Implementation and Evaluation of Healthcare Innovations and Models of Care

A Guiding Framework and Toolkit

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Metro North Health



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Introduction

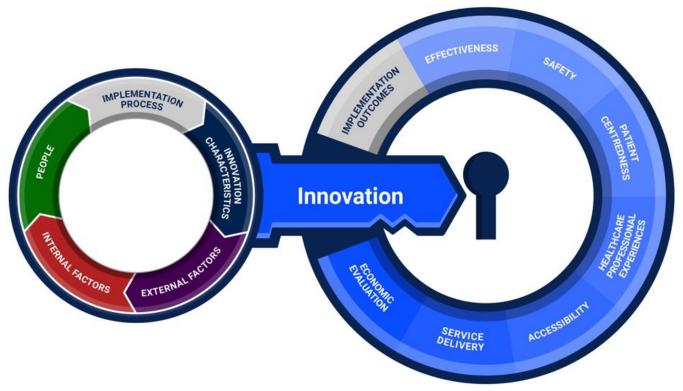
This toolkit provides a comprehensive, practical guide for healthcare teams implementing and evaluating healthcare innovations or models of care. Grounded in the Implementation and Evaluation Framework,¹ it includes essential components to ensure a thorough approach to both implementation and evaluation. For optimal results, this toolkit is designed to be used alongside the online tools available at <u>www.implementationevaluationhub.com</u>.

- 1. **Implementation Framework**: This framework offers a structured guide for implementing healthcare innovations and models of care, supporting teams from concept development through to outcome evaluation.
- 2. **Implementation Readiness Assessment Tool**: This tool is designed to set projects up for success from the outset by assessing readiness and identifying potential barriers and enablers. By recognising these factors, teams can proactively address challenges and leverage their strengths to ensure a successful rollout.
- 3. **Evaluation Framework**: This systematic approach enables teams to evaluate the performance and outcomes of healthcare innovations and new models of care. By following the framework, teams can collect meaningful data, assess impact, and identify opportunities for improvement.
- 4. **Guidance for Designing Evaluation Plans**: Detailed guidance is provided for developing robust evaluation plans, allowing teams to demonstrate the value of their healthcare innovations or models of care and refine them based on data-driven approaches.

The toolkit emphasises understanding the contextual and individual factors that influence implementation. These factors include the characteristics of the model of care, external influences, internal factors (local context), people involved (stakeholders) and the implementation process itself. By tailoring implementation strategies to specific environments and addressing potential barriers early on, teams increase the likelihood of successful adoption and sustainability.

The goal of this toolkit is to <u>equip healthcare teams with the tools and knowledge</u> <u>necessary to navigate the complexities of implementing and evaluating healthcare</u> <u>innovations and models of care.</u> By doing so, teams can drive improvements in patient outcomes and enhance the efficiency of service delivery within healthcare settings.

Implementation and Evaluation Framework (IEF)



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This framework is designed to help teams understand the contextual and individual factors that influence the implementation and evaluation of healthcare innovations or models of care.

Broadly the components are:

The Innovation: The proposed new model for delivering healthcare.

Factors influencing implementation: These domains are factors that drive and facilitate the implementation of a new model of care. Just like how a handle turns a key, these factors are essential for enabling effective implementation.

Outcomes: These measure the success and impact of the healthcare innovation or model of care, matching with the evaluation areas. They help answer important questions including:

- Was the implementation successful? (Implementation outcomes: adoptability, implementability, sustainability)
- Were the goals achieved? (Innovation outcomes: effectiveness, safety, patient centredness, health professional experience, accessibility, service delivery, economic evaluation)

The framework comprises **five implementation domains** and an **outcomes domain**, each containing its own subset of factors that impact implementation:

- 1. Innovation characteristics: What sets the new idea apart?
- 2. External Factors: What external factors influence its adoption?
- 3. Internal Factors: How does the local organisational context affect implementation?
- 4. **People**: How do the stakeholders influence the process?
- 5. **Implementation process**: How do you get it up and running effectively?
- 6. **Outcomes:** What are the end results?

The following sections provide a detailed description of the factors that influence implementation and evaluation of healthcare innovations and models of care.

1. Innovation Characteristics

The innovation characteristics domain explores the distinguishing features that set a new idea or model of care apart from current practices or interventions. A variety of characteristics shape its effectiveness and sustainability.

