

Oklahoma

Best Practices in Program Evaluation

Pete Walton M.S.

Oklahoma State University
Office of Rural Health
Oklahoma City, Oklahoma

August 7, 2014



MEDICINE

Where did we come from?

- **No formal evaluation strategy**
- **Minimal staff time dedicated to the process**
- **Activities seemed to work, so they continued**
- **Workplan/grant management in separate office**
- **Workplan was not “SMART”**

Where did we go?

- **Hired Program Evaluator**
- **Workplan and grant management moved in-house**



Where did we go?

- **Developed planning team (Engaged stakeholders)**
 - Tied planning and evaluation together
- **Started broad**
- **Evaluation model**

Stakeholder Name	Stakeholder Category	Role in Evaluation
Jeff Hackler	Secondary	<ul style="list-style-type: none">• Utilize evaluation results for grant funding/planning• Utilize evaluation findings to determine program gaps/needs
Rod Hargrave	Secondary	<ul style="list-style-type: none">• Assist with data collection• Implement change based on findings
Corie Kaiser	Primary	<ul style="list-style-type: none">• Implement change based on evaluation findings• Assist in evaluation planning and data collection• Review evaluation plans/instruments
Pete Walton	Primary	<ul style="list-style-type: none">• Oversight of evaluation• Develop evaluation plans• Develop evaluation instruments• Collect and analyze data• Recommend change based on findings
Denna Wheeler	Secondary	<ul style="list-style-type: none">• Provide technical assistance for evaluation planning implementation



Where did we go?

- **Evaluation Plan**
 - Stakeholder roles
 - What is being evaluated
 - Evaluation design
 - Data collection methods
 - Quantitative & Qualitative
 - Indicators and standards
 - Who is responsible
 - How results will be used
- **CDC Toolkit & Flex Program Eval Toolkit**
- **Align Work plan Evaluation Plan**

http://www.ruralcenter.org/sites/default/files/Flex%20Program%20Evaluation%20Toolkit_0.pdf

http://www.cdc.gov/asthma/program_eval/guide.htm



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Oklahoma Flex Program Evaluation Logic Model

Inputs	Outputs		Outcomes-Impact		
	Activities	Participation	Short	Medium	Long
<p>OORH Staff Flex Coordinator Flex Funding OFMQ Staff OHA Staff Consultants</p> <p>OORH Staff Flex Coordinator Flex Funding OFMQ Staff OHA Staff RHAO Staff OPCA Staff Consultants</p> <p>OORH Staff Cooperative Extension Staff Flex Coordinator Flex Funding OSU Center for Rural Health Staff OSU Telemedicine Staff Consultants</p> <p>OORH Staff Flex Coordinator Flex Funding Consultant</p>	<p>QI Activities</p> <ol style="list-style-type: none"> 1. Add CAHs to Multi-state Learning Community 2.HCAHPS Participation 3.OHA Training Webinars 4.Competitive QI demonstration projects 5. MBQIP Participation 6. Support CAH participation in OFMQ Projects 	<p>Feedback and satisfaction survey results HCAHPS survey results and peer comparisons # of CAHs that participate in QI projects</p>	<p>CAH staff actively participate in QI activities</p>	<p>Patient outcomes and satisfaction improve and CAH staff contribute to ongoing QI activities</p>	<p>CAH staff adopt a culture of continuous evaluation of processes and going QI activities</p>
	<p>O/FI Activities</p> <ol style="list-style-type: none"> 1. Add CAHs to Multi-state Learning Community 2.OHA Training Webinars 3.Competitive O/FI demonstration projects 4.Joint Rural Health Conference 5. Financial analyses for CAHs 6. Assist with CAH marketing and public relations efforts 	<p>Feedback and satisfaction survey results # of CAHs that participate in O/FI projects</p>	<p>CAH staff actively participate in operational and financial improvement projects</p>	<p>The financial health and stability of the CAH improves as processes are improved and new more efficient practices adopted</p>	<p>CAH staff adopt a culture of continuous process evaluation for ongoing efficiency improvement</p>
	<p>Community Engagement</p> <ol style="list-style-type: none"> 1.Provide Community Health Needs Assessment 2.Develop telemedicine networks 3. EMS budget studies 4. CALS training 	<p># of communities that participate in the needs assessment Feedback and satisfaction survey results</p>	<p>Communities gain knowledge about the economic impact of local healthcare</p>	<p>Community members understand how their healthcare choices impact the economic health of the community</p>	<p>The community works together to ensure the economic health of the local healthcare system.</p>
<p>Convert to CAH Status</p> <ol style="list-style-type: none"> 1.Provide financial analysis for conversion option 2. Rural EMS improvement plan 	<p>Projected financial performance change due to conversion Projected EMS improvement</p>	<p>Understanding of financial analysis and arguments for and against conversion</p>	<p>Improved financial performance after conversion</p>	<p>Expand hospital services as a result of conversion and financial stability.</p>	

