Innovative ways to create knowledge in improvement and innovation in the clinical microsystem

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Two methods for your consideration

• Developmental evaluation
• Eliciting stories from the front lines of care
• Questions for you
An Evaluation Story

• In 2010, opportunity to evaluate a new model of care for people with intellectual disability as they transition from pediatric to adult services (the MRID.net project)

• The clinician team
  – No prior experience with formally evaluating their service
  – Funding stream required evaluation, so they wanted to comply
  – Mild interest in evaluation, but didn’t want evaluation to be distraction from their work
    • “What do you need from us so that you can do the evaluation?”
Misconceptions about evaluation

“Now that we’ve finished the work we should evaluate what we did”

“We will give you our data, you will tell us how we did”

– Evaluation is often considered as an afterthought to the project
– The project team members lose steam, resources are depleted, and the team is on to the next thing

My role as the evaluator for the project

• To introduce a “radical concept” to the team
  • We cannot wait until the end of the project to find out how we are doing
  • MRID.net was a complex social intervention
    • We needed to know whether we were on the right track, not that we had arrived at a pre-determined spot, on budget, and at the specified time

• An emerging role for me as the evaluator
  • To teach the team how to integrate evaluation (and improvement) components into their work
Summative and Formative Evaluation Models *What’s the difference?*

- Summative evaluation occurs at the *end* of a project and *summarizes* the effects or outcomes of the work.
- Formative evaluation occurs *throughout* the project and helps *form* the project by examining the delivery of the program, the quality of its implementation, etc.

“When the cook tastes the soup, that’s formative; when the guests taste the soup, that’s summative.”

-- Robert Stakes
We set out to do formative evaluation, but . . .

• The evaluators became part of the project team
• We became the “voice of evaluation”

• Our formative evaluation was really a “Developmental Evaluation”
  – Embedded
  – Continuous
  – Has a goal of learning

“When the cook tastes the soup, that’s formative; when the guests taste the soup, that’s summative.”

  -- Robert Stakes

When the guests eat the soup and then go into the kitchen to help the cook prepare the next course and an elaborate dessert, and then complain about the mess . . . that’s developmental

  -- JJ
Components of the MRID.net evaluation

- Created an evaluation framework that was seamless with the work patterns
  - Took advantage of naturally occurring Intellectual Disability workshops, forums, etc.
    - Interviews
    - Focus groups
  - Encouraged clinician team to build in evaluation into each activity
    - School based clinics? Evaluate after each one . . .
    - In-service training? Evaluate . .
    - Transition clinic? Evaluate . .
  - Supported their use of a range of methods
  - Helped them see opportunities (and missed opportunities) for evaluation

Lessons Learned from Evaluation

- Make evaluation (and the evaluation team) an active part of the project
- Evaluation helps us better understand improvement opportunities, which helps us better understand what we need to evaluate
- Ultimately, our work is about meeting the needs of the clients and families. Evaluation can help monitor how well we are doing that
- Go to “gemba”
Going to Gemba

• Japanese term for “the real place”
• Managers realised that to improve manufacturing quality, the engineers needed to go to the manufacturing floor, or “gemba”, to gather data from all the sources so that they could more fully understand the situation
• This has been translated into a quality improvement principle - going to “the real place” to see the actual process, to understand the work, ask questions, and learn

What does “going to Gemba” mean for us?

• Understanding the work that we do from the perspective of the patients, clinicians, and staff (the microsystem!)
• The stories become important touchpoints for our work and for the evaluation of our work
Eliciting Stories from Front Line Providers . . .

- Study of 41 primary care teams from 37 academic health centres participating in a chronic care improvement collaborative in the United States
  - Multi method . . . Of course
  - Qualitative component
    - Interviews, focus groups, process analysis, microsystem assessment tool . . .
    - Electronic team survey

Electronic Team Survey

- Designed to provide qualitative assessment of a multi-institution collaborative in the US to improve chronic illness care
- Conducted via a web-based tool
- Based on Experience Sampling Methodology
  - Each team member received an email directing him/her to the survey every day for one week of each month of the collaborative
Today’s Event

• Briefly describe ONE event that stands out in your mind from today’s work related to providing care to patients with chronic health problems
• Describe your feelings about this work, your experience of this work, or your team’s experience of this work
• The event you describe can be positive, negative, or neutral
Eliciting Stories from Front Line Providers . . .

• 1145 narrative entries submitted

• Briefly describe one thing that stands out in your mind from today . . .

A patient that we have been calling weekly to titrate insulin came today with perfect sugars. She was happy and so were we. We called the nurses in to look at her logbook! It takes a village to take care of a patient. [Physician]
I am planning for my next group hypertension visit. I am assembling a handout on nutrition but I don't feel I know what I need to know. I am a physician, not a nutritionist or dietician nor do I have any special hypertension or diabetes training. The people attending the group are very enthusiastic about the service and that keeps me going.

[Physician]

I am responsible for scheduling our diabetic patients for our Chronic Disease Management Visit Clinic... this is such an important task and a lot of our success hinges upon what I do.

[Administrative Staff]
At the end of a group appointment for Spanish speaking patients, I asked the group if they would mind spending 5 minutes to complete two surveys. They all agreed and I explained that one survey was a 9 question patient health survey and the other was a 4 question satisfaction survey. Two could not fill in the form. One clearly could not read. One could not understand how to respond to the 4 answer format. Two others needed considerable assistance and one asked for her survey back when she realized that she had put the wrong answer. Two people responded that they had thoughts of suicide or felt they would be better off dead more than 3 days in the last 2 weeks. They had not shared this with anyone else. 40 minutes later, the 5 minute survey session ended.

[Physician]

The last patient I called today had not been seen by us for about 18 months. He lives at least an hour and a half drive from the clinic. He has been seen in a clinic where he lives, but has not had blood drawn and said, ‘They don’t tell me anything.’ I explained the idea of the planned visit and asked if he was willing to come the week before to have blood drawn so we could have the result at the visit. To my surprise, he agreed. I gave him instructions to come fasting for his lab work, bring insulin and food and I had him review the instructions to make sure he understood them. When I said that I looked forward to seeing at the appointment he said with perceptible feeling, ‘I have been waiting a long time for this call.’ [Nurse]
Electronic Team Survey

• The entries and reflections immersed us into the daily work of caring for patients with chronic illness, working as part of a team, and teaching
• A window into how Collaborative participants were thinking about changes in practice and changes in the institution
• It was the “going to gemba” for the evaluation

Potential questions for small group discussion

• What are some barriers/misconceptions about project evaluation that you have experienced?
• How are you building evaluation into your projects?
• Is their a role for an “evaluation” coach?
• What are best approaches for eliciting data from patients, clinicians, and staff?
• How do we use the analysis of the stories for professional formation and organizational transformation?
• Thank you

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