# Continuing the Journey: Skill Development for Implementation, Evaluation & Sustainability
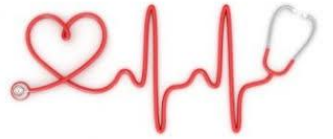
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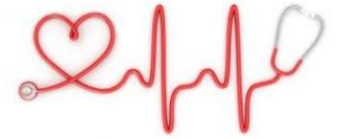
# Presenter Disclosures

- Bonnie Lauder, MIS, RN
- Yvonne Johnston, DrPH, MS, FNP

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

**"No relationships to disclose"**

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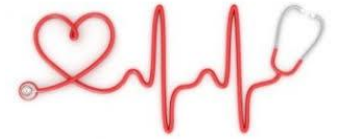
# SESSION OBJECTIVES

**GOAL:** *Building on a foundational knowledge, participants will increase their knowledge, skills and confidence in using EBP tools to develop implementation, evaluation and sustainability plans.*

- Develop an implementation plan for an evidence based practice change designed to improve processes and patient outcomes.

- Construct an evaluation plan that includes process and outcome measures for an evidence based practice change.

- Identify strategies for sustaining an evidence based practice change within a healthcare organization.

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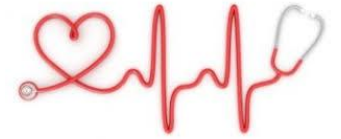
# EBP COMPETENCES FOR NURSES

1. Collects practice data (e.g., individual patient data, quality improvement data) systematically as internal evidence for clinical decision making in the care of individuals, groups, and populations.

2. Integrates evidence gathered from external and internal sources in order to plan evidence-based practice changes.

3. Implements practice changes based on evidence and clinical expertise and patient preferences to improve care processes and patient outcomes.

4. Evaluates outcomes of evidence-based decisions and practice changes for individuals, groups, and populations to determine best practices.

5. Disseminates best practices supported by evidence to improve quality of care and patient outcomes.

6. Participates in strategies to sustain an evidence-based practice culture.

FROM: Melnyk, B. M., Gallagher-Ford, L., Long, L. E., & Fineout-Overholt, E. (2014). The establishment of evidence-based practice competencies for practicing registered nurses and advanced practice nurses in real-world clinical settings: Proficiencies to improve healthcare quality, reliability, patient outcomes, and costs. *Worldviews on Evidence-Based Nursing, 11(1), 5-15.*

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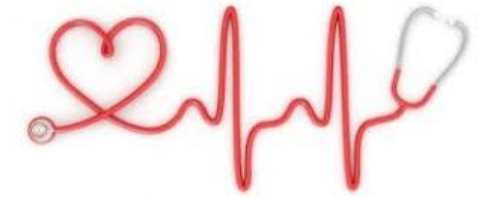Foundation of New York State Nurses, Inc.

# EBP Knowledge & Practice Gap

- A recent study by Melnyk et al. (2018) revealed that nurses across the United States do not feel competent in evidence based practice (EBP).

- Nurses' self-rating of their EBP competencies related to implementation, evaluation, and sustainability indicated a need for skill improvement.

- While having knowledge of EBP processes is a necessary attribute, it is not sufficient for acquisition of competency.

- Skill building in mentored environments is needed for nurses to develop confidence their EBP abilities.

Melnyk, B. M., Gallagher-Ford, L., Zellefrow, C., Tucker, S., Thomas, B., Sinnott, L. T., & Tan, A. (2018). The first U. S. study on nurses' evidence-based practice competencies indicates major deficits that threaten healthcare quality, safety, and patient outcomes. *Worldviews on Evidence-Based Nursing, 15*(1), 16-25.
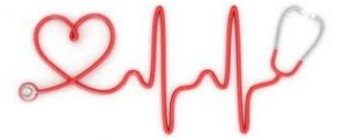
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# Designing an Implementation Plan

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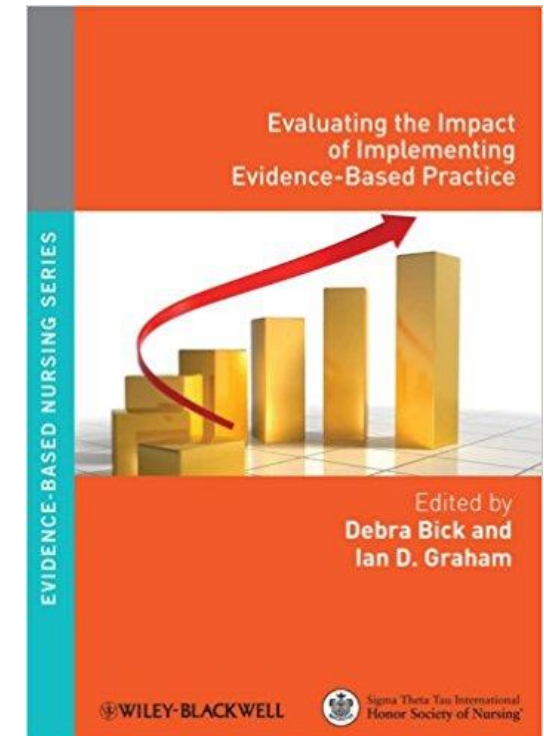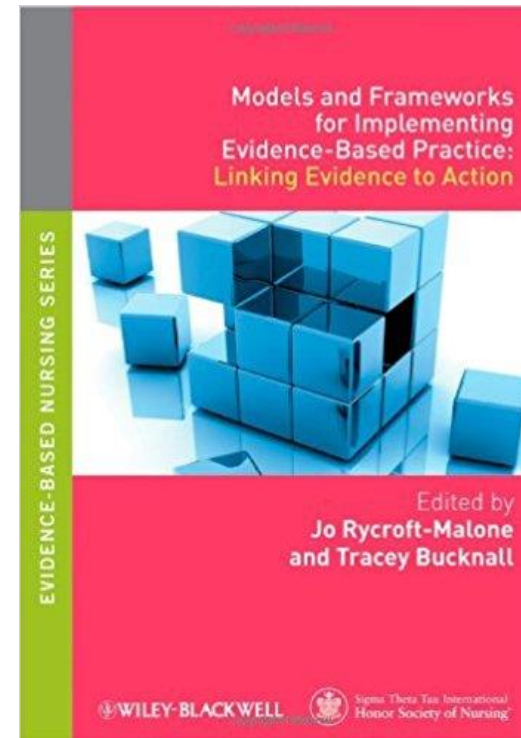Foundation of New York State Nurses, Inc.

# MODELS & FRAMEWORKS FOR IMPLEMENTING & EVALUATING EBP

- Stetler Model
- The Ottawa Model of Research Use
- Promoting Action on Research Implementation in Health Services (PARIHS)
- Iowa Model of Evidence-Based Practice
- Dissemination and Use of Research Evidence for Policy and Practice (Dobbins)
- Advancing Research and Clinical practice through Close Collaboration (ARCC)
- The Joanna Briggs Institute Model
- Knowledge to Action Framework

GREAT RESOURCE:

Schaffer, M. A., Sandau, K. E., & Diedrick, L. (2013). Evidence-based practice models for organizational change: Overview and practical applications. *Journal of Advanced Nursing, 69*(5), 1197-1209.
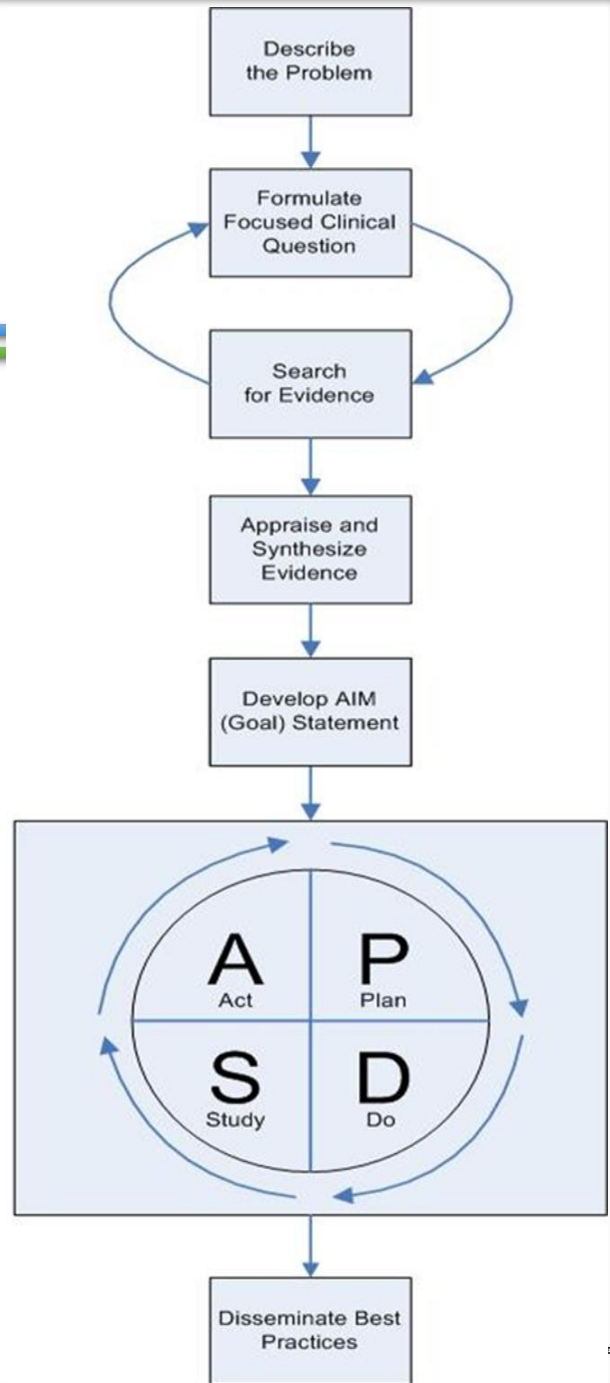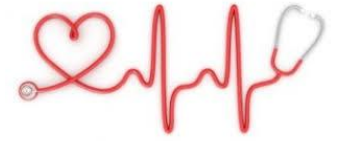
EVIDENCE-BASED NURSING SERIES

Models and Frameworks for Implementing Evidence-Based Practice: Linking Evidence to Action

Edited by
Jo Rycroft-Malone
and Tracey Bucknall

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Sigma Theta Tau International Honor Society of Nursing

EVIDENCE-BASED NURSING SERIES

Evaluating the Impact of Implementing Evidence-Based Practice

Edited by
Debra Bick and
Ian D. Graham

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# EBP Practice Improvement Model



Evidence-Based Practice Improvement Model



Describe the Problem → Formulate Focused Clinical Question → Search for Evidence → Appraise and Synthesize Evidence → Develop AIM (Goal) Statement → P Plan, D Do, S Study, A Act → Disseminate Best Practices
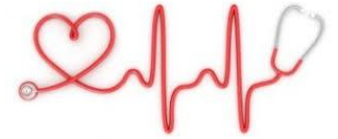
Levin, R. F., Keefer, J. M., Marren, J., Vetter, M., Lauder, B., & Sobolewski, S. (2010). Evidence-based practice improvement: Merging 2 paradigms. *Journal of Nursing Care Quality, 25*(2), 117-126.

# Factors Influencing Success of EBP Implementation



- Evidence
- Clinician
- Context
- Communication and Facilitation
- Patient
- Adoption
- Factors Influencing Success
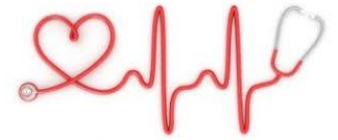


SUCCESS AHEAD!

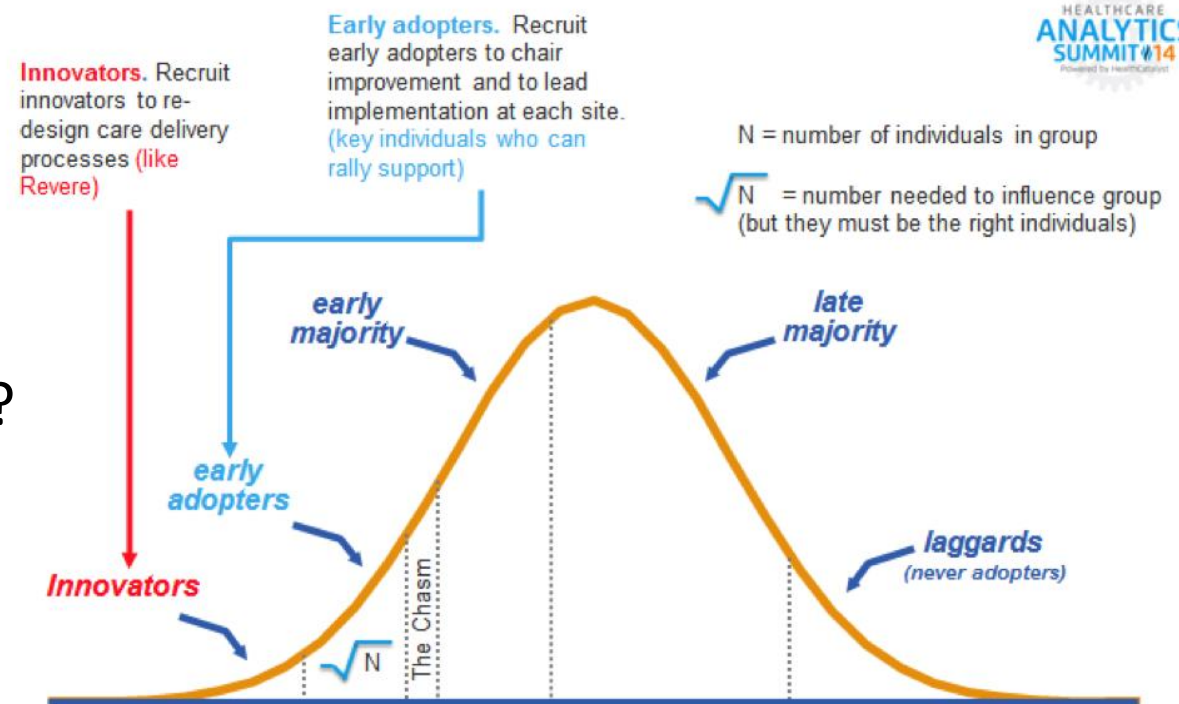# Evidence: Nature of Innovation/EBP

- Strength, quality and consistency of the research evidence
- Volume of evidence
  - Quantitative / Quality / Expert Opinion
  - Systematic review / Meta Analysis / Meta Synthesis
  - Clinical Practice Guideline based on RCTs
  - Change tool kits
- Advantage of the EBP
  - Is it effective?
  - Is it relevant?
  - Does it offer social, economic prestige?

