



NATIONAL
RURAL HEALTH
RESOURCE CENTER

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Flex Program Evaluation Toolkit

This is a publication of the Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center. The project described was supported by Grant Number UB1RH24206 from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy.

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Overview of Toolkit

The purpose of this evaluation toolkit is to provide information, tools, and resources to effectively collect data and assess the activities performed for the Medicare Rural Hospital Flexibility (Flex) program.

Overview of Toolkit (cont.)

The toolkit is made up of two units broken into six sections:

Unit 1 provides an overview of the pre work and planning that must proceed a comprehensive evaluation.

Unit 1

Section 1: Evaluation Background and Basics

Section 2: Program Planning, Building the Work Plan

Section 3: Measurement

Overview of Toolkit (cont.)

Unit 2 focuses on evaluation design, assessing and collecting data that can be disseminated and acted upon to enhance the program.

Unit 2

Section 1: Designing an Evaluation

Section 2: Assessment and Data Collection
Methods

Section 3: Interpreting and Reporting
Evaluation Data and Using the
Information

How to Use this Toolkit

Each unit includes a glossary of terms used in the unit. A full [glossary of terms](#) is included in [Appendix B](#). Each section contains information, tools, and resources. Full lists of all tools and resources are included as [Appendix C](#).

An overall [Legend](#) is provided to aid in navigation through the toolkit.

How to Use this Toolkit

- The toolkit is not meant to be read and used in one sitting, but more as a guide and resource throughout the process of evaluating a state Flex program.
- A [Legend](#) explaining how to drill down for more information at different points in the toolkit is provided.
- Use the arrow keys to move back and forth in the toolkit.
- Every page has a link that will take you to the table of contents or the glossary of terms.

Legend

- **Green** text refers to a term that is included in the glossary of terms. These terms are defined in two areas: 1) at the beginning of each unit and 2) as an appendix. Click “Glossary of Terms” at the bottom of each page to access the full glossary in the appendix.
- **Blue** text refers to hyperlinked information, e.g., websites or sections within the toolkit.



Content circled with a orange box and light bulb indicate an important message.

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Flex Evaluation Toolkit

Unit 1

Background, evaluation goals,
expectations, program planning

Terms Used in Unit 1

Activities

Actions developed to achieve objectives for goal attainment.

Alignment

An organization's people, processes, and resources all moving in the same direction.

Analysis

A systematic approach to problem solving where a complete structure is reviewed. Complex problems are simplified by separating them into more understandable components. Purposes and facts are identified, defensible assumptions are stated, and conclusions are developed.

Balanced Scorecard

A planning framework that aligns organizational strategies and intended **outcomes** to the work that is being carried out and measures their progress in four distinct areas: financial, customers and community, internal process, and learning and growth.

Terms (cont.)

Benchmarking

Providing a standard against which something can be measured or assessed by determining the progress toward a goal in intervals as measured to the desired end result.

Core Area FLEX-SPECIFIC DEFINITION

Categories created within the Flex grant guidance to organize grant activities.

There are four core areas of the Flex program: support for quality improvement, support for operational and financial improvement, support for health system development and community engagement, facilitate the conversion of small rural hospitals to critical access hospital (CAH) status.

Data

Information, often in the form of facts or figures obtained from quality improvement reports or financial information from cost reports or surveys, used as a basis for making calculations or drawing conclusions. Data can be categorized as **qualitative data** or **quantitative data**.

Terms (cont.)

Evidence

Proof to support your claims

Evidence-based practices

Practices that are developed from scientific evidence and/or have been found to be effective based on results of rigorous evaluations.

Feedback Loops

The section of a plan that allows for feedback and self-correction and that adjusts its operation according to differences between the actual **output** or **outcome** and the desired output or outcome.

Goal

High-level statements that outline the ultimate purpose of a program. This is the end toward which program efforts are directed. Example: Increase overall satisfaction with patient discharge from the hospital.