Key Attributes of Innovation:

- Evidence base: The degree to which the innovation or model of care is supported by empirical research, clinical trials, or best practice guidelines. This serves as a foundation for addressing its reliability and potential impact.
- **Support and endorsement:** the endorsement and backing the innovation or model of care receives from key stakeholders, including professional organisations, policymakers, or opinion leaders, this endorsement signifies confidence in its values and relevance.
- Advantages: These are the perceived benefits or strengths of the innovation or model of care, including
 factors like accessibility, effectiveness, safety, cost-effectiveness, and benefits to stakeholders. Understanding
 these advantages sheds light on the potential value it brings to healthcare.
- Disadvantages or uncertainties: Potential drawbacks or limitations of the innovation or model of care, such as risks, implementation challenges, or unintended consequences. Identifying these uncertainties allows for proactive management and informed decision-making.

Understanding these attributes is crucial for assessing the innovation or model of care's compatibility with current practices and its potential to address healthcare needs effectively. It provides insights into the feasibility, acceptability, and sustainability of implementing the innovation in a specific context.

2. Exploring External Factors

The external factors domain investigates the factors that shape the adoption of innovations or models of care. These factors are crucial for understanding the broader environment in which implementation occurs.

Key Factors to Consider:

- Partnerships and connection networks: The collaborative relationships and networks with external
 organisations, stakeholders, and community resources that can either support or hinder implementation
 efforts.
- **Policies and laws:** The impact of legislative and regulatory frameworks on healthcare practices. Policies and laws influence decisions related to reimbursement, quality standards, and legal requirements.
- **Financing:** Financial incentives, reimbursement models, and funding sources that impact the availability of resources for implementation and sustainability of innovations or models of care.
- **Performance management pressure:** The role of performance metrics and targets in shaping organisational priorities. Pressure to meet performance goals can influence decision-making regarding innovation or model of care adoption. Recognising these external influences, stakeholders can better navigate the implementation process and develop strategies for successful innovation adoption.

3. Exploring Internal Factors in the inner setting

In this domain, we delve into how the local organisational context influences the implementation process. Various factors within the organisational environment play pivotal roles in shaping implementation efforts of new ideas or models of care.

Key Factors to Consider:

- Work Infrastructure: This considers the physical and organisational infrastructure that supports daily operations. Adequate work infrastructure facilitates smooth implementation processes.
- **Relational Connections**: These are the relationships and connections among team members and stakeholders. Strong relational connections foster collaboration and teamwork essential for successful implementation.
- **Communication**: This considers the effectiveness of communication channels within the organisation. Clear and open communication promotes transparency and ensures all stakeholders are informed and engaged.

- Organisational Culture: This examines the prevailing values, beliefs, and norms within the organisation. Organisational culture shapes attitudes and behaviours, influencing how innovations or models of care are received and adopted.
- **Mission Alignment:** This evaluates the alignment of implementation efforts with the organisation's mission and goals. When implementation aligns with the broader mission, it enhances organisational commitment and support.
- Available Resources: This considers the availability of human, financial, and technological resources to support implementation activities for the new idea or model of care. Adequate resources are essential for overcoming implementation challenges and sustaining innovation or model of care adoption.
- Access to Knowledge: Assess the accessibility and dissemination of knowledge and information to implement the innovation or model of care within the organisation. Access to relevant knowledge enhances decision-making and fosters adoption.

Understanding and leveraging these internal dynamics are critical for successful integration of healthcare innovations and models of care within the organisational context. By recognising the influence of these factors, stakeholders can develop strategies to overcome barriers and promote the effective implementation.

4. People in the Implementation Process

In this domain, we focus on the individuals involved in the implementation process. Stakeholders at various levels play crucial roles in driving effective implementation efforts.

Key Stakeholder Groups:

- **High-Level Leaders**: Individuals in the executive or senior management level who provide overarching vision, direction, and support for implementation efforts.
- **Mid-Level Leaders**: Managers and supervisors who oversee specific departments or units and play a pivotal role in translating organisational goals into actionable plans.
- **Opinion Leaders**. Influential individuals within the organisation whose opinions and actions sway the attitudes and behaviours of others, often serving as champions for innovation or model of care adoption.
- **Implementation Facilitators**: Subject matter experts or consultants who provide guidance, support, and resources to facilitate the implementation process.
- **Implementation Leads and Deliverers**: Individuals responsible for leading and executing specific aspects of the implementation plan, driving day-to-day activities and progress.
- Implementation Support/Team Members: Team members who contribute to the implementation process by providing additional support, expertise, and assistance in various capacities. e.g., data collection, clinic set up training, troubleshooting.
- **Innovation Recipients**: End users or beneficiaries of the innovation or model of care, including patients, clients, or other stakeholders who experience the direct impact of the new practices or interventions.

