

Connecting Health and Social Services for Patients with Complex Care Needs: A Pan-Canadian Comparative Policy Research Program

Relier services de santé et services sociaux pour les patients ayant des besoins complexes en matière de soins :
un programme pancanadien de recherche comparative sur les politiques

JEANNIE HAGGERTY, CATHERINE M. SCOTT, YVES COUTURIER, AMÉLIE QUESNEL-VALLÉE, ÉMILIE DIONNE, TARA STEWART,
ROBIN URQUHART, WILLIAM MONTELPARE, SHELLEY DOUCET AND NELLY D. OELKE

Appendix 3: Program Implementation Data Collection Tool

Program name: NAME OF THE PROGRAM	
Data collection start date: DATE Completed: DATE	Data retrieval completed by: NAME OF RESEARCH ASSISTANT
I. Program overview and context	
i. Brief description of the program	
ii. Issue the program aims to address	
II. History	
i. What year was the program implemented?	
ii. Brief overview of development, if relevant.	
iii. Trigger event (high level) - for example, what program(s) informed or guided the initial development of this program (e.g., programs in other jurisdictions/countries or pilots)? Please name all that are applicable.	
iv. Indicate all roles that were important in initiating and one main proponent (e.g., patient/population advocacy, government entity [indicate if result of change of government], research group).	

v. Describe the involvement of leadership in the advocacy for the program's development (e.g., champions or representatives of physicians, social workers, nurses, occupational therapists, home workers, teachers, police, etc.).	
vi. Identify dates for any changes in legislation, regulation or major policy instrument affecting the program, if any.	
vii. Indicate changes in the scope or nature of the program over time, if any (including whether or not it was discontinued).	
III. Program goals	
i. Goals of the program: Stated – formal, documented	
ii. Goals of the program: Implicit – widely perceived (must have at least two citations to support this)	
iii. Describe how organized goals are aligned across sectors (about awareness of alignment of goals within the context, across sectors).	
IV. Program design	
Program design (general)	
i. Indicate if the program connecting services is embedded in a larger program; if so, please name that program.	
ii. Connection with broader primary care network (What is the broader network, if any, within which the program is embedded?).	
iii. Implementation: Indicate what support, if any, was available to assist with change of practice.	
iv. Local adaptation: Indicate if (and the degree to which) adaptation is allowed within service providers, region.	
Comprehensiveness of services	
i. Describe the program (i.e., blueprint supporting multi-service connection) (Validate and modify the brief description from the Innovative Program Scan database)	

ii. Indicate which of the services are to be connected to one another and/or to primary medical care through the program.	
Standardized care delivery (through interprofessional teams)	
i. Does the program involve interprofessional team collaboration?	
(a) If yes, are there standardized care protocols? Do they involve training?	
(b) How does the program define “interprofessional team collaboration”?	
(c) Indicate the types of professionals involved (name all).	
ii. Are there processes in place to coordinate transitions in care across services/sectors?	
V. Governance structure	
i. Briefly describe the program’s governance as it relates to the membership from all stakeholder groups (including communities served).	
ii. Describe the connections between service providers and administrative structures (e.g., inter-agency agreements or modifications made to institutional rules, regulations or policies).	
VI. Patient focus (engagement and orientation)	
i. Is patient satisfaction or patient experience assessed by the program?	
(a) How are the needs and preferences of the individuals considered?	
ii. How are patients/families involved in shared decision making?	
VII. Information systems	
i. Communication/information technology tools (e.g., web-based access, telehealth, electronic information systems)	
(a) What, if any, were developed or proposed (tools)?	

(b) Are information systems in place to enhance communication?	
(c) Are information systems in place to support data sharing across services?	
ii. Patient access to their electronic health records	
(a) What, if any, access is permitted or proposed to be permitted?	
iii. Mechanisms to track service processes or outcomes across sectors	
(a) What, if any, were developed or proposed?	
VIII. Trialability (the degree to which the program was piloted, rolled out) (if relevant)	
i. Describe the trialability of the program (i.e., the degree to which the program was piloted, rolled out).	
(a) If evaluated, what were the measured outcomes?	
Implementation climate	
ii. Describe the complexity/perceived difficulty of implementation (e.g., duration, scope, disruptiveness, number of steps required to implement, etc.).	
(a) Characterize the receptivity to program/policy by stakeholders (e.g., received an award).	
(b) How was a need for program and policies expressed?	
(c) How was the fit of the program with the values, norms and practices of the larger health organization/ system?	
(d) How did the priority of the program fit alongside that of others?	
(e) What were the organizational incentives to ensure success?	
(f) How were goals and feedback communicated to stakeholders?	
iii. What was the commitment, involvement and accountability of leaders and managers with the implementation?	
iv. Was there evidence of workforce resistance to implementing the program? If so, briefly describe the nature of that resistance.	

Evaluation results	
i. Has an evaluation been carried out?	
(a) If so, when?	
(b) Provide a brief overview of findings (i.e., what?) and finding types.	
(c) Provide sources (e.g., published results of the evaluation).	
IX. Policy instruments	
Financial incentives	
i. Were financial incentives offered?	
ii. To which institutions or members of the workforce were financial incentives offered?	
iii. What behaviour was incentivized?	
iv. What behaviour related to service connection was incented, if any?	
X. Financial management	
i. What were the resources dedicated for implementation and ongoing operations, and shared across services and sectors (including money, training of staff, education, physical space and time)?	
(a) How were the resources dedicated for implementation and ongoing operations, and shared across services and sectors (including money, training of staff, education, physical space, and time)?	
ii. Was financial management coordinated across services or sectors (i.e., resources allocation)?	
iii. Were arrangements/agreements made for the transfer of resources between services? If so, what were they?	
iv. Were arrangement/agreements made to pool or share resources?	

XI. Performance management	
i. What performance metrics, if any, were defined?	
(a) Were services/was the workforce targeted?	
(b) Were multi-service dimensions targeted?	
(c) What were the patient outcomes?	
(d) What were the provider outcomes?	
(e) Was finance-related data collected?	
ii. Were any additional clinical (e.g., quality improvement, evaluation) and/or cost-effectiveness outcomes measured? If so, how?	
iii. What metrics are required by mandatory reporting?	
iv. Are data tracked and shared with stakeholders (i.e., publications, reports)?	
v. Are data used to inform population-based planning?	