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Thank you for joining the webinar!

We will begin at 1:00 PM EST

Please use the Q&A feature for questions.

Evaluation Data Collection

April 9, 2024

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Presented by: Tanha Patel, Senior Technical Advisor

Logistics

- Minimize distractions
- Ask questions and engage using the **Question and Answer** feature
- Slides and recording will be shared on

  https://www.cdcfoundation.org/programs/improving-maternal-infant-health-health-care

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Evaluation Steps

Define What You Are Evaluating

Provide an overview of the initiative, including its objectives, components and context

Focus the Evaluation

Specify what aspects to assess and the methods to be used

Gather Evidence

Collect relevant data and evidence to assess the initiative effectiveness and outcomes

Summarize and Use Findings

Analyze the gathered evidence and use the findings to inform decisions, improve the initiative and guide future actions

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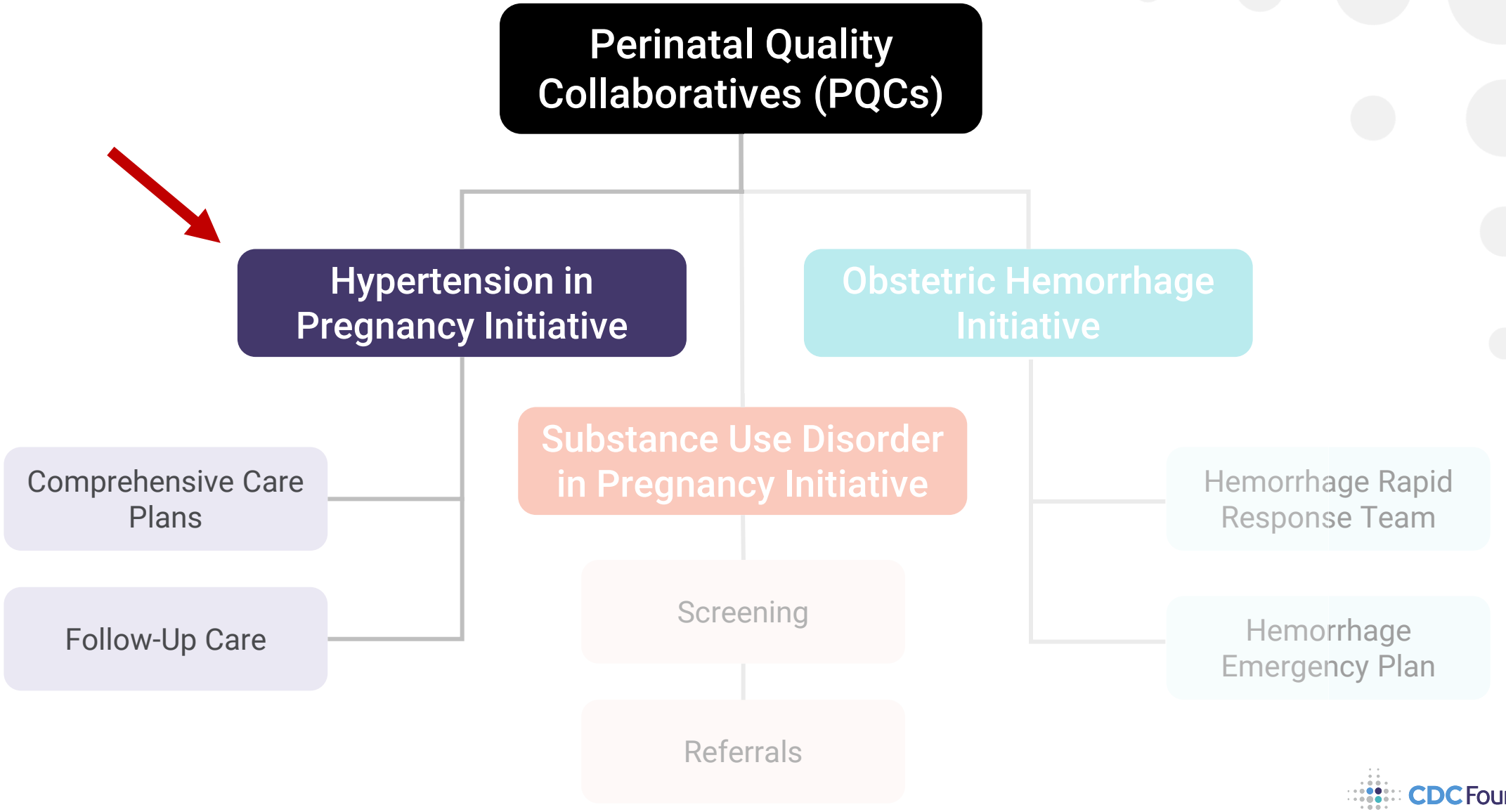
What to Evaluate



