

Kirkpatrick Blended Evaluation Plan®

XYZ HealthCare Background

XYZ HealthCare is the primary community health center in the upper half of Arizona. XYZ HealthCare serves 12 communities across northern Arizona, providing quality medical care to all while building healthier communities.

XYZ HealthCare has a 30% turnover rate in the front office positions. These positions are located across 16 geographically dispersed clinics. The front office positions are crucial for establishing and maintaining relationships with XYZ patients as well as for collecting and entering data into the Electronic Health Records (EHR) system.

Currently, front office new hires are being trained by whoever is available. Workflows differ between each clinic, and with a lack of consistent training, new hires are receiving suboptimal training. Errors are being made causing rework and dissatisfaction among employees. This is costly to the organization.

In addition, the lack of new-hire knowledge is creating a lack of confidence from patients and families in the healthcare centers. Patients are leaving to go to other clinics, causing additional financial strain.

The Health IT (HIT) Department, specifically the clinical applications team, provides operational support to the new hires and has two clinical application training and support specialist positions.

Level 4: Results

The degree to which targeted outcomes occur as a result of the initiative and the support and accountability package

Organizational Outcome

Organization Name

Name of your organization or company, not division, department, or team.

XYZ HealthCare

Organizational Purpose

Brief, plain-language statement of what the organization does.

XYZ provides healthcare services to those living in the upper half of Arizona.

Organization Mission Statement

Organization's mission statement, not division, department, or team mission statement.

XYZ HealthCare exists to provide affordable and accessible quality primary care in an atmosphere of dignity and respect where the health and wellbeing of patients and community are promoted through direct services, education, outreach, and advocacy.

Metrics & Methods to Measure Mission Statement

Metric(s)	Method(s)
What will be the measure of success?	Method/tool used to obtain the data or information?
Patient satisfaction	Press Ganey Survey results Reports about returning patients Patient volume trends
Healthier communities	AZARA (centralized data reporting system) reports UDS metrics Outreach reports
Fiscal operations	Monthly and Annual Budget Reports

Initiative Outcomes

Initiative Name

Initiative for which this plan is being created.

Front Office Workflow Process Training

Business Case for the Initiative

A compelling statement of the importance of this initiative and/or the problem or condition that this initiative would address. Why did stakeholders request this initiative? What problem is the initiative trying to solve? The business case should not focus on the training initiative but rather the performance and strategic organizational benefits. (100 words or fewer)

XYZ HealthCare has a 30% turnover rate in the front office positions. The front office positions are crucial for establishing and maintaining relationships with XYZ patients as well as for collecting and entering data into our EHR. This impacts patient care, revenue/reimbursement from payors, charting efficiency, and staff frustration contributing to burnout across the organization. Burnout leads to an increase in regrettable resignations creating an expensive cycle of effort touching many departments in the organization.

Threats and Benefits

Statement or list of what is at risk if this initiative is not executed or is unsuccessful, as well as what can be gained if it is executed successfully. Start with a small threat and then gradually move to the strategic threats as seen by your stakeholders. Then, do the same for the benefits but in reverse order starting with the most strategic benefit to the most tactical.

Without implementing a new program that standardizes the front office workflows, we will continue to see patient complaints around lack of rapport, costly errors in patient care, duplicate and inaccurate data entry, and an increase in workload. This will lead to employee frustration, lack of patient and employee confidence and knowledge which contributes to burnout, and an increase in regrettable resignations. The result of this will be negative care and increased health risks for the patients.

When implemented successfully, this program will support adoption of standardized workflow, leading to a decrease in errors, efficient charting and data collection, employee confidence and satisfaction, an increase in employee knowledge, satisfaction, and retention, together with improved reimbursement and accuracy of UDS data submission. Additionally, higher retention will lead to greater patient satisfaction and contribute to the health and wellbeing of the communities XYZ HealthCare serves.

Stakeholder Expectations

List of stakeholder expectations from tactical to strategic. Use the benefits you developed to create this list.

1. Increase in employee knowledge
2. Increase in front office workflow efficiency
3. Decrease in duplicate and incorrect data entry
4. Increase in data accuracy
5. Increase in employee confidence
6. Increase in patient satisfaction
7. Increase in employee satisfaction
8. Decrease in regrettable resignations
9. Decrease in cost to the organization
10. Improved community health

Leading Indicators

Results and outcomes that are directly related to the initiative and support the organization's mission statement. Leading indicators are shorter-term observations and measurements suggesting that critical behaviors are on track to create an ultimately positive impact on the mission statement. Typically, the tactical benefits are internal leading indicators. Similarly, the higher-level benefits may serve as external leading indicators. Sequence both groups in order of first occurrence to help tell a story.