Recognising the perspectives of these stakeholder groups, addressing their concerns, and fostering their engagement are key strategies for driving effective implementation. By involving stakeholders at every stage of the process, organisations can maximise buy-in, promote collaboration, and enhance the likelihood of successful innovation or model of care adoption.

5. Exploring the Implementation Process

This domain explores the steps and strategies involved in getting a healthcare innovation or model of care up and running effectively within an organisation. A structured implementation process is essential for translating ideas into action and achieving desired outcomes.

Key Phases of the Implementation Process:

• **Planning**: The development of a comprehensive plan outlining the goals, strategies, resources, and timelines required for implementation. Effective planning sets the foundation for a successful rollout.

- **Engaging**: The process of involving stakeholders at all levels, including leadership, staff, and end users, to foster buy-in and support. Engagement ensures that everyone is informed, motivated, and committed to the implementation effort.
- **Doing**: The execution of the implementation plan by integrating the innovation into practice. This phase involves coordinating activities, managing resources, and addressing any issues that arise during the rollout.
- **Reflect and Evaluate**: The continuous monitoring and assessment of the implementation process to identify successes and areas for improvement. Collecting and analysing data helps to understand the impact of the innovation and make informed adjustments.
- Adapting: The process of making necessary adjustments based on feedback and evaluation findings. Adapting the implementation approach ensures that the innovation remains effective and sustainable over time.

A well-structured implementation process is vital for ensuring that innovations are effectively integrated into organisational practices. By following these key phases, organisations can achieve successful outcomes and sustain improvements over time.

6. Outcomes and Performance

The **Implementation and Evaluation Framework** provides a structured approach to assess the outcomes and performance of healthcare innovations, focusing on their overall impact and sustainability. The evaluation section of the framework is organised around eight core domains: Implementation Outcomes, Effectiveness, Safety, Patient-Centeredness, Healthcare Provider/System Experience, Accessibility, Service Delivery, and Economic Evaluation. Each domain plays a crucial role in determining the success of an innovation.

Implementation Outcomes:

The Implementation Outcomes domain is further divided into three key sub-domains:

- Adoptability: The ease with which the innovation or model of care can be adopted by users and integrated into existing practices.
- **Implementability**: The practicality and feasibility of implementing the innovation or model of care within the organisational context.
- **Sustainability**: The ability of the innovation or model of care to be maintained over time without diminishing effectiveness.

Innovation Outcomes:

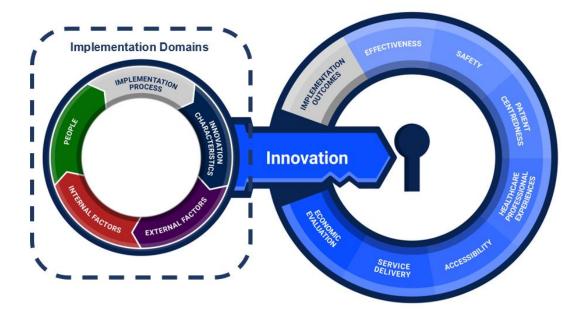
- **Effectiveness**: The degree to which the innovation or model of care achieves its intended goals and produces desired health outcomes.
- **Safety**: The extent to which the innovation or model of care avoids causing harm to patients and contributes to their overall safety.
- **Patient-Centeredness**: The focus on providing care that respects and responds to individual patient preferences, needs, and values.
- **Healthcare Professional/System Experience**: The impact of the innovation or model of care on the experiences and satisfaction of healthcare professionals and the overall healthcare system.
- Accessibility: The extent to which the innovation or model of care is available and usable by all who need it, ensuring equitable access to care.
- Service Delivery: The efficiency and effectiveness of healthcare services provided as a result of implementing the innovation or model of care.
- **Economic Evaluation**: The analysis of the cost-effectiveness and financial impact of the innovation or model of care, including potential savings and resource utilisation.

Evaluating these outcomes provides comprehensive insights into the innovation or model of care's performance, highlighting areas of success and opportunities for improvement. This evaluation is crucial for understanding the overall impact and sustainability of the innovation, informing future efforts and guiding continuous improvement.

Implementation Readiness Assessment Tool

About the assessment

This tool has been designed to assess the readiness and capacity for implementing and evaluating healthcare initiatives. It considers various contextual and individual factors to facilitate successful implementation and evaluation of healthcare innovations and models of care.



