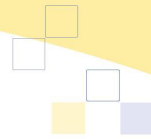


MCP²

Multidisciplinary
Collaborative Primary
Maternity Care Project

Projet de soins
primaires obstétricaux
concertés



The Multidisciplinary Collaborative

Primary Maternity Care Model

Module 6

Evaluating the Collaborative Model

Final Version - May 2006

Evaluating the Collaborative Model

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The analysis and conclusions presented in this report do not necessarily reflect the views of the members of the MCP² or their partner associations. Funding for the research was provided by Health Canada as part of the Primary Health Care Transition Fund. The views expressed herein do not necessarily represent the official policies of Health Canada.

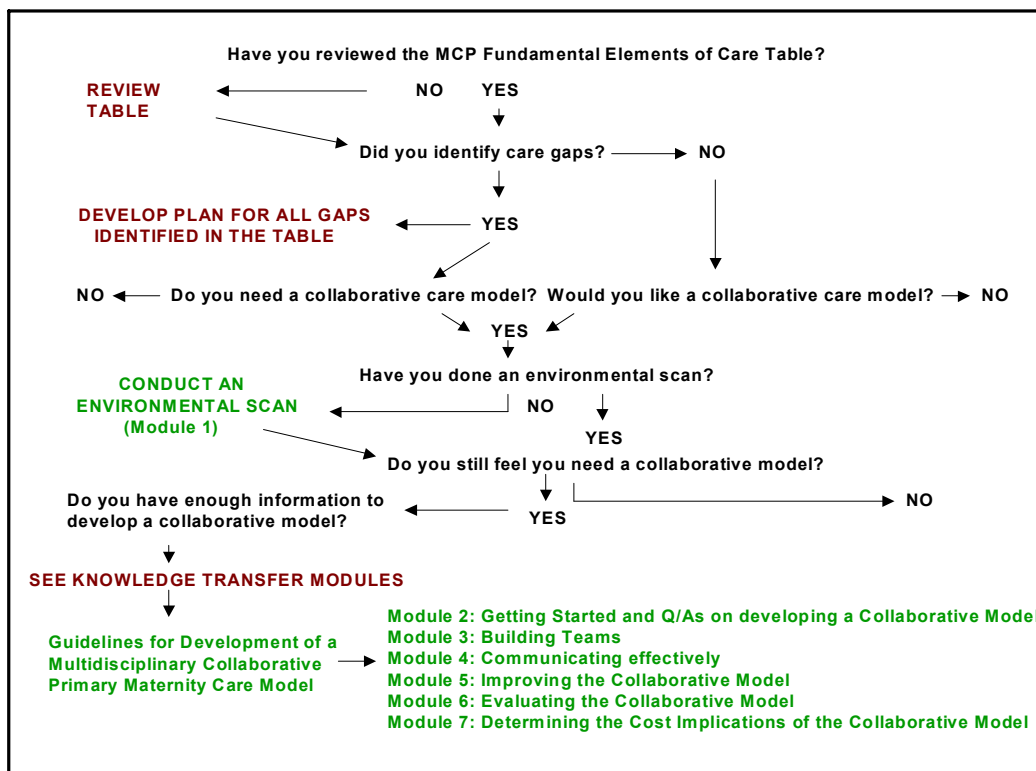
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Evaluating the Collaborative Model

Introduction

The purpose of this module is to assist a multidisciplinary collaborative primary maternity care (MCPMC) model to evaluate its new initiative. This module focuses on developing the outcomes and outcome indicators to be measured, and provides several templates from which various aspects of evaluation can be completed. Information on sustaining innovative initiatives can be found in the final section of the document. Web links are provided for more in-depth information on various aspects of evaluation.

The module is one of seven modules developed to support the implementation of a MCPMC model. The modules are designed to guide decision-makers through a generic process of development, activities, reflection and improvement. The logic behind this module and the six other modules (shown in the diagram below) is that key stakeholders such as the professionals in the model and government decision-makers have a consistent frame of reference for the model's implementation in the respective communities.