PIMS-Process Measures
(Some outcome measures)

Outcomes/Impacts



From PIMS to Evaluation Questions

- **PIMS=Process measures**
 - # of CAHs participating
 - # of personnel participating
 - Total dollars spent
 - # of CAHs that complete CHNA
 - **Left side of logic model**
 - **Outcomes/Impacts**
 - Improved health
 - Habit change
 - Adoption of culture of excellence
 - **Right side of logic model**
- **If we weren't part of the process, we weren't part of the outcome**

Examples from Oklahoma

- Evaluation Questions
- Data we collect
- Reports
- Recommendations



Evaluation Question	Indicator	Standards (success)
Was a state plan developed and disseminated?	State plan completed and distributed to partners	One state plan developed and two methods of dissemination
What is the quality of the state plan?	Score of state plan using the "State Plan Index" (modified)	All components within the Index Summary receive at least a score of 3. (Scored by 3 individuals not involved in planning or development)
Did the OORH provide useful assistance to the CAH throughout the process?	% of CAH staff that respond favorably	90%
Are community members engaged and satisfied with the presentations?	% of community members that respond favorably	80%
Did the CAH create an action plan?	Implementation strategy developed	100%
What impacts did the process have?	Success story 6 month follow-up visit	25% of CAHs have submitted a success story All CAHs have implemented at least one item from action plan
Did the OORH provide useful technical assistance?	% of CAH staff that respond favorably	90%
To what extent do participants increase knowledge based on training?	% of individuals showing an increase in knowledge based on training	Significant difference in test means. (t-tests)

Evaluation Question	Indicator	Standards
Did CAHs utilize these resources?	% of CAHs that indicate they utilize data/info from the OORH	No standards (first year only)
What type of information is most useful for CAHs to know?	Feedback from CAHs	No Standards
Was the training effective? (>3 hour training sessions only)	% of individuals showing an increase in knowledge based on training	90%
Do participants feel that the conference was beneficial?	% of individuals that feel the conference has met immediate needs	85%
Did hospitals reach QA targets? (SQSS)	Hospitals reporting % improvement	Specific to activity (In this case a 5% improvement)
Are CAHs satisfied with service providers we contract with?	% of CAH staff that report satisfaction	85%
What changes has the hospital and community seen due to the assistance of the OORH?	No criteria-Case Study	No Standards
What challenges and concerns do CAH's see in the coming year?	Feedback from CAHs	No standards



