

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

Cliffside Rehabilitation and Residentially Healthcare Center.

Program Evaluation Plan

Nyack College School of Social Work

Dr. Moon

SWK628: Social Work Program & Practice Evaluation

Natacha Argant-Lazarre



Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

Table of Contents

Your social work program evaluation plan should follow the table of contents below, with **every section being addressed in your mid-term paper.**

Title Page and Title	<i>i</i>
Table of Contents	<i>ii</i>
DESCRIBING THE PROGRAM	Page #3
Overview of the Program	Page #3/4
Program Setting & Location	Page #4
Program Consumers, Clients, & Patients Served	Page #5
Characteristics of Program Staff	Page #5
Program Cost and Funding	Page # 6
Program Logic Model	Page #7
PROGRAM GOALS & OBJECTIVES	Page # 8/9
PURPOSE OF EVALUATION & STAKEHOLDER ENGAGEMENT	Page #
Purpose of the Evaluation	Page #8/9
- Purpose of the evaluation	
- Types of preprogram evaluation	
- Research Questions and/or hypotheses	
Stakeholders engagement for program evaluation	Page #9
DESIGNING THE EVALUATION	Page #
Research Design	Page #10
Data Collection Procedures	Page # 11
Data Collection Instrument (Measurement)	Page #12
Sampling Plan	Page #13
DATA ANALYSIS	Page #
Qualitative Data	Page #14
Quantitative Data	Page # 13/14
REFERENCES	Page #15/16

DESCRIBING THE PROGRAM

Overview of the Program

Almost 50 years ago, The CFW Group (Queens, NY) opened the doors of its first healthcare facility. Their first facility was Woodcrest Rehabilitation and RHCC which opened in 1968. It run by three generations of the Deutsch Family, and founded by patriarch Herman Deutsch, Woodcrest was one of the earliest of the new era of skilled nursing and rehabilitation facilities which succeeded the enactment of the federal and state Medicare and Medicaid programs.

Following the success of Woodcrest, Herman was joined by his son, Jack Deutsch. Together they opened Cliffside Rehabilitation and RHCC in 1972, where I'm currently conducting my internship, and the two were among the first crop of New York State Licensed Nursing Home Administrators In 1994.

The facility assists individuals who are ill and service mostly elderly patients. Cliffside Rehabilitation admitting and treating clients requiring the full gamut of short term and long term, sub-acute, respiratory and rehabilitative services. They offer specialized programs geared to Alzheimer's Disease and dementia patients.

This facility is focused on achieving a full and rapid recovery with the goal of discharging residents back to the community where they can live at home. The facility ensure residents are fully set up so that they will arrive home with the ability to live safely and with proper care.

Many residents at Cliffside are able to return home under what is called Managed Long-Term Care or MLTC. MLTC is a New York State Department of Health program designed to integrate and streamline in-home care for eligible patients.

The facility mission is to provide a warm, caring atmosphere for its clients and visitors- a place to call home. CFW goal is to help residents maintain their quality of life by spending time in a nurturing environment where all their every day needs are looked after, and they can form warm relationships with

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

staff and fellow residents. In addition, Cliffside provide referrals to appropriate agencies and community resources and counseling as to Medicaid and Insurance eligibility. Cliffside have a transfer agreement with all major metropolitan area hospitals.

Program Setting & Location

The Cliffside Rehabilitation and Residentially Healthcare Center is located in the College Point section in Flushing NY nestled atop of the riverbank of the east river. Cliffside Rehabilitation is a beautiful, modern building offers a warm and inviting atmosphere, and all patient areas and rooms have been coordinated by an interior decorator to give them an ambience of home.

The entire facility is accessorized to fulfill the needs of the residents. Wheelchair access and handrails keep residents safe and comfortable. Residents' rooms are spacious yet cozy, with sunlight streaming in through the windows. Residents can decorate their own rooms, and each room has its own heating/cooling unit.

CWF provide 24-hour nursing and custodial care for senior and chronically ill residents, to ensure that the patients are receiving quality care and supervision at all time. Cliffside is a small facility with 218 beds and has for-profit, corporate ownership. Cliffside Rehabilitation & Residential Health Care Center is not a part of a continuing care retirement community. Resident's enjoy meals, activities, exercise and spiritual peace in a place they are happy to call home with the Cliffside security of residential assistance and skilled nursing. Cliffside is a safe and secure facility and grounds. It provides Social activities, Educational classes, Exercise programs, three gourmet meals per day, prepared by their in-house Chef, as well as snacks and last but not least On-staff dietitian.

