Performance Management/Program Evaluation Guide Overview

Small Rural Hospital Improvement Grant Program (SHIP)

Rochelle Schultz Spinarski, Rural Health Solutions

November 6, 2019

Guide Development and Acknowledgements

The Center Team

Federal Office of Rural Health Policy Team

Flex Monitoring Team

Data Summit Participants (WI SORH)

State Office of Rural Health Staff:

Penny Black, WI SORH

Peter Walton, OK SORH

Angie Sechler, MN SORH

Tracy Zayac, KS SORH

Jennifer Edwards, PA SORH

Purpose

The SHIP Performance Guide aims to support SHIP Coordinators towards incorporating performance management into program operations, leading towards program improvement through evaluation.

Rationale and Value of Performance Management & Evaluation

- ◈ Understand and increase the impact of the program and related activities;

- ◈ Improve program efficiency and effectiveness;

- ◈ Validate program and activity intent;

- ◈ Enhance program reporting;

- ◈ Support program planning, development, management, and implementation;

- ◈ Encourage ongoing program revisions; and

- ◈ Improve program engagement

Guide Structure

Section Overview

- Key Takeaways
- Terms, Concepts, Definitions
- Visuals for Processes
- Summary of Data Collection Methods
- Samples
- Tools and Resources – SHIP Specific and Others

Evaluation Resources

Attachments: Evaluation Tools and Samples

The Basics

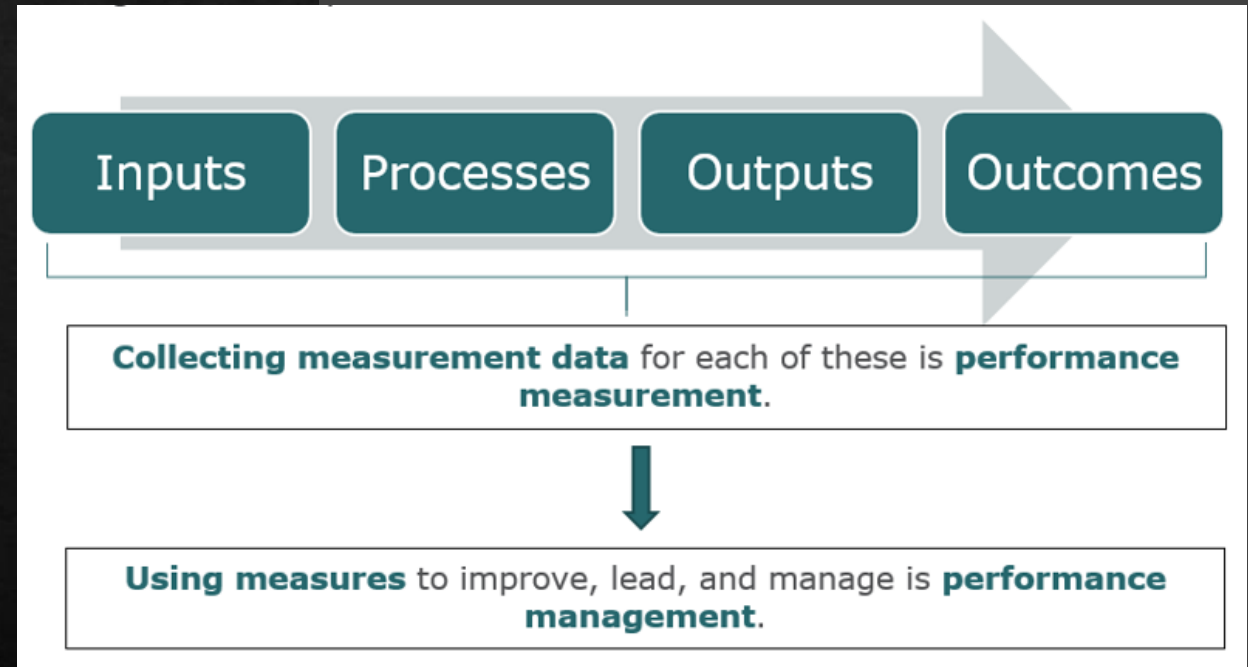## What

◇ What is program evaluation?

   ◇ Collecting data to make decisions about the program or activity

   ◇ Asking questions to answer questions

◇ All SHIP grantees should include performance management/evaluation in their programs

Definitions

◇ Performance Measurement

◇ Performance Management

◇ Input Measures

◇ Process Measures

◇ Output Measures

◇ Outcome Measures

◇ Goals

◇ Objectives

◇ Baseline Data

Performance Management

Inputs | Processes | Outputs | Outcomes

Collecting measurement data for each of these is **performance measurement**.