From eval questions to data collection/analysis

1000 Quality Assurance Activities

1982 Quality Assurance Activities

2050 Quality Assurance Activities

Department	1000 Quality Assurance Activities												1982 Quality Assurance Activities												2050 Quality Assurance Activities												
	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013	Dec 2013	
Administration	41%	70%	75%	76%	71%	79%	75%	81%	83%	89%	90%	91%	92%	93%	92%	90%	89%	90%	91%	92%	87%	89%	88%	85%	86%	92%	89%	88%	87%	91%	89%	87%	87%	85%			
Ambulatory Surgery				100%	96%	87%	95%	93%	100%	97%	100%	99%	94%	100%	100%	92%	100%	100%	96%	100%	97%	99%	95%	99%	100%	100%	96%	100%	100%	100%	96%	87%	96%	100%	100%		
Clinic Business Office				100%	90%			92%	89%	85%	92%	89%	96%	97%	94%	86%	88%	83%	89%	92%	94%	89%	83%	84%	83%	93%	93%	93%	95%	90%	98%	90%	93%	90%	93%		
Clinic Nursing					100%	100%	71%	88%	88%	95%	96%	90%	99%	90%	85%	93%	87%	87%	86%	88%	98%	89%	72%	71%	68%	80%	88%	90%	87%	76%	92%	87%	82%	74%	81%		
Emergency Department																																					
Endoscopy																	100%				100%	100%	100%	100%				100%	100%	96%		100%					
Hospital Business Office												100%	100%	86%	88%	93%	94%	89%	93%	87%	94%	87%	90%	81%	90%	90%	79%	91%	96%	94%	94%	90%	100%	99%	100%	98%	100%
Housekeeping				88%	87%	87%	96%	92%	93%	97%	93%	95%	88%	97%	99%	100%	98%	91%	97%	94%	97%	89%	90%	93%	90%	96%	96%	95%	95%	96%	96%	95%	96%	97%	89%		
Human Resources					86%							96%	86%	91%	89%	91%	91%	94%	94%	87%	82%	87%	96%	92%	80%	88%	95%	100%	97%	97%	100%	97%	100%	100%	97%		
Infection Control/UR/Safety/Fire				96%	97%	96%	78%	94%	100%	100%	100%	100%	95%	89%	93%	87%	95%	93%	83%	95%	94%	71%	92%	93%	93%	95%	95%	98%	100%	98%	100%	100%	100%	96%	100%		
Inpatient Surgery												100%	98%				100%	100%					100%														
IT/Help Desk Coordinator																																					
Lab				100%	96%	100%	97%	100%	95%	88%	91%	91%	95%	91%	100%	100%	100%	100%	98%	100%	100%	95%	100%	93%	95%	100%	98%	98%	95%	95%	95%	95%	95%	100%	95%		
Laundry																																					
Maintenance																																					
Medical Records																																					
Medical Staff																																					
Nursing																																					
Okeene Hospital Employees																																					
OR & Anesthesia																																					
Pharmacy																																					
Purchasing/Material Management																																					
Quality																																					
Radiology																																					
Rehab																																					
Respiratory Therapy																																					

2011 Overall	2012 Overall	2013 Overall
76.5%	90.6%	87.9%
86.4%	97.7%	97.8%
N/A	100.0%	100.0%
89.7%	89.9%	91.2%
92.8%	90.9%	81.8%
N/A	N/A	N/A
N/A	100.0%	98.3%
100.0%	87.8%	94.1%
93.0%	95.4%	95.5%
99.4%	90.1%	94.1%
94.1%	88.1%	94.9%
100.0%	89.6%	N/A
N/A	N/A	N/A
94.8%	97.7%	95.4%
81.5%	88.6%	97.6%
57.3%	88.1%	71.0%
76.8%	96.3%	99.7%
N/A	N/A	N/A
63.5%	88.4%	87.8%
N/A	80.5%	100.0%
64.1%	76.0%	67.8%
46.6%	85.3%	79.2%
81.1%	88.7%	100.0%
100.0%	92.6%	87.2%
93.2%	98.0%	95.9%
86.8%	77.5%	84.1%
87.7%	66.0%	70.9%