Developing the Evaluation Framework

The starting point is to be clear on what the evaluation is intended to do. It often requires time and much discussion to determine the range of evaluation activities.

Be realistic. Although there may be great interest in evaluating everything and capturing all sorts of data, a truly effective evaluation takes time, resources and effort. And there is always a risk that evaluation becomes 'just more work' to people who already have many responsibilities in the work place. The end result can be dissatisfaction - among the team members, among the people who are providing the funds, and among others who have given their time and data to the evaluation effort.

But approached in the right way evaluation can be immensely beneficial for the MCPMC model development, staff morale, health outcomes, and the sustainability of the model. Evaluation encourages a spirit of enquiry, reasserts the importance of evidence-based decision-making, and is a catalyst for systematic reflection.

You can focus the evaluation activities effectively by developing an evaluation framework. The framework is developed around the key questions to be answered. These questions help to identify the pragmatic implications of conducting the evaluation. In fact, one of the most challenging aspects of evaluation is being able to commit the necessary resources and time to ensure it is conducted in a timely manner. The evaluation needs to provide 'evidence' which will be directly applicable to the outcomes you hope to achieve.

The following questions help to guide the development of the evaluation framework:

- Is it reasonable to believe your collaborative model can influence the **outcomes** you hope to achieve?
- Will measurement of the outcomes help identify successes and help pinpoint and address problems or shortcomings with the model?
- Will the various stakeholders (i.e., staff, volunteers, participants, other collaborating organizations, those providing funds, and the general community) accept the outcomes as valid?

- Do the collaborative model's **outputs** and the **short term, intermediate, and long-term outcomes** relate to each other logically?
- Do the long-term outcomes represent meaningful benefits or changes in respective stakeholders' health status, condition, or quality of life? (e.g., team members, staff, expecting mothers, babies and their families)
- Are there potential negative outcomes from the collaborative model?

In this module we present a general approach that is typically used to develop outcomes and their associated indicators. The process can be outlined using the following steps:

Three Steps for Evaluating Expected Outcomes of the MCPMC Model

1. Develop Evaluation Framework (incorporating expected outcomes and a logic model)
2. Develop indicators that measure the outcomes
3. Develop an approach to collect the information required

The module concludes with important observations regarding the sustainability of the model. Evaluation activities can play a key role in sustainability. In fact, sustainability in itself can be considered as one of the key outcomes of the new MCPMC model.

An evaluation framework provides the blueprint for the evaluative work to follow. It shows:

- ☞ Who or what the new initiative is to address
- ☞ Expected or 'Intended' outcomes
- ☞ Logic of the intended activities to achieve these outcomes.

Most commonly, it is illustrated with a simple diagram that is easily understood by a range of different audiences (stakeholders).

Systematically developing *and implementing* the evaluation framework should provide meaningful evidence to show if the outcomes are being achieved, and the implications for the resources required doing the evaluation. More detailed planning is done to identify:

- Who** is actually doing the evaluation or parts of the evaluation?
- What **methods** are being used to examine the respective outcomes?
- What **data** will be used?
- When** will the data collection occur?
- What **resources** are required?
- Who has the **skill sets** required to do the evaluation work?
- How will the results be used and communicated, and to whom and why?**

As you can see, there are many questions to answer. Considerable time must be invested up front to ensure the evaluation is as effective as possible.

At this point it may be useful to list all the outcomes you hope to achieve. For example:

Expected Outcomes of the MCPMC model that you hope to achieve:	Is the outcome Short term? Y/N	Is the outcome Long Term? Y/N
1.		
2.		
3.		
4.		
5.		
6.		

Outcomes

What are Outcomes?