Using measures to improve, lead, and manage is **performance management**.

Evaluation

- ◈ Goals
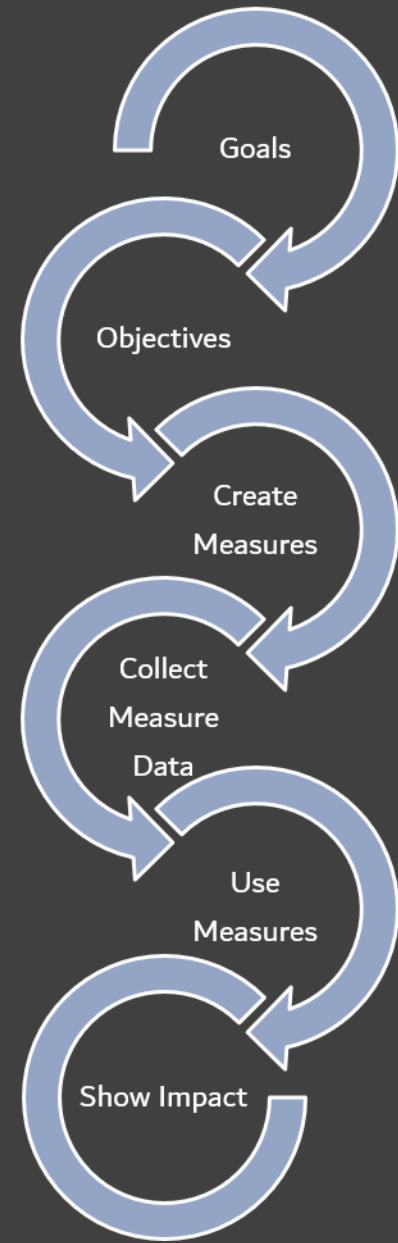- ◈ Objectives
- ◈ Examining Impact
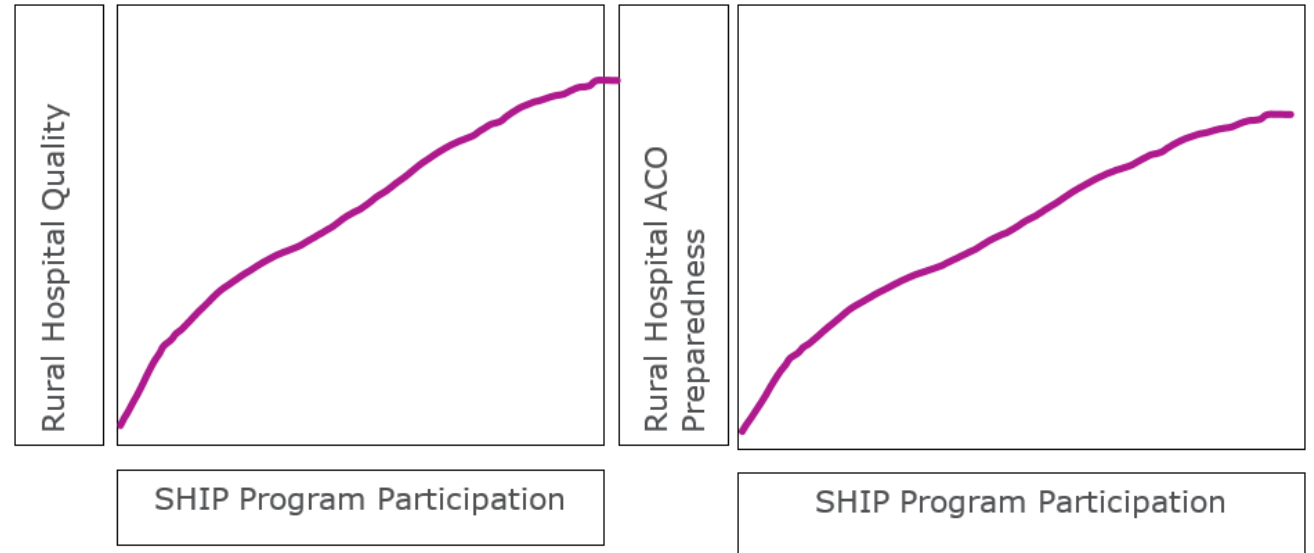
Putting It All Together

All SHIP Evaluation Plans
- **Collecting performance measurement data**
- **Using the data for performance management, reporting**
- **Continuous improvement**

Add:
Program impact analysis

Planning

Program Planning Process – Responding to the NOFO

Updated Annually

Programs Change to Evaluation Plans Will/May Need to Change

Key Questions

Key Questions

Who
- Who will key stakeholders be involved in the evaluation process?
- Who is the audience for findings gathered from the evaluation?
- Are they they same poeple?
- What is their interest/questions in the program and evaluation?

