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Evaluability Assessment: Mary Free Bed Sub-Acute Rehab

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Abstract

Program evaluation is a field of study that is used to find opportunities for improvement to improve the public value of the program (Newcomer et al, 2015). However, to determine if an organization or program can truly benefit from an evaluation and generate action from the results the organization or program can undergo an evaluability assessment, which looks at aspects such as culture or systems in place. This research paper conducts an evaluability assessment for Mary Free Bed Rehabilitation Hospital to determine how receptive its Sub-Acute Rehabilitation unit would be to an evaluation, followed by recommendations that are supported by program evaluation models and theories. After learning about the organization's cultures, operations, and practices, a literature review of journals and textbooks on evaluation and evaluability was conducted to determine that Mary Free Bed was indeed receptive to evaluations but perceived them as stressful events to be feared. To alleviate this, recommendations were made to the unit to get more exposure to evaluations through working with an evaluation coach, going through an empowerment evaluation, or learning more about the Evaluation Capacity Building process.

Key words: evaluation, rehabilitation, sub-acute, improvement, program

Introduction

Mary Free Bed is a rehabilitation hospital with its headquarters located in Grand Rapids Michigan and a number of satellite offices throughout the state of Michigan. Mary Free Bed also has a number of partnerships and joint ventures with hospitals throughout the state of Michigan, including Munson Healthcare, Covenant Health, and Trinity Health. Throughout all of these locations, Mary Free Bed provides rehabilitation services for both in-patient and out-patient treatments and an array services that support the rehabilitation process, such as psychological and nutritional services. With all of these services that are offered

and the number of locations that provide treatment, and similar to all other healthcare organizations, there is a need to assess the programs and locations to ensure that they are meeting the needs of the patient; in other words, there is a need for evaluations.

This assessment will look at Mary Free Bed's background followed by examining the organization evaluability as a whole and how its Sub-Acute Rehab (SAR) unit demonstrates those evaluability characteristics. With this information, recommendations for future evaluation work will be made so that the SAR unit at Mary Free Bed can improve its work and enhance patient care to ensure their needs are met in an effective and efficient manner.

Organization Background

Mission and Histsory

Mary Free Bed started in 1891 when a group of women in Grand Rapids identified a need from those in the community who were not able to receive the care they needed; to help these individuals, the women mentioned above started campaigning to raise funds to purchase a single bed in a hospital that the individuals in need could use for free. To raise funds, these women asked for donations from "everyone named Mary, as well as from those having friends or relatives with the same name" (Mary Free Bed, n.d.-a, para 1). Once enough funding had been secured for the hospital bed, that specific bed was named Mary Free Bed. As the funding grew along with the community needs, the number of beds acquired increased until Mary Free Bed became its own hospital.

Today, the rehabilitation hospital operates towards its mission which is "restoring hope and freedom through rehabilitation" (Mary Free Bed, n.d.-c, para 1) to its patients. This mission is guided with the vision of being "a national leader in high-value rehabilitation and post-acute care and to develop an integrated system of care" (Mary Free Bed, n.d.-c, para 2). The staff at Mary Free Bed help support the hospital's mission by incorporating specific values which are(Mary Free Bed, n.d.-c, para 3):

- **W**ork collaboratively
- **I**nnovate to offer unique possibilities
- Be **t**ruthful and respectful
- **H**eal with our hands and treat with our hearts
- Approach our work with **joy**

The bolded letters in the values come together to make the phrase "with joy", making the statement that the staff at Mary Free Bed work with joy in supporting their goal. The goal is also supported by the different avenues of support that help the organization operate.

Sources of Support

Mary Free Bed has two main sources of support, the first of which being volunteers. Mary Free bed accepts volunteers to help with a number of functions while also giving experience and insight into the world of healthcare for college student volunteers. General volunteers can assist by being greeters for the main entrance of the hospital and assisting certain areas by facilitating activities for the patients. College students can volunteer specific units of the hospital that they have interest in and assist with prepping rooms for therapy sessions and maintaining the activity gyms (Mary Free Bed, n.d.-e).

