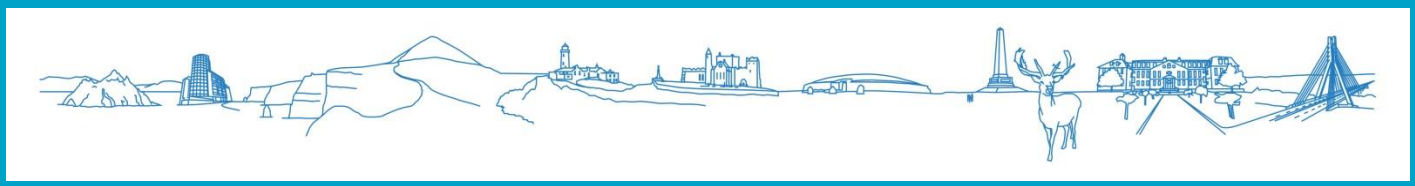
Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

National Quality Improvement Team

# National Quality Improvement Team

# Self-Evaluation Guide

**Working in partnership to lead innovation and lasting quality improvement to achieve better and safer care**

August 2019 V1.0

# Reader Information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# A. INTRODUCTION

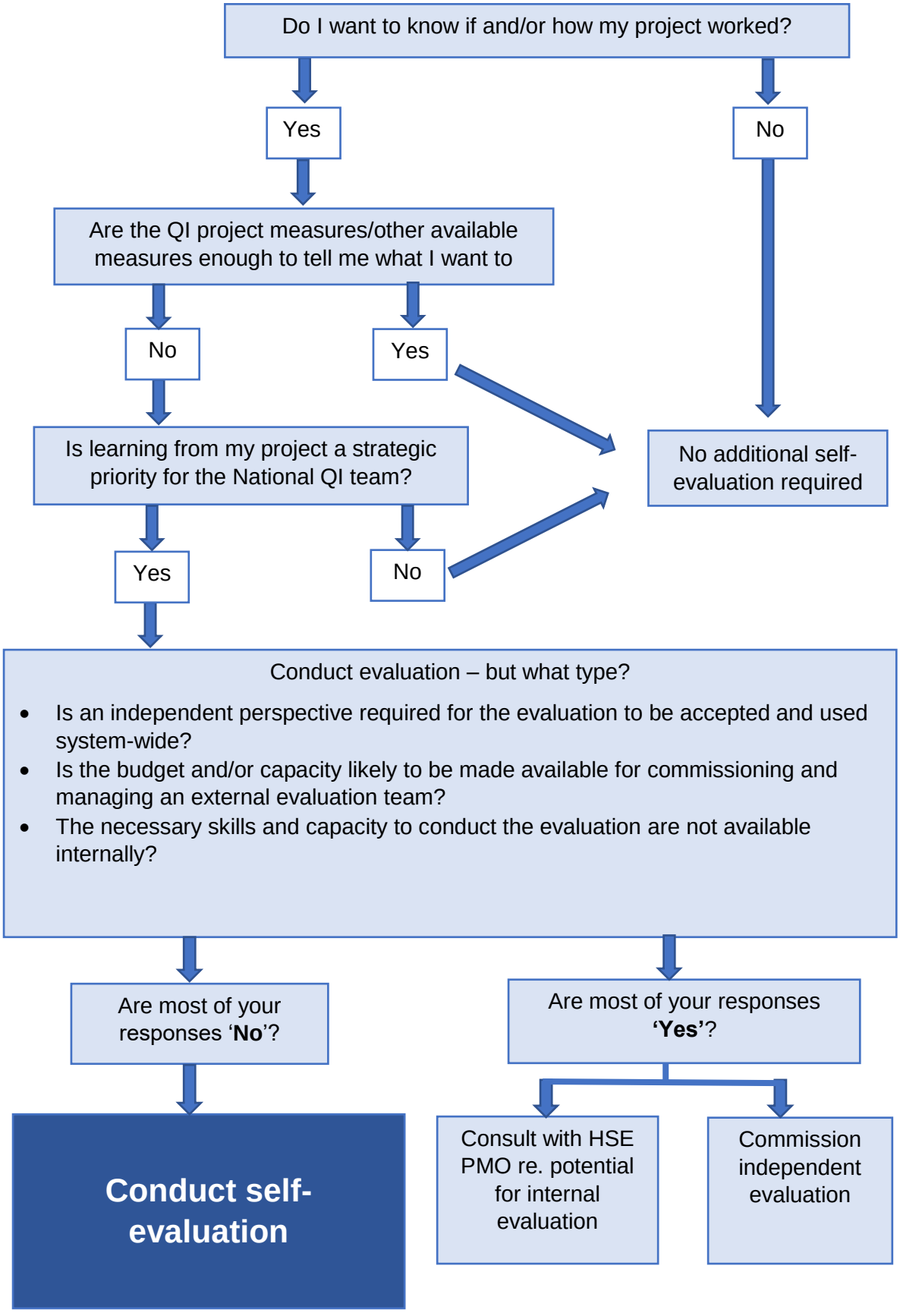
This guide for self-evaluation and accompanying workbook has been developed following co-design work between the National QI Team and the Centre for Effective Services. Templates of useful tools to inform your decision-making about your evaluation project are included in this guide. The templates have been partially completed, using the Directorate project as an example, to show how the tools and templates can be used. Blank templates are included in the workbook and it is intended that you should complete the templates included in the workbook in planning the evaluation of your project.

There are different ways you can monitor and evaluate your work and deciding on the most appropriate way requires some deliberation. There are three main options:

A. Use QI project measures to monitor your project success
B. Commission an external evaluation by an external/independent evaluation team
C. Conduct a self-evaluation, which will require you to conduct more in-depth data analysis than option A and use your own resources instead of external evaluators.

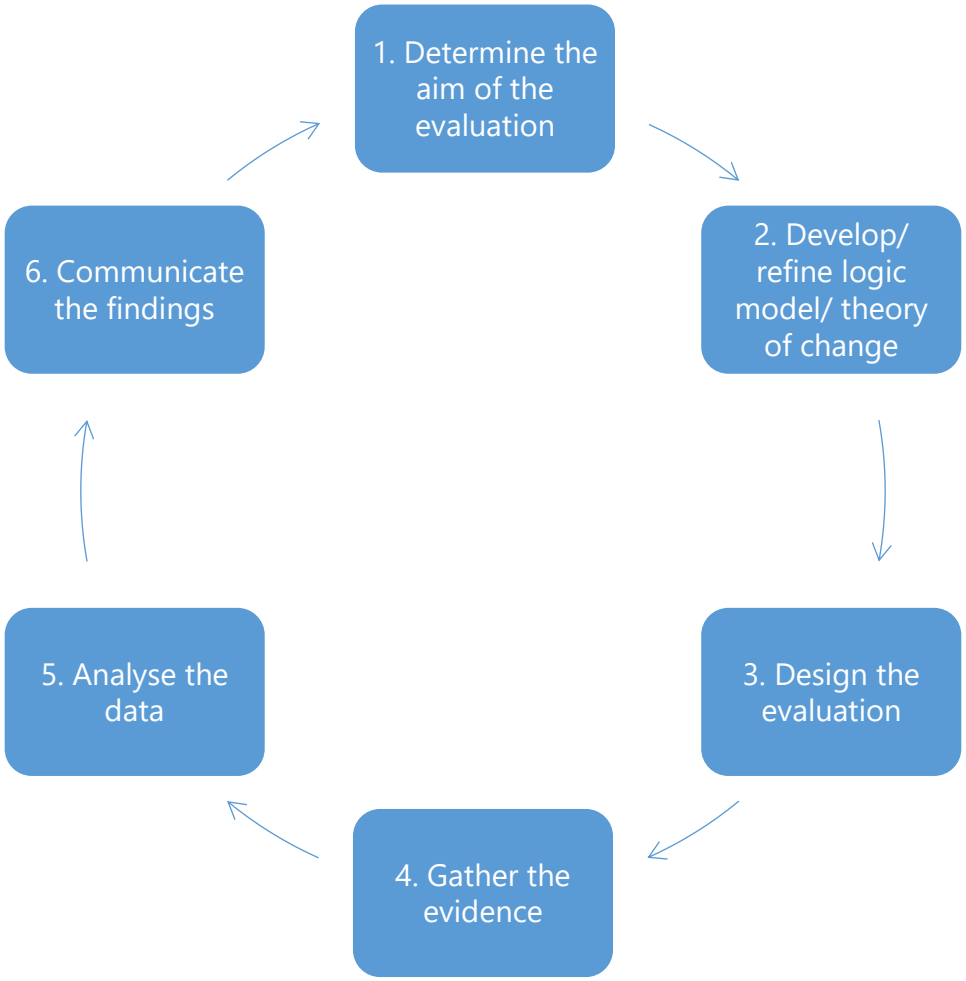
The Decision Tree in Figure 1: Decision Tree for Self-Evaluation will help you to decide whether self-evaluation is appropriate for your project.

**Figure 1: Decision Tree for Self-Evaluation**



This guide takes you through six steps for self-evaluation, as outlined in Figure 2: Six Steps to Self-Evaluation. Steps 1 and 2 will also be useful to those who wish to commission an external evaluation, as it will help you to identify the aim of your evaluation and the associated questions. While it takes time and effort to plan and prepare for your evaluation, the investment of time in steps 1 to 3, pays dividends later.

**Figure 2: Six Steps to Self-Evaluation**



# B. DEFINING THE CONCEPTS

## B.1 Introduction

There are a number of ways in which your work can be evaluated. Evaluation differs from monitoring in that it goes beyond routine collection of information, such as measures of improvement gathered as part of continuous improvement cycles, to get a broader understanding of context and complexity. However, good monitoring information facilitates the evaluation process as the same information can be used. Often for evaluation, we need to collect additional data so that a more in-depth understanding of how and why something worked, or didn't work, can be developed.

## B.2 Evaluation

Evaluation is generally understood to be a planned investigation of pre-determined questions about the impact of an innovation*, how well it is being run, and what could be improved.

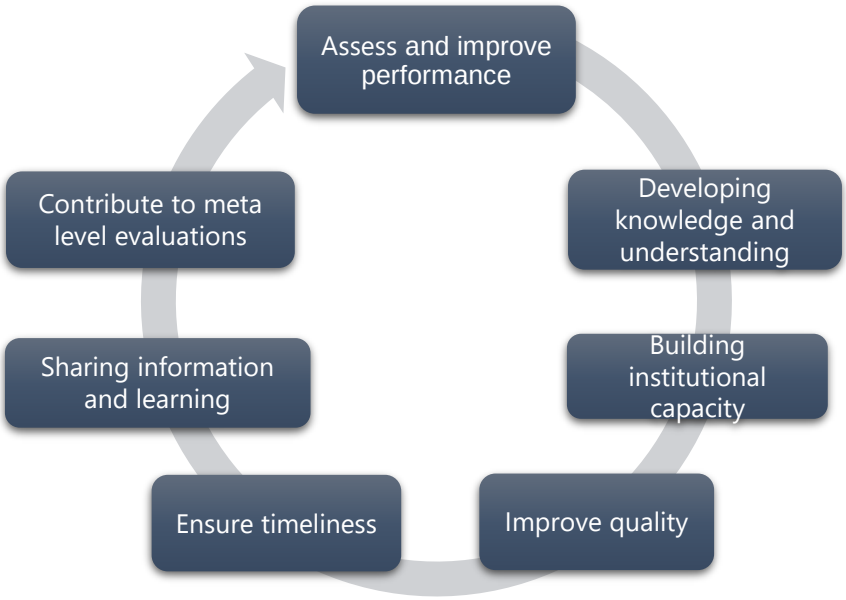
An external, independent evaluation is an evaluation that is carried out by a third party, not associated with or affiliated to the design or implementation of the innovation being evaluated.

Undertaking an evaluation can help in several ways:
**Accountability:** Organisations can use the findings to demonstrate to funders, and other stakeholders, what they are doing and how well they are doing it.
**Support decision-making and planning:** organisations can use the findings to decide if innovations should be continued, improved, expanded or curtailed.
**Learning and continuous improvement:** an evaluation can answer questions about what works and why it works.

Other reasons for conducting an evaluation are provided in Figure 3: Reasons for Conducting an Evaluation.

1. The term 'innovation' is used to describe a programme, project, initiative or policy being implemented by the National QI team.

**Figure 3: Reasons for Conducting an Evaluation**




Evaluations conducted at the beginning of an innovation or when a new initiative is just starting are sometimes called **formative evaluations.** Formative evaluations are about taking stock of progress as you go along. A formative evaluation can provide information on how an initiative can be developed or improved.

