

# Performance Management/Program Evaluation Guide

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## Medicare Rural Hospital Flexibility (Flex) Program

October 2023



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This project is supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement UB1RH24206, Information Services to Rural Hospital Flexibility Program Grantees, \$1,350,000. The information, conclusions and opinions expressed in this presentation are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

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# Summary

This Medicare Rural Hospital Flexibility (Flex) Performance Management and Evaluation Guide (herein referred to as the Flex Performance Guide) aims to support Flex Program Coordinators towards incorporating performance management into program operations leading towards program improvement and evaluation. Incorporating performance management will support states' ability to assess program activities, make improvements and determine if activities are effective, having their intended impact and value to partners. Additionally, evaluation is a required component of the state Flex Program Cooperative Agreement.

Program evaluation is the process of collecting data or information to make decisions about a program or activity. At its core, evaluation is asking questions to answer questions. When done correctly, program evaluation can help each Flex Program:

- Understand and increase the impact of the program and related activities;
- Improve program efficiency;
- Validate program and activity intent;
- Enhance program reporting;
- Support program planning, development, management, and implementation;
- Encourage ongoing program revisions; and
- Improve program engagement.

The Flex Performance Guide uses a practical approach to support Flex Programs that are just getting started with building performance management and evaluation into their program and its operations. It also shares different approaches to assist those that already have evaluation in place. Concepts can be applied by Flex Program staff and those contracting for services. The Flex Performance Guide includes an overview and key terms, followed by evaluation and performance improvement data, design, tools, samples, and resources.

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*Section Takeaways:*

- 1) *What is performance management?*
  - 2) *If the Flex Program is doing performance management, is that evaluation?*
- 

## The Basics

Performance management and evaluation are typically used to: 1) measure program impact and outcomes and 2) support program planning, development, improvement, and reporting. They are an opportunity to assess, revise, improve, and adapt programs or activities to assure they are as effective as possible, having their intended outcomes, and ultimately having an impact. Additionally, performance management is a part of evaluation.

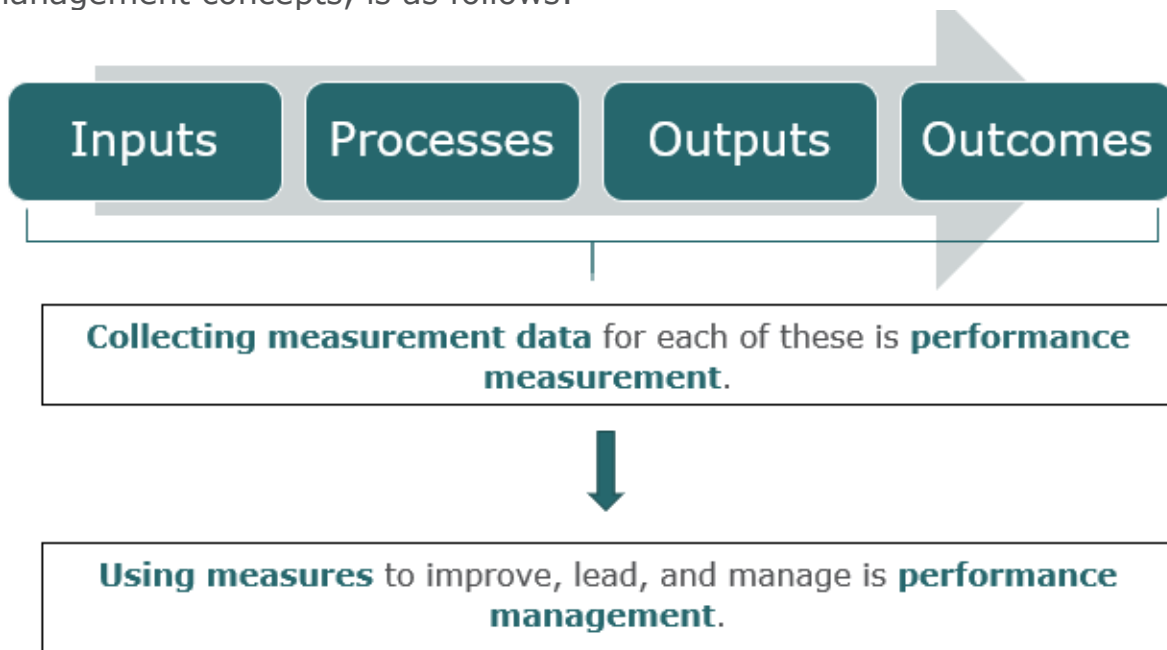
## Key Terminology and Concepts

Key performance management terms and concepts are outlined in the table below.

<b>Term/Concept</b>	<b>Definition</b>
<b>Input Measures</b>	A type of performance measurement. Input measures are the resources used by the program. This can be money, staff time, materials, etc. Examples are the number of Flex Program full-time equivalents (FTE) in fiscal year 2023 (FY23), partner contributions, outside tools, resources, and data.
<b>Process Measures</b>	A type of performance measurement. Process measures determine if the steps in a project are proceeding as planned. Process measures quantify <u>operational functions</u> , such as the time it takes to process an invoice, develop a survey instrument, complete a training, or create a PowerPoint presentation.
<b>Output Measures</b>	A type of performance measurement. Output measures determine if an activity occurred; they are stepping stones used to move forward. Output measures are products or services delivered. These are the activities or services that the Flex Program has control over, such as the number of

	workshops, number of technical assistance support encounters completed, and number of webinars provided.
<b>Outcome Measures</b>	A type of performance measurement. Outcome measures identify change resulting from an activity or series of activities. Outcome measures may be short-term, intermediate, and long-term. Outcome measures typically reflect a change, such as those related to: quality of care, finances and operations, recruitment and retention, and community health status. <u>Short-term outcomes</u> are effects occurring more immediately, typically within one year. In an example of a revenue cycle management project, a short-term outcome measure is reduced registration errors as a percent of total registrations. <u>Intermediate outcomes</u> are effects that occur within one to two years. An example intermediate outcome measure is reduced percentage of denied claims. <u>Long-term outcomes</u> are effects that occur after three years. An example of a long-term outcome measure is improved days net revenue in accounts receivable.
<b>Performance Measurement</b>	Performance measurement is the act of <u>collecting measurement data</u> for inputs, processes, outputs, and outcomes.
<b>Performance Management</b>	Performance management is <u>using performance measures</u> to manage, improve, lead, or develop programs and/or organizations.

A visual of the relationship between all of the performance measurement and management concepts, is as follows:



Using performance management, your Flex Program can ask, “are outputs producing intended outcomes?” If they are not or there is room for improvement, you can go on to ask, “how should inputs, process, and outputs be adjusted or changed to improve outcomes?” Ultimately, this leads to a cycle, which is often referred to as a cycle of continuous improvement. Creating and using performance measures is key to evaluation so these concepts will be revisited throughout the Flex Performance Guide.

Other key concepts that complement performance management include: goals and objectives. While these terms are often confused or used interchangeably, they each serve a unique purpose and are defined in the table below.

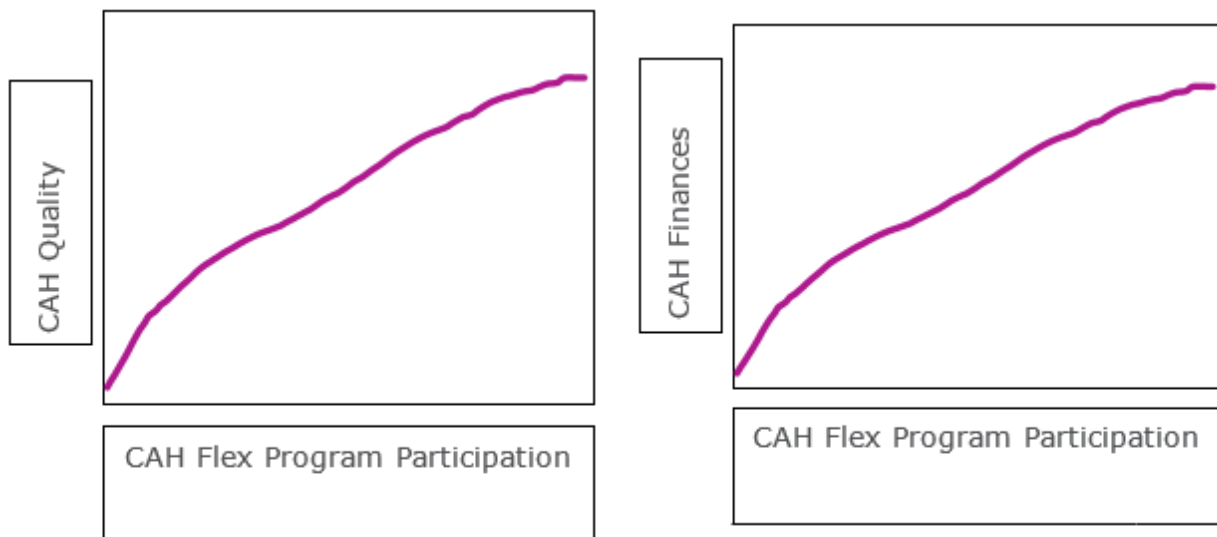
Term/Concept	Definition
<b>Goals</b>	Goals are what you are trying to achieve through a project. A goal is an achievable outcome that is generally broad and long-term. Flex Program examples include improve the quality of care in CAHs or maintain and improve the financial viability of CAHs.
<b>Objectives</b>	Objectives are small, measurable steps you take toward a goal. They should be specific, easy to measure, achievable, realistic, and time-bound (SMART). Objectives should always support goals, so it is important to set goals first. You should be able to see objectives play out daily and they are easily translated into actions. Examples of SMART Flex Program objectives are: 90% of CAHs have average days in accounts receivable of 55 days or less by January 1, 2025.

Goals and objectives are organized as follows:



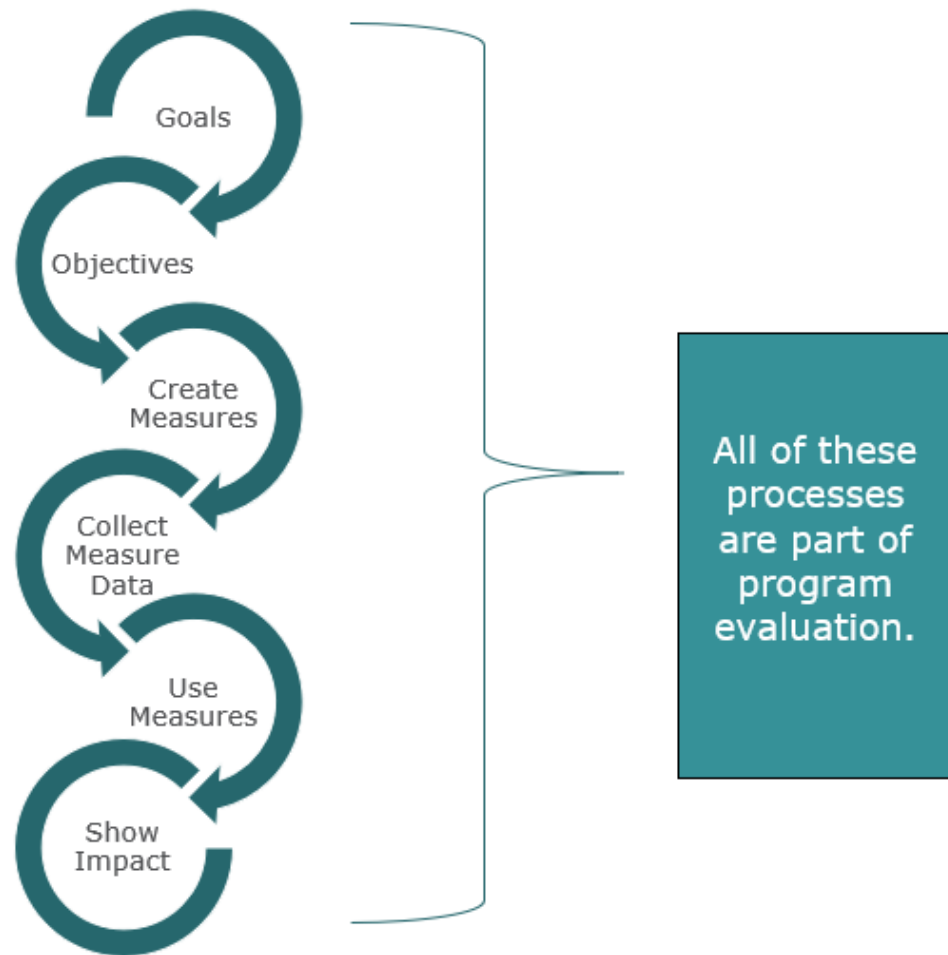
Examining impacts is the final step towards evaluation. Within this context, **impact means results or effects that is attributed to the project or program.** Impact is often used to refer to higher level effects of a program that occur in the intermediate or long-term and can be intended or unintended, positive or negative. Impact can be compared to measurements observed in the absence of the program. Being able to show impact can be tricky;

