

Overview of Program Evaluation and Quality Improvement



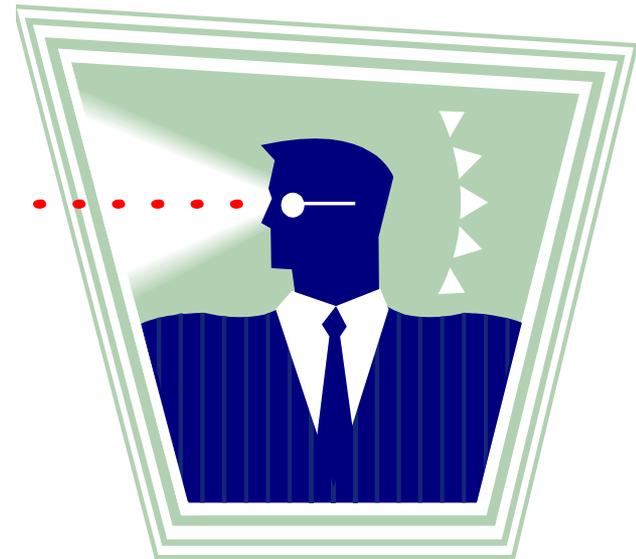
Raymond. A. Howard, MBA, MPH
Maria Lourdes F. Reyes, MD, MPH

Learning Objectives

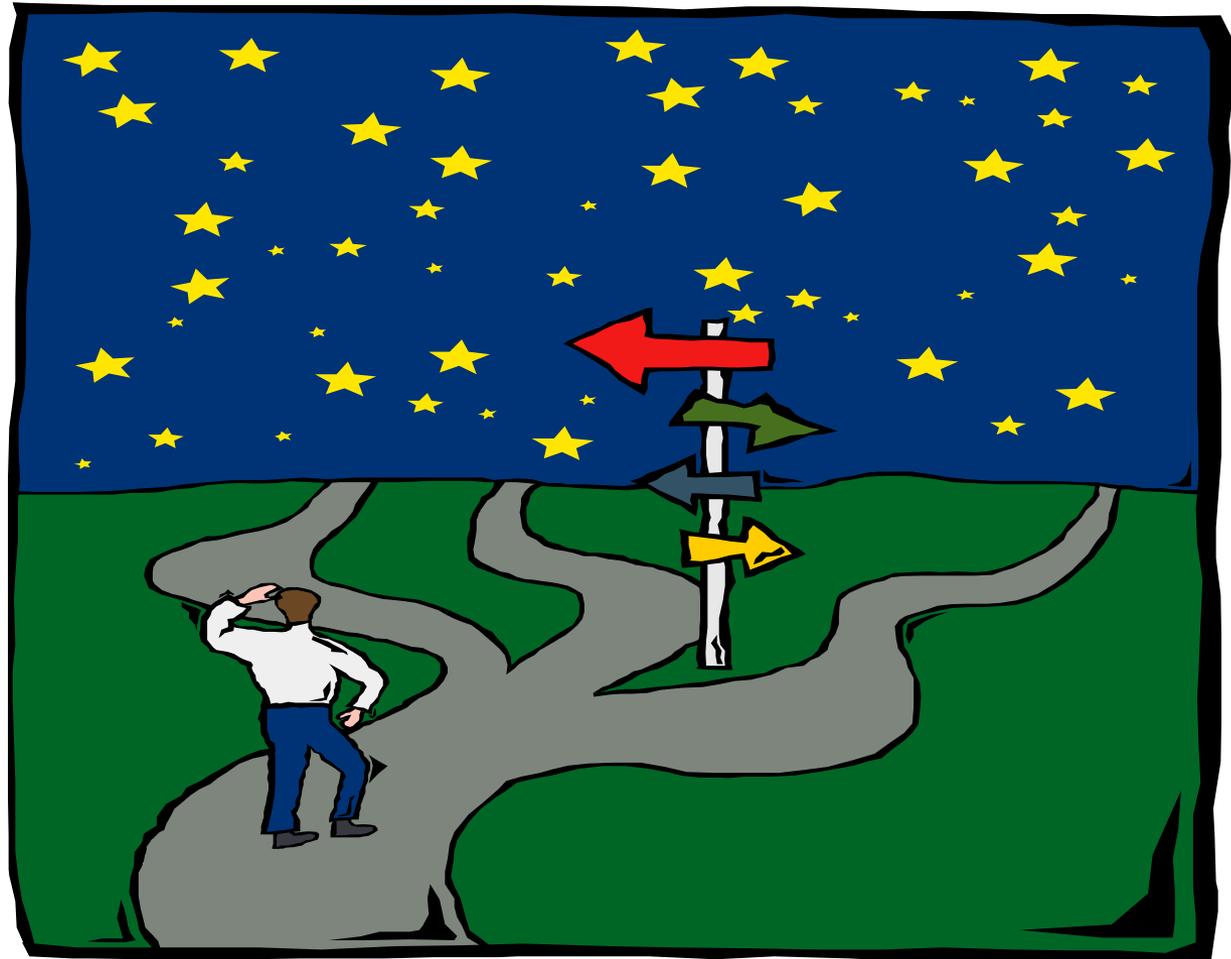
- **Importance and meaning of evaluation as an integrated component of program design, planning and implementation.**
- **Two types of evaluation and their respective values in program evaluation**
- **Use of Logic Models**
- **Application of a Quality Improvement (QI) Process**
- **Example of a Successful QI Approach**