Impact

The ultimate effect of the program on the problem or condition that the program or activity was supposed to do something about. (Impact can be positive or negative, unexpected or even unintended.)

Terms (cont.)

Input

Organizational contributions, people, dollars, and other resources devoted to the particular program or activity.

Intervention FLEX-SPECIFIC DEFINITION

Specific activities with related objectives and measures designed to produce specific outcomes in the Flex program. Interventions are required where indicated in the Non-competing Continuation (NCC) and their outcomes relate to the achievement of **performance improvement measurement system (PIMS)** measures.

Logic Model

Describes how a program should work. Presents the planned activities for the program, and focuses on anticipated outcomes. Diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements are often used when presenting logic models.

Measures

Ways to quantify the degree of success a program has had in achieving its stated **activities, objectives, goals, and program outcomes.**

Terms (cont.)

Measurement

A method of determining quantity, capacity, or dimension.

Monitoring

An on-going process of reviewing a program's activities to determine whether set standards or requirements are being met.

Objective

Concrete statements describing what a program's activities must achieve in order to reach the program's ultimate goals. To make an objective concrete it should be **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime-limited, or **SMART**.

Outcome Measures

A method of determining quantity, capacity, or dimension.

- **short-term** outcomes are likely to be changes in skills, attitudes, and knowledge
- **intermediate-term** often include changes in behavior and decision making
- **long-term** outcomes may involve changes at the organization or program level

Terms (cont.)

Outside Evaluator

An evaluator not affiliated with the agency or organization prior to the program evaluation. Also known as third-party evaluator.

Performance

How well something is getting done.

Performance Improvement Measurement System (PIMS)

FLEX-SPECIFIC DEFINITION

A data collection tool that is integrated with the Health Resources and Services Administration (HRSA) Electronic Handbook (EHB), which is used for electronic grant submission. PIMS allows the Office of Rural Health Policy (ORHP) to gather performance data from grantees.

Performance Measures

Indicators that assess the success of various aspects of the performance of a program.

Process Measures

Illustrate completion of activities. In other words, indicators of the volume of work or what the program actually did. These are also referred to as **output measures**. For example: conduct two medical director trainings.

Terms (cont.)

Program Plan

A visual representation or model which identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.

Qualitative Data

Information that is difficult to measure, count or express in numerical terms. For example: how safe a person feels in a hospital is qualitative data.

Quantitative Data

Information that can be expressed in numerical terms, counted, or compared on a scale. For example: the number of people that attended rural trauma team development training.

Stakeholders

Anyone who can affect or is affected by an organization, strategy, or project.



Flex Evaluation Toolkit: Unit 1, Section 1

Evaluation Background and Basics



Learning Outcomes

- Understand the direction of the Flex program and its need to evaluate and report meaningful program outcomes at both the state and federal program level.
- Learn the benefits of evaluation, and what happens if you do not evaluate.

Background

The Medicare Rural Hospital Flexibility Program (referred to as the Flex program) is an ideal mechanism for supporting improvements in the quality of health care provided in communities served by critical access hospitals (CAHs), supporting efforts to improve the financial and operational performance of the CAHs, and supporting communities in developing collaborative regional and local delivery systems.

(retrieved from Flex Guidance FY 12)

Flex Program Requirements

Currently applicants are required to prepare a work plan to engage in four required (**core**) areas of the Flex program.

1. Support for Quality Improvement
2. Support for Operational and Financial Improvement
3. Support for Health System Development and Community Engagement
4. Conversion to CAH status

Where the Flex Program is Headed

- The current direction of the Flex program involves moving all of the state-level Flex programs to a minimum standard of reporting on **outcomes**.
- The concept of **measurement** is a key factor of the grant work plans.
- The federal Office of Rural Health Policy (ORHP) is developing a framework for national **measures** to demonstrate the impact of the Flex program funding.

Why Evaluate?



Evaluation of state Flex programs, as well as the national program, is critical to both the success and sustainability of the program. It is critical to assess impact of the activities to demonstrate value.

