Shared Care Evaluation Plan Template

Project Title	**Holding Space: Building Resilience at End-of-Life**
Estimated Timeline (start to end)	**September 2025 – November 2027**
Evaluator (Name & Organization)	**Jordan Taylor, Taylor Evaluation Services**

PROJECT BACKGROUND

Provide a brief summary to give context to the project. Briefly describe the problem the project targets, any relevant existing literature or data establishing the presence of this problem in the target community, and the importance of addressing the issue. This summary should be 3-4 sentences.

Patients with terminal illness in the Fraser Valley experience and are burdened with existential and spiritual distress, which result or contribute to anxiety, depression and feelings of isolation. Unfortunately, there is a gap in current services offering support beyond pharmacological interventions. Studies show that the distress experienced by these patients is common in palliative populations and associated with poorer quality of life and an increased desire for hastened death (Grassi et al., 2014; Kozlov et al., 2018). With British Columbia reporting the third highest Medical Assistance in Dying (MAiD) rate in Canada at 18% in 2023, this project aims to fill a critical gap by offering therapeutic group programs to improve emotional well-being, connection, and end-of-life experience for patients and caregivers in the Fraser Valley.

PROJECT AIM STATEMENT

In this section, provide the Project Aim Statement as it appears in the project proposal to ensure that the primary goal of the project is clearly defined and distinguished from any evaluation-specific aims.

This project aims to run a series of 6-week group programs for patients with terminal illness and their caregivers in the Fraser Valley, starting in Fall 2025 and continuing for two years. The focus is on reducing existential distress, improving emotional well-being, and helping caregivers feel more supported. We expect to reach at least 75 participants through sessions that integrate Indigenous teachings and trauma-informed best practices. The goal is to help these patients feel more connected and grounded during the end-of-life process; building resilience.

PROJECT OBJECTIVES

From the proposal, which Quintuple Aim and Shared Measures were identified as objectives of this project?

This project aligns with several of the Shared Care outcomes and the IHI Quintuple Aim. The primary objectives include:

- **Improved patient health outcomes** by supporting participants in managing emotional and existential distress through structured, facilitated group sessions.
- **Improved patient experience** by creating safe, culturally responsive spaces where patients and caregivers can process end-of-life concerns with others facing similar experiences.
- **Improved caregiver support** by equipping caregivers with tools and community connection to better manage the emotional toll of providing end-of-life care.
- **Improving health equity** by ensuring program accessibility for Indigenous participants and others who may face cultural, geographic, or systemic barriers to traditional end-of-life care.
- **Improved sustainability and reduced system strain** through the use of MSP group visit billing and non-pharmacological approaches that complement existing services.

Shared Measures selected:

- SCC1 – Improved patient care and health outcomes
- SCC2 – Improved patient ability to self-manage care
- SCC3 – Improvements in provider coordination and communication
- SCC4 – Improved patient transitions between providers and care environments
- SCC6 – Improved timeliness of patient access to care
- SCC8 – Improved sustainability or per capita cost of care

EVALUATION QUESTIONS

Include overarching formative and summative questions that the evaluation will answer. Examples are provided in the matrix below.

1. How was the project planned and implemented?
2. What was implemented over the course of the project?
3. What are the strengths, challenges, lessons learned and areas of opportunity?
4. What progress has been made towards the intended outcomes?

EVALUATION METHODOLOGY

Describe data collection methods and tools, explaining how they will address each evaluation question while ensuring ethical standards such as confidentiality, informed consent, and cultural sensitivity are upheld. The methodology should align with the evaluation's purpose and questions, specifying whether a qualitative, quantitative, or mixed-methods approach will be used. Additionally, outline the data analysis techniques such as thematic coding for qualitative data or statistical methods for quantitative data. Identify potential limitations of the methodology along with strategies to mitigate them.

Project documentation and file review | The evaluation will review on an ongoing basis all relevant file information such as meeting minutes, curriculum materials, and project planning documents to provide information relating to the project's operations and implementation. The review will also rely on session outlines, facilitation tools, and communication materials developed over the course of the program. The review of project documents will be an ongoing process, which will enable the evaluation team to remain up to date and maintain a contextual understanding of the project.

