



association of family  
health teams of ontario

# An Improved Tool for Meaningful Program Planning and Reporting

**AFHTO Conference 2015**  
**Concurrent Session F**

October 29<sup>th</sup>  
11:45am to 12:30pm

# Agenda

1. *Improving Program Planning, Evaluation & Reporting*
2. *Key Elements of Program Planning & Evaluation: Introducing a Draft Framework*
  - *Framework: Principles*
  - *Framework: Four Cornerstones of Solid Program Planning*
    - ✓ Conducting a Situational/Needs Assessment
    - ✓ Setting Program Direction
    - ✓ Determining Program Elements
    - ✓ Conducting Program Evaluation
3. *Driving Continuous Quality Improvement for Programs: Using the Frameworks Templates*
4. *Advancing Performance Measurement for Programs: Next Steps*
5. *Program vs. Service: Making the Distinction*
6. *Concluding Remarks & Questions*

# Presenter Disclosure

- **Presenters: Diana Noel**
- **Relationships with commercial interests: NONE**
- **Disclosure of Commercial Support : None**

# Improving Program Planning, Evaluation & Reporting:

## *Background and Process*

- The ongoing development and improvement of FHT/NPLC programs and services is an important factor in ensuring:
  - A population health based approach to the delivery of care (i.e. achieving alignment between patient needs and the programs/services available to meet those needs);
  - Improving health care quality, patient safety and health outcomes;
  - Ensuring value for money in the delivery of care.
- As part of this process, FHTs/NPLCs are required to report and track progress on programs and services to the Ministry.
- Commitment from Primary Health Care (PHC) branch to work collaboratively with FHTs/NPLCs to develop guiding documents & tools to support program planning, development and evaluation efforts.

# Improving Program Planning, Evaluation & Reporting:

## *Joint Work Group Membership*

<b>Name:</b>	<b>Organization</b>
Alejandra Priego	St Joseph's Urban FHT
Beverley Atkinson	West Carleton FHT
Connie Siedule	Akausivik Inuit FHT
Diana Noel	Village FHT
Lisa Ruddy	Markham FHT
Michelle Karker	East Wellington FHT
Paul Faguy	Oakmed FHT
Stephanie MacLaren	Prince Edward FHT
Fernando Tavares	Program Manager (A), PHC Branch MOHLTC
Karen Parsons	Senior Program Consultant, PHC Branch MOHLTC
Sue Hache	Senior Program Consultant, PHC Branch MOHLTC
Sara Siddiqui	Program Analyst, PHC Branch MOHLTC
Bryn Hamilton	Provincial Lead Governance + Leadership, AFHTO

# Improving Program Planning, Evaluation & Reporting:

## *Work Group Mandate*

**Step 1:** Develop a guiding document that outlines steps for conducting an effective program planning & evaluation process

Status: **Comprehensive Approach to Successful Program Planning & Evaluation: Framework for FHTs/NPLCs** (DRAFT complete)

- Foundational principles,
- Step by step approach to conducting successful program planning/evaluation
- Selected templates/tools/resources

**Step 2:** Review Schedule A and make possible recommendations to the Ministry to improve the reporting template

Status: Work in progress - will continue over next few months

**Step 3:** Determine the appropriate process for selecting program performance measures

Status: Separate QIDSS work group will identify a catalogue of meaningful program measures - to be completed prior to the new contract agreement in the Spring. (talk about this more later in the presentation)

# Key Elements of Program Planning & Evaluation:

## *Introducing the Draft Framework*

- Framework is a resource for FHTs/NPLCs to use when developing new programs and/or evaluating their current ones.
- The Framework is based on leading practice techniques and approaches to program planning and evaluation.
- Adopting successful program planning and evaluation techniques will support FHTs/NPLCs to:
  - ✓ Ensure programs have a clear purpose;
  - ✓ Align programs with the goals of the organization;
  - ✓ Ensure programs have the necessary staff, support and resources;
  - ✓ Design programs to meet the needs of a target population;
  - ✓ Develop programs that are outcome focused;
  - ✓ Identify valuable, meaningful performance metrics aligned to program objectives;
  - ✓ Demonstrate and assess the value of programs;
  - ✓ Implement change based on results

(...and in turn, this will also help to complete reporting requirements!)

