

- · What measures will be used to assess the evaluation plan?
- Where will the data come from and be stored?
- Who will collect the data?
- When will data be collected?
- When will the data be analyzed/utilized?

# **Data Analysis Plan**

• How will data be analyzed?

# Valid and Reliable

- Data must be valid accurately measuring what is intended
- Data must be reliable achieving consistent results even when measured multiple times or by different people



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# **Quantitative Data**

- Involves the use of numbers expressed in measurable units
- Objective and produced through processes that are verifiable, replicable, and not subject to interpretation

### Examples in a health care setting include:

- Finding the average of a specific laboratory value
- · Calculating the frequencies of timely access to care
- Calculating the percentages of patients that receive an appropriate health screening

Source: https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf and the state of the sta

# **Qualitative Data**

- Qualitative methods collect data with descriptive characteristics and can be categorical
- Qualitative data is observable but not measurable

Common strategies for collecting qualitative data in a health care setting are:

- · Patient and staff satisfaction surveys
- · Focus group discussions
- · Independent observations
- · Race, ethnicity, language (REL data)

Source: https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf

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# **Methods of Data Analysis**

- Descriptive
  - Summarizes the data to highlight anomalies, trends, and underlying issues
  - Answers the question: "What happened?"
- Diagnostic
  - Identification of potential root causes
  - Answers the question: "Why did this happen?"
- Inferential and Predictive
  - Makes estimates and tests hypothesis to draw conclusions about causation
  - Addresses the questions: "How did this happen?" and "How can we impact this data to meet our goals?"

correlation ≠ causation

# **Describing Your Data**

## **Summary Statistics**

**Example Data Points:** 

- Mean: average of all numbers (15.2)
- 3, 5, 8, 10, and 50
- Median: middle value (50% of data is above and 50% is below the median) (8)
- Mode: value that occurs most frequently (none)
- Range: difference between highest and lowest value (Max-Min=Range) (47)

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# **Diagnostic Analysis**

### Identifying Trends and Anomalies

- · Making comparisons across groups, categories, or benchmarks
- · Evaluating how data changes over time

### Stratification

 Arranging or classifying data into smaller groups, or "strata" to identify interactions and relationships within the data

### Identify and Examine KPIs and Relationships

- Examine relationships between factors, seek out possible patterns and correlations that point to potential causes
- Identify variables that could be essential in driving the performance of your data goals (key performance indicators - KPIs)
- If you already have established KPIs, examine their relationship to different factors and their interaction with desired outcomes

# **Stratification**

- Enables you to look at:
  - Time of day
  - Day of week
  - Site of care
  - Care providers
  - Procedures
  - Patient characteristics



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# **Communications & Dissemination Plan**



# **Communication Plan**

- Regular communication with all partners and people impacted throughout the project
  - Engages colleagues and partners during all phases of the project
  - Sets expectations



### Components of a Communication Plan

Key Message	To Whom	From Whom	Medium	When	
<message be="" delivered="" to=""></message>	<to whom<br="">message is to be delivered&gt;</to>	<pre><from be="" delivered="" is="" message="" to="" whom=""></from></pre>	<how message will be delivered&gt;</how 	<when message will be delivered&gt;</when 	

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# **Dissemination Plan**

- When the project is complete, how will we share our results?
- · For different reasons and audiences:
  - Further implementation: Who/what is expected to change and by when?
  - Informational: Who might be interested in hearing about this work?
  - Marketing/recruitment: Who might be interested in joining in this or other work in the future?



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### **Evaluation Work Plan**

 $\textbf{Intervention/Strategy:} Provide\ training\ to\ primary\ care/pediatric\ workforce\ on\ child\ social-emotional\ screening\ and\ assessment\ tools$ 

	Evaluation Questions	Indicator(s)	Data Source/	Methods	Target	Timeline	Individual(s)
	Evaluation Questions	mulcator(s)	Instrument	Wethous	Population	imeline	responsible
P/O	What do we want to know about the program?	How will we measure it?	What existing source or tool do we need to obtain the data?	How will we gather that data?	Who will we question?	When will we collect the data?	Who is the lead?
P	How many pediatricians and primary care providers were trained?	# of pediatricians and primary care providers trained on standardized S/E screening tools	registration sign-in sheets	Record numbers from online registration systems and/or sign-in sheets at training locations		Every other month after each of the 6 annual trainings	Trainer, Project Coordinator
0	Do providers have a greater understanding of screening and assessment tools as a result of the training?	Increased knowledge/understanding of screening/assessment tools	Pre-post training survey	Trainers administer surveys before and after each training	Pediatricians , primary care providers	Every other month before and after each of the 6 annual trainings	Trainer, Project Coordinator

\*In the first column, indicate whether each question is a process (P) or outcome (O) question





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# **Selecting Key Performance Indicators**

- · What are your evaluation goals?
  - Monitor and improve program activities
  - Accountability for funding
  - Gain new knowledge or insights about implemented strategies
  - Demonstrate program impact to the community
- Of the measures you are tracking, which are the best indicators of progress towards meeting your goals?
  - You will monito all of your measures, but your dashboard should be limited to a manageable number

# **Quality Data Dashboard**



Measure	Desired goal	Desired Trend	Baseline Performance	Current Performance	Current Trend
✓Measure 1	75%		58%	86%	
Measure 2	25%		35%	30%	
Measure 3	75%		67%	65%	

### **Useful When:**

- · You want to present high-level summaries of data in a snapshot
- · You want to tell a big picture story to various stakeholders
- · You want to monitor and/or analyze large amounts of data quickly
- · You want to engage stakeholders and partners into interacting with and impacting your data goals

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# **Use the Data!**

- A dashboard is meant to be actively used
- · Inform programmatic activities
- Communicate with partners, leaders, funders (and potential funders)





# **Debrief**

- What questions do you have?
- What are you leaving feeling good about?
- What is a tangible to-do you are committing to within the next week related to your evaluation plan?

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# **THANK YOU!**

# For More Information:

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