Administrative data review | Administrative data collected through various sources will be analysed within the context of the goals and objectives of the project. Administrative data will be collected from the project team (e.g., number of referrals received, number of patients and caregivers who completed the 6-week group sessions, etc.) and other sources as needed. These data will support the assessment of reach, uptake, and progress toward outcomes. All data will be de-identified before analysis.

Key partner interviews | A sample of interviews with key partners will be conducted at the end of the project implementation. These interviews will gather information about program development, delivery experience, and perceived outcomes from a variety of perspectives, helping to answer both formative and summative evaluation questions. Interviewees and the number of interviews will be identified through consultations with the project steering committee. Semi-structured interviews will use open-ended questions to guide discussion around key themes while leaving space for participants to introduce new ideas or perspectives, and thematic analysis will be applied to the transcripts using a structured coding framework. Confidentiality and informed consent will be ensured, and cultural sensitivity will be prioritized, especially when working with Indigenous partners.

Surveys | To assess project outcomes and impact, the evaluation will draw on both quantitative and qualitative data collected through surveys. Participants will complete post-program surveys at the end of each 6-week group session, offering feedback on their emotional well-being, sense of connection, and overall experience. Surveys will also be conducted with caregivers and providers following relevant engagement or learning sessions. The evaluation team will consult with the project team and Indigenous advisors to ensure information is gathered in a safe, respectful, and culturally appropriate manner. Survey results will be analyzed descriptively and used to track patterns across cohorts using methods such as means, percentages, and frequencies. Additionally, thematic coding will be applied to qualitative aspects of the survey.

Potential Limitations | There are certain limitations anticipated, including small sample sizes, challenges with follow-up, and loss of participants related to the nature of the population's health despite our mixed methodology. These challenges will be mitigated by collecting data from multiple groups, incorporating multiple sources and perspectives, where possible, at several time points to ensure a balanced and responsive evaluation.

EVALUATION TIMELINE

To complete the evaluation timeline table, list key evaluation activities (e.g., developing the framework, designing data collection tools, collecting and analyzing data, and drafting the final report) in the "Anticipated Evaluation Activity" column. In the "Details" column, describe each activity, including its purpose and specific tasks or milestones (e.g., "Create a detailed evaluation framework, including goals, metrics, and methodology"). Use the "Anticipated Timeframe" column to specify when each activity will occur, including timeframes (e.g., "June to July 2024") and, if applicable, note if activities are dependent on other project milestones (e.g., following specific events) or will happen multiple times (e.g., "June 2024, December 2024, February 2025").

Remember that the final evaluation report must be submitted by the end of the project, so plan timelines accordingly. Be as specific as possible, recognizing that timelines and details may evolve as the project progresses. Refer to the provided ***sample table*** *for guidance..*

Anticipated Evaluation Activity	Details	Anticipated Timeframe
Develop and refine evaluation plan	Create a detailed evaluation framework, including goals, metrics, and methodology	Sept - Oct 2025
Develop data collection tools	Design surveys, interview guides, and request templates for administrative data collection. Surveys will potentially be targeted at: - Patients - Caregivers - Program facilitator End of program interviews will potentially be targeted at: - Patients - Caregivers - Program facilitator - Steering committee members - Indigenous advisors	Nov - Dec 2025
Conduct baseline data collection	Begin collecting data from early program cohorts, including pre-surveys and tracking administrative indicators.	Jan – Feb 2026

Ongoing data collection	Continue collecting survey and administrative data after each 6-week cohort and engagement session.	Mar 2026 – Aug 2027 (rolling basis)
Midpoint data review	Conduct interim analysis to assess early trends and provide feedback to project team.	Jan – Feb 2027
Final data collection	Complete final surveys and conduct end-of-project interviews with key partners, facilitators, and Indigenous advisors.	Aug – Sept 2027
Data analysis	Conduct descriptive analysis of survey data and thematic coding of interview transcripts. Synthesize findings across data sources.	Sept – Oct 2027
Draft and finalize evaluation report	Prepare final report summarizing findings, linked to evaluation questions and project objectives. Review with team and Indigenous partners.	Oct – Nov 2027

Planned Completion Date: Nov 30, 2027

EVALUATION MATRIX

Use this evaluation matrix to evaluate the planning, implementation and outcomes of the project. For each evaluation question, identify related sub-questions, key indicators, and expected outcomes. Specify data sources, methods, and measures to guide data collection and assessment. Use the example row as a reference for completing each section accurately and consistently. For access to the Shared Care Shared Measures Reference Guide, please see the Evaluation Planning Toolkit on the Shared Care Learning Centre.