- Compatibility with values, norms and perceived needs of users
  - Have others used it successfully?
  - Can the change be piloted?
- Complexity of the change
  - Stakeholder buy - in
  - Does it need adaptation to the local practice setting?

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# THE INDIVIDUAL CLINICIAN

- Level of skills related to EBP

- EBP beliefs, views on innovation, critical thinking ability

- Views regarding data about quality gaps demonstrated on audit? Valid? Timely?  Comparison to benchmark? Individualized?

- Personality traits
  - What motivates them?  Internal or External factors?
  - What is the preferred learning style?
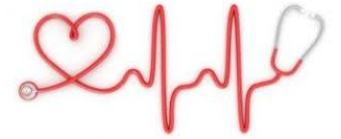  - How important is the change?  Will patient care improve?



**Innovators.** Recruit innovators to re-design care delivery processes (like Revere)

**Early adopters.** Recruit early adopters to chair improvement and to lead implementation at each site. (key individuals who can rally support)

N = number of individuals in group

$\sqrt{N}$ = number needed to influence group (but they must be the right individuals)

early majority

late majority

early adopters

Innovators

$\sqrt{N}$

The Chasm

laggards (never adopters)

* Adapted from Rogers, E.  *Diffusion of Innovations.* New York, NY: 1995.

# Context: Social System

- Availability of resources (human, financial, technology and data management systems)

- Organizational size
  - Large, mature, functionally differentiated by specialty
  - Decentralized decision making

- Absorptive capacity
  - Learning culture, clear strategic vision, good managerial relations with EBP implementation integrated in role expectations

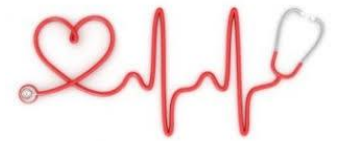- Leadership support in providing time, materials and resources for inter-professional teams

# PATIENTS
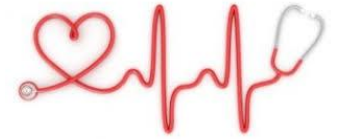
- Involvement of patients and families improve success

- How can EBP team hear the voice of the patient?
  - Ask and listen to these key Stakeholders
  - Patient representatives
  - Patient advocates
  - Interviews and focus groups
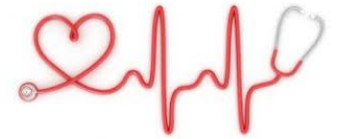  - Qualitative studies related to the EBP

- Respect of values and preferences

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# ADOPTION

- Clinician review and "reinvention" of an EBP to fit local context
- Availability of quick reference guides, decision aids and clinical reminders
- Opportunity for intended users of the EBP to interact with and understand the implications of practice change in their own context
- Computerized clinical decision supports and prompts
- Rate of change specific to environment, small tests of change before dissemination

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# STAKEHOLDERS

**Quality Improvement**
- Captured as a contribution to totality of QI works
- Project focus is not an urgent issue

**Education & Training**
- Prepared to assist with didactic or eLearning
- Creation of protocols, policies, procedures

**Informatics**
- Data analytics for reporting
- Electronic medical record customization

**Financial Planning**
- Analysis to account for costs and potential savings
- Budgeting to maintain long-term infrastructure

**Frontline Managers Interprofessional Staff**
- Validate realistic workflows
- Ensure adoption of change: Champions
- Willing to integrate improvements in practice
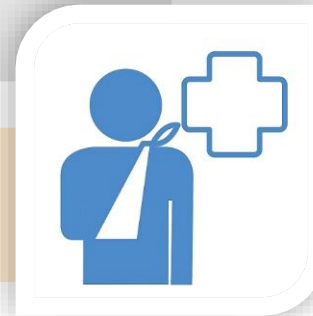
- Administrators / Executive Leadership
- Insurers – Private & Governmental
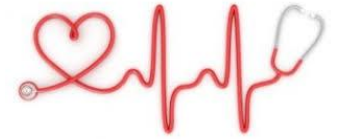- Allied Healthcare Providers
- Laboratory & Diagnostic Services
- Legal Counsel
- Medical Suppliers
- Governing/Financial Bodies

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# ARE YOU READY FOR EBP?

- Identify a problem focused or knowledge focused topic:
  - Organizational priority
  - Magnitude of the problem
  - Health system areas affected
  - Likelihood that change will improve clinical / financial outcomes
  - Availability of internal data and external evidence
  - Level of interest and commitment

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# How will you overcome barriers?

- Compliance burden
- EMR documentation limitations
- Resources availability
- Unstable infrastructure
- Availability of clinical outcome data/ clinician outcomes
- Clinician skill, knowledge and behaviors
  - Unaware of knowledge
  - Does not agree with evidence/feasibility
  - We already do that
  - It take 26 tries to own a skill
- Patient Preferences and Motivation
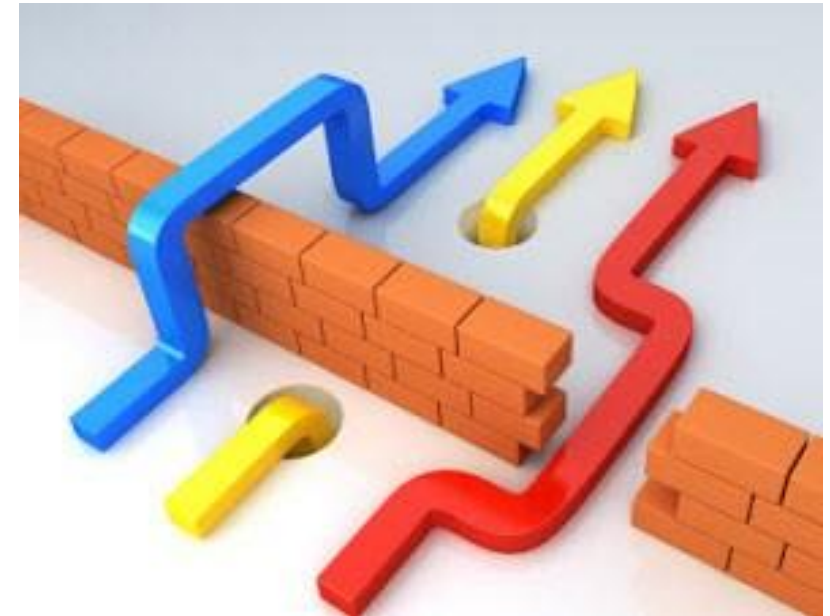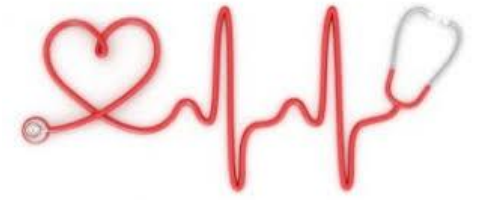
# WHO IS ON YOUR *INTERPROFESSIONAL* TEAM?
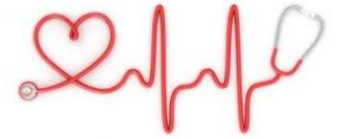
- Team
  - Stakeholders
  - Decision Makers
  - Formal and Informal Leaders

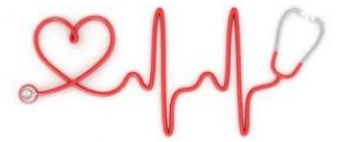- Search for, grade, and synthesize the evidence

- COMMUNICATION to secure resource allocation
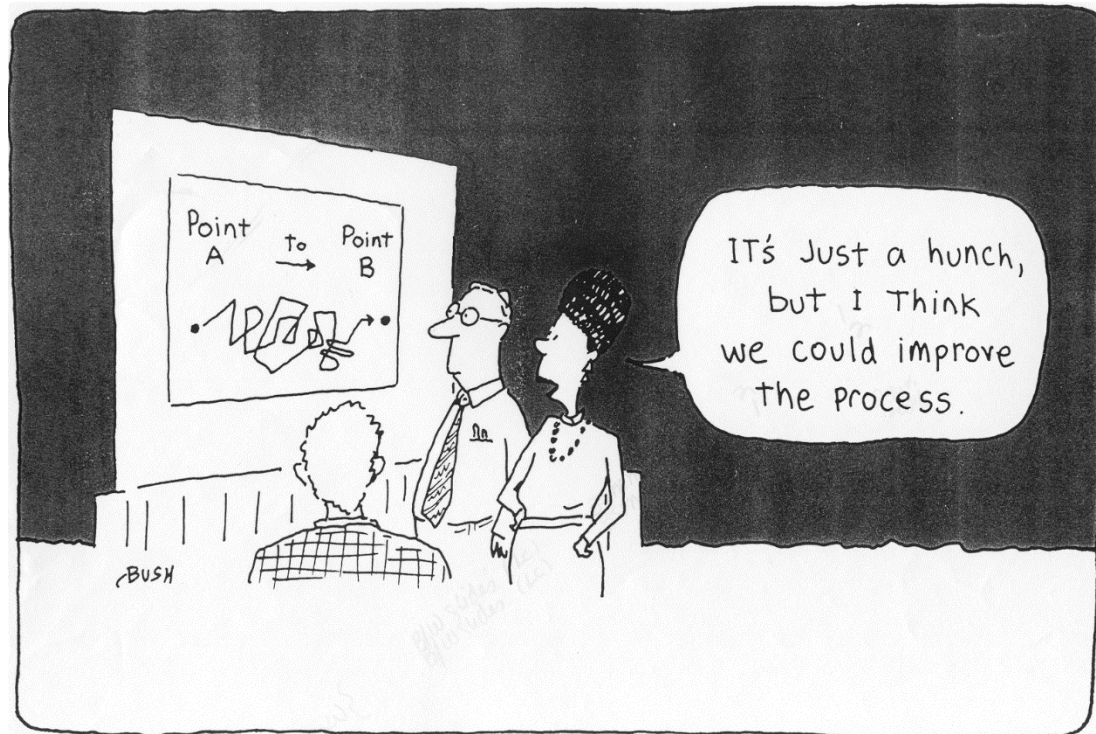
# Gap Analysis

- Gap Analysis: Methods and Principles
- How to apply a Gap Analysis to a Performance Improvement Project

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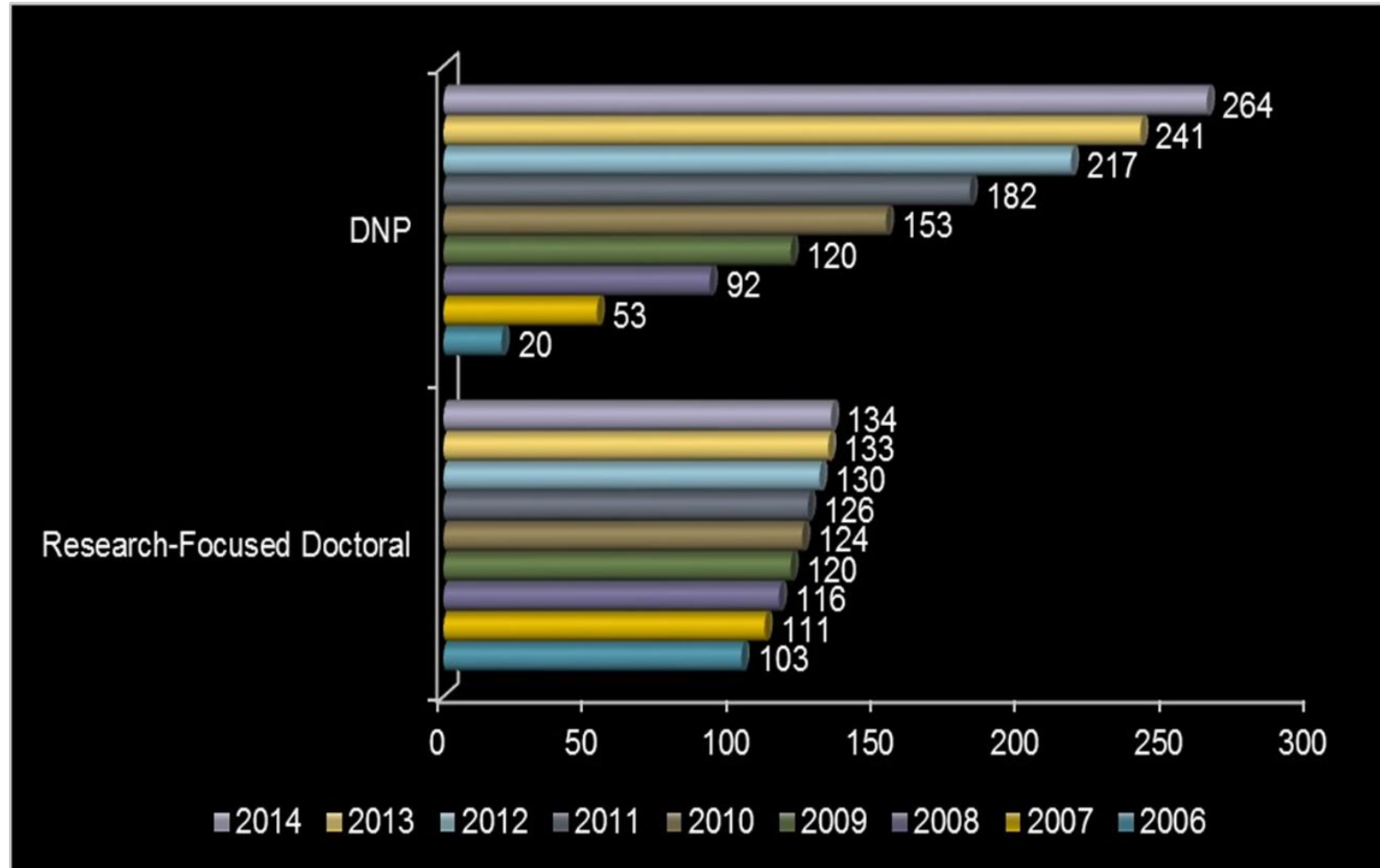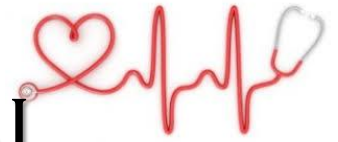Foundation of New York State Nurses, Inc.