What
- What are your SHIP Program evaluation priorities?
- What do you want to learn and what decisions do you want to make once you have the evaluation findings?
- What are stakeholders' and your interest/questions in the program and evaluation?
- What data are available or are needed to answer the questions?
- What is the timeline for collecting data?
- What resources (staff time, tools, etc.) are needed to collect and analyze the data?
- What do you already have available/completed?

When
- When are the findings needed?

How
- How will key stakeholders be involved in the evaluation process?
- How will the data be collected for individual hospital investments or consortium initiatives?
- How will the findings be shared (internally, externally, format)?
- How will the findings translate into program improvement

Contracting for Services? Additional Key Questions

1) Are there data reporting deliverables built into all contractual agreements with outside vendors and consultants providing services on behalf of SHIP and/or rural hospitals receiving grants directly so these data can be used for program evaluation and management?

2) Are vendors and/or rural hospitals reporting data in a way that can be easily analyzed and used for program planning, development, management, evaluation, and reporting purposes (e.g., in a spreadsheet or database vs. a Word file or PDF)?

3) Is vendor and/or rural hospital reporting timely (monthly, quarterly, with each invoice) so decisions and program changes can be made as needed?

4) Are evaluation plans in alignment with overall SHIP needs?
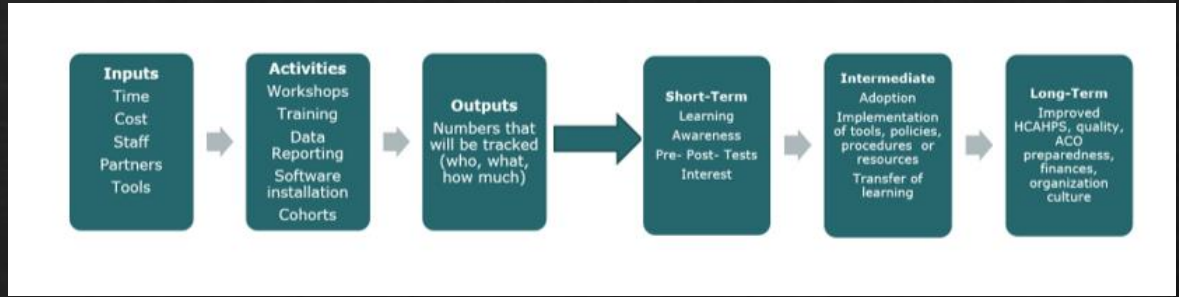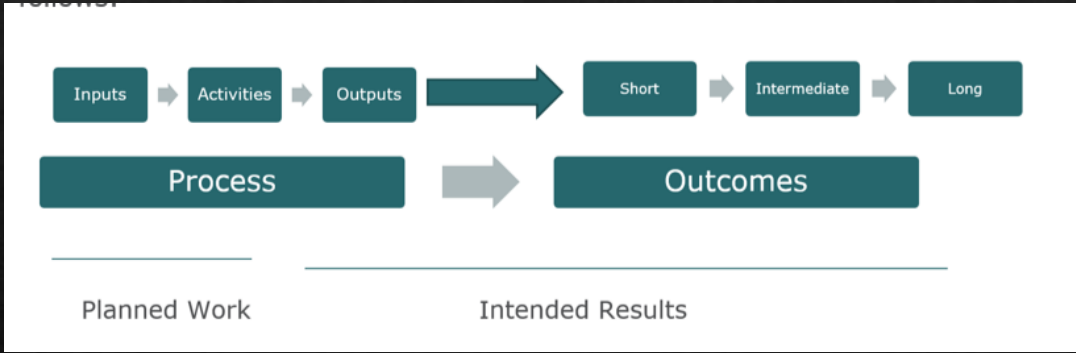
Logic Models to Support Planning

Measurement:
The SHIP work plan measures are the foundation of the evaluation plan

Steps in Establishing Performance measures:

- Determine the critical areas of performance.
- Decide how success will be measured.
- Based on those measures, objectives can be defined.
- Use objectives that are specific, measurable, achievable, realistic, and timebound (SMART)

Examples:

- Program Area 1: Value-Based Purchasing Investment
  - Goal 1: Improve Data Collection to Facilitate Quality Reporting and Improvement
- Program Area: ACO Investment
  - Goal 1: Support the Development of or Basic Tenets of ACOs