however, as your Flex Program’s evaluation plan evolve and as more data are available through outcome measures, you will be in a better position to determine whether CAHs and others that participate in the program have higher quality, better finances or operations, improved emergency medical services (EMS), or improved population health because of their adoption of recommendations, best practices or knowledge gained in the program. As shown in the two graphs below, you will be looking to determine if there is a direct correlation between CAH Flex Program participation and CAHs’ improvement in quality and/or finances, or other areas the Flex Program is working.



The following visual outlines the framework of a meaningful program evaluation:





**All Flex Programs should have evaluation plans that include collecting performance measurement data and using the data for performance management, reporting, and continuous improvement.** Program impact analysis and reporting can be added to create a comprehensive, high-value evaluation program.

Refer to the following resource for additional information on writing SMART objectives: [Minnesota Department of Health Toolbox, SMART Objectives](#)

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*Section Takeaways:*

- 1) What are the Flex Program evaluation reporting requirements?*
  - 2) What should be included in the evaluation plan?*
-

# Evaluation Planning

Flex Program evaluation has always been required as a part of the state awards. Managing the Flex Program and Managing Information and Evaluation are two of the [Core Competencies for State Flex Program Excellence](#). Flex Programs differ in size and structure, staffing levels are different, and the skills and resources of Flex Programs vary and change over time. As a result, some states have been regularly evaluating their programs while others conducted evaluations in the past, on limited activities or are just building evaluation into overall program operations. Now that the Flex Program has been in place for over 25 years, it's essential that all states include some level of evaluation (e.g., performance management) as part of on-going program planning and operations. Not only will this help assure each Flex Program is meeting needs and is effective, but it also provides an important opportunity to access information for program planning and development and share outcomes with program partners.

Flex Program evaluation planning ideally begins during the program planning process while writing the cooperative agreement and is updated annually with progress report submissions and updating the future work plan. Evaluation planning during the program planning process enables the program to identify the resources, data, tools, and timeline needed to ensure evaluation activities are an integral part of the program and not an afterthought. However, if plans have not yet been made or need to be re-worked, don't worry, just get started.

First, there are reporting requirements to consider and refer to during the evaluation planning process: Flex Program Work Plan (Excel worksheet), End of Year Report (updated Flex Program Work Plan and a narrative), and the Performance Improvement and Measurement System (PIMS) measures. Each of these reports is important and the data needed to complete them should be incorporated into your evaluation plans.

The Flex Program Work Plan is submitted with the State Flex Program Notice of Funding Opportunity (NOFO) application. There is a [5-year Summary Work Plan](#) (tabbed as 5-year Period Performance):

Grant Number: XXXXXXXXXX  
 Funding Opportunity Number: HRSA-19-024  
 Project Title: Medicare Rural Hospital Flexibility Program

Five Year Summary Work Plan  
 9/1/2019 - 8/31/2024  
 State: XX

<b>Program Area 1: Critical Access Hospital (CAH) Quality Improvement (required)</b>					
<b>Goals: 1) Increase the number of CAHs consistently reporting quality data, and 2) Improve the quality of care in CAHs.</b>					
	<b>Timeline (years)</b>				
	9/19 - 8/20	9/20 - 8/21	9/21 - 8/22	9/22 - 8/23	9/23 - 8/24
<b>Activity Categories</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
1.1 Report and improve Core Patient Safety/Inpatient Measures, including develop antibiotic stewardship programs (required)	Active	Active	Active	Active	Active
1.2 Report and improve Core Patient Engagement Measures (required)	Active	Active	Active	Active	Active
1.3 Report and improve Core Care Transitions Measures (required)	Active	Active	Active	Active	Active
1.4 Report and improve Core Outpatient Measures (required)	Active	Active	Active	Active	Active
1.5 Report and improve Additional Patient Safety Measures	Not included	Not included	Not included	Not included	Not included
1.6 Report and improve Additional Patient Engagement Measures	Not included	Not included	Not included	Not included	Not included
1.7 Report and improve Additional Care Transitions Measures	Not included	Not included	Not included	Not included	Not included
1.8 Report and improve Additional Outpatient Measures	Not included	Not included	Not included	Not included	Not included
<b>Overall description of program area approach:</b>	Build capacity for reporting all MBQIP core measures and focus improvement projects on measures where CAHs perform worse than the national average.				

Instructions 5-year Period of Performance FY 2019 Performance Year (+)

And a [Performance Year Work Plan](#) (tabbed as FY 2019 Performance Year) below:

Grant Number: XXXXXXXXXX  
 Funding Opportunity Number: HRSA-19-024  
 Project Title: Medicare Rural Hospital Flexibility Program  
 Performance Year Work Plan for FY 2019  
 9/1/2019 - 8/31/2020  
 State: XX

<b>Activities Description (by category)</b>	<b>Expected Outputs</b>	<b>Actual Outputs (complete for progress reporting only)</b>	<b>Timeline and Key Milestones</b>	<b>Staffing</b>
<b>Program Area 1: Critical Access Hospital (CAH) Quality Improvement (required)</b>			<b>Total budget for program area:</b>	<b>\$ 110,000</b>
<b>1.1 Report and improve Core Patient Safety/Inpatient Measures (required annually)</b>			<b>Total budget for category:</b>	<b>\$ 25,000</b>
Conduct an educational webinar to ensure all health care providers and eligible patient populations receive their influenza vaccinations	50 CAHs who attend and or receive meeting notes and resources for each quarterly quality meeting.		8/31/2020	Flex Coordinator, SME
Provide 1:1 TA to facilities on reporting questions and quality improvement opportunities	Number of TA requests, 30 expected		Ongoing, as requested	Flex Coordinator
<b>1.2 Report and improve Core Patient Engagement Measures (required annually)</b>			<b>Total budget for category:</b>	<b>\$ 25,000</b>
Provide statewide HCAHPS data reports to 50 CAHs and identify high performers	Best practices shared quarterly with 50 CAHs		12/1/2020, 3/1/2021, 6/1/2021, 8/31/2021	Flex Coordinator
Improve CAH patient engagement through the use of HCAHPS and identify quality improvement activities and	Conduct 5 HCAHPS focus groups at CAHs		Focus group planning and dates completed by 10/1/2019, focus groups	Flex Coordinator, SME connected via

Instructions 5-year Period of Performance FY 2019 Performance Year (+)

PIMS focuses on two questions about your state's Flex Program activities: 1) Which CAHs obtained support from the Flex Program towards an intended

outcome by activity? And 2) Did the participating CAH improve the outcome that was intended?

Considering these three reporting requirements: 5-year plan, Performance Year Work Plan, and PIMS; your evaluation, at a minimum will need to determine:

- 1) What activities occurred, how many CAHs participated, and which CAHs participated?
- 2) What were the intended outcomes, were improvements made that reflected these intended outcomes and if so, for which CAHs?

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*First, figure out what you want to know. Then figure out how to answer it.*

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## Key Questions When Designing a Flex Program Evaluation

As you move forward, thinking more broadly about Flex Program goals, objectives, and activities, it is important to ask the following questions as they can guide development of your program evaluation:

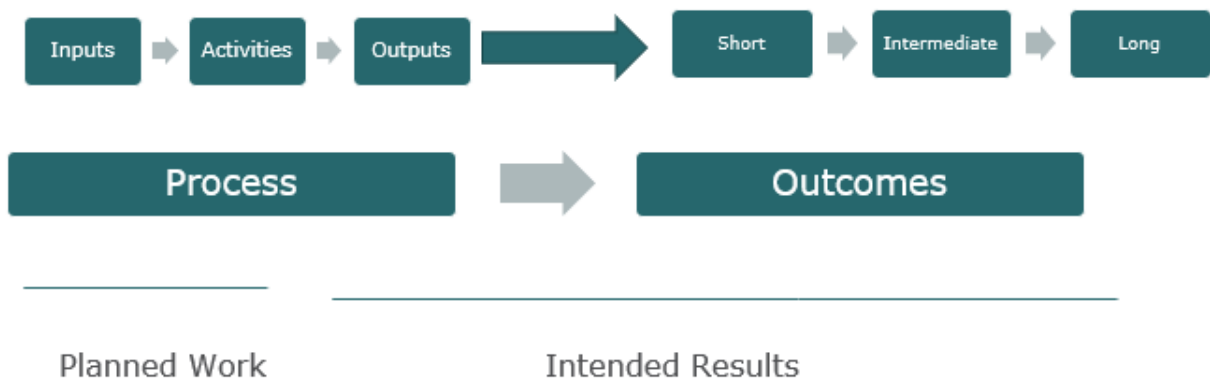
1. What are your Flex Program evaluation priorities across each program area?
2. What do you want to learn and what decisions do you want to make once you have the evaluation findings?
3. How will key partners be involved in the evaluation process?
4. Who is the audience for findings gathered from the evaluation?
5. What questions do you want to answer?
6. What data are available or are needed to answer the questions?
7. How will the data be collected?
8. What is the timeline for collecting the data?
9. What resources (staff time, tools, etc.) are needed to collect and analyze the data?
10. When are the findings needed?
11. How will the findings be shared (internally, externally, format)?
12. How will the findings translate into program improvement?

See Attachment A for the Evaluation Discussion & Decision Making Guide

Many State Flex Programs contract for program services using vendors or consultants. In these instances, consider these additional questions to assure evaluation can occur for these program components as well. Key questions (in addition to those above) include:

1. Are there data reporting deliverables built into all contractual agreements with outside vendors or consultants providing services on behalf of the Flex Program so these data can be used for program evaluation and management?
2. Are vendors reporting data in a way that can be easily analyzed and used for program planning, development, management, evaluation, and reporting purposes (e.g., in a spreadsheet or database vs. a Word file or PDF)?
3. Is vendor reporting timely (monthly, quarterly, with each invoice) so decisions and program changes can be made as needed?
4. Are evaluation plans in alignment with Flex Program needs?