It takes an estimated 17 years for research evidence to be integrated into clinical practice at a 50% use for the relevant population.

Westfall, J. M., Mold, J., & Fagnan, L. (2007). Practice-based research—"Blue Highways" on the NIH roadmap. *JAMA, 297*(4), 403-406. doi:10.1001/jama.297.4.403

Morris, Z. S., Wooding, S., & Grant, J. (2011). The answer is 17 years, what is the question: Understanding time lags in translational research. *Journal of the Royal Society of Medicine, 104*(12), 510-520. doi:10.1258/jrsm.2011.110180
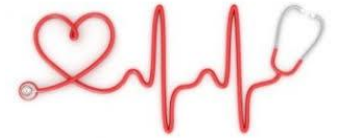
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# Growth in Practice- and Research-Focused Doctoral Programs: 2006-2014

# Continuous Quality Improvement

- **Increase quality and decrease cost by**
  - Increasing skills and evidence-based knowledge
  - Incorporating evidence-based practices into current processes to improve outcomes
  - Making current processes more efficient and effective by removing redundant rework and standardizing workflows
  - Creating innovation by re-designing processes and building new models of care
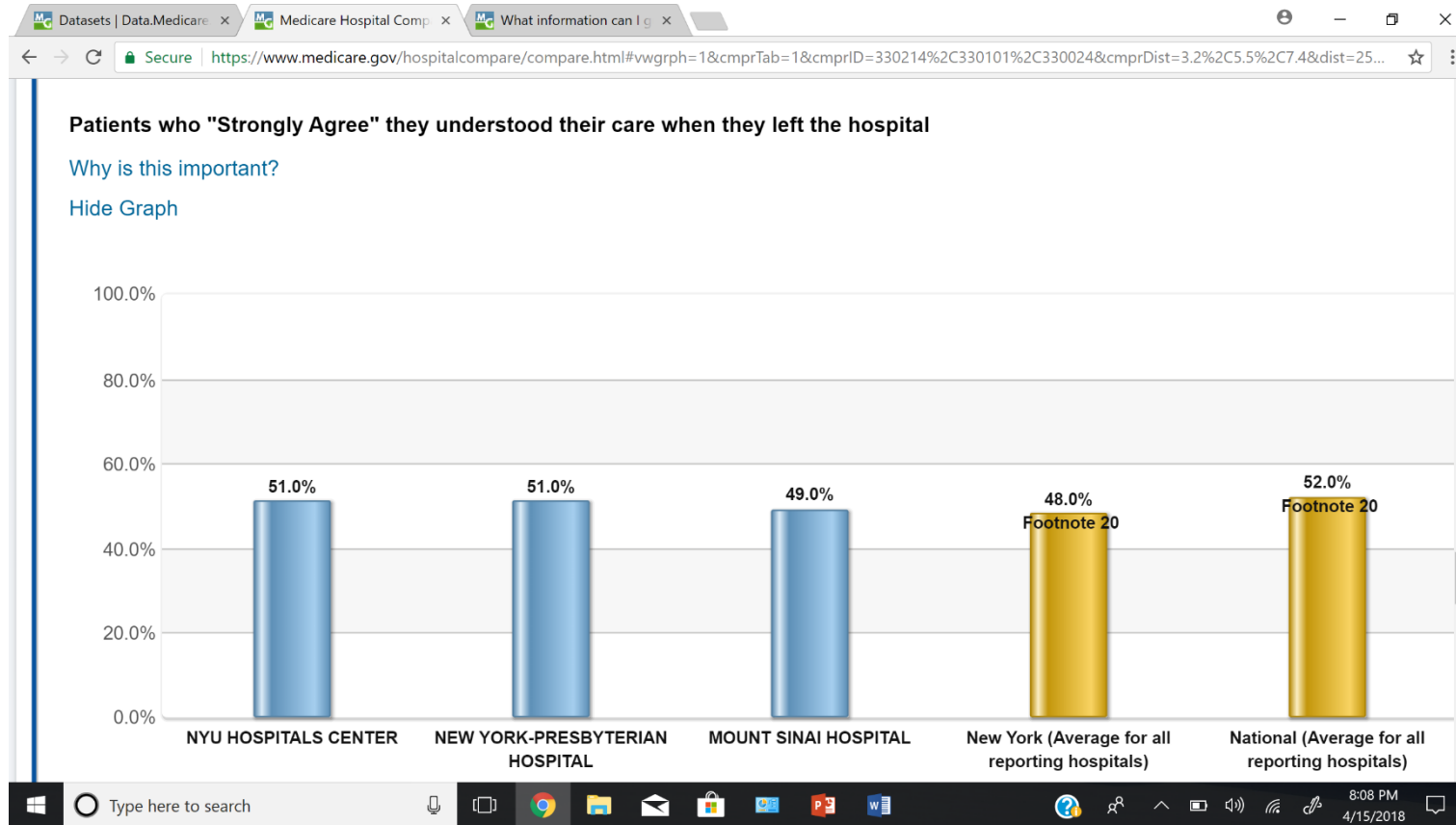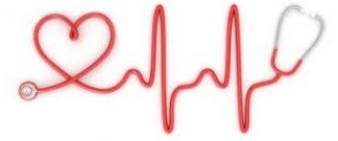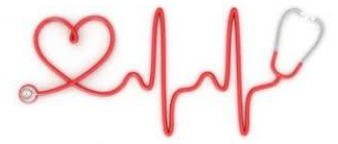
# Performance Sources
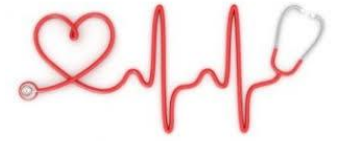
- Available information on your performance
  - State and National Benchmarking
  - Regulatory audits and surveys
  - Organizational Scorecards
  - Staff
  - Customer

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# Hospital Discharges - Benchmarking

# Home Health Care - Benchmarking

# Outcome And Assessment Information Set (OASIS)
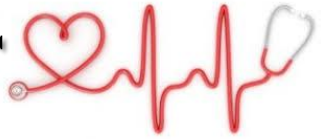
**(M0780) Management of Oral Medications:** Patient's ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)

Prior   Current

☐   ☐   0 - Able to independently take the correct oral medication(s) and proper dosage(s) at correct times.

☐   ☐   1 - Able to take medication(s) at the correct times if :
(a) individual dosages are prepared in advance by another person; OR
(b) given daily reminders; OR
(c) someone develops a drug diary or chart.

☑   ☑   2 - Unable to take medication unless administered by someone else.

☐   ☐   NA - No oral medications prescribed.

☐   UK - Unknown

# Describe Problem
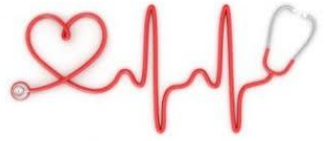
At discharge, 47% of the long term home health patient population, improved in managing oral medication

# Gap Analysis in Clinical Practice
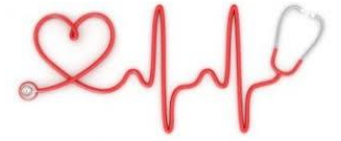
- **Flowchart Current Practice**

- Ask "**Why**" something is happening

- **Perform Fish Bone Analysis:** Builds a theory of cause and effect

- **Clinical Question:** What does the evidence in the literature document as best practice?

- Develop **Recommended Practice Flowchart** by Integrating Best Practices into Current Flowchart

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# PROCESS DEFINITION
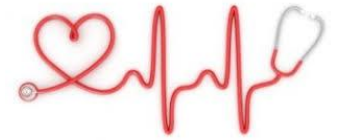
- **If you can't describe what you are doing as a process, you don't know what you are doing.**    ~ W. Edward Demings (1900 – 1993)

> **Process** - *A series of work activities which transform inputs into outputs for the benefit of someone.*
>
> **System** – *Multiple processes*

Input                    Throughput                    Output

# Constructing a Flowchart Diagram
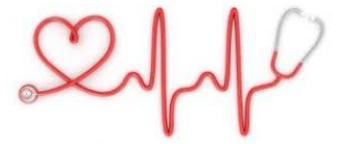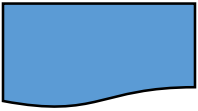
- **Step 1:** Brainstorm the activities
- **Step 2:** Determine the frame or boundaries of the process (scope and roles)
- **Step 3:** Determine the steps
- **Step 4:** Sequence the steps
- **Step 5:** Draw the Flowchart using the appropriate symbols
- **Step 6:** Test the Flowchart for completeness
- **Step 7:** Finalize the Flowchart

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# Flowchart Symbols
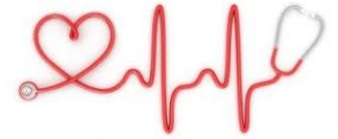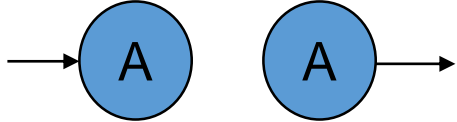
| SYMBOL | REPRESENTS | DETAIL/EXAMPLE |
|--------|------------|----------------|
| | Start/End<br><br>Input/output | Request for proposal, request for new hire, raw material |
| | Task, action, execution point (process) | Hold a meeting, make a phone call, open a box |
| | Decision Points | Yes/No<br>Accept/Reject<br>Criteria Met/Not Met |
| | Document | A report or form is filled out, job request, meeting minutes |

# Flowchart Symbols
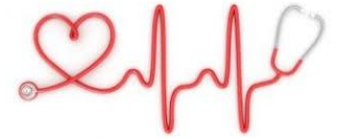
| SYMBOL | REPRESENTS | DETAIL/EXAMPLE |
|--------|-----------|----------------|
| → | Arrow | Shows direction |
| → Ⓐ  Ⓐ → | Continuation | Go to another page, go to another part of the chart |
| ▌ | Delay | Waiting for service, report sitting on desk |
| ▌ | Shadow signifies additional flowchart for this task | A major task has subtasks not needed for this study |

# Types of Flowcharts
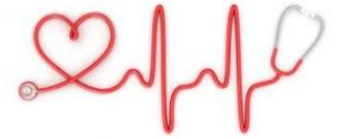
- **Macro Flowchart**
  - Shows only sufficient information to understand the general overall process steps.

- **Top –Down Flowchart**
  - Pictures major steps in a work process. It minimizes the detail to focus only on the essential steps.

- **Deployment Flowchart**
  - Shows people or department responsibility and the flow of the process steps or tasks they are assigned with decisions indicated.

- **Workflow Flowchart**
  - Shows the flow of people, materials, paperwork and machinery within a work setting. When redundancies, duplications and unnecessary complexity are identified, people take action to eliminate these problems

# Root Causes of Organizational Problems

- Organizations are comprised of:
  - People  (Manpower)
  - Processes  (Methods)
  - Control Mechanisms  (Machines)
  - Structure  (Materials)

Materials

Machines

Methods

Manpower
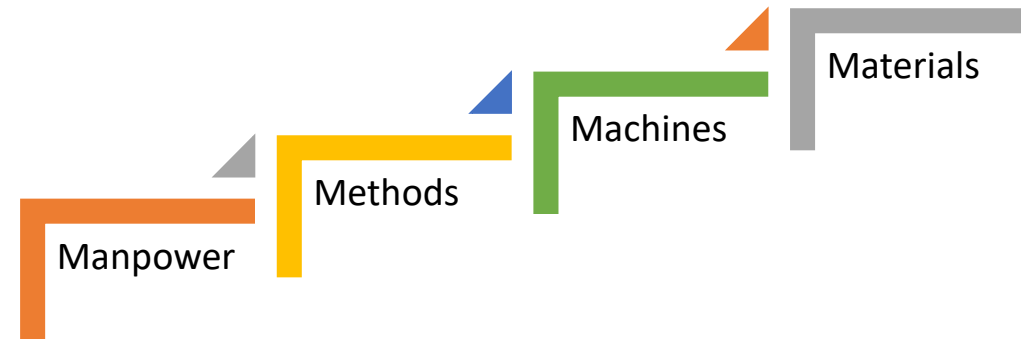
- 85% of problems have their root cause in processes, control mechanisms and structure with the majority in processes; and 15% of the problems are people related

# Fishbone Diagram or Cause and Effect Diagram



**CAUSE**
- Materials
- Methods / Processes
- Manpower / People
- Machines / Equipment
- Mother Nature / Environment
- Measurements

Secondary cause
Primary cause

**EFFECT**
Problem

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"Cause and effect is fine, but I'm more of a just because guy."