Key Evaluation Questions for Hypertension in Pregnancy Initiative

Focus on Comprehensive Care Plan:

To what extent are the hypertension care plan activities functioning as intended?

What are the barriers to adhering to care plans?

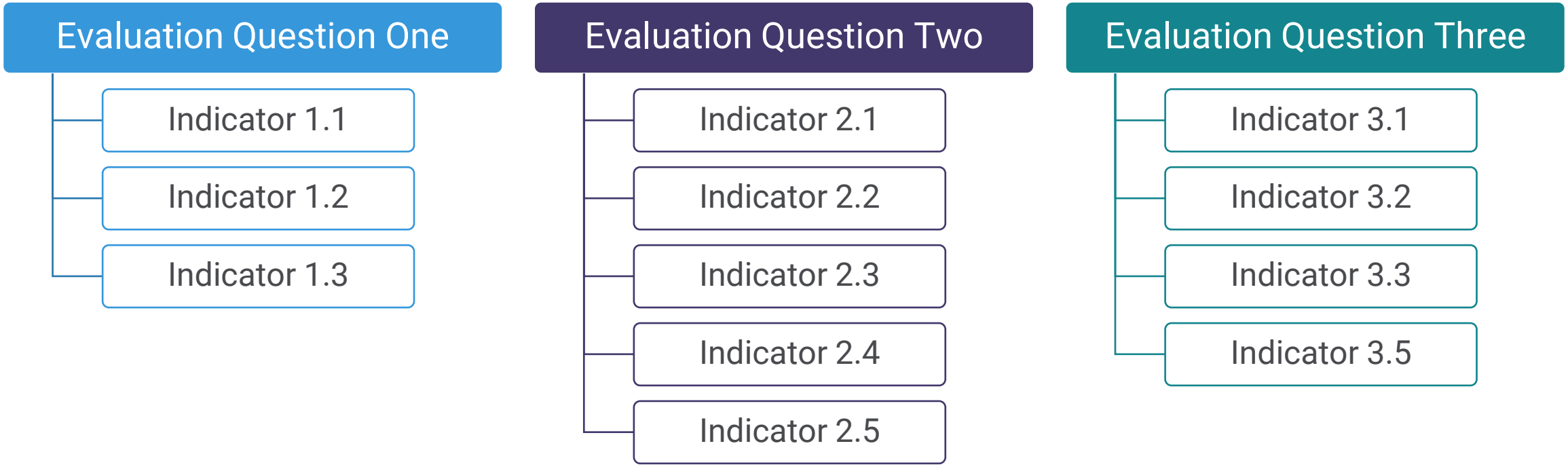
Collecting Evaluation Data

- Gather information that can help answer evaluation questions

Choose a data source and collection method that is appropriate for the identified indicator

What Are Indicators?

- Indicators are data that help answer evaluation questions
  - Tailored to the type of evaluation and the initiative's stage of development
  - Aim for no more than 3-5 indicators per evaluation question



Types of Indicators

Quantitative Indicators

- Number-based data
- Examples: age, amount in dollars, number of births in a population
- Can be used to answer: **who**, **what**, **when** and **how many?**

Example Indicators:

- # and % of prenatal patients receiving counseling on mental health
- Average gestational age of newborns delivered at participating hospitals

Qualitative Indicators

- Non-numerical textual data
- Examples: answers to interview questions, descriptions
- Can be used to answer: **what is the need**, **why** or **why not** and **how** or **how not?**

Example Indicators:

- Patient perspectives on trauma informed care provided
- Types of facilitators for readiness to respond to obstetric hemorrhage events

Formative Indicators

- Measure the need for the initiative and the necessary contributions to implement the initiative

Examples:

- Needs of Hispanic pregnant people in the state
- Best practices for implementing a perinatal mental health screening program
- # of full time equivalent (FTE) personnel per birthing site needed to implement the new initiative