If your Flex Program hasn't already created a logic model for your program, this is another tool that can support both program planning and evaluation development. Logic models are a well-established tool. FORHP has created a [Flex Program Logic Model](#). Basically, logic models are a road map showing how a planned program connects with the desired outcomes and results. Logic models are a graphic hypothesis that describes the cause and effects towards an intended outcome. It is a way of creating if-then statements in graphic form. They are used to communicate projects, programs, operations, activities, and goals and can be used for planning and developing program evaluations. The logic models should look somewhat familiar because it's based on the performance management model described above. The basic structure of a logic model is as follows:



Using this structure, the following elements are then identified for both the process and outcomes components:

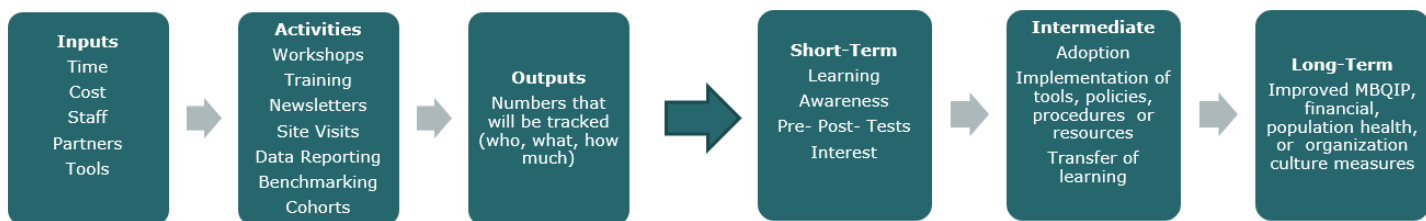
## Process

- The inputs are the resources that are invested: time, money, partners, equipment, tools, facilities, etc.
- The activities are specific actions taken to produce a result: workshops, conferences, publications, training, websites, site visits, etc.
- Outputs are the measures that an activity occurred: number of workshops held, number of attendees, number of CAHs represented, number of website hits, number of new users, etc.

## Outcomes

Outcomes are broken into those that are considered short-term, intermediate, and long-term. They answer the question “what happened because of the program or activity?” They are used to communicate changes due to whatever was invested. Short-term outcomes reflect changes in awareness, knowledge, motivation, attitude, and skills (identified as “learning” in the [Flex Program structure](#)). Short-term outcomes normally occur within one year. Intermediate outcomes reflect changes in practices, policies, technology adoption/use, attitude, and management strategies by individuals, management, or groups (reflected as “behavior” in the Flex Program structure). Intermediate outcomes occur within one to two years. Long-term outcomes reflect changes in areas such as improved operations, improved or more stable finances, improved quality, improved culture, and improved physical plant (reflected as “conditions” in the Flex Program structure). Long-term outcomes are normally measured after three years.

If each component is added, a state Flex Program logic model will reflect the following:



To use the logic model, identify the long-term outcomes the Flex Program is trying to achieve first, then identify the activities/strategies the Flex Program will implement to achieve those outcomes. From there, identify inputs, outputs, and short-term and intermediate outcomes. Identifying the outputs

and outcomes as part of the Flex Program planning and evaluation planning process will not only assist with program implementation and data collection but some of these numbers can be used for PIMS and annual progress reporting or NCC (non-competing continuation reporting).

Once you have created the state Flex Program logic model, you can use it to:

- Determine what you are going to evaluate,
- Identify evaluation questions and what information to collect,
- Develop a timeline for collecting data, and
- Identify data collection sources, methods, and tools.

The Flex Program logic model and other samples are included in Attachment B.

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*Section Takeaway:*

*1) How should measures be organized?*

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## Getting Started

Using your NOFO work plans, you can revise or evolve your evaluation plans (and your work plans). This is important because they should be consistent and complement one another.

A concept that is specified in both the 5-Year Performance plan and the Work Plan is “baseline data”. This is another important concept and can be described as follows:

**Baseline Data:**

A starting point to be used to see how far you have come in your project. Baseline data is collected before interventions or activities are started. It will allow Flex Programs to compare work before, during, and after intervention/activity implementation.

If you haven’t set your baseline data within your 5-Year Work Plan or it needs to be adjusted due to changes made to work plan or evaluation plans, make

those changes after evaluation plans are set and agreed to as measures may change.

## Organizing Measures

Tips – 1) Add your evaluation plan and performance measures as a separate worksheet within your workplan file. 2) Create objectives as part of your evaluation planning process and assure they are SMART as this will guide the development of each performance measure.

Let's assume your Flex Program is working on the following as outlined in the Medicare Rural Hospital Flexibility Program Structure for FY 2019 – 2023:

### Program Area 1: CAH Quality Improvement

#### Goal 1: Increase the number of CAHs consistently reporting quality data

For this goal, if you selected Activity Categories 1.1 – 1.4: "Report and improve Core Patient Safety/Inpatient Measures", "Report and Improve Care Transition Measures" etc., you identified the activities, outputs, outcomes, and timelines for all of these measures as part of your Performance Year Workplan. To create consistency between your Performance Year Workplan while building your evaluation plan, build all of these components into the evaluation plan BUT also include a place to report objectives, output, process measures, and outcome measures. As an example, evaluation plans for Goal 1 may include the following:

#### **Example 1**

### Program Area 1: CAH Quality Improvement

#### Goal 1: Increase the number of CAHs consistently reporting quality data

Objective 1: All CAHs report all MBQIP measures on a quarterly basis by end of FY2023.

Activity 1: For MBQIP measures with 3 or fewer CAHs not reporting, provide 1:1 quarterly targeted technical assistance, upon receipt of new MBQIP reports, to CAHs not reporting MBQIP measures.



Activity 2: Host semi-annual MBQIP reporting huddles for those MBQIP measures where 4 or more CAHs are not reporting data on a quarterly basis.

Activity 3: Send reporting reminders to all CAHs for all MBQIP reporting requirements.

#### Output Measures:

Number of CAHs receiving MBQIP reports.

Number of CAHs receiving 1:1 MBQIP technical assistance.

Number of CAHs participating in MBQIP huddles.

Number of MBQIP reporting reminders sent to CAHs

#### Process Measures:

Average time (days) from availability of MBQIP reports to sending MBQIP reports to all CAHs.

Average time (days) from sending MBQIP reports to conducting 1:1 TA with CAHs.

#### Outcome Measures:

Number of CAHs reporting each MBQIP measure (or set of measures) by quarter.

Percent of CAHs reporting each MBQIP measure (or set of measures) by quarter.

#### Impact Measures:

Change in the number of CAHs reporting each MBQIP measure (or set of measures).

Measurement data can be tracked using a variety of tools (e.g., database, spreadsheet, web-based survey tool). Also, you will note that some of the measures apply to one or more activity.

## **Example 2**

## Program Area 1: CAH Quality Improvement

### Goal 1: Improve the quality of care in CAHs

Again, for this goal, if you selected “Report and improve ...” each of the core MBQIP measures, you will or did identify the activities, outputs, outcomes, and timelines for all these measures as part of your Performance Year Workplan.

Using Activity Category 1.3 Care Transition Measures as an example, you again create consistency between your Performance Year Workplan while developing your evaluation plan by building all of these components into the evaluation plan BUT also adding objectives, output, process and outcome measures. For example, you may select the following:

## Program Area 1: CAH Quality Improvement

### Goal 1: Improve the quality of care in CAHs

Objective 1: All CAHs achieve 95% quality compliance for all EDTC measures by FY2023.

Activity 1: Host an annual EDTC improvement webinar for all CAHs in coordination with the Rural Quality Improvement Technical Assistance Center ([RQITA](#)).

Activity 2: Facilitate a one-time 1:1 peer training between CAHs that have achieved consistent 100% compliance with EDTC with CAHs that consistently fall below 95% for any of the EDTC measures.

Activity 3: Email EDTC MBQIP reports to all CAHs when reports are available along with CAH specific notes identifying opportunities for improvement.

#### Output Measures:

Number of CAHs participating in the EDTC webinar.

Number of CAHs receiving EDTC MBQIP reports and notes for improvement.

Number of CAHs receiving 1:1 peer EDTC technical assistance.

### Process Measures:

Average time (days) from availability of EDTC MBQIP reports to sending MBQIP reports to all CAHs.

Average time (days) from sending MBQIP reports to conducting 1:1 peer training TA with CAHs.

### Outcome Measures:

Number of CAHs achieving 95% for all EDTC measures.

Percent of CAHs achieving 95% for all EDTC measures.

Percent of CAHs reporting improved communications with referral partners.

### Impact Measures:

Change in the number of CAHs achieving 95% for all EDTC measures.

Change in the percent of CAHs achieving 95% for all EDTC measures.

Additional examples of measures for all Program Areas are included in the [Medicare Rural Hospital Flexibility Program Structure for FY 2019 – FY 2023](#).

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### *Section Takeaways:*

*1) How are data collected?*

*2) What data are available and where can data be found?*

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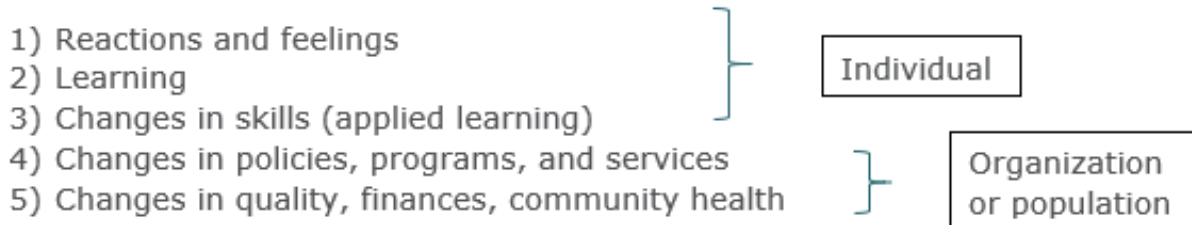
## Data Collection

To carry out the evaluation, data will need to be collected, stored, analyzed and reported. There are different data types and sources discussed below.

Key terms that are helpful to understand.

Term/Concept	Definition
Primary Data	Data you are or will collect or have already collected.
Secondary Data	Data others have collected.

When thinking about primary or secondary data needed for the evaluation, there are five primary areas to be measured within two categories:



Each level of evaluation offers important information to learn; however, the further you move down the list, the more useful your findings tend to be towards assessing impact.

A summary of various data collection methods is below. Samples and resources are included as Attachments D, E and F.

<b>Surveys, questionnaires, checklists, polls, pre- and post-tests</b>	
General Purpose	Method used to quickly and easily gather information from multiple people or organizations
Tool/Data Collection Sources	<ul style="list-style-type: none"> <li>• Web-based surveys (e.g., Qualtrics, Survey Monkey, Zoho, other web-based surveys)</li> <li>• Polls and survey tools embedded into webinars</li> <li>• Polling applications (e.g., Easypolls and Poll Everywhere)</li> <li>• Paper</li> </ul>
Strengths	<ul style="list-style-type: none"> <li>• Inexpensive</li> <li>• Fast</li> <li>• Easy to duplicate and follow-up for non-respondents</li> <li>• Can be anonymous</li> <li>• Can include many people or organizations</li> <li>• Samples may already exist</li> <li>• Data are immediately available (when using web-based tools) and can be easily analyzed</li> </ul>

## Surveys, questionnaires, checklists, polls, pre- and post-tests

Weaknesses/  
Challenges

- Impersonal
- Possibility of low response rates and/or repeat respondents
- Partial story
- Wording can bias responses
- Survey fatigue by partners
- If a sampling approach was used, results may not be generalizable without a process to ensure appropriate response rates and appropriate representation of the overall sample of participants.

Examples of Use  
Within the Flex  
Program

- Pre- and post-tests conducted before and after a workshop, learning collaborative, or other training
- Annual Flex Program satisfaction survey for CAHs
- Transfer of learning questionnaires

## Interviews and Recommendation Adoption Progress Interviews (RAPS)

General Purpose

Method used to better understand someone's thoughts, opinions, or experiences, application of consultation or technical assistance, including as follow-up to surveys, polls, etc.

