



Community Information Integration (CII)/Central Patient Attachment Registry (CPAR): Formative Evaluation

The Health Quality Council of Alberta (HQCA) has been contracted by Alberta Health to conduct an independent formative evaluation of the limited production roll-out (LPR) phase of the CII/CPAR project.

The mandate of the HQCA is: *“To promote and improve patient safety and health service quality on a province-wide basis...”* <http://hqca.ca/about/our-mandate/>. The HQCA has done considerable work in the area of continuity of care, given its importance to quality and safety. Informational continuity is a key component of continuity of care.

Formative evaluation is a form of improvement-oriented evaluation that focuses on learning and using that learning to make things better rather than rendering judgment. This type of ‘learning’ evaluation is a good fit with Alberta Health’s intent for this initiative, which is to: *“keep it simple and move quickly; build on what is already in place; and learn fast and evolve, rather than wait for the perfect solution”*.

The evaluation consultants contracted by the HQCA to conduct this evaluation are Kathy GermAnn and Gail MacKean.

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An evaluation Advisory Committee has been formed that includes members from Alberta Health, the Health Quality Council of Alberta, Alberta Health Services, the College of Physicians and Surgeons, and the Alberta Medical Association. The Committee has worked with the evaluators to identify key evaluation questions and continues to provide oversight.

This evaluation has two purposes:

1. Inform implementation of CII/CPAR through the ongoing, timely collection and sharing of information relevant to the implementation process.
2. Document the processes and trajectory of the initiative with a specific focus on capturing lessons learned that could be applied to future efforts.

A goal of this evaluation, then, is to maximize the learning from the early/LPR phase of CII/CPAR, and an important part of this is talking to clinic and PCN participants at two points in the process:

1. NOW - When a clinic has made the decision to participate in CII/CPAR, but before the clinic has ‘onboarded’ and the data flowing (Why did you get involved in this early phase of CII/CPAR? What are your expectations? How will you define ‘success’?)
2. LATER – 6 to 8 weeks after the clinic has ‘onboarded’ (Were your expectations met? Have you encountered any unintended consequences – positive or negative? What are the critical success factors for CII/CPAR implementation?)

You may be contacted by Kathy/Gail/HQCA at these times to invite your participation in a short (15 minute) telephone interview and/or online survey. Thank you.