Data Collection Methods

- Surveys, questionnaires, checklists, polls, pre- and post-tests

- Focus groups

- Case studies

- Interviews and recommendation adoption progress interviews

- Documentation review

- Other secondary data

Interviews and Recommendation Adoption Progress Interviews (RAPS)

General Purpose	Method used to better understand someone's thoughts, opinions, or experiences, application of consultation or technical assistance, including as follow-up to surveys, polls, etc.
Tool/ Data Collection Sources	Telephone, face-to-face, web-video
Strengths	• Can ask more complex questions and get more in-depth information • Personal • Allows for follow-up to questions to be asked • Inclusion of a Likert Scale offers opportunities for comparison and standardization of responses • Contributes to cost/benefit analysis
Weaknesses/ Challenges	• Time consuming • Can be expensive • Easy to bias discussion • Difficult to compare responses
Examples of Use Within SHIP	• Interview of SHIP staff who recently completed their initiative • Interview of CAH quality improvement director who implemented and manages the HCAHPS program

Creating an Evaluation Plan & Organizing Data

Evaluation Plan

Program Area: Value-Based Purchasing Investment

Goal 1: Improve Data Collection to Facilitate Quality Reporting and Improvement in Four Rural Hospitals

Objective 1: Objective 1: Each rural hospital has 25% of their staff trained in Lean Six Sigma and each hospital has at least one Green Belt or higher trained staff by June 2021.
Objective 2: All rural hospital leaders (middle management and above) are trained in lean by June 2022.
Objective 3: Four rural hospitals have at least one Green Belt or higher trained staff by June 2022.
Objective 4: Four rural hospitals have adopted Lean Six Sigma into operations by June 2023.

Eval Question/Impact? Have rural hospitals working on Lean Six Sigma adoption integrated it into hospital operations?

Activity	Data Collection Method (s)	Data Source	Date	Staff Responsible	Indicator(s) of Success	Findings/Outcomes/Impact
Lean Training Webinars (2) On-site Lean Six Sigma Training (4 Sites) Face-to-Face Lean Training (2) 1:1 Telephone/Webinar Support	Participation Spreadsheet, Post-Adoption Assessment	Internal & Contractor	As activities occur & June 2020, 2021, and 2022	Stephanie Phillips (staff) & Mike Jones (consultant)	Contract in place by December 1, all hospitals adopt Lean Six Sigma meeting 95% or more of adoption criteria, 25% of staff trained and all hospital leaders, Lean Six Sigma included in on-boarding process	Contract in place January 19 due to holiday delays and staff illness; 5% average adoption rate (AAR) Y1 - baseline, 26% AAR Y2, 53% AAR Y3, 74% AAR Y4; 3/4 with Lean Six Sigma on-boarding and hospital leaders trained; 2 with 2 green belt trained, 1 with 2 green belt and 1 black belt, and 1 with 1 green belt

Data Tracking

Dashboard Sample

Lean Six Sigma Adoption				
Primary Objective	Four rural hospitals, 95% adoption by 2023			
	Y1	Y2	Y3	Y4
Number of hospitals with 25% Lean Six Sigma Trained	0	0	2	3
Number of hospitals with all leadership trained	0	0	2	3
Number of hospitals with certified staff with green belt or higher	0	1	3	4
Average AAR	5%	26%	53%	74%

Dashboard

◈ Red, yellow and green are used to provide a visual indication of whether targets are met