- Evaluation measures need to be appropriate and quantifiable in order to demonstrate progress towards overall program **goals**.
- Evaluation findings will also be utilized to identify areas of strength and determine program improvements needed. Findings will be used to replicate best practices.

Flex Programs are Required to Evaluate

- Flex programs are required to evaluate project results
 - A portion of the grant proposal review criteria points are related to evaluation and impact assessment
- Evaluative measures must assess both:
 - To what extent the program objectives have been met (**Quantitative**)
 - To what extent these can be associated to the project (**Qualitative**)

ORHP NCC with Measurement Outline

[NCC/Interventions document](#)

Evaluation Requirements (cont.)

- Evaluation findings are required to inform program improvements and develop lessons learned.
- A thorough evaluation includes both **process measures (outputs)** as **short term outcomes** and **performance measures (outcomes)**.
- Such **evaluation measures** are required to be appropriate and quantifiable to demonstrate progress towards program **goals** and **outcomes**.
- In general, evaluation findings illustrate potential best practices, challenges, barriers, and successes, which when the evaluation findings are implemented can improve program performance.

What Happens If You Don't Evaluate?



If you don't evaluate, hunches will always be hunches.

- The state Flex program won't have measures to inform progress toward outcomes, and it won't dedicate time to review those measures and what they mean.
- The state Flex program will only be able to guess at what activities produced outcomes.
- There will be no opportunity to learn or gain insight from feedback.
- State Flex programs will miss important early warning signs of possible failure.
- The state Flex program will miss the chance to tell its story and prove that the program actually had an impact.



Flex Evaluation Toolkit: Unit 1, Section 2

Program Planning and Building the Work Plan



Learning Outcomes

- Learn to use a planning framework to assist with developing and evaluating your state Flex program.
- Understand the key components of a work plan.

Evaluation is Part of the Overall Program Plan



A comprehensive evaluation of a work plan that focuses on measuring **outcomes** connects the dots between the steps taken to achieve the desired outcome and what the results of the effort actually turned out to be.

