

**Cliffside Rehabilitation and Residentially Healthcare Center.**

**Program Evaluation Plan**

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## DESCRIBING THE PROGRAM

### Overview of the Program

CFW Group was created almost 50 years ago in Queens, NY. It 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. Cliffside goal is to help residents with who no longer can function the same as before to maintain a 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 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 system.

Cliffside rehabilitation 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.

### **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. Cliffside 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, occupational therapist, social workers, recreational therapist, respiratory therapist, and 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.

### 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: 1 Registered Nurse,  1 LPN  3 Nurses Aid,  2 Social Workers,  1 recreation staff  2 rehabilitation therapists (PT and OT)  1 Nutritionist  1 MSW Interns</p>	<p>ADL's Medication management  Nursing  Medical treatments  OT and PT Conduct physical therapy.  Conduct initial assessment and discharge planning  Therapeutic recreation Music/ bingo  Educating patients about healthy diet.</p>	<p>30 Patients will work with OT and PT five days a week for 60 minutes  30 Patients will have a meeting with staff to discuss medication information and compliance 15 minutes once a week.  30 Patients will participate in therapeutic recreation once a week for 30 minutes.  30 Patients will participate in cognitive assessment quarterly to assess their cognition status and mood.</p>	<p>Increased patients' participation in self-care with minimal verbal cueing  Increase patients' willingness to talk to staff about their feeling.  Increased patient's cognition in order to remember personal information  Increased on Had less sad, tearful, angry and restless  Increase patient's motivation to use appropriate equipment to prevent falling</p>	<p>Improving in patient healthy behaviors including healthy diet and physical activity  Improving patient's compliance by taking their medications.  Improvement in Patients' activities of daily living (ADL)  Improving patients anger, sadness and agitation.</p>	<p>Improved health-related quality of lifestyle.  Improved patients' satisfaction with their mobility  Improved patient's independency  Improved patient's socialization skills  Improved patient's mood and cognition</p>

## **PROGRAM GOALS AND OBJECTIVES**

### **Program Goal # 1:**

Improved health-related quality of lifestyle.

#### **- Objective #1**

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

#### **- Objective #2**

30 Patients will work with OT and PT five days a week for 60 minutes

### **Program Goal # 2:**

Improved patient's mood and cognition

#### **- Objective #1**

30 Patients will participate in cognitive assessment quarterly to assess their cognition status and mood.

#### **- Objective #2**

30 Patients will participate in therapeutic recreation once a week for 30 minutes.

## **PURPOSE OF EVALUATION AND STAKEHOLDER ENGAGEMENT**

### **Purpose of the Evaluation**

The purpose of this evaluation is to determine the effectiveness of the intervention. Is to see if the program is beneficial to dementia/Alzheimer patients. The program will evaluate to see if there is an increase on patient's memory and reduced agitation as well as Improve their cognitive in order to

Maintain a safe and healthy life style in the community. Therefore, Outcome Evaluation is appropriate for this evaluation.

Outcome evaluations focus on what happens to clients or patients after their participation in the program (Weiss, 1998, p.33). Outcome Evaluation is being used to measure the effectiveness 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. Since the goals of many programs are to increase knowledge, improve attitudes, and behavior, or change a condition in a person, outcome studies often make use of pre-post data and conceptualize goals and outcomes at a high level, which leads to measurement and data collection, and analysis of the goals and results (Smith, 2010.) Therefore, outcome evaluation is the best way to evaluate the effectiveness of Cliffside Rehabilitation & Health Care center program.

According to American Journal, A Thirty-six long term care residents with dementia and agitation were selected for participation in this eight-week study. During the eight-week J period, the participants received two different four-week therapeutic recreation interventions in a clinical crossover design. These interventions included a sensorimotor program and a traditional activity program. The effects of these two programs were evaluated in terms of the effect on strength, flexibility, over all functioning, and agitation. The analysis showed that there was a significant improvement of grip strength, flexibility, and a reduction in agitation during the sensorimotor segment of the treatment. The results of this study indicate a new direction for therapeutic recreation specialists working with older adults with dementia and agitation. The program described above provided therapeutic recreation was used for dementia client which was effective. Therefore, similar results are expected to be found. To find the effectiveness of Cliffside

program, on reducing poor quality of life and poor cognition on mild dementia patients. In order to determine if the program is performing as described I will need to ask the following questions. Does participating in Cliffside Rehabilitation and Residentially Healthcare Center improve clients' health-related quality of life and as well as patient's mood and cognition?