Making Improvement & Communicating Results

Act | Plan
Study | Do
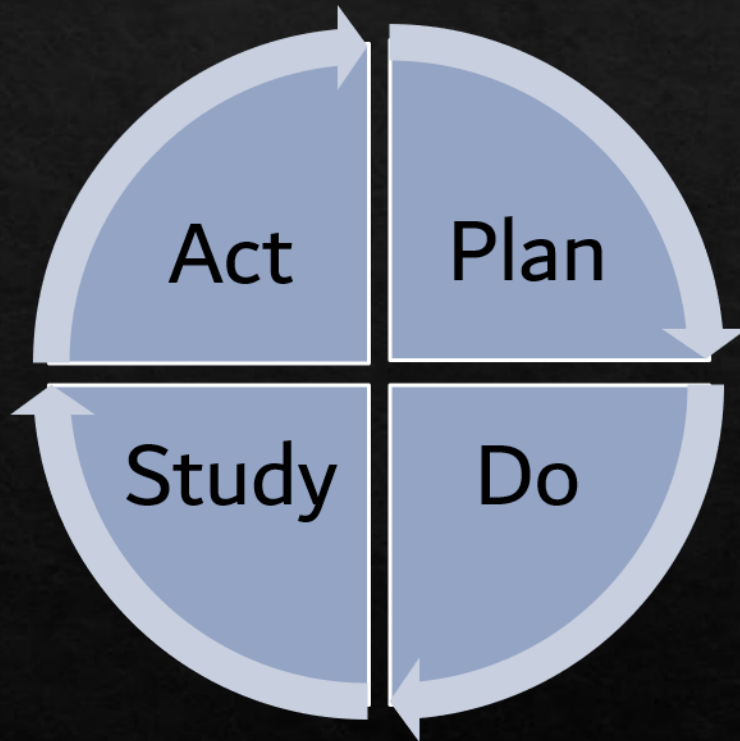
Who

◇ Team members

◇ Rural Hospitals

◇ Partners

◇ Funders

◇ Others

What/How

◇ Dashboard

◇ Annual Report

◇ Evaluation report

◇ Video

◇ Newsletter

◇ Website

◇ Social media

If objectives are not being met and impact is limited, program changes are warranted.

Attachments

- Discussion & Decision-Making Guide
- Work Plan Samples
- Logic Model Samples
- SHIP Overview and Program Partners
- Other Evaluation Resources
- Evaluation Methods Tools & Samples
  - Focus Group Guide
  - Pre- and Post-Test Sample and Questions
  - Workshop Measurement Samples
  - Event Follow-Up Questionnaire
  - Guidelines for Creating a Survey or Questionnaire
  - Strategies to Assess Training
- Guide Sources

SHIP Program Evaluation: Discussion and Decision-Making Guide

Discussion & Decision Steps	Evaluation Planning Questions	Discussion/Decision
1	What are my SHIP evaluation priorities?	
1a	If we want to focus on activities or program which ones?	
2	What do we want to learn? What do we want to be able to decide once evaluation findings?	

Evaluation Work Plan Sample

Activity	Evaluation Question(s)	Data Collection Method	Data Source	Date	Staff Responsible	Indicator of success	Outcome
Lean training 1	Did participants learn from the webinar?	Pre and post tests	Internal	July 15	Jane	Pre- to post-test improvement and 95% success rate in post-test	75% improvement and 96% success rate on pre-test
Lean training 2	Did participants learn from the webinar?	Pre and post tests	Internal	July 31	Jane	Pre- to post-test improvement and 95%	45% improvement and

Focus Group Process and Discussion Guide

This template is provided as a guide for conducting a focus group using focus groups as a method to collect program information o coordination with: 1) a survey to better understand or get more information about survey findings or 2) a documentation review any questions or gather additional information that was inconsis groups can also aid in capturing input from key groups who may under represented in a survey or other data source.

Getting Started: Set a time and means to conduct the focus gr to-face, webinar, telephone). Identify characteristics of those to the discussion. Six people tends to be the optimal number of pa

Pre- and Post-Test Sample and Questions

This template is provided as a guide for conducting a pre- and post-tests as part of a training or training series. Consider using pre- and post-tests as a method to determine if new information was gleaned from the training. Also, consider using pre- and post-tests in coordination with follow-up questionnaires to determine if the information was applied and a transfer of learning occurred.

Getting Started: Identify the objectives of the training(s) and key concepts ants should know at the conclusion of the training/session. and post-test questions based on this information. In some

Workshop Measurement and Samples

This template is provided as a guide for including measurement in conducting workshops and conferences. Consider using workshop an conference evaluations to determine if new information was gleaned the training, site and offerings met needs, and to identify future sessions/training needs. Also, consider using workshop and conferer evaluations in coordination with follow-up questionnaires to determi information was applied and a transfer of learning occurred.

Getting Started: Identify the objectives of the workshop(s)/conference/sessions and key concepts that participants know at the conclusion. Develop questions based on this information some instances, participant contact information should be requested required, however, anonymous responses will garner higher respons and most likely more authentic feedback.

If the workshop/session/conference is conducted by an outside vend the vendor to identify the objectives and evaluation questions and p

Guidelines for Creating a Survey or Questionnaire

These guidelines are intended to support survey and questionnaire development.

Getting Started: Determine what is to be learned through the survey or questionnaire. Develop questions based on this information. In some instances, participant contact information should be requested, however, anonymous responses will garner higher response rates and most likely more authentic feedback.

If the survey or questionnaire is to be conducted by an outside vendor, ask the vendor to provide a draft prior to implementation. Do this well in advance as changes may be needed. Some vendors have standard surveys and questionnaires that may or may not be appropriate/align with Flex Program needs. Be sure the materials meet your Flex Program evaluation needs.

Kirkpatrick- Phillips Learning Model[1]

Questions?
Thank You!

Rochelle Schultz Spinarski, Rural Health Solutions

rspinarski@rhsnow.com

651/261-6219