Evaluation Process

• Formative Evaluation – use evaluation process to inform decision making and management of the process as it is implemented
• Summative Evaluation – use evaluation process to determine a set of process and outcome impacts (accomplishments, barriers, next steps)
• Logic Model – evaluation tool to guide the process – metrics used for goals, objectives and activities – outputs (what was done “process”) and outcomes (what was the impact or benefit?)

Evaluation Process

• Process Measures
  • CATS - 791 entries that described specific activities of the program
  • Minutes – 36 sets of Executive and Advisory meetings
  • Reports – Strategic Planning, Communication, Annual
  • Newsletters – 4
  • Web site – 7,042 page views recorded
  • Listers – 118 people, 450-500 questions, reviewed CATS and newsletter entries
  • Meetings – 8 statewide and 7 regional with tertiary hospitals
  • 18 hospitals participated in TeamSTEPPS
  • 13 CAHs participated in the Healthcare Safety Zone Portal Pilot
  • Developed CoP Manual and Checklist, and share deficiency information
  • Strategic Plan developed and used to guide Executive Committee meetings
  • TA and training/education provided

Key Network Accomplishments

• Creation of a Formal Executive Committee and an Advisory Committee with an approved set of operating guidelines and principles, a formal election process, statewide representation from CAHs, a structured electronic activities tracking system, and accurate and reliable meeting minutes
• Development of a strategic plan with direct and active input and involvement from CAHs (with testimony that the plan is actually referenced and followed at formal meetings)
• Development of a communications plan
Key Network Accomplishments

- Development of a sustainability plan that considers a range of options from a formal dues structure, to service diversification, and the use of local funds
- Eight statewide meetings with CAHs for education and information exchange
- Seven regional meetings (all four regions) between CAHs and tertiary providers with ample evidence of information sharing between CAHs and tertiaries and even between competing tertiary providers
- Facilitation of the North Dakota Healthcare Review, Inc. led TeamSTEPPS training initiative which involved 18 hospitals (13 CAH, 4 tertiary, and 1 IHS)
- Implementation of the Healthcare Safety Zone Portal Pilot with 13 CAHs (a structured data and benchmarking effort)
- Development and implementation of direct technical assistance including the development of a listserv to facilitate information exchange in a neutral and safe environment

Key Network Accomplishments

- Successful acquisition of two federal grants – one for planning and one for the development of a new focus
- Formal and informal partnership and/or collaboration with 30 organizations
- Qualitative evidence from representatives of CAHs and others establishes that the network has produced impact and benefit (e.g., enhanced understanding of quality improvement, increased knowledge through training and education, openness in sharing resources and approaches, acquired best practices including protocols and procedures, capacity building in the CoP process, a seamless communication and education process, improved communication and coordination with statewide entities, confidence in the sustainability of the network, and a catalyst for regional discussions.

Recommendations

- Sustainability
  - Marketing plan or marketing section as part of the Communications plan
    - Strategic partnerships – 5-10
      - Service to provide on a contractual fee basis
      - Sponsorship relationship
      - Fee for service to non-health entities
      - Develop an inventory of benefits
    - Collaborative partners – natural and conducive; some outside the box
      - Associations
      - Academic institutions (curriculum development)
      - Public sector
      - Private sector
      - Clinics and physicians (physician champions)
    - Competition
      - Social Marketing (not a material product, but a social good)
      - Service or function (product)
      - Funding, value, cost (price)
      - Access or availability (place)
      - Awareness and visibility (promotion)

- Additional Funding
  - Grant development (monitor ACA)
  - Membership dues
  - Sponsorship
  - Fee-for-service/contracts – benefits/impacts to others such as health associations, academic centers, agencies, and private sector
  - Local contributions (tax and hospital foundation) to support local CAH efforts on quality and HIT

Recommendations

- Building Awareness
  - North Dakota Medicine (article from CRH)
  - North Dakota Living (REC magazine)
  - Other statewide media sources (daily papers and other sources)
  - Developing articles for local newspapers (education and awareness, local CAH role, importance of quality, role of the network) – at least one per region
  - Develop speakers bureau
  - Address academic centers (classroom presentations, curriculum, internships)

- Identifying other best practices
  - Other state CAH Quality Networks (MT) – what are they doing, what are their services, what are the benefits and impacts, what is their sustainability plan?
  - Develop a matrix to compare states
**Recommendations**

- **Data and Benchmarking**
  - Affordable Care Act compelling the integration of improved patient outcomes along with organizational and system performance with new financing arrangements – evidenced based health
  - Participants in Healthcare Safety Zone Portal strong support
  - CAH Quality Networks needs to build more opportunities to address data and benchmarking needs – other states
  - Links to sustainability

- **Regional Meetings and Culture Change**
  - Continue to foster and facilitate regional meetings
  - Challenge: What is next?
  - Contractual relationship, new markets (long term care, public health, EMS – regional approaches?)
  - Facilitate regional networks in other states – contract with other states’ Flex programs and/or CAH quality networks
  - Links to sustainability

- **Clinical Outcome**
  - Evaluation outcome measures (general surveys and key informants) support importance of a clinical component and potential for the network
  - Outpatient Measure Survey found a number of CAHs are collecting data and are interested in additional CMS outpatient measurement studies
  - Identify additional clinical based opportunities
  - Effort links to sustainability

- **Medical Staff**
  - Focus has been hospital-based, now opportunity to expand – natural extension of the network and it relates to marketing and sustainability
  - General Assessment Survey showed support for more development
  - Identify a core of rural and urban physicians to help guide this (what are needs? What should be the process to follow?)
  - Look at the work of other states and consult with national rural health leaders working on quality improvement and physician issues

- **Health Information Technology**
  - Purpose of HIT is to improve quality and organizational performance
  - Vision of the ND HIT Advisory Committee is “Quality health care for all North Dakotans anywhere, anytime”
  - ARRA, Flex, and BCBSND Rural HIT Grant have been used as funding
  - Executive Committee discussed HIT – more of an idea than a realized focus
  - Recommendation to have focused meeting between the CAH Quality Network and the ND HIT Advisory Committee

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