***Hypothesis:***

If the patients participate in therapeutic recreation once a week for 30 minutes, then their mood and cognition and health can be Improved.

**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 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, Recreational therapist, Nutritionist, RN, LPN and others. Staff members are expected to be well equipped to provide a proper service. They are expected to deliver great services ethically, they also enjoy seen that their client making progress. Last but not least, the insurance company/the State. The insurance compagnies are investing, they want to make sure that Cliffside program is effective, and the patients are satisfying.

## 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. Real change can be measured through a pre-post design, also called a "one-group-only pre-post design." The reason is that there is a simple logic about this design that appeals to people. Using just the knowledge component of the knowledge, behaviors, attitudes, skills, and status (KBASS) model, program participants come in with little knowledge. They attend the program and then they increase their knowledge. So, the model looks like this: (Smith2010)

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. Some immediate concerns about and issues with pre-poststudies. First and foremost is the possibility of a "ceiling effect," where participants already have the proper knowledge, behavior, attitude, skills, or status before the program starts. If this happens, there may be little room for progress or change by the end of the program thus the term ceiling effect (Smith 2010)

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. Taking the pretest may have helped them clarify their knowledge or they might have sought out the answers to particular questions and found the correct answers. (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. Nevertheless, pre–post studies are excellent ways of measuring change, which is, after all, why programs exist in the first place (Smith 2010)

### **Data Collection Procedures**

Data collection is an important aspect of any type of research. This outcome evaluation plan will use Survey questionnaire as the quantitative data collection procedure and interviews as the qualitative data collection procedure. There are disadvantage and advantage in using Survey questionnaire and personal interview.

#### **Data Collection Method #1**

A Survey Questionnaire is an instrument with mostly closed-ended questions and Likert and other types of summated scales. A questionnaire is usually mailed or handed out, sent out on the Internet, or completed within a group (Smith 2010). The advantages of using Survey Questionnaire are, Questionnaires are inexpensive to administer, and Questionnaires more typically use close-ended questions, ‘‘yes–no, ’degree of,’’ and rating scales. The data from questionnaires are structured and can be more easily analyzed quantitatively into percentages, averages, (Smith 2010) and the disadvantage is the low return rate. and follow-up is often needed to achieve an acceptable return rate. Therefore, this Survey Questionnaire will be conducting in person in the recreational room and due to the participant are diagnosed with mild- dementia. The first data will be held in December 2020 and Pre-Posttest will take

place in May 2021. Before they fill out the survey, they will be explained about the survey, consent will sign and will be collected. The survey will include 15 socio- demographic questions such as Date of first contact, name, age, marital status, Gender, Race, etc. since the participants have mild-dementia, a health-efficacy scale could be used. The scale uses a 6-point scale with ‘‘moderately’’ and ‘‘slightly agree’’ and ‘‘slightly disagree’’ (Smith 2010).

### **Data Collection Method #2**

Personal interview is an in-person contact in which the interview asks questions directly of the respondent. According to (Smith 2010), it states 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 interviews are conducted in person in the recreational room at Cliffside Rehabilitation & Health Care Center. For the purpose of this evaluation, two LSW staff, one MSW intern, and one recreational therapist staff will be trained to conduct in-depth interview with the clients. The interviewer will ask question directly to the participant for approximately 30 minutes each and 30 clients will be recruited and interviewed. According to Smith, Personal interviews are the most flexible form of data collection. Questions can be rephrased if they are unclear, and close-ended questions and structured data can also be collected. However, this is an expensive form of data collection as the interviewer must be paid for setting up the interview. There may also be travel costs, and an interviewer needs to be paid to conduct the interview (Smith 2010). Therefore, 30 minutes interviews will include 10 open-ended questions regarding their health, memory, experience, satisfaction, benefits they receive at Cliffside Rehabilitation Center program. All interviews will be recorded, and placed in the records, and the records

will be locked in the cabinet in the record room located in the social services room of Cliffside Rehabilitation Health Care Center.

### **Data Collection Instrument (Measurement)**

Several data-collecting instruments are used in construction research; however, this interviewer will use the SF-12 Health Survey scoring standardized measurement tool in this outcome evaluation plan.