The United Way defines outcomes as:

*“...benefits or changes for individuals or populations during or after participating in program **[model]** activities. They are influenced by a program’s **[model’s]** outputs. Outcomes may relate to behaviour, skills, knowledge, attitudes, values, condition, status, or other attributes. They are what participants know, think, or can do that is different following the program **[model]**, or how they behave and what their condition is.*

As the MCPMC model evolves, there is a move from statements of what *will* be done to achieve the outcomes and why, to the operational phase. Details are fleshed out to move concepts and ideas into tangible actions with specific tasks, processes, and expected outcomes. It is very useful to develop ‘*logic models*’, which synthesize and graphically portray the model’s own ‘theory’. We come to these shortly.

What Outcomes should be evaluated?

This is a key question. Each different MCPMC model may identify different outcomes. But for the purposes of this module, it is assumed that the primary short term and intermediate outcomes would be associated with questions related to:

- ☞ the MCPMC model’s underlying principles and/or
- ☞ each of the core components as described in the Model document (see Appendices 1 and 3).

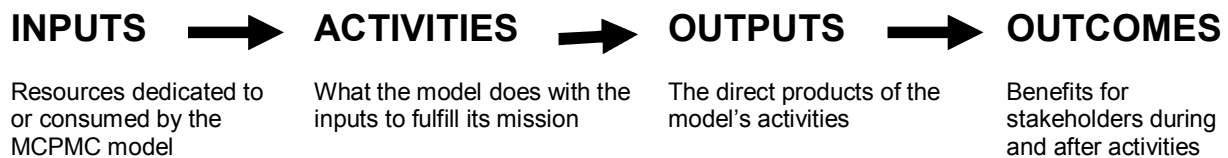
This, however, would be subject to discussion and review by prospective models given their own particular context and the many factors discussed below.

Evaluating Outcomes

Developing and then evaluating outcomes is a systematic approach that uses objective measures to analyze how well something has worked. There is a clear linkage between activities that the MCPMC model engages in and the short, medium and long-term outcomes. An evaluation provides the *evidence* of the success (or failure) of a collaborative model for external audiences. It also provides a degree of accountability for the model.

It may be appropriate for collaborative models to focus on measuring short-term *outcomes*, recognizing through the development of a logic model that they are causally linked with longer term outcomes – for example – Improving the health and health care of the community.

There are a number of standard elements that are causally connected to expected outcomes. These include **Components** (core functions of the MCPMC model), **Inputs** (resources dedicated to the model), **Activities** (what the model does with the inputs), **Outputs** (direct products of the model's activities, and **Outcomes** (the expected benefits for recipients of care and for the team members). A variety of different formats can be used but there is always a flow between the various elements above. For example:



Key questions that outcome evaluations typically address include:

- Did the model achieve what it set out to achieve?
- To what extent did it achieve what it intended to achieve?
- Were there unintended outcomes that emerged?

You should be able to develop your own logic model (see later section) to show the logical connections between the various elements of the model's design and the expected outcomes.

It is also useful to assess each outcome for a) Degree of Influence, b) the Capacity to Identify Change, and c) the Validity of the Outcome.

Three ‘tests’ can be used for each outcome specified.

***Test 1:** Is it reasonable to believe that the MCPMC model can influence the outcome in a significant way, even though it cannot control it?*

***Test 2:** Would measurement of the outcomes help identify the MCPMC model’s successes and help pinpoint and address its problems or shortcomings?*

***Test 3:** Will the MCPMC model’s various ‘publics’ accept this as a valid outcome of the model?*

Exercise: Assessing Possible Outcomes

A useful exercise is to have each key person who is involved with developing the evaluation to rate each outcome that has been determined according to the three tests above. This helps to determine which outcomes are more important, which ones need greater clarity and which one’s may be more difficult measure or require significant resources to prove causality.

Outcome	Does it meet test...					
	1?		2?		3?	
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No

This is also a good time to reflect upon several questions regarding the proposed Logic Model and Outcomes.

Are the outcomes which you have identified as important ...?

