

Measuring the Outcome and Impact of Your CHNA: The “IT Guy (or Gal) is Your Friend!”

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Are you tracking outcome numbers for your Community Health Needs Assessment (CHNA) implementation strategies in an Excel spreadsheet or worried about how you will address the final Internal Revenue Service (IRS) guidelines that require you to measure and evaluate outcomes and impact? You are not alone.

I know dozens of healthcare leaders who are responsible for implementing community health improvement or benefit strategies. Many do not have training in outcomes measurement or evaluation. In fact, many are nurses or other clinical professionals (such as physical therapist or social worker). Others are Marketing or Quality Directors that “evolved” into the role. Some were given the “job” of Community Health Needs Assessment coordinator simply because they were good project managers that the CEO could count on to “get the job done.” While this evolution is a compliment, it leaves them struggling with how to measure outcomes. Many end up manually tabulating the number of people who participate in their programs. These same folks often believe that that they have “automated” their tracking system if they record their numbers in an excel spreadsheet.

These same organizations also employ one or more highly trained technical experts in database administration and/or hardware and software support. Many CHNA coordinators are actually “friends” with the IT staff members that work at their hospital. Yet, while they know each other, they are not necessarily working together on solving the outcomes and impact measurement problem. Why not?

Believe it or not, the most frequent reason I hear about why they



don't work together is simply because no one ever suggested it.

IT people speak a different language and don't know enough about how programs operate to proactively automate the outcome and impact data collection and tracking system. Some hospitals solve this problem by hiring an expert in program evaluation. While this approach may work, many organizations cannot afford this and it does not guarantee that appropriate tracking systems are put into place.

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So how do you automate your outcomes and impact measurement system?

1. **Develop logic models for each program.** Logic models identify the inputs, activities, outputs, short and medium term outcomes as well as long term impacts of your programs. Many people merely track the number of people that attend or satisfaction with a program. These are outputs, not outcomes.
2. **Talk to your IT professional(s) about how to collect/report the outcomes you need through existing electronic software applications.** There is a very good chance that much if not all of the data you need to report your outcomes already exists in your electronic records. The challenge is reporting so that it is usable for evaluation of implementation strategies. For example, the outcomes of a blood-test screening event include the number and percentage of people who are “connected” to primary care physicians that didn’t have one before the event, the number and percentage of people who had a high A1C level that followed up with a physician and perhaps the number and percentage of people who come back for the screening next year. You can also track the results of the “repeat customers” over time. All of these variables exist in most hospital systems and can be reported.
3. **If the data does not exist in an existing record system that can be reported, talk to your IT professional(s) about how to customize one or more existing databases to collect and report the information that you need.** One of our clients conducts breast screenings in their community. Women without adequate health insurance get vouchers for free mammograms. The outcome measures include the number and percentage of women with screenings who actually receive mammograms as well as the number and percentage of those having mammograms that are diagnosed with breast cancer. The women’s center software had to be “customized” to allow the outreach nurse to enter the information for the women who were screened so that their outcomes could be tracked through the system. The outreach nurse also needed a laptop so she could record the information appropriately. The IT professionals could then customize a report to generate the outcomes data. This is much better than the “tick sheet” that had been sitting on the outreach nurse’s desk.
4. **Call us if you need help.** Getting started with new things you have never done before is challenging, when different departments have never worked together like this. We have been able to bridge that “tower of Babel” problem with just a few hours of training and support.

Keep in mind that it is really not difficult to create these processes and to get commitment to them when the parties involved understand why they need to do what they are being asked to do. We encourage you to start making friends with your IT professionals in a new way!



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