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

Program Consumers, Clients, & Patients Served

Cliffside Rehabilitation admitting and treating clients requiring the full range of short term and long term, sub-acute, respiratory and rehabilitative services. They offer specialized programs geared to Alzheimer's Disease and dementia patients. They also have a New York State certified ventilator unit, and an on-site dialysis center. In addition, they have an Asian unit since they are nearby Asian. Cliffside Rehabilitation service a diverse community, Cliffside is mostly senior's base facility. However, they welcome all individuals from early adult hood to late adult hood.

Cliffside treats all eligible parties regardless o race, creel, religion, age, color, national origin, sex, disability, sexual preference or marital status.

Characteristics of Program Staff

Cliffside Rehabilitation has experience in the variety of medical and rehabilitation services and broad range of specialized services, combined with vast advances in technology, enable staff to provide a quality services to the population served. Cliffside Rehabilitation had a variety of skill professionals which include social worker,

Cliffside maintain round the clock shifts from registered and practical nursing staff, respiratory therapist and rehabilitation seven days a week. CWF also have a comprehensive range Specialized medical doctors on 24 hours a day.

At cliffside staff has been carefully selected for their technical skills, but also for their friendliness, and their ability to relate to the residents. Cliffside have a diverse staff employed at the facility such as licensed nursing staff. Registered Nurses (RNs). Licensed Vocational Nurses (LVNs) or Licensed Practical Nurses (LPNs). Ccertified Nursing Assistants (CNAs). In addition, there are, Physical therapist,

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

occupational therapist, social workers, recreational therapist, respiratory therapist, nutritionist etc. All mentioned staff workers as a team to assist each patient according to their needs.

Program Cost and Funding

Cliffside Rehabilitation participate in all third-part payment programs including Medicare and Medicaid and participate with major managed care organizations and HMO's. In addition, Cliffside also accepts private pay. Furthermore, financial assistance office will delightedly consult with potential applicants and assist with the preparation and submission of a Medicaid application for clients who with no medical insurance.

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

Program Logic Model

Program Inputs (or Resources)	Program Activities (or Interventions)	Outputs (Direct Products from Activities)	Short-Term Outcomes (or Goals)	Intermediate Outcomes (or Goals)	Long-Term Outcomes (or Goals)
<p>Staff: 3 License Nurses practitioner,</p> <p>5 Nurses Aid,</p> <p>4 Social Workers,</p> <p>2 Recreational therapists</p> <p>1 Nutritionist</p> <p>1 MSW Interns</p>	<p>DL's Medication management</p> <p>OT and PT Conduct physical therapy to three times a week for 45 minutes</p> <p>Conduct initial assessment and discharge planning</p> <p>Educating patients about healthy diet.</p>	<p>30 clients will work with OT and PT twice a week</p> <p>30 clients will have a meeting with staff to discuss medication information and compliance 15 minutes once a week.</p> <p>30 clients will participate in cognitive assessment quarterly</p>	<p>Increase client's motivation to maintain health (e.g., move their body, ect.)</p> <p>Increase clients' willingness to talk to staff about their feeling.</p> <p>Increase clients' knowledge about their feeling and how to express it.</p> <p>Increase motivation to use appropriate equipment they need to increase their mobile life back</p> <p>Increased their knowledge in</p>	<p>Improving in client healthy behaviors including healthy diet, cleaning body, physical activity</p> <p>Clients comply by taking their medications.</p> <p>Ensure that they keep a healthy and a balance diet</p> <p>Decrease frequency of mobility limitation (being active)</p> <p>Improved in their socialization skills.</p>	<p>Improved health-related quality of lifestyle.</p> <p>Improve in their activity daily living skills.</p> <p>Improve their cognitive and Maintain a safety life in the community</p> <p>Improve clients' satisfaction with their mobility</p> <p>Get along well with others.</p>

PROGRAM GOALS AND OBJECTIVES

Program Goal # 1:

30 clients will have a meeting with staff to discuss medication information and compliance 15 minutes once a week.