Tool/ Data  
Collection Sources

Telephone, face-to-face, web-video

Strengths

- Can ask more complex questions and get more in-depth information
- Personal
- Allows for follow-up to questions to be asked
- Inclusion of a Likert Scale offers opportunities for comparison and standardization of responses
- Contributes to cost/benefit analysis

Weaknesses/  
Challenges

- Time consuming
- Can be expensive
- Easy to bias discussion
- Difficult to compare responses

Examples of Use  
Within the Flex  
Program

- Interview of CAH staff who recently completed a charge master review as part of the Flex Program activities
- Interview of CAH quality improvement director who managed a quality improvement initiative implementation at their CAH, a program that was funded by the Flex Program

## Focus Groups

## Surveys, questionnaires, checklists, polls, pre- and post-tests

### General Purpose

Method to explore topic(s) using a group of people in a discussion format.

### Tool/Data Collection Sources

Teleconference, video conferencing, webinar, face-to-face

### Strengths

- Opportunity to both share both about the program and learn from participants
- Efficient means of obtaining input and impressions from a group of partners
- Can include many people or organizations
- Can ask more complete questions and get more in-depth information
- Allows for follow-up questions to be asked

### Weaknesses/ Challenges

- Can lead to one-sided conversations/drivers without a skilled facilitator
- Can be difficult to summarize and compare responses
- Ability to schedule multiple people at a time

### Examples of Use Within the Flex Program

- CEO focus group discussion about current Flex Program funded quality improvement activities
- Coder focus group discussion about the Flex Program funded ICD10 coding course that was held

## Case Studies

### General Purpose

Method of providing an in-depth description of experiences with a program, including making cross comparisons of cases.

### Tool/Data Collection Sources

- [Institute for Health Improvement](#)
- [Rural Health Information Hub](#)
- [Rural Provider Recognition Spotlights](#)

### Strengths

- Easily obtain reliable and in-depth information and impressions
- Efficient
- Opportunity to share program information and provide background for discussion
- Captive engagement

### Weaknesses/ Challenges

- Often time consuming and requiring extensive resource commitment both from those conducting the case study and participants
- Extensive depth of information but may be lacking in breadth

**Surveys, questionnaires, checklists, polls, pre- and post-tests**

Examples of Use  
Within the Flex  
Program

- A case study of CAH’s 5-year HCAHPS improvement initiative
- A case study of a CAH that closed but re-opened with Flex Program support

**Documentation Review**

General Purpose  
Method used to gain an impression of how a program operates or has been used.

Tool/Data  
Collection Sources

- Reports submitted by CAHs or vendors
- Community health needs assessments
- [Flex Monitoring Team](#) reports (e.g., state level reports)

Strengths

- Data/information is already available/has been reported
- Can be comprehensive looking at various program approaches
- Can be efficient if accessing structured data reports

Weaknesses/  
Challenges

- Can be labor intensive if unstructured
- Can be challenging to organize observations and generalize findings
- Data are restricted to what was collected or available
- Data reported may be incomplete

Examples of Use  
Within the Flex  
Program

- Vendor/Contractor data (output and outcomes data provided to the Flex Program as part of contracts for services)
- Review of CAH community health needs assessments

**Other Secondary Data**

General Purpose  
Qualitative or quantitative analysis to make comparisons, benchmark, identify outcomes, and/or track trends over time.

Tool/Data  
Collection Sources

- MBQIP Data Reports
- [CAHMPAS Database](#)
- [Population Health Toolkit](#)
- [Flex Monitoring Team state data and reports](#)
- State and association quality, finance, public health, community health needs assessments, and Emergency Medical System reports

Strengths

- Limited to no data collection costs

## Surveys, questionnaires, checklists, polls, pre- and post-tests

### Weaknesses/ Challenges

- May be available at regular intervals (e.g., monthly, quarterly, or annually)
  - May be timely
  - Data are standardized
  - Data can be compared to other states
  - Data are CAH specific
- 
- May be outdated or available inconsistently not allowing them to be used during the funding cycle or for continuous improvement
  - Data may not reflect needs/are limited
  - Data reporting format limits use
  - Inconsistent reporting by CAHs or other partners
  - Raw data may not be public; rely on analysis and interpretation by another party

### Examples of Use Within the Flex Program

- Trending quality and financial improvement outcomes before and after a specific CAH consultation or site visit
- Dashboard reports
- Maps of improvements by initiative

Selecting the most appropriate method for Flex Program evaluation will depend on what questions the Flex Program is trying to answer and the resources available. In many instances a combination of methods or a series of methods will be used.

## Secondary Data Sources for Flex Program Evaluations

All state Flex Programs have access to secondary data and many are also collecting primary data. Primary data are often collected and organized using one of the methods listed above, data tracked for PIMS, or using an external tool such as QHi (Quality Health Indicators) or TruServe. Secondary data are readily available through MBQIP, Flex Monitoring Team, The Center, Rural Health Information Hub, organizations the Flex Program is contracting, and others. All Flex Programs are highly encouraged to tap into these valuable resources.

A description of key data sources follows while descriptions of the organizations that create and support them are included in Attachment C.



## MBQIP (Medicare Beneficiary Quality Improvement Project)

This project was first implemented in 2011. It is based on a set of quality measures that have been determined to be rural and CAH relevant. The set of measures changes over time and is in alignment with quality reporting for the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC). CAHs report the data using various methods depending on the measure and whether they use an outside vendor for reporting purposes. A list of measures and reporting deadlines can be found on [The Center website](#).

Shortly after data are reported, they are made available to Flex Program Coordinators in quarterly data reports. The data reports provide CAH specific, state, and national data for comparison purposes. [Rural Quality Improvement Technical Assistance](#) (RQITA) team members are available to assist Flex Program staff with interpreting and identifying tools and resources to support the use of data reports.

## Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS)

[CAHMPAS](#) is an online data query system that includes CAH financial and operational, quality, and community benefit and health improvement data. CAHMPAS data are updated as federal data are available, so may experience a time-lag when compared to other sources. Users can explore these data by creating graphs and tables of different financial, quality, and community measures.

Financial data are available via CAHMPAS as well. A unique login is required and can be obtained by contacting the [Flex Monitoring Team](#). Hospital-level financial data include: profitability, liquidity, capital structure, revenue, cost, and utilization measures. CAHs have direct access to the tool and can view and benchmark their own hospital-specific data. Flex Programs can view their state's data when accessing CAHMPAS.

Quality and Community data are available publicly on the CAHMPAS site, and quality data are aggregated at the state level and community data are aggregated at the county and state-levels due to sample size and data source restrictions. Quality measure data include inpatient, outpatient, and HCAHPS data. These data differ from what is available on Hospital Compare since they include data that are suppressed due to low volume from the Hospital Compare site. Community data include charity care, bad debt, uncompensated care,

community benefit, and population/community health improvement measures. Quality and Community data can be viewed at the national and state level, and some community data indicators can be viewed at the county level.

## PIMS (Performance Improvement and Measurement System)

PIMS is a federal reporting tool and should not be confused with or be considered as a replacement for a state Flex Program evaluation. Instead, PIMS is used to collect comparable data across all state Flex Programs. It is accessed through the Health Resources and Services Administration Electronic Handbooks System (EHB). For the Flex Program, PIMS focuses on reporting program involvement by each CAH, EMS agency, and other participating rural providers and well as Activity Category improvement. Below are sample screen shots reflecting the type of data that needs to be reported annually in PIMS.

### Quality Improvement

#### Core MBQIP Metrics

##### 1.01 Core Patient Safety Quality Improvement: OP-27

Please indicate which CAHs participated and improved in the Core MBQIP Domain 1 Patient Safety activities for HCP (aka OP-27) during the budget period. Select all that apply.

CAH Name	Historical Participation	Participation	Improvement
Select All	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381305 - Blue Mountain Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381320 - Columbia Memorial Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381312 - Coquille Valley Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381322 - Curry General Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381325 - Good Shepherd Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381321 - Grande Ronde Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381307 - Harney District Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381309 - Lake District Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381311 - Lower Umpqua Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381301 - Peacehealth Cottage Grove Community Medical Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381316 - Peacehealth Peace Harbor Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
381310 - Pioneer Memorial Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
381318 - Providence Holy Cross Medical Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Since PIMS data are reported two months after the Flex Program grant year ends, current data may not be available during the annual Flex Program planning process. Also, these data reflect whether improvement occurred in each CAH because of Flex Program efforts. It is not a system that records outcome measures, best practices, and lessons learned. However, data collected for PIMS can and should be considered for inclusion in program evaluation activities. For example, tracking program participation by CAHs for PIMS will identify CAHs that didn't receive any Flex Program support during the grant

year or those that received limited support. These findings can be used to drive program changes, direction of future Flex Program support, and the development of additional evaluation activities to better understand lack of participation and needs. Therefore, PIMS data should be considered a resource but not an evaluation.

The Center has various resources and tools to support Flex PIMS data collection and reporting on the [TASC website](#). State Flex Programs have also created internal tools (databases or spreadsheets) for tracking PIMS data while some use [TruServe](#) to monitor and track progress.

## Other Secondary Data Sources

Many states publicly report hospital financial, quality, and operational level data that should be considered for evaluation purposes. Additionally, any contractor that Flex Programs are working with should be providing program data to the Flex Program. For population health initiatives, common resources are the [Centers for Disease Control and Prevention](#), [County Health Rankings](#), [County Profiles](#), as well as many other websites.

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### *Section Takeaways:*

- 1) *What should an evaluation plan look like?*
  - 2) *How should data be organized to support analysis and reporting?*
- 

# Creating an Evaluation Plan and Organizing Data

Various approaches can be used to create an evaluation plan and organize data but the focus here is on a work plan approach and dashboards. Each is described here.

## Work Plan Approach

A work plan approach uses a similar structure to your work plan. It can be embedded in the work plan or separate, but key is that it directly aligns with

program goals, objectives, and activities. It may be easier to manage an evaluation work plan if it is a separate document or Excel worksheet. There isn't a prescribed format when using a work plan approach; however, it needs to work for Flex program staff and be clear to everyone involved. Using the goals, objectives, and activities from the Getting Started section above, below is a sample evaluation work plan that can be used or modified. Note, many of the columns tracked respond to the Key Questions When Designing a Flex Program Evaluation as indicated above in that same section.

Evaluation Work Plan Sample:

Objective 1: All CAHs report all MBQIP measures on a quarterly basis by end of FY2023.						
Eval Question/Impact? Are more CAHs reporting MBQIP quality improvement data because of the Flex Program?						
Activity	Data Collection Method	Data Source	Date	Staff Responsible	Indicator(s) of Success	Findings/Outcomes/Impact
1:1 Targeted TA	Spreadsheet	Internal	As activities occur	Stephanie Phillips	Reporting improves, 1:1 TA occurs within 10 business days of sending Telligen reports	25% improvement in EDTC reporting, 10% improvement in HCAHPS reporting, 9% improvement in OP-18 reporting, 86% of CAHs reporting all MBQIP measures, TA within avg 18 business days
MBQIP Reporting Huddles						
Reporting Reminders				Mike Jones		

If you use a work plan approach for your evaluation plan, you can easily cut and paste and add or delete columns from your data collection tools to report findings in the progress report or NCC and to program partners. If you are using a database, TruServe, or a spreadsheet to track data it’s important that the data tracked align with the data needed. Additionally, data collected should support easy access to PIMS data. A sample layout for data collection tools associated with the sample evaluation work plan is below.