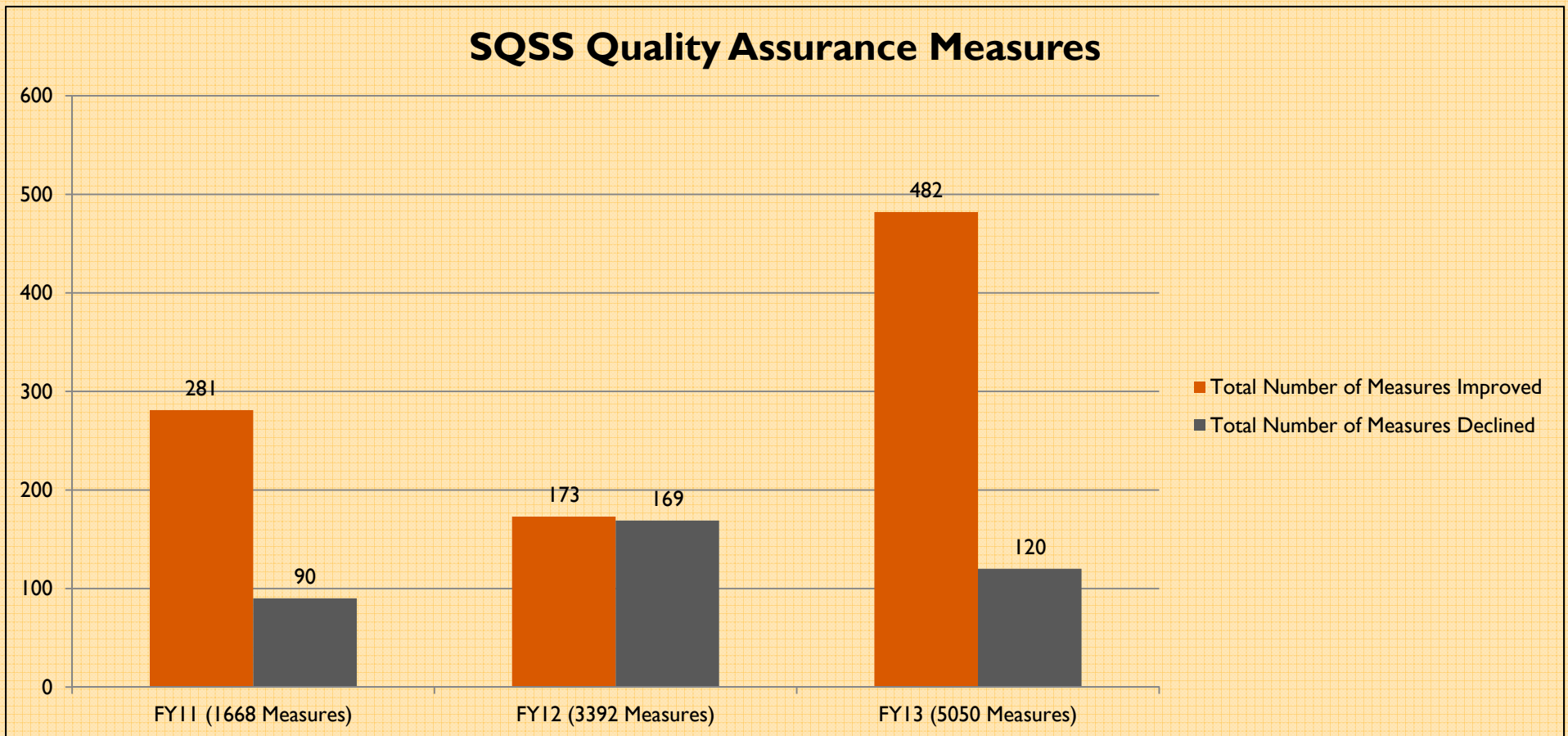
From eval questions to data collection/analysis

<i>Hospital</i>	<i>Total Number of Measures</i>	<i>Total Number of Measures Improved</i>	<i>Total Number of Measures Declined</i>	<i>Percentage Improved</i>	<i>Percentage Declined</i>
2011					
X Memorial Hospital	0	0	0	0%	0%
X Regional Medical Center	506	7	3	1%	1%
X General Hospital	0	0	0	0%	0%
X Hospital & Physician Group	45	1	9	2%	20%
X Hospital	120	11	5	9%	4%
X Municipal Hospital	997	262	73	26%	7%
	1668	281	90		
2012					
X Memorial Hospital	142	30	19	21%	13%
X Regional Medical Center	806	10	7	1%	1%
X General Hospital	28	0	0	0%	0%
X Hospital & Physician Group	126	10	1	8%	1%
X Hospital	369	35	16	9%	4%
X Municipal Hospital	1921	88	126	5%	7%
	3392	173	169		
2013					
X Memorial Hospital	659	53	13	8%	2%
X Regional Medical Center	983	94	20	10%	2%
X General Hospital	207	105	19	51%	9%
X Hospital & Physician Group	485	21	10	4%	2%
X Hospital	666	42	15	6%	2%
X Municipal Hospital	2050	167	43	8%	2%
	5050	482	120		