Evaluations that take place at the end of an innovation or when an initiative is concluding are sometimes called **summative evaluations.** Summative evaluations are about *summing up* what was achieved. A summative evaluation should only be considered when an initiative has been running long enough to be properly implemented and can demonstrate results.

## B.2 Self-evaluation

Self-evaluation means using your own staff, skills and resources instead of external evaluators to carry out the evaluation. Self-evaluation is less costly than commissioning an external consultant or agency. It can also have the advantage of tapping into in-depth knowledge of how an innovation works and the needs of service users.

Self-evaluation demonstrates a commitment to quality, to ensuring the organisation is achieving the intended outcomes for the target group, and an interest in improving practice. It can also be a cost-effective way of reporting to funders and accounting for how resources are used and what progress is being achieved. It can enable you to reflect on achievements and inject the learning into future plans.

There are, many additional potential benefits to self-evaluation including:

- Enabling organisations to generate their own evidence base
- Identifying mistakes sooner, rather than later, and learning from them
- Building staff evaluation capacity, which can be empowering to the innovation and contribute to both innovation and staff professional development
- Keeping staff and stakeholders focused on the overall aim of the innovation.

A self-evaluation of a QI project goes beyond monitoring of QI measures to assess not only whether the project worked, but how and why. It is a discrete piece of work with a beginning, middle and an end.

## B.3 Monitoring and project measures

Monitoring is the routine collection and analysis of agreed sets of data about your innovation, which may include:

- Data capturing innovation uptake, improvements over time, e.g. data collected as part of measures of improvement / continuous improvement cycles
- Measurements of delivery and compliance, e.g. performance indicators.

Monitoring processes provide information for decision-makers and helps to inform:

- Service delivery and innovation plans
- Annual budgeting process
- Resourcing and staffing.

Monitoring **does not** replace evaluation, in fact, good monitoring information facilitates the evaluation process. Evaluation reflects the judgement, while monitoring is part of the process that can help to inform the judgement by providing ongoing feedback through regular data collection, review and analysis.

### *B.3.1 Project Measures*

Project measures are measures of improvement gathered as part of a QI project. QI projects should routinely include measures at PDSA (plan do study act) and at project level. PDSA measures are simple observations in relation to what happened against what was planned. Project measures should answer all of the following:

- ‘Did we do what we said we would do’? i.e. process measures
- ‘Did we achieve our aim’? i.e. outcome measures

- ‘Were there any unintended consequences? i.e. balancing measures that examine unanticipated consequences and/or other factors influencing outcomes.

In many cases good PDSA and project measures are sufficient to understand whether a project/innovation was successful. However, evaluation goes beyond these measures to get a broader understanding of the context and complexity of the innovation being implemented. Therefore, while good project measures will likely be used in the evaluation, additional data nearly always needs to be collected.

## B.4 After Action Reviews

After Action Review (AAR) is an approach used for briefing and debriefing to learn from events with negative or positive outcomes. It is not a form of monitoring or evaluation but is a useful approach for identify learning and understanding on what went well and why and what didn’t go well and why. It involves a structured facilitated discussion to generates insight from team members involved in the project and assists in identifying actions required to support safety improvement.

For guidance on how to conduct an AAR, see the HSE Guidance for Service Managers. The National QI Team have also developed a useful toolkit for using AAR, which was tested with the Quality and Safety Walk-Rounds initiative with Beaumont Hospital.

## B.5 Evaluation types

Broadly speaking, there are four ‘types’ of evaluation:

1. An **outcome evaluation** is an assessment of whether an innovation has resulted in targeted changes in the short- or medium-term. Outcome evaluations are concerned with:
    - Finding out what, if any, intended or unintended outcomes have occurred for the **target population** as a result of their participation in or receipt of an innovation
    - Assessing if it was the innovation that made the difference to outcomes
    - Assessing the observed characteristics of the target population; they are not concerned with assessing the characteristics of the innovation.

2. An **impact evaluation** is an assessment of whether an innovation resulted in targeted changes in the longer-term. Impact evaluations are concerned with:
    - Longer-term consequences of an innovation:
        - Have the benefits of the innovation been sustained?

    - Have the benefits been experienced beyond the original target population?
- Finding out whether innovations actually produce the intended effects over and above what would have occurred without the innovation.

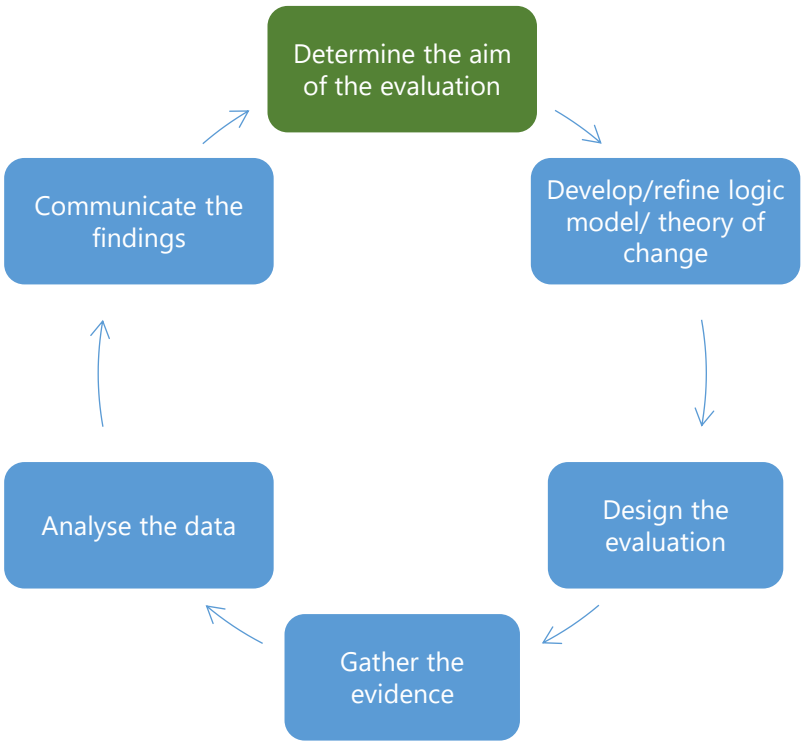
If you are interested in carrying out an impact evaluation, you are likely to need to contract independent evaluators who have specialist knowledge and skills in the type of methodologies needed to conduct robust and rigorous outcome evaluations.

3. A **process evaluation** is an assessment of how an innovation was delivered, i.e. administrative or systems processes; it *"verifies what the programme is and whether or not it is delivered as intended to the targeted recipients"* (Scheirer, 1994). Process evaluations:
    - Focus on the implementation of an innovation;
    - Explore innovation aims - what is it supposed to do, has it done it?
    - Explore the internal and external assumptions made in innovation delivery.

4. A **cost evaluation** is an assessment of how an innovation's costs relate to programme results. There are different types of cost evaluations including cost-benefit and cost-effectiveness evaluations. Cost evaluations are useful for making decisions on the allocation of resources and gaining support; they help to inform decision-makers about the cost of innovation outcomes and whether the benefits achieved justify those costs. **Cost-benefit** evaluations express outcomes in monetary terms; while **cost-effectiveness** evaluations express outcomes in more substantive terms, e.g. not just monetary terms but thinking about the types of outcomes achieved and the overall contribution that the innovation makes to the achievement of a particular strategy or policy goal (Rossi et al, 2004). There is a growing interest (and requirement) from policy-makers, funders, managers and others in evaluating costs of new innovations/initiatives. If you are interested in carrying out a cost-effectiveness or cost-benefit evaluation, you are likely to need to contract independent evaluators, with the specialist skills necessary to carry out such an evaluation.

It is important to note that these evaluation types, while focusing on different aspects of an innovation, are not mutually exclusive. For example, an evaluation that is focused on measuring changes in outcomes can also collect data about processes and implementation; an evaluation that is focused on how an innovation has been or is being implemented can also examine the costs of service delivery; and cost-benefit and/or cost-effectiveness evaluations cannot be conducted in the absence of robust

# 1. DETERMINE THE AIM OF YOUR EVALUATION




## 1.1 Who and what is the evaluation for?

Before determining the purpose of the evaluation, you first need to clarify what the aim of your project is in Table 1: Aim of the project to be evaluated in your workbook. The example of the Directorate Quality Agenda Project (DQAP) is included here.

### Table 1: Aim of the project to be evaluated - example

| |
|---|
| ***Directorate Project example:*** <br> The aim of the Directorate Project is to enable and empower the Directorate in becoming more informed and feeling better able to lead the organisation in improving healthcare quality. |

Many people can be interested in and affected by the findings of an evaluation. Possible stakeholders are those who:

- Participated in the evaluation and/or initiative
- Plan, develop or deliver the initiative being evaluated
- Funded or commissioned the initiative and/or evaluation
- Will make decisions based on the evaluation results
- Have an interest in the initiative (e.g. education providers, advocacy groups).

Identifying who the evaluation is for goes hand-in-hand with clarifying the aim of the evaluation. Using the prompt questions in Table 2: Identifying evaluation stakeholders and

their evaluation interests can help to identify potential evaluation stakeholders, their likely interests, how they could use the evaluation, and their level of priority. Identifying whether stakeholders are considered high, medium, or low priority informs the level of engagement you should have with them in relation to the evaluation.

### Table 2: Identifying evaluation stakeholders and their evaluation interests - examples

| Who are your stakeholders? | What are their interests? | How will they use the evaluation? | Priority - High/ Medium /Low |
|---|---|---|---|
| DQAP Project Team | • Add to learning from previous work, which can be used as a roadmap to undertake similar projects.<br>• Ensure the project is delivered to the highest standard possible so that it has the greatest chance of success and raises the profile of the National QI team.<br>• Assess if the work is sustained following completion of the project, without direct support from National QI Team at meetings. | • To demonstrate that the project was a success.<br>• To inform how future similar projects should be supported.<br>• To identify, as specifically as possible, what changes should be made to how such a project is delivered in the future. | • High |
| HSE Directorate | • Understand if the project has had an impact on how the Directorate carries out its functions.<br>• Understand if the work was meaningful, fit for purpose and is in keeping with international best practice.<br>• Understand their role in the project's success.<br>• Understand if the National QI Team (the project) delivered value. | • Inform how the Directorate carries out its functions.<br>• Identify key priorities for National QI Team.<br>• Provide the incoming HSE Board with an example of how they might include Quality as an agenda item at their meetings. | • High |

Once you have completed Table 2: Identifying evaluation stakeholders and their evaluation interests for your project, it is useful to verify your assumptions with your evaluation stakeholders, particularly those you have identified as having high priority. Ideally, high priority stakeholders should be involved in co-designing the evaluation with you, so that it meets their needs and is as valuable as possible. Further information on this is provided in section 1.4 Consulting with stakeholders on the aim of the evaluation

## 1.2 What is the aim of the evaluation?

Evaluation works best when all stakeholders are clear about the aim and how the evaluation will be conducted. Evaluation can take many forms, but in all cases, information needs to be gathered in a timely and reliable way. Evaluation can happen at the beginning, during or at the end of an innovation. While evaluation can happen at any time, planning for it should ideally be done at the **start** of a project and it should inform a continuous cycle of action, reflection and development.

Evaluation can be about one or a combination of the following things:

- **Process / approach:** Is the programme delivered as planned? Was the approach beneficial?
- **Outcomes:** Is the programme achieving its aims and objectives?
- **Value:** How much does it cost to deliver the program; is the programme making the best use of resources; is the innovation value for money?
- **Relevance:** What is the (continuing) need for this innovation?

## 1.3 What is (are) the evaluation question(s)?

Given the various options it is important to be clear about the particular aim of your evaluation. In the end this comes down to the specific question or questions that you want your evaluation to answer. For example, if you want to know about how well an innovation is being implemented, as opposed to its impact, this will determine the types of question that need to be asked. The more specific and well-crafted the question(s), the easier it will be to conduct the evaluation. Specific, well-crafted questions will also enhance the effectiveness and efficiency of the evaluation process, minimising the potential of participants experiencing 'evaluation fatigue' by having to answer too many questions and/or questions that are vague and lacking in relevancy.

**What makes a good evaluation question?**

- **Evaluation questions must be reasonable and appropriate.**
- **Evaluation questions must be answerable.**
- **Make reference to the size and/or scale of the inputs, activities, outputs and outcomes, e.g. X training sessions provided; X outputs produced; X% change in self-rated knowledge post-training, etc.**

Figure 4: Examples of Typical Evaluation Questions provides examples of typical evaluation questions.

