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1) Recognizing the need:

The Sherwood Park - Strathcona County Primary Care Network (SPPCN) knew they had excellent programs that were helping patients increase their health awareness, achieve their health goals, and stay actively involved in managing their own health. What they did not know was how they could demonstrate the effectiveness of their programs or how they could improve their programs. SPPCN, like all PCNs, is required by Alberta Health to report on the System Level Indicators or "Schedule B"; how could they also report this information?

6) Putting it all together:

In addition to work at the program level, the Evaluation Team developed some PCN-level measurement and evaluation. This strategy, along with evaluation plans for each program, was included in a guiding document called the evaluation framework.

2) Getting started:

SPPCN realized they needed to build evaluation capacity within their organization to report on and improve their programs for their patients. Evaluation, at the time, seemed like a daunting, nearly impossible task; so SPPCN reached out to the PCN Project Management Office (PMO) Evaluation Team for help.

5) Collecting the data:

Once the logic models were complete, the team moved on to assessing the data that was being collected. Some tools were introduced to help collect data including the EQ-5D. Other tools, such as the class evaluation forms and patient experience survey, were revised to ensure that they aligned with the intended outcomes and evaluation best practice. Along with the new and revised tools, some new data collection spreadsheets were developed for use to help track the data quickly and efficiently.

3) Small steps to move forward:

The Evaluation Team went out to the PCN and met with staff to assess the status of the programs and to get a feel for what data was being collected and in what ways. Next, the Evaluation Team put together a plan to move the PCN forward in gradual steps over a period of six months. The goal was to put an evaluation framework in place, which would guide the evaluation efforts of the PCN and assist with annual reporting to AH.

7) Reporting:

The light at the end of the tunnel! Finally, SPPCN was able to implement new data collection tools and gather some different information than before to better help inform patient care! Good examples of this are:



Physician clinics with a nurse have **21%** higher ASaP screening rates.



91% of patients who receive care from SPPCN physicians report that the care received at their visit as excellent or very good.



92% report that they are very confident using PCN-taught strategies to self-manage their health and well-being.

4) Building logic models:

One of the first building blocks required the Evaluation Team to help staff across all programs develop logic models. This process involved interviews about what the program does, how it functions and the goals of the program. From this information, the Evaluation Team was able to put together a visual representation of the flow and outcomes of the program in the form of program logic models.

8) What's next?

Evaluation is a journey, not a destination. While a lot of ground was covered in six months, there is still a lot to do and many challenges lie ahead. While the PCN PMO Evaluation Team is still there to support SPPCN, they are now up and running on their own and have made major strides towards a culture of evaluation within the organization.

Patients First

After embarking on our evaluation implementation journey we learned that the best way to involve patients is to:

- Remember the patient when developing the tools and data collection methods (survey fatigue is real!)
- Tailor your outcomes to be about patients.
- Recognize that patient feedback is an important source of information.