The hospital also receives support from the Mary Free Bed Foundation. This foundation is a donation center where individuals can support the hospital with financial donations. The foundation hosts events for patrons to attend while contributing to the hospital and offers monthly tours for those who wish to see the hospital and where their donations are going. In the last year, the Mary Free Bed Foundation raised over $13 million in charitable donations ("Mary Free Bed Rehabilitation Hospital Foundation", n.d.-b) which goes to the different programs within the hospital.

Programs and Delivery Methods

Mary Free Bed has a number of programs that it offers through its main campus, satellite offices, partnerships, and joint ventures. For example, the hospital has pediatric, brain injury, amputee, orthopedic, spine injury, and sub-acute rehabilitation programs offered for in-patient stays. The hospital also offers out-patient programs such as pediatric, pain management, physical therapy and sports therapy. The organization also offers a telehealth option for minor needs.

However, having all of these programs available across a number of locations creates a need for leadership to support a culture that of evaluation within the organization.

Organizational Evaluability Assessment

Before conducting an evaluation, it is important to examine a multitude of factors to determine if the organization will be able to fully utilize the findings from the evaluation. To do this, one can measure the organization's evaluation capacity building which is defined by Preskill and Boyle as "the design and implementation of teaching and learning strategies to help individuals, groups, and organizations, learn about what constitutes effective, useful, and professional evaluation practice" (2008, p. 444). ECB can be built and measured through different avenues, such as the leadership of an organization, the culture, learning opportunities, and structures put into place while using resources to create evaluation practices that are sustainable.

Leadership

Mary Free Bed's leadership structure is similar to that of other healthcare organizations; the hospital is governed by an executive board composed of Kent Riddle, Chief Executive Officer, Michael Jakubowski, MD, Chief Medical Officer, Andrew Kuldanek, MD, Chief of Staff, Randy DeNeff, Chief Financial Officer, Ingrid Cheslek, Chief Operating Officer, Maria Opoku-Agyeman, Chief Nursing Officer and Jeff Garber, Chief Strategy Officer. Kent Riddle, the Chief Executive Officer reports up to the Board of Trustees, a board made up of 23 individuals that is led by David Muir. This board oversees the executive body and ensures that the hospital's activities align with its mission and values. What separates Mary Free Bed's leadership dynamic from that of other hospitals is that both the Board of Trustees and the executive body within the hospital are both governed by the Mary Free Bed Guild. Developed in 1911, the Guild acts as a role model of the values of Mary Free Bed and ensures that the operations of the hospital are in line with the values while maintain a culture that supports the restoration of hope and independence in patients (Mary Free Bed, n.d.-a). Today, the Guild consists of 120 women led by a Board of directors with Laura Puff as the President.

Evaulability Assessment

Having leadership that supports evaluation practices and its benefits is a necessity for building ECB. With the executive leaders and the Guild modeling values such as working collaboratively, innovating, and being truthful, Mary Free bed is able to set the stage to work with accrediting bodies and innovate workflows to utilize the results while being truthful with them. This is further seen in the leadership of the SAR unit, Kiersten Cudney, employing ECB strategies such as having written materials displaying evaluation results and lessons learned and involving her team in evaluations by having them involved in the preparation and debriefing of annual surveys. Through previous leadership, the SAR unit was named by U.S. News & World Report as one of the best nursing home facilities in the US for 2017-2018 with a five-star rating awarded by Nursing Home Compare (Mary Free Bed, 2017). ECB is further seen in how leaders throughout the hospital share research and best practices while discussing evaluation results, demonstrating a culture that supports ECB.