### Figure 4: Examples of Typical Evaluation Questions

| Evaluation aims | Evaluation questions |
|---|---|
| **Implementation (process/approach)** | Is the innovation being implemented as intended?<br>What can be improved? |
| **Outcomes** | Are the clients showing improvements in outcomes?<br>What is the relationship between X and Y? |
| **Relevance** | What is the (continuing) need for this innovation?<br>Is it reaching the people who will benefit most from this? |
| **Value** | How much does it cost? How much does the change in outcomes save in the longer term? Is it sustainable? Could it be done more efficiently (quicker, easier)? |

An example of a partially completed template from the Directorate Project is included in Table 3: Aim of evaluation and evaluation questions – example and a blank version is included in the workbook for you to complete with respect to your own self-evaluation project.

### Table 3: Aim of evaluation and evaluation questions – example

| | The aim(s) of my evaluation is/are: | My high-level evaluation questions are: |
|---|---|---|
| **PROCESS/APPROACH** | To assess if, and if so, how the QI approach and co-design contributed to the achievement of outcomes | • Did the directorate feel they had enough information?<br>• Did the method of co-design provide the Project Team with enough detail and direction to produce a first drafts? |

| | The aim(s) of my evaluation is/are: | My high-level evaluation questions are: |
|---|---|---|
| | | • Did the approach provide reassurance to the Directorate that the agenda item was shaped by their experience in the test phase?<br>• Did the approach result in a greater sense of ownership on the part of directorate members for the project?<br>• What, if any, added value did the use of this approach bring? |

## 1.4 Consulting with stakeholders on the aim of the evaluation

Consulting with stakeholders is a critical early step in your evaluation planning. It helps to achieve clarity and a shared understanding of the aim(s) of the evaluation, including clarity on the evaluation questions that will not be addressed. Including evaluation stakeholders at key stages when designing and conducting your evaluation will ensure your results are more meaningful. Their expertise and knowledge can assist in designing your evaluation and bringing context, background and understanding to your results.

Ideally, you should consult with the evaluation stakeholders you prioritised in Table 2:

Identifying evaluation stakeholders and their evaluation interests - example in relation to the proposed evaluation questions and seek their views and feedback. Any changes to the evaluation questions on the basis of this consultation can be recorded in Table 4:

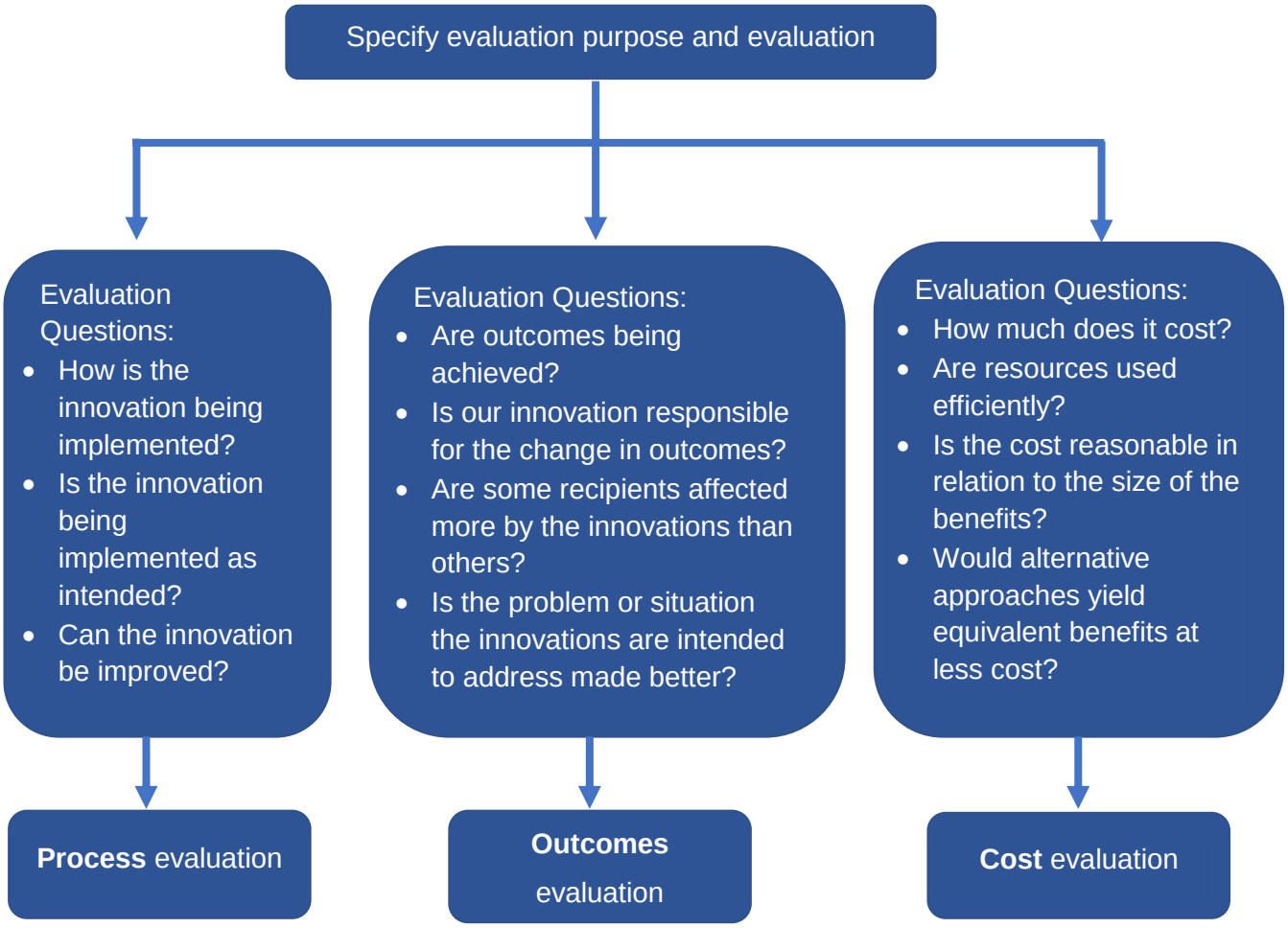
Evaluation questions – revised after consultation with stakeholders.

### Table 4: Evaluation questions – revised after consultation with stakeholders

| Key stakeholders | Suggested revision to evaluation questions |
|---|---|
| | |

Once you have agreed your evaluation questions, you can then decide on the type of evaluation you wish to carry out. It is important to note that the different types are not mutually exclusive and that you can assess the achievement of outcomes, and issues of implementation and cost in one evaluation study. Figure 5 shows how different questions align to different types of evaluation.

## Figure 5: Choosing an evaluation type




### 1.5 Choosing self-evaluation or external evaluation

Once the aim of and audience for the evaluation and the key questions to be answered have been agreed, the next step is to consider whether to self-evaluate or commission an external evaluation team to conduct the evaluation. Deciding between self-evaluation and external evaluation depends on a number of issues, each of which should be considered in advance of deciding which route to follow. Questions to ask to help make this decision are provided in Figure 6.

## Figure 6: Self-evaluation or external evaluation? Questions to inform your decision

| You should: | Prompt questions |
|---|---|
| Consider the nature and scale of the innovation being evaluated. | • What is the significance of the innovation to the organisation's wider strategic goals? |

| You should: | Prompt questions |
|---|---|
| | • What is the likely 'impact' of the innovation on the system: outcomes for people using the innovation; changes to professional practices; financial implications, etc.?<br>• How significant are the changes that are being introduced/ implemented? |
| Assess the resources and capacity available to conduct the evaluation. | • What budget is available for the evaluation?<br>• Who will manage the evaluation project, from design to completion, including any tendering processes?<br>• What kind of data will required – how will it be collected and who will collect it?<br>• What skills will be needed to analyse and interpret the data; where are those skills available? Are the skills within my team? |
| Consider the stage of implementation for your innovation. | • At what stage of the implementation cycle is your innovation?<br>• What is the capacity for the innovation be able to be adapted or changed?<br>• Is it likely that outcomes will have been achieved at this stage of implementation? |
| Be mindful of the political and organisational context within which the evaluation is conducted. | • What is the appetite for evaluation within the system?<br>• What is the significance of the innovation to the organisation's wider strategic goals?<br>• Are the required resources, e.g. financial, personnel, skills, etc., likely to be able to be made available for the evaluation? |

## 1.6 Benefits and limitations of self-evaluation

There are a number of benefits to carrying out a self-evaluation; it helps to:

- Get valuable feedback as you deliver your QI project
- Inform improvements to your QI project
- Collect information useful to senior management
- Demonstrate that your QI project was successful and worth the investment.

There are also limitations to self-evaluation that need to be considered when planning your evaluation. Self-evaluation may:

- Take longer than anticipated, especially if those conducting the evaluation have no prior experience; extra time must be accounted for in planning and staff workloads
- Be seen as a burden on top of an already busy workload
- Limit the methods used and analytical options available due to the lack of appropriately skilled or trained staff
- Mean that the evaluation findings are not considered to be as objective or robust as those from an external evaluation
- Sometimes lead to interviewees being uncomfortable discussing possible innovation weaknesses, gaps or limitations with colleagues and peers
- Make it difficult to determine what constitutes ‘success’ for innovations which aim to affect future ‘down the line’ change in individual lives or to prevent negative outcomes.
- Not be suitable for formal cost effectiveness/ cost- utility/ cost benefit analysis.

## 1.7 When to commission an external evaluation team

In certain circumstances commissioning an external team to conduct the evaluation on your behalf may be the appropriate option. When considering if, and when, to commission an external team to conduct the evaluation, the following are useful questions to consider:

- What is the significance of the innovation to the organisation’s wider strategic goals?
- Who is the audience for your evaluation and what are their interests?
- Is there benefit to having independent results available to stakeholders?
- At what stage of the implementation cycle is your innovation?
- What type of evaluation is required, outcomes, process, cost or a combination of all three?
- The scale of the innovation: large scale innovations may require a lot of resources and skills to evaluate

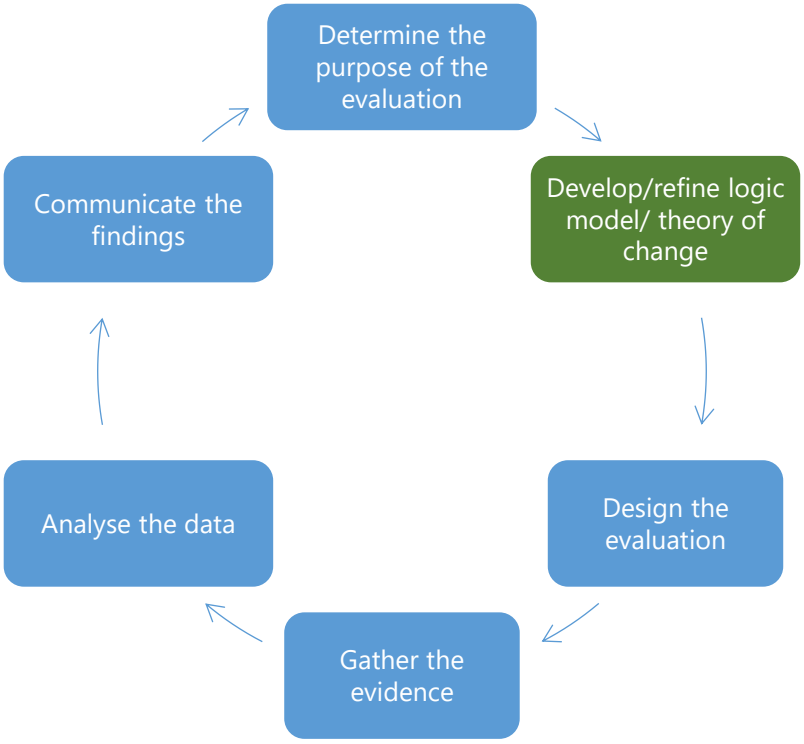
- What skills will be needed to design the evaluation and to collect, analyse and interpret the evaluation data; where are those skills available?
- What resources, e.g. personnel, financial, time, etc., are needed to manage the evaluation process, and are they available?
- Whether there is budget available to commission an evaluation
- Whether academic or other commissioned evaluations are appropriate to your needs?
- The degree of familiarity with the innovation that is necessary to conduct a meaningful evaluation

### *1.7.1 Commissioning an external evaluation*

If the decision has been made to pursue an external evaluation of your work, the following issues / questions need to be considered.

- What procurement processes do you need to use? The budget will be a key consideration because anything over €25k needs to be tendered publicly through the e-tenders process. You should note that tenders issued via e-tenders must be advertised for a minimum of 28 days and a further 14 days standstill period once your selection is made must be observed. For further advice on procurement, contact the HSE procurement office.
- What governance and oversight structures are needed to support the evaluation? For example, do you need technical expertise in the form of an expert advisory group, or internal governance and leadership in the form of a steering/oversight group?
- Consideration needs to be given to contractual arrangements. Are there existing contracts or service level agreements that can be adapted or used for the aim of your evaluation?
- Who will retain the Intellectual Property Rights (IPR) emerging from the evaluation?
- Agree in advance whether you would like the evaluation to make recommendations or identify learning.