- Relevant to the mission/objectives of the MCPMC model?
- Ones for which the model should be held accountable?
- Is it reasonable to believe the model can influence the outcomes in a significant way, even though it can't control them?
- Clear in defining the intended scope of the model's influence?
- Useful to the model's coordinators' efforts to identify both areas of success or problems that the model can correct?
- Likely to be effective in communicating the benefits to your model's various publics?
- Are the outcomes important to achieve if the model is to fulfill its mission or objectives?
- Do the outcomes represent meaningful benefits or changes for women and their families, and for members of the MCPMC model team?

Other Considerations in Defining Outcomes

- ☞ There is no 'right number' of outcomes for a project.
- ☞ Some models may have more than one 'outcome track'.
- ☞ For some models, initial outcomes may even resemble outputs.
- ☞ The more immediate the outcome, the more influence the model generally has on its achievement.
- ☞ Conversely, the longer term the outcome, the less direct influence a model has over its achievement and the more likely other non-model influences will interfere.
- ☞ Just because other influences may affect an outcome does not mean it should be excluded from the logic model (see below).
- ☞ Conversely, the model's longer-term outcomes should not go beyond the model's purpose.

- ☞ It is important to consider carefully what unintended and possibly negative consequences your model may have for women receiving care and for providers in the model and the broader community.

Developing a Logic Model

A logic model shows the linkages of the core components, inputs, activities, outputs, and the outcomes (which can be short, medium and long-term). Logic models are valuable for new initiatives because they help:

- ☞ Develop a common understanding of expected outcomes among key partners (e.g., team members, professional organizations, hospitals, family practices, government).
- ☞ Identify potential limitations to the development of the initiative.
- ☞ Contribute to identifying any weaknesses in the “theory” underlying the proposed MCPMC model.
- ☞ Enhance an evaluative mindset at the start of a new initiative.
- ☞ Act as an effective communications tool as the MCPMC model evolves.
- ☞ Provide an effective and consistent reference for guiding the path of the model’s development, especially if key personnel move to another job or organization.

A template that can be used is shown on the following page (see also the web resources).

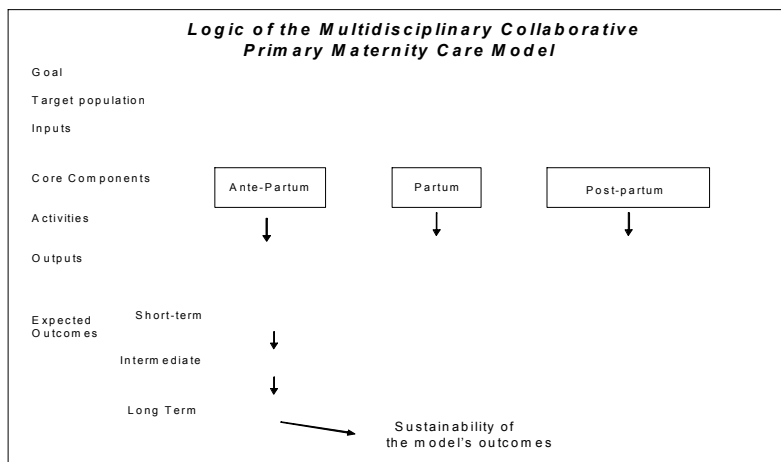
The logic of logic models

Logic models communicate the logic of the MCPMC model – its rationale for coming into existence and what it hopes to achieve. Logic models are typically diagrams, flow sheets, or any other type of visual schema which conveys relationships between contextual factors and inputs, processes, and outcomes. Most typically, logic models show boxes with connecting lines that are read from left to right, or top to bottom. The common thread is that logic models attempt to show the links in a chain of reasoning about "what causes what," and how that connects to the desired outcomes.