Culture

Culture is an integral part of the ECB process; if the organizational culture does not support ECB activities, it will not be able to maintain evaluation practices, whether the dissonance occurs at the top level or the bottom level. One challenge that is common among healthcare systems is having a culture of anxiety and stress around evaluations; with the penalizations that are possible with negative evaluation results such as fines, revoked licenses, and even prohibiting new patients, evaluations can seem more like an exam than an opportunity to improve. This is somewhat the case with the SAR unit, as the leadership states that they have to dedicate time to calming the staff by providing reassurance to frontline staff. The stigma that comes with evaluations can make it difficult for an organization's culture to embrace evaluations and evaluative practices with buy-in at all levels.

When shaping an organization's culture, words are not enough to incorporate a characteristic in the culture; the organization must also believe and follow up on what it says. The culture of Mary Free Bed is shaped and maintained by the Mary Free Bed Guild and the executive body, both of which encourage transparency and truthfulness. This can be seen in a multitude of ways, one of which being open with their accreditation and evaluation results. While all healthcare organizations are obligated to share accreditation scores online, Mary Free Bed goes a step further and has evaluation results in the

the hospital in public areas. For example, the SAR unit has their annual survey results in a book outside the elevators to their floor, available for any patient or family member to look at. Doing this shows that Mary Free Bed is open with their results and utilizes them for both the public to see and to create a sense of accountability to improve in areas highlighted in the evaluation.

The culture at Mary Free Bed emphasizes the importance of evaluations and the need for everyone to participate. Demonstrating the importance of evaluations, the SAR unit has different forms of evaluations conducted throughout the year; for example, Trinity Health comes in and conducts mock surveys, doing an in-depth analysis of the systems and workflows in place. SAR also has a pharmacy team come in quarterly and observe medication flows within the unit. Everyone in the unit is involved in these different types of evaluations, ranging from increasing rounding to ensure that clinical staff have the resources they need and are following procedures and inspecting facilities, making sure that fire code compliance is being followed. Both the different forms of evaluation and the involvement from different levels shows a culture that believes the importance of evaluation, further demonstrated in the learning aspect of their culture.

Learning

Learning is an important aspect of the ECB process; if an organization undergoes an evaluation and does not utilize the lessons learned, the evaluation would be fruitless and the organization would continue to operate as it has. This could result in a deficiency in resource allocation, practices that are not up to date with evidence-based research, or performing activities that are detrimental to the organization in terms of reaching its goal or their stakeholders. Mary Free Bed offers a number of avenues for its employees to learn. Like other hospitals, it has annual compliance training and training modules, but it also offers continuing education opportunities for its clinical staff in the form of Grand Rounds; these events offer education that counts as credits for clinical staff in the form of presenters discussing a number of topics regarding evidence-based practices.

Different areas of the hospital also have education specific for their unit. For example, the SAR unit creates education and training based on evaluation results that are then incorporated into the daily standards of the staff. An example of this is after undergoing an evaluation, it was found that the documentation process was not as complete as it could be; while the process did capture the

main information such as diagnosis and treatment plan, it was not as detailed as it could be. The SAR unit is now conducting a process improvement project, aimed to create a holistic picture of the patient, that will educate staff on how to document comorbidities and the effect they create on the treatment plan and treatments administered to patients per day. This process improvement project was developed not only to improve reimbursement from Medicare and Medicaid, but to also improve communication and capture patient information so as to provide better care to the patient.

The SAR unit also engages in learning with Trinity Health, creating an opportunity for diffusion from both parties in sharing lessons learned. The hospital creates opportunities for diffusion through having different units and areas host read and learn events and giving areas a chance to speak at the monthly quality improvement meetings mentioned above. Through multiple avenues of information sharing from multiple sources and a culture that supports learning, Mary Free Bed has an enormous opportunity to incorporate evaluation learning to further its ECB. However, an organization or unit needs the necessary resources in order to respond to these lessons learned.

