

Using Evaluation to Improve Our Work: A Resource Guide

December 16, 2010



Audience

Survey: Who is on this call? (pick your primary)

- VACO/national program leaders or staff
- Facility-based leaders/staff
- VISN-based leaders/staff
- Researchers
- Other

Please write in your questions: CIPRS@va.gov or submit your questions via LiveMeeting.



Course Outline

- Why is evaluation important in VHA?
- How is evaluation being used in Systems Redesign?
- Using Evaluation to Improve Our Work: A Resource Guide
- After Action Review
- Team Development Measure
- Q&A

Presenters

- **Joe Francis, MD, MPH**, Chief Officer, VHA Office of Quality and Performance
- **Michael Davies, MD**, Director, VHA Office of Systems Redesign
- **Dede Ordin, MD, MPH**, Director, Special Studies, VA Office of Quality and Performance
- **Susanne Salem-Schatz, ScD**, Investigator, VA Center for Implementation Practice and Research Support
- **Richard Martinello, MD**, Acting Senior Medical Advisor, VHA Office of Public Health and Environmental Hazards
- **Craig Roth, MD**, Co-Chief, General Medicine, Minneapolis VA Medical Center

Moderator: **Brian Mittman, PhD**, VA Center for Implementation Practice and Research Support



Why is evaluation important in VHA?

Joe Francis, MD, MPH

Chief Officer

VHA Office of Quality and Performance



What is Evaluation?

Evaluation:

- Is a planned, purposeful and systematic process, that
- Involves collecting data on work, programs, and organization, which
- Enhances knowledge and decision-making and
- Differs from:
 - measurement for accountability or rewards
 - measurement for research
 - measurement for quality improvement

What is Evaluation?

Evaluation can be useful in VHA:

- Evaluations can be conducted at the program, office, policy, and practice levels
- Evaluations can aid communication with veterans (i.e., evaluation of My HealtheVet)

Why Evaluation?

- Evaluation helps us to learn (internal).
- Evaluation helps us to ***communicate*** and to ***motivate/persuade*** (external)
- The most effective learning and communication should engage the entire brain:
 - Left brain: numbers
 - Right brain: stories

What is Evaluation?

There are two basic types of evaluation:

- Evaluations can guide the ongoing development and evolution of a program or improvement initiative (helps us to improve while we are doing)
- Evaluations can also provide information about program effectiveness and impact (helps us to improve for the next time)

Evaluation in VHA

Evaluation for learning and improvement is already embedded into many aspects of our work:

- Office of Emergency Management in the Center for Environmental and Occupational Safety and Health (CEOSH) provides guidance for the After Action Reviews that must be conducted following each real and simulated emergency event.
- Root cause analyses to evaluate problems and prioritize solutions following adverse events.
- The VHA System-Wide Ongoing Assessment and Review Strategy Program (SOARS) provides tracer and self-assessment tools and consultation

How is evaluation being used in Systems Redesign?

Michael Davies, MD,
Director
VHA Office of Systems Redesign

Evaluation in Systems Redesign

VHA Mission: Provide exceptional healthcare that improves our health and well being

SR Tagline: Improving our work is our work

VHA aims to create a culture of improvement

“Thousands of teams and millions of changes”



Evaluation in VHA

Evaluation is heart of culture of improvement

Many kinds of evaluation/feedback

- Achievement of a goal
- Process or outcome
- Concurrent or retrospective

Evaluation helps align and inform our overall improvement effort

Background of Evaluation Resource Guide

- Systems Redesign Steering Committee pleased to support, align and connect the people doing the work with those interested in evaluation.
 - Systems Improvement Subcommittee
- Future Vision: Incorporate into guidebook so we can all speak with one voice to “operations” while improving our knowledge behind the scenes

Q&A

Moderated by:

Brian Mittman, PhD

Director

VA Center for Implementation Practice
and Research Support



Using Evaluation to Improve Our Work: A Resource Guide

Dede Ordin, MD, MPH

Director, Special Studies

VA Office of Quality and Performance



Improving the Work of Improvement

- Funded by OQP and QUERI
- Focus on evaluation tools
- Needs assessment to prioritize tool development
 - SR POCs
 - Cancer Care Collaborative coaches
 - QMOs
- Identified priorities:
 - Structured approach for reflective learning
 - Tool for team self-assessment and strengthening