Evaluation Data Tracking Sample 1:

Date EDTC Telligen Report Avail from FORHP	Date	Date	Date	Date										
	Telligen Report Emailed to CAHs				EDTC Reporting Reminder Sent				Technical Assistance		Reporting EDTC			
	Q1 Date	Q2 Date	Q3 Date	Q4 Date	Q1 #	Q2 #	Q3 #	Q4 #	Huddle 1 #	Huddle 2 #	Q1 Y/N	Q2 Y/N	Q3 Y/N	Q4 Y/N
Hospital A														
Hospital B														
Hospital C														
Hospital D														
	Avg	Avg	Avg	Avg	SUM	SUM	SUM	SUM	SUM	SUM	SUM	SUM	SUM	SUM
	Avg Days										%	%	%	%

## Evaluation Data Tracking Sample 2:

Date EDTC Telligent Report Avail from FORHP	Date	Date	Date	Date						
	EDTC Telligent Reports w Notes Sent				Technical Assistance		EDTC Scores all at 95% or higher			
	Q1 Date	Q2 Date	Q3 Date	Q4 Date	RQITA Training #	1:1 Peer Training #	Q1 Y/N	Q2 Y/N	Q3 Y/N	Q4 Y/N
Hospital A										
Hospital B										
Hospital C										
Hospital D										
Hospital E										
Hospital F										
	Avg	Avg	Avg	Avg	SUM	SUM	SUM	SUM	SUM	SUM
	Avg Days						%	%	%	%

Although not detailed here, another approach that can be used for an evaluation work plan is a hierarchical approach or outline using Word. This approach may look something like Samples 1 and 2 in Organizing Measures above.

## Balanced Scorecard & Dashboards

Balanced Scorecard is a strategy performance management tool. The Balanced Scorecard was originated by Robert Kaplan (Harvard Business School) and David Norton as a performance measurement framework that added strategic non-financial performance measures to traditional financial metrics to give managers and executives a more 'balanced' view of organizational performance. Organizations use them to communicate what they are trying to accomplish, align daily work with strategies, prioritize projects, and services, and measure and monitor progress towards strategic targets. The colors red (below), yellow (narrowly missed or poor trending), and green (met or exceeded) are used on the Balanced Scorecard to indicate whether targets are met.

Within the Balanced Scorecard there are four areas of performance: financial, customer, internal processes, and innovation (often referred to as learning and growth); however, areas of performance should be modified to fit the program. This modification may follow the [Core Competencies for State Flex Program Excellence](#) created for Flex Programs or it may align with the state's Flex Program Areas.

Similar to a Balanced Scorecard is a dashboard. A dashboard can include each of the Flex program areas being addressed and it can be used to track measures and outcomes over time. Again, red, yellow and green are used to provide a visual indication of whether targets are met. Like the work plan approach, the dashboard should follow program goals and objectives. Using the Sample 2 outline from Organizing Measures above, a framework for a dashboard is below.

Dashboard Sample:

Program Area 1: CAH Quality Improvement	Goal: Improve the Quality of Care in CAHs				
Objective	All CAHs (n=6) at 95% for all EDTC measures by 2023				
	Q1	Q2	Q3	Q4	Analysis
Number of CAHs at or above 95%	3	3	4	5	2 additional CAHs (total of 83%) at or above 95% for all EDTC measures
% of CAHs at or above 95%	50%	50%	67%	83%	
Impact	0%	0%	17%	33%	

Other important data tracking tools to consider and use are the RQITA MBQIP data analysis tools (you can use these spreadsheets to import MBQIP data, analyze, and track it over time) and CAHMPAS (found above in Other Secondary Data Sources).

---

*Section Takeaways:*

- 1) *How can evaluation data be used?*
-

# Making Improvement

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*A primary reason for having an evaluation plan and collecting data is for program management and improvement. In Section Takeaways:*

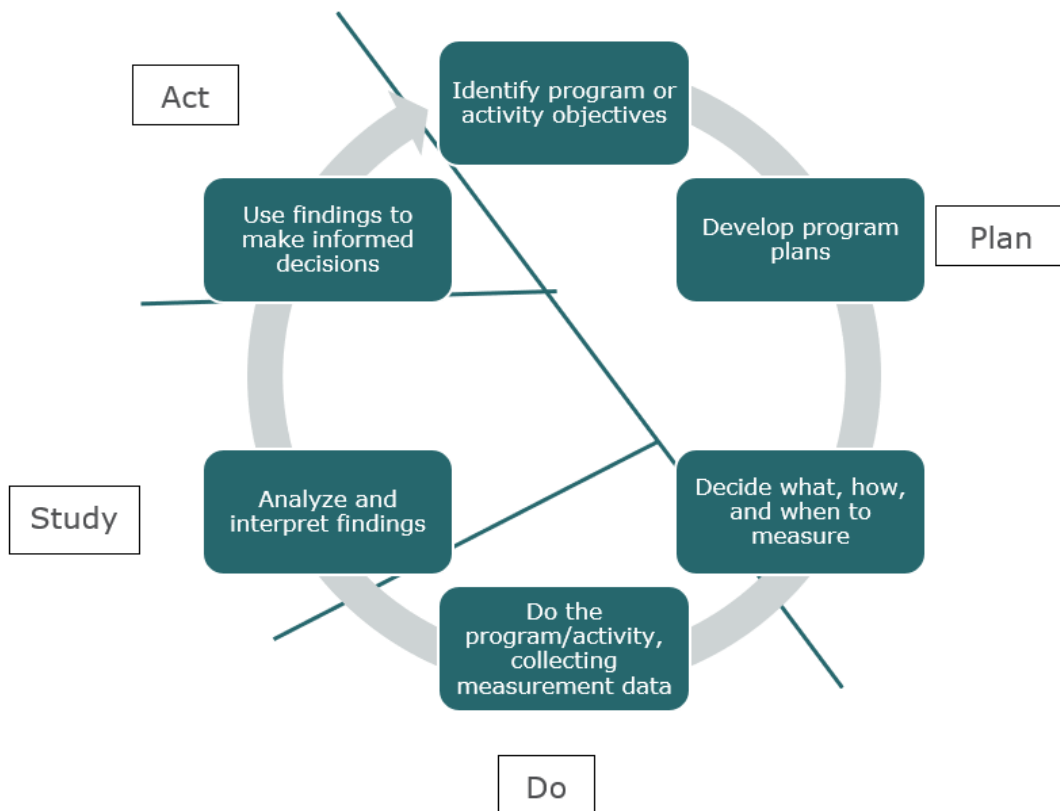
- 1) *What is performance management?*
- 2) *If the Flex Program is doing performance management, is that evaluation?*



---

The Basics section above, there was a brief discussion about continuous improvement. This will be outlined here. First, think about the work you or others on your team do to support quality and performance improvement. There is a commonly used method that is often referred to: [Plan-Do-Study-Act](#). To support quality improvement, each quarter, Flex Programs email quality data reports to CAHs. The data reflect various measures the CAHs have reported on. CAHs are asked to review their data related to these measures and to develop plans (Plan) to address quality improvement needs. CAHs implement these plans (Do), collect and report data related to their quality improvement activities (Study), and then they make decisions related to their efforts based on what is learned through the data (Act). After those steps are taken, they are started again: the Flex Program emails CAHs quality data reports .... This is continuous improvement. The Flex Program can take this same model to support program improvement: 1) identify program objectives, 2) develop program plans, 3) decide what, how, and when to measure (Plan), 4) do the program/activity and collect the measurement data as part of the program/activity (Do), 5) analyze and interpret findings (Study), and 6) use findings to make informed decisions (Act).





Partner engagement can be included throughout the process by seeking input during program development (perhaps as part of needs assessments), data collection, and reporting

## Communicating Evaluation Results

With evaluation findings in hand, it is important to communicate outcomes and findings to team members, CAHs, partners, funders, and others as appropriate. This can be done using a dashboard approach, annual report, evaluation report, video, newsletter, website, or even through social media.

Consider reaching out to state Flex Programs through the Flex Forum to get their latest and greatest work.

Additionally, evaluation data will be used for PIMS reporting as well as the progress report or NCC report through the Five-Year Summary Work Plan and Performance Year Work Plan.

# Conclusions

Flex Program evaluation is an important part of program planning, development, assessment, and reporting. However, the key to program evaluation is getting started. It begins by developing a well thought out performance management plan that includes performance measures. It also requires Flex Programs not only collect data but also follow through with using evaluation data findings towards continuous improvement. States with robust program evaluations built into program operations can focus on well-defined outcome measures and using data to make rapid improvements while those with few to no program evaluation activities underway can begin to build evaluation activities into program activities. There may be times when an external evaluator is useful, an effective use of resources, and/or can provide a new perspective but it is not required. Regardless of approach, tools and resources are available to support all Flex Programs with this work, including the tools and resources identified in this Flex Performance Guide as well as through The Center and its Flex Program partner organizations.

# Attachment A: Evaluation Discussion & Decision-Making Guide

## Flex Program Evaluation: Discussion and Decision-Making Guide

Discussion & Decision Steps	Evaluation Planning Questions	Discussion/Decision
1	What are my Flex Program evaluation priorities?	
1a	If we want to focus on activities or program components, which ones?	
2	What do we want to learn? What do we want to be able to decide once we have the evaluation findings?	
3	How will partners be involved in the evaluation process?	
3	Who is the audience for findings from the evaluation?	
4	What questions do we want answer?	
5	What data are available or are needed to answer the questions?	
6	How will the data be collected?	
7	What is the timeline for collecting the data?	

## Flex Program Evaluation: Discussion and Decision-Making Guide

- 8 What resources (staff time, tools, contractors etc.) are needed to collect and analyze the data?
- 9a Who is going to work on the evaluation?
- 10 When are the findings needed?
- 11 How will the findings be shared (internally, externally, format)?
- 12 How will the findings translate into program improvement?

# Attachment B: Additional Evaluation Work Plan Samples

## Evaluation Work Plan Sample

Activity	Evaluation Question(s)	Data Collection Method	Data Source	Date	Staff Responsible	Indicator of success	Outcome
Lean training 1	Did participants learn from the webinar?	Pre and post tests	Internal	July 15	Jane	Pre- to post-test improvement and 95% success rate in post-test	75% improvement and 96% success rate on pre-test
Lean training 2	Did participants learn from the webinar?	Pre and post tests	Internal	July 31	Jane	Pre- to post-test improvement and 95% success rate in post-test	45% improvement and 99% success rate
	Did participants apply the training to operations?	Survey Monkey – 2-month follow-up and 4-month follow-up	Internal	Oct 1 Dec 1	Jane	100% of participant sites applied concepts and provided examples.	75% of sites at 2-month and 82% of sites at 4-month
Findings	CAHs met learning objectives and 90% applied information. Six CAHs reported outcomes and projects to share with others.						

