STEP FOUR:
Identify Priority Problems and Goals to Improve the Model of Care

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Where are you in the PEPPA Framework?

- You are at the fourth step where you and your team will prioritize problems and clearly define the goals for improving the care delivery model.

What do you need to move forward to complete this step?

- Prioritized needs for a defined patient population.
- Identified and engaged stakeholders.

How will this chapter help you?

- Use specific tools, criteria and strategies to set priorities and make decisions about needs, problems and goals.
- Identify and develop SMART outcomes.
- Begin to develop a logic model to plan improvements in a care delivery model.

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Step Four Objectives

- Determine priorities for improving the model of care delivery.

- Establish stakeholder consensus on priority problems in meeting patient healthcare needs.

- Determine outcome-based goals for addressing priority problems.

Guiding Questions for Step Four Activities

I.   Are there patterns, categories or themes regarding the problems contributing to unmet patient health needs?

II. What problems related to unmet patient health needs are the most important to address?

III. Why are these problems the most important to address?

IV. What specific goals and outcomes can be gained by resolving these priority problems in meeting important patient health needs?

Key Messages

1. There are a range of tools and strategies available to assist in priority setting and decision-making for healthcare planning.

2. The key to effective priority setting is to develop criteria for rating the importance of various options.

3. The logic model is a helpful tool for summarizing the overall needs and goals and for developing a plan for improving the care delivery model.

4. The logic model is an effective tool for communicating the plan to improve the model of care with key stakeholders.

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Introduction

Step Four is not a discrete step but a further level of analysis of the needs assessment data collected in Step Three.[1] Healthcare planning and decision-making is a circular rather than linear process. Therefore movement between Steps Three and Four may be required as the healthcare planning team analyzes what the needs assessment data means and determines if additional information is required.

In Step Four, the needs assessment data from Step Three are further analyzed to:

- Identify and understand problems contributing to unmet patient health needs;

- Make decisions about which problems are the most important to address first; and

- Establish goals for improving the model of care to better meet patient health needs.

Setting priorities for improving the model of care delivery

Priority setting is a process where decisions are made about the allocation of healthcare resources following the completion of a needs assessment.[2,3] In this chapter we focus on two steps for priority setting: problem analysis and establishing a clear process and the criteria for identifying priorities.

Steps for Priority Setting:

Describe the problem situation: analyze and understand factors contributing to unmet health needs

Establish a clear process and criteria for identifying priorities

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I. Are there patterns, categories, or themes regarding the problems contributing to unmet patient health needs?

Unmet health needs are the symptoms of an imbalance between patient health needs and health services. These needs may also indicate a demand for healthcare and may have implications for who, what and how health services are provided within the model of care. Thus, one task in this step is to identify the root causes or problems associated with unmet health needs.

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The detailed analysis of problems contributing to each unmet health need may identify common patterns of needs and overlapping factors or causes that contribute to these needs.

There are a variety of tools available to assist with problem analysis. Appendixes E1 through E3 provide examples of three different approaches to problem analysis: the Five Why, the Drill Down and the Cause and Effect – Fishbone method. Steps and strategies to consider in using these three methods are also identified.[4-6]

> **TIP**
>
> There are various tools available to support the analysis of root causes for problems or unmet needs. These include:
>
> + Five Why Method
> + Drill Down Method and
> + Cause and Effect Diagram – Fishbone

II. What problems related to unmet patient health needs are the most important to address?

Priority setting is a challenge because it involves making tough decisions about how finite healthcare resources will be utilized. Invariably, the needs assessment will lead to the identification of multiple problems and unmet patient health needs that will be impossible to address all at once.

There is no agreement on one best or "one size fits all" approach for healthcare priority setting.[8,9] Current strategies emphasize economic, evidence-based or ethical approaches. Depending on the complexity of the healthcare situation, each of these approaches may have limitations when used alone or in combination.[8,10]

> *"….nothing is ever accomplished unless scarce resources are concentrated on a small number of priorities".*[7]

However, common themes regarding important strategies for effective priority setting can be identified.[3,9-12] Many of these strategies (summarized in Table 1) are consistent with the PEPPA Framework.