Process Indicators

- Measure how the initiative is being implemented, if the activities took place and how activities were carried out
- Implementation elements that may be measured include:

	Definition	Example
Implementation	How well activities are delivered compared to the plan	Adjustments made to the guidelines to fit the needs of the unit
Reach	How many people or settings are reached by activities	% of eligible individuals who participate in the initiative
Adoption	How many people or settings are willing to participate in the activities	# and % of hospitals participating in the intervention
Maintenance	The extent activities become embedded in a setting	# of months the initiative is implemented
Effectiveness	The extent the activities work at achieving intended outcomes	% of staff reporting increased knowledge around new guidelines for hypertension

RE-AIM. (n.d.).*What is RE-AIM?*. https://re-aim.org/learn/what-is-re-aim/

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Outcome Indicators

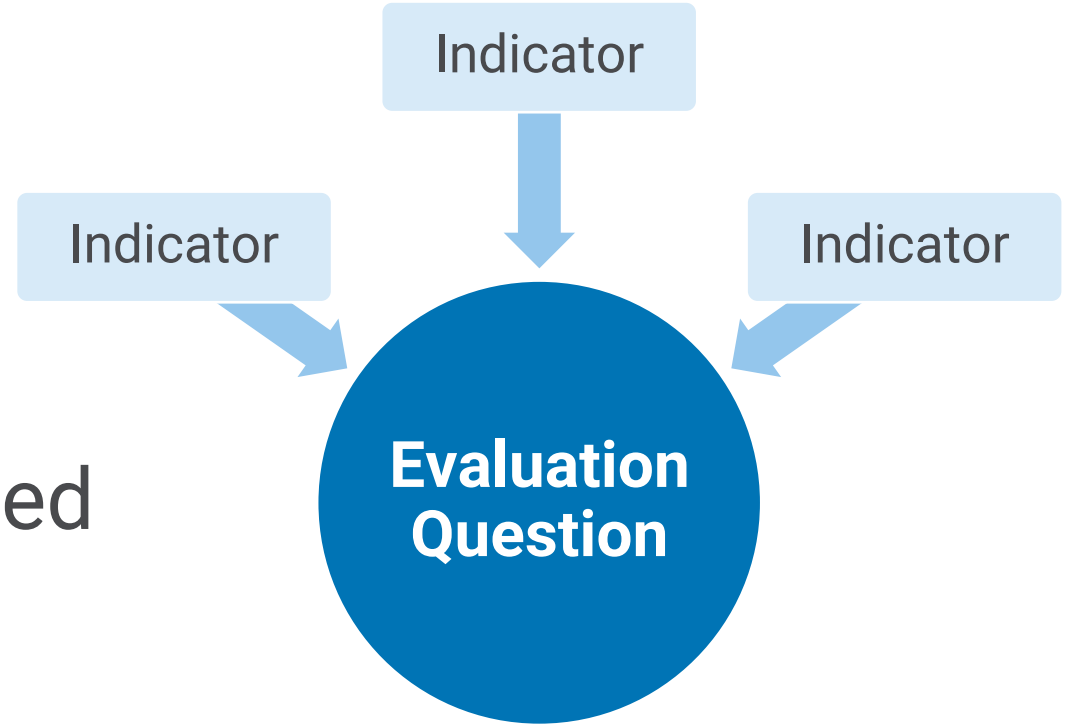
- Measure the short-, medium- and long-term outcomes achieved by the initiative

Examples:

- # of clinicians in the state using standardized cardiac risk assessment tools
- % of pregnant people in the state with serious complications due to cardiac conditions
- % change in pregnancy-related deaths due to cardiac conditions in pregnancy in the state over five years

Consideration for Designing Indicators

- Indicators should help you answer your evaluation questions
    - More than one indicator may be needed to answer the evaluation question
- Use indicators that are established
- Indicators should be SMART (specific, measurable, achievable, relevant and time-bound)



Example SMART Indicator

% of clinician attendees of the **2023** hypertension trainings who report high confidence in developing individualized hypertension care plans for pregnant patients immediately after the training