What is Evaluation?

Program evaluation is a systematic way to gain insight as to how your program or project is being implemented from an operational and service perspective.



*“If you don’t know where you are going, you might
wind up some place else”* *Yogi Berra*



Two Types of Evaluation

Process Evaluation (Formative)

- Monitors the program's implementation from the beginning of the program or project through the end
- Seeks to Answer:
 - ✓ Is the program being carried out according to plan?
 - ✓ Is it working the way its supposed to work?
 - ✓ How can the program implementation be improved?

Two Types of Evaluation (Cont'd)

Outcome Evaluation (Summative)

- Is usually done at the conclusion of the program (although the data collection is done throughout the program).
- Seeks to Answer
 - ✓ Did the program achieve its purpose?

(i.e. did it have the intended/desired impact or did it benefit to the participants in the way that was expected?)

Using Logic Models:

The maps to your programming journey.

- **Outlines how the “journey” is supposed to proceed.**
- **Provides a sense of the initial direction you want to take.**
- **Allows you to check your progress.**
- **Informs the need for a course correction.**



Basic Framework for Program Logic Model

Goal:

Start Here

Inputs	Activities	Outputs	Initial or Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
A program's resources and constraints/barriers	What a program does with its inputs to fulfill its mission.	Products of a program's activities.	Changes in participants' knowledge, attitudes, or skills.	Changes in participants' behavior that result from their new knowledge, attitudes, or skills.	Changes in the condition or status of the participants.
<i>(e.g. Staff, training, bus passes, IT, assessment materials, gifts, provider access, etc.)</i>	<i>(e.g. Participant enrollments, case management, referrals, special events, data collection, trainings, etc.)</i>	<i>(e.g. # of completed enrollments or trainings provided, participants engage in special events, etc.)</i>	<i>(e.g. Increase pre-conception planning, Increase awareness about safe sleep breast-feeding, and pregnancy spacing, etc.)</i>	<i>(e.g. Healthy lifestyle, regular prenatal visits, proper infant care, increased father involvement, effective use of contraceptives, etc.)</i>	<i>(e.g. higher (#/%) of positive birth outcome, increased (#/%) inter-conceptual care planning, reduce (#/%) infant health disparity, etc.</i>

Outcomes Indicators

- **Specific, observable characteristics, accomplishments or changes that tell us whether an outcome has been achieved.**
- **Specific – Measurable – Achievable – Realistic – Time (SMART!)**
 - What does the outcome *look like* when it occurs?
 - How do you know when you have succeeded?



Quality Improvement?

“Quality is directly linked to an organization’s service approach...to achieve a different level of performance (results) and improve quality (standard), an organization’s current thinking patterns and practices need to change”

