CAH Quality Improvement:
Program Evaluation Status
Alerus Center
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and Assistant Professor
Quality Network Evaluator

Connecting resources and knowledge to strengthen
the health of people in rural communities.

Center for Rural Health

- Established in 1980, at The University of North Dakota (UND)
  School of Medicine and Health Sciences in Grand Forks, ND
- One of the country’s most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Focus on:
  - Education, Training, an Resource Awareness
  - Community Development and Technical Assistance
  - Native American Health
  - Rural Health Workforce
  - Rural Health Research
  - Rural Health Policy
  - Program Evaluation
- Web site: http://ruralhealth.und.edu
QI Evaluation Status

- Development of Logic Model – evaluation tool that maps out the scope of the program – covers resources and inputs that are used to implement the program, objectives and activities, outputs which are the process results of the objectives and activities, short and long term outcomes which are the overall impact of the effort, the measures which are used to determine outputs and outcomes, and the assumptions and influences which guide the overall effort. Logic models are important in establishing what the evaluation will focus on and measure for results
- Developed and administered one network member survey – used to develop a baseline of attitudes toward the network and its goals and efforts
- Presentation of survey findings to the Executive and Advisory Committees
- Survey findings used to inform strategic planning process
- Evaluation process will also cover two core elements in grant – communication and strategic planning
- Second network survey planned for May 2010
- Interviews with key stakeholders in May 2010

Key Findings from Network Survey

- Top rated initiatives (on a scale of 5) associated with the Network
  - Resource sharing between CAHs (mean score of 4.55)
  - CAH CoP manual and checklist (4.00)
  - Educational opportunities (3.91)
  - Centralized coordination (3.91)
  - Collaboration with NDDoH (3.82)
  - Collaboration with QIO (3.68)
  - Collaboration with CRH (3.68)

- Top two initiatives (open ended responses-in addition to closed ended, above, respondents were asked to select their top two)
  - Resource sharing
  - Funding from federal grants
Key Findings from Network Survey

• **Top rated specific outcomes (on a scale of 5) associated with the QN**
  o Enhance collaboration (4.50)
  o Facilitate communication (4.50)
  o Learn best practices from ND facilities (4.38)
  o Useful and timely information (4.23)
  o Improve quality of care (4.14)
  o Improve patient outcomes (3.95)
  o Reduce duplication and increase efficiency (3.85)

• **Top two benefits (open ended responses)**
  o Prepare CAHs for state surveys
  o Enhance collaboration

Key Findings from Network Survey

• **Things the Network can address in the future (on a scale of 5)**
  o BTWAN used for education and training (4.64)
  o Peer mentoring program (4.10)
  o Topic specific discussion groups (4.00)
  o Strategies to engage physicians in quality improvement (3.86)
  o Strategies to engage CAH Boards of Directors in quality improvement (3.86)
  o QI Coordinator/DON orientation (3.50)

• **Rating of formal network management structure (on a scale of 5)**
  o Availability/response of the coordinator (4.68)
  o Expertise of coordinator (4.45)
  o Availability/accuracy of information (4.29)
  o Affiliation with Center for Rural Health (3.95)
  o Meeting facilitation (3.33)
Logic Model (Example and Explanation)

- Quality Network has 7 goals – all to be evaluated
- It is important to understand that evaluation is not about finding fault, it is not punitive – it is an essential process to help the program learn what is working and why, or what isn’t and why – evaluation is part of overall implementation and should be used by program administrators to “feed-back” into the program for continued quality improvement
- The next slide shows the first goal as an example
- The following is meant as a guide to help you interpret the logic model
  - Outputs are presented as process deliverables – process measures tend to be tangible – evaluation looks to see if they occurred or not, if yes, sometimes need to know how many – in essence a process form of evaluation seeks to learn “was the goal/objective/activity implemented, did it happen?”
    - Was a Listserv developed? How many use it? What are the topics discussed?
    - Was TeamSTEPPS training offered? Number of Master trainers approved? Number of participants trained?
    - From an evaluation perspective, we want to know what was done – if an activity was not implemented the question then becomes, why? What were the barriers? It is not a judgment of “good or bad” but what can we learn that can help the program move forward.

Logic Model (Example and Explanation)

- The short and long term outcomes tend to be more global in scope – if process measurement looks at “What was done?” then outcome measurement looks at “what is the affect or impact of that action?”
- We can evaluate that education and training was held, the numbers in attendance, the number of Master Trainers achieved (process) but we also need to know their level of satisfaction, is there an increase in their understanding of quality and specific subjects (outcome)?
- The slide marked “Measures Used” indicates a number of process and outcome measures.
- In a number of cases we will use the first survey and the follow-up survey as a way to measure process and outcome.
- In some cases, where text is underlined, we are indicating that something needs to be added to the second survey (e.g., HIT, medical staff issues, and mentorship). This also shows that the evaluation process needs to be flexible, and when new issues are identified they can be incorporated into the evaluation process.
- The slide marked “Assumptions and Influences” is important too. For the Executive and Advisory Committees and the program staff it is essential that they have an understanding of environmental factors that influence their program. The assumptions relate to factors that contribute to “why” the program was started. For example, we assume there is an interest from CAHs to understand and learn about quality. We assume there is support for a network model to address CAH based quality.
### Measures Used

- Interview with Ex. and Ad. Comm.
- ListServ
  - # of subjects
  - # of visits
  - Satisfaction - Assessment Survey
- Website
  - # of visits
  - Satisfaction - Assessment Survey
- Newsletter
  - Satisfaction - Assessment Survey
- TeamSTEPPS training
  - # of Master Trainers
  - # of participants trained
  - Session participant evaluations
  - Satisfaction - Assessment Survey
- Healthcare Safety Zone Portal

- Training
  - # of participants
  - Session participant evaluations (Jody's notes)
  - Satisfaction - Assessment survey
- Coordinated statewide and tertiary meetings
  - Satisfaction - Assessment survey
  - Data sharing and benchmarking
  - CART data
  - Safety Zone data
  - Best practices BTWAN sessions
  - Satisfaction - Assessment survey
  - CART (best practices – Jody’s notes)
  - ListServ (discussion on best practices)
  - Co-P Manual and Checklist
  - Satisfaction - Assessment survey
  - Entries in CATS
  - Mentorship efforts increase skill sets
  - Entries in CATS

- Sustained stable network
- Network contributes to hospitals’ ability to provide health quality
- Educated and well-trained workforce on quality of care
- System for communication is maintained
- System for sharing data, resources, and learning developed and sustained
- Clinical outcomes are improved
- HIT facilitates quality
- Medical staff contributes to quality
### Assumptions and Influences

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<thead>
<tr>
<th>Assumptions</th>
<th>Influences</th>
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<tbody>
<tr>
<td>• Interest on the part of CAHs to understand and learn about health care quality and safety</td>
<td>• Health policy including payment policy built around performance</td>
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<td>• Interest on the part of CAHs to strengthen health care quality and patient safety</td>
<td>• Overall financial performance of hospitals</td>
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<td>• Support in using a network model to provide education, share experiences, and to improve quality</td>
<td>• Stable workforce</td>
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<td>• Quality of care can be improved by developing and implementing a statewide quality network</td>
<td>• Access to technology</td>
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<td>• Federal health reform which include QI initiatives and support</td>
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**Contact us for more information!**

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