



## ***Evidence-Based Care Management Tools for a Multi-Site Care Provider***

### ***Brief Overview***

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#### **Evidence-Based Care Management Tools: Standards Guiding the Project and Resulting Process**

Evidence-Based Decision Making: “The systematic application of the best available evidence to the evaluation of options and to decision making in clinical, management and policy settings.” (Publications of the National Forum on Health. *Synthesis Reports and Issues Papers, Volume II, Evidence-Based Decision Making*. 1997).

A piece of evidence is defined as a fact or data set that is used (or could be used) in making a decision or in solving a problem. There are numerous sources of evidence such as science, theory and personal experience. Some key factors to consider with evidence are the accuracy and relevance of the observation, and confidence in the conclusion. Decision Making combines evidence from a variety of sources, and situational factors, as well as interests of individuals and the community. Key questions need to be asked about Evidence-Based Decision Making including: “Are systematic methods applied?”, “Do we understand tensions between uncertainty, values, facts and reality?”

## **Evidence-Based Care Management Tool Process**

This Evidence-Based Care Management Tool Process uses teamwork to support consistency across all sites and services in use of principles, processes, and services, to provide clients with similar potential outcomes.

A Pathway is defined as “A multidisciplinary tool, which makes explicit the usual patient problems and activities that must occur to facilitate the achievement of expected patient outcomes in a defined length of time.” (As adopted by the Durham Region Path Work Group).

There are several objectives for using Pathway Tools. The tools will enable consistent assessments of clients which result in written goals (functional outcome measures). Consistent assessments of clients will also confirm, through triangulation of observation, client functional challenges and individual characteristics affecting the service planning and goal setting. Triangulation is “using multiple sources of data, or observers, or perspectives or methods of studying a problem, program, phenomena” (M Quinn Patton *Qualitative Evaluation Methods*, Sage; 1980 pp 108-109).

Other objectives for using Pathway Tools are: to support the creation of clear client goals , supported by documentation,; support the communication of client goals and progress toward those goals to the client and family, other caregivers; ensure goals are documented; and to support consistency in the offering of resources and linkages to clients/families.

Pathway Tools will also track client progress, using Goal Attainment Scaling and the organization’s Tracking Record, so that appropriate summary information can be produced.

The Major Components of the Evidence-Based Care Management Tool Process include Assessment, Planning, Team Discussion, Goal Setting, and Tracking. The main decisions in the use of assessments include determining when full validated assessment tool use is cost effective, and what that tool should be. An additional decision is determining when to do a reduced assessment and agreement on what the “organization targeted assessment” would consist of. The activities in the steps labeled Planning, Team Discussion and Goal Setting result in documented goal statements as well as goal statements that clearly indicate to caregiver and client/family the expected outcome.

The Major Phases in the Evidence-Based Care Management Tool Process are:

1. Team formation (represent teams, sites, ...)
2. Communication plan for the development process
3. Development of Client Flow Diagram
4. Development of Administrative (paper) Flow Diagram
5. Selection of Tools for stages of care
6. CQI cycle for pathways maintenance and system understanding.

The evaluation of Evidence-Based Care Management Tools includes a pilot of Draft 1 with 10-20 clients, and multiple caregivers and sites. It also includes setting goals, objectives and related indicators, mapping a program logic model to guide detection of indicators for tracking, and collecting information about both intended and unintended effects.

The evaluation also includes a review cycle for pathways linked to CQI and administrative reporting schedule, as well as any new evidence relating to the client group. A review of referenced information is included as well. It addresses questions such as “Can the level of information be improved?” “Is new research evidence available?”

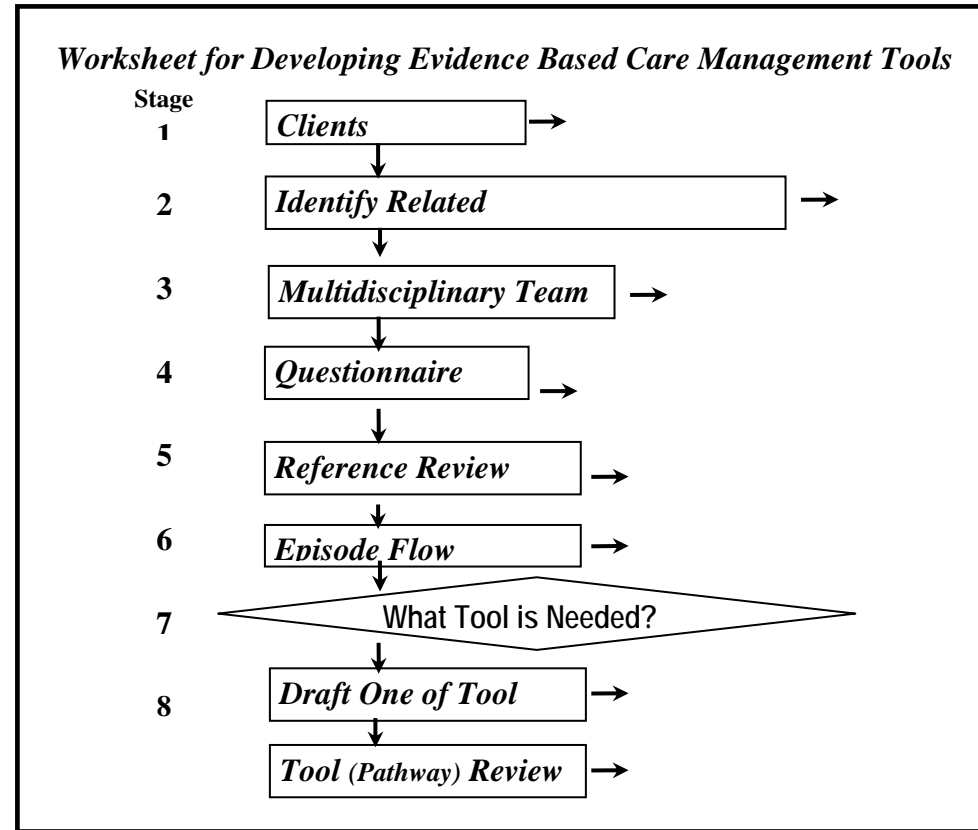
## The Package & the Process

**Exhibit 1** is the worksheet for developing Evidence-Based Care Management Tools. The worksheet consists of eight stages. **Exhibits 2a and 2b** describe Team Activities around understanding each client group and using planning tools.

There are checklists for each of these Stages, covering basic process and additional concerns in the multi-site environment.

Building the Teams to support information gathering, and a full feedback loop to gather response to work in progress, and to draft products prior to pilot, is a key consideration. Creating a matrix of caregivers, teams, services, and programs supports representation in steering and working groups.

A clear description of patient/client groups related to these tools, along with concise definitions of terms and assessments, is necessary for ongoing tracking of information about client progress.



**Exhibit 1**