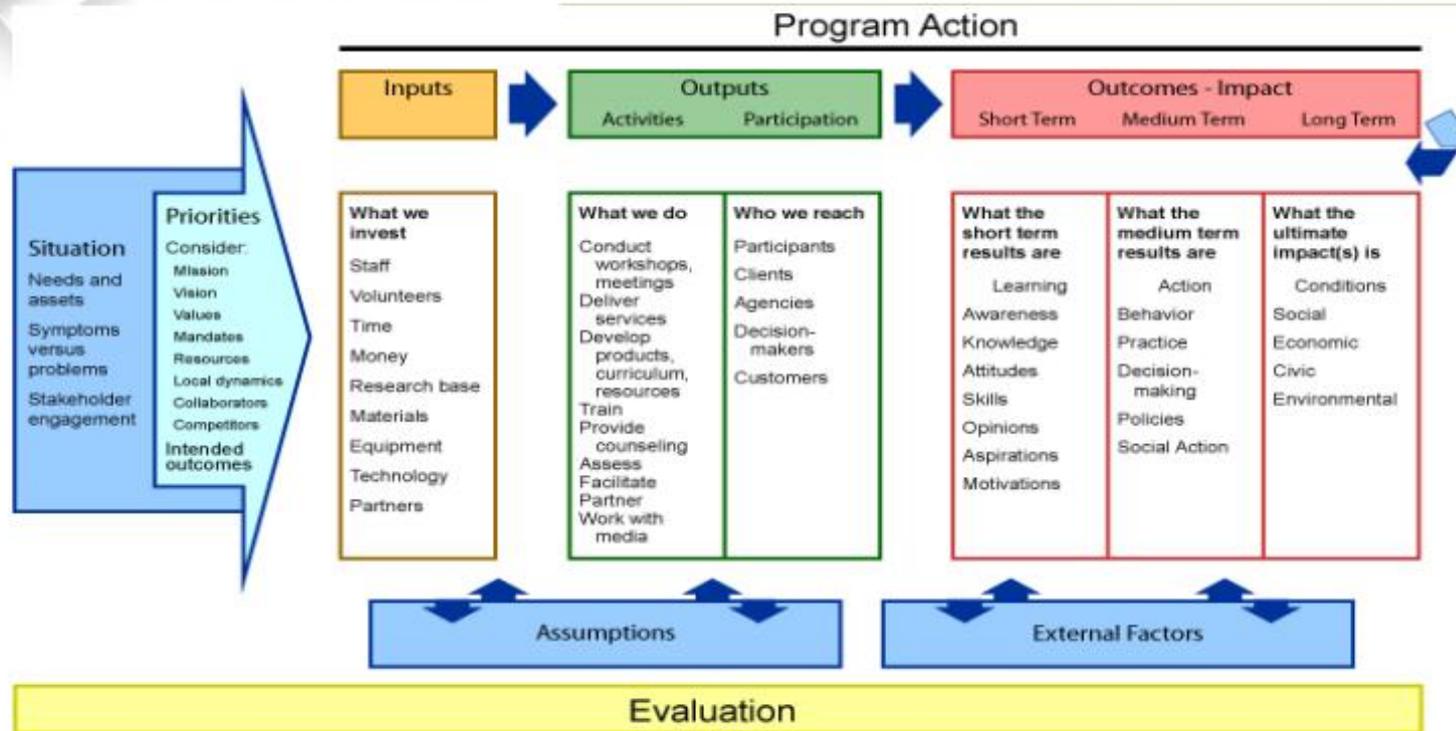


Tying Planning and Evaluation Together

- Setting up the expectations of a state Flex program and how it plans to achieve them will help determine whether or not the results you see are related to what has been accomplished.
- Identifying expected results will also help make program changes along the way as issues are identified that may cause a program to fall short of a desired goal.

The next slide illustrates this concept.

PLANNING: start with the end in mind



What do you want to know?

How will you know it?

EVALUATION: check and verify

Tying Planning and Evaluation Together

The previous slide is an example of a Logic Model.

A Logic Model describes how a program should work. It presents the planned activities for the program, and focuses on anticipated outcomes. It uses diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements.

Any good plan will incorporate this relational methodology whether it uses the logic model or not.

Work Plan Elements

Much like logic models, work plans can be divided into two sections:

1. Planned Work

- Resources/Inputs
- Activities

2. Intended Results

- Outputs
- Outcomes
- Impact

Source: WK Kellog, 1998, p. 2

Planned Work

- **Inputs** are the resources including the human, financial, organizational, and community resources a program has available to direct toward doing the work.
- **Program Activities** are what the program does with the resources. **Activities** are the actions developed to achieve objectives for goal attainment.

Example: **Activities** might be processes, events, technology, and actions that are an intentional part of the program implementation. These activities are used to bring about the intended program changes or results.

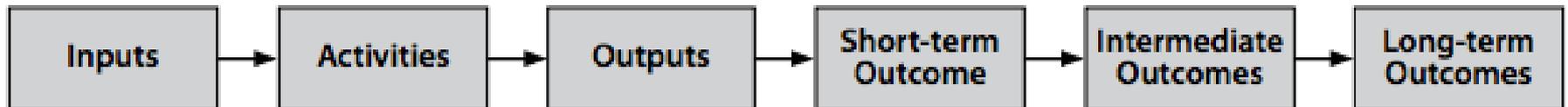
Intended Outcomes

- **Outputs** are the direct products of program activities. The tangible results from the completion of activities or initiatives that support the project objectives (e.g., project contract deliverables).
- **Outcomes** are the results of program operations or activities; the effects triggered by the program.
 - Short-term outcomes should be attainable within 1 to 3 years, while longer-term outcomes should be achievable within a 4 to 6 year timeframe. The logical progression from short-term to long-term outcomes should be reflected in impact occurring within about 7 to 10 years.
- **Impact**
 - The ultimate effect of the program on the problem or condition that the program or activity was supposed to do something about. (Impact can be positive or negative, unexpected or even unintended.)