## Fishbone (Cause and Effect) of Lengthy Appointments

**Manpower**
- Clinical staff inconsistent
- Support staff not trained
- No one responsible for patient flow
- Patients arrive with more needs than originally stated
- Providers are late
- Support staff unprepared for patient visits

**Machines**
- Not enough computers
- Equipment broken
- Equipment missing

**Materials**
- Inventory low
- Missing exam room supplies
- Charts are missing
- Information, e.g. test results missing

**Methods**
- No standard registration process
- MA does paper flow and patient flow
- Variation in rooming process
- Poor communication between all staff on patient status
- Check out process delays

**Lengthy Appointments**

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# FISHBONE OF MEDICATION COMPLIANCE



**Manpower**
- Staff Knowledge of Process
- # of Staff Available
- Patient Knowledge of Medications

**Machines**
- Access to EMR

**Low Medication Compliance**

**Materials**
- Incomplete Record

**Methods**
- Verify Medications
- Identification of Medications
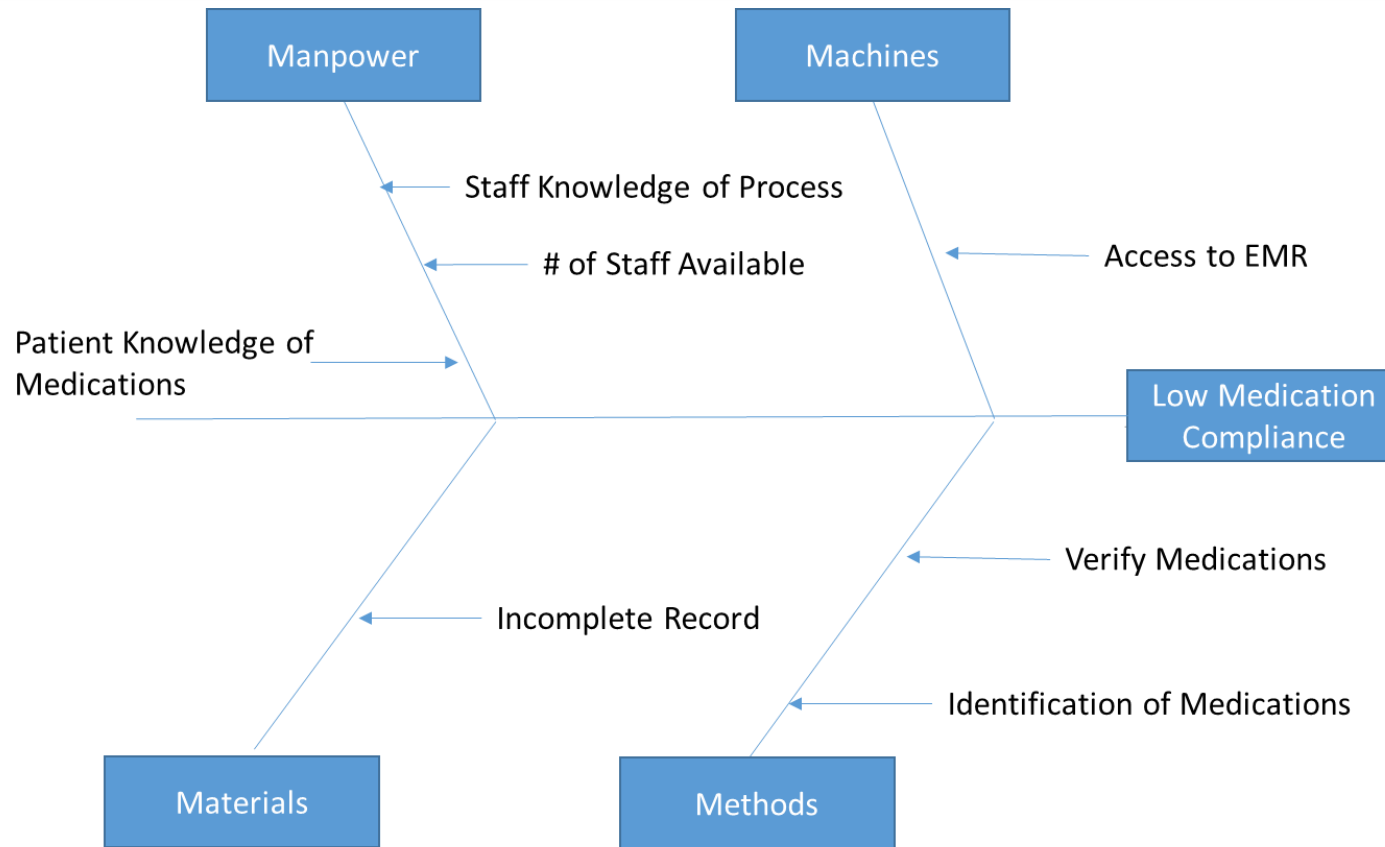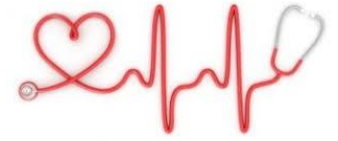
Fishbone of Low Medication Compliance for Hospital Discharged Patient

# Evidence Based Intervention Sources
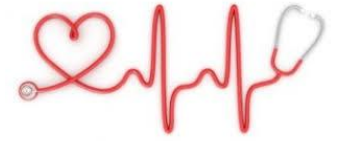
- Literature Search/ Systematic Review

- National Organization Guidelines

- Industry Standards
  - Transitional Care
  - Medication Management
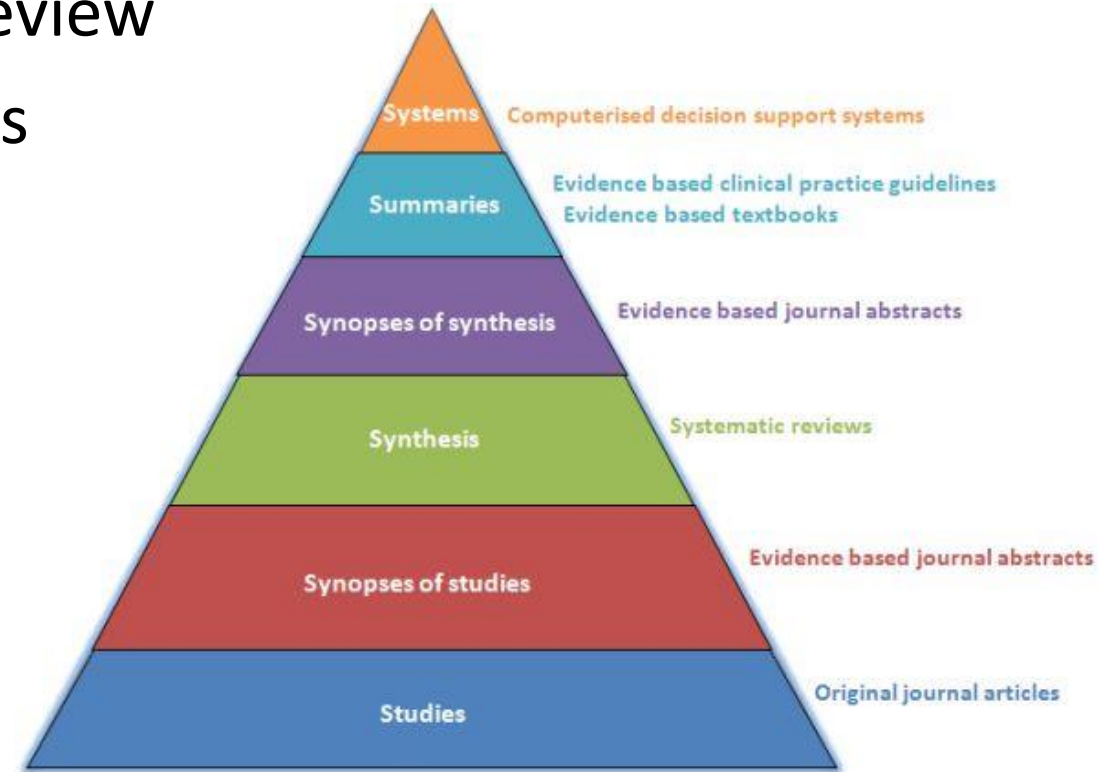
# SWOT Analysis
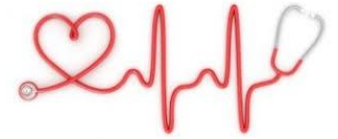
- **Strengths**
  - Characteristics of the organization that will help it achieve successful outcome or reach goals
  - Resources, capabilities that will contribute to success
- **Weaknesses**
  - Characteristics of the organization that might hinder successful outcome / reaching goals
  - Things to avoid when executing program
  - Factors contributing to past failures
- **Opportunities**
  - Environmental factors that might influence/contribute to successful outcome
  - Unfulfilled / open niches not served by other programs (unmet customer need)
- **Threats**
  - Environmental factors that might prevent successful outcome
  - Upcoming changes to status quo (regulatory, political, social, etc.)
  - Factors: Political, Economic, Socio-cultural, Technological

# Clinical Question & AIM Statement
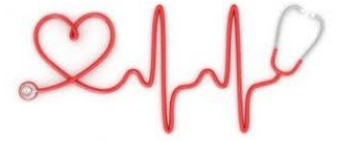
**Problem Statement**

- At discharge, 47% of the long term home health patient population, improved in managing oral medication

**Clinical Question**

- In long term home health care patients (*patient population*) would a reconciled medication list (*intervention*) increase independent in managing oral medications (*outcome*)?

**AIM Statement**

- Improve medication reconciliation by 10% (process measure) within 3 months (time) in our long term home health patients.

# Top Down Flowchart: Developing An Accurate Medication List

Develops Medication List → 

| 1 Identifies Medications | 2 Clarifies Medications | 3 Verifies Medications | 4 Reconciles Medications | 5 Documents Medications |
|---|---|---|---|---|
| 1.1 Requests Discharge Form | 2.1 Asks for Discharge List | 3.1 Compares Medication on Discharge List and Prescriptions | 4.1 Calls Provider | 5.1 Completes POC Medication List |
| 1.2 Documents Discharge Form | 2.2 Asks for Prescriptions | 3.2 Compares Medication Bottles with Prescriptions | 4.2 Communicates Discrepancies and/or Interactions | |
| 1.3 Asks Patient to Request Discharge Form | 2.3 Asks for Medication Bottles | 3.3 Runs Dur | | |

→ Completes Medication List

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What are we trying to accomplish (**aim**)?

How will we know that a change is an improvement (**measures**)?

What change can we make that will result in improvement (**change: working smarter not harder**)?

Act | Plan
Study | Do

(Langley et al, 1996)

Ideal Future

Present Situation

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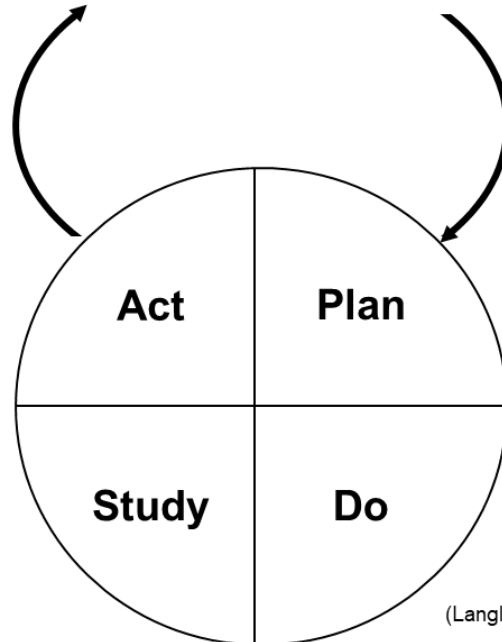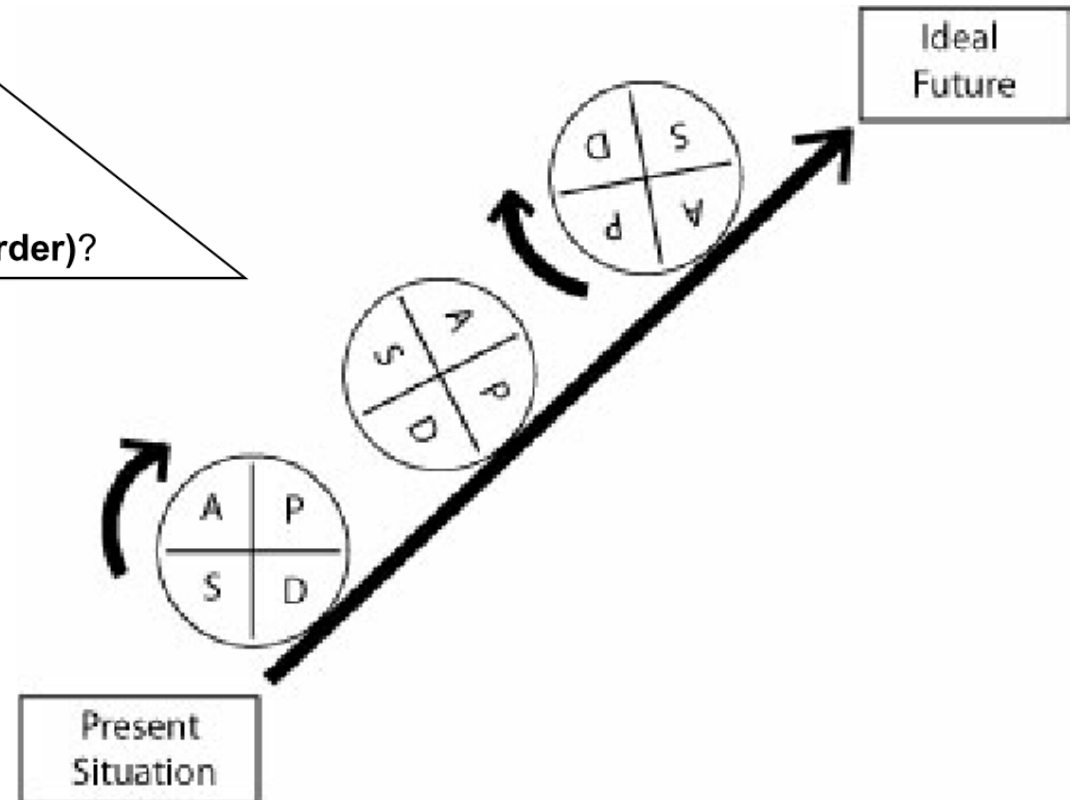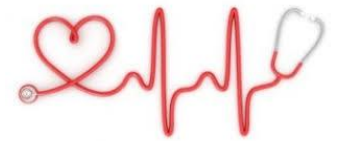
- Create new process map or procedure

- Develop spreadsheet, tables or tools to collect data

- Have people collect they own data

  - It facilitates quicker understanding and change
  - They see immediate effects of their practice and change behavior to meet the goal