Ideally, a logic model is presented on a single page with sufficient detail that it can be explained easily and be understood. As a *'visual'* it provides extra clarity that makes it more easily remembered. If the model is too detailed or too complexly drawn, it can lose some of its impact. But, on the other hand, if there is too little information, it may not communicate the MCPMC logic well enough to be useful.

The development of a logic model can be a lengthy process but one definitely worth going through. Developing a logic model and getting agreement on the outcomes may require some deliberation over several meetings. Once constructed the logic model can be used as a living document that can be revised periodically as the collaborative model evolves from its early phases.

Example of a Logic model



Five Key Steps for Developing a Logic Model

1. Identify and confirm the expected outcomes.
2. Determine if the outcomes are short term, medium (intermediate), or long term.
3. Carefully examine the activities that need to be done which will lead to the expected outcomes being achieved. Think also about the resource implications.
4. Begin developing a diagram that shows the logical connection between components, activities and outcomes.
5. Test the diagram – share it with colleagues and team members – revise accordingly – and reach consensus on the diagram (and expected outcomes).

Once this is done you are in a position to begin the evaluation process.

WHEN YOU HAVE COMPLETED YOUR LOGIC MODEL, REFLECT ...

Does the logic model:

- Include all the activities and outcomes that are important?
- Make the appropriate connections between components, inputs, activities, outputs, and outcomes?

Tip! Get Feedback on the Logic Model and the Outcomes Selected

After your team has drafted a logic model and identified the outcomes it thinks should be measured, distribute copies and get feedback from:

- ☞ Individuals who are in positions to comment on the proposed model and outcomes insightfully.
- ☞ Individuals whose support and participation will be important for later planning, implementation, and sustainability.

Once there is agreement on the model's logic model and the outcomes to be measured, the next step is to determine what information will help you measure your model's achievement with the outcomes.

Developing Indicators to Measure the Outcomes

Purpose of an indicator: To help illustrate whether an outcome has been achieved. Some outcomes are fairly easy to observe and measure, while others may not be concrete enough to measure directly.

Definition: Indicators are “*The specific items of information that describe observable, measurable characteristics or changes in corresponding outcomes*” (The Evaluation Forum, 2003).

Remember – An indicator may not capture *all* aspects of an outcome. Some outcomes may require more than one indicator.

Once agreement has been established among the model’s stakeholders regarding the outcomes to be achieved, the next step is to develop indicators that will assist in measuring whether they are achieved.

***The key point: Indicators are specific and observable
and can be connected to the outcomes.***

It is useful to review your outcome indicators for the following:

- Is there at least one indicator for each outcome?
- Does each indicator measure some important aspect of the outcome that no other indicator measures? (A few good indicators are better than many indicators that lack focus.)
- Is the wording of each indicator sufficiently specific? Does it tell you what characteristic or change you will count?



Does each indicator identify the statistic(s) that will summarize the model’s performance on the outcome? Will the indicator convey your level of achievement effectively?

(Based on United Way, 1996).

Developing an Approach to Collect the Information

When developing indicators it is important to know the extent to which information (data) can be readily collected and fed into the indicator (outcome measurement system).

A useful and simple way to design the measurement framework is as follows:

Outcome Measurement Framework

Outcome	Indicator(s) (May be more than one per outcome)	Data Source	Data Collection Method

It is at this level that the resource implications of outcome measurement begin to come into focus. Some data may be easily collected through existing or developing administrative datasets. Others may require new “primary” data to be collected, such as information gathered through surveys or interviews. These add a cost to the evaluation unless alternative approaches can be considered (e.g., volunteer work, use of university students, researchers etc).

In any case, the table above can be extended to reflect the resources implications of each indicator. A more detailed template is provided in the Appendices. With the information from these issues collected, the MCPMC team can decide which outcomes to focus on for measurement and which ones may be too resource intensive. A related factor is the skill-set available to collect the information required.

Summary of Outcomes

Just a few of the considerations associated with the developing and measuring outcomes have been touched upon. It is an important area of knowledge. If the team does not have the understanding of how to conduct evaluations it is strongly advised to contact individuals or organizations that can facilitate the evaluation framework development and/or the actual evaluation work itself.