Work Plan Flow

A work plan that is prepared with evaluation in mind will follow the flow from what goes into the plan to what actually is intended to be the end result.

Below are the elements from slide 31 pared down.



Developing Feedback Loops

Feedback loops are an important part of continuous evaluation because the information aids program improvement. These lines of communication between intentions and results allow for ongoing evaluation



- For every portion of the program plan, ask “will this data tell us that the program is on the right track or give us information about what to change?”



Waiting until the end of the program cycle to evaluate and get feedback is not ideal. Collect and analyze data as appropriate for each outcome that is being measured—this will vary based upon the outcome.

Creating a Solid Work Plan: Building Blocks for a Good Evaluation

- Identify problems to be solved; causes of the problems; hospitals and organizations affected by the problems that have a stake in the problems and their resolutions; and state of knowledge about the problems.
- Clearly and specifically identify desired **short-, intermediate-, and long-term outcomes** (e.g., What accomplishments are expected from the program in each of these time frames? Short and intermediate-term outcomes should “roll up” and support desired **long-term outcomes**.)

Creating a Solid Work Plan: Building Blocks for a Good Evaluation

- Tie **outcomes** to Flex program **core areas**.
- Identify specific program **interventions** designed to achieve desired program outcomes and related outputs.
- Identify resources (dollars, staff, consultants, hospital/EMS staff) needed to undertake program interventions.
- Identify **external/environmental factors** that can assist or hinder program accomplishments.

This type of planning is critical because programs can make decisions about the future based on what the expectation was and what really happened.

Alignment is the Key

- Many frameworks exist for aligning **goals, objectives, activities** and developing your **theory of change** with **feedback loops**:
- Three frameworks include:
 - [Logic Model](#)
 - [Balanced Scorecard](#)
 - [STAR Model](#)



Utilizing a framework will not do the evaluation for you, but it will make the process much easier and cohesive.

Pieces of a Program Work Plan

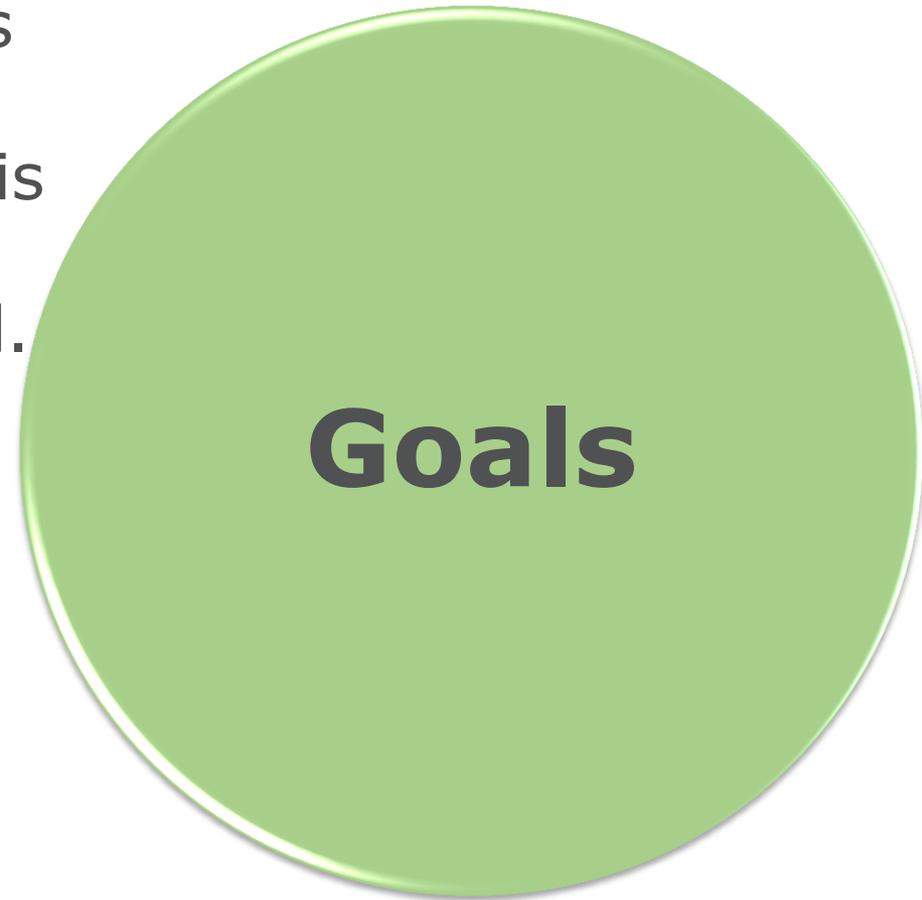
- Goals, Objectives, and Outcomes
- Activities