Using Evaluation to Improve Our Work: A Resource Guide

- Designed to help VHA staff and leaders expand and deepen current evaluation activities.
- To be used for self-evaluation and improvement rather than accountability.
- Resources can be useful at any point in the life of a project

Using Evaluation to Improve Our Work: A Resource Guide

Overview of evaluation

After Action Review:

- Structured reflection

Team Development Measure:

- Assess development

Additional evaluation resources:

- General Program Evaluation Resources
- Resources Related to Evaluation in VA
- Examples of Evaluations Conducted in VA



After Action Review

Richard Martinello, MD

Acting Senior Medical Advisor

VHA Office of Public Health and Environmental
Hazards

Susanne Salem-Schatz, ScD

Investigator

VA Center for Implementation Practice and Research
Support



After Action Review (AAR) Survey

Have you used an AAR before?

Guide to the After Action Review

A tool to assess the strengths and weaknesses of past event or project to inform future teams and work

- 1-page overview
- Planning an After Action Review
 - Logistics and facilitation
 - Organizing the AAR conversation by key events, themes, or issues
- Conducting an After Action Review
 - Introduction including meeting context and purpose
 - Sample ground rules and facilitation guidance
- Framework and plan for sharing AAR findings
 - AAR Report Template

After Action Report

What is it?

- A report generated in response to the observed actions and outcomes from an event.
- Brief summary of what happened
- What worked well?
- What did not work well?
- What needs to be accomplished or further explored to ensure a better response during the next similar event?

Ultimately, make recommendations to improve the response to the next event.

What does the AAR look like?

Framework

- | | |
|-------------|--|
| HEICS | National Framework for Influenza Preparedness & Response |
| •Logistics | |
| •Operations | •Surveillance |
| •Fiscal | •Mitigation |
| •Planning | •Vaccination |
| | •Communication and Education |

Depth & Breadth: depends on...

- Needs/goals
- Resources
- Examples: Single page, focused on one aspect
Hundreds of pages (ex: WH Katrina AAR)

Production of the AAR

- Should start when the event starts
 - Take notes
 - Take pictures (both good and bad)
 - Consider what could be better, what additional resources would help, etc. during the event
- Assemble a team and a plan
 - Individuals involved with event response
 - Stakeholders
 - Internal (i.e., part of your organization)
 - External (i.e., outside organization, community)
 - What is the goal and the focus?

Production of the AAR (cont'd)

- Assemble data
 - Methods
 - Brief discussion among responders/stakeholders
 - More extensive survey
 - Maintain an open atmosphere, encourage open thinking, brainstorming and a no blame environment
- Organize data and draft the report

AAR Recommendations

- Perhaps the most critical section
- List actionable items based on the analysis
- Specific action/task
 - Example: purchase more ventilators
 - Further analysis recommended
- Successful recommendation characteristics
 - Specific, assign task to an individual/group, due date, follow-up

AAR Recommendations (cont'd)

- Integration of AAR findings and recommendations
 - Revision of emergency operations plans
 - Integration of certain findings into non-emergency operations processes
 - Improve likelihood of sustainability
 - Opportunities to further refine processes

Team Development Measure

Craig Roth, MD

Co-Chief, General Medicine
Minneapolis VA Medical Center

Susanne Salem-Schatz, ScD

Investigator
VA Center for Implementation Practice and
Research Support



Team Development Measure© (TDM) Survey

Have you used the TDM before?

Guide to the Team Development Measure[©]

A tool to track team development and support improvement

- 1-page overview
- About team development
- Implementing the TDM Survey
 - Automated by VSSC
 - Facilitation guidance
- Action plan worksheet
- Tips for successful teamwork

TDM © Background

- Used with permission from PeaceHealth
- Used in healthcare delivery teams, administrative, project, and executive teams
- Valid and Reliable
- User-friendly
- Useful

Team Development Measure[©]

- Point in time assessment of Team Development
- 31 questions, 4 key aspects
 - cohesion
 - communication
 - clarity of team roles
 - clarity of team goals and the means to achieve them.
- Single TDM Score can be tracked over time
- Creates the opportunity for reflection
 - External facilitator is recommended
 - Teams can review on their own if needed

VHA Use of the TDM[©]

VISN Name	VISN Total Teams
(V01) VA New England Healthcare System	19
(V07) VA Southeast Network	3
(V08) VA Sunshine Healthcare Network	2
(V10) VA Healthcare System of Ohio	1
(V11) Veterans In Partnership	8
(V12) VA Great Lakes Health Care System	5
(V19) Rocky Mountain Network	1
(V23) VA Midwest Health Care Network	37
TOTAL	76