There are excellent resources available on the Internet, some of which are provided at the end of this module. At a minimum we hope that you have been able to reflect on ways which will benefit the MCPMC model and the evaluation framework you develop.

Evaluating Implementation

Another critical part of evaluation is to assist the model's development through examining its implementation. This can be done in many ways. The idea is to evaluate what is working and what is not, and then, with this systematic approach to evaluation, use the information to improve or modify the model's operations accordingly. Or, perhaps, modify the model itself.

When evaluating the MCPMC model's implementation, the idea is to ask questions about what is working and what can be improved, and whether the 'reach' of the initiative – the number and types of women being provided primary maternity care - is what was hoped for. Although considerable time and effort *can* be put to these tasks, quite often, to be pragmatic with resources, a short series of simple questions can be asked to a number of different stakeholders and the data reviewed.

What works well is to ask several different stakeholders the same set of implementation-focused questions. This ‘triangulation’ will help achieve the necessary breadth of perspectives and increase the validity of the findings. Sample questions are provided in the appendices.

Sustainability

Greater understanding and attention to the multifaceted dimensions of sustainability will lead to better model development and evolution, improved long-term viability, and, ultimately, better outcomes for women and their families. But there is little research of the underlying *predictors of sustainability*.

Sustainability is often considered something to be dealt with at, or near the end of, a pilot project *when the results are in* or when there is sufficient time after a project’s start up and early implementation to consider the questions of what should be sustained and how.

Most typically sustainability refers to funding that will, in turn allow the continuation of something. More formally, sustainability refers to the *evolution of an idea from concept to ongoing practice*. Table 1 shows the various elements that sustainability can refer to:

Sustainability can refer to:

- ☞ An idea
- ☞ Belief in an innovation
- ☞ Knowledge
- ☞ Funding
- ☞ A Project
- ☞ Certain elements of a project
- ☞ Partnerships
- ☞ Employment of key personnel
- ☞ Cultural change within an organization
- ☞ Capacity building of an organization

- ☞ New practice(s) in an organization
- ☞ Extent 'it' becomes routine in an organization
- ☞ Extent 'it' becomes routine across different groups
- ☞ Extent 'it' is incorporated into public policy and program funding

Outcomes

Source: Anderson (2005)

The list demonstrates several key dimensions to the concept of sustainability.

- ☞ *Sustainability is about knowledge creation, use, transfer, and uptake.*
- ☞ *Sustainability of ideas* may very well continue beyond the period of pilot-funding and *without the targeted funding* as the knowledge generated is diffused through an organization. There may be a *cultural shift* in the way an organization goes about its business regardless of whether funding is available or not.
- ☞ *Sustainability of partnerships.* While the model itself may not continue, the partnerships developed may remain and lead to further initiatives that reflect a *sustainable purpose and vision* amongst the partners.
- ☞ Although a model may not be continued, some of its components (as could be articulated in its logic model) may be considered successful and *are* continued.
- ☞ The creation of an MCPMC model may have led to the hiring of very talented staff and, although the model may not be renewed, the knowledge base of these individuals has become integral to the organization. The organization would then find ways to keep people employed beyond the period of the pilot funding. In this instance, the knowledge created has been sustained in these individuals *and the organization*, which may lead to further refinements of the model itself, or at least, the sustainability of the collaborative way of thinking.

With or without funding the most visible manifestation of sustainability will be the internal and external transfer of new knowledge which is reflected in new practice patterns. There will need

to be a certain '*weight of supporting evidence*' to support the notion that the innovation has brought about positive outcomes for women and their families.

This raises perhaps the most important and often overlooked point of all, that ...

The *sustainability of outcomes* should be central to any discussion on sustainability.