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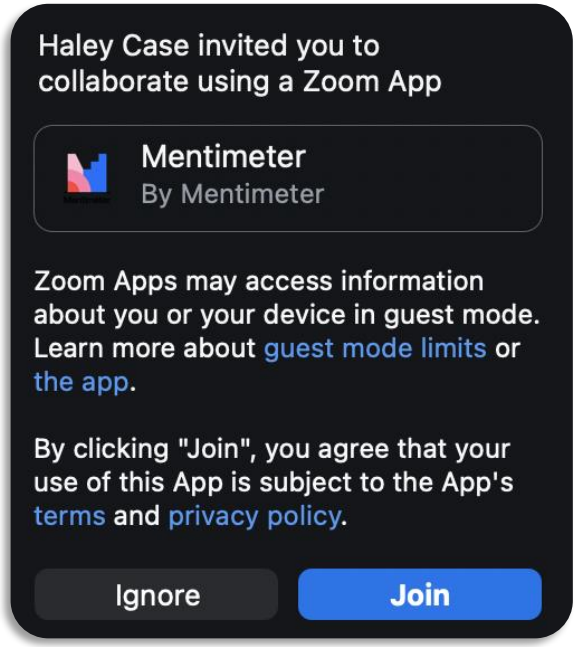
Mentimeter Activity



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ACTIVITY: Strong or Weak Indicator?

To what extent are the hypertension care plan activities functioning as intended?

Indicator: Number and percentage of hospitals with 100% clinician attendance of the webinar training and over 90% of pregnant patients provided with an individualized care plan.

Stronger Indicator:
Number and percentage of hospitals with **100% clinician attendance of the webinar training.**

Stronger Indicator:
Number and percentage of hospitals with **over 90% of pregnant patients provided with an individualized care plan.**

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ACTIVITY: Strong or Weak Indicator?

To what extent are the hypertension care plan activities functioning as intended?

Indicator: Sites adhering to care plan protocol

WEAK

Stronger Indicator: # and % of sites adhering to care plan protocol as written

ACTIVITY: Strong or Weak Indicator?

To what extent are the hypertension care plan activities functioning as intended?

Indicator: # and % of patients filling prescriptions

STRONG but may not be aligned with evaluation question

Stronger Indicator: # and % of eligible patients with care plans developed

ACTIVITY: Strong or Weak Indicator?

What are the barriers to adhering to care plans?

Indicator: # and types of barriers to clinician adherence to care plans

STRONG

ACTIVITY: Brainstorming Indicators

To what extent are the hypertension care plan activities functioning as intended?

What **indicators** can help us answer this?

Example: Final Indicators

To what extent are the hypertension care plan activities functioning as intended?
# of care plan training webinars hosted
and % of sites adhering to protocol as written
of care plans developed by site
% of eligible patients with care plans developed
Type of adjustments made to the care plan to fit the needs of the implementing site

ACTIVITY: Brainstorming Indicators

What are the barriers to adhering to care plans?

What **indicators** can help us answer this?

Example: Final Indicators

What are the barriers to adhering to care plans?
and types of barriers to care plan adherence faced by clinicians identified by clinicians
and types of barriers to care plan adherence faced by clinicians identified by implementers
and types of barriers to care plan adherence faced by patients

Data Sources

Data sources are **WHERE** the data comes from

Secondary Data Sources

- Provide data **already gathered for another purpose** but can be used for evaluation

Internal Data Sources:

Data collected **inside** your organization

Examples: attendance logs and program documents

External Data Sources:

Data collected **outside** your organization

Examples: vital statistics records, medical records

- Often requires data sharing agreements

Data Sources For Hypertension Example

To what extent are the hypertension care plan activities functioning as intended?	
Indicator	**Data Source**
# of care plan training webinars hosted	Program records
# of care plans developed by site	Patient records
% of eligible patients with care plans developed	Patient records
Types of adjustments made to the care plan to fit the needs of the implementing site	Site lead

Data Sources for Hypertension Example

What are the barriers to adhering to care plans?	
Indicator	**Data Source**
# and types of barriers to care plan adherence faced by clinicians identified by clinicians	Clinicians
# and types of barriers to care plan adherence faced by clinicians identified by implementers	Site leads
# and types of barriers to care plan adherence faced by patients	Clinicians

Data Collection Methods

Data collection methods are **HOW** the data will be gathered

Primary Data Sources

- Provide data that **do not already exist**

Examples: feedback from participants and clinicians

  - Often requires additional time and resources
  - Collected data are for the purpose of the program evaluation and can be more specific for your needs