# 2. DEVELOP A LOGIC MODEL/THEORY OF CHANGE



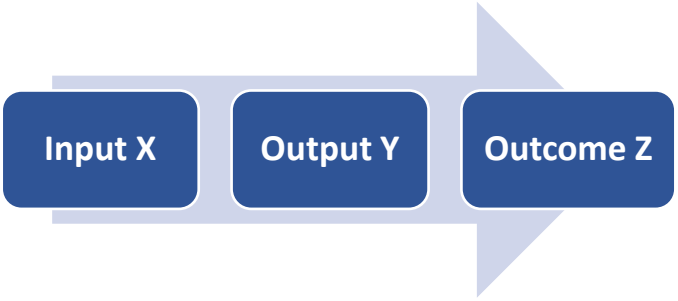

This section covers:

- Understanding the background and context
- Developing a logic model
- Logic model for the National QI Team

## 2.1 Understanding the initiative and context

Before commencing an evaluation, clarity is needed on what the initiative is, how it works, and what it aims to achieve. An understanding of the context in which the initiative is delivered is also required. The nature of a programme and the context in which it is delivered both influence the way in which it is evaluated.

## 2.2 Theories of change – driver diagrams and logic models




It is widely acknowledged that programmes are easier to evaluate when they are underpinned by a clear **theory of change**. A theory of change clarifies and makes explicit the various inputs (resources), outputs (activities), and outcomes (results) that the initiative hopes to achieve, and how these three things are linked.

There are many ways to construct a theory of change – driver diagrams and logic models are two useful approaches. Those working in Quality Improvement usually develop a theory of change using SMART (*s*pecific, *m*easurable, *a*chievable, *r*ealistic and *t*imely) aim statements and driver diagrams as an alternative to the logic model.

The driver diagram is different to a logic model in two main ways – (1) format – the aim is on the left and the activities read to the right and (2) it does not explicitly focus on the measures of outputs and outcomes.

Logic models are particularly useful for evaluation as they typically provide more detail about outcomes and context. They are complementary tools as a driver diagram can help inform your logic model.

## 2.3 Logic model

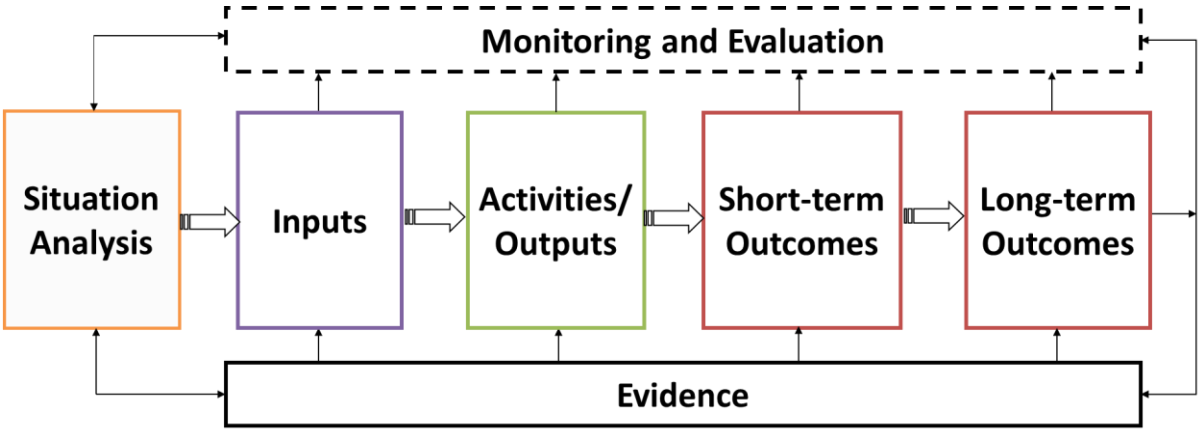
A logic model supports evaluation as it helps to identify:

- What is important to measure;
- Evaluation questions; and
- Indicators that help answer these questions.

Logic models also support the development of organisational strategy and vision and the design of services.

The core elements of a logic model are shown in Figure 7.

**Figure 7: Core elements of a logic model**




A brief explanation of each component of the logic model template is provided below.

### *Situation analysis*

Situation analysis refers to the context of an initiative and the need it is intending to meet. It may consider the problems and issues of a particular population group or may look to the local or wider causes of particular problems and issues. The analysis might also refer to the strengths, weaknesses, gaps or potential in current provision. A good situation analysis is informed by consultation with relevant stakeholders, including health and social care staff, other professionals, service users and their families. It also draws from data, for example using HIPE, service performance measures, and/or from previous research and evaluation findings.

### *Outcomes*

Outcomes are the specific ***changes*** the initiative aims to achieve in the short- and long-term. These can include changes in knowledge, behaviour, attitudes, practice, decision-making, policies, condition, status etc. One way of categorising different outcomes is by the following four levels: systems; organisation; people who deliver our services; and people who use our services. Long-term outcomes are the desired end-result, and short-term outcomes may or may not be cumulative steps or contributions to the long-term outcomes.

### *Outputs / Activities*

Outputs and activities are key areas of work that will help to achieve the desired outcomes. They describe what will be done with whom, how many, where, when, how and how often. Specific outputs can be included here, such as numbers of people trained or qualified, tools and resources produced, and development and use of processes and structures.

### *Inputs*

Inputs refers to the resources that go into the delivery of an initiative. As such, inputs essentially enable outputs/activities. Examples of resources that can be employed include staff, equipment, buildings, technology, information systems, and support structures.

### *Evidence*

The term evidence in the logic model refers to the knowledge base for all elements of the logic model. Evidence informs your situation analysis, the outcomes you want to achieve, and how you will achieve them (i.e. evidence on effective approaches to achieving outcomes). All forms of evidence informing the development of the logic model should be referenced. It is important to consider multiple forms of evidence here, including peer reviewed research, independent reports, case studies, grey literature, audit data and practice wisdom. Evidence can also be sourced from policy, consultations, theory, and ongoing monitoring and evaluation processes.

### *Monitoring and Evaluation*

This part of the logic model can only be completed once you have completed the design of your evaluation (by the end of the guide and workbook). Strictly speaking, monitoring and evaluation is not part of a theory of change. They are essential however, as the theory of change should be developing as a result of reflection on the work. This box can be used to document how monitoring and evaluation information will be collected, interpreted and reported.

## 2.3 Logic model for the National QI Team

This section presents the logic model for the overarching work of the National QI Team, developed in 2019. It outlines the short- to medium-term (2019-2021) and long-term outcomes, how these will be achieved, the evidence underpinning the approach, and a high-level overview of monitoring and evaluation. It maps the activities of the National QI Team to concrete outputs and outcomes.

**Vision:** To support and enable more person centred, effective and safe health services and better health and wellbeing for people who use our services. This is achieved by partnering with people who deliver and use our health and social care services, using communication, collaboration, leadership and systems thinking approaches.

**Monitoring and evaluation** Self-evaluation and independent evaluations; performance reporting; KPIs; service plans

## Situation Analysis

- Health service priorities driven by incidents rather than a focus on improvement
- Fragmented services and staff shortages limiting capacity for partnership, collaboration and QI training
- Patient journey is critical to QI but there are varying degrees of patient engagement
- Limited number of staff with skills and expertise in QI who do not have time to use QI
- Untapped resources in system to support Quality Improvement
- Sustainability and spread of successful QI initiatives limited
- Gaps in governance, leadership and resources for QI
- Desire to spread and develop a QI culture
- Important patient safety problems, such as falls and medication safety, can be reduced using QI approaches

**NQI Team**

- NQI Team supporting integrated approach to Quality Improvement
- NQI Team newly constructed with new strategy
- Huge demand but limited capacity for NQI Team to respond to needs
- Limited data to evidence impact / cost-effectiveness

## Inputs

- NQI Team knowledge, skills and experience
- Acute and community health services
- Health and social care professionals
- HSE structures and functions
  - HSE Board
  - HSE Directorate
  - Office of the CIO
  - Office of CCO
  - Communications
  - HR, Finance
- Key stakeholders and partners
  - Department of Health
  - Colleges and academic bodies / institutions
  - QI educators and advocates
  - Professional leadership groups
  - Patient advocacy groups
  - QPS groups
  - External experts
  - International colleagues
  - Regulatory bodies, e.g. HIQA
  - Unions / IR
- QI Education and Development Advisory Group
- SLAs with contractors incl. RCPI
- Communities of Practice
- Framework for Improving Quality
- NQI Team self-evaluation framework
- ICT platforms and software
- Data systems and sources
- E-learning
- QI tools and resources
- Funding
- Buildings and training facilities
- Equipment

## Activities / Outputs

**Making connections and building networks**

- Connect and partner with people across the system
- Use and support networks and communities of practice to spread QI
- Set up and support patient engagement groups and campaigns
- Promote access to QI supports and resources for a wider range of staff

**Deliver education and learning supports**

- Co-design, test and share a suite of accessible and user-friendly QI resources and tools, making use of service user and staff experience and knowledge
- Commission, co-design and provide learning and development opportunities
- Develop a QI competency framework / curriculum
- Deliver 'QITalktime' webinar services
- Use online platforms to share QI learning resources
- Support teams using face-to-face interactions and current/new technologies (e.g. QI project clinics)

**Develop & deliver sustainable QI projects**

- Coordinate and programme manage priority QI projects - falls, medication safety, governance, PUTZ, Directorate
- Co-design and support implementation of QI projects, including standardisation of norms and processes, e.g. EWS
- Get wider range of staff involved in QI projects

**Supporting use of data for QI**

- Enable and support teams to produce and analyse data in a meaningful way
- Use and generate evidence for learning and improvement

**Communication and dissemination**

- Develop a communications strategy to raise awareness and co-ordinate information sharing
- Develop user-friendly internal and external QI platforms
- Embark on communication and awareness campaigns about QI and initiatives / events

**Develop and improve NQI Team activities**

- Establish NQI Team governance structures, systems and processes
- Use evidence to continually review and improve NQI team activities

## Short-term Outcomes

**People who use our services**

- Enhanced awareness of QI initiatives
- Improved engagement with the development and delivery of QI initiatives

**People who deliver our services**

- Increased proportion of staff trained in QI
- Increased staff knowledge and competencies in QI
- Better use of data and measurement to inform service development
- Improved engagement with priority QI initiatives
- Improved quality of care and practice

**Organisational**

- Improved governance and implementation structures for QI
- Better identification of opportunities for improvement
- Improved visibility and supports for QI
- Better capacity to measure and evaluate QI initiatives
- Improved inter-dependence between and within teams

**System level**

- Improved awareness of QI to support healthcare quality
- Improved QI leadership
- Improved connections and more spaces for sharing learning across networks
- Greater demand for QI learning and development
- Better co-ordination and alignment of QI learning and development
- Improved access to evidence to support improvement initiatives
- Greater use of and access to NQI tools
- Improved use of resources, e.g. data, financial and non-financial

## Long-term Outcomes

**People who use our services**

- Reduced harm from adverse events
- Improved patient experience and health and social care outcomes
- Client voices are a valued source of evidence
- Improved patient trust in the system

**People who deliver our services**

- Increased capacity, capability and confidence to use QI for all staff
- Improved collaboration
- Improved use of measurement and evaluation to improve quality of care
- Improved work satisfaction

**Organisational**

- QI embedded into governance structures
- Improvements in quality and safety are sustained, spread and built upon
- Improved synergy and integration across teams and parts of the system
- Increased culture of learning and development
- Improved quality of services

**System level**

- Improved recognition of NQI Team as centre of excellence for evidence and QI
- More person-centred learning culture of improvement and innovation
- Sustained, visible leadership and collective ownership for QI
- Greater investment in QI resources
- Resources more integrated to inform decision-making
- Increased alignment and consistency of use of QI within the system
- Improved spread and application of QI approaches
- Networks becoming self-supporting

**Evidence** Internal and external evaluations; Open Disclosure; Staff and service user engagement; After Action Reviews; Case studies; Research literature

## 2.4 Developing a logic model for your initiative

The overarching logic model for the National QI Team can be used as a template for developing a more specific logic model for the initiative you are evaluating. Questions that are helpful to consider when populating each component of the logic model are provided in Figure 8: Questions to consider when populating your logic model.