- Objective #1

Increase clients' willingness to talk to staff about their feeling.

- Objective #2

Improving in client healthy behaviors including healthy diet, cleaning body, physical activity

Program Goal # 2:

30 clients will work with OT and PT twice a week

- Objective #1

Increase motivation to use appropriate equipment they need to increase their mobile life back

- Objective #2

Improved health-related quality of lifestyle.

PURPOSE OF EVALUATION AND STAKEHOLDER ENGAGEMENT

Purpose of the Evaluation

The purpose of this evaluation is to determine the long-term effectiveness of the intervention, whether the program has achieved its goals on helping the patients achieve a safe and rapid recovery as well as maintain safe and healthy life once discharge in the community. Therefore, Outcome Evaluation is appropriate for this evaluation. Outcome Evaluation is being used to measure the result of the program and determines whether the projected outcomes were achieved, it is established and measure the benefits of the program. I believe the Outcome Evaluation is best to describe this evaluation because it will help identify problems that have been mitigated, resolved, or eliminated. The Outcome Evaluation will also help to decide whether an activity conducted has affected the participants.

In order to determine if the program is performing as described I will need to ask the following questions. What are the short- or long-term results observed among the participants? How well is the program is being delivered for the patients to maintain a healthy and safe life once they get discharge in the community?

hypothesis(e)s

If the patients are encouraged to participate in the activity recommended, then they can have a safe discharged and maintain a safe life in the community.

Stakeholders Engagement

There are several stakeholders interesting in the outcome of Cliffside Rehabilitation Center. Some of the stack holders are the patients including their family members. Both family members and clients want to make sure that Cliffside is delivering the services that they say they will. Family members wants

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

to make sure the services are relevant and safe for the patients. Patients not only interesting in the cost, but also interesting in the effectiveness of the program/services that are being deliver. Both family members and the patients play a big role in their service plan. Other stakeholders are including staff members such as Nurses, OT, PT, SW, Nutritionist and others. Staff members are expected to be well equipped to provide a proper service. They are expected to deliver great services ethically. Last by not least, they also enjoy seen that their client making progress.

DESIGNING THE EVALUATION (RESEARCH PLAN)

Research Design

There are different types of research design. For this evaluation plan, Pre-Post design will be used in Cliffside Rehabilitation Center's outcome evaluation plan. The model is O1 X (the program at Cliffside) O2. O1 refers to the observation 1, the pretest or testing of participants' knowledge at time 1, before entering the program. Then the experience X, the program. O2 refers to observation 2 at the posttest, when knowledge is again tested after participating in the program. The pre-post study represents a summative design in that a program has developed to the point where clear indicators and measures of program outcomes and goals are agreed upon and are chosen as the leading indicators of program success (Smith, 2010).

While conducting the Pre-posttest Design There are some threats that can be encountered. One threat to this design is known as History, it is a factor outside of the program which can contribute program outcomes and change in program participants. Outside event are referred as history. Suppose program participants in the experimental had much more support from their families, but the control or

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

contrast group had no significant family support. (Smith 2010). This will allow the researcher to control of both group participants. Smith 2010 specified program evaluation needs to be alerted to event outside the program which can help the program on achieving its goal.

Another threat is known to the Pre-posttest design is Testing and Measurement, which means participants simply might score higher on the second test because they took the pretest with the same questions (Smith, 2010). However, according Smith (2010), it indicated the effect in the instrumental can be avoided if the test administered in the same way and using the same instrument in the pretest and the posttest.

Data Collection Procedures

Data collection is an important aspect of any type of research. This outcome evaluation plan will use direct observation and interview as the qualitative data collection procedure and interviews as the qualitative data collection procedure. With any data collection method, there are advantages and disadvantages. qualitative method is being used to improve the quality of the survey. For this evaluation, the most efficient and effective data collection procedures are as follow:

Data Collection Method #1

Direct Observation of the program is the most naturalistic form of data collection, and it is a least structure form of data collection. Direct Observation might entail fewer preconceived notions about the program. Direct Observation is good on process evaluations that thoroughly described how the program operates and hoe consumers are responding to it. (Smith 2010)

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

The advantage of using Direct Observation is, it doesn't require a very extensive and well-tailored training regime for the survey workforce.