Important initiatives that warrant a Blended Evaluation Plan® form need six external and six internal leading indicators.

See the Resource Library in LearnWorlds for example leading indicators.

External Leading Indicators

Customer, client, and/or industry response

1. Preferred healthcare provider

Metric(s)	Method(s)
Patient retention	Reports from EHR
Patient volume	Reports from EHR

2. Community impression

Metric(s)	Method(s)
Patient satisfaction	Press Ganey Survey results
Community feedback	Social media/Google star ratings

3. Industry standing

Metric(s)	Method(s)
Compared to other FQHC's	AZARA reports

4. Quality

Metric(s)	Method(s)
Improved health center performance	UDS reports

5. Word of mouth referral

Metric(s)	Method(s)
Patient referring other patients	"How did you hear about us"
Increased positive social media comments	Facebook groups

6. Increase positive patient comments

Metric(s)	Method(s)
Increased positive comments	Comment cards, employee observation

7. Reduced negative patient comments

Metric(s)	Method(s)
Decrease in negative comments	Comment cards, employee observation

Internal Leading Indicators

Individual, team, department, and/or organizational outcomes

1. Training time reallocation

Metric(s)	Method(s)
Instructors have more time to support and follow up	Department time allocation report

2. Increased data accuracy

Metric(s)	Method(s)
Reduced errors	Chart audits

3. Employee confidence

Metric(s)	Method(s)
Comments	Annual review and annual survey
Time to independence	Instructor reporting

4. Decreased duplicate charts

Metric(s)	Method(s)
Number of charts merged	Help Desk tickets

5. Employee satisfaction

Metric(s)	Method(s)
Feedback	GLINT survey results, HURON rounding data

6. Employee retention

Metric(s)	Method(s)
Length of service	HR report
Turnover rate	HR report

7. Cost reduction

Metric(s)	Method(s)
Reduction in recruiting/training expenses	Financial reports

Interim Reporting to Stakeholders on Leading Indicators

Stakeholders' expectations regarding how they want leading indicator data provided (e.g., dashboard, written report, presentation), the frequency of the interim reports (e.g., monthly), and who is responsible for providing the interim reports.

How to Report Interim Data	Frequency of Interim Data Reports	Who is Responsible for Providing Interim Reports
Dashboard	Monthly	Director of Learning

Level 3: Behavior

The degree to which participants apply what they learned during training when they are back on the job

Critical Behaviors

The few key behaviors that the primary group will have to consistently perform on the job to bring about targeted outcomes. Critical behaviors are:

- Specific, not broad
- Measurable and quantifiable
- Observable

Primary Group to Perform the Critical Behavior Front office staff

1. Appropriately scheduling an appointment

Monitoring		
Metrics(s)	Methods(s)	Timing <small>Start, Frequency, Duration</small>
Accurate scheduling	Shadowing/observation	Immediately after training and ongoing
	Monitor complaints/comments	Immediately until a reduction in complaints and then quarterly
Appropriate reminders (correct appointment type, date)	Asking patients at check-in	Immediately after training and ongoing
Missed appointments due to incorrect reminders (lack of reminder)	Call patients who missed an appointment and ask why they missed the appointment	Immediately after training and ongoing

2. Accurately check a patient in/out for an appointment (demographic and financial information)

Monitoring		
Metrics(s)	Methods(s)	Timing <small>Start, Frequency, Duration</small>

# of errors in billing profiles	Chart audits	Weekly for the first three months and then monthly until reduced errors observed. Spot check afterward.
# duplicate charts created	Reports, help desk tickets	As tickets are reported and weekly for the first three months and then monthly until reduced duplicate charts observed. Spot check afterward.
Missing demographic information	Uniform Data System (UDS) report AZARA	Weekly for the first three months and then monthly until less frequent omissions observed. Spot check afterward.

3. Use proper workflows to communicate patient needs with care team staff

Monitoring

Metrics(s)	Methods(s)	Timing Start, Frequency, Duration
Faster responses in patient portal (from the provider to the patient)	Audits from the patient portal	A month after training completion, monthly
Faster responses via phone call	Audits (time stamp in phone note)	A month after training completion, monthly
Setting the appropriate expectation on next steps	Shadow, observe, spot check the employee	Immediately and ongoing
Incorrect document types (refill request in a phone note)	Audit	Weekly until a reduction in errors

Required Drivers

Support and accountability factors that reinforce, monitor, encourage, and reward performance of critical behaviors on the job

See the Resource Library in LearnWorlds for example required drivers.