Types of Data Collection Methods

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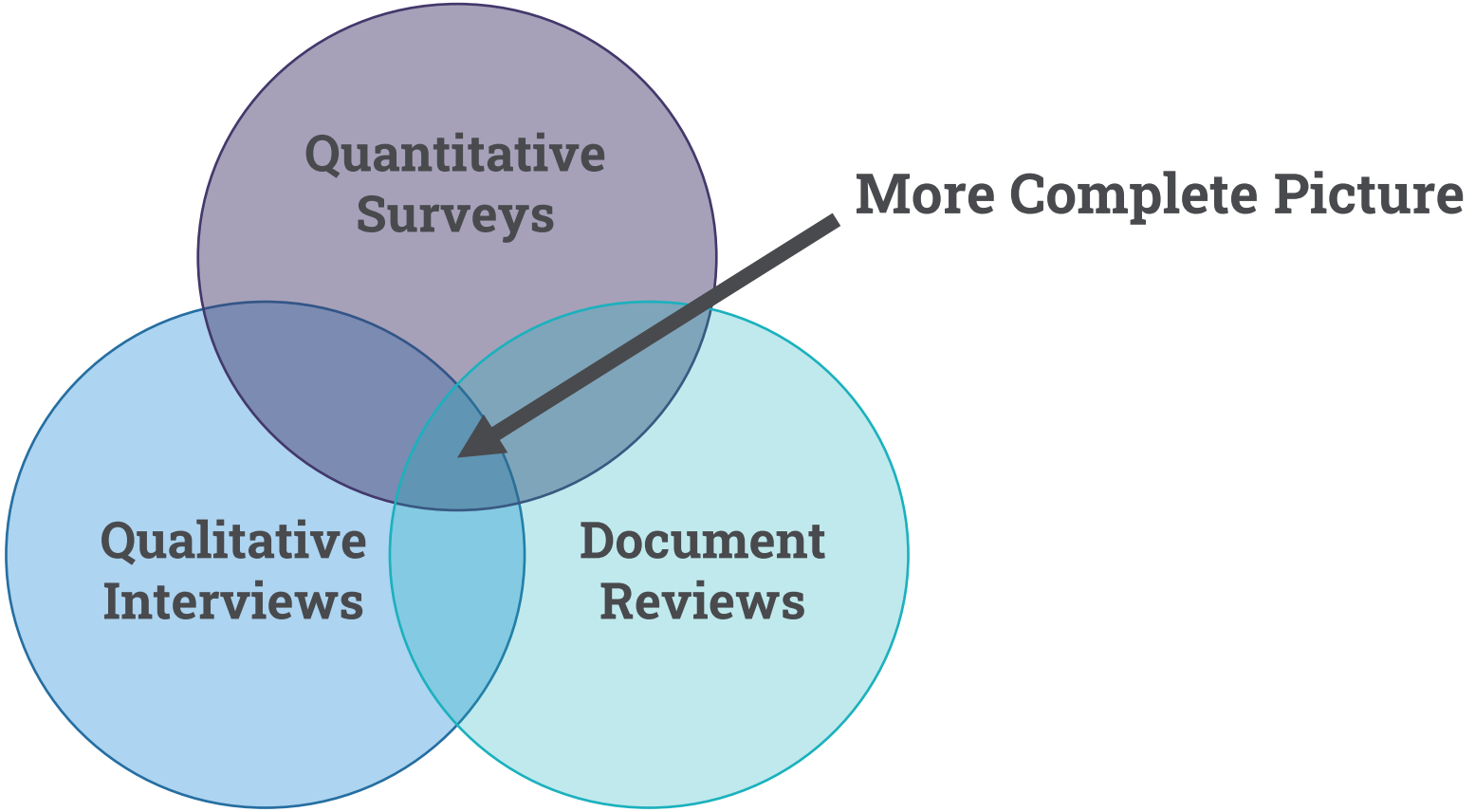
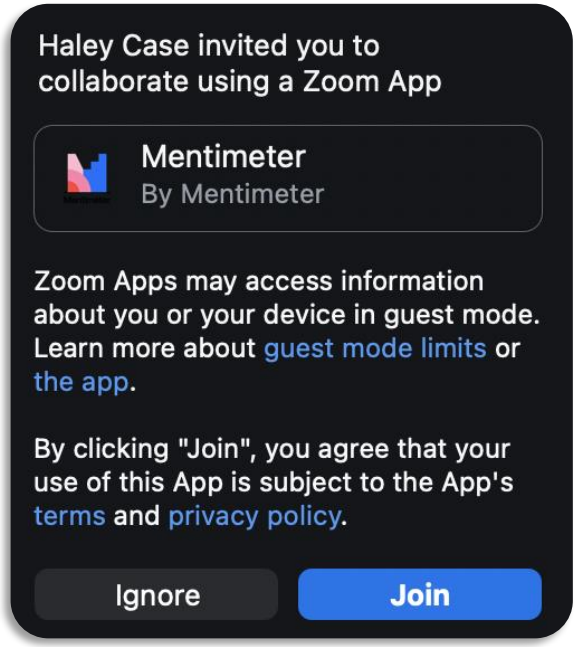
Mixed Methods