T A B L E 1

Strategies for effective priority setting

- Focus on program or healthcare needs
- Outline a clear, explicit and transparent process
- Engage relevant internal and external stakeholders
- Establish trust in stakeholder relationships
- Use the best available information
- Understand resource constraints and/or parameters
- Consider values and contexts
- Aim for consensus decision-making
- Communicate decisions to key stakeholders

Effective priority setting may lead to:

- Improved stakeholder understanding and acceptance of the priorities and goals for improving the model of care,

- Improved stakeholder satisfaction with their involvement in the decision-making process,

- Allocation of resources to implement planned changes to the model of care and to introduce an advanced practice nursing (APN) role, and

- Improved quality of decisions.[2]

III. Why are these problems the most important to address?

Establishing criteria for priority setting

In addition to the strategies outlined in Table 1, the key to effective priority setting is to use pre-established criteria that permits the rating or weighting of various options. These criteria can be used to rate or rank the importance of problems in meeting unmet patient health needs. Through the rating process agreement and/or disagreement about the importance of various unmet health needs can be identified.

There are a variety of criteria that can be used in a healthcare priority setting and different approaches place greater importance on some criteria over others.[13-16] Some examples include:

- Strategic fit with organizational goals
- Alignment with external policies or goals

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- Education and/or research commitments

- Burden of illness

- Clinical impact

- Resource implications

- Quality and scope of the evidence for the approach

- Degree of innovation

- Staff retention/recruitment

- Feasibility

- Sustainability

The healthcare planning team will need to determine, in advance, the criteria they will use to make decisions about which problems and unmet patient health needs will be the most important to address.

The PEPPA Framework recommends that the following two criteria are important to consider in making decisions about priorities:

1. The extent to which identified problems and needs reflect those that are most important to patients and their families, and

2. The degree of stakeholder consensus.

Appendix E4 provides a number of possible criteria for rating the importance of problems and determining priorities for meeting patient health needs.

☐ *Establish stakeholder consensus on priority problems in meeting patient health needs*
It will be important to outline the steps or processes the healthcare planning team will use to make consensus decisions about priority problems. The Resources Section includes a number of tools to support consensus decision-making.

> **TIP**
>
> **There are tools to support consensus decision-making**
>
> These include:
> + Delphi method
> + Nominal Group Process
> + Avoiding Group Think
> + Decision-Making Matrix

IV.

What specific goals and outcomes can be gained by addressing these priority problems in meeting important patient health needs?

Once priority problems have been identified, the next step is to determine the overall goal or goals, or what you hope to achieve by resolving these problems. Specific goals may be identified for each problem or one over - arching goal may also address a cluster of problems associated with an unmet need.

In Appendix E2, an example application of the Drill Down Method for problem analysis determined a number of problems associated with an unmet patient need related to the prevention of urinary sepsis post-prostatectomy. These problems included:

- An increasing number of older patients undergoing prostatectomy who may be at higher risk for complications,

- Poor patient self-care abilities,

- Lack of standardized assessment to determine patient readiness for discharge, and

- Lack of home nursing support.

A **goal statement** that may encompass each one of these problems could be *"to improve the pre and post-operative assessment and management of urinary function for elderly patients undergoing radical prostatectomy."*

> **TIP**
>
> Goal statements should include:
>
> + The intended results in general terms for addressing an unmet health need
> + The target patient population with the unmet health need

How will we know or determine if our goals have been achieved?

Outcomes are measurable indicators that planned goals have been achieved.

Outcomes can be assessed from the perspective of patients, family members, healthcare providers, the organization and the health system.

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Well-defined outcomes articulate the specific changes expected to occur (i.e., use phrases such as increase or decrease and specify the projected amounts or degrees of change).

Examples of types of APN role outcomes to consider are found in Table 2.

> **TIP**
>
> Good outcomes are **SMART**[17]
>
> **S**pecific: clear and precise
> **M**easurable: amenable to evaluation
> **A**ppropriate: consistent with the overall goal and identified priorities
> **R**easonable: realistic and feasible to achieve
> **T**imed: outline a specific time line for achievement

Some outcomes may occur sequentially over time. Therefore, it is important to consider short, intermediate and long-term outcomes.

Short-term outcomes are pre-conditions required for intermediate outcomes to occur.

Intermediate outcomes are pre-conditions required to achieve sustainable long-term goals.

Long-term outcomes are the ultimate changes required to achieve the overall goal.

Short and intermediate term outcomes may take two to three months or up to two years to achieve. Long-term outcomes may take two to three years to achieve.

T A B L E 2

Examples of measurable APN role outcomes

	Health Outcomes	Quality of Care	Healthcare Utilization	Innovation and Productivity
Patients and family	Health status, morbidity, mortality, symptoms, quality of life, level of function, self-care, knowledge about disease and treatment	Satisfaction with care, patient safety	Wait times Appropriate use of services that best meet patient health needs	Access to healthcare services and interventions
Health providers		Job satisfaction, recruitment and retention of staff, staff knowledge and skills, reduction in sick time or injuries	Workload measurement	Satisfaction with workload Participation in research initiatives
Organization and healthcare system		Complication rates, uptake of best practices, achievement of standardized benchmarks	Hospital admissions, readmissions, lengths of stay, costs, wait times	New care programs, partnerships or agreements, numbers of new projects, research funding, grant submissions, publications and presentations

TIP To assist in subsequent planning in Step Five, begin to develop a logic model to outline the team's understanding of priority problems, goals and expected outcomes.