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Key Features

- Applying implementation science frameworks adapted from primary research and existing evidence to inform a holistic assessment of implementation and evaluation readiness (refer to Reference list).
- Project teams can assess implementation and evaluation capacity across six domains, gaining a broad understanding of readiness for implementation of proposed new innovations.
- Supports teams to identify strengths and areas for improvement, thereby enhancing the likelihood of successful implementation and evaluation.
- After completing the readiness assessment, teams can create a detailed action plan to address gaps and leverage strengths for effective implementation.

Assessment Details

- The assessment consists of 30 questions and takes approximately 15 minutes to complete.
- This can be completed individually or as a team.
- The tool is suitable to be used for teams or individuals across various healthcare settings, units, and projects.

Applications of the Tool

This tool is versatile and applicable at any stage to support users in the implementation process, including:

- **To plan** by informing the strategic planning process
- **To design** healthcare innovations and models of care for implementation.
- **To compare** multiple healthcare innovations and models of care.
- **To prepare** and assess the readiness of a healthcare innovations or models of care for implementation.
- **To grow** and build capacity for implementation and evaluation.

- **To fund** by structuring resourcing decisions.
- **To evaluate** by informing the reasons behind the success or failure of healthcare innovations and models of care.
- **To scale or not**, determining the trajectory of future of healthcare innovations and models of care (e.g., adopt, adapt, abandon, scale, and spread).

This tool can therefore facilitate ongoing improvement in healthcare implementation and evaluation and enables teams to make data-driven decisions throughout the project lifecycle.

Structure of the Assessment Tool

The readiness assessment tool is divided into three sections:

Part A: Background Information

• The teams provide details about the new model of care, its objectives, the target population, and the implementation location.

Part B: Factors Influencing Implementation

Assesses the key factors crucial for successful implementation on a Likert scale 1-5, across the six
implementation domains including innovation characteristics, external factors, internal factors, people, the
implementation process, and outcomes evaluation.

Part C: Results

- Teams will calculate an average score across all domains and an overall average score:
 - Score 1-2.99 (Red): Indicates the model of care is not ready for implementation.
 - Score 3-3.99 (Amber): Indicates the model of care is promising but requires further information and planning.
 - Score 4-5 (Green): Indicates the model of care is ready for implementation based on the assessment of the six domains.

Part D: Develop an Action Plan. The information obtained from the assessment can be used by teams to develop action plans based on the collected data.

The assessment tool is best completed online via the Implementation Evaluation HUB <u>https://www.implementationevaluationhub.com/assessment/</u> but can be completed manually by editing/printing the PDF tool below.

Part A

Project Details

- Project Name: [Enter project name here]
- Problem Statement: [Highlight the specific challenge or problem faced, its impact on relevant stakeholders, and existing approaches to address it]
- Project's Primary Objective: [Briefly describe the main goal or purpose of the project]
- Project's Secondary Objectives: [List any additional objectives or goals the project aims to achieve]
- Project Team: [Provide information about the team members involved in the project, including roles and responsibilities]
- Program Location: [Specify the location(s) where the project will be implemented
- Group or Population: [Who Will Benefit from the Program: Who will benefit from the innovation: [Identify the specific group or population that will benefit from the project]

Part B

Instructions for Completing the Assessment:

Project Teams are required to rate the new model of care across a range of context specific and individual factors that influence implementation across six domains.

The six domains are:

- 1. Innovation characteristics
- 2. External factors
- 3. Internal factors
- 4. People
- 5. Implementation process
- 6. Outcomes

Please respond to as many items as possible to ensure an accurate score to guide your planning. If you are unable to answer an item, you may pass. Highlight or circle the assessed rating for each item across each domain and place totals into the readiness assessment score table below.

Amount of evidence									
Item 1: Amount of evidence (literature,	None	Limited	Moderate	Strong	Extensive				
benchmarking) supporting the new model of care.	1	2	3	4	5				
Also consider <u>NHMRC evidence levels</u>									
Level of ex	ecutive en	dorsement	•						
Item 2: The model of care has been supported or	None	Limited	Moderate	Strong	Full				
endorsed by Executive team or relevant authorities	1	2	3	4	5				
Leve	l of agreen	nent							
Item 3: Other solutions have been considered and this model of care offers advantages over alternatives.	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree				
Consider factors like accessibility, effectiveness, safety, cost, and benefits to stakeholders.	1	2	3	4	5				
Item 4: Uncertainties about the model's benefits have been addressed.	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree				
Consider factors like accessibility, effectiveness, safety, cost, and stakeholder benefits.	1	2	3	4	5				