Program Goals

Goal: High-level statements that outline the ultimate purpose of a program. This is the end toward which program efforts are directed.

Example: Increase overall satisfaction with patient discharge.



Program Objectives

Objectives: Concrete statements describing what a program's activities must achieve in order to reach the program's ultimate goals.

Example: The program **outcome** is better revenue cycle management which results in a decrease in days in accounts receivable in CAHs that leads to increased sustainability. The program objective could be to increase the number of CAHs receiving revenue cycle management assistance in the state by FY2013.



Program Outcomes

Outcomes: The results of program operations or activities; the effects triggered by the program.

Example: If the **goal** of the program is to improve chronic disease self management, then the **outcomes** could be to increase the level of exercise of program participants and/or decrease the number of days spent in the hospital and/or decrease the number of outpatient visits.



Outcomes

- **Outcomes** should be time specific – **short-, intermediate-, and long-term.**
- Outcomes become more difficult to measure and assign attribution or causality as the time horizon becomes longer.
- The chain of outcome evidence becomes important as the goals of the program are carried forward over time.
- Example: improvements in hospital quality or financial **performance.**

Adapted from: *Using Logic Models for State Flex Programs* John Gale, Maine Rural Health Research Center , TASC Webinar, March 6, 2012

Developing Short-, Intermediate- and Long-term Outcomes

- **Short-term** – Less than 1-2 years. Involves changes in participants knowledge, attitudes, or skills.
 - Example: CAH staff will have greater knowledge of statewide quality improvement (QI) initiatives and QI methods.
- **Intermediate-term** – 3-4 years. Involves changes in participants behavior.
 - Example: CAHs participating in benchmarking programs and using data to improve clinical quality.
- **Long-term** – 5 or more years. Involves changes in participants condition or status.
 - Example: CAHs demonstrate improved quality of care in medication safety, reduction in medical errors, and patient outcomes.

Source: Gale (2012)

Planning for Outcomes



A good work plan and evaluation of that plan will have a mix of **short-, intermediate-, and long-term program outcomes**. Evaluation should be tied distinctly to each **outcome** and examined at specific program intervals.

Example: Satisfaction with technical assistance could be measured quarterly.

Activities

- **Activities** are action(s) that will result in achievement of the objective.
- Many times organizations can articulate **goals** and objectives, but their activities (what they actually do in the program) have nothing to do with the achievement of the goal.
- This misalignment contributes to **measures** and **outcomes** that do not relate to the intended goal.

Outputs

- Outputs are the results of completed activities or that support the project objectives (e.g., project contract deliverables).
 - Example: Held a workshop on ICD-10.
- **Outputs** are what you did, not what happened as a result of what you did. (It is the widget made by the factory, not changes as a result of the widget.)
- An output would NOT be: Six hospitals implemented a comprehensive plan to transition from ICD-9 to ICD-10. This is considered an **outcome**.