Sample TDM[©] Report

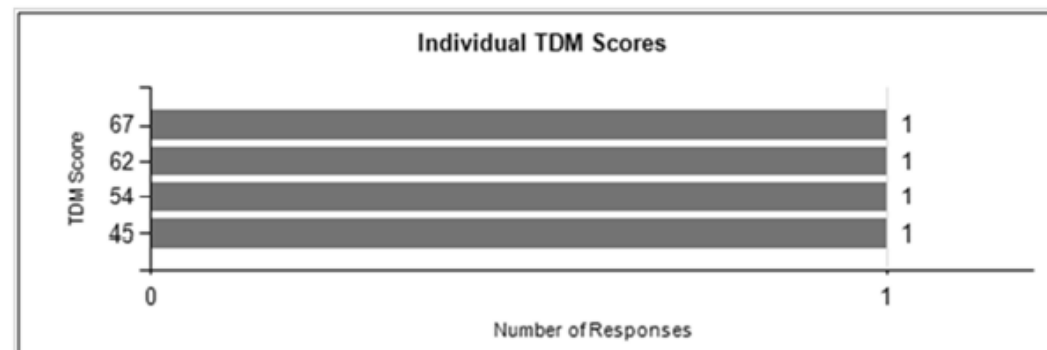
Team Development Measure

Test Team: 4 respondents

The graph below shows how many team members see the team at what stage.

Team Development Measure[®] (TDM)

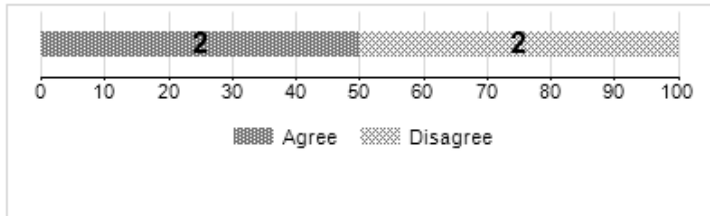
	Fully Developed	87 - 100	All Team Attributes Fully in Place
	Stage 8	81 - 86	Goals, Means Established
	Stage 7	78 - 80	Roles Established
	Stage 6	70 - 77	Communication Established
Highest Score = 67	Stage 5	64 - 69	Cohesiveness Established
	Stage 4	58 - 63	Building Clarity of Goals, Means
Team Avg = 57	Stage 3	55 - 57	Building Clarity of Roles
	Stage 2	47 - 54	Building Communication
Lowest Score = 45	Stage 1	37 - 46	Building Cohesiveness
	PreTeam	0 - 36	Any Team Attributes are Accidental



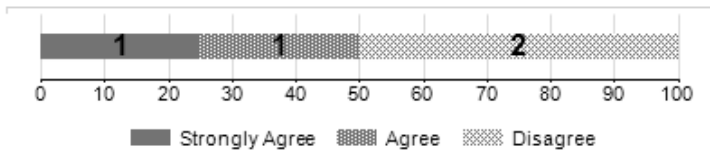
Sample TDM[©] Report

Goals & Means

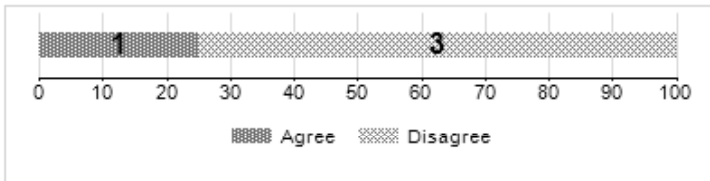
Roles and responsibilities of individual team members are clearly understood by all members of the team



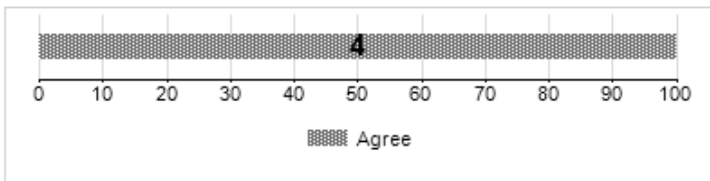
All team members place the accomplishments of the team ahead of their own individual accomplishments