DATA COLLECTION
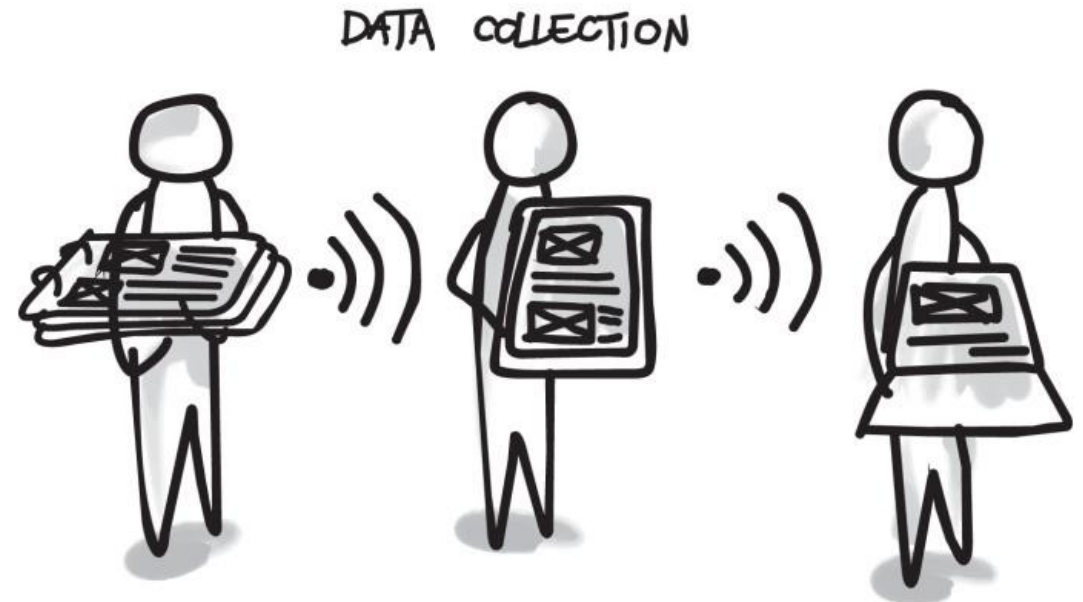
# Monitoring Process & Outcomes
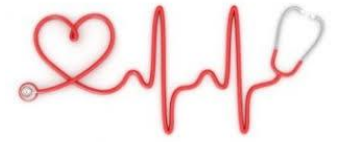
| Metrics for Completing a Medication List at Transitions | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Indicator** | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
| Number of Patients Admitted From Intake | 10 | 13 | 15 | 10 | 12 | 20 | 23 | 24 | 30 | 32 | 40 | 42 |
| The Number of Discharge Forms Obtained at Referral by Intake | 2 | 3 | 2 | 5 | 7 | 10 | 8 | 14 | 25 | 23 | 31 | 35 |
| The Number of Discharge Forms Obtained and Given to Nurse by Patient | 6 | 6 | 8 | 4 | 6 | 9 | 8 | 10 | 13 | 15 | 20 | 23 |
| The Number of Incidences Where the MD/NP was Called to Clarify Medications Descripencies | 8 | 8 | 10 | 7 | 5 | 3 | 13 | 10 | 13 | 12 | 16 | 11 |
| The Number of Incidences Where the MD/NP was Reached to Clarify Medications Descripencies (initial) | 2 | 3 | 4 | 2 | 2 | 1 | 6 | 4 | 5 | 5 | 8 | 4 |
| The Number of Incidences Where the Nurse Manager Was Contacted to Clarifiy Critical Medications Descripencies | 3 | 2 | 2 | 1 | 4 | 4 | 3 | 5 | 1 | 5 | 4 | 6 |
| The Number of Patients Sent Back to the Hospital for Medication Descripencies | 1 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 1 | 2 | 1 | 1 |
| | | | | | | | | | | | | |
| The Percentage Discharge Forms Obtained and Given to Nurse by Patient | 20% | 23% | 13% | 50% | 58% | 50% | 35% | 58% | 83% | 72% | 78% | 83% |
| The Percentage of Incidences Where the MD/NP was Reached to Clarify Medications Descripencies (initial) | 25% | 38% | 40% | 29% | 40% | 33% | 46% | 40% | 38% | 42% | 50% | 36% |
| The Percentage of Patients Sent Back to the Hospital for Medication Descripencies | 10% | 0% | 7% | 0% | 8% | 10% | 0% | 0% | 3% | 6% | 3% | 2% |



Review the monitoring data? Why bother? We're going fine.

PROJECT

REMEMBER M&E INFORMATION IS USEFUL ONLY IF IT IS USED!

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**Input Throughput Output**

The Hidden Factory

## Deployment Flowchart

**Deployment Flowchart or Swimlane Map**

| Functions | Process Steps |
|---|---|
| Function 1 | Start → Step → Step → Step → Step |
| Function 2 | ? → Step → Step → ? → Step → Step |
| Function 3 | Step |
| Function 4 | Step → ? → Step → Step → Stop |
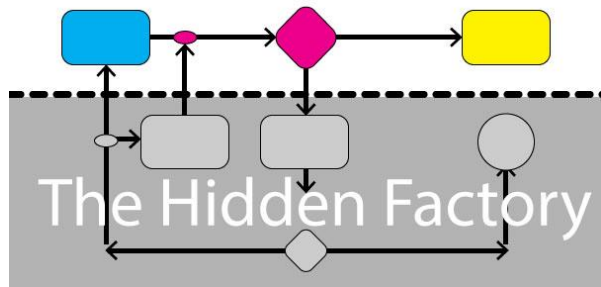
### Develop/Complete Accurate Medication List At Transitions From Hospital to Home (01/01/09)

**Referral Intake Staff**

- Requests Discharge Form with Medication List 1.1
- Obtains List?? → Yes → Updates POC with Medications Listed on Discharge Form 1.2
- No → Prepare Med List
- Updates POC with Medications Listed in Medical Record 1.2.1
- Documents t if Used the Discharge Form 1.4
- Reminds Patient To Request and Show Clinician Discharge Form !.5

**Patient**

- Requests Discharge Form 1.6

**Home Care Nurse**

- Reads Referral Comments and POC Medications Orders 1.4.1
- Uses Discharge Form for Meds?? → No → Asks Patient for Discharge List, Prescriptions, and Med Bottles 2.1 – 2.3
- Obtains List?? → Yes → Compares Discharge List to Presc. POC and Meds in Home 3.1 – 3.2
- Obtains List?? → No → Calls MD to Verify Mediations 4.1
- Reaches MD? → Yes → Communicates Discrepancies and/or Interactions 4.2 → Completes Medication List
- Reaches MD? → No → Calls Intake, and/or Pharm to Reconcile Discharge Meds to Medications in Home 3.1.1
- Match?? → Yes → Run Dur 3.3
- Match?? → No → Contact Manager to Assist 3.1.2
- If Meds Critical, Sends to Hosp, if not Call MD Next Day 3.1.3
- Interactions?? → No → Complete Medication List
- Confirms Meds? → NO / Yes
- Run Dur 3.3

**Change Ideas:**
- Obtain Discharge Form
- Ask Patient to Obtain Form and Give to Nurses
- Contact Manager
- Develop Medication List
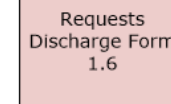
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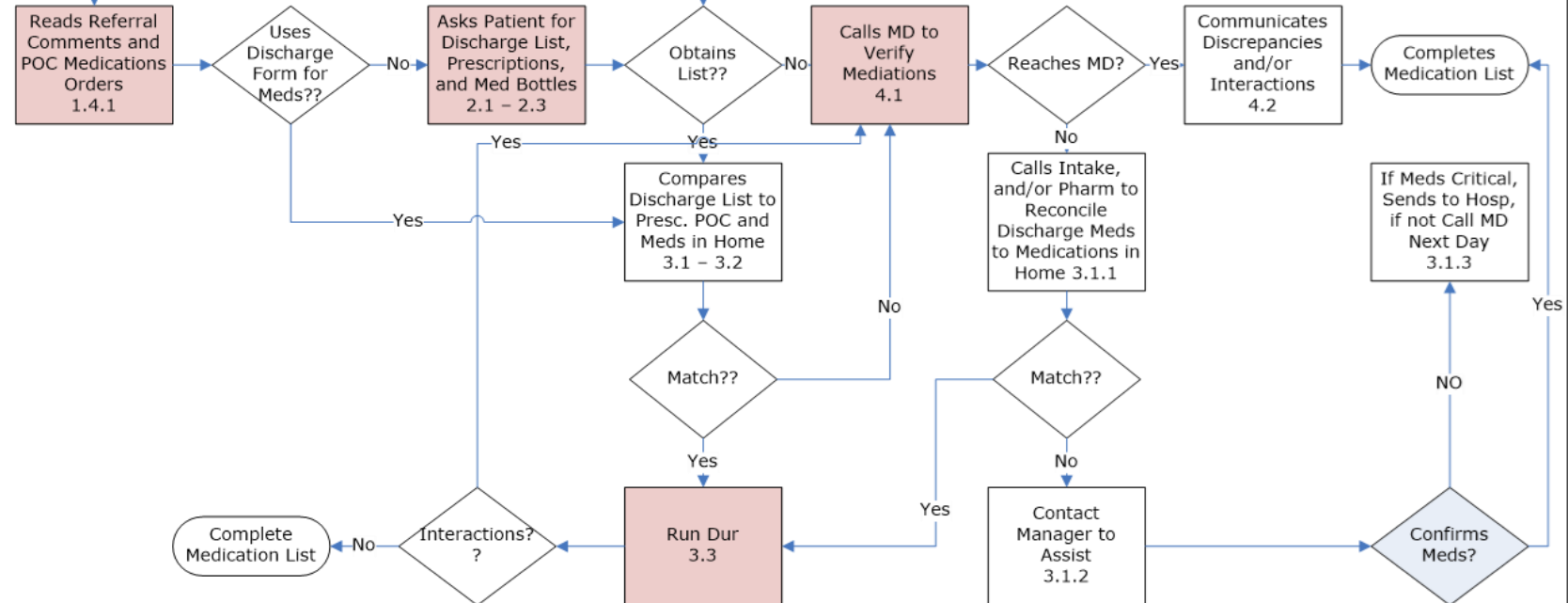
# MEDICATION OUTCOMES

**Medication Obtained and Hospitalization Percentages**

| Month | Discharge Forms Obtained | Patients Sent Back |
|-------|--------------------------|--------------------|
| JAN | 20% | 10% |
| FEB | 23% | 0% |
| MAR | 13% | 7% |
| APR | 50% | 0% |
| MAY | 58% | 8% |
| JUN | 50% | 10% |
| JUL | 35% | 0% |
| AUG | 58% | 0% |
| SEPT | 83% | 3% |
| OCT | 72% | 6% |
| NOV | 78% | 3% |
| DEC | 83% | 2% |

■ The Percentage Discharge Forms Obtained and Given to Nurse by Patient

■ The Percentage of Patients Sent Back to the Hospital for Medication Descripencies

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# Developing an Evaluation Plan

Yvonne Johnston, DrPH, MS, FNP

Bonnie Lauder, MIS, RN, PMHNP, CPHQ

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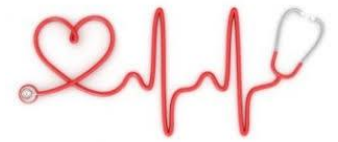
# WHAT IS EVALUATION?

Activity directed at collecting, analyzing, interpreting, and communicating information about the workings and effectiveness of interventions

This **research** is really going to help move our field forward.

This **evaluation** is really going to help our program become more effective.

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# Structure — Process — Outcome

**Structure: Institution & Provider Attributes**

- Material resources, facilities, equipment, funding
- Human resources, personnel, administration, organizations

**Process: What is <u>done</u> to the patient**

- Patient/provider activities in delivering/receiving care
- Content of care, care planning
- Delivery of care (frequency, duration, quality)

**Outcome: What <u>happens</u> to the patient**

- Knowledge, attitudes & behaviors
- Satisfaction with care, effects on healthcare utilization
- Measures of physical / cognitive function

Donabedian's Quality Framework

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# Evaluation: Outcome vs. Process

Intervention → **BLACK BOX** → Outcome

**Outcome Evaluation**

Intervention → Process → Outcome
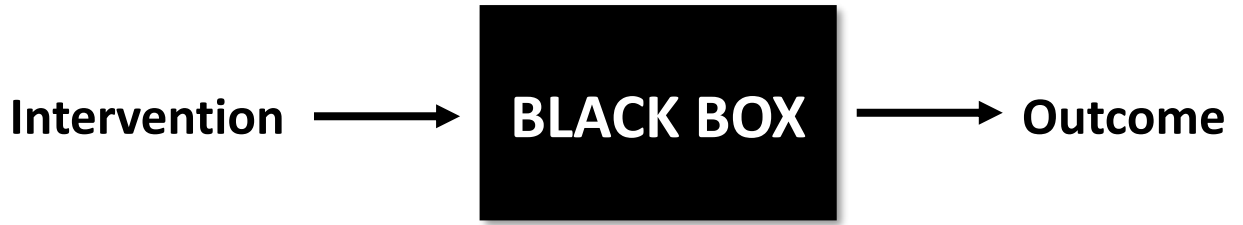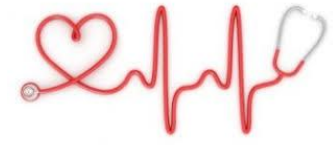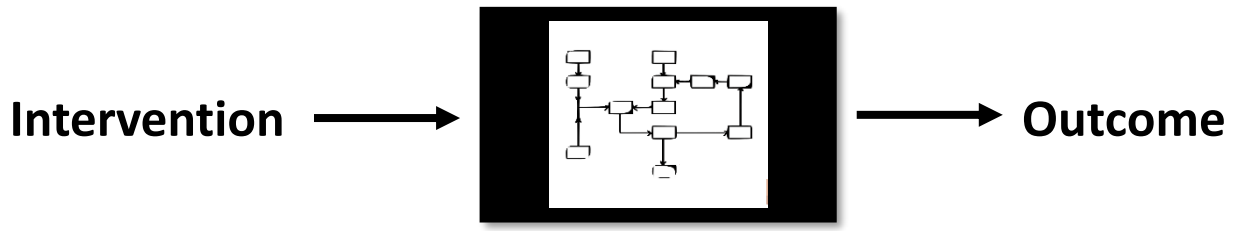
**Process**