The disadvantage in conducting this observation is that there is a possibility of missing out on the complete picture due to the lack of direct interaction as the researcher is only observing.

Data Collection Method #2

Personal interview is an in-person contact in which the interviewer asks questions directly of the respondent. According to (Smith 2010), it stated that personal interviews are excellent for collecting rich and descriptive data because open-ended questions can be asked and the interviewer can probe more. However, it can be costly.

The advantage of conducting the Personal interview is that the interviewer can ask detail questions and further probing can be done to provide rich data.

Disadvantages can be expensive and time-consuming sensitive issues maybe challenging.

Data Collection Instrument (Measurement)

A number of data-collecting instruments are used in construction research; however, this researcher will use principles of Questionnaire construction. Example questions from the program satisfaction questionnaire will be used to illustrate a number of the principles of constructing a questionnaire or questions for personal interviews. This section will conclude with a list of the most important principles of questionnaire constructions. Smith (2010).

Another instrument that can utilize to collect data is Likert scale, which format ranges from strongly Agree to Strongly Disagree.

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

The reliability and validity of using the scale provide highly detailed information about natural processes. The data collection is laborious and time-consuming and may have to be repeated to ensure reliability. (Jha, G. (2019, August 7).

However, observation schedules based on a set of expectations can make data collection easier.

Sampling Plan

The evaluation will use the most general type of non-probability sample, it is considered less scientific with fewer assurances that sample will reflect the larger population. Non-probability sample is a convenience sampling (Smith, 2010). In a convenience sample, participants are well known by staff. The sampling that this researcher is planned to use is Nonproportional quota sampling because is a bit less restrictive. In this method, there is no concerned with having numbers that match the proportions in the population. (Trochim, W. M. K. (2020, March 10).

DATA ANALYSIS

Quantitative Data

Quantitative data analysis is helpful in evaluation because it provides quantifiable and easy to understand results. Quantitative data can be analyzed in a variety of different ways.

Quantitative data is defined as the value of data in the form of counts or numbers where each data-set has an unique numerical value associated with it. This data is any quantifiable information that can be used for mathematical calculations and statistical analysis, such that real-life decisions can be made based on these mathematical derivations.

For Quantitative Data, raw information has to presented in meaningful manner using analysis methods.

Quantitative data should be analyzed in order to find evidential data that would help in the research

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

process (Flick, U. (2018). Therefore, for this program evaluation, Quantitative data was not used in the method that the researcher used in this program.

Qualitative Data

Qualitative data is defined as the data that approximates and characterizes.

Qualitative data can be observed and recorded. This data type is non-numerical in nature. This type of data is collected through methods of observations, one-to-one interviews, conducting focus groups, and similar methods. Qualitative data in statistics is also known as categorical data. Data that can be arranged categorically based on the attributes and properties of a thing or a phenomenon.

For this program in the qualitative data the method that can be used in the program evaluation is the interview method, the research studies, the positives, and negatives. (Flick, U. (2018).

References

Reference #1:

Smith, M. (2010). *Handbook of Program Evaluation for Social Work and Health Professionals*.

Reference #2:

Cliffside Rehabilitation and Residentially Healthcare Center.

Reference #3:

F. (n.d.). *Data-collecting instruments*. FutureLearn. <https://www.futurelearn.com/courses/research-construction-management/0/steps/75098>

Reference #4

Jha, G. (2019, August 7). *4 Data Collection Techniques: Which One's Right for You?* Atlan | Humans of Data. <https://humansofdata.atlan.com/2017/08/4-data-collection-techniques-ones-right/>

Reference #5:

Trochim, W. M. K. (2020, March 10). *Nonprobability Sampling*. Research Methods Knowledge Base. <https://conjointly.com/kb/nonprobability-sampling/>

Reference #6:

Threats to validity of Research Design. (n.d.).

<https://web.pdx.edu/~stipakb/Download/PA555/ResearchDesign.Html>.

<https://web.pdx.edu/%7Estipakb/download/PA555/ResearchDesign.html>

Cliffside Rehabilitation and Residentially Healthcare Center Program Evaluation Plan

Reference #7:

Flick, U. (2018). The Concepts of Qualitative Data: Challenges in Neoliberal Times for Qualitative Inquiry. *Qualitative Inquiry*, 25(8), 713–720. <https://doi.org/10.1177/1077800418809132>