### Figure 8: Questions to consider when populating your logic model

| Component | Questions |
|---|---|
| **Situation analysis** | **Q:** What is the situation and issue(s)?<br>**Q:** What are the needs of the population and target groups?<br>**Q:** What are the strengths and weaknesses of current provision?<br>**Q:** Where are the gaps and what do we need to improve?<br>**Q:** What are the wider health system and socio-economic influences? |
| **Outcomes** | **Q:** What changes do we expect as a result of the initiative at the levels of system, organisation, people who deliver services, and people who use services?<br>**Q:** Are the changes short- or long-term?<br>**Q:** Are they specific?<br>**Q:** Are they measurable? |
| **Outputs / Activities** | **Q:** What will be done? (types of activities)<br>**Q:** Who will be reached? (e.g. staff, service users, customers)<br>**Q:** How will it happen?<br>**Q:** Is there an obvious connection between outputs / activities and the outcomes identified? |
| **Inputs** | **Q:** What resources are needed to achieve the outputs/activities identified?<br>**Q:** What resources are available?<br>**Q:** Are they clear and specific? |

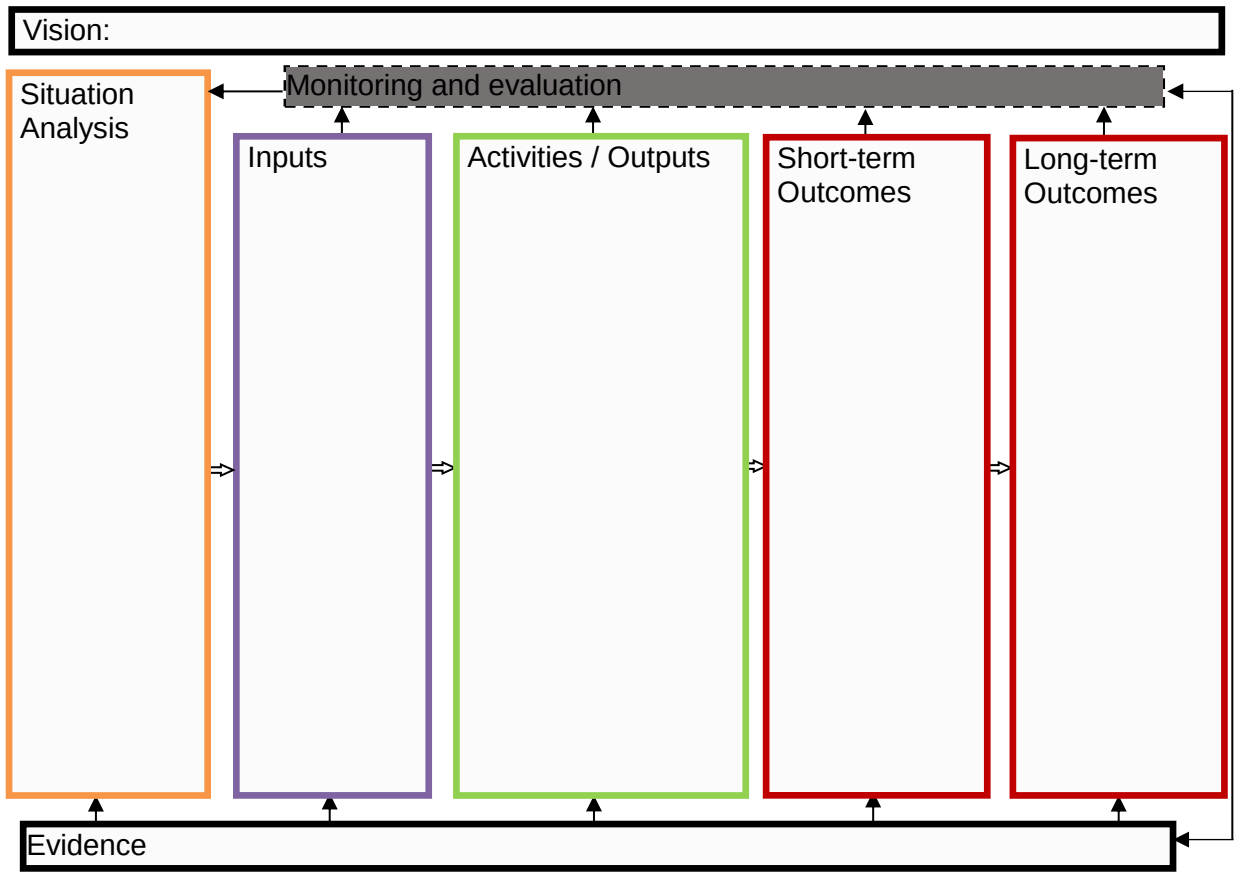
*Tips for developing a logic model*

- While a logic model should be read from left to right once completed, it is mostly **developed from right to left**, beginning with outcomes (after completing the situation analysis) and working back through activities/outputs and inputs.

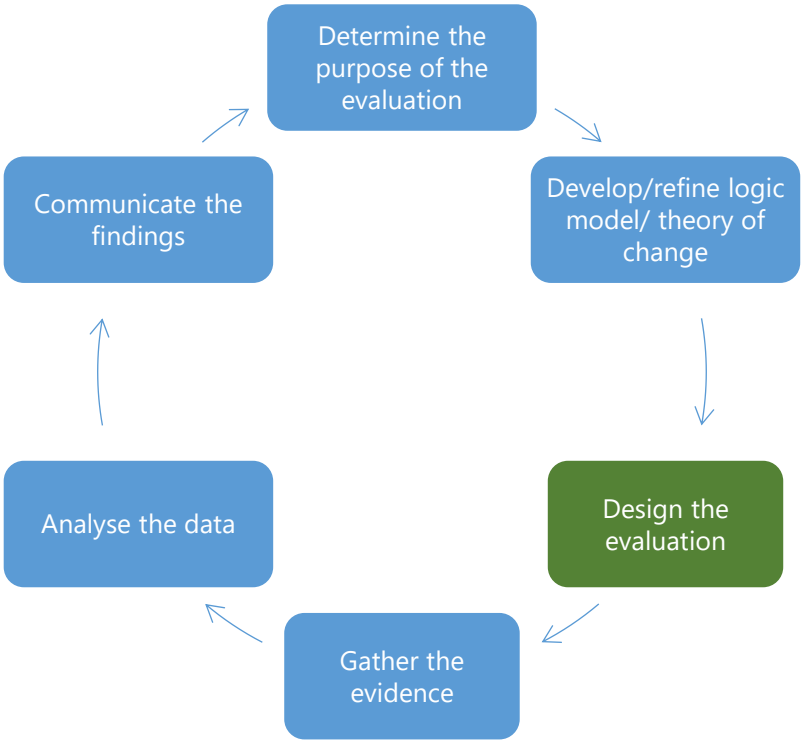
- Remember that outcomes should be worded as *changes*, e.g. ‘improved connections, ‘greater use of tools’, ‘higher proportion of staff’.
- Though it is often difficult to be precise, **being as concrete as possible**, in terms of figures and targets listed, is better for evaluation and other aims.
- Ensure that there are **obvious connections between the components** of the logic model. In particular, check that there is a clear link between activities/outputs and outcomes. If not, you may need to re-visit your outcomes.

The answers to these questions will aid you in populating the logic model for your innovation, an example of which is provided in Figure 9 and you will find a blank version in the workbook. The monitoring and evaluation box has been greyed out, as this should not be completed until you have finished the workbook.

### Figure 9: Logic model - example



# 3. DESIGN THE EVALUATION




After agreeing on the evaluation questions and deciding between self-evaluation and independent evaluation and on the evaluation type, the next step in the evaluation process is to design the evaluation. This involves clarifying the data that will be assessed through the evaluation and selecting the evaluation methods to use.

## 3.1 Types of data

It is important that the sources of information that are needed to conduct an evaluation, often referred to simply as 'data', are agreed upon beforehand. Primary data refers to data that is collected explicitly for the aims of the evaluation and is collected directly by the evaluator through interviews, standardised measures, surveys and so on. Secondary data has already been collected by someone else for their own purposes but can be a valuable source of information and evidence. Consult a subject matter expert about what information exists. Examples of secondary data include:

- QI project measures, e.g. proportion of patients assessed for falls risk, number of falls
- Health service data, e.g. HIPE, NIMS
- Open data, such as census data on data.gov.ie
- Archived survey data, such as The Irish Longitudinal Study on Aging or EU-SILC

- Administrative data, e.g. staff and patient records
- 'Big data', e.g. app data; social media postings; scanning of machine-readable objects
- Meta-analysis, e.g. data from different studies are combined and analysed
- Systematic reviews, e.g. the findings from different studies are reviewed, no new data analysis

As we have seen in section 2.3 Logic model, the logic model outlines the short- to medium-term (2019-2021) and long-term outcomes to be achieved, as well as the inputs, activities and outputs required to achieve the outcomes. The logic model also provides a space to articulate the context or situation in which the innovation has been developed.

Using the components of the logic model can be a useful way to think about the kinds of data that can help you answer your evaluation questions. **The components you explore will be dependent on your evaluation aim and questions, i.e. you do not necessarily need to identify data for each component of the logic model.**

Ideally, data should be:

- Realistic
- Practical
- Clear
- Motivating to staff and stakeholders
- Measurable.

Figure 10: Data and the logic model provides some example potential data for each component of the logic model.

### Figure 10: Data and the logic model

| Logic Model Component | Examples of data / evidence |
|---|---|
| Situation Analysis (relevance) | • Changes in health service priorities<br>• Changes in policies that promote a QI culture<br>• Changes in levels of transparency or senior leadership participation in key processes<br>• Description of policies, regulations and practice that promote or are linked with the National QI teams programme of work<br>• Number and description of policy changes in favour of QI<br>• Development and implementation of key strategies and documents |

| Logic Model Component | Examples of data / evidence |
|---|---|
| | • Consistency of progress across components and/or partners |
| Inputs (process) | • Number of staff involved, e.g. size, composition, location, disciplines, etc.<br>• Number of patients involved<br>• Amount and percentage of public spending on QI<br>• Number of SLAs with contractors<br>• Number of and subject matter of Communities of Practice<br>• Number of stakeholders involved<br>• Amount of investment in E-learning, ICT platforms and software, data systems and sources<br>• Governance structures in place and operating, e.g. evidence of sponsor; project charter; project reporting<br>• Number of tools and resources informing processes and activities<br>• Frequency and nature of internal communication channels |
| Activities/ Outputs (process and outcomes) | • Description of quality review processes<br>• Type and number of support networks and communities of practice<br>• Type, number, quality and relevance of outputs produced (publications, blogs, infographics, films etc.) per component/partner<br>• Downloads of publications, tools and resources<br>• Type, number and uptake of learning and development opportunities<br>• Number of projects co-designed and supported as part of National QI team work<br>• Number and origin of website visits<br>• Type and number of communication tools and resources developed, e.g. use of and mentions on social media, such as Twitter, Facebook, LinkedIn etc.<br>• Number and type of governance structures<br>• Number, quality and relevance of organised national and international conferences and seminars and other key events<br>• Number of peer-reviewed journal articles (or similar) published or accepted directly generated by the project in open access formats of downloads of documents<br>• Number and quality of initial feedback<br>• Usefulness of seminars, stakeholder meetings and other events |
| Outcomes | **People who use our services**<br>• Reduced harm from adverse events<br>• Improved patient experience and health and social care outcomes<br>• Client voices are a valued source of evidence<br>• Improved patient trust in the system<br>**People who deliver our services**<br>• Increased capacity, capability and confidence to use QI for all staff |

| Logic Model Component | Examples of data / evidence |
|---|---|
| | • Improved collaboration<br>• Improved use of measurement and evaluation to improve quality of care<br>• Improved work satisfaction<br>**Organisational**<br>• QI embedded into governance structures<br>• Improvements in quality and safety are sustained, spread and built upon<br>• Improved synergy and integration across teams and parts of the system<br>• Increased culture of learning and development<br>• Improved quality of services<br>**System level**<br>• Improved recognition of NQI Team as centre of excellence for evidence and QI<br>• More person-centred learning culture of improvement and innovation<br>• Sustained, visible leadership and collective ownership for QI<br>• Greater investment in QI resources<br>• Resources more integrated to inform decision-making<br>• Increased alignment and consistency of use of QI within the system |

** Adapted from Pasanen, T., and Shaxson, L. (2016) 'How to design a monitoring and evaluation framework for a policy research project'. A Methods Lab publication. London: Overseas Development Institute.*

## 3.3 Designing your evaluation

It is important to have clarity about the type of evaluation design that will best answer the evaluation questions and that is feasible to undertake. Section B.5 provides information on the different types of evaluations, e.g. outcomes/impact; process; and cost evaluations; this section includes more specific information about different evaluation methods. In designing your evaluation, you should consider the following issues:

**Things to think about:**

- What is the available time and resources, including expertise, available to you?
- Who is your sample?
    - Who needs to participate in the evaluation?
    - Is it a selection or all of those involved in the innovation? If it's a selection, how you are you going to identify them, randomly or otherwise?
    - Do you need to have another group of participants against which you can compare results (i.e. a group that hasn't been involved in your innovation or has gotten a different version of your innovation?)