**Process Evaluation**
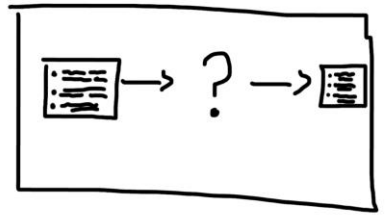
Could you provide us with a little more detail on step two?
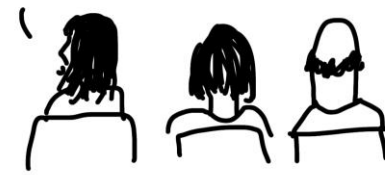
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# TYPES OF EVALUATION
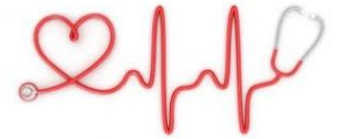
| TYPE OF EVALUATION | PURPOSE | KEY ELEMENTS | EVALUATION QUESTION |
|---|---|---|---|
| **Process** | Assessment of project & intervention activities for: - Monitoring - Quality improvement - Accountability | Interventions (description & context) Resource utilization Administration Participation (recruitment & reach) Implementation (including barriers & success strategies) | What resources are being used? How is the project being administered? Is the project reaching the intended audience? How is the project being implemented? |
| **Outcome** | Determine achievement of: - Objectives - Goals | Evaluation design Data collection methods (evaluation tools & outcome measures) Data analysis | Were project objectives met? What changes were observed ? Can these changes be attributed to the project? |
| **Impact** | Determine long-term effects | Ongoing surveillance and monitoring of key indicators | What effects did the project have in the long-term? |

# EVALUATION PROCESS

- Use outcomes data to improve process
- Review data plan
- Improve evaluation process/plan

- Select indicators
- Select methods
- Allocate resources
- Assign responsibilities

**Act**

**Plan**

**Analyze**

**Collect**

- Analyze data
- Generate reports
- Communicate findings

- Establish system to collect & capture data
- Establish system to assure data quality
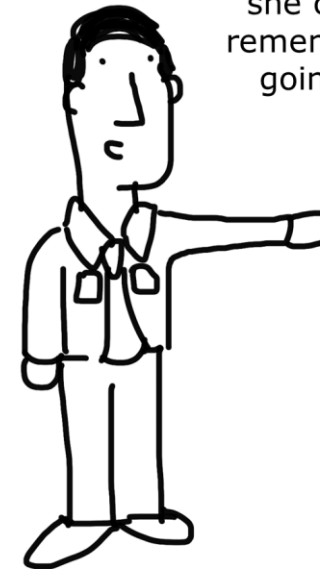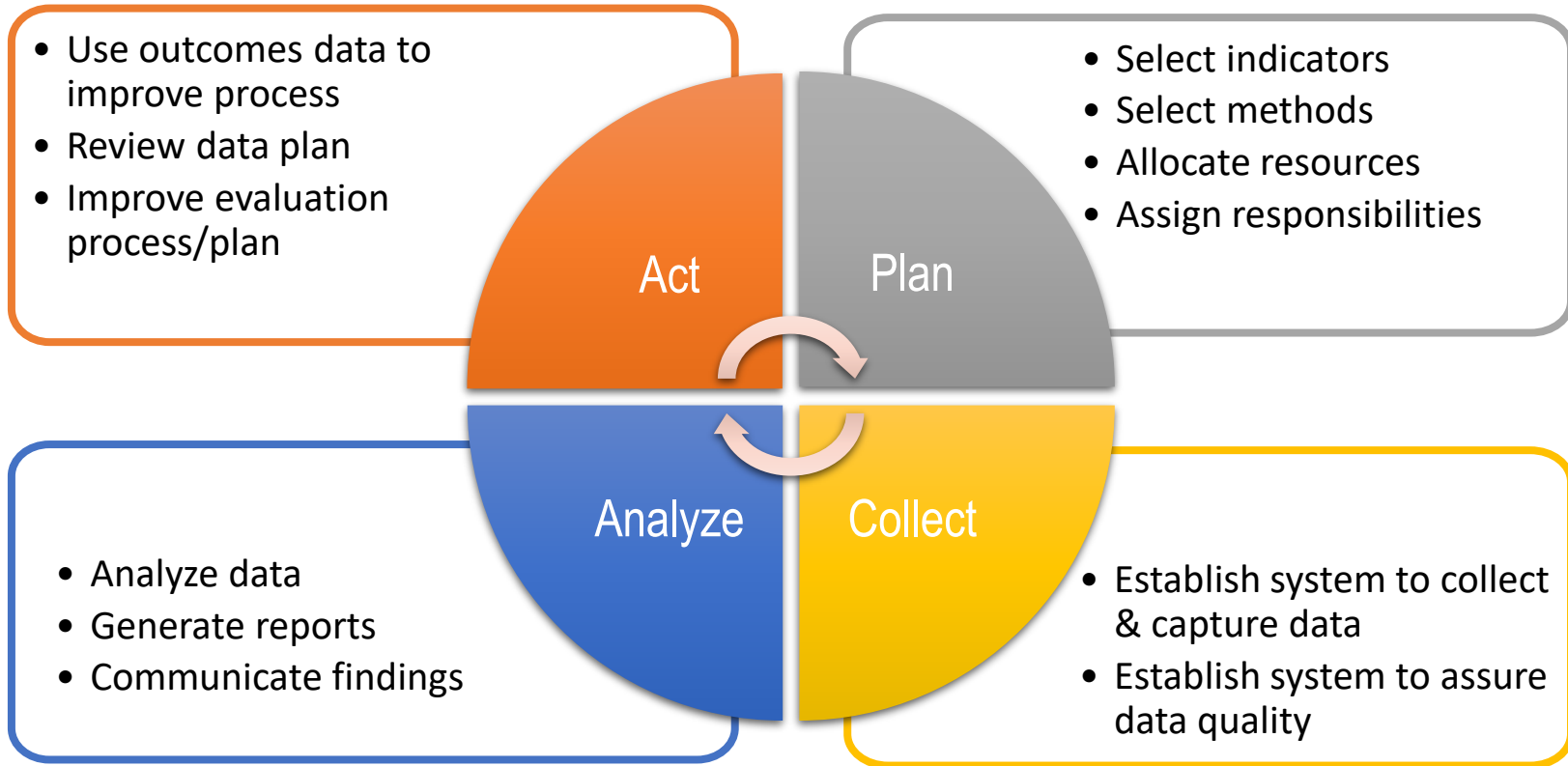
This is our evaluator. Every time she collects data it will help us remember what we said we were going to do in the first place.

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# GOALS & OBJECTIVES

- Goal
  - A broad statement of a desired, long-term outcome
- Objectives
  - Statements of desired, specific, realistic and measurable results

| GOALS | OBJECTIVES |
|---|---|
| • General<br>• Intangible<br>• Broad<br>• Abstract<br>• Strategic | • Specific<br>• Measureable<br>• Narrow<br>• Concrete<br>• Tactical |

**Mission / Vision**
- Why action should be taken
  - Purpose and values

**Goals**
- Overarching effect of the practice change

**Objectives**
- What will change AND
  - By how much
  - For whom
  - By when

**Indicators**
- Actual measurements

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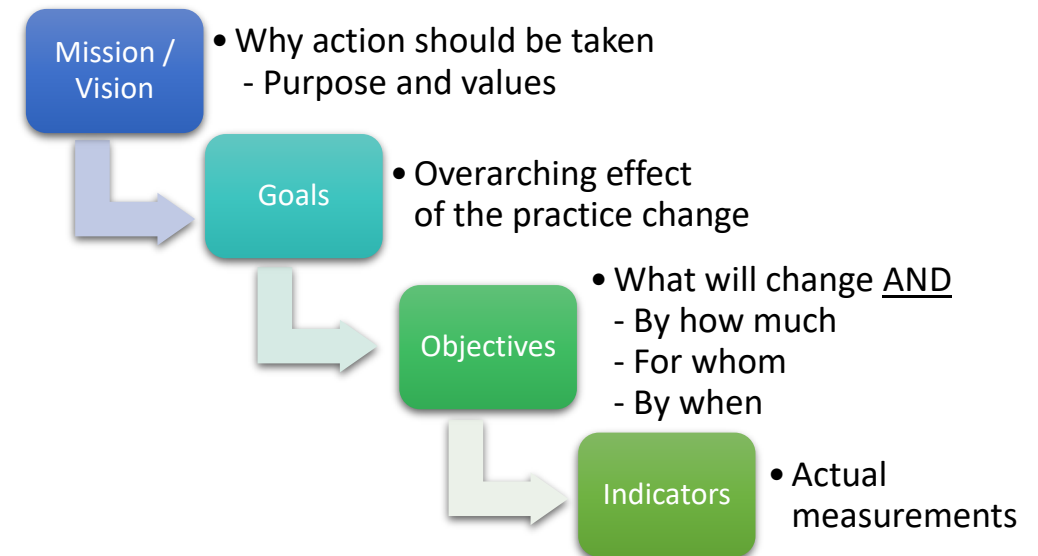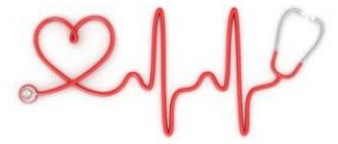
# Writing SMART Objectives



| Specific | Measureable | Achievable | Realistic | Time-bound |
|----------|-------------|------------|-----------|------------|
| S | M | A | R | T |

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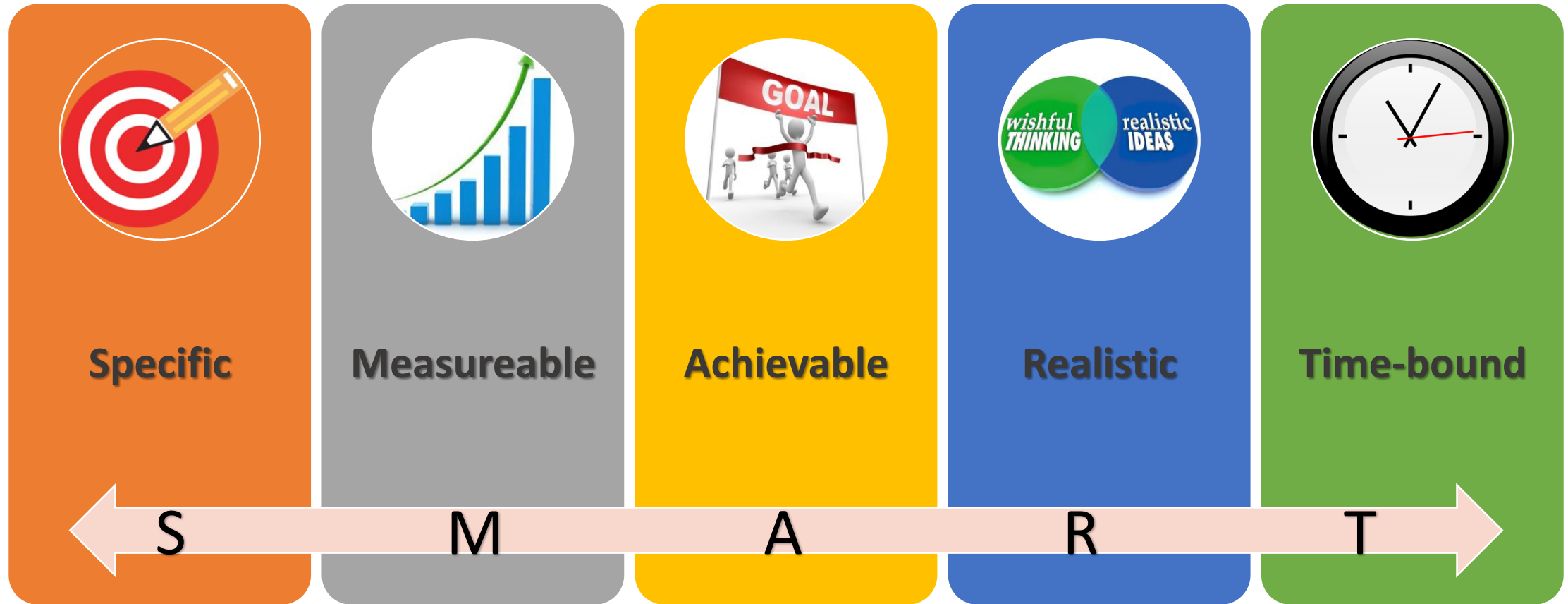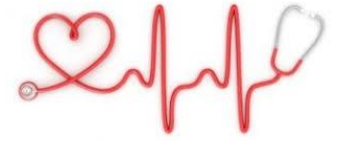
# Which is a SMART Objective?