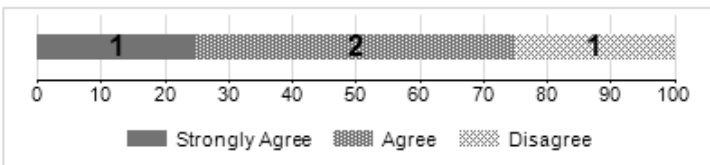
All team members define the goals of the team as more important than their own personal goals



I have a clear understanding of what other team members expect of me as a team member



Some members of this team resist being led



Use the space below for your Reflections on Goals & Means:

Case Study

Setting

Minneapolis VA Medical Center

Large, primary and tertiary care

Teams

- 2 **pilot** primary care Patient Aligned Care Teams (PACTs).
- Formed March 2010.
- Members:
 - Selected by GIM Chiefs and Nursing Director.
 - Attended VA Learning Sessions in Las Vegas (April 2010) + 2 regional learning collaboratives (principles of PACT).

Team 1

- Physician
- RN
- LPN
- MSA

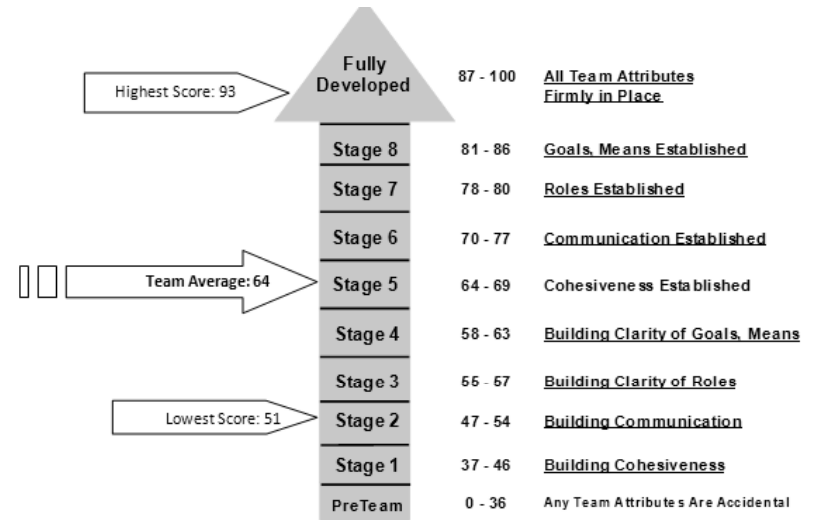
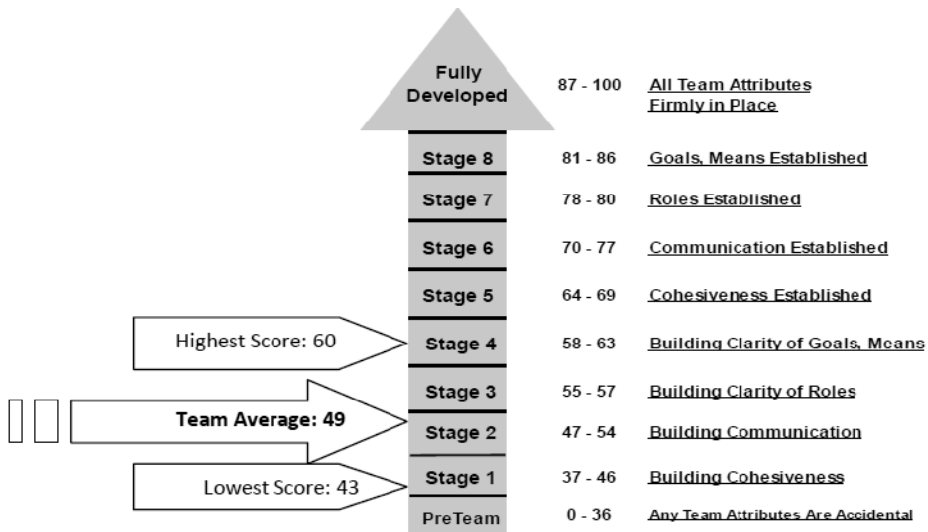
Approach we took

- I told leaders about TDM©, and was invited to share with teams.
- Teams embraced the idea
- I arranged to have e-mail links set up
- Members completed anonymously
- I gathered and distributed results to all members
- I facilitated discussions (~1 hr)