Use both quantitative and qualitative data collection methods for a fuller picture



Mentimeter Activity



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ACTIVITY: Brainstorming Data Collection Methods

To what extent are the hypertension care plan activities functioning as intended?	
Indicator	**Data Source**
# of care plan training webinars hosted	Program records
# of care plans developed by site	Patient records
% of eligible patients with care plans developed	Patient records
Types of adjustments made to the care plan to fit the needs of the implementing site	Site lead

What are some **data collection methods** that will help us measure these indicators?

Example Data Collection Methods

To what extent are the hypertension care plan activities functioning as intended?		
Indicator	**Data Source**	**Data Collection Method**
# of care plan training webinars hosted	Program records	**Review** of webinar and internal documents.
# of care plans developed by site	Patient records	**Audit** of patient files to check for completed individualized care plans.
% of eligible patients with care plans developed	Patient records	**Audit** of patient files to check for completed individualized care plans.
Types of adjustments made to the care plan to fit the needs of the implementing site	Site leads	**Virtual interview with Site Leads** to understand barriers and adaptations made to initiative protocol.

ACTIVITY: Brainstorming Data Collection Methods

What are the barriers to adhering to care plans?	
Indicator	**Data Source**
# and types of barriers to care plan adherence faced by clinicians identified by clinicians	Clinicians
# and types of barriers to care plan adherence faced by clinicians identified by implementers	Site leads
# and types of barriers to care plan adherence faced by patients	Clinicians

What are some **data collection methods** that will help us measure these indicators?

Example Data Collection Methods

What are the barriers to adhering to care plans?		
Indicator	**Data Source**	**Data Collection Method**
# and types of barriers to care plan adherence faced by clinicians identified by clinicians	Clinicians	**Clinician Survey** is focused on clinicians' perceptions around barriers to developing individualized care plans and adherence to them.
# and types of barriers to care plan adherence faced by clinicians identified by implementers	Site leads	**Virtual interview with Site Leads** to understand barriers to clinician activities.
# and types of barriers to care plan adherence faced by patients	Clinicians	The **Clinician Survey** described above also includes questions focused on clinicians' perceptions on barriers to patient adherence to care plan.

Planning and Managing Collected Data

- Specify
  - Who will collect the data and how
  - The frequency in which data will be collected
- Decide
  - Who will manage the data and who will have access to which information
  - How data from each data source will be securely stored
  - How and when data will be deleted to ensure adherence to data standards (i.e., privacy, confidentiality and security)
- Develop
  - A data analysis plan for each data collection method, including who will be responsible for analysis and frequency in which analysis will be conducted

Example Data Collection Plan

Data Collection Method	Person Responsible for Data Collection	Collection Timeline and Frequency
Document Review	PQC Data Manager reviews internal documents to note when and how many webinars took place.	Every three months
Audit	PQC Data Manager gets access to de-identified patient records as an Excel file that is shared by participating facilities. Site Lead will be the one sharing the de-identified file with the Data Manager.	Every three months
Interview	PQC Data Manager schedules and conducts virtual interviews with site leads. Interviews are recorded and transcribed using Zoom.	Annually
Clinician Survey	PQC Data Manager creates the online survey using Survey Monkey. They share the link to the survey with the Site Lead who then sends it out via email to all their participating clinicians.	At six months and eighteen months into initiative implementation