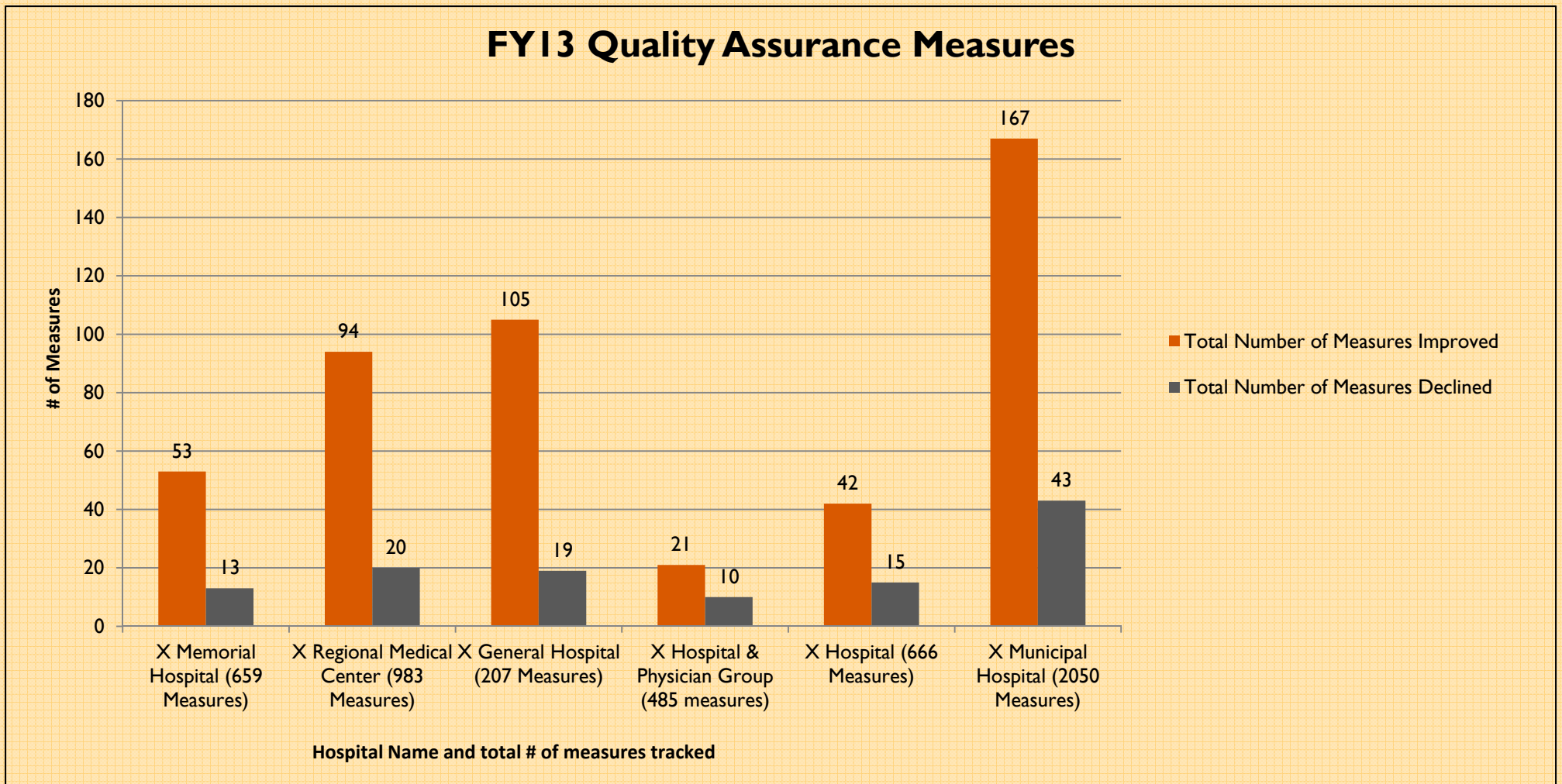


From eval questions to data collection/analysis

- Why was there a drop in FY12?



From eval questions to data collection/analysis



From data collection/analysis to use

- **Why are hospitals succeeding?**
 - Community sharing
 - Best practices
 - Lessons learned
- **Why are hospitals lagging?**
 - Turnover?
 - Trained to use system?
 - Not Improving?



Moving from QA to QI

- Is there a level of performance that is not good enough to protect our patients or our hospital?
- Is there a new standard, new evidence or a new regulation that we must achieve compliance with?
- Is there an opportunity to make some aspect of the organization that is OK better, so to strengthen its financial, operational or reputational health?
- Is there an opportunity to strengthen some aspect of how we deliver care that would allow us to better compete in an increasingly competitive market?
- Does our participation in some outside project suggest that there is an opportunity for us to improve our level of performance?

	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
VTE-IP Assessment and discharge education	77.90%	91.70%	83.80%	59.60%	85.70%	90.00%	87.80%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
TOB-IP-3 All patients reporting tobacco use within the last 30 days will be provided or offered tobacco treatment at discharge	51.00%	57.30%	66.00%	79.00%	80.00%	82.00%	83.00%	88.00%	66.70%	100.00%	100.00%	100.00%	100.00%



From eval questions to data collection/analysis

- **CHNA Participant Surveys**
 - Post survey only
 - Survey fatigue
- **FY13; 100% of respondents (n=54)** said that the information “Dramatically improved” or “Improved” their opinion on local healthcare in their community
- **FY13; 100% of hospital administrators (n=9)** responded that they “Strongly agree” that they learned things they did not know about the community from the CHNA process
- **Success Stories**

From eval questions to data collection/analysis?