External Factors									
Item 1: The political environment and current	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree				
strategy or policy priorities align with implementation of the new model of care.	1	2	3	4	5				
Item 2: There are defined partnerships and networks to facilitate referral pathways, collaborative care, and continuity of care. Consider interdisciplinary partnerships, hospital, community, and primary healthcare networks	1	2	3	4	5				
Item 3: Implementation of the new model of care meets all the appropriate quality standards and regulatory requirements. Consider aspects like scope of practice, credentialling and training	1	2	3	4	5				
Item 4: Professional organisations and consumer groups support the model of care.	1	2	3	4	5				
Level of funding									
Item 5: Funding (e.g., grants, reimbursement) is	None	Limited	Moderate	Substantial	Full				
available to implement and/or deliver the model of care.	1	2	3	4	5				

Internal Factors

Item 1: The model of care is aligned with the	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
organisation's strategic goals and objectives.	1	2	3	4	5
Item 2: There are defined tasks and responsibilities between individuals and teams.	1	2	3	4	5
Item 3: There are adequate resources (funding, staff, space, equipment, technology infrastructure) to safely implement the model of care.	1	2	3	4	5
Item 4: There is training, credentialling and clinical governance pathways for clinicians to implement the model of care.	1	2	3	4	5
Item 5: There are high-quality relationships, communication networks, and professional connections to support implementation of the model of care	1	2	3	4	5
Item 6: The working environment promotes collaboration, cohesion, with a shared sense of purpose to achieve common goals.	1	2	3	4	5

People

Consider these questions with each stakeholder group in mind (listed below).

	None	Few	Some	Many	All
Item 1: Key stakeholders have been identified and their roles defined.	1	2	3	4	5
Item 2: The stakeholders are interested, engaged, and see the benefits of the new model of care.	1	2	3	4	5
Item 3: Stakeholders have the knowledge and skills to fulfill their roles.	1	2	3	4	5
Item 4: Stakeholders have the availability and authority to fulfill their roles.	1	2	3	4	5
Item 5: The stakeholders are motivated and committed to implementing the model of care.	1	2	3	4	5

Key Stakeholder Groups:

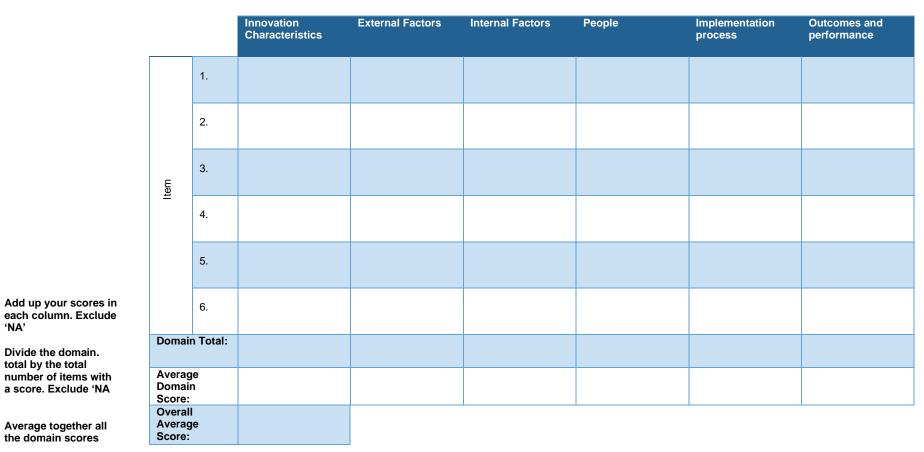
- **High-Level Leaders**: Individuals in the executive or senior management level who provide overarching vision, direction, and support for implementation efforts.
- **Mid-Level Leaders**: Managers and supervisors who oversee specific departments or units and play a pivotal role in translating organisational goals into actionable plans.
- **Opinion Leaders**. Influential individuals within the organisation whose opinions and actions sway the attitudes and behaviours of others, often serving as champions for innovation adoption.
- **Implementation Facilitators**: Subject matter experts or consultants who provide guidance, support, and resources to facilitate the implementation process.
- **Implementation Leads and Deliverers**: Individuals responsible for leading and executing specific aspects of the implementation plan, driving day-to-day activities and progress.
- Implementation Support/Team Members: Team members who contribute to the implementation process by providing additional support, expertise, and assistance in various capacities. e.g., data collection, clinic set up training, troubleshooting.
- **Innovation Recipients**: End users or beneficiaries of the innovation, including patients, clients, or other stakeholders who experience the direct impact of the new practices or interventions.