Activity	Evaluation Question(s)	Data Collection Method	Data Source	Date	Staff Responsible	Indicator of success	Outcome
Next Steps/ Program Changes		Host two webinars to share lessons learned and initiative outcomes.					
Lean lessons learned webinar 1	Did participants apply the lean method?	Survey Monkey 2-month follow-up	Internal	March 1	Jane	100% of sites applied lean concepts	89% of sites have applied lean at 7-months

Balanced Scorecard Resources:

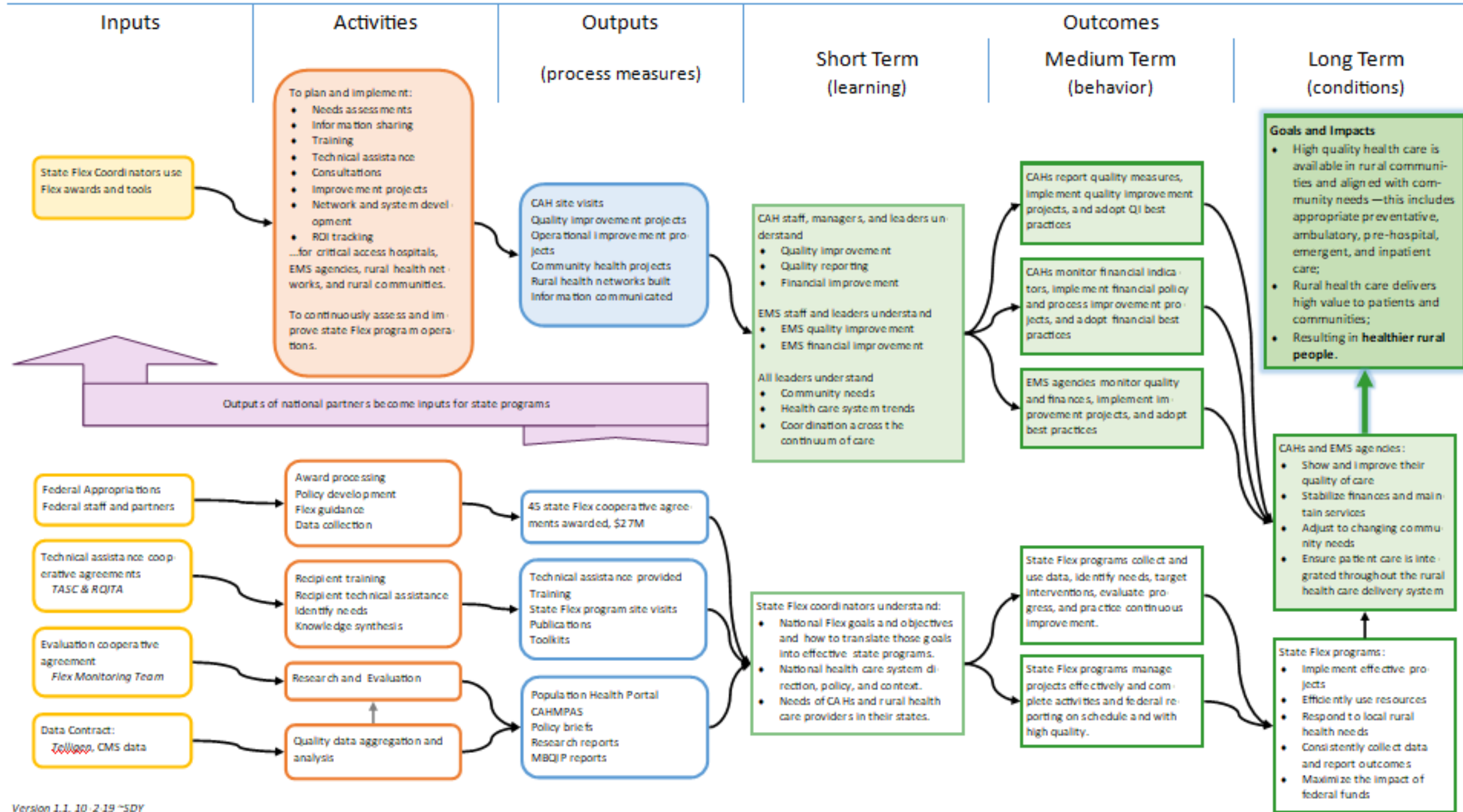
- a. [Balanced Scorecard Template and sample](#)
- b. [Balanced Scorecard for Government: A Real Life Example](#)

# Flex Program Logic Model and Sample Logic Models

## Flex Program Logic Model—Overall Summary

**Need:** Rural people have less access to health care and shorter life expectancies than urban residents.

**Goal:** Ensure access to health care services and improve people's health in rural communities.



Version 1.1, 10-2-19 -SDY

Extracted from: [Flex Program Logic Model](#)

## Example 1

Logic Model – Rural Health Care Workforce				
Goal: Develop, Improve and Sustain Rural Health Care Workforce; assessing each CAH community needs				
Inputs	Activities	Outcomes		
		Short-Term	Intermediate	Distal
<ul style="list-style-type: none"> <li>• IMPH Workforce Comprehensive Study</li> <li>• SCORH RCORP Grant</li> <li>• Community Paramedic Model</li> <li>• SC Community Health Worker and Institute</li> <li>• SCORH Oral Health RHC Initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Translate IMPH Workforce Study for Rural Implications</li> <li>• Meetings with CAHs, CAH owned health care sites, EMS agencies, to assess needs</li> <li>• Identify funding for the Rural Health Workforce incorporating AHEC</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness around rural workforce opportunities; national and statewide</li> <li>• Decrease financial burden of CAHs/CAH owned health care sites, and EMS with trainings for rural workforce</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the rural health care workforce in CAHs/CAH owned health care sites, and EMS.</li> <li>• Increase ease of CAHs to attain needed workforce</li> <li>• Reduce burden of current clinical providers</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease dwindling rural workforce numbers and capacity</li> <li>• Increase access to certified/recognized/endorsed rural workforce</li> <li>• Increase number of providers in the SC CAHs system</li> </ul>

Source: South Carolina Office of Rural Health.



## Example 2

<b>PROGRAM OBJECTIVE:</b> Provide education for Critical Access Hospitals to increase access to Palliative Care services in rural communities.					
<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Short term outcomes</b>	<b>Medium term outcomes</b>	<b>Long term outcomes</b>
<p>PCRHIAT Advisory Committee</p> <p>PC project leads from 7 participating Critical Access Hospitals</p> <p>Palliative Care project director, manager, and nurse coordinator</p> <p>Palliative care clinical consultants</p> <p>Palliative Care conceptual framework</p> <p>Palliative care program implementation to date from 7 participating CAHs</p> <p>Evaluations of Palliative Care telehealth case consults to date</p> <p>Palliative Care community assets and gaps analyses from 7 communities</p> <p>Clinical Practice Guidelines for Quality Palliative Care 4<sup>th</sup> Edition, National Consensus Project for Quality Palliative Care, October, 2018</p>	<p>Develop an on-line education curriculum for rural palliative care providers in WA state.</p> <p>Develop in-person education for rural palliative care providers in WA state.</p> <p>Review and annotate existing training resources into organized learning plans by role and discipline.</p> <p>Engage 20 CAHs to participate in training program.</p> <p>Provide at least quarterly educational trainings to 20 Critical Access Hospitals in WA State.</p> <p>Evaluate trainings and adjust curriculum and process for future educational events.</p> <p>Assist cohort sites to develop skill competency assessments.</p>	<p>Training curricula developed.</p> <p>Sites trained. List of participants in each training.</p> <p>Training evaluations completed by participants.</p> <p>Continuing education credits provided to clinical participants.</p> <p>Skill competencies hard wired into site performance management, including orientation and continuing education.</p>	<p>Increased engagement and participation from 20 CAHs with SORH Rural Health Palliative Care Project.</p> <p>Increased educational resources to rural communities to implement Palliative Care programs.</p>	<p>Reduced Emergency Department visits, inpatient stays, readmissions and tertiary transfers for patients referred to Palliative Care services.</p> <p>Providers' increased confidence to care for patients with serious illness.</p> <p>Community organizations' increased knowledge of when and how to provide palliative care services.</p> <p>Increased screening of and services for patients as a result of increased skill and confidence.</p>	<p>Improved quality of life for rural patients with serious illness.</p> <p>Palliative care programs at Critical Access Hospitals are standard of care.</p>

Source: Washington Department of Health, State Office of Rural Health.

# Attachment C: National Flex Program Partners and Technical Assistance and Other Evaluation Resources

[Flex Monitoring Team](#) (FMT) – Evaluates the impact of the Flex Program on rural hospitals and communities nationally and the role of the states in achieving overall program objectives. FMT created, hosts and develops the Critical Access Hospital Measurement and Performance Assessment Systems ([CAHMPAS](#)) data query tool, develops state and national reports covering all Flex Program components, develops tools and resources for use by State Flex programs, and conducts studies to evaluate the impact of specific State Flex Program activities.

[Technical Assistance Services Center](#) (TASC) – TASC, a program of The Center, provides information, tools and education to CAHs and to individual state Flex Programs. TASC provides performance improvement resources to CAHs and state Flex Programs on quality, finance, operations, systems of care and population health. TASC also offers direct technical support to Flex Programs. Also toolkits provide self-assessments and collections of resources including [Core Competencies](#) for State Flex Program Excellence and [Population Health](#).

Rural Quality Improvement Technical Assistance (RQITA) – RQITA’s goal is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement: Small Health Care Provider Quality Improvement Grantees (SCHPQI) and Medicare Rural Hospital Flexibility (Flex) Program Medicare Beneficiary Quality Improvement Project (MBQIP). RQITA offers workshops, tools, and other resources to state Office of Rural Health and CAHs as requested.

[National Organization of State Offices of Rural Health](#) (NOSORH) – Established in 1995, NOSORH assists State Offices of Rural Health (SORH) in their efforts to improve access to, and the quality of, health care for 57 million rural Americans. NOSORH enhances the capacity of SORHs to do this by supporting the development of state and community rural health leaders; creating and facilitating state, regional and national partnerships that foster information sharing and spur rural health-related programs/activities; and enhancing access to quality healthcare services in rural communities.

[Rural Health Information Hub](#) (RHIfhub) - The Rural Health Information Hub is a national portal for health and human services information which provides customized searches and assistance on a variety of rural topics including program assessment.

## Other Evaluation Resources

Flex Program Coordinators in other states can be excellent resources. Consider networking with those in partner states.

[American Evaluation Association](#) – This national member organization focuses on evaluation practices and methods. Most of the materials require membership to access; however, it has a public e-library and learning events.

[Flex Forum](#) - The Flex Program Forum is a secure, web-based message forum for use by the State Flex Programs. The Flex Program Forum is hosted by TASC and is for content related to the Flex Program and rural health care. On the Flex Program Forum there is the opportunity to share messages, pose questions, post documents and web links and comment on each other's posts. It is an opportunity for state Flex Programs to continue to connect and share information, ideas, lessons learned, and best practices.

Connect with a Flex Program Coordinator with extensive evaluation knowledge and experience. Two who have volunteered to respond to questions are listed here:

Penny Black, Ph.D., M.S., Rural Health Epidemiologist, Wisconsin Office of Rural Health, [pdblack@wisc.edu](mailto:pdblack@wisc.edu) or (608)261-1887

Pete Walton, M.S., Program Evaluator, Oklahoma Office of Rural Health,  
[pete.walton@okstate.edu](mailto:pete.walton@okstate.edu) or (214)404-1166

# Attachment D: Evaluation

## Methods Tools and Samples

### Focus Group Process and Discussion Guide

This template is provided as a guide for conducting a focus group. Consider using focus groups as a method to collect program information or in coordination with: 1) a survey to better understand or get more in-depth information about survey findings or 2) a documentation review to clarify any questions or gather additional information that was inconsistent. Focus groups can also aid in capturing input from key groups who may have been under represented in a survey or other data source.

**Getting Started:** Set a time and means to conduct the focus group (face-to-face, webinar, telephone). Identify characteristics of those to include in the discussion. Six people tends to be the optimal number of participants if connecting electronically and 8-10 if face-to-face. Time is a factor and discussions should not be longer than 1.5 to 2 hours.

**Time and Place for Focus Group:** The focus group can last up to two hours and can have breaks in between for refreshments. Participants need to receive clear details of where and when the focus group will take place and how long it will last.