- **FY13; CHNA Project**

Impacts

- **Weight management clinic**
- **Mammography on site**
- **Patient transport services provided**
- **OB/GYN visits 2x's/month**
- **Surgeon sharing across counties**
- **Prenatal classes**
- **Numerous providers added**
- **Numerous educational programs added**



Now what?

- **Monthly stakeholder meetings**
- **Increased awareness by everyone in the office of need for evaluation**
- **Over 600 surveys completed this year**
- **Expand into impacts**
- **Expand stakeholder group (external stakeholders)**
- **Recommendations for program improvement and program development**

What recommendations came from program evaluation activities?

- **Financial Assessment Program**
 - CAHFIR/iVantage/Apps
- **↑ QI initiatives**
- **Some things don't work;**
 - Webinars
 - Financial Assessment Program
- **Board development-30% CEO turnover**
- **MBQIP site visits/discharge instructions/learning session**
- **↑ communication with CAHs (site visits, newsletter)**
- **Work with consultants to provide eval data to YOU**

Things to take away

- **Ensure goals are consistent with need**
- **Just because we help with QI (or anything) doesn't mean WE had an impact**
- **Begin with the end in mind**
- **This is not research; don't generalize across programs/counties/states**
- **Include external stakeholders**
- **It's OK to start small**

For Additional Information

Tulsa Office

OSU Center for Health Sciences
1111 West 17th Street
Tulsa, OK 74107-1898
Phone: 918.584.4310
Fax: 918.584.4391

Oklahoma City Office

One Western Plaza
5500 North Western, Suite 278
Oklahoma City, OK 73118
Phone: 405.840.6502
Fax: 405.842.9302



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Staff Contact Information

William J. Pettit, D.O.

Intrm. Sr. Assoc. Dean of
Academic Affairs;
Assoc. Dean of Rural Health &
Assoc. Prof. of Family Med
918.584.4379
william.j.pettit@okstate.edu

Duane G. Koehler, D.O.

Assistant to the Dean for
Rural Education
918.584.4387
duane.koehler@okstate.edu

Jeff Hackler, M.B.A., J.D.

Assistant to the Dean for
Rural Service Programs
918.584.4611
jeff.hackler@okstate.edu

C. Michael Ogle, D.O.

Director, OSU Physicians
Rural Clinic Svcs.
580.977.5000
michael.ogle@okstate.edu

Gary Slick, D.O.

Medical Director,
OMECO
918.561.1290
gary.slick@okstate.edu

Jeffrey LeBoeuf, C.A.E.

Executive Director,
OMECO
918.586.4626
jeffrey.leboeuf@okstate.edu

Vicky Pace, M.Ed.

Director,
Rural Medical Education
918.584.4332
vicky.pace@okstate.edu

Corie Kaiser, M.S.

Director,
State Office of Rural Health
405.840.6505
corie.kaiser@okstate.edu

Denna Wheeler, Ph.D.

Director,
Rural Research & Evaluation
918.584.4323
denna.wheeler@okstate.edu

Steve Casady

Director,
Telehealth
918.584.4609
scasady@okstate.edu

Chad Landgraf, M.S.

GIS Specialist
918.584.4376
chad.landgraf@okstate.edu

Pete Walton

Program Evaluator
405.840.6505
pete.walton@okstate.edu

Rod Hargrave

FLEX Program Coordinator
405.840.6506
rod.hargrave@okstate.edu

Jan Barber

Admin. Coordinator
918.584.4360
jan.barber@okstate.edu

Sherry Eastman

Program Specialist
918.584.4375
sherry.eastman@okstate.edu

Skyler Kiddy

Program Specialist,
OMECO
skyler.kiddy@okstate.edu

Xan Bryant, M.B.A.

NE Regional Coordinator
(Tahlequah)
918.401.0074
xan.bryant@okstate.edu

Robert Sammons, M.A.

NW Regional Coordinator
(Enid)
918.401.0799
robert.sammons@okstate.edu

Danelle Shufeldt, M.B.A.

SE Regional Coordinator
(McAlester)
918.584.4332
danelle.shufeldt@okstate.edu

Nicole Neilson

SW Regional Coordinator
(Lawton)
918.401.0073
nicole.neilson@okstate.edu

Samantha Moery, D.O.

Endowed
Rural Health Professor
(Enid)
2012-2014

Stacey Knapp, D.O.

Immediate Past
Endowed Rural Health
Professor
(Clinton)
2010-2012