Implementation process					
Item 1: In planning the team assessed needs, local	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
context, tailored the approach, defined objectives, and identified necessary processes for the new model of care.	1	2	3	4	5
Item 2: There are plans to test and optimise the new model of care. (e.g., pilot, PDSA cycle)	1	2	3	4	5
Item 3: There are plans for action based on reflection and evaluation. (e.g., adapt, adopt, abandon, scale and spread)	1	2	3	4	5
Item 4: There is documentation e.g., implementation plan to guide the implementation process.	1	2	3	4	5

Outcomes and performance					
	Strongly Disagree	Disagree	Partially Agree	Agree	Strongly Agree
Item 1: The key objectives and deliverables of the new care model have been defined.	1	2	3	4	5
Item 2: There is a timeframe for planning, implementation, and evaluation of the new model of care.	1	2	3	4	5
Item 3: Outcome measures for the new model of care have been defined. Consider both implementation and innovation outcomes	1	2	3	4	5
Item 4: The types and sources of information (data) for each outcome measure have been identified. e.g., health records, PREM/PROMS, surveys)	1	2	3	4	5
Item 5: A budget or resources have been allocated for performance evaluation.	1	2	3	4	5
Item 6: There is documentation, e.g., evaluation plan, to guide the evaluation process.	1	2	3	4	5

Part C: Readiness Assessment Scores

'NA'



The assessment results can guide action plans for implementation. Domains with lower average scores indicate areas needing improvement in readiness for implementing the model of care. Identifying these areas allows targeted efforts to address potential barriers and enhance overall preparedness.

Interpretation	
Score 1-2.99	The model of care is not ready for implementation.
Score 3-3.99	The model of care is promising but requires further information or planning.
Score 4-5	The model of care is ready for implementation or requires only minor modifications.

Part D: Action Plan

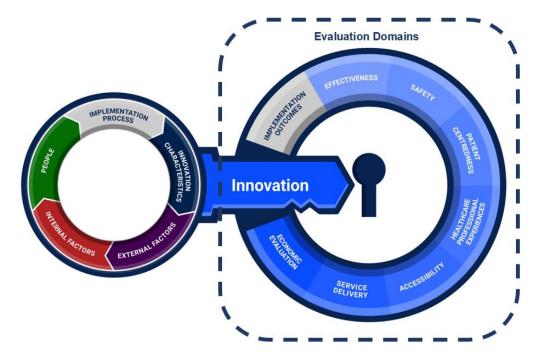
After completing an organisational implementation readiness assessment, the next step is to develop a detailed action plan. This plan should address any gaps identified and leverage strengths for successful implementation. Key components include:

- Goal or Objective: Define a clear, specific goal aligned with assessment findings.
- Tasks or Actions: Break down the goal into specific, actionable tasks.
- Timeline: Develop a realistic timeline for each task and the overall goal.
- Desired Outcomes: Establish KPIs to measure progress and success.
- Responsibility: Assign each task to a specific person or team.
- To plan Resources: Identify necessary resources, including personnel, materials, and equipment, informing the strategic planning process.
- Desired Outcomes: Establish KPIs to measure progress and success.

This approach ensures the action plan is tailored to the organisation's current readiness, facilitating effective implementation. An action plan document can be downloaded via the Implementation Evaluation HUB: https://www.implementationevaluationhub.com/resources/

Evaluation Framework

The evaluation domains of the Implementation and Evaluation Framework (IEF) are integrated into the evaluation planner below, which assists teams in developing and refining their evaluation plans. This tool facilitates the measurement of outcomes for healthcare innovations and models of care, whether the goal is to enhance existing strategies or design new ones. By leveraging this framework, teams can gain a deeper understanding of healthcare evaluation, enabling them to create effective plans that provide a comprehensive analysis of the performance and impact of their models of care.



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Identifying domains for evaluation

The evaluation section of the framework is organised around eight core domains: Implementation Outcomes (further divided into sub domains for adoptability, implementablity, sustainability), Effectiveness, Safety, Patient-Centeredness, Healthcare Provider/System Experience, Accessibility, Service Delivery, and Economic Evaluation

The framework encourages teams to explore all evaluation domains to gain a comprehensive view of an innovation or model of care performance. However, it allows flexibility, recognising that not all domains may be relevant to every project. Teams are therefore encouraged to prioritise evaluation areas that best align with their specific project goals.

