Ontario Health Team Logic Model Development Exercise Guide – Measurement Addendum

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HSPN Health System Performance Network

Health System Performance Network

The Health System Performance Network (HSPN) is a collaborative network of investigators, visiting scholars, post-doctoral fellows, graduate students and research staff working with health system leaders, and policy-makers to improve the management and performance of our health system. Building on Ontario's established record of performance measurement created by the 1998 ground-breaking Hospital Report Research Collaborative, the HSPN was established in 2009 and has built a track record in performance measurement, research, evaluation and improvement in Ontario with expertise in multiple domains of health system performance including perspectives of patients, providers, population health, and cost. The HSPN leverages its research and evaluation experience to assesses policy directions and organizational strategies to guide efforts to improve health outcomes and patient experiences of care while containing costs.

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Introduction

This addendum expands upon the prior report "Ontario Health Team Logic Model Development Exercise" by moving on to the next steps after creating a logic model – namely, populating the logic model with a set of measures. This exercise builds directly upon having an agreed to logic model for your program. Measurement and gathering evidence about a program is a crucial part of an evaluation. Still, to make sure measurement is done meaningfully, it should be embedded within a fulsome evaluation process.

The approach taken here is intended to be parsimonious in the implementation. While you may identify 15 or 20 or more measures that seem important at the outset, think carefully about how well they represent the activities that will be implemented successfully within the timeline of the evaluation and the outcomes that are expected to be impacted within the timeline of the evaluation. In the end you are better with 5 or 6 or at most 10 measures that are meaningful and important and tracked and reported than to have 20 which are aspirational but too complex or involved for people to be able to contribute to measurement whilst also performing essential care tasks.

Planning Measures: A Measurement Table Template

This document outlines key information needed in in planning measures and provides a suggested template for a table that allows to view components of the measurement process and its connection to the logic model.

Using the Table

Along the top of the table are the components of the logic model. This table is not intended to direct you to have one measure for each component. You may choose that approach; however, you might not have a measure for one component and have multiple for another. The table can be adapted by adding columns or rows to align with your measurement plan. For example, having multiple short-term outcomes may be appropriate for answering an evaluation question, such as 'Did the coordinated care initiative improve patient experience?'. Additional rows can also be added; examples of additional considerations of the table can be found below. Table 2 below provides example measures are corresponding information.

Description of logic model component: This will help define what you are actually trying to measure and remind you how it connects to your OHT's logic model or strategy. It also allows this table to be used in tandem with the logic model.

Measures (Definition): Here, you should clearly state your measure and how it is defined. In many cases, the definition may be too detailed to fit in this table. If that is the case, provide an overview within this table and additional information in a technical appendix (e.g., numerator and denominator, detailed description of the population or condition included).

Data source: Indicate the source of the data. Ideally, the data collection is integrated into your program delivery process and leverages exciting sources. Some measures may require primary data collection (e.g., measures of provider experience you collect through a survey).

Extraction/ Approach to data capture: In this row, you can answer pertinent information related to how you will gather and track data, the processes involved, and alignment with existing processes?

Frequency of reporting audience: How often will the data be reviewed? Consider how often it is collected and when you would expect to see a change in the data. There may be multiple audiences for reporting. In this row, you should indicate the primary audience. Think about who will use the information to make decisions based on the data and who will need to support the interpretation.

Additional considerations

Assumptions: What are the major assumptions about t what would be required to make your program work? Assumptions are external factors that are outside the program manager's control. They represent what your team believes needs to happen to move from one component of the logic model (e.g., Activities) to the next (e.g., Outputs). Often, there are assumptions about what we are measuring built into the measures. Take the example of measuring primary care access through the availability of same or next-day appointments. Here we are assuming that those trying to access health care want their appointment as soon as possible.

Roles and responsibilities: Who will be responsible for collecting and analyzing the data? Being explicit about who is doing the work will help with resource planning.

Analysis: How will the data be analyzed? What statistics will be used to describe the data?

Communication: Beyond the primary audience for decision-making, how will the results be communicated? To whom will then communicated and when?

Table 1: Measurement Table Template

	Inputs/ resources	Activities (Processes)	Outputs	Short-term Out-comes	Long-term Outcomes	Impact
Description of logic model component						
Measures (Definition)						
Data source						
Extraction/ Approach to data capture						
Frequency of reporting and audience						

Table 2: Example Measures Table

	Short-term Outcome			Long-term Outcome		Impact
Description of logic model component	Improved provider experience	Improved access to and use of services for elderly patients		Improved patient experience	Improved independence of elderly patients	Improved quality of life of elderly patients and their caregivers
Measures (Definition)	% of providers who felt the 'program made it easy for me to arrange access for my patients' (response strongly agree/agree)	# of enrolled seniors actively attached to a care coordinator	% of patients with primary care follow-up within 7 days of leaving the hospital for selected conditions	% of patients felt that their care was well coordinated (response strongly agree/agree)	IADLs Reported for those in homecare	Health related quality of life: Improved EuroQol-5D5l
Data Source	Provider survey	EMR or registry	EMR, (partners w/ physician network), DAD	Patient survey	InterRAI	EMR
Extraction-Approach to data capture	Team analyst to create a spreadsheet of responses	Decision support to create a new process to pull info	Decision support to create a new process to pull info	Team analyst to create a spreadsheet of responses	Routinely extracted	Routinely extracted
Frequency of reporting and audience	Bi-annually, Steering committee	Monthly, Strategy and Performance WG, then Steering	Monthly, Strategy and Performance WG, then Steering	Annually, Steering committee	Quarterly, Steering committee	Bi-annually, Steering committee

References and Additional Resources

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