A. Providers will understand the importance of effectively measuring glycosylated hemoglobin.

B. Reduce hospital acquired infections.

C. By December 31, 2018, the number of women enrolling in prenatal care during the first trimester will increase by 20%.

D. Increase completed referrals to mental health care.

# Logic Model



| Inputs | Activities | Outputs | Outcomes | Impact |
|--------|-----------|---------|----------|--------|
| Resources needed | Actions to be taken | Amount of tasks/work completed | Observed improvements or changes | Long-term benefits derived |

Create a "logic model"

Here is our new simplified logic model

Give us $ → We all WIN

Structure → Process → Output → Outcome
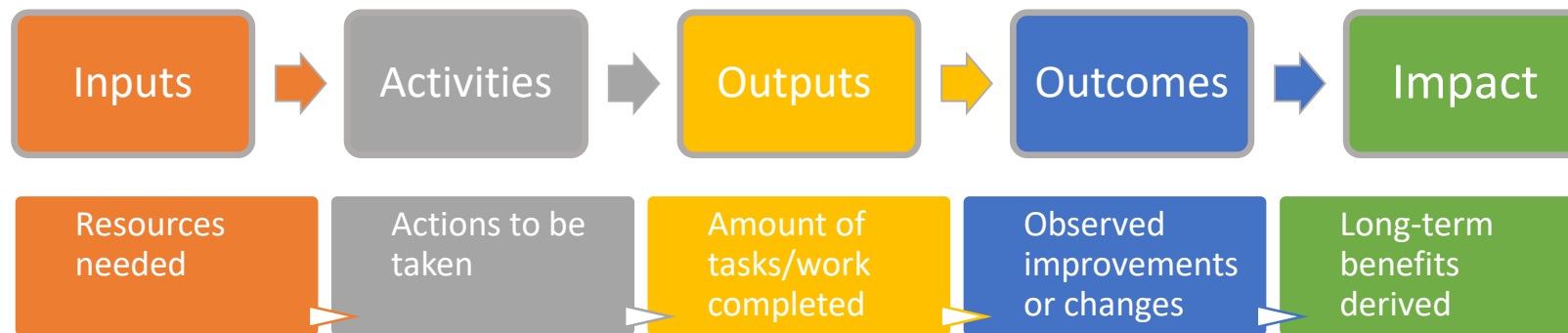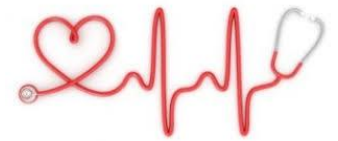
- ✓ **Visual depiction of what a project does and what changes are expected**
- ✓ **Important first step for project design and evaluation planning**

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# Sample Logic Model

**OUTCOMES**

| INPUTS | ACTIVITIES | OUTPUTS | SHORT-TERM | INTERMEDIATE | LONG-TERM |
|---|---|---|---|---|---|

**INPUTS**

*Program Management & Support:*
Supervising Public Health Educator
Health Program Specialist
Budget/Cost Accounting
Public Health Director
NYSDOH
UHS

*Funding:*
NYSDOH
NYS Health Foundation
CDC
Excellus BCBS
Community Foundation of SCNY
Leveraged resources

*Partners:*
BCHD
UHS
BC OFA
Independence Awareness
YMCA
BC Council of Churches
RSVP
Tioga Opportunities
Binghamton University
Local media

*Stakeholders:*
Healthcare Administrators
Providers/Clinicians
Older Adults
CBFP Program Administrators & Staff

*Research / Best Practices:*
CDC STEADI Program
Tai Chi Program
Stepping On Program
Stages of Change Model

*Data Analysis:*
Decker School of Nursing, Binghamton University, Program Evaluator & Research Assistant

**ACTIVITIES**

- Conduct academic detailing to recruit sites and provider groups
- Expand program to surrounding counties

- Implement STEADI program with provider groups in identified sites
- Make seamless sustainable healthcare systems changes for fall risk assessment and referral [EMR & Case Mgmnt]

- Implement community based fall prevention programs
- Expand capacity of community based programs including expansion to surrounding counties

- Develop and implement media / communication plan for Falls Prevention

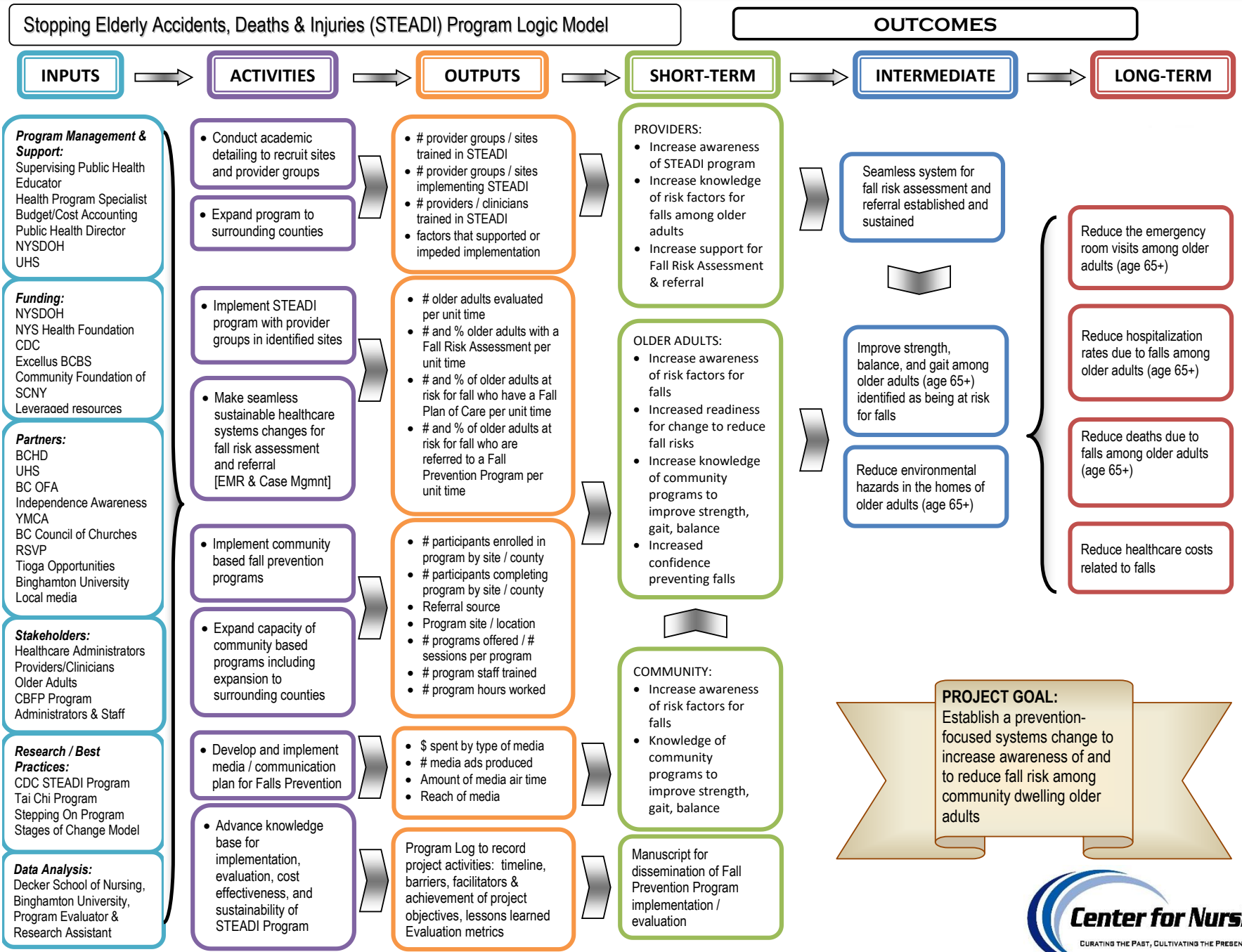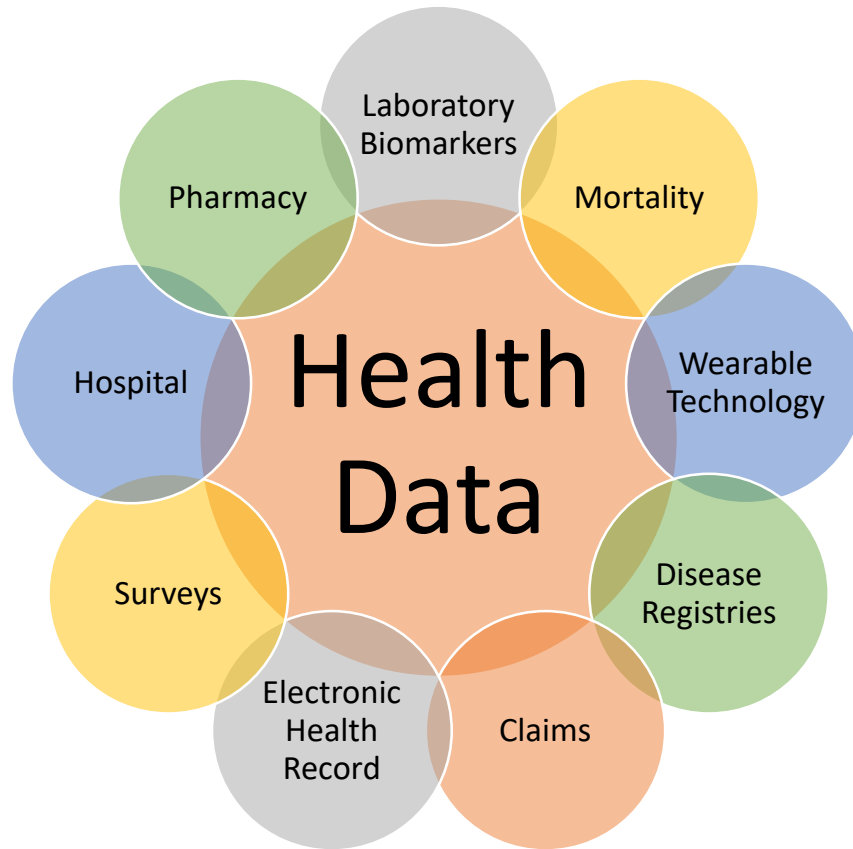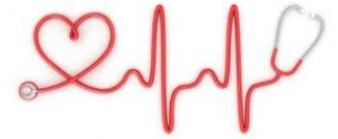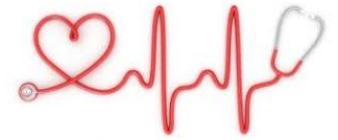- Advance knowledge base for implementation, evaluation, cost effectiveness, and sustainability of STEADI Program

**OUTPUTS**

- # provider groups / sites trained in STEADI
- # provider groups / sites implementing STEADI
- # providers / clinicians trained in STEADI
- factors that supported or impeded implementation

- # older adults evaluated per unit time
- # and % older adults with a Fall Risk Assessment per unit time
- # and % of older adults at risk for fall who have a Fall Plan of Care per unit time
- # and % of older adults at risk for fall who are referred to a Fall Prevention Program per unit time

- # participants enrolled in program by site / county
- # participants completing program by site / county
- Referral source
- Program site / location
- # programs offered / # sessions per program
- # program staff trained
- # program hours worked

- $ spent by type of media
- # media ads produced
- Amount of media air time
- Reach of media

Program Log to record project activities: timeline, barriers, facilitators & achievement of project objectives, lessons learned Evaluation metrics

**SHORT-TERM**

PROVIDERS:
- Increase awareness of STEADI program
- Increase knowledge of risk factors for falls among older adults
- Increase support for Fall Risk Assessment & referral

OLDER ADULTS:
- Increase awareness of risk factors for falls
- Increased readiness for change to reduce fall risks
- Increase knowledge of community programs to improve strength, gait, balance
- Increased confidence preventing falls

COMMUNITY:
- Increase awareness of risk factors for falls
- Knowledge of community programs to improve strength, gait, balance

Manuscript for dissemination of Fall Prevention Program implementation / evaluation

**INTERMEDIATE**

Seamless system for fall risk assessment and referral established and sustained

Improve strength, balance, and gait among older adults (age 65+) identified as being at risk for falls

Reduce environmental hazards in the homes of older adults (age 65+)

**LONG-TERM**

Reduce the emergency room visits among older adults (age 65+)

Reduce hospitalization rates due to falls among older adults (age 65+)

Reduce deaths due to falls among older adults (age 65+)

Reduce healthcare costs related to falls

**PROJECT GOAL:**
Establish a prevention-focused systems change to increase awareness of and to reduce fall risk among community dwelling older adults

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# DATA SOURCES



Health Data

- Laboratory Biomarkers
- Mortality
- Wearable Technology
- Disease Registries
- Claims
- Electronic Health Record
- Surveys
- Hospital
- Pharmacy

Those are good numbers.
Don't just throw them away.

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# Internal Data Sources

| Quality Management | Risk Management | Finance | Clinical Systems | Operational Systems | EMR / IT | Benchmarking Data |
|---|---|---|---|---|---|---|
| • Hospital quality<br>• Nursing quality<br>• Patient satisfaction<br>• Regulatory / Accreditation | • Incident reporting<br>• Medication errors<br>• Sentinel events<br>• Patient complaints | • Admission, transfer, discharge<br>• Billing & coding<br>• Capital & operational budgets<br>• Medicare severity diagnosis-related groups<br>• Cost & ROI | • Monitoring devices & equipment | • Patient tracking & flow<br>• Staffing & scheduling | • Patient history<br>• Patient assessment<br>• Diagnostic test results<br>• Medication regime<br>• Plan of care | • National Database of Nursing<br>• Quality indicators<br>• Centers for Medicare & Medicaid Services<br>• Patient satisfaction survey organizations |

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# DATA COLLECTION METHODS



Methods of data collection

Observation

Interview

Questionnaire

Database
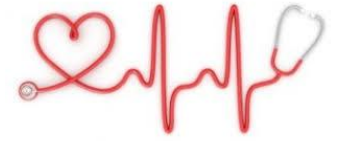
Will we have access to our data?

Of course you will. Just submit a formal request and provide us with an ample budget and time to respond.

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# TYPES OF OUTCOMES

| Implementation | Service | Patient |
|---|---|---|
| • Feasibility<br>• Fidelity<br>• Penetration<br>• Acceptability<br>• Sustainability<br>• Uptake<br>• Costs | • Efficiency<br>• Effectiveness<br>• Equity<br>• Safety<br>• Patient centeredness<br>• Timeliness | • Satisfaction<br>• Function<br>• Health status<br>• Symptoms |

Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges. *Administration and Policy in Mental Health and Mental Health Services Research, 36*(1), 24-34.

# For Good Measure!

- Quantitative

- Easy to understand

- Encourages positive behavior

- Visible

- Mutually defined & understood

- Comprehensive

- Measures what's important

- Multi-dimensional

- Uses economies of effort

- Facilitates trust

*COMMON MISTSAKES*

- Metrics for the sake of metrics (not useful)

- Too many metrics (no action)

- Metrics not driving intended action

- Lack of follow-up

- No record of methodology

- No benchmarks

- Underestimation of data extraction

6161

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# Categories of Clinical Indicators

## Major Categories

- Rate based vs. Sentinel
- Structure Process Outcome
- Generic or Disease specific

## Type of Care

- Preventive
- Acute
- Chronic
- Palliative

## Function

- Screening
- Diagnosis
- Treatment
- Follow-up

## Modality

- History
- Physical
- Laboratory / Imaging
- Medication
- Other

Mainz, J. (2003). Defining and classifying clinical indicators for quality improvement. *International Journal for Quality in Health Care, 15*(6), 523-530.