**Invite Participants:** Ideally participants should reflect a range of perspectives and should consider years of experience, location, role, and other factors.

**Participant Consent:** Participants may need to sign a consent form to participate in the focus group discussion depending on topic covered and any data shared. One copy of the informed consent form should be given to participants and a second copy should be kept by the focus group facilitator. Participants should be informed if any audio-taping will be used for data collection. Find more information on participant consent [here](#).

**Facilitator/Moderator:** Running an effective focus group is a skill and requires planning. Consider watching a few YouTube videos if you are not familiar or would like more information (How do focus groups work, <https://www.youtube.com/watch?v=3TwgVQIZPsw> or Focus Group Facilitation, <https://www.youtube.com/watch?v=rt5W7tXvljo>). In some instances, the facilitator may need a scribe; however, this should be determined in advance.

**Discussion guides:** A discussion guide may facilitate structuring the focus group discussion by highlighting the topics or questions that need to be covered. It is not to be used rigidly, like a questionnaire. At the focus group discussion, the facilitator encourages participants to explore topics in depth, to reflect, to raise their own issues, etc.

**Data collection:** The discussions can be audio-taped if agreed by participants and transcribed verbatim for analysis.

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### ***FOCUS GROUP: DISCUSSION GUIDE (Example Script)***

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#### **Facilitator's welcome, introduction and instructions to participants**

**Welcome** and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view is important. I realize you are busy and I appreciate your time.

**Introduction:** This focus group discussion is designed to assess your current thoughts and feelings about INDICATE TOPIC. The focus group discussion will take no more than INDICATE TIME. May I tape the discussion to facilitate its recollection? (if yes, switch on the recorder)

**Anonymity:** Despite being taped, no participant or organization names will be included in the analysis or report. The recording will not be shared but instead will serve as backup to the notes. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

## Ground rules

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers.
- You do not have to speak in any particular order.
- When you do have something to say, please do so. There are many of you in the group and it is important that I obtain the views of each of you.
- You do not have to agree with the views of other people in the group.
- Does anyone have any questions?
- OK, let's begin

## Warm up

- First, I'd like everyone to introduce themselves. Can you tell us your name and the organization where you work?

## Introductory question

OPENING QUESTION TO GET EVERYONE ENGAGED AND WARMED UP.

## Guiding questions

- DEVELOP A LIST OF QUESTIONS to guide the conversation and that get at the questions that need to be answered to support Flex Program planning and development. A resource to support question writing is [here](#).

## Concluding question

- WRAP UP QUESTION IF HELPFUL. For example, "of all the challenges we discussed today, what would you like the Flex Program to focus on in the coming grant year?"

## Conclusion

- Thank you for participating. This has been a very successful discussion
- Your opinions will be an asset to the Flex Program
- We hope you have found the discussion interesting
- If you need additional information about the Flex Program or the State Office of Rural Health, please contact me at XXX after the focus group.

- I would like to remind you that any comments featuring in this report will be anonymous
- Before you leave, please hand in your completed personal details questionnaire

Summarize findings and use them for program planning and development or if needed, use them to guide future evaluation activities.

Format Adapted From:

[www.who.int/patientsafety/implementation/checklists/instructions\\_focus\\_group.doc](http://www.who.int/patientsafety/implementation/checklists/instructions_focus_group.doc), Accessed 2019

## Pre- and Post-Test Sample and Questions

This template is provided as a guide for conducting a pre- and post-tests as part of a training or training series. Consider using pre- and post-tests as a method to determine if new information was gleaned from the training. Also, consider using pre- and post-tests in coordination with follow-up questionnaires to determine if the information was applied and a transfer of learning occurred.

**Getting Started:** Identify the objectives of the training(s) and key concepts that participants should know at the conclusion of the training/session. Develop pre- and post-test questions based on this information. In some instances, participant contact information should be requested and required on each test. This may include name, email address, organization, and provider type. Contact information and email addresses are important if any follow-up is planned.

Questions will be the same on each test so only one set of questions is needed. If the training is being conducted by an outside vendor, ask the vendor to identify the objectives and the pre- and post-test questions. For some training, such as the Rural Trauma Team Development Course, there is a standard pre- and post-test administered as part of the training. Pre- and post-test scores and participant contact information can be requested for program evaluation purposes. If the training is conducted via webinar, limit the number of questions to four or five. If the training is in-person a



lengthier test can be administered but should not exceed 10-15 questions, depending on the length of the training/session.

**Conducting the Pre- and Post-tests:** If the training is conducted face-to-face, tests can be administered at any time prior to training start and should be collected after complete. The post-test should be conducted at the end of the training before participants leave the training/session.

Webinar pre-test should occur at the beginning of the webinar and in most instances can be integrated into the webinar like a poll. In some instance there are limitations on the number of characters that can be used so consider this when creating questions. If there are limitations, a few work arounds include using a separate polling tool that participants access outside of the webinar tool or often easier, integrate the polling questions as slides and use the polling feature only for responses. If you are using this approach, questions will likely need to be designed so responses are yes/no or true/false to keep it less confusing and standardized for participants. Web based tools track responses from each participant; however, they will not include those who are participating only via telephone. Sample questions for a webinar pre- and post-test follow using a scale such as very knowledgeable, knowledgeable, neutral, somewhat unknowledgeable, unknowledgeable:

- Concerning my knowledge of (webinar topic), I am:
- Concerning my knowledge of (webinar topic) initiatives that could be implemented in my state, I am:

**Participation:** Participants should be advised that pre and post-tests will be required of all participants and they should be highly encouraged to participate. This can be more challenging during a webinar; however, it is strongly encouraged.

**Findings:** Pre and post- test findings will likely not be available during face-to-face training/sessions; however, findings can be shared as a follow-up email and/or if a follow-up questionnaire is administered. Pre and post-test responses can be easily shared as part of a webinar but again findings can be shared through a follow-up email and/or if a follow-up questionnaire if administered.

**Using Findings:** Test outcomes can 1) help guide future training session implementation, 2) determine whether a recording of the session should be maintained and encouraged to be viewed by others/non-participants, 3) identify future training needs, 4) assist with determining if the trainer(s) should be retained for future training/sessions, 5) can be compared to similar training sessions, 6) guide development of follow-up questionnaires, 7) support program planning and reporting.

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***PRE- or POST-TEST SAMPLE***

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**Course Name**

**Date**

Pre-test \_\_\_\_\_

Post-Test \_\_\_\_\_

Participant Name:

Organization:

Email:

Role (or title) in the Organization:(Check boxes)

**Questions – Lean Training**

- 1) What are the twin pillars of lean? (select 2)
  - a. Garbage in, garbage out
  - b. Waste equals loss
  - c. Respect for people
  - d. Process improvement equals improved outcomes
  - e. Continuous improvement
  - f. Motivate and engage
- 2) What characterizes great teams? (select all that apply)
  - a. Cross-functional
  - b. Organization focused
  - c. Autonomous
  - d. Transcendent purpose
  - e. Inter-organizational
  - f. Self-directed
- 3) Pareto Principle is: (select one)
  - a. Defects lead to poor processes.
  - b. Begin with results in mind.
  - c. Any failure to meet customer expectations is a defect.
  - d. Work first on the 20% of the causes that lead to 80% of the errors.
  - e. Anything that interrupts continuous flow is an obstacle.

- 4) Organizational decisions are better when: (select one)
  - a. Solidly supported by all management
  - b. Made by consensus within the team
  - c. Supported by solid analysis and data
  - d. Made through a process that includes various perspectives on the team
  - e. Researched on the internet
  
- 5) Broken processes can best be seen in: (select one)
  - a. Errors and wasted time
  - b. High employee internet usage
  - c. Low margins on ancillary services
  - d. High turnover
  - e. High employee and staff satisfaction

## Workshop Measurement and Samples

This template is provided as a guide for including measurement in conducting workshops and conferences. Consider using workshop and conference evaluations to determine if new information was gleaned from the training, site and offerings met needs, and to identify future sessions/training needs. Also, consider using workshop and conference evaluations in coordination with follow-up questionnaires to determine if the information was applied and a transfer of learning occurred.

**Getting Started:** Identify the objectives of the workshop(s)/conference/sessions and key concepts that participants should know at the conclusion. Develop questions based on this information. In some instances, participant contact information should be requested and required, however, anonymous responses will garner higher response rates and most likely more authentic feedback.

If the workshop/session/conference is conducted by an outside vendor, ask the vendor to identify the objectives and evaluation questions and provide draft evaluation materials for your review. Do this well in advance as changes may be needed. Some vendors have standard evaluation materials that may or may not be appropriate/align with Flex Program needs. Be sure the materials meet your Flex Program evaluation needs. If the workshop/session is conducted via webinar, limit the number of questions to 4-5. If the workshop/session/conference is in-person, lengthier evaluation materials can be administered but should be reasonable. If you are using a Likert scale to gather feedback from participants, label each level (e.g., strongly agree, agree). The more consistent the evaluation tools, the more

likely they can be adapted for future use and the more likely they can be compared from year-to-year, event-to-event.

**Conducting the Evaluation:** Evaluation materials can be handed out during registration, at each session, at the conclusion of the conference/workshop, and/or two - four months post-workshop/conference. Consider including an overall conference evaluation as part of the registration materials and a short evaluation at each session. Questionnaires conducted two – four months post-workshop/conference can best determine if the workshop/conference impacted operations and/or if a transfer of learning occurred. Evaluations can be electronic and/or paper. If an electronic survey or questionnaire is used, this can be built into the conference/workshop/session or conducted via email.

**Participation:** Participants should be advised of when and how the evaluation will occur. In some instances, rewards for completing the evaluation will increase response rates.

**Using Findings:** Evaluation findings can: 1) help guide future workshops/sessions/conferences and their implementation, 2) determine whether a specific speaker should be included in the future, 3) identify future workshop/session/conference topics, 4) be compared to similar or past workshops, 5) guide development of follow-up questionnaires, 6) support program planning and reporting, 7) identify outcomes, and 8) be shared as a follow-up email and/or if a follow-up questionnaire is administered.

For additional insight see Attachment E: Strategies to Assess Training.

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### ***WORKSHOP/CONFERENCE SAMPLE QUESTIONS***

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Thank you for your participation in NAME. In order to continually improve the conference and provide you with beneficial experiences, we ask that you complete this evaluation form. This information is very important to us and we would appreciate your response. Once completed, WHERE TO PLACE EVALUATION.

Date

Logo

**1. Please rate your level of satisfaction:**

	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Poor</b>	<b>N/A</b>
Registration Materials						
Registration Process						
Opening Session (NAME)						
Meeting Space						
Vendor Exhibits						
Meals						
Conference Overall						

**2. What part of the conference was most valuable to you?**

**3. Did the conference cover material that will be useful in your work? (check one)**

Yes	
No	

**4. Are you interested in participating in future conferences? (Check one)**

Yes	
No	

**5. Presentations/Sessions (sample concept):**

**Presenter Name, Session Title**

	Outstanding	Above Average	Average	Below Average	Poor	N/A (Didn't Attend)
a. Impression of the session overall?						
b. Increased my knowledge to implement (indicate specific program or process to implement, listing each individually) in my state program						

**6. Presentations/Sessions (sample concept):**

	Excellent	Very Good	Good	Fair	Poor	N/A (Didn't Attend)
a. Impression of the session overall						

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
b. This session included new information						
c. This session included new skills, techniques, resources, or tools to support your quality improvement efforts						
d. I can use the information shared to support SPECIFY improvement						

e. What will you do differently because of the session?

f. What topics would you like included during future conferences?