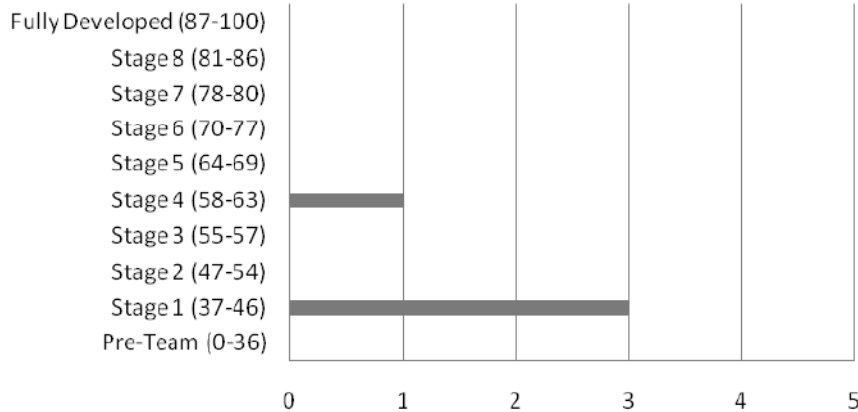
Why we tried the TDM©

- Assess stage of team development (baseline)
- Help team clarify what to work on (instructive)
- Create/stimulate safe dialogue for:
 - Team formation (cohesiveness)
 - Communication
 - Role & Goal clarity