Resources

Newcomer et al. define resources as "human and financial resources as well as other inputs required to support the program" (2015, p.64); this states that resources are not just financial in nature, but also staff and activities that help the program operate. Having adequate resources is imperative in the evaluation process and building ECB for a number of reasons, one of which being the ability to utilize evaluation results; if an organization does not have the necessary resources to respond to the results of the evaluation, then they will not be able to act upon them and improve the program. Resources are also necessary for the ECB process in the sense that resources can help with the education and training.

Mary Free Bed employs a number of resources in its operations; it has the clinical and administrative staff required to treat patients, it has income in the form of revenue and the Mary Free Bed Foundation, the facilities needed for a rehab hospital including treatment rooms, patient rooms, and therapy gyms, and the equipment and supplies needed for hospital operations and therapy treatments. Among those, it also has resources in the form of education for its staff, including training modules, information on its employee website, and

seminars on best practices. These resources are also used to employ structures that further build upon the organization's ECB.

Structures

Structures, in the context of evaluation and ECB, are "mechanisms within the organization that enable the development of evaluation capacity" (Volkov and King, 2007). With Mary Free Bed being a hospital that is required to meet federal and state regulations, there are a number of structures already in place. One such structure is simply the policies and procedures employees follow; these set guidelines while demonstrating best practices. They are updated as needed following evaluation results, incorporating the results into everyday standards. Another structure put into place is the SAR unit displaying its evaluation results outside the elevator to the unit, demonstrating accountability and transparency while emphasizing the importance of evaluation and that evaluation activities involve the whole unit.

Mary Free Bed also has a structure in place for different areas to share their evaluation findings and practices with others in the form of their monthly quality improvement meeting; this is an integral piece of the hospital's evaluation work, especially as it is a chance for the different areas to discuss the environment of healthcare and how it affects their evaluation process.

Environmental Analysis

An important piece of evaluation is understanding the context surrounding an organization, so that an evaluator can understand how the evaluation affects the organization, how to best generate utilizable results, and how to make recommendations. One piece of organizational context that is absolutely necessary to understand, especially in healthcare, is the organization's environment. Healthcare organizations need to understand their surrounding community and its needs so as to develop a program that best meets their needs while monitoring other healthcare facilities, for both competitive reasons and to stay current on best practices. There is also the political aspect of the environment that must be taken into account, as legislation can affect how the hospital must operate, how it is reimbursed through Medicaid and Medicare, and what standards it needs to meet. The standards that need to be met goes hand-in-hand with the need to pay attention to standards set by accrediting and evaluating bodies such as The Joint Commission, Center for Medicare and

Medicaid Services, and the Commission on Accreditation of Rehabilitation Facilities, all of which have a large impact on Mary Free Bed's current work in evaluation.

Current Work in Evaluation

As a healthcare organization, Mary Free Bed already works in evaluation consistently. As mentioned in the previous section, the hospital undergoes evaluations from accrediting bodies such as The Joint Commission and The Commissions on Accreditation of Rehabilitation Facilities as well as evaluations based on regulations and standards put in place by the Center for Medicaid and Medicare services. These evaluative bodies examine healthcare organizations in their operations, facilities, and outcomes, determining how effective they are as a healthcare provider and ensuring that state and federal benchmarks are being met. Among these evaluations that encompass the entire organization, units have evaluations that are specific to their respective areas. The SAR unit, for example, undergoes evaluations by Trinity Health to evaluate the systems in place in the unit, making sure that their partner is operating up to their standards as well as their annual survey conducted the Licensing Affairs and Regulatory Agency, who is contracted by the Center Medicare and Medicaid Services to ensure that federal and state nursing home requirements are being met.

The SAR unit also has other less formal forms of evaluations. One such form of evaluation is working with the pharmacy team; every quarter the pharmacy team comes to the SAR unit to examine observe medication management, checking that the right procedures are being followed and identifying any areas of improvement. They also conduct discharge surveys either right before the patient leaves or right after, asking them what worked well during their stay and what could be improved. This is complemented by the SAR's resident committee that reaches out to past patients to ask them about their overall experience and any improvement suggestions they may have.