- How often do you want to / need to collect data?
    - It is helpful to think about the length of the innovation and when you might expect to see changes, what is the capacity of participants to engage at multiple timepoints?
    - What's the capacity of the evaluators to engage at multiple timepoints?
    - Do you want to do follow-up data collection after the innovation has completed?
- Is it the same sample at each timepoint?
    - Is the sample the same at different timepoints or are there differences? How easy will it be to find my sample over time (e.g. if people move roles, locations etc.)?
- Do you want to use a conceptual or theoretical framework to underpin your evaluation? Examples are included in APPENDIX 1: QI PROJECT EVALUATION EXAMPLES.
- What kind of cost data do you want to collect? While conducting cost-benefit or cost-effectiveness evaluations require specific technical skills, it is still possible using self-evaluation to explore the costs of implementing or delivering an innovation. For example, you can assess the direct and indirect costs of the innovation; explore the costs and types of costs associated with the innovation's activities and outputs; assess the expected costs compared with the actual costs and explore the reasons for any differences that emerge; or compare the costs of providing a new innovation with what was provided in the past (Stufflebeam & Croyn, 2014).

The data collection planning tool in Table 5: Data collection planning tool – example, partially completed using the Directorate Project as an example, demonstrates the kinds of issues that you need to consider when designing your evaluation.

## 3.4 Selecting the evaluation methods

**Quantitative** methods include the use numbers to describe how much has been done, and what outcomes and outputs have been achieved. Quantitative methods often:

- Examine possible relationships between variables of interest, for example the relationship between a service delivered and outcomes for people receiving the service;
- Produce numerical data which can provide valuable information on trends and uncover patterns in a population, including statistics such as frequencies, means, and medians.

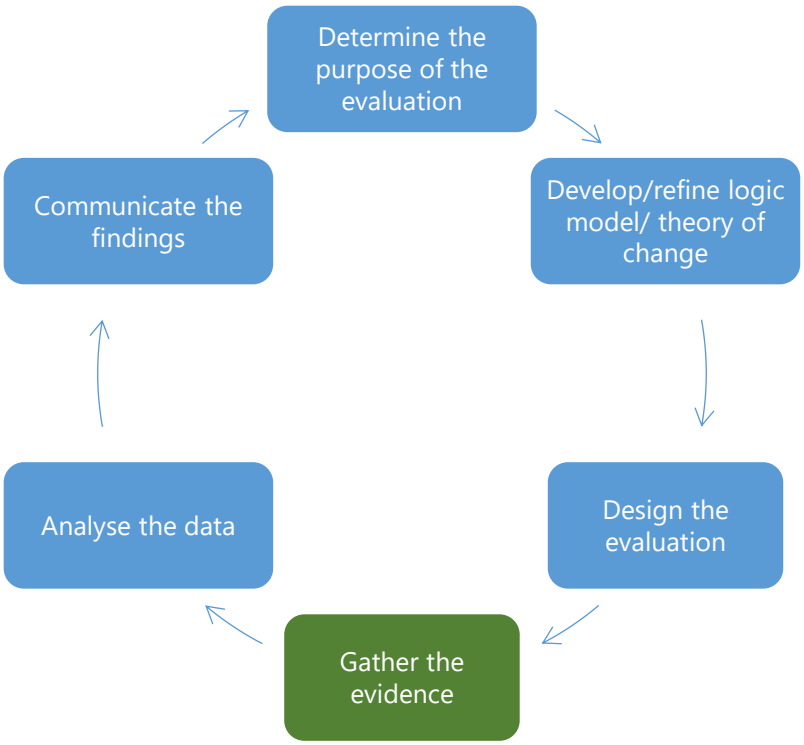
**Qualitative** methods are used to examine the nature of the topic under investigation and include interviews, focus groups, case studies and observations. Qualitative methods often:

- Focus on capturing meaning, different perspectives, perceptions and understandings;
- Focus on processes as opposed to the end result;
- Take the social context into account – i.e. not looking at results in isolation.

While most outcome evaluations will use quantitative methods, it is important to remember that, i evaluation types are **not** the same as evaluation methods.

It is perfectly possible to **combine** methods, for example to hold focus groups or carry out in-depth interviews as part of an outcomes study; or to use surveys and other quantitative methods to explore issues of process. These types of evaluations use **mixed methods**, in other words a combination of quantitative and qualitative methods.

# 4. GATHER THE EVIDENCE




Once you have completed steps 1-3 and are clear on the aim of your evaluation, specified your evaluation questions, and have designed the evaluation, the next step is to gather the evidence.

Developing a data plan (similar to a measurement plan) is an important step that will support the gathering of evidence, as it helps you to identify:

- The data and measures needed
- From whom the data will be collected
- Who will collect the data and clarifying how the data will be used.

## 4.1 Data collection

Data collection methods should be designed and agreed upon in advance and piloted with a small group if possible to ensure that the language is understandable and important questions are not missing. It is important that staff are aware how to accurately collect and record data.

Data can be collected on a 'before and after' basis, which allows for a pre- and post-initiative outcomes assessment. The advantage of 'before and after' data collection is that it can establish a 'baseline' or starting point, against which it is easier to measure change. 'Before

and after' data collection also improves the extent to which outcomes observed can be attributed to the initiative. This type of 'before and after' data can be collected to evidence the effectiveness of implementation processes and the achievement of client, staff, organisational and system-level outcomes.

It is important from the very beginning of your innovation to decide what data will be needed to evidence implementation processes, the achievement of outcomes and/or the assessment of costs. Once you have agreed the data needed, you will then need to put in place the processes to collect these data from the beginning of your innovation, even if your implementation, outcome, impact or cost evaluation is not going to be carried out in the immediate future.

Data can also be collected at the end of a project only which allows for an assessment of the participants' perspective of the innovation. However, in the absence of baseline data (in whatever form this takes. e.g. qualitative or quantitative data), no rigorous assessment of outcomes or impact can be made if data is collected at only time point.

A range of techniques can be used for collecting data in small-scale self-evaluations. It is useful to see these as being on **a spectrum from the relatively casual and informal at one end, to the tightly structured and formal at the other**. Many organisations adopt a mix of the two, to yield both qualitative and quantitative information. According to the Paul Hamlyn Foundation (Thompson, 2007), for example, participative methods:

- Involve as many people as possible that wish to be involved in the evaluation process;
- Use democratic and popular ways of collecting the data;
- Foster effective communication systems with opportunities for feedback;
- Ensure that information in the evaluation and its recommendations are supported by the evidence base;
- Use the learning from the experience of conducting the evaluation.

### *Standardised measures*

Standardised measures are assessment instruments developed to measure a particular set of behaviours and/or attitudes. Standardised measures go through a rigorous testing process to ensure they are valid, measure what they say they measure, and are appropriate for the target group (see for example, the General Self-Efficacy Scale, and the Patient Health Questionnaire-9. Standardised measures are especially helpful for summative

evaluations and outcomes evaluations where the impact of an initiative on certain behaviour/attitudes is being assessed. They are also used for generating baselines, comparing individuals, establishing thresholds and in helping individuals understand their own progress. One example of this is the International Physical Activity Questionnaire (IPAQ).

### *Surveys and questionnaires*

Survey and questionnaires can be used as a method to gather information from those involved in the initiative. Surveys can be administered before, during and/or after the initiative, using paper-based methods, online or by telephone. Useful advice (based on Thompson, 2007) is to:

- Keep the questions as short and as simple as possible. Surveys that are too long and contain complicated questions can be confusing and make it less likely that respondents complete all questions.
- Complete the questionnaire or survey yourself to ensure that it is coherent and user-friendly.
- Time how long it takes to complete the survey and advise respondents of the estimated time.
- Provide clear instructions on how to complete the questions, especially if there are scales for responses.
- Arrange the questions so that straightforward ones come first, and more sensitive or difficult questions come later.
- Have a category of 'unsure', 'do not know' or 'not applicable' where relevant. Do not force people into providing more definite responses.
- Pilot your questionnaire or survey on a small group to ensure the language is appropriate for the target group and no questions are missing.

### *Open and closed questions*

There are two types of questions that can be included in a questionnaire/survey.

**Closed questions:** provide predetermined lists from which to pick a response, simply provide a yes/no answer. They take less time to answer and analyse.

**Open questions** allow respondents to answer the question in their own words. Open questions, take more time to answer and analyse.

### *Interviews*

Interviews are a valuable way to collect rich qualitative information from service users, initiative staff, and stakeholders and are more adaptable than questionnaires. Interviews offer a range of formats: structured, semi-structured or unstructured, can involve individuals or groups, and can be conducted face-to-face, by telephone or online. When using interviews for self-evaluation purposes, it is preferable not to have someone associated with programme delivery as an interviewer as interviewees may be uncomfortable giving negative feedback. Interviews with a smaller number of participants might provide enough detailed information so that collecting data from all participants may not be necessary.

The following are some prompts when preparing for a semi-structured interview:

- Conduct the interview with an open style which allows for focused, conversational, two-way communication.
- Allow participants the freedom to express their views in their own terms.
- Be careful not to ask closed questions that leave respondents no room to elaborate and that can slow the interview's pace.
- Ask clear and direct questions such as how? where? when? who? what? why? how much? how many? Often the information provides not just answers, but the reasons for the answers.
- Allow the conversation to flow – don't interrupt the participant.
- Respect the respondent's pace and do not be afraid of pauses or silences for thinking.
- Do not judge what respondents say.
- Keep the interview focused on the topics of the interview guide – be sure to cover all areas of the guide – note progress on the guide as the interview proceeds.
- Refrain from suggesting answers and be careful not to ask leading questions.
- Listen carefully to all answers and ask more questions to obtain additional information (use guide prompts).
- Ensure that respondents thoroughly understand each question.
- Ask as few questions as possible; the respondent should do most of the talking.
- Consider referring (anonymously) to statements made in other interviews to encourage respondents to express themselves. Also, useful for validating information already gathered.
- Remember the aim for the semi-structured interview is to provide reliable, comparable qualitative data.

### *Focus groups*

Focus groups involve getting a small group of participants (6-10) together to discuss their opinions and experiences on a particular topic. The success of a focus group depends on the skill of the facilitator in leading the sessions, and creating a space where participants feel comfortable sharing their views. It is also important that the facilitator ensures everyone in the group has a chance to have their say and that the discussion is not dominated by anyone. Focus groups may not be appropriate for sensitive topics, as individuals may be uncomfortable discussing them in a group setting. However, they can be less resource-intensive than one-to-one interviews.

### *Case studies*

Case Studies describe and examine specific individuals, events, or activities in detail. A case study can show particular successes and difficulties in the programme and is especially helpful in identifying aspects of provision that make a positive difference to people's lives. A case study on an individual can tell their background story before involvement, and the impact that participation has had on their lives. It is important not to generalise findings from case studies, however, as they are essentially anecdotal in nature. Case studies can provide a helpful and illustrative accompaniment to quantitative data.

### *Observations*

Observations can be conducted by someone taking part in an activity or observing participants. It requires watching and listening to the individuals taking part in an activity and taking notes, either on a once-off basis or over a certain time period. It is important that a framework for observations is provided to observers to ensure reporting is consistent. Observations can provide a rich source of evidence for group processes within a programme. However, like case studies one must be careful not to try to generalise this type of research as representing the experiences of all participants. Also, awareness of being observed can change how people behave.

Whatever methods you choose for your evaluation, consult a subject matter expert on the questions you develop. Their contextual and expert knowledge is invaluable in ensuring your surveys, interviews or focus group questions are relevant to the initiative and in identifying key topics and issues to address.

### *Peer review*

Peer review involves an organisation examining a peer organisation and identifying strengths and weaknesses in how it does its work and provides recommendations. It usually focuses on a specific aspect of the organisation or service delivery and is an evaluation of process or how the organisation does its work, as opposed to an impact or outcome assessment. The peer review process operates with the visiting organisation acting as a 'critical friend' to the host organisation, with the host ultimately deciding whether or not to implement the changes suggested by the peer reviewer.

According to a Performance Hub (2008) paper, those in a position to conduct a peer review may:

- Have managerial experience in the area;
- Have received peer review training;
- Have experience in the selected area of service delivery e.g. group-based counselling.

