

Assessing the Organizational Impacts of Patient Engagement: A First STEPP

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The Issue

- Patient involvement in design, improvement of **health services**
 - seen as important part of patient-centred care
 - but what are its impacts?
- No tool to measure *instrumental use* of input
- Piloted Scoresheet for Tangible Effects of Patient Participation (STEPP)



The STEPP

- Assemble list of recommendations made or issues raised by patients, and score:
- **magnitude** of each recommendation/issue
(1 = small to 3 = large)
- extent of the **organization's response**
(-1 = opposed to 3 = adopted in entirety)
- **influence** of patient input on this response
(0 = none [decision already made] to 3 = high)



The STEPP

- Multiply magnitude * response * influence
 - zero/negative score if recommendation rejected
 - possible range: -3 to +27
- Composite scores for involvement initiative
 - net impact (sum of item scores)
 - greatest impact (sum of top 3 scores)



Method

- Test tool with broad range of projects
 - 4 patient- & 1 public-involvement initiative
- Collect data on each initiative
 - documents, interviews
- Score items independently, then jointly
 - researcher/researcher & researcher/team
- Critique and improve the STEPP
 - “challenges log” and discussion with teams



Reliability

- Researchers' and project teams' initial scores often diverged
 - weighted kappa: wide range across projects, items
 - total ICC: R-R = .80; R-PT = .59
- BUT rapid consensus as new info shared
 - easier if STEPP items used to collect data
 - one team used STEPP for 2 projects; large increase in reliability



Scoring Challenges

- Magnitude
 - anchor effects (e.g., how small is small?)
 - importance to patients?
- Organization's Response
 - need very clear, detailed information
- Influence
 - what if co-created by patients and staff?
 - what if influence is subtle or complex?



Validity

- “Greatest Impact” (top 3) metric appeared to separate higher, lower-impact initiatives
- “Greatest Impact” highest when...
 - initiative higher on “ladder of involvement”
 - engagement around a specific, concrete issue
 - substantial decisions yet to be made
 - novel suggestions for action
 - balance of smaller, larger issues raised



average of top 3 items



minimal small moderate large max

impact

Community advisory council consultation

Patient on rapid improvement event team

Nursing home residents' council

Mental health advisory council

Focus groups on new mental health facility

Acceptability

- Teams found STEPP easy to use
- Teams affirmed STEPP's usefulness for monitoring, accountability, feedback
- Numerical scores?
 - some teams thought these had high potential value
 - public involvement initiative scored low, but team said its goal was consultation, not instrumental use



Overall Assessment

- First-in-class tool shows promise for measuring instrumental use of input
- May be more suitable for some initiatives
 - *patient* involvement to generate new ideas
- One part of multi-component evaluation
 - STEPP does not measure other types of use (process, conceptual, legitimative)
 - STEPP does not assess involvement *process*



For Further Research...

1. Generate a Recommendation/Issue List
2. Score *Magnitude* with Patients and Staff
3. Collect documents; score *Org Response, Influence* with Staff (& patients if appropriate)
4. Have Another Researcher Score STEPP (using documents & blinded transcripts)
5. Compare to Other Evaluation Methods
6. Critique and Improve the STEPP



Contact

We warmly encourage further pilot-testing of the STEPP!

For a full scoring guide, please contact Dr. Sara Kreindler: skreindler@wrha.mb.ca



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Additional Slides



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Magnitude

Magnitude of recommended change *or* issue
(How great is the potential impact on patients?)

- 1 = *small*
- 2 = *medium*
- 3 = *large*



Organization's Response

Extent of the Organization's Response

(How fully did the organization address the issue?)

- *-1 = opposed the recommendation or suggestion*
- *0 = took no position*
- *1 = put the issue on the agenda*
- *2 = adopted some of the recommendation / took some action on the issue*
- *3 = adopted it in entirety / fully addressed the issue*



Influence

Degree of **influence** that input appears to have had on the organization's response

(Was it one reason why an action was taken? Was it the only reason?)

- *0 = none (the decision had already been made)*
- *1 = slight*
- *2 = moderate*
- *3 = high (it was the only or principal reason for the decision)*



Initiatives & Data Sources

	Doc.s	Staff	Pts
Consumer focus groups on mental health facility	✓	✓	
Nursing home residents' council (6 months)	✓	✓	✓
Patient/family participant on rapid improvement event team	✓	✓	✓
Mental health client/family advisory council (1 meeting)	✓	✓	(obs)
Community advisory councils (consultation on 1 broad issue)	✓	✓	✓

Interpreting “Greatest Impact”

Average of Top 3 Scores	If a <i>direct-impact</i> activity, patients have...	If an <i>indirect-impact</i> activity, patients have...
< 6	had little impact on organizational decisions	had little impact on organizational decisions
6	been able to get small changes partially adopted	had a <i>slight</i> influence on medium-sized issues
9	been able to get small changes adopted	had a <i>slight</i> influence on major issues
12	been able to get medium-sized changes partially adopted	had <i>substantive</i> influence on medium-sized issues
15	been able to get small to medium changes adopted	had <i>substantive</i> influence on medium to major issues
18	been able to get medium-sized changes adopted	had <i>substantive</i> influence on major issues
21	been able to get medium to large changes adopted	had <i>full</i> influence on medium to major issues
24+	been able to get large changes adopted	had <i>full</i> influence on major issues