Example Data Management Plan

Data Collection Method	Data Management Plan	Person Responsible for Management
Document Review	Program files are saved in a secured data management system with access provided only to PQC staff. All files used and created by this review will be saved in the secured, password-protected folder.	PQC Data Manager
Audit	Excel file shared by each facility will be stored in a secured, password-protected network platform used by the PQC. Only de-identified information will be shared and used to complete the audit.	PQC Data Manager
Interview	Interview recordings and transcriptions will be saved in a secured, password-protected network folder. Once fully transcribed, audio recordings will be deleted. Identified information will be removed prior to using the transcriptions for analysis. Access to these files will only be shared with those who need it. Only aggregated information will be shared.	PQC Data Manager
Clinician Survey	Survey data are initially stored in the Survey Monkey server which adheres to high data security standards. Survey data will be extracted as Excel and stored in a cloud-based, secured, networked storage platform that is password-protected. Data will be de-identified and shared with only those who need it for analysis.	PQC Data Manager

Example Data Analysis Plan

Data Collection Method	Data Analysis Plan	Person Responsible	Analysis Timeline and Frequency
Document Review	Intern will conduct descriptive analysis to report on how many webinars took place and who attended them. Intern will conduct the analysis and Data Manager will review.	PQC Data Manager and Intern	Every six months
Audit	Data Manager will complete frequency analysis to calculate the percent of eligible patients with individualized care plans on file. Demographics such as age and race/ethnicity of patient will be reviewed to understand care plan completion by these categories.	PQC Data Manager	Every six months
Interview	Intern will conduct analysis using the de-identified transcripts for themes related to site barriers, adherence to protocols, adaptations and reasons adaptations were made. When possible, site demographics such as location, size, organizational structure, etc. will be reviewed. Data Manager will review and finalize the analysis.	PQC Data Manager and Intern	Annually within a month of the interviews
Clinician Survey	The intern will complete a frequency analysis in Excel to calculate the frequency that types of barriers were reported by clinicians. Barrier frequency by contextual characteristics such as clinician experience and setting will also be analyzed. Open text responses will be analyzed for other barrier themes. Data Manager will review and finalize the analysis.	PQC Data Manager and Intern	Month eight and month twenty

Evaluation Steps Review

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Specify what aspects to assess and the methods to be used

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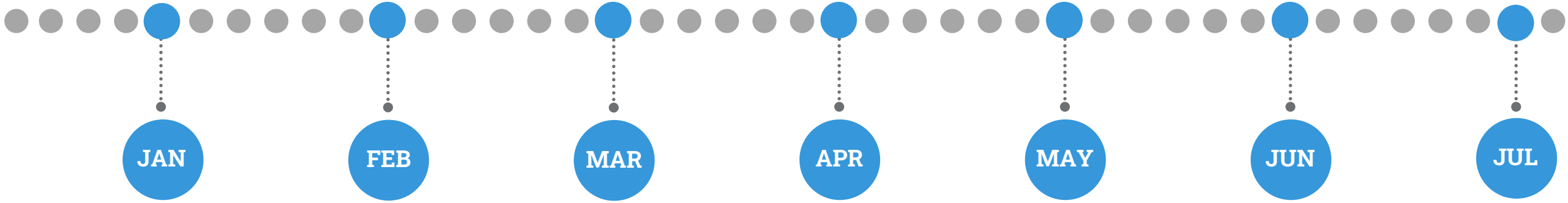
Analyze the gathered evidence and use the findings to inform decisions, improve the initiative and guide future actions

Next Steps:
2024 Training and Technical Assistance Timeline



Jan 25 at 1pm EST

Webinar 1
Introduction to Evaluation

Mar 5 at 11am EST

Webinar 2
Evaluation Plan

April 9 at 1pm EST

Webinar 3
Data Collection

WE ARE HERE

May 21 at 1 pm EST

Webinar 4
Using Evaluation Findings

CDC-Funded PQCs:

Feb 6 at 1pm EST

Office Hours

Mar 26 at 3pm EST

Office Hours

May 7 at 1pm EST

Office Hours

June 11 at 1pm EST

Office Hours

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Questions

Additional questions can be directed to MaternalHealthTTA@CDCFoundation.org

Learn more at our website www.cdcfoundation.org/programs/improving-maternal-infant-health-health-care

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