Why? Expected outcomes are the drivers of new initiatives and are typically targeted toward change or improvement for end users (women and their families). So if it can be shown that expected outcomes are achieved for women and their families, and that the weight of evaluative evidence shows clear causality between the model's intervention and the outcomes, there is greater likelihood that the outcomes will be sustained – assuming the costs can be absorbed by the system.

The *form and processes*, by which these are sustained, however, may alter according to the organizational and societal context of the MCPMC model. If successful, the model can even be a *catalyst for social change*.

Helpful Hints for Achieving Sustainability

Preparation

- ☞ Think about sustainability before the model is implemented
- ☞ Create the vision
- ☞ Develop a Sustainability Capacity Profile (determine the capacity of the organization to achieve sustainability)
- ☞ Develop a Sustainability Plan
- ☞ Confirm commitment by the organization to sustaining the model once it is completed.
- ☞ Obtain organizational commitment reflected in its broader strategies
- ☞ Ensure the organization has a clear understanding of the model
- ☞ Obtain sign-off by senior executives and/or Governing Board
- ☞ Establish shared ownership and partnerships

- ☞ Develop the right processes for achieving sustainability
- ☞ Develop shared alignment by partners on the meaning of sustainability
- ☞ Obtain knowledge of societal & organizational contexts in which model emerges
- ☞ Find a ‘champion’

And as the Model Evolves

- ☞ Maintain ongoing commitment to sustainability by key players
- ☞ Ensure a champion is leading the model (championing the model to others)
- ☞ Develop and support dynamic leadership
- ☞ Enhance or develop organizational spirit to embrace the change that is occurring
- ☞ Ensure ongoing access to information and supporting resources (funding opportunities, HR skills, fundraising, addressing any intellectual property ownership, use of data, communications strategies etc)
- ☞ Actively seek funding
- ☞ Reflect on outcomes (are they still ‘achievable’) [evaluator’s role]
- ☞ Demonstrate the value of the model (that it is worth sustaining)
- ☞ Enhance partnerships (respect and value each others’ contributions)
- ☞ Educate staff and organizations about the model (and sustainability)
- ☞ Ensure the right people and skill-sets are involved with the model (e.g., others who have analytical capacity to do evaluative work, research, database development, data collection and so on)
- ☞ Establish and maintain evaluative functions and processes

Website Resources

Evaluation General

<http://www.evaluationcanada.ca/>
Canadian Evaluation Society

<http://www.eval.org/>
American Evaluation Association

<http://www.wmich.edu/evalctr/checklists/>
The Evaluation Centre Checklists Initiative

<http://national.unitedway.org/outcomes/resources/>
United Way – Outcome Evaluation Resources

<http://oerl.sri.com/>
Excellent online resource library

Logic Models

<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>
University of Wisconsin Guide

<http://www.wkcf.org/Pubs/Tools/Evaluation/Pub3669.pdf>
Kellogg Foundation Logic Model Guide

Evaluation Research Methods

<http://www.eval.org/Resources/onlinehbt.txt>
Comprehensive list of online resources for evaluative research

Sustainability

[http://www.changeofoundation.com/tcf/TCFBul.nsf/d9f06761423b181b05256e0d00513d5c/6bda326741a9c7fd85256ed2004fa31a/\\$FILE/Holistic%20Approach%20to%20Sustaining.pdf](http://www.changeofoundation.com/tcf/TCFBul.nsf/d9f06761423b181b05256e0d00513d5c/6bda326741a9c7fd85256ed2004fa31a/$FILE/Holistic%20Approach%20to%20Sustaining.pdf)
Overview on issues surrounding the sustainability of innovations in health care