## 4.2 Completing your data plan

It may be helpful to work through each evaluation question individually in deciding what data to use and how it will be collected, and the workbook has been structured in this manner. The data plan template is provided in , including an example from the Directorate Project. Whilst being cognisant on the evaluation aim and question of interest, the following should be detailed in the data plan:

- What measure(s) you will use to assess this evaluation question?
- Who will the data be collected from?
- When will the data be collected and how often?
- What methods will you use to collect the data?
- Who will collect the data?

## Table 5: Data collection planning tool – example

**The aim of my evaluation is to:**

- Assess if the approach used by the QI team was appropriate

**My evaluation questions are:**

Did, and if so, how did the QI approach and co-design contribute to the achievement of outcomes?

- Did the directorate feel they had enough information?
- Did the method of co-design provide the Project Team with enough detail and direction to produce a first drafts?
- Did the approach provide reassurance to the Directorate that the agenda item was shaped by their experience in the test phase?
- Did the approach result in a greater sense of ownership on the part of directorate members for the project?
- What, if any, added value did the use of this approach bring?

| What do I want to measure? | Who from? | When, how often? | Method | Who will collect the data? |
|---|---|---|---|---|
| Levels of information | Directorate | Monthly<br>Mid-way through<br>End of project | Survey<br><br>Unstructured interview<br><br>Semi-structured interview<br><br>Observation<br><br>Document review, e.g. minutes | XX<br><br>XY, XX, XZ, XQ<br>XX, XW & XY<br>XX, XY & XQ<br><br>XX, XE |
| Sufficient detail and direction | Project team<br><br>Two workstreams | At the end of project<br><br>At end of workshop<br><br>At the end of project | Focus group<br><br>After action review (AAR)<br><br>AAR from participant observer | XX |

## 5.3 Ethical Issues

It is important to consider the protocols in place to ensure participants that the data they provide are treated ethically and confidentially. You should consult the relevant Ethics Committees on sites where data is being gathered[†]. This involves:

- Informed Consent: Ensure that the relevant personnel and authorities have been consulted and that permission for the evaluation has been obtained. Where conducting interviews or focus groups, supplying an information sheet outlining the aims of the evaluation and a consent form is good practice. For surveys, information should be provided at the start of the survey and whether respondents will be anonymous or identifiable should be clearly stated.
- Authorisation: Participants should provide written authorisation for the use of their data for the purpose of the evaluation. Participants can provide this on a consent form which should provide an accessible outline and explanation of the evaluation process and how the data will be used.

## 5.4 GDPR

The General Data Protection Regulation (GDPR) came into effect across Europe on May 25th, 2018. This regulation strengthens the rights of individuals and increases the obligations on all organisations, as well as 'free-lance' individuals and sole traders, when it comes to the collection, holding and processing of personal data. Personal data: means information that can be used to identify a person such as their name, address, date of birth, IP address, photograph and medical history among others.

When thinking about your GDPR obligations, it is useful to consider data protection from the point of the individual whose data is being held and processed for example 'Did the individual give consent to use their data in that way?' The collection and storing of personal or sensitive data should only occur when there is a clear purpose for doing so.

- Participants must be informed of the uses to which the data they provide is being put;
- Personal data provided must be confidential and their identity protected through an anonymisation process;
- Participants have the right to prevent the use of their data if they feel it would be detrimental for them.

All data must be stored properly and securely for an agreed time period, in accordance with the most current data protection legislation.

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2. † http://hse.drsteevenslibrary.ie/openaccess/ethics

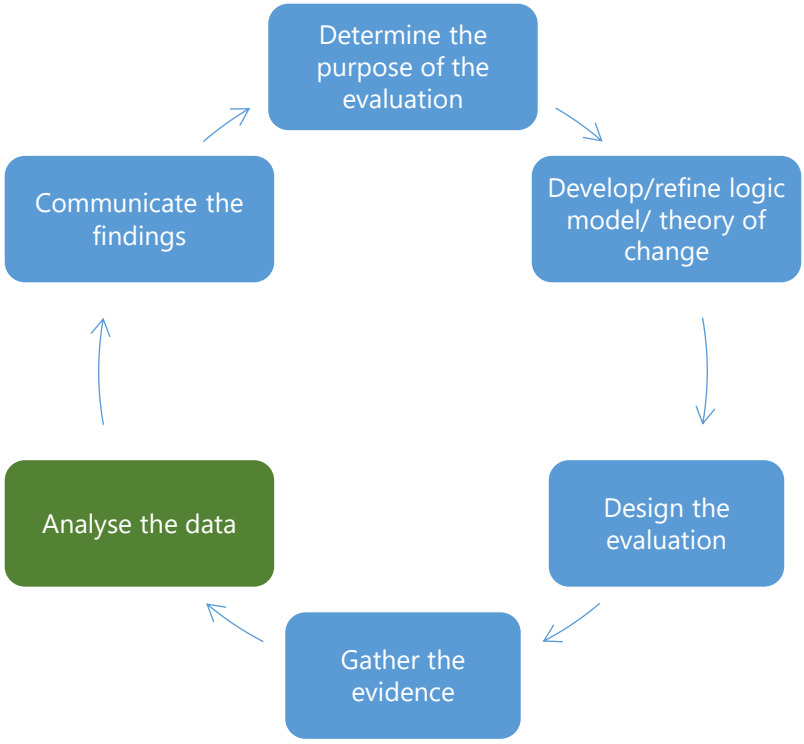
Table 6: Consideration of ethical and data management issues - example provides space to document any ethical and data protection issues relating to the various data collection methods to be employed.

### Table 6: Consideration of ethical and data management issues - example

| Data collection tools | Potential ethical issues |
|---|---|
| Survey | Use of names<br>Implicit versus explicit consent<br>Repeated reminder limits |

*Adapted from Markiewicz & Patrick, 2015*

# 5. ANALYSE THE DATA




Interpretation of information can be challenging in determining exactly what it means for an initiative. It is important to interpret results in relation to the evaluation question and the intended outcomes of the initiative, to ascertain if the result is positive, negative or ambiguous. The quality of your evaluation will be largely influenced by the quality of the analysis conducted after you have completed gathering your data. Therefore, it is crucial that a member of your team who has received training in quantitative and/or qualitative data analysis lead the analysis, or that you consult an expert in the area to guide and support you and **should take place prior to any data being collected**.

### *Quantitative analysis*

Quantitative analysis usually involves inputting the data into a statistical software package such as Excel or SPSS (Statistical Package for the Social Sciences). If you are conducting a survey, the free, easy to use survey software Survey Monkey records responses and provides descriptive (averages etc.) analysis of responses. Another software package is Smart Survey.

### *Qualitative analysis*

Even a small number of interviews or focus groups can generate a great deal of data. The first step in qualitative analysis is to look for recurring topics or themes in the interviewee responses and to group these themes into categories. Interpreting the recurring themes can be made easier by thinking of them in the context of the intended outcomes stated in the programme logic model or theory of change (Bond et al, 1997).

When a mixed methods design has been used (i.e. both qualitative and quantitative), illustrative quotes can be used to back up quantitative results. This can present a more vivid and robust account of a programme and the impact it is having on intended outcomes. It is advised that, where possible, more than one person conduct an analysis of interview and focus group data and compare the recurring themes observed. This is a way to 'check' for the validity of the themes extracted.

In the data analysis stage, it can be helpful to have a baseline to compare the observed results. If indicators were established at the beginning or early on in the project, there may be monitoring data available to help illustrate impact. In addition, baseline measures can also be included, such as those established in project initiation documents, research proposals or needs assessments that were conducted before the initiative was established. Other useful sources include past research reports or statistical data on the geographical area or population (see Pobal Maps) (Taylor et al, 2005).

### *Subject Matter Experts*

Ensure you discuss your results with Subject Matter Experts which include staff, patients and their families and service users with knowledge of a specific healthcare system or service. SME's can provide context to your results and help identify significant findings.

Once you have agreed the type of data you want to collect, from whom it will be collected and how often you want to collect, you need to consider and agree the following:

- Who will enter the data that has been collected into your database or data collection system?
- Who will do the analysis; how will the analysis be done?
- Is specialist knowledge required to complete the analysis; is specialist software needed for the analysis – if so, who is trained to use the software, how can staff be trained to use the software or analytical techniques?

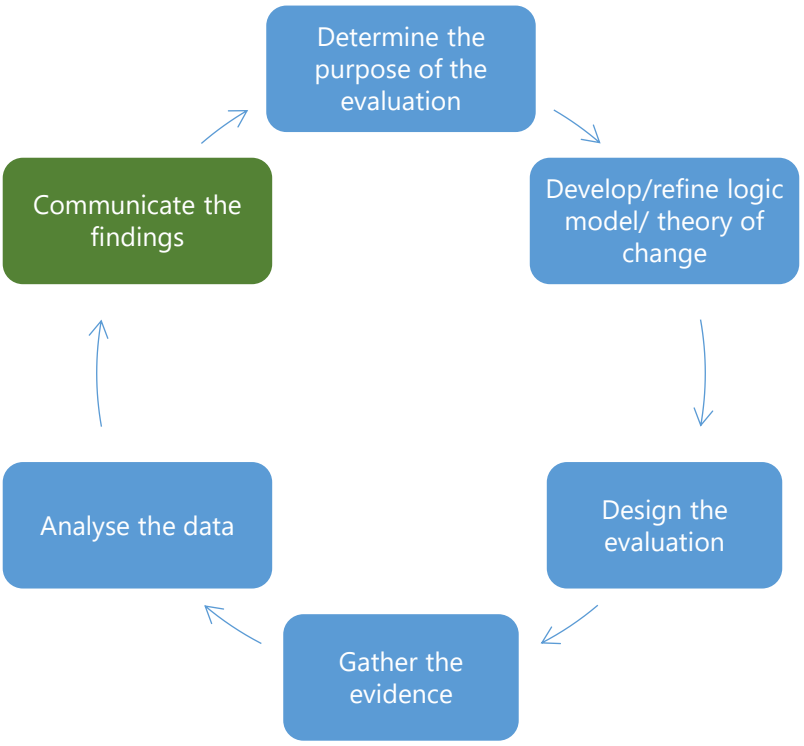
An example of a partially completed data management plan for the Directorate Project is included in Table 7: Data management plan - example. A blank data management plan is included in the workbook.

### Table 7: Data management plan - example

| Type of Data Collected | Data Collected By: | Data Entry/ Write-up By: | Data Analysis By: | Software/ Hardware? | Staff Training / Orientation |
|---|---|---|---|---|---|
| **Survey** | XX to distribute survey | Self-complete by directorate members | XX | Excel | NA |
| **Semi-structured interview** | XX and XY to conduct interviews | Transcripts by 3rd party | XY | Dictaphone NVivo | Training by XXX in interview techniques |

*Adapted from Markiewicz and Patrick, 2015*

# 6. COMMUNICATE THE EVALUATION FINDINGS




## 6.1 Communicating evaluation results

It is important that evaluation results are communicated to ensure that learning is not consigned to a filing cabinet and forgotten. Communication activities can:

- Facilitate understanding of the initiative and its evaluation findings among different audiences
- Help ensure high-quality services are provided through using results to inform improvements
- Support decision-making about the initiative (e.g. whether to scale it up)
- Inform the work of similar initiatives.

Communication is also important for transparency and accountability purposes. Ideally, the plan for communicating results should be agreed at the evaluation planning stage.

The evaluation should be communicated in a way that is suitable for the target audience, while also ensuring that there is enough detail for audiences to make informed judgements. Formal reporting should ideally present enough detail that, if someone wished to replicate the evaluation, there would be enough information for them to do so.

The figure below briefly describes some common communication tools and some of the stakeholders they are typically used with.

### Figure 11: Examples of communication tools

| Tool | Description | Commonly used with… |
|---|---|---|
| Summary | Summary or synopsis of innovation and the evaluation findings | • Funders / commissioners<br>• Policymakers<br>• Public / service users |
| Interim or final project report | Comprehensive report of evaluation, including contextual or explanatory information | • Evaluation participants<br>• Experts |
| Technical report | Details on evaluation methodology and analyses, including results from statistical analyses; it is sometimes included as an appendix to the project report | • Experts |
| Policy brief | Concise summary presenting evaluation findings and offering evidence-based recommendations | • Funders / commissioners<br>• Policymakers<br>• Managers |
| Presentation / webinar | Present a summary of evaluation findings or results relevant to particular audiences | • Funders / commissioners<br>• Staff<br>• Managers<br>• Evaluation participants<br>• Policymakers |
| Journal article | Article for academic audience or practitioners, typically outlining how the findings enhance the evidence base of the field of study | • Funders / commissioners<br>• Academics / researchers<br>• Staff |
| Infographic | Visual representation of data designed to get a key message across quickly and clearly | • Most audiences |
| Poster | Summary of evaluation findings using text and visuals on single page | • Staff<br>• Academics / researchers |
| Scorecards / dashboards | Visual display of data on a single screen | • Managers<br>• Staff |
| Blog | Regularly updated website or web page, written in an informal style | • Staff<br>• Evaluation participants<br>• Public / service users |
| Social media | Websites or applications to create and share information, e.g. Facebook, Twitter, LinkedIn | • Staff<br>• Public / service users |
| Newsletter / magazine articles | Articles in newsletters or magazines of key organisations / professional bodies e.g. Health Matters, World of Irish Nursing, | • Staff |
| News media | Press releases and/or interviews with news media | • Public / service users |
| Multimedia recording | Audio and/or video recording, e.g. podcast, YouTube video | • Staff<br>• Evaluation participants<br>• Public / service users |
| Workshops | Methods (e.g. World Café) for group dialogue to facilitate reflection and discussion | • Staff<br>• Evaluation participants |

Source: Global Mental Health Communications Toolkit (2015); Effectively Communicating Evaluation Findings (2017).