Quality improvement (specify)

Performance improvement  
(Specify)

Population health (Specify)



# Event Follow-up Questionnaire Framework

## Event Follow-Up Questionnaire Framework

Title: name of event, date of event, type of survey →

Introduction: TY for participation in event, reason for survey, TY for participation in survey →

1. Have you used the information? →

2a. What information have you used?  
and  
2b. How have you used the information?  
*(Ideally, this section reflects what the event planners identified as participant "take-aways" and what they wanted participants to do with the information.)* →

3. [If outcomes were identified by event planners or follow-up period is long enough to reasonably expect outcomes] Have you observed any changes?  
or  
3. [If outcomes were not identified by event planners or follow-up period is not long enough to reasonably expect outcomes] Have you looked at data? →

4. Additional comments regarding use of information. →

**Stroke Conference 2016 Follow Up**

Thank you for participating in the 2016 WI Rural Stroke Conference that was held on March 31st. We are interested in how you have used the information presented at the conference and would appreciate your participation in a very brief survey. Thank you, in advance, for your feedback!

Have you used any information shared at the 2016 WI Rural Stroke Conference?  
 Yes  
 No

How have you used the information shared at the Rural Hospital Stroke Conference regarding... (check all that apply)

	Created or revised protocols, policies, and/or procedures	Changed the management and/or treatment of my patients	Shared information with other staff members	Pursued additional training and/or resources on this topic for hospital staff	We have not used the information
1) Follow-up Care with Stroke Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Providing Support to Stroke Patients and Linking them to Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Improving Stroke Care Using Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Early Management of Patients with Acute Ischemic Stroke Regarding Endovascular Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Other - Please describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you pursued Acute Stroke Ready Certification or looked into joining the Wisconsin Coverdell Stroke Program since attending the conference?

	Yes	No
Acute Stroke Ready Certification	<input type="radio"/>	<input type="radio"/>
WI Coverdell Stroke Program	<input type="radio"/>	<input type="radio"/>

Have you referred any patients to the Patient Support Network since attending the conference?  
 Yes  
 No

If you have made any changes to stroke care in your facility based on information shared at the conference, have you looked at any data to see if your changes have had an impact?  
 Yes  
 No  
 We have not made any changes

Please feel free to share additional information regarding how you have used the information presented at the conference.

Source: Penny Black, Wisconsin State Office of Rural Health

# Guidelines for Creating a Survey or Questionnaire

These guidelines are intended to support survey and questionnaire development.

**Getting Started:** Determine what is to be learned through the survey or questionnaire. Develop questions based on this information. In some instances, participant contact information should be requested, however, anonymous responses will garner higher response rates and most likely more authentic feedback.

If the survey or questionnaire is to be conducted by an outside vendor, ask the vendor to provide a draft prior to implementation. Do this well in advance as changes may be needed. Some vendors have standard surveys and questionnaires that may or may not be appropriate/align with Flex Program needs. Be sure the materials meet your Flex Program evaluation needs.

The more consistent the surveys and questionnaires, the more likely they can be adapted for future use and the more likely they can be compared from year-to-year, event-to-event; however, ability to compare should not be the priority over information needs.

## **Considerations:**

- Have an analysis plan and know how data will be used.
- Know your audience.
- Make sure every question is necessary.
- Include headings and group questions.
- Keep it short and simple.
- Ask direct questions.
- Ask one question at a time.
- Avoid leading or biased questions.
- Speak your respondent's language.
- Limit the use of open-ended questions

## Question Language and Structure:

1. Focus on what you want to measure:

Example: Do you want to measure agreement or usefulness?

Agreement: "To what extent do you agree or disagree that the workshop provided useful information?"

<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
-----------------------	--------------	-----------------	--------------------------

Usefulness: "How useful was the information that the workshop provided?"

<b>Very Useful</b>	<b>Somewhat Useful</b>	<b>Not Very Useful</b>	<b>Not At All Useful</b>
--------------------	------------------------	------------------------	--------------------------

2. Use plain and positive language

Plain language "How long have you lived in your community?" vs "For how long you have lived in your community?"

Positive language "Do you doubt that the moon landing actually happened or not?" vs "Do you believe that the moon landing actually happened?"

3. Use standard language

"Did you often, sometimes, rarely, or never worry that your food would run out before you had money to buy more in the past 12 months?"

vs

"During the past 12 months, how often did you worry about having money to buy food?"

<b>Often</b>	<b>Sometimes</b>	<b>Rarely</b>	<b>Never</b>
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#### 4. Avoid biases or loaded questions

“Given the failure of welfare in the United States, do you feel welfare programs should be eliminated?”

vs

“Do you feel welfare programs should be eliminated?”

#### 5. Question order should be logical and build from one question to the next.

Response Options:

### **Scales**

Rating scales are used to when respondents are asked to indicate their personal levels of agreement, satisfaction, or frequency. Options are labelled as the most positive option on one end and the least positive option on the other end. The labels should relate to the questions asked and the more consistent the labeling is throughout the survey or questionnaire the more likely respondents can easily and clearly respond.

- Useful/Not Useful
- Effective/Not effective
- Satisfied/Dissatisfied
- Important/Not important
- Likely/Unlikely
- Like/Dislike

### **Ranking/Rank Order**

Types of ranking include: full (“1 to 10”), partial (“select the three most important”), or minimal (“select the most important only”). Something to keep in mind is ranking forces respondents to make comparisons among multiple objects creating greater response burden. Using a rating scale instead may be worth considering.

## Open-ended

Open-ended questions are those where the offer an opportunity to get more in-depth and respondent-specific information; however, the longer the survey or questionnaire, the more likely the question will result in no response. This is particularly true for paper surveys and questionnaires but can also be true for e-surveys and questionnaires, even if it is a required response. Therefore, their use, while valuable, should be limited. To note, open-ended questions can be good for pretesting survey questions which can help narrow down potential selection options to include for your final question. They can also be more expensive to analyze in terms of time.

## Multiple Choice

Multiple choice is when the respondent is asked to select one more response to a given question. These questions are often used in polls and pre- and post-tests.

## Side-by-Side

Although two questions are typically better than one, a side-by-side matrix can be used when asking two questions about one topic. This is often seen with both importance and satisfaction questions. An example is:

EDTC Technical Assistance and Satisfaction

**How important is it that you have access to EDTC technical assistance from Flex Program staff?**

**How satisfied are you with the EDTC technical assistance provided to you by Flex Program staff?**

Not Important	Somewhat important	Neutral	Important	Very Important	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5	1	2	3	4	5

**Dichotomous**

Dichotomous questions have two possible answers, such as: yes/no, true/false, and agree/disagree. They are often lead-in questions that direct respondents to other questions.

**Mutually Exclusive & Exhaustive Choices**

Mutually exclusive and exhaustive choices assure the respondent has choices that do not overlap or are missing options. They assure the respondent has one clear choice that applies to them.

“How much time do you spend watching TV on a typical day?”

<b>Not mutually exclusive</b>	<b>1 hour or less</b>	<b>1-3 hours</b>	<b>3 or more hours</b>
Mutually exclusive	Less than 1 hour	1-3 hours	More than 3 hours

“What was your household’s total income 2017?”

<b>Not inclusive/exhaustive</b>	<b>\$10,000 - \$19,999</b>	<b>\$20,000 - \$79,999</b>	<b>\$80,000 or more</b>
Inclusive/Exhaustive	\$0 - \$19,999	\$20,000 - \$79,999	\$80,000 or more

**Format and Conducting the Survey or Questionnaire**

Whether you are using an e-survey tool, email, paper, mailed, or telephone survey or questionnaire, all should include an introduction (what and why), identification (who), and instructions (how, when, where). Once the survey

or questionnaire is developed, it should be tested and re-tested to assure there are no typos, consistent spacing and cases are used, question order makes sense, and question logic is operational (for e-tools) and flows appropriately. Testing and re-testing and including others in this process is always a good idea.

Use of white space is also important for being able to move through a survey easily and quickly. One shouldn't squeeze questions together to maintain/limit the length of the questionnaire. Also, using progress bars in electronic surveys provides a visual cue for responders to see how quickly they are moving through the survey.

Use headings and group questions around topics which help responders quickly interpret what's next and continue thru a survey. And finally, end a survey by thanking respondents for taking time to complete the survey.

### **Cost Considerations**

Survey costs are not limited to postage or e-tools but also the staff time to develop, test, and administer the survey and analyzing and reporting the data. Additional costs are experienced by the respondent so be considerate of their time by determining if a survey or questionnaire is the most effective and efficient method to collect the data. If this is the case, a well-designed, formatted, and tested survey will aid in minimizing the burden on respondents

### **Survey Sources**

"Survey Says", Penny Black, Wisconsin Office of Rural Health, Presentation at the 2019 Office of Rural Health Policy, Reverse Site Visit, Washington D.C.

Ten Tips for Building Effective Surveys, Qualtrics,  
<https://www.qualtrics.com/blog/10-tips-for-building-effective-surveys/>

Ten Tips to Improve Your Online Survey, Survey Monkey,  
<https://www.surveymonkey.com/curiosity/10-online-survey-tips/>

CAH Turnarounds - <https://nosorh.org/wp-content/uploads/2014/04/Results-of-Case-Studies-of-CAH-Turnarounds-John-Gale1.pdf>



# Attachment E: Strategies to Assess Training

An additional training assessment model is Donald L. Kirkpatrick's four levels of training to gain a greater understanding of the evaluation process and to better analyze training effectiveness. Kirkpatrick's training evaluation theory that targets the four levels of applied learning and assumes that trainees will change behavior and apply the education by stepping through four learning levels: 1) reaction, 2) learning, 3) behavior and 4) results. Each level concentrates on gathering information about that specific learning process to determine outcomes and impact.

## Kirkpatrick- Phillips Learning Model<sup>1</sup>



<sup>1</sup> GoSignMeUp. (2013) Measuring Training Success Using the Kirkpatrick-Phillips Model.

# Attachment F: Flex Program Evaluation Guide Sources

Balanced Scorecard for Government: A Real Life Example, Clearpoint Strategy, <https://www.clearpointstrategy.com/balanced-scorecard-for-government/>

Balanced Scorecard Institute, <https://www.balancedscorecard.org/BSC-Basics/About-the-Balanced-Scorecard>

Black, Penny, Data and Evaluation Program Manager, [Wisconsin State Office of Rural Health](#)

Designing and Conducting Focus Group Interviews, Richard R. Krueger, University of Minnesota, October 2002, <https://www.eiu.edu/ihec/Krueger-FocusGroupInterviews.pdf>

Evaluation Guide, Developing and Using a Logic Model, CDC Division for Heart Disease and Stroke Prevention, [https://www.cdc.gov/dhdsp/docs/logic\\_model.pdf](https://www.cdc.gov/dhdsp/docs/logic_model.pdf)

Minnesota Department of Health, SMART Objectives, <https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html>

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McNamara, Carter; [A Basic Guide to Program Evaluation](#)

Informed Consent for Project Evaluation, National Institute for Children's Health Quality, <https://www.nichq.org/informed-consent-project-evaluation>

National Rural Health Resource Center, Technical Assistance and Services Center; <https://www.ruralcenter.org/tasc>

Ten Tips for Building Effective Surveys, Qualtrics, <https://www.qualtrics.com/blog/10-tips-for-building-effective-surveys/>

Ten Tips to Improve Your Online Survey, Survey Monkey, <https://www.surveymonkey.com/curiosity/10-online-survey-tips/>.

[Using Logic Models for State Flex Programs](#), Flex Monitoring Team, March 2012.

Walton, Peter, Evaluator, [Oklahoma State Office of Rural Health](#).