Program Evaluability Assessment

While not quite fully delving into the world of evaluation in terms of having their own evaluation materials such as a program theory or logic model for their unit, the SAR unit at Mary Free Bed is already heavily involved in evaluation practices and utilizes the results, in turn creating a large evaluation capacity. It seems that all of the internal pieces for a strong ECB process are in place in the

form of supportive leadership, being able to provide the necessary resources, has a few structures in place, and is especially prominent in the learning aspect. With all of these aspects, there are also the four standards of evaluability: 1) program goals are agreed on and realistic, 2) information needs are well defined, 3) evaluation data are obtainable, and 4) intended users are willing and able to use evaluation information (Newcomer et al., 2015).

While the unit did not have a program theory or logic model of its work, the SAR unit does have clear indication of what its goals are, the main of which being providing quality care to the patient so as to restore their independence and return them to their home or job as soon as possible (Mary Free Bed, n.d.-c); there is agreement on this goal throughout the unit and it is evident through not only asking the staff, but it is also prominently displayed on the SAR unit's website as well as being part of the organization's mission statement. Given the resources available to the unit, this is a realistic goal as well.

The information needs for the unit are well defined; the staff have access to policies and procedures that explain the activities and inputs needed by the clinical staff to reach the unit's goal and the staff is aware that these activities are being measured during evaluations. The evaluation results have agreed upon intended use as well in the form of being incorporated into daily standards of work, being used to update policies and procedures, as well as even creating a new training program. The measures being analyzed in evaluations are made known to staff through the policies and procedures given to them and they also have access evaluation results used to update policies and procedures is available to the staff in the form of reports and in the book of the evaluation results for public view that has been mentioned earlier. Finally, clinical staff, or the intended users, are both willing and able to utilize evaluation results and improve their work.

Based off how staff know the goal of the unit, have access to the information needed to reach the goal, the availability of the evaluation measures, and the willingness to incorporate the results show that the SAR unit leads to a positive evaluability assessment. The unit does a fantastic job of making evaluation requirements and measurements known to its staff and is able to effectively utilize the lessons learned, demonstrated in the documentation process improvement project mentioned earlier. However, there are always improvement opportunities for programs, even if they are high performing.

Proposed Evaluation Plan

While the SAR unit undergoes an annual survey from the Licensing Affairs and Regulatory Agency and a number of less formal evaluations, there are always opportunities for incorporating additional evaluative practices that can lead to improvements in the clinical work performed. This section will look at the program theory and logic model that was developed with SAR leadership and propose a new type of evaluation that may improve reaching the unit goal of returning the patient to their home or job while restoring their independence.

Program Theory and Logic Model

When the initial work started with the SAR unit at Mary Free Bed, it was found that they did not have a formal program theory or logic model. After understanding their goals and current evaluation work, the SAR leadership was willing to work on developing a formal program theory and logic model. A brief definition of program theory is provided by Newcomer et al., stating that it is "assumptions about resources and activities and how these are expected to lead to intended outcomes" (2015, p.68), while a logic model is a visual summary of the program theory, showing how resources put into activities can be assumed to result in desirable outputs which in turn create short- and long-term outcomes that are in line with the goals of the program. For Mary Free Bed's SAR unit, the resources included: personnel in the form of therapy, nursing, administrative, and human resource staff and clinical instructors; hospital facilities such as patient rooms, therapy gyms, social areas, dining areas, stage apartments for practicing living skills; clinical and administrative equipment including computers for charting and training, vital sign monitors, patient lifts; supplies for medical and therapy needs and activities; and funding and time needed to conduct treatment.