Implementation Outcomes

The Implementation Outcomes domain is segmented into three key sub-domains:

- Adoptability: The ease with which the innovation can be adopted by users and integrated into existing practices.
- Implementability: The practicality and feasibility of implementing the innovation within the organisational context.
- Sustainability: The ability of the innovation to be maintained over time without diminishing effectiveness.

Innovation Outcomes

- Effectiveness: Measuring the clinical and health outcomes achieved by the model of care.
- Safety: Evaluating the extent to which the care model minimises risks and harms to patients.
- Patient-Centeredness: Understanding patient satisfaction, engagement, and quality of life.
- Healthcare Professional Experiences: Gauging the impact on the experiences and satisfaction of healthcare professionals.
- Accessibility: Examining the availability and ease of access to the care model for the target population.
- Service Delivery: Assessing the efficiency and quality of service delivery processes.
- Economic Evaluation: Analysing the cost-effectiveness and financial impact of the care model.

The table below highlights key questions within each evaluation domain and provides example performance indicators to guide your assessment process. This structured approach ensures that all relevant aspects of the care model are thoroughly evaluated, enabling teams to make informed decisions and drive continuous improvement.

Evaluations Domains	Definitions
Adoption	Key questions : To what extent have stakeholders adopted the innovation or care model, and what factors influenced their decision? Example measures: Observation of uptake, stakeholder interviews,
	administrative data, and user engagement scales.
Implementation	Key questions : How effectively has the innovation been put into practice, and what challenges have been encountered?
	Example measures: Evidence of implementation through observation, stakeholder interviews, administrative data, assessment of organisational readiness, and fit into existing workflows and systems.
Sustainability	Key questions : How sustainable is the innovation or model of care within the organisation, and what factors contribute to or hinder its long-term maintenance?
	Example measures: Long-term outcomes, resource allocation beyond initial stages.
Effectiveness	Key questions: To what extent does the healthcare innovation or model of care achieve its intended purpose and desired outcomes?
	Example measures: Health status, quality of life, recovery rates, or improvement in health conditions.

Safety	 Key questions: How effectively does the healthcare innovation or model of care prevent harm to patients or improve safety during delivery of care delivery? Example measures: Diagnostic accuracy, error rates, and occurrence of adverse events.
Patient-centredness	Key questions: To what extent does the healthcare innovation or model of care involve patients in decisions and tailor care to their preferences?Example measures: Patient experience, satisfaction, continuity of care.
Healthcare profession/system experience	 Key question: What has been the experience of healthcare professionals with the innovation or model of care? Example measures: Perceptions and experiences of healthcare professionals
Accessibility	 Key questions: How has the innovation or model of care impacted patients' access to needed care and services? Example measures: Timeliness of care, including diagnosis and treatment.
Service delivery (Activity)	 Key questions: What actions, processes, and metrics are involved in delivering the innovation or model of care? Example measures: Patient volume, service frequency, and discharge rates.
Economic evaluation	 Key questions: How has the healthcare innovation or model of care impacted resource use, cost-effectiveness, and efficiency? Example measures: Cost-minimisation, cost-effectiveness, treatment costs.

Selection of evaluation measures and performance indicators

To address each question, it is essential to identify and gather appropriate measures or indicators. Indicators should be clearly defined, observable, measurable, and practical to collect. Often, using multiple indicators is necessary to ensure the validity of the findings.

Baseline and target data

Baseline and target data are critical components of effective program evaluation and implementation. They provide the foundation for measuring progress, identifying areas for improvement, and demonstrating the impact of efforts.

Baseline data represents the initial set of information collected before a program or intervention begins. This data serves as a reference point, allowing for the measurement of changes and the assessment of progress over time.

Target data defines the specific goals or outcomes that a program aims to achieve within a certain timeframe. Establishing clear targets helps set realistic expectations and provides a benchmark to measure progress.

Data sources and collection methods

Identifying appropriate data sources and employing effective data collection methods are crucial for obtaining reliable and valid information for evaluation and implementation. The choice of data sources and collection methods significantly impacts the quality and accuracy of the data, which, in turn, influences the conclusions drawn from the evaluation. Evaluators should consider factors such as the evaluation objectives, available resources, and the need for data validity and reliability when designing their data collection strategy.

Data sources, which are the origins of the data used for evaluation, can be broadly categorised into primary and secondary sources. Primary data is directly gathered by evaluators from the field, offering firsthand insights, while secondary data is obtained from other sources and is repurposed for evaluation purposes.