WE Deming



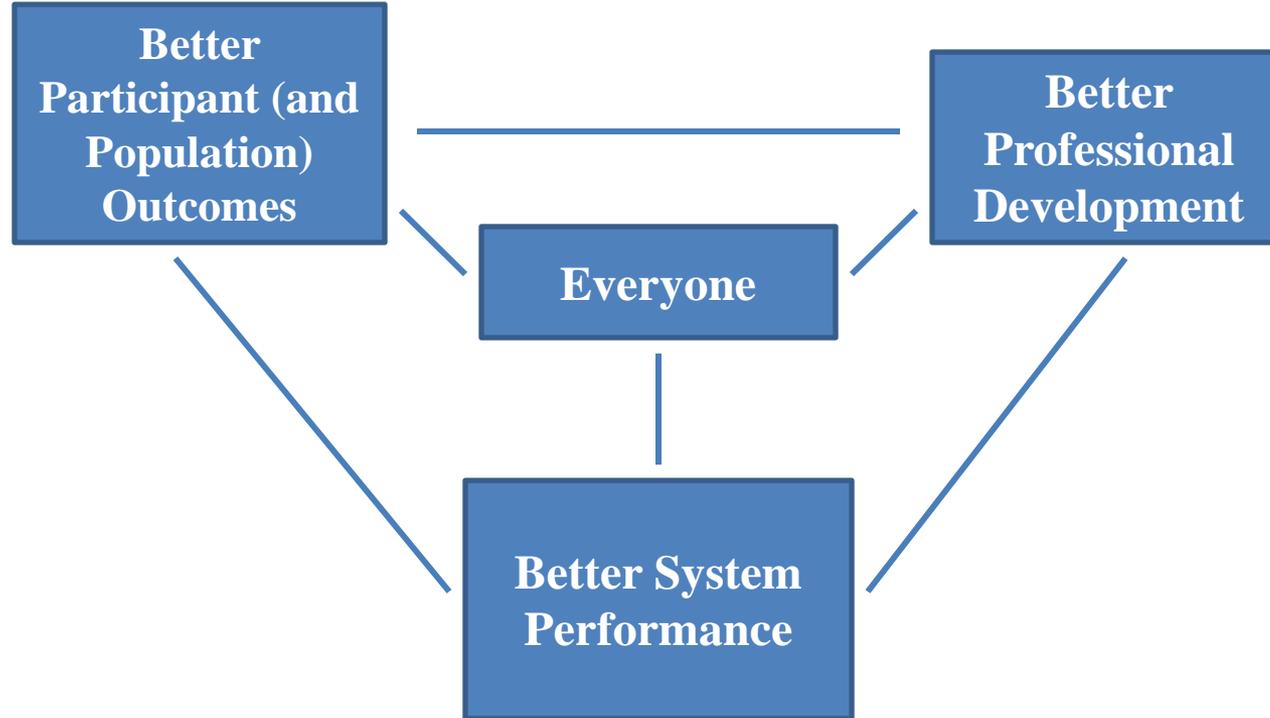
What is Quality Improvement?

The combined and unceasing efforts of everyone—healthcare professionals, participants and their families, human service providers, researchers, payers, planners and educators, etc.—to make the changes that will lead to better participant outcomes (i.e. maternal and child health), better system performance (i.e. care) and better professional development (i.e. learning and practice).



Conceptual Framework

Linked Aims of Improvement



Essential Steps in the QI Process

Steps	Characteristics of Progress
1. Literature Review	Develop and Test Hypothesis (EBP)
2. Context Awareness	Identify the Physical, Social, and Cultural Setting for Improvement
3. Performance Measurement	Select Models or Approaches to Assesses the Potential Effect of Changes
4. Plan for Change	Method(s) Used to Get Ready for Change (Drivers)
5. Execute Change	Initiate Strategies that will Make Change Happen.