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Logic models

In the next section, Step Five, the healthcare planning team determines the strategies and activities required to achieve priority goals and identified outcomes. Developing a logic model is a helpful strategy for summarizing the planning team's work to date and for assisting in subsequent planning.

Logic models are a way of thinking about planning, implementing and evaluating new healthcare programs or initiatives.

Logic models provide a diagram of programs, projects or initiatives to be implemented in response to a specific problem situation.

Logic models illustrate the underlying theory or "logic" or thinking behind the project by demonstrating the links between hypotheses about the relationships between problems, goals, resources, activities and outcomes.[18]

The benefits of logic models

- Provides a guide for project planning
    - Brings detail to broad goals
    - Promotes buy-in by building understanding and consensus about what the project is and how it will work
    - Identifies and clarifies assumptions
    - Identifies potential weakness of underlying thinking

- Identifies and promotes effective use of necessary resources

- Provides the first step in evaluation
    - Aids in formulation of hypotheses and questions about what, when and how the project will be evaluated

- Provides a guide to monitor implementation

- Communicates the project to the team and other stakeholders as it unfolds

There is no one right approach to developing a logic model and different approaches may include variations of these components: problem situation and priorities, goals, inputs, activities, outputs, outcomes, impact, assumptions and external factors.

Once the problem situation has been defined and specific goals identified, it is helpful to build the logic model by starting with the end points or outcomes. The resources or inputs and the activities to achieve these outcomes can then be identified in Step Five.

Logic models may come in different formats. Some are developed as a table with lists of items in the input, output and outcome columns. Directional arrows are used to illustrate the relationships across the columns. Other logic models use boxes with lines and arrows connecting the boxes to illustrate relationships. Other logic models use circles or shapes. Logic models can be simple or complex depending on the project.

Appendix E5 outlines the components of a generic model and how these components can be organized to visualize the development and evaluation of an APN role.

> ### TIP
>
> **Building a logic model**
>
> + Make it clear and understandable to those who will use it
> + Capture the thinking or rationale; show the logical linkages between elements
> + Use a graphic representation that best fits the user and the use

Building your logic model

Complete Step Four by beginning to develop a visual plan or your logic model.

Choose a logic model format that best fits your healthcare planning situation.

In Appendix E6 we build on the earlier prostate cancer scenario used to provide an example of a problem analysis to illustrate the initial development of a logic model. The beginning steps of developing a logic model focus on:

- Defining the problem statement,
- Identifying priority goals, and
- Defining measureable outcomes.

Include a **Problem Statement** or a brief summary of the patient population and their priority unmet health needs that will be the focus of healthcare redesign. Identify where these health needs occur within their cancer

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journey and the context, problems or issues that contribute to these unmet needs. Highlight the negative consequences of these unmet needs and provide rationale for why these health needs are the most important to address.

To develop a Problem Statement, summarize the work your healthcare planning group has completed by answering questions I to III in Step Four. Appendix E7 provides a worksheet and some guidelines for developing a problem statement.

A **goal statement** summarizes what you want to achieve by addressing issues outlined in the problem statement. Add your goal statement (s) developed from question IV of this step to the logic model.

Outcomes are the direct results or benefits of planned change and provide evidence about the extent to which goals have been achieved. Summarize the short, intermediate or long-term outcomes your group identified from question IV of this step.

Use this initial draft of the logic model to communicate to key stakeholders the work your group has completed to date and to provide a map for the healthcare planning team to follow in subsequent meetings. In Step Five, the additional components of the logic model will be completed.

Next Steps

Step Five is a pivotal step in the PEPPA Framework, as it is during this step where the new care delivery model will be defined and the APN role in that delivery model will be determined. Strategies for determining both the shape of the care delivery model and how the APN role "fits" into the model will be further developed.

Resources: Developing Logic Models

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Implementation Pointers

It is important to engage a neutral person as a facilitator to assist the team to set priorities. A facilitator allows all team members to participate in the discussion and ensures there is equal opportunity for all team members to have a voice and come to consensus in the decision-making process.

Be careful to ensure that decisions are supported by key stakeholders and are based on the high priority needs identified by patients.

All decisions should be documented clearly in minutes and/or reports, validated and communicated to others beyond the team that is working on the care delivery model improvements/development activity.

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