Methods(s)/ Tools/ Techniques	Timing Start, Frequency, Duration	Relates to which Critical Behavior(s)?		
		1	2	3
Reinforcing				
Simple cheat sheets/step-by-step instructions	Introduced in training	x	x	x
Quick refreshers/electronic performance boosts	Available immediately	x	x	x
Scripts	Introduced in training	x	x	x
Encouraging				
Peer-to-peer support and shadowing	Ongoing	x	x	x
Supervisor coaching	Ongoing	x	x	x
Support from clinical applications team	Ongoing	x	x	x
Rewarding				
PTO pass for 90%+ accuracy in audits	At week 9 and annually	x	x	x
Personal recognition on “Caught in the act” page	Ongoing	x	x	x
Personal recognition at all support staff meetings	Quarterly	x	x	x
Huron rounding	Ongoing	x	x	x

Monitor & Adjust

How will you ensure that the required drivers occur? Or how will you monitor the monitoring?

The Clinical Applications team will work with supervisors and operations leadership to monitor reports and audits and understand where individuals are succeeding and struggling to adjust training or drivers. In addition, the clinical applications team will monitor at the clinic and regional levels to determine what is working and not working from a leadership perspective.

Level 2: Learning

The degree to which participants acquire the intended knowledge, skills, attitude, confidence, and commitment based on their participation in the training

Brief Description of Training (100 words or fewer)

The training program will be facilitated by a clinical applications training and support specialist along with the employee's supervisor starting after New Employee Orientation is complete (day three) and will take place over Zoom (classroom setting) and at the employee's workstation (shadowing and independently) over six weeks. The training will rely heavily on peer support. Our clinical applications training and support specialist will provide classroom setting training on specified modules at the appropriate time, and independent material such as cheat sheets and interactive slides will be available to the new employee from the beginning.

Training Duration 6 weeks

Training Delivery Method (e.g., in-person, eLearning, etc.) classroom setting over Zoom and scheduled one-on-one check-ins

Learning Objectives

Statements defining what the group that will perform the critical behaviors on the job must do to perform them properly

After training, participants will be prepared to:

1. Schedule, reschedule, and cancel appointments for new and returning patients in the EHR
 2. Enter data accurately in the EHR
 - Verify insurance eligibility, billing profiles, and patient survey in the EHR
 - Collect co-pays and payments and accurately enter the information into the EHR
 - Enter patient demographic and registration information accurately in the EHR
 3. Use the EHR to communicate with the patient and other staff
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Components of Learning

Method(s)/ Tool(s)/ Technique(s)	Timing Before, during, or after training
Knowledge “I know it.”	
Knowledge checks during class, asking questions	During class/training
Repeat back the process steps	During class/training
Skills “I can do it right now.”	
Show me, demonstration of skills	During class/training, 4-6 weeks after training
Complete a workflow, data entry in the system	During class/training
Attitude “I believe this will be worthwhile to do on the job.”	
Blended survey	Immediately
Interview/hallway conversation	Immediately
Confidence “I think I can do it on the job.”	
Blended survey	Immediately
Interview/hallway conversation	After training, casually
Commitment “I will do it on the job.”	
Blended survey	Immediately
Interview/hallway conversation	After training, casually

Level 1: Reaction

The degree to which participants find the training favorable, engaging, and relevant to their jobs

Components of Reaction

Method(s)/ Tool(s)/ Technique(s)	Timing <small>Before, during, or after training</small>
Engagement The degree to which participants are actively involved in learning	
Blended survey	During
Interview/hallway conversation	After training
Relevance The degree to which course content directly relates to participants' job responsibilities	
Blended survey	During
Interview/hallway conversation	After training
Satisfaction The degree to which participants react favorably to the learning event	
Blended survey	During
Interview/hallway conversation	After training

Necessities for Success

Prerequisite items, events, conditions, and communications that help leverage success or address problems before they reduce the impact of an initiative

Issue Need standardized workflows

Recommended Action Work group to review and approve new workflow processes.

Issue Supervisors facilitating the training.

Recommended Action Communication from senior leadership to supervisors regarding why their facilitation and support of the training is critical to the success of the XYZ Healthcare.

Issue Senior leadership support.

Recommended Action Communication from Executive Committee to senior leaders regarding the threats and benefits to the organization if this initiative is completed or not completed successfully.

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