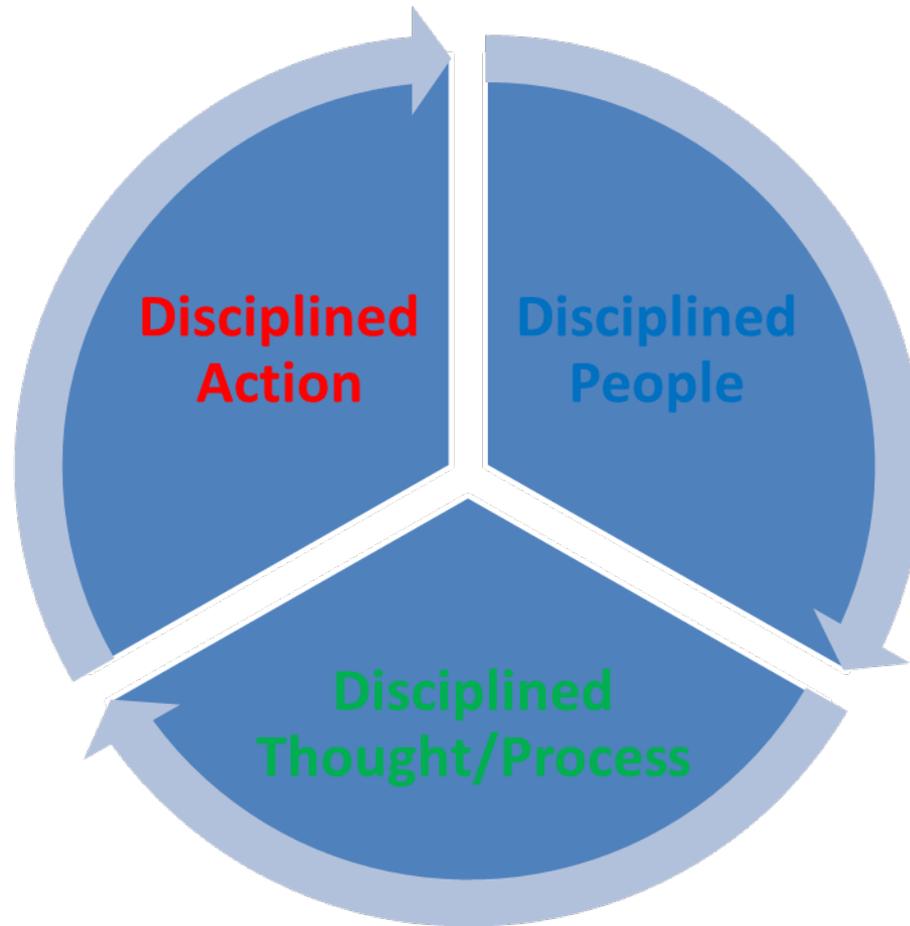
QI Models and Approaches

Models	Descriptions
1. CARE	Focuses on supporting productive interactions those who need care and those who provide care.
2. Lean	Defines value by what the “customer” wants in terms of cost effectiveness and time efficiency.
3. Improvement	Concentrates on specific organizational aims or goals by incorporating the Plan-Do-Study-Act (PDSA) cycle.
4. FADE	Concentrates on specific organizational aims or goals by incorporating the F ocus- A nalyze- D evelop- E xecute process.
5. Six Sigma	Utilizes the two distinct approaches for process improvement and problem reduction. (1) DMAIC, and (2) DMADV.

QI Benefits

Metric	Organizational Goal
1. Improved Care Outcomes	Participant health is improved
2. Improved Efficiency	Reduction in waste and costs associated with system failures and redundancies
3. Avoided “Failure Costs”	Inefficient systems and practices increase errors and re-work
4. Proactive Culture	Recognize and solve problems before they occur.
5. Improved Communication	Strengthens the commitment to quality, and increases opportunities for new partnerships and funding.

Quality Improvement: A Case Model



Building a Pocket of Greatness to Last
"From Good to Great" - Jim Collins



Drivers of quality: Disciplined People



Hiring team to align with Organization's culture

- 1. Behavior and competency group interview.**
- 2. Comprehensive training at the start up.**
- 3. Mentoring on staff core competencies to adhere to implementing program standards.**
- 4. Emphasis on continuous quality improvement through reflective supervision & mentoring of staff.**
- 5. Quality circles twice a week to share personal & programmatic challenges & successes (Monday & Friday mornings).**
- 6. Provide Wellness training and team charter.**

DRIVERS OF QUALITY: DISCIPLINED PROCESS



- **Program Design**: involvement of community (participants and partners), based on needs identified through surveys & KIIs, asset mapping.
- Developing a **logic model for implementation** with clarity in deliverables and milestones.
- Using **Quality Assurance tools** to monitor success in process. Examples:
 - Quality checklists for various critical to quality activities (chart QC and Home Visiting shadowing); evaluation matrix.
 - Capturing the voice of customer to define quality during implementation (satisfaction surveys/KAB at mid project)
 - **Use of Plan-Do-Study-Act planning- successful for change**
 - **e.g.** *In 2010, the percent of participant referrals that were successfully completed was 71.4% with 100% completion for internal CBHS Doula and HEAL referrals. (2010 baseline 61.2%). **NOW 91%**.*

DRIVERS OF QUALITY: DISCIPLINED ACTION

- Regular, frequent and consistent quality assurance review with staff resulting in continuous quality improvement .
- Participating local consortiums, community action networks, state & nationwide networks to learn new ways and to innovate program implementation.
- Program participant is mentored to be part of the local consortia.
- Collective Impact process in all of the above led by key staff.
- Follow closely Sustainability process with pro-active planning and visioning.



Conclusion

Effective planning and evaluation helps to meet performance targets:

- Helps in the efficient application of resources
- Provide assurances to stakeholders
- Supports evidence–based decision making

Quality improvement (QI) helps us achieve good health outcomes:

- Provide assurances to stakeholders
- Supports evidence –based decision making
- Secures funding and strengthens program growth and sustainability