The two categories of activities decided upon were individualized therapy programs and home needs assessments. By using the resources listed and combining them with an initial patient assessment when they arrive at the hospital, the SAR unit is able to produce the output of a personalized therapy program that is comprised of daily therapy treatment for up to seven days a week based on the patient's condition and ability. With a home needs assessment analyzing the patient's home situation before their discharge and the listed

resources, the SAR unit is able to gauge the patient's needs post discharge and in turn create the output of reduced levels of patient readmission.

The outputs of the personalized therapy program and the home needs assessment will then result in the short-term outcome of the patient being able to return to their home or their job as soon as possible. The intended long-term results of this combination of inputs, activities, and outputs is restoring independence to the patient, so that they are able to return to their normal routine before their incident or improve upon it, in turn resulting in improved quality of life. However, it is important to note that there are external factors, such as government regulations, accrediting bodies, funding sources, and competitors that can affect this program theory. The logic model visual of this program theory can be seen in Figure 1. With this program theory and logic model, the SAR unit can further hypothesize how to reach their short- and long-term outcomes as well as their goal, making improvements to either these tools or their programs for future evaluative work.

Figure 1.
Mary Free Bed Sub-Acute Rehab Logic Model

Inputs	**Activities**	**Outputs**	**Short Term Outcomes**	**Long Term Outcomes**
-Clinical and administrative staff, clinical instructors -Hospital facilities -Clinical and administrative equipment -Therapy and nursing supplies -Money -Time	-Initial patient assessment -Home needs assessment	-Personalized in-patient daily therapy program -Reduced amounts of patient readmission	Patient returns to home or work as quickly as possible	Long term independence restored Patient quality of life improved
Problem: Sub-acute rehab needs diminish independence				
External Factors: Funders, competitors (nursing homes), government reimbursment, accrediting organizations				

Models for Evaluation

When developing a framework for evaluation, it is crucial to develop it so that it will work so that resources will not have gone to waste on an ineffective evaluation program. To ensure that it is developing the evaluation correctly, the SAR unit can follow different models or frameworks that have been proven to be effective and guide decision makers in the process, such as the CDC's framework for program evaluation or the Kirkpatrick framework.

The CDC's framework for program evaluation was developed in 1999 to help guide organizations in implementing evaluation programs, focusing on four program standards and six cyclical steps (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2011). The four standards in the framework are utility, feasibility, propriety, and accuracy. Utility refers to the ability of the evaluation to generate actionable results for the appropriate audience or stake holder. Feasibility is meant to gauge how realistic the evaluation is, with the allocated amount of time and resources. Propriety is meant to ensure that the evaluation is conducted ethically, that it protects the rights of the involved stakeholders and receives input from the impacted groups. Accuracy refers to the need for the results to be valid and reliable so that those who use the result have correct information. Keeping these four standards in mind, leaders can begin the evaluation cycle which starts with engaging stake holders; this means getting input from relevant parties, including frontline staff, those treated/served, organization leaders, and a number of other possible sources so that their input is gathered and represented. The next step in the process, describe the program, is where the program that will be evaluated is analyzed; note that this does not include the description of the evaluation, but rather the program theory or logic model behind the program. Once an organization completes steps one and two, they will have created an encompassing overall picture and be able to start the third step, focusing the evaluation design, to ensure that the right questions are being asked by the right people and that the information will have next steps. Once this is laid out, evaluators can start gathering credible evidence, which is step four in the process. The evaluators will then justify the conclusions, where claims can be made by analyzing the data and evidence gathered against the stakeholder input. The final step in the process is to ensure use of evaluation findings and share lessons learned; in this step, the results of the evaluation are taken and used to generate actionable next steps and that any important findings are shared with the appropriate parties, such as new

evidence-based practices that would benefit other similar organizations. While this is the last step in the process, the process is not yet over; because it is a cycle, it only ends that round of evaluation and should begin again with engaging stakeholders to further improve the program (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2011).