# Key Elements of Program Planning & Evaluation:

## *Principles*

Tie Programs to Mission & Strategic Plan

Conduct Program Planning as a TEAM

Explore Opportunities for Collaboration

Take a Population Health Approach

Focus on Outcomes

Plan Key Indicators of Program Success



# Key Elements of Program Planning & Evaluation:

## *4 Cornerstones of Solid Program Planning*

### **Step 1: Conducting a Situational/Needs Assessment**



- **Understanding Current Context & Landscape**
  - Identify current environment; perform scan of existing initiatives/programs
  - Understand priorities & strategic intent of FHT/NPLC
- **Identifying Problem, Gap or Need**
  - Know your target population!
  - Identify issues/opportunities to be addressed
- **Gathering Data**
  - Use different sources (EMR, patient surveys, LHINs, municipal planning departments & other clinical level resources)
- **Determining Possible Actions & How to Proceed**
  - Review/evaluate current programs that are being delivered
  - Assess and prioritize perceived care gaps and risk factors

# Key Elements of Program Planning & Evaluation:

## *4 Cornerstones of Solid Program Planning*

### Step 2: Setting Program Direction



- Program Description & Goal Statement
  - Think big picture (what is the desired long term result?)
  - Identify the “what” and “how” the program will impact your patients
- Determining Target Population
  - Who will be receiving services? Whom are we hoping the program will change?
  - How many and how will you recruit them into the program?
- Identifying SMART objectives (**S**pecific, **M**easurable, **A**ttainable/**A**chievable, **R**ealistic/**R**elevant, **T**ime-limited)
  - ✓ What will change?
  - ✓ By how much?
  - ✓ For whom?
  - ✓ By when?

# Key Elements of Program Planning & Evaluation:

## *4 Cornerstones of Solid Program Planning*

### Step 3: Determining Program Elements

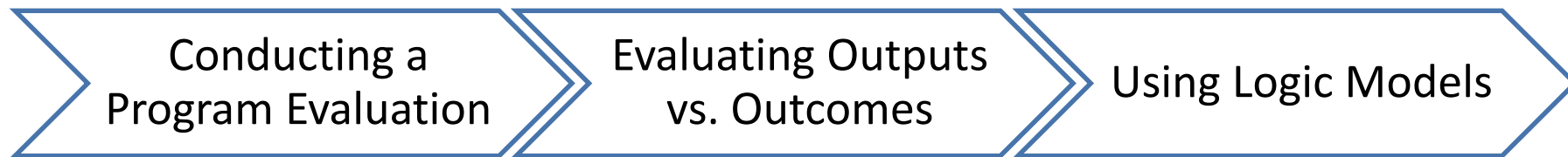


- Identifying Program Inputs
  - What are the resources needed to run the program, e.g., money, facilities, clients, program staff, equipment, etc.?
  - Think about opportunities to share resources and collaborate
- Determining Program Activities
  - How will you achieve your objectives? What work or ‘interventions’ will you offer?
- Linking to Performance Measures
  - Activities and objectives must be linked to performance measures
    - ✓ What will you measure?
    - ✓ Where is the data available?
    - ✓ Is the data easily gathered / extractable?
    - ✓ Are there reliability or validity concerns?

# Key Elements of Program Planning & Evaluation:

## *4 Cornerstones of Solid Program Planning*

### Step 4: Conducting a Program Evaluation



- Conducting a Program Evaluation
  - Process of obtaining, analyzing, interpreting, and reporting on data to describe how your program is working.
- Evaluating Outputs vs. Outcomes
  - Outputs: units of service (e.g. the number of people who went through the program). Output evaluation alone will not prove your programs success.
  - Outcomes: the changes that result from the program or its activities (e.g. graduating from a shelter to traditional housing)
- Using Logic Models (Refer to handout)
  - Following a logic model approach can help you to review your intended results with the actual impact/outcomes achieved – and help determine what actions, changes or improvements may need to be taken to support successful program delivery

# Presenter Disclosure

- **Presenters: Michelle Karker**
- **Relationships with commercial interests: NONE**
- **Disclosure of Commercial Support : None**

# Driving Continuous Quality Improvement:

## *Using the Frameworks Templates*

Generally we ask ourselves and our team:

- ***“Was the program implemented as planned?”***

However, should we be building upon that question and challenge ourselves and our teams to reflect:

- ***“ Was the program implemented within a quality framework and did we continuously review our programs and their results regularly, or did we only do it once a year when we were submitting our annual plan to the primary care branch?”***

# Driving Continuous Quality Improvement:

## *Using the Frameworks Templates*

I used an example of an evaluation template to analyze one of my programs.