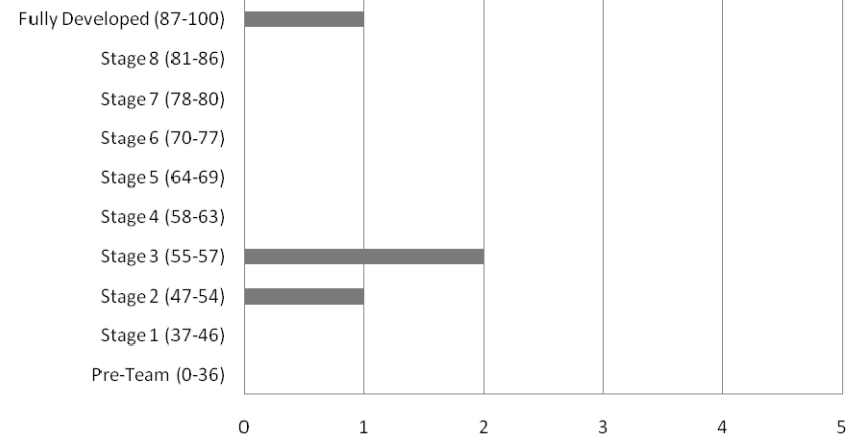
Overall Score



Baseline, June 2010

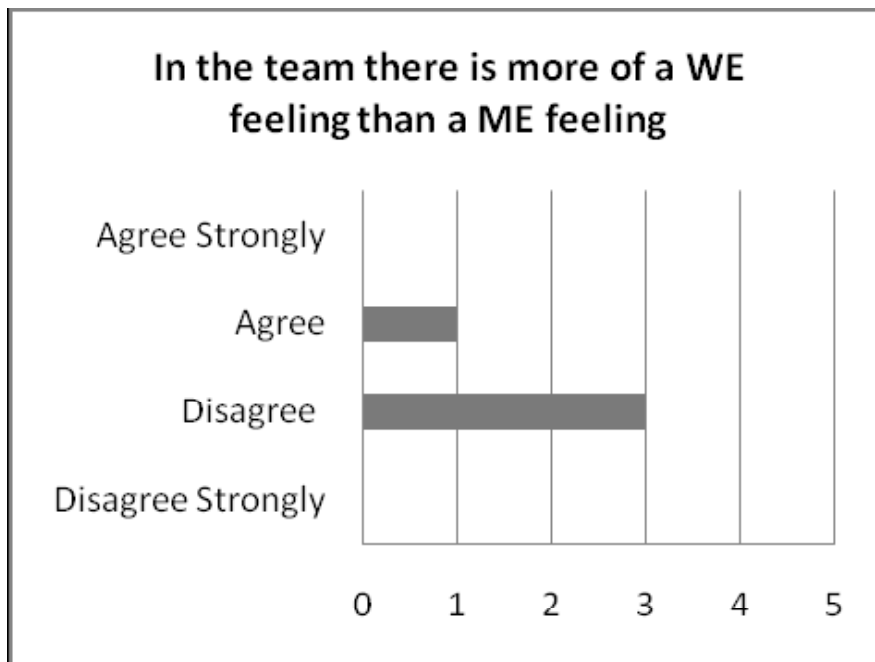


October 2010

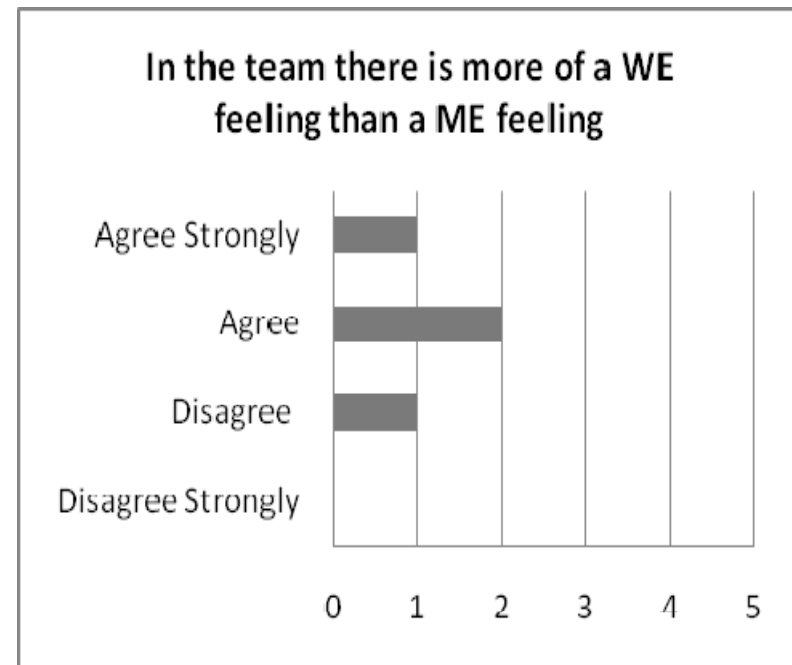


Cohesiveness

June, Baseline



October



Communication

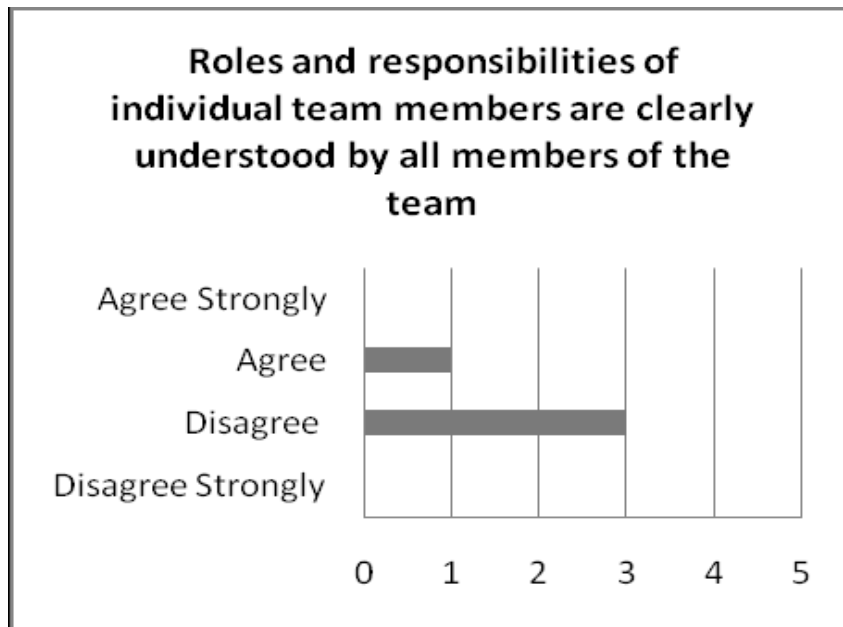
June, Baseline

October



Role Clarity

June, Baseline

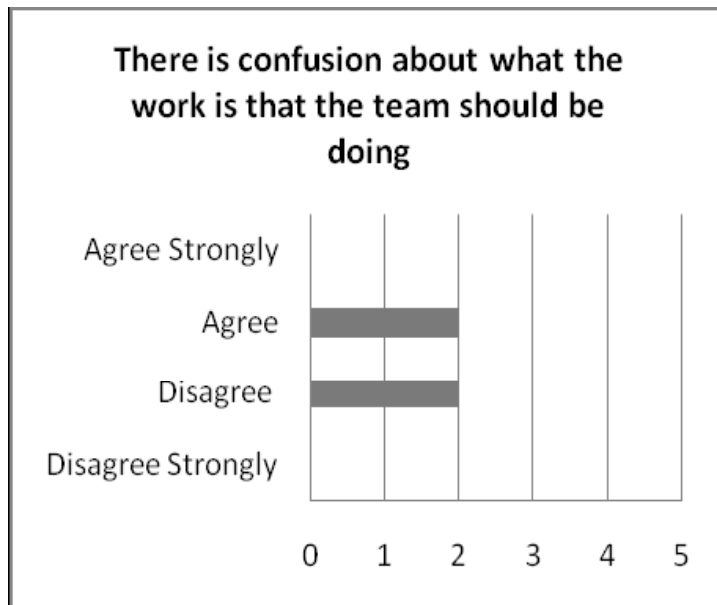


October

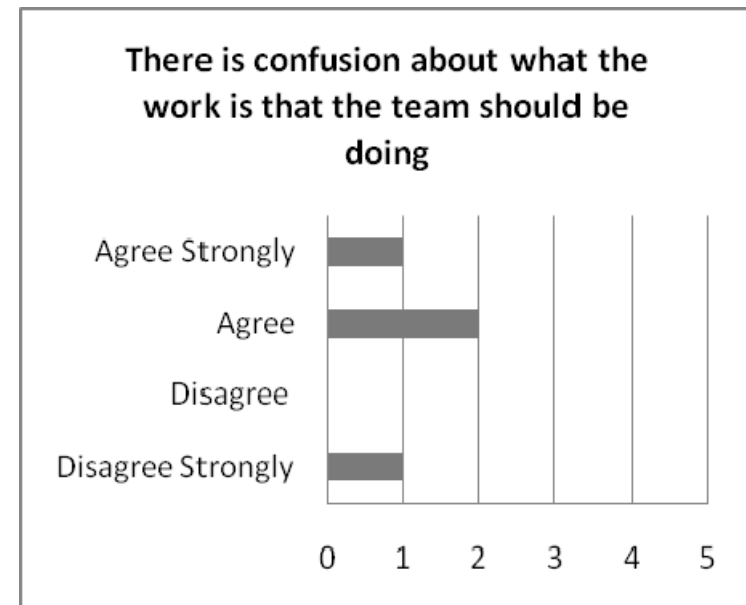


Goals and Means Clarity

June, Baseline



October



Reactions from team

- Very lively discussions. Full participation (more than previously).
- Some surprises:
 - Diversity of answers
 - Not as development as hoped
- Identified: strengths, areas to work on and feelings.
- Eager to take again to assess progress.

What teams liked

- Easy access, short completion time, easy questions, data display friendly, quick turn around, tracking answers, storing data (PDF).
- Anonymous (safe)
- No cost
- Stimulated discussion: data

Strengths

- Instructive: demonstrated:
 - elements/competencies/stages of teams
 - where team should be going
- Useful to appreciate strengths, items to celebrate

Future Plans

- All teams will use: baseline, 3, 6, 12 mos.
- Use trained TDM facilitators, using highly structured and standardized approach.
- Monitor more objectively how teams are progressing and where success is occurring, and to support/change where needed.
- Will consider putting some items on slides to project and discuss.

Q&A

Moderated by:

Brian Mittman, PhD

Director

VA Center for Implementation Practice
and Research Support



How to Access the Evaluation Resource Guide

Available on CIPRS and Office of Systems Redesign
SharePoint sites:

- [http://vaww.portal.gla.med.va.gov/sites/Research/HSRD/CIPRS/Evaluation Resource Guide/default.aspx](http://vaww.portal.gla.med.va.gov/sites/Research/HSRD/CIPRS/Evaluation%20Resource%20Guide/default.aspx)
- <https://srd.vssc.med.va.gov/Pages/UsingEvaluationToImproveOurWork.aspx>

Fielding the TDM Survey

Automated system by VSSC

1. Email CIPRS@va.gov to request access to the system
2. Automated by VSSC
3. Once access is granted, need the following information to set up a survey:
 - Name of team
 - Names of team members
4. Online survey link sent to team members
5. Can check on the number of respondents, close out the survey, produce a report, and distribute report to team members

Any additional questions can be sent to
CIPRS@va.gov