Ideally, communication efforts should be tailored to the specific stakeholders who were identified in step 1 (section 1.1 Who and what is the evaluation for? They will have differing interests, information needs, and preferences for how evaluation findings are presented. The findings you share with them should be informed by what they want/need to know, and how they are likely to use the information. For example, funders and commissioners will want to know things like what needs the initiative addresses and whether this aligns with their priorities; who the initiative services; was the initiative successful and if so, what components were successful; how much the initiative costs; whether the investment was worthwhile; and what opportunities are there to enhance or expand the initiative's success.

The HSE Communications Division has produced a number of helpful resources to support the development of communication tools, including:

- 'Guidelines for Communicating Clearly using Plain English with our Patients and Service Users'
- A Content Guide, with information on how to write consistent, professional and effective content
- Video Best Practice Guidelines and Video Branding and Style Guidelines
- A social media toolkit to support internal social media use and Quick Guides to Social Media, including Instagram, twitter, LinkedIn, YouTube and Facebook.

The National QI Team has also produced a bespoke Communications Guide and Communications Style Guide. The Communications Guide describes how communications get signed-off within the National QI Team and provides templates and resources to support your work. The Communications Style Guide provides specific guidance on content development, such as language and tone, structure and design, style, punctuation, version control, and proof reading.

## 6.2 Developing a communication plan

Developing a communication plan is useful for documenting your communication activities. A communication plan outlines your evaluation stakeholders, how you want them to use the findings, the communication methods to be used, and the timing of communication activities. Your budget is an important factor to consider when developing the plan, as all communication activities have cost implications.

Answering the following questions can help you to consider how best to communicate with different audiences:

- How engaged are your stakeholders in this issue?
- How receptive will they be to the findings?
- What do you want them to do with the evaluation findings?
- What information do they already know about the issue?
- How much technical knowledge do they have?
- What information do they need?
- Where and from whom do they normally get their information from?
- How much time do they have to engage?
- What is the best way to communicate with them?
- What challenges might you face when communicating findings and how can you overcome these?

Source: Global Mental Health Communications Toolkit (2015);

This information can be used to complete your communication plan, an example of which is provided in Table 8: Communication plan - example.

### Table 8: Communication plan - example

| Stakeholder | What do you want stakeholders to do with the findings? | What findings do you need to communicate? | Communication channels / activities | Timeline |
|---|---|---|---|---|
| Directorate | • See value in what they've achieved<br>• Promote the approach in their other work<br>• Propose the approach to the Board<br>• Share with other health systems – international impact<br>• Sustain the work | • All findings | • Executive summary<br>• One-pager<br>• Launch/event<br>• Presentations at conferences/ events<br>• Resources/toolkit for others to use | End |

## 6.3 Structure of a typical evaluation report

Oftentimes it is helpful to produce a full evaluation report that details all of the evaluation methods and findings, which can be used to inform the development of other resources, such as briefing papers and summaries. The following is an example of typical headings in a typical detailed evaluation report:

- **Abstract:** This is a short paragraph which tells the reader what was evaluated, how it was evaluated, how many participants took part and what the main results were.
- **Executive Summary:** This should provide the reader with a short, plain language summary of the main results observed, the conclusions and the recommendations.
- **Introduction:** This section should outline the aims, objectives and motivations for the evaluation and a review of the literature in the area (if appropriate). It should also include a description of the initiative and the context in which it is delivered.
- **Methodology/Design:** This section should describe the methods used to collect data, the participants who took part, and how data were analysed.
- **Results:** This section should outline the results observed, without explanations for them, which should be discussed in the following section.
- **Discussion:** This section should discuss possible reasons and explanations for the results observed in the evaluation and any other evidence to support these findings.
- **Conclusion:** This final section should summarise the main findings observed, and contain recommendations for policy, practice and future research and initiatives.
- **Appendices:** This section should include copies of any measurement tools used, such as surveys/questionnaires, topic guides or questions for focus groups and interviews, and observation frameworks.
- **References:** The authors, titles and publication details of any publications or websites drawn on for the report should be included. When referencing a website, the URL address should be included and the date it was accessed.

## 6.4 Using the evaluation findings

A key aim of evaluation is to inform how an innovation is working. Your evaluation findings can inform how to maintain the achievements of the innovation and/or make improvements. The findings should therefore be interrogated to identify recommendations for continuous quality improvement and inform the development of action plans. A range of tools and resources are available on the National QI Team website to support use of improvement methods.

# 7. RESOURCES

This section provides links to a variety of resources and materials, such as reading lists and useful tools and resources.

## Suggestions for further reading

- The Irish Government advice on carrying out evaluations in the context of public spending codes: https://publicspendingcode.per.gov.ie/wp-content/uploads/2012/09/The-VFm-Code-except-D-03-Print-Version.pdf

- HM Treasury (2011, Supplements 2012). The Magenta Book: Guidance for Evaluation. United Kingdom. Useful guide from HM Treasury in the UK covering topics from the conceptual (e.g. what is evaluation) to the practical (e.g. steps in conducting evaluations). https://www.gov.uk/government/publications/the-magenta-book

- There is also a Magenta guide on different types of cost/financial evaluations: https://dera.ioe.ac.uk/10521/1/complete_Magenta_tcm6-8611.pdf

- W.K. Kellogg Foundation (2017). Evaluation Handbook. USA. This handbook provides a framework for evaluation as a useful programme tool. It covers a range of subjects including logic models, designing outcomes evaluations, engaging with stakeholders etc. https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook

- Office of Planning, Research and Evaluation Administration for Children and Families, U.S. Department of Health and Human Services (2010). The Program Manager's Guide to Evaluation. *Second edition.* A useful guide from the Office of Planning, Research and Evaluation (OPRE), a unit within the Administration for Children and Families in the United States. The Guide covers topics including how to conduct an evaluation and how to understand the results and how to report evaluation findings. https://www.acf.hhs.gov/sites/default/files/opre/program_managers_guide_to_eval2010.pdf

- Better Evaluation (Undated). Sharing information to improve evaluation. United Kingdom. A one-stop shop of resources and information on conducting evaluations, includes resources, blogs, and information on different aspects of the evaluation process.
  http://betterevaluation.org/

## Logic Modelling

- *New Philanthropy Capital* have produced a brief Theory of Change paper to provide readers with an introduction to the concept, how it can be used to develop organisational strategy and vision, how it can be used for evaluation and to support measurement and collaboration.
- CES has completed an Introduction to Logic Modelling which addresses the principal steps which must be taken at this stage.
- A detailed Logic Model Guide with materials and resources has been developed by the University of Wisconsin Extension Programme.

## Communication

- The HSE Digital Communications' section on the HSE website has a range of resources for developing communication outputs, including guides for developing content, videos and use of social media.
- The HSE's 'Guidelines for Communicating Clearly using Plain English with our Patients and Service Users'.
- The National QI Team's Communications Guide and Communications Style Guide.
- The Center to Improve Project Performance (CIPP) operated by Westat for the U.S. Department of Education developed a comprehensive 'Effectively Communicating Evaluation Findings' (2017) tool.
- The London School of Hygiene and Tropical Medicine produced a practical 'Global Mental Health Communications Toolkit (2015), including a helpful perfect communications product checklist.

## Data collection

- A Canadian mental health services template for evaluation.

# 8. REFERENCES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Stufflebeam, D.L. & Coryn, C.L.S. (2014). *Evaluation Theory, Models, & Applications.* (2nd Edition). San Francisco: Jossey-Bass.

# APPENDIX 1: QI PROJECT EVALUATION EXAMPLES

The following are examples of evaluation projects carried out by the National QI Team.

| Title | Aim | Conceptual Framework/ Method | Rationale for choosing this evaluation approach | Authors | When was it done? | URL (if available online) |
|---|---|---|---|---|---|---|
| Evaluating Decontamination Education Programmes are we making a difference | The aim of this article is to share processes, outcomes and learning following the development of academic education programmes for decontamination practitioners in Acute Services. | The Kirkpatrick Model was used to evaluate the participant reaction to learning experience, knowledge gained, behavioural change in practice and the effect on the service resulting from the improved performance of the trainee. | The Kirkpatrick 4 level model of training evaluation provided a framework to look at participants and their learning needs to help inform future programmes. In addition, the framework provided guidance on how to evaluate the effects of knowledge and skills, gained by the participants, on the service itself. Qualitative and Quantitative evaluation participants and their managers was used to evaluate the value of the programme and QI in service delivery. | Caroline Conneely National Decontamination Advisor National QI Team | May 2019 | https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/decontamination/evaluating-education-programmes-july-2019.pdf |
| Final Report of the Evaluation of the Introduction of Schwartz Rounds in Ireland | The aims/key questions of this evaluation were to establish:<br>1. Whether Schwartz Rounds are suitable for introduction, practically and culturally, in the Irish health system;<br>2. The experience and personal impact of participating in Schwartz Rounds for panellists, attendees, administrators, facilitators and clinical leads<br>3. The perceived and/or actual outcomes for the service/hospital; | The evaluation was underpinned by RE-AIM, a well-established evaluation framework in health care to address the reach, effectiveness, adoption, implementation and maintenance (sustainability) of initiatives. | The findings were considered in the context of the implementation science literature for quality implementation.<br><br>A mixed methods approach was used. The quantitative component of the evaluation comprised anonymous Schwartz Round evaluation forms and ProQOL questionnaires. The qualitative component comprised focus groups, individual interviews and anonymous comment cards. | Dr Vivienne Brady, Dr Peter May, Dr Richard Lombard-Vance, Dr Geralyn Hynes and Dr Margarita Corry, Dublin, The University of Dublin, Trinity College Dublin | Nov 2017 to May 2019 | Executive Summary https://www.hse.ie/eng/about/who/qid/staff-engagement/independent-report-trinity-college-dublin-may-19.pdf<br>Full report https://www.hse.ie/eng/about/who/qid/staff-engagement/schwartzrounds/full-trinity-report-may-19.pdf |

| Title | Aim | Conceptual Framework/ Method | Rationale for choosing this evaluation approach | Authors | When was it done? | URL (if available online) |
|---|---|---|---|---|---|---|
| | 4. Key learnings to inform HSE decision-making on rolling out the initiative further | | | | | |
| Final Report Pressure Ulcers to Zero Collaborative Phase 3 November 2016 – February 2018 | The aim of this report is to share processes, outcomes and learning following a large-scale collaborative. This in turn may inform planning, delivery and expectations of future collaborative approaches. | The Framework for Improving Quality (HSE, 2016) was used primarily to guide the evaluation report. | While the Kirkpatrick Model (Appendix 12) was used to formatively evaluate the collaborative from the outset, the Framework for Improving Quality (HSE, 2016) was used primarily to guide the evaluation report.<br><br>The Framework for Improving Quality (HSE, 2016) was used throughout PUTZ Phase 3 collaborative to:<br>1. Plan the collaborative approach at macro level<br>2. Inform planning and delivery of learning sessions and to guide action period activities<br>3. Measure participant knowledge and skill development<br>4. Strengthen and guide sustainability and spread planning<br>Learning outcomes were developed under the broad categories of each driver and also the subject content, Pressure Ulcer Prevention. | Ms. Lorraine Murphy National Lead QID Pressure Ulcers to Zero Collaborative (Phase 3)<br><br>Ms. Catherine Hogan Pressure Ulcers to Zero Facilitator<br><br>Ms. Orlaith Branagan Pressure Ulcers to Zero Coordinator | March 2018 | https://www.hse.ie/eng/about/who/qid/nationalsafetyprogrammes/pressureulcerszero/final-report-putz-2018.pdf |

Champion
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Enable
Demonstrate

Engage with us on twitter @NationalQI
or on our website qualityimprovement.ie