Program - Hypertension		Review Date: Oct 15, 2015 For Period: Quarter 2
Program Lead(s)	Quality Improvement Team	
Program Synopsis (Description & Goal Statement)	Provides assessments, education and support for self-management skills to patients diagnosed with hypertension.	
Does program align with EWFHT vision/mission? Yes	Optimizes Health outcomes? Yes/N	Collaborative Approach? Yes/N
	Best Practices? Yes/N - Program guidelines from Heart & Stroke and Hypertension Canada	Advanced IT? Y/No Working towards new forms and tools in EMR
Target Population	Patients with a diagnosis of hypertension and/or poorly controlled blood pressure	
Objective 1	Improve the management and control of blood pressure in patients with HTN	
Objective 2	Improve modifiable risk factors for HTN patients: Increased physical activity, decreasing salt intake, decrease alcohol consumption and smoking cessation.	
Objective 3		
Objective 4		
Patient Encounters	104	
Resources / Personnel Utilized	.3 nursing and .2 Dietitian	

# Driving Continuous Quality Improvement:

## *Using the Frameworks Templates*

<b>Metric 1</b>	Percentage of patients experiencing a change in their blood pressure since initial visits to HTN clinic	Met Objectives? yes/N 50% had a decrease
<b>Metric 2</b>	Percentage of patients whose BMI decreased since initial visit to HTN clinic	Met Objectives? yes/N 40% of patients
<b>Metric 3</b>	Number of patients who have shown an increase in physical activity since initial appointment	Met Objectives? Y/Not sure 20 patients
<b>Metric 4</b>	Number of patients referred to dietitian and participate in further education i.e.: Heart health	Met Objectives? Y/Not sure 10
<b>Summary</b>	<p>We are meeting the metric we set out to measure but are they the right metrics? Are they improving the care and outcomes of the patients who come to these clinics?</p> <ul style="list-style-type: none"> <li>• I can't determine at this point with the metrics we have that we are delivering value for money spent on clinics.</li> <li>• It is difficult to determine if we are providing better care to our HTN patients.</li> <li>• New metrics that can be pulled from the EMR need to be developed.</li> <li>• Patients who have attended have been happy but our referrals from physicians is lower than expected.</li> </ul>	
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• Test new metrics to better measure this program.</li> <li>• Perform some quick PDSA cycles with new metrics provided by H &amp; S and HTN Canada.</li> </ul>	



# Driving Continuous Quality Improvement:

## *Using the Frameworks Templates*

What tools are available to truly assess and push us towards continuous improvement?

- HQO – has a variety of reports and recommendations that could help shape our program development that would push us to look at quality based metrics:
  - <http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-report-en.pdf>

### Example:

**Measurement priority:** *Chronic-disease screening (e.g., cancer, diabetes, hypertension, asthma, depression, dementia)*

- Percentage of patients who report having their blood pressure measured within the following time frames:

- Less than six months ago
- Six months to less than one year ago
- One year to less than two years ago
- Two years to less than five years ago
- Five or more years ago

# Driving Continuous Quality Improvement:

## *Using the Frameworks Templates*

**Quality metrics or indicators** are measures that describe how well something is performing or not performing.

- Are your programs and services meeting the needs of your patient population?

**Planning** — Is done yearly

**Reporting** — Is done quarterly

**Evaluation** — should be an **“ongoing”** process to **“study”** and **“act”** based on the PDSA cycle

- Use the tools and templates to continuously evaluate your programs
- Communicate with the Ministry what you are measuring and if its not right and doesn't meet the needs of your patient population or is the wrong metric/indicator – change it.
- Don't wait until the next “planning” cycle to change the metrics if they aren't right.



