

CHAPTER III

PROJECT EVALUATION

INTRODUCTION

The evaluation is the systemic collection of data that concerns the activities, the process and the results of the project. This data collection will lead to a decision of project improvement. The study of the managing discharge summary system of the inpatient department at Roi-Et Hospital will evaluate all the activities for improvement of summary discharge charts so as to know whether the project is successful or not.

PURPOSE

In order to know whether the project is successful or not, this study applied the evaluation pattern of Scriven (1973). This evaluation pattern will focus on each phase of the project which can be divide into two phases as follows.

1. Formative evaluation

The formative evaluation will focus on the methodology of the project in order to follow its progress and give monitoring.

2. Summative evaluation

This kind of evaluation will focus on the implementation of work.

EVALUATION QUESTION

What is the type of this evaluation ? In how many ways is this evaluation used ?

The study of the managing discharge summary system of inpatient department at Roi-Et Hospital used 2 phase patterns of evaluation.

Formative evaluation

- The research team evaluated each of the 9 phases of the TQM. The evaluation will focus on the project progress of the managing discharge summary system of the inpatient department at Roi-Et Hospital in order to know whether the project has been worked continuously or not.

Summative evaluation

- The research team made the summative evaluation when the project had been completed.

What will be the /results or input factors of this project?

The project gave two results as follows.

- The input factors are composed of doctors, nurses, the personnel of the Internal Medical Record Statistics Unit, the personnel of Information Center, budgets and computers.

- The new process or policy of defining the Job Description for personnel of each wards.

What is the process resulted from the research ?

There was the standard process of Flow Chart which shows the discharge of chart circulation after completing the project. (Figure 13)

Does the work achieve the defined objectives ?

It was found that the work achieved the defined objectives.

- There are 0.2% of overdue charts. Numbers of overdue charts are less than 10%.
- There is no loss of charts. (0%)

What are the results of this project ?

There is a new work system of flow charts

There is a register control for borrowing and return charts.

There is a manual of job description for the personnel of Internal wards and Medical Record Statistics Unit.

Doctors can summarize charts under time control.

What are the impacts after the project ?

Cure and medical services are more effective according to the standard of HA.

The hospital receives the allocation of budget according to DRGs system.

Personnel are satisfied with their work.

There is a good atmosphere of working among personnel.

Comparison of work and objectives

It was found from the comparison of work and objectives that the results of work according to the project achieved the defined objectives as follows.

- Numbers of overdue charts reduced to 0.2%
- There is no loss of charts.

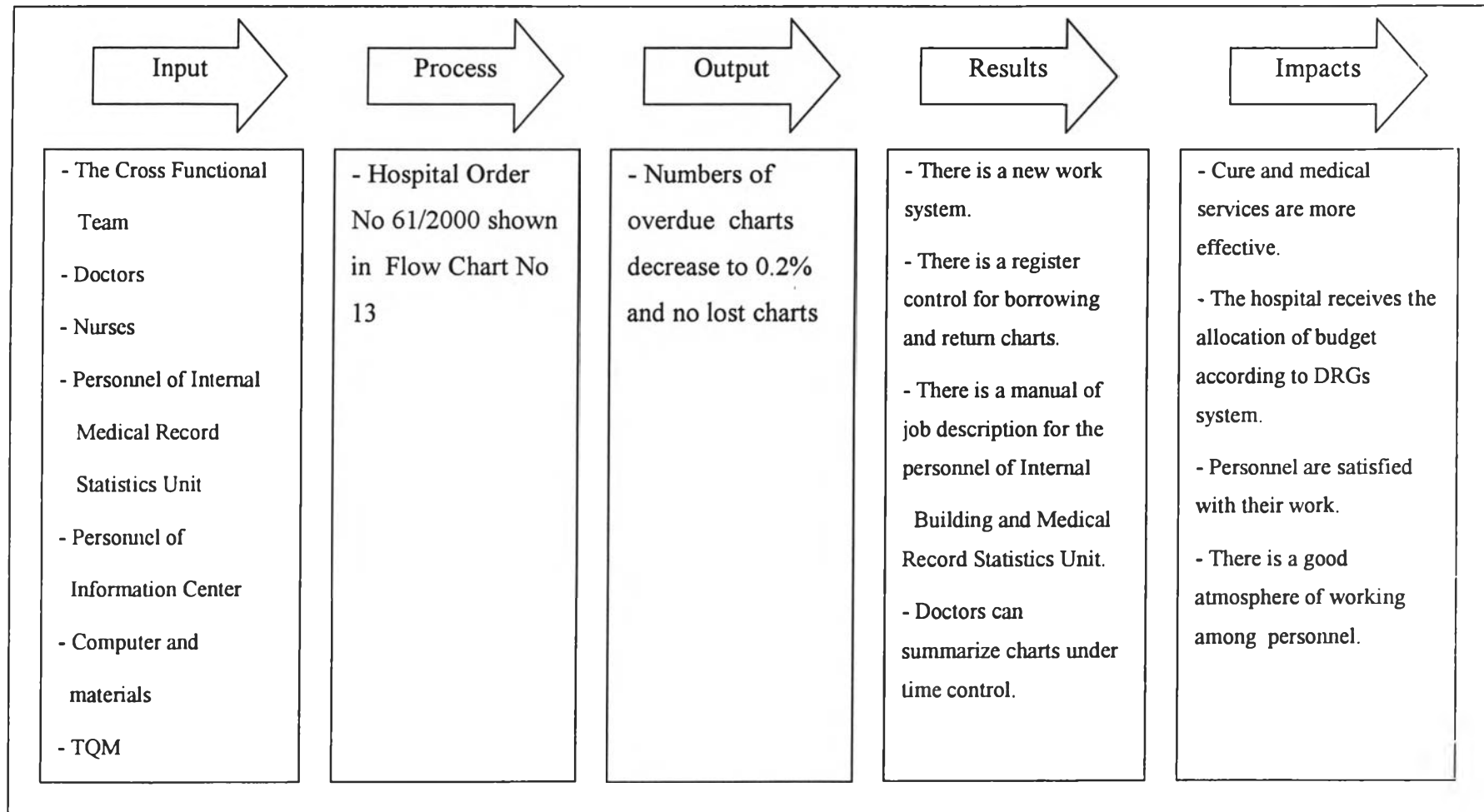
The results show that the new project can best improve the hospital system work and achieve the defined objectives.