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# DEFINING INDICATORS

| CHARACTERISTIC | EXAMPLE |
|---|---|
| Name | Fall-related hospitalization |
| Definition | Hospitalizations due to accidental falls with principal diagnosis of injury coded E880-E888 (excludes E887, fracture cause unspecified) |
| Type | Outcome |
| Level | Interval |
| Rationale | Comparisons of Fall-Related Events |
| Limitations | LIMITATIONS: Diagnostic coding issues, field matching, missing injury codes |
| Data Source | Archive (Jan 09 – Dec 12) Invision (Dec 12 – Jun 14) Soarian (Jun 14 – Oct 15) |
| Frequency | Baseline and Follow-up |
| Responsibility | C.A., Lead Organization |

GET ALL THE INFORMATION YOU CAN, WE'LL THINK OF A USE FOR IT LATER.

Source: V1shal.com

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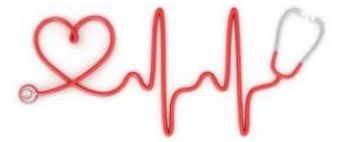
# Types of Benchmarks

**Performance**

- Comparison of performance outputs to identify gaps

**Process**

- Identification of practices & critical factors which lead to superior performance

**Patient Experience**

- Focuses on meeting patient expectations

Ellis, J. (2006). All inclusive benchmarking. *Journal of Nursing Management, 14*(5), 377-383.

# How Benchmarks are Used



© MARK ANDERSON                                          WWW.ANDERTOONS.COM
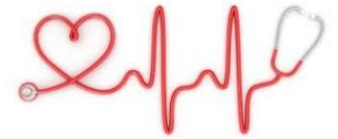
| TYPE | DEFINITION |
|------|------------|
| **Competitive** | How well individual/organizational is performing against direct competitors |
| **Comparative** | How similar functional activities are handled by different organizations |
| **Collaborative** | Sharing of knowledge about an activity with goal of organizational learning and process improvement |
| **Clinical Practice** | Structured comparison and sharing of best practices in clinical aspects of care |
| **Essence of Care** | Structured comparisons and sharing of qualitative good practice |

"After analyzing all your data, I think we can safely say that none of it is useful."

Ellis, J. (2006). All inclusive benchmarking. *Journal of Nursing Management, 14*(5), 377-383.

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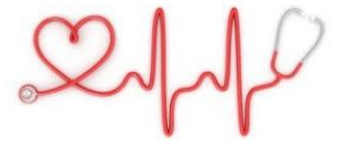
# Data Collection Questions

- How are the outcomes defined?
- What data will be used to measure the outcome?
- Who "owns" the data needed for this project?
- Who will (or already does)generate the data needed for the project?
- What special clearances are required to access the data?
- What are the restrictions for sharing these data?
- Who will be responsible for sharing these data?
- Who will be responsible for collecting these data?

- When will the data be collected?
- Where are the data located?
- How will the evidence-based practice (EBP) team access the data?
- How will the EBP team store the data?
- What program will the EBP team use to analyze the data?
  - Who will help the EBP team with data analysis?
  - How will the EBP team manage the data (data entry, cleaning, labeling)?

Fineout-Overholt, E., Williamson, K. M., Gallagher-Ford, L., Melnyk, B. M., & Stillwell, S. B. (2011). Evidence-based practice, step by step. Following the evidence: Planning for sustainable change. *AJN The American Journal of Nursing, 111*(1), 54-60.

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# Sample Evaluation Matrix

| STAKEHOLDER | EVALUATION | PROCESS / OUTCOME MEASURES | DATA SOURCE | DATA COLLECTION |
|---|---|---|---|---|
| United Health Services | Implementation measures | # provider groups / sites trained in STEADI<br># provider groups / sites implementing STEADI<br># providers / clinicians trained in STEADI<br>factors that supported or impeded implementation | Program Records Practice Log | Data Collection: Baseline & Monthly Report: Quarterly |
| | Screening Rate Referral Rate Proportion with Fall Plan of Care | # older adults evaluated per unit time<br># and % older adults with a Fall Risk Assessment per unit time<br># and % of older adults at risk for fall who have a Fall Plan of Care per unit time<br># and % of older adults at risk for fall who are referred to a Fall Prevention Program per unit time | Electronic Medical Record | Data Collection: Baseline & Monthly Report: Quarterly |
| | Program costs | $ spent to implement STEADI program – personnel & materials<br>$ saved – estimate based on reductions in ED visits and hospitalizations | Program Records Claims Data | Ongoing Report: Quarterly End of Project |
| | Outcome measures | # Deaths due to falls per unit time<br># Emergency room visits due to falls per unit time<br># Hospitalizations due to falls per unit time | NYSDOH SPARCS | Report: Annual |

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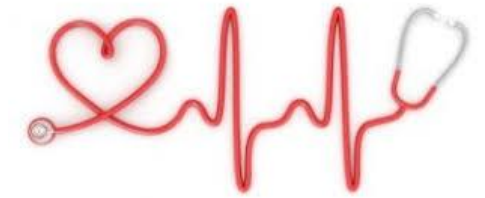
# Developing a Sustainability Plan

Yvonne Johnston, DrPH, MS, FNP

Bonnie Lauder, MIS, RN, PMHNP, CPHQ

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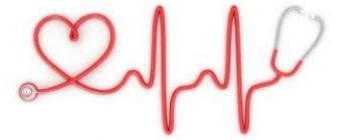
# Sustainability Factors



- **Leadership**
  - Project champion
  - Commitment
  - Role modeling
- **Supportive context**
  - Culture promotes learning, change, empowerment
  - Reward / incentive program
  - Financial resources & time
- **Effective partnerships**
  - Multi-departmental & multi-disciplinary involvement
  - Internal & external stakeholders

- **Innovation**
  - Relevance, observable outcomes
  - Alignment of values
- **Capacity building**
  - Resource & educational materials
  - QI coordinator & team
  - Mentoring
- **Rigorous decision-making & planning**
  - Clear goals & measureable objectives
  - Feedback-based process and outcome measurement system

[Ontario Sustainability Planner](#)

Compas, C., Hopkins, K. A., & Townsley, E. (2008). Best practices in implementing and sustaining quality of care: A review of the quality improvement literature. *Research in Gerontological Nursing, 1*(3), 209-216.

Fleiszer, A. R., Semenic, S. E., Ritchie, J. A., Richer, M.-C., & Denis, J. L. (2015). An organizational perspective on the long-term sustainability of a nursing best practice guidelines program: A case study. *BMC Health Services Research, 15*(1), 535.

# Planning for Sustainability

| | |
|---|---|
| **Planning** | • What to sustain – all or part? |
| **Evidence** | • What is the problem?<br>• What is the evidence for best solution? |
| **Commitment & Support** | • Is there support from management?<br>• What plans/projects align with it? |
| **Engagement** | • What alliances are need?<br>• What resources can be shared? |
| **Champions** | • Who has strong leadership skills?<br>• Who has a high profile identity? |
| **Capacity Building** | • Is there a commitment to skill building?<br>• Can change be institutionalized in setting? |
| **Policy** | • Can crucial elements of change be incorporated into policies? |
| **Evaluation** | • What feedback should be collected?<br>• What outcomes are important to measure? |
| **Adaptation** | • Will systems be responsive to ongoing change?<br>• What structure will allow for adaptation? |
| **Funding** | • Are budget resources adequate to fund at levels needed for assuring effectiveness? |

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# Key Drivers of High Performance Management

## Drive Quality Control

- Standardization
- Accountability
- Visual Management
- Problem Solving
- Escalation
- Integration

## Manage Quality Improvement

- Prioritization
- Assimilation
- Implementation

## Establish HPM Culture

- Policy
- Feedback
- Transparency
- Trust

Scoville, R., Little, K., Rakover, J., Luther, K., & Mate, K. (2016). *Sustaining improvement* [white paper]. Cambridge, MA: Institute for Healthcare Improvement. Retrieved from http://www.ihi.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx

# Key Driver Diagrams

# GANTT Charts - Timelines

# EVALUATION OF SUSTAINABILITY
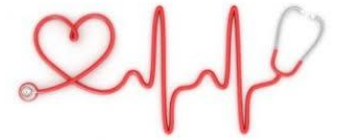
- Quality management indicators
- Persistence of outcomes (health benefits, cost savings)
- Measures of system integration, institutionalized in:
  - Policy & procedures
  - Infrastructure & budget
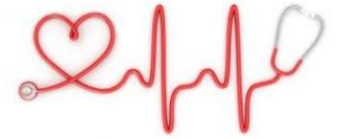- Project specific evaluation tools

- What will be sustained, how much, by whom, by when



Sustainabilty
- Enough
- for all
- forever

freshspectrum.com

# RESOURCE EXPENDITURES

## Direct Medical Costs

- Outpatient visits
- Procedures & diagnostics
- Drugs
- Medicinal substances
- Devices and Medical assistive equipment
- Hospital stays
- Rehabilitation
- Social services
- Other services
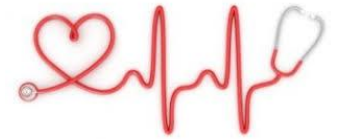
## Direct Non-Medical Costs

- Administration
- Equipment
- Investments
- Travel
- Patient time
- Informal care by care givers
- Training facilities

## Indirect Costs

- Work productivity
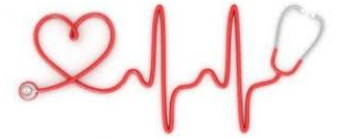- Incapacity for work
- Occupational disability
- Premature death

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# ECONOMIC EVALUATION

| ANALYTIC METHOD | COMPARISON | HEALTH MEASURE | SUMMARY MEASUREMENT |
|---|---|---|---|
| Cost-consequences | Implementation strategies with disparate outcomes | Any measure | - |
| Cost-effectiveness | Implementation strategies with common outcomes | Process measures or health effects | Cost-effectiveness ratio |
| Cost-utility | Implementation strategies with morbidity/mortality outcomes | Final health outcomes [health status, patient preferences, utilities] | Cost per QALY, at patient or population level |
| Cost-benefit | Implementation strategies with different types of outcomes | Monetary units | Net health benefit or net monetary benefit, at patient or population level |
| Cost Analysis | Net cost of implementation strategies with equivalent outcomes | - | Net cost or cost of illness, at patient or population level |

 Hoomans, T., & Severens, J. L. (2014). Economic evaluation of implementation strategies in health care. In: BioMed Central.

# Spreading the Innovation

- Spread (speed & scale)
  - Taking a successful pilot implementation to other parts of an organization
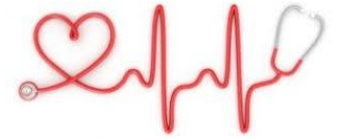
*Make the case!*

- Strategic
  - High impact, high risk, high cost
  - Alignment with organizational priorities
- Business
  - Return on investment
  - Incremental cost effectiveness

- Methods
  - Disseminate findings broadly
  - Share results with key stakeholders
  - Recognize contributions of team members
  - Address financial and professional concerns
  - Monitor performance: individual, unit/clinic, organizational
  - Offer frequent feedback
  - Provide targeted technical assistance
  - Establish mechanism for sharing lessons learned
  - Translate recommendations into policies
  - Offer clinical ladder incentives

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# DISSEMINATION

- With whom should the findings be shared?

- What is the best way to reach your target audience?

- What is their availability in terms of time?

- How can you accommodate their levels of interest and understanding?

- Would people come to a seminar or meeting?

- Could you reach workers through an article or news item?

- Are there any organizations that could help your with dissemination?

Newsletter
Website / Blog
Social Media
Press Release
Brochure / Fact Sheet
Conference / Workshop
Journal / Magazine / Book
Technical Report
Radio / TV Interview
Professional Organizations
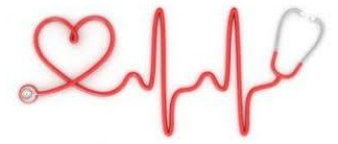Informal Networks

Nice. Email sent.
Dissemination complete.

My spam folder is out of control.

freshspectrum.com

Carpenter, D., Nieva, V., Albaghal, T., & Sorra, J. (2005).Development of a planning tool to guide dissemination of research results. *Advances in Patient Safety: From Research to Implementation, 4*. Rockville, MD: Agency for Healthcare and Research Quality. Available https://www.ncbi.nlm.nih.gov/books/NBK20584/pdf/Bookshelf_NBK20584.pdf

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Dashboards & Infographics

# Planning & Evaluation Road Map
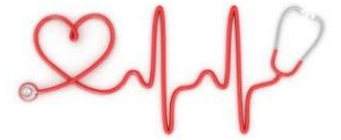
"One day Alice came to a fork in the road and saw a Cheshire cat in a tree.

'Which road do I take?' she asked.

'Where do you want to go?' was his response.
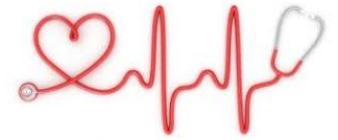
'I don't know,' Alice answered.

'Then,' said the cat, 'it doesn't matter.'"

~ Lewis Carroll from *Alice in Wonderland*

BEGIN...

...with the END *in mind*!

STAY...

...ON *track*!

# FINAL THOUGHTS ...

## Planning ...

- **Is iterative**
  *If plan A, fails, there are 25 more letters*

- **Requires teamwork**
  *If you want to go fast, go alone*
  *... if you want to go far, go together*

- **Is the key to success**
  *Most people don't plan to fail, they fail to plan*

- **Is the first step to achieving a goal**
  *A goal without a plan is just a wish*

What is the situation?

What changes do we want to see?

What assets do we have?

What are we going to do?

What will change as a result of our actions?

How do we sustain that change?

**PLANNING**

Plan A
Plan B
Plan C

PLAN
PLAN
PLAN
PLAN
ACTION

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