Another option that organizations can use to guide the development of their evaluation process is the Kirkpatrick framework. The CDC framework model looked at the evaluation process as a whole whereas this framework analyzes different levels of the program to target areas for improvement, helping improve on program theory. The first level of the program that is examined is the experience, determining if the experience of the program is at an acceptable level. The second level analyzed is learning, referring to what specifically the users learned from the program. The third level, process, looks at behavior modifications in participants that completed the program. Lastly, outcome is examined, measuring effectiveness or improvement in results (Parry et al., 2013). This particular framework would be most useful in tandem with the framework developed by the CDC and used during step four of that process.

SAR Evaluation Framework

While the SAR unit already engages in a number of forms of evaluation that measure compliance, treatment, patient satisfaction, and systems, there was one thing that I did not see that is currently being evaluated; patient improvement after discharge. SAR leadership stated that they used to have a student therapist perform follow-up calls 30 days after a patient was discharged but now they look at claims data and are told by accountable care organizations if a patient has been readmitted to a hospital up to 90 days after their discharge. There is also a discharge survey that is either just before or just after a patient is discharged as well as a Resident Committee that asks patients what went well and what could be improved, but it seems that there is not an option for long-term progression. Due to these factors, I propose that the SAR unit conduct assessments to measure how effectively the unit is in restoring independence in the long run. By utilizing the above program theory in tandem with post-discharge measurements and the models for evaluation discussed previously, it is believed that the SAR unit will be able to improve their already strong program in achieving their desired patient long-term outcomes.

Data collection

Data collection is an integral part of all evaluations and this evaluation framework is no different. Measuring patient conditions can be conducted in a few different ways but conducting surveys would most likely be the easiest. To truly measure patient progression, these surveys could be conducted 30 days after discharge, 90 days after discharge, and one year after discharge. The survey could comprise of questions such as is the patient able to resume their daily routine prior to coming to Mary Free Bed, has there been difficulty in daily activities, and how active has the patient been in social activities or exercise. The responses to these questions can be measured using a numeric scale, with 1 being the lowest and ten being the highest, with the measurement value being dependent on the question. At the end of the survey, there could be an option for any additional comments that the patient may have.

One way that the survey could be conducted is via phone; the interviewer could call the patient, have the questions and numbered scale for responses in front of them while talking to the patient, and mark the appropriate responses and a free-text field for any comments they may have. If the patient does not answer the phone survey, the interviewer could do one of two things: they could leave a voicemail asking the patient to call back at their convenience or send them the survey electronically over email. This does create some additional work on the SAR unit's end though. They would need at least one staff member or volunteer to conduct the initial phone interviews, record responses, and send out electronic surveys as well as have a phone number dedicated to these surveys for patients to call back. A system will also have to be put in place to monitor when individual patients should be called based on their discharge date, record the answers from the survey, and store these answers for analysis. A survey with a numeric scale is not the only way to get this information; the SAR unit could get this information through one-on-one interviews, focus groups, or other methods that may work better for the unit depending on available time and money.

Data Analysis

Because the data will be primarily quantitative, the analysis will not be overly complex. With a system that houses the data, the data can then be exported into a spreadsheet or a reporting software and then made into graphs or other easy to read formats. With these reports or graphs, the SAR unit can see aggregate data of patient conditions and if they are improving and able to live their life as they

were prior to being admitted or if it has been enhanced. With the option of additional comments, there will have to be qualitative analysis; using an enumerative method for categorizing and analyzing the data, such as a classical content analysis, will help to make the qualitative data quantitative and easier to compare with the other questions. By having the surveys and the data broken up into 30 days, 90 days, and one year after discharge, the SAR unit can see the patient's progression over time. The unit will also be able to see through the data if discharged patients are struggling post-discharge which may warrant a review of systems or post-discharge considerations to help patients achieve the long-term outcomes of restored independence and improved quality of life.