How is the effectiveness of the project ?

It was found that this project could solve the problems of overdue and lost charts effectively. There were almost less numbers of overdue charts and no loss of charts. Hence the TQM process was presented in the annual plan and work of Roi-Et Hospital.

EVALUATION DESIGN

Figure 14 : Chart shows evaluation design according to Generic Indicators



DATA COLLECTION METHODS

The data were collected from March to July 2000 by using the following methods.

1. Preparation

From the data collection of overdue and lost charts of March 2000, it was found that there were 744 overdue charts and 110 lost charts.

2. Try out

2.1 Input

2.1.1 The Quality Development Center had set up the Cross Functional Team. This team comprises 16 personnel represented each hospital work, namely 4 doctors from Obstetrics and Gynecology Unit, Surgery Unit, Medical Unit and Pediatrics Unit, 4 nurses from all the nurse units, 6 personnel from Information Center and 2 personnel from the Internal Medical Record Statistics Unit.

2.1.2 The Cross Functional Team arranged 8 brainstorming meetings. Each session meeting lasted 1 or 2 hours.

2.1.3 The budget used for the project was from the budget of Public Health Ministry. From the budget of 30,100 baht, 11,500 baht was spent for personnel's overtime work, 9,000 baht for paper supplies and 9,600 for miscellaneous.

2.1.4 The TQM was used to proceed the administration management. This TQM is the technique of brainstorming and participation of all the hospital personnel.

2.2 Process

2.2.1 After the Cross Functional Team had been set up and the meetings were held, the results of the meetings were presented to the hospital director in order that he would issue the hospital regulations.

2.2.2 The hospital informed the regulations to the personnel of 23 buildings who were responsible for charts and to the personnel of the Internal Medical Record Statistics Unit.

2.2.3 Every personnel followed the regulations.

2.2.4 6 personnel were assigned to take charge in collecting data of overdue and lost charts. Each personnel is responsible for 3 or 4 wards. The data were collected twice a month on the 1st and the 16th. They were collected for the period of four months from April to July 2000.

2.3 Output

2.3.1 After 4 months of data collection (from April to July 2000), it was found that there were 24 overdue charts and there were not any lost charts.

2.3.2 The results were presented to the Cross Functional Team to study and the Cross Functional Team presented these results to the Roi-Et Hospital administrator board.

DATA ANALYSIS AND RESULTS

1. The numbers of overdue charts reduced to 0.2%.
2. There were not any lost charts.
3. There were the hospital regulations of summarizing and sending charts. All the hospital personnel could applied these regulations in a similar way.
4. There were job descriptions of the personnel of Inpatient building and the personnel of the Internal Medical Record Statistics Unit.

5. There were new systems of registering borrowed and returned charts.
6. By using the system of time control, doctors summarized charts in time.
7. There were the personnel who were responsible for internal check. This will help running the project continuously.
8. The personnel who were responsible for internal check presented all the data to the hospital administrator board monthly.