Process Evaluation

Associated Evaluation Question	**Associated Sub-Questions**	**Key Indicators**	**Suggested Data Source/Method**
How was the initiative planned and implemented?	- What structures were in place to guide project planning and governance? - Have the appropriate partners been engaged? And how have they been involved? - Were there any barriers to participation in the project? - Does the project have access to necessary data to make informed decisions?	Frequency and documentation of steering committee meetings; project governance structure Number and type of engaged partners involved in project planning and development Documentation of project planning and online program curriculum development Reported use of evaluation and project data	Project documents for document review Interview of project staff, project steering committee, and project partners

	- Was feedback from project partners and participants incorporated into project activities, as appropriate?	Perception of project management, steering committee members, and other key partners as needed	
What was implemented over the course of the project?	- What activities were implemented? - Were any changes made during implementation, and if so, what was changed and why?	# and type of online program sessions developed and implemented # of referrals to program, by role # of online program session participants/cohorts Demographics of online program session participants (self-reported ethnicity, gender identity, age, language, neurodiversity, etc.) # learning/learning and engagement sessions hosted for providers # attendees at learning/learning sessions, by role # of physicians participating in SCC learning events (**M0024**)	Project documents for document review Interview of project staff, project steering committee, and project partners Review of administrative data

		# of partners/organizations engaged to support project Perception of project management, steering committee members and other key partners, as needed Development of website/resources Other activities as implemented	
What lessons were learned, including strengths, challenges and opportunities for improvement?	- What factors contributed to the success of the project? - Were there any challenges/barriers faced by the project steering committee? How were they overcome? - Was there anything that could have been done differently to improve implementation and/or outcomes of the project?	Perception of project staff, provider leads and project steering committee members **Patient and caregivers' perception of:** - Session content or aspects of delivery that worked well (e.g., relevance, equity, cultural safety) - Session content or aspects of delivery that did not work well - Suggestions for session improvement	Project documents for document review Interview of project staff, project steering committee, project partners along with patients and their caregivers

Outcome Evaluation

Associated Evaluation Question	**Shared Care Outcomes Selected** *(From proposal. Add rows as needed)*	**Key Indicators** *(highlight relevant Shared Care Shared Measures)*	**Alignment with IHI Quintuple Aim**	**Suggested Data Source/Method**
To what extent has the project achieved it's intended outcomes?	SCC1 – Improved patient care and health outcomes	- Self-reported emotional well-being (pre/post) - Reduction in self-reported distress - Overall satisfaction with the program (M0002) - M0027 – Improved family and/or caregiver overall satisfaction - M0029 – Improved communication between providers and patients and family caregivers - M0030 – Improved patient and family caregiver awareness of community supports and resources	Improved patient health outcomes Improved patient experience	Patient and Caregiver survey

	SCC2 – Improved patient ability to self-manage care	- Participant-reported use of coping strategies - Improved self-efficacy (M0028) - Improved patient and family caregiver awareness of community supports and resources (M0030)	Improved patient health outcomes Improved patient experience Reducing cost to health care system/improved sustainability	Patient and Caregiver survey Interviews
	SCC3 – Improved provider coordination, flow of care and communication	- Improved provider overall satisfaction (M0001)	Improved provider experience Improved patient health outcomes	Provider survey Key informant interviews with facilitators, physicians, and project partners
	SCC4 – Improved patient transitions between providers and care environments	- M0005: Improved coordination between providers - M0007: Improved communication between providers	Improved patient experience Improved provider experience	Interviews; Patient and provider survey
	SCC6 – Improved timeliness of patient access to care	- Decreased average wait time from referral to first session - Number of referrals and completions	Improved patient experience Improved health equity	Review of Administrative data; Patient survey

	SCC8 – Improved sustainability or per capita cost of care	- Use of MSP billing - Facilitator feedback on workload and feasibility - Partner perception of long-term viability	Reduced cost to the health care system Improved provider experience	Review of Administrative data Key informant interviews with facilitators and project partners

Logic Model

A logic model can be helpful in showing how a project's activities and outputs connect to the intended outcomes.

(Optional)

*****End of Document*****