Conclusion

The SAR unit at Mary Free Bed is a high performing area of the hospital that already undergoes a number of evaluative practices while displaying an exceptional ECB potential. They meet the four standards of evaluability, showing that they are able to effectively utilize results and have a number of factors to support those results, such as a culture that supports improvement, education that incorporates the results, supportive leadership, and the resources needed to act on the results. However, there are still some areas where the SAR unit could improve from an evaluative standpoint.

Possible Issues Facing the Organization

While the SAR unit undergoes a number of evaluations from different sources and is quick to act upon the results, there is one issue that can be seen from an evaluative standpoint: there is a possible imbalance between internal and external triggers for evaluations. As mentioned earlier, evaluation can be a word that carries a stigma in the healthcare world due to the stress it can create and the possible penalties that can be placed upon an organization. This stigma can make healthcare staff at all levels wearisome when evaluations are coming up if there is not an internal advocate for the benefits of evaluation. Due to this perception, staff may not see evaluation as a good thing, as opportunities for improvement that better and strengthen the unit, and instead see them as a hassle or even an exam coming up, causing anxiety and high levels of tension as it approaches; this in turn can reduce the value of ECB practices and efforts. However, there are some recommendations to combat this stigma.

Recommendations

One recommendation for the SAR unit is to balance internal and external triggers for evaluation. While in an evaluation period, a healthcare organization will always have work that needs to be done before hand; by changing the perception of evaluation staff will be able to see evaluations in a better light and possibly even approach evaluation work with enthusiasm. However, this can be easier said than done; changing perceptions takes time and work. To get this process started, leaders can work to advocate for evaluative practices by showing its benefits, how it can improve the unit overall, and improve the evaluation process. To help this process leadership can do a few things, such as work with an evaluation coach or mentor, work with an external evaluation organization to conduct an empowerment evaluation, or simply educate themselves on the ECB process.

By bringing on an evaluation coach or mentor, the unit can be shown and taught first-hand how evaluations are not exams but opportunities. The coach/mentor can also assist with shaping the culture of evaluation around the program/organization, thus changing the perception while putting more structures into place to nurture evaluative process. The mentor/coach can demonstrate the ECB process and discuss how models such as the ECB multi-disciplinary model can enhance both evaluative work and the program as well. The organization or unit can also work with an external evaluation organization to go through an empowerment evaluation. This type of evaluation helps to incorporate evaluation as a major part of the strategic planning process of an organization or program through giving the recipient the tools needed to conduct and implement a self-evaluation (Fetterman, 2005), further improving their perception of evaluations. There is also the option of simply self-educating on the ECB process and its benefits; by learning first-hand about how the ECB process works and what it can do for an organization, leadership can best convey these findings to their team and build support for the ECB process. Any of these recommendations will help the SAR unit and Mary Free Bed as a whole further their evaluative capacity and develop a culture that embraces evaluations rather than seeing them as stress-inducing events; this in turn can improve prep work done before evaluations, create a positive impact on evaluation results, and further improve upon utilizing evaluation results.

One final recommendation for the SAR unit is to use appreciative inquiry to enhance their fantastic efforts in utilizing evaluation results and educating on them. From what has been seen, it is evident that unit heavily values the results and quickly incorporates them into daily standards and developing education. By capitalizing on these, the unit will surely improve its work and practices, in turn improving evaluation practices while helping to restore independence in their patients.

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About the Author

Andrew Jakubik is a Quality Improvement Specialist at Mary Free Bed Rehabilitation Hospital. His primary role is to work collaboratively with the Executive team, clinical leaders, and bedside staff to improve care delivery and guarantee quality and safe patient outcomes. As an upcoming leader at Mary Free Bed, he was chosen as one of the participants in Mary Free Bed's Leadership program.

Andrew received his undergraduate degree in Healthcare Administration from Central Michigan University. He recently completed Grand Valley's MHA program and was the recipient of the Graduate Dean's Citation for Academic Excellence.

To compliment his education, Andrew has completed many educational opportunities including receiving his Lean Six Sigma Green Belt certification as well as certifications from the Institute for Healthcare Improvement.