The SF-12v2 is a health-related quality-of-life questionnaire consisting of twelve questions that measure eight health domains to assess physical and mental health. Physical health-related domains include General Health (GH), Physical Functioning (PF), Role Physical (RP), and Body Pain (BP). Mental health-related scales include Vitality (VT), Social Functioning (SF), Role Emotional (RE), and Mental Health (MH). The instrument has been validated across a number of chronic diseases and conditions [9, 13,14,15,16]. (Flick, 2018b, p. 717)

The reliability and validity of the Medical Outcomes Study Short-Form 12-Item Health Survey (SF-12) in a large sample of people with severe mental illness (SMI). Methods. We examined the internal factor structure of the SF-12, compared component scores for this sample with normative levels, examined test-retest reliability, and examined convergent and divergent validity by comparing SF-12 scores to other indexes of physical and mental health. Results. The SF-12 distinguished this sample of people with SMI from the general population, was stable over a 1-week interval, consisted of 2 fairly distinct factors, and was related to physical and mental health indexes in expected ways. Conclusions, the SF-12 appears to be a psychometrically sound instrument for measuring health-related quality of life for people with SMI. (Salyers et al., 2000b, p. 1143)

## **Sampling Plan**

The evaluation will use the most general type of non-probability sample, which is a quota sample, in which a certain number of cases are selected on the basis of some criteria. Quota samples help ensure that a certain number of cases of different types are selected so that enough cases are available to make comparisons in analyzing differences between different groups. (Smith 200) Quota sampling relies on the researcher's judgment which can be bias. However, quota sampling is generally seen as more reliable than other non-probabilistic.

Participant in each subgroup are selected by the interviewer who is conducting the survey. The interviewer will survey the participant with mild dementia. The sample size will be 20-30 for quantitate data analysis, and 10 patients will be selected for qualitative data analysis interview. The interviewer will select patients between 55 and 70 years old. The interviewer will have two survey subgroups, one group male, and the other female.

## **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.

This outcome evaluation will conduct a descriptive analysis and paired sample T-test to evaluate the effectiveness of Cliffside Rehabilitation Health Care Center program. The t-test tells whether or not there is a significant difference in the mean scores in. (Smith 2010). The descriptive analysis will collect the client's age, gender, and sociodemographic. The sample t-test looks at the pre-score of each group in relation to the posttest of each group. The paired sample t-test is based on the differences in mean scores

from pre- to posttest in each sub group. (Smith 2010) Therefore, this evaluation plan will look if there is a significant difference in the mean score of the participants who attend the program.

### **Qualitative Data**

The purpose of a qualitative evaluation is to present the in-depth experiences and insights of those involved in the program. Qualitative evaluation can provide rich, descriptive data of how the program operates and what it does. Peoples' quotes and descriptions of program experiences are presented in their own words in qualitative evaluations. (Smith 2010) This outcome evaluation plan will use interviews as the qualitative data collection procedure. Interviews are conducted in person in which the interviewer asks questions directly to the participant. A one-on-one conversation between each participant and the interviewer. The interviewer collected the information and transformed it to the data base/ system. the researcher will be able to draw takeaways according to trends and themes in the data, which is called "coding" (Smith, 2010). The findings from qualitative data will be compared with quantitative data to obtain reliability and validation. According to Smith (2010), this process is triangulation, using multiple data.

### **Findings and Implications**

The Outcome evaluation may reveal positive results for Cliffside Rehabilitation Health Care Center. This Outcome evaluation is expected to identify the effectiveness the patients made by assessing the patient's quality improvement individually. If clients meet the following outcomes, this evaluation can prove the effectiveness of Cliffside Rehabilitation Health Care center program. First clients are able to be less agitated and able to remember simple things like their birthday and family members. Second, they will be able to be less depress. Third they will be able to have a safe and healthy lives which is a long tern outcome goal of Cliffside rehabilitation & Health Center program after they participate

The finding will be reported to the stockholder such as social worker director, other staff and funders. The findings are important as it will help us service this population better, it helps strengthen our skills when dealing with similar patients. It will help alleviate stress and confusion from staff. Social workers, Nurses, recreational therapist as well as OT and PT can have a better understanding and how to service similar population in the future.

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