# Presenter Disclosure

- **Presenters: Beverley Atkinson**
- **Relationships with commercial interests: NONE**
- **Disclosure of Commercial Support : None**

# Advancing Performance Measurement for Programs:

## *Next Steps*

### **Schedule A**

- Work Group will review Schedule A and make possible recommendations to the Ministry to improve the reporting template & support alignment with the “Framework”.
- Separate QIDSS work group will identify a ‘catalogue’ of performance measures for programs (to be completed prior to the new contract agreement in the Spring).
- Catalogue will identify a small list of meaningful indicators for programs that FHTs may choose to report on, in addition to 1 or 2 standardized program measures, and will:
  - ✓ Support consistent measurement across the FHTs
  - ✓ Enhance alignment between program objectives and performance measures
  - ✓ Streamline reporting requirements
  - ✓ Provide meaningful measures that can be used to inform program evaluations and enhance quality improvement efforts
  - ✓ Enable comparative data analysis

# Advancing Performance Measurement for Programs:

## *Next Steps*

### **Schedule E**

- Primary Health Care Branch has agreed to recommendations from AFHTO to:
  - Eliminate reporting that is not meaningful, i.e. activity reporting found in the current Schedule E, and replace with practice level indicators
    - In place of Schedule E, leverage work of D2D and select 6-10 meaningful measures to be included in the next contract agreement.
    - Consultations with AFHTO membership currently taking place to identify appropriate measures for the contract (via electronic vote to each member organization).
    - Based on these results, AFHTO Board to make recommendation to Ministry in December.

# Presenter Disclosure

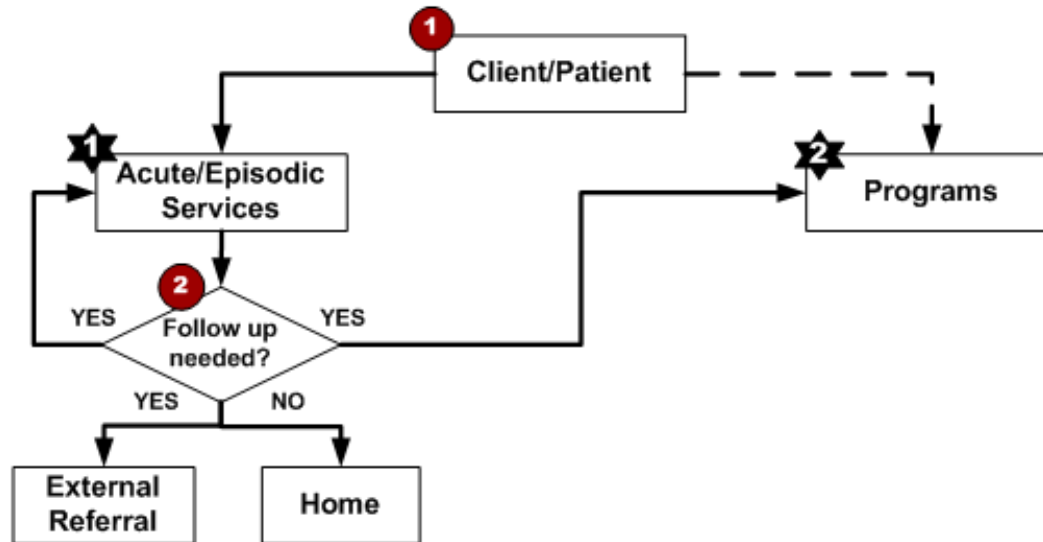
- *Presenters: Karen Parsons*
- *Relationships with commercial interests: NONE*
- *Disclosure of Commercial Support : None*

# Program Vs. Service

*...Making the Distinction*

# DRAFT – MOHLTC Schedule “A” Guideline

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Program Category Examples
Disease Specific
Population Group
Discipline Specific
Health Promotion/ Prevention

Processes		Additional Notes	
1	Initial encounter is for acute/episodic/immediate primary care need, unless self-refer or triage (---) directly to programs	1	Examples of acute/episodic services performance measures:
	After assessment by MD/NP/RN/RPN/PA, determination made to:		<ul style="list-style-type: none"> <li>Access (e.g. # of visits, same day/next day)</li> <li>System level indicators (e.g. ER diversion)</li> </ul>
2	<ul style="list-style-type: none"> <li>refer to programs based on established referral/program admission criteria</li> <li>follow up with another acute appointment, or</li> <li>external referral, or</li> <li>"home", i.e. issue resolved</li> </ul>	2	<b>Programs:</b> <ul style="list-style-type: none"> <li>Program planning process is followed</li> <li>Admission/referral criteria to program</li> <li>Planned visit</li> <li>Targeted Intervention</li> <li>Use of clinical outcome measures (quantitative or qualitative) expected as a performance measure. Eg. Number of patients with COPD who have had diagnosis confirmed with pulmonary function test/post-bronchodilator spirometry</li> </ul>



# Questions?