Data collection methods depend on the type of data needed, the sources of data, and the resources available. Effective data collection methods include surveys, questionnaires, interviews, observations, document reviews, and administrative data, official records and reports and published research. Selecting the right combination of data sources and collection methods is critical for obtaining comprehensive and accurate information, ensuring that the evaluation is robust and reliable.

Timelines

Establishing clear and realistic timelines is essential for guiding the evaluation process from planning to implementation, analysis, and follow-up. Adhering to these timelines ensures that evaluations are conducted efficiently, findings are communicated effectively, and recommendations lead to meaningful action and impact.

Establishing priority levels for evaluation measures

Assigning priority levels to evaluation measures is essential for efficient resource allocation and effective evaluation planning. Consider key criteria such as significance, feasibility, urgency, and stakeholder interest, evaluators and categorise measures into low, medium, and high priority levels.

Regular review and adjustment of these priorities ensure alignment with changing program needs and stakeholder feedback. This systematic approach enables evaluators to focus resources on critical areas, maximise the impact of evaluation efforts, and facilitate informed decision-making for program improvement.

Responsibility for evaluation

Assigning responsibility for evaluation is essential to ensure accountability and effective oversight throughout the evaluation process. Key stakeholders involved in the program or intervention being evaluated should be identified and engaged from the outset to ensure their perspectives are considered.

The table below provides a guide to designing your evaluation map, but the Evaluation Plan is best completed via the Implementation Evaluation Hub <u>https://www.implementationevaluationhub.com/evaluation/</u>.

Design your Evaluation Plan

Part A: Project Details

Project Name: [Enter Project Name Here]

- **Problem Statement** [Highlight the specific challenge or problem faced, its impact on relevant stakeholders, and existing approaches to address it]
- **Target Patient or Consumer Group/s:** [Identify the specific group or population that will benefit from the project]
- Primary Objective: [Briefly describe the main goal or purpose of the project]
- Secondary Objectives: [List any additional objectives or goals the project aims to achieve]
- **Project/Evaluation Team:** [Provide information about the team members involved in the project, including their roles and responsibilities]
- **Program Location:** [Specify the location(s) where the project will be implemented]

Considerations for completing the Evaluation Plan (below):

- Purpose of evaluation [How will you use findings?]
- **Evaluation questions** [What domains will you be evaluating? What measures will you use? What data do you need?]
- Target audience(s) [Who and how will you share findings?]
- Evaluation budget and/or resources [Enter Here

			D	esigning an Ev	valuation Plan				
Domain	Evaluation Question	Indicators/Measures	Baseline	Target	Data Sources	Data collection method	Timeline	Priority	Who is responsible

References

- Mutsekwa, RN, Campbell, K. L., Canavan, R., Angus, R. L., McBride LJ., & Byrnes, J. M. Performance Understanding and Learning System (PULSE-KEY): Development of a Framework for Implementation and Evaluation of Healthcare Delivery Models of Care. BMJ Open (2024):14: e088663. doi:10.1136/bmjopen-2024-088663
- 2. Mutsekwa, RN, Campbell, K. L., Canavan, R., Angus, R. L., McBride LJ., & Byrnes, J. M. Unlocking potential: a qualitative exploration guiding the implementation and evaluation of professional role substitution models in healthcare. Implement Sci Commun 5.1 (2024): 73.
- 3. Mutsekwa, RN, Campbell, K. L., Canavan, R., Angus, R. L., McBride LJ., & Byrnes, J. M. Measuring performance in allied health professional role substitution models of care: a clinician survey. BMC Health Services Res 24.1 (2024): 79.
- 4. Mutsekwa, RN, Campbell, K. L., Canavan, R., Mulhern, B., Angus, R. L., & Byrnes, J. M. Patient Preferences for Attributes that Characterise Alternative Models of Care in Gastroenterology: A Discrete Choice Experiment. The Patient-Patient-Centered Outcomes Research (2023): 16(2), 165-177. doi: 10.1007/s40271-022-00609-4.
- Mutsekwa RN, Byrnes JM, Larkins V, Canavan R, Angus RL, Campbell KL. "Role substitution of specialist medical doctors with allied-health professionals: A qualitative exploration of patients' experiences and perceptions of healthcare quality." Journal of Evaluation in Clinical Practice (2022): Apr 26. doi: 10.1111/jep.13691.
- Mutsekwa RN, Wright C, Byrnes JM, Canavan R, Angus RL, Spencer A, Campbell KL. "Measuring performance of professional role substitution models of care against traditional medical care in healthcare—A systematic review." Journal of Evaluation in Clinical Practice (2021): Aug 17. doi: 10.1111/jep.13613.

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