Appendix 1: PRINCIPLE REVIEW

Principle	Question	Methods/ Data sources (note: see Appendices 3&4)
Woman-Centered	Do women have informed choice and care that is responsive and respect their needs, goals and values and those of their families?	
Quality maternity care	Is the care based on equity of access to and integration of services, timeliness, continuity of care, and the valuing of different providers' expertise?	
Best evidence and practice guidelines	Is there a commitment to care based on best evidence and practice guidelines?	
Professional competence	Are the team members professionally competent?	
Commitment to the Collaborative Model	Do the team members have a willingness to devote time and energy to the collaborative model? Is there a willingness to openly discuss differences?	
Mutual Trust and Respect	Is there mutual trust and respect for each other's perspective and way of thinking?	
Shared values, goals and visions	Does the model exhibit and actively pursue shared values, goals, and visions?	
Honest, open, and continuous communication	Is there honest, open, and continuous communication among team members and staff?	
Responsibility and accountability	Does the team exhibit responsibility and accountability that recognizes each professions' standards of practice?	
Scope of practice	Is there an understanding of, and respect for, different professions' scope of practice?	
Common protocols	Are common protocols for clinical and administrative purposes in place?	
Mutually Supportive Environment	Is there a mutually supportive work environment?	
Acceptance to discuss financial issues	Does the team have open and frank discussions on financial issues?	
Locally-based	Do women should receive primary maternity care as close to where they live as possible?	
Effective, integrated regional provision of services	Is there an effective, integrated regional provision of services?	
Knowledge of available services	Does the model provide women and their families with information on the range of services and supports available to them?	

Appendix 2: IMPLEMENTATION-ORIENTED QUESTIONS

Questions	Responses
1) Were the original intended timelines for implementation met? If not, explain why.	
2) How many consumers are enrolled with the model?	
3) What were the variances between what was planned to be done and what occurred? Explain why these variances occurred.	
4) What challenges and/or barriers emerged as the model was implemented?	
5) Were there any <i>unintended</i> outcomes from the implementation of the model? If so, identify these? (Both positive and negative)	
6) What types of knowledge transfer and exchange (KT&E) activities have you engaged in about the model? Provide examples.	

Questions	Responses
7) With regard to sustainability, identify what your <i>strategy</i> has been, and what <i>activities</i> you have been engaged in?	
8) Do you feel confident that the model will be sustained after completion of the initial funding? Provide details.	
10) Did you find the facilitation, coordination, and liaison with the provincial government to be useful for as you implemented the model? Describe the benefits and challenges from the relationship.	
11) Overall, how did the implementation process work?	
12) How could the implementation process be improved?	
13) What additional supports, if any, would you have found useful for your model's implementation?	

Appendix 3: OUTCOME EVALUATION TEMPLATE

Component	Indicators	Description	Rationale	Methods/ Data sources (see next table)
Woman centered	- -			
Community consultation	- -			
Access and availability	- -			
Choice of birthplace	- -			
Standards of care	-			
Scope of Practice	-			
Shared philosophy and common understanding	- -			
Organizational structure	-			
Support structures	-			
Size of the model	-			
Location	-			
Work-life balance	- -			
Remuneration	-			
Accountability, Liability and Malpractice	- -			
Community linkage	-			
Learning organization	-			
Collaborative culture	- - -			
Effective communication	- - -			
Common record	-			
Flexibility	-			
Decision supports	-			

Appendix 4: Methods Worksheet

Evaluation Indicators	2b Data Collection Plan							2c Logistics (based on Logistics Worksheet)
	Do Data Exist?	Type of Tool	Who could Provide the Data (Source)	Who Can Get the Data? (Source)	Design	How Many?	Time frame	Is This Feasible?
	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No							<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix 5: Logistics Worksheet

Indicator Tasks	Resources Required												Feasible?
	Human Resources							Other Resources & Expenses			Time Resources		
	In-House			External				Equipment Supplies, Admin	How Much Will It Cost?	Are the Funds Available	Date Required	Can It Be Done In Time?	
	Who Could Do It? <i>Names</i>	How Long Would It Take?	Do They Have Time?	Who Could Do It?	How Long Will It Take?	How Much Will It Cost?	Are the Funds Available						