The Difference Between Outputs and Outcomes

- **Outputs** result from successful completion (“product”) of program activities.
 - Example: The amount of technical assistance provided to CAHs or number of hospital personnel attending quality improvement training.
- **Outcomes** are changes or benefits to individuals, groups, organizations, and/or communities that result from program **outputs**. (As stated in the previous slide: an outcome is what happens as a result of the widget, not the widget itself.)

Adapted from: *Using Logic Models for State Flex Programs* John Gale, Maine Rural Health Research Center
TASC Webinar, March 6, 2012

The Relationship Between Short-term Outcomes and Outputs

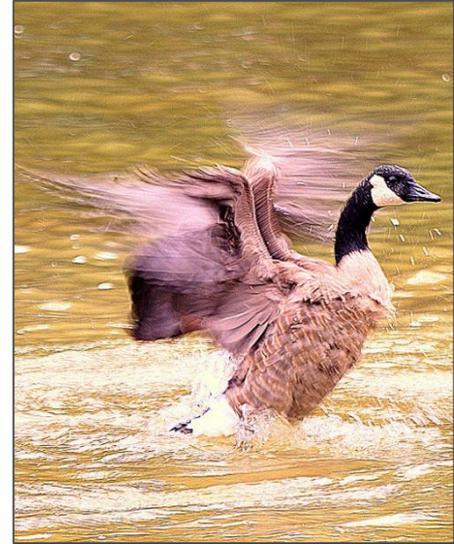
- In short, **outcomes** are simply a measurement related to **outputs**.
- If an output is a webinar, then an outcome could be the participants overall satisfaction with the webinar's content.

Example: A Bird

A bird flaps its wings....

An **output** of the bird flapping its wings would be:

- How many times does it flap her wings?



An **outcome** of the bird flapping its wings would be:

- How far does the bird travel as a result of it flapping its wings?



Choosing Goals and Objectives Consistent with Program Needs

Part of an effective work plan and the foundation of a comprehensive evaluation is choosing goals and objectives that are consistent with program needs.

CDC Action Guide for Assessing Community Needs
[Guide to Community Needs Assessment](#)

ORHP has provided specific goals and objectives with measures in order to gain uniformity, consistency, and an accurate national picture of the Flex program.

ORHP NCC with Measurement Outline
[NCC/Interventions document](#)

Ensuring Goals and Objectives are Consistent with Needs

A state Flex program could have a **GOAL** to ensure the long-term financial stability/viability of CAHs.

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OUTCOME that better revenue cycle management in CAHs leads to increased sustainability.

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OUTCOME that better revenue cycle management in CAHs leads to increased sustainability.



An **INDICATOR** that assesses the outcome may be the number of days in Accounts Receivable reduced by 10%.



Flex Evaluation Toolkit: Unit 1, Section 3

Measurement



Learning Outcomes

- Discover how to differentiate outputs from outcomes and create measures that will help evaluate each.
- Learn how to develop activities that actually move the measures.
- Encourage measures that evaluate the activity.
- Link measures to the overall program strategy.
- Learn to use measurable activities to drive Flex program goals and objectives.
- Link Flex work to PIMs.



Example of the Alignment of Activities to Objectives and Goals Using the Indiana Flex Program

Start Broad and Narrow

The next slide depicts how Indiana started with what they wanted to accomplish and what core area it pertained to.



The slide is labeled “Program Goals”. Using the definition provided in this toolkit, what are described on the slide are “Objectives”.

Program Goals

HRSA Flex Program Core Area 1: Support for Quality Improvement in CAHs
Indiana Flex Program Goal 1
Develop a statewide data reporting and sharing system via a secure portal for data exchange.
Support CAHs in building upon a multi-hospital quality improvement project involving hospital readmissions targeting chronic diseases to increase patient safety and quality of care.
Increase access to care for specialty and subspecialty services through telehealth services.
HRSA Flex Program Core Area 2: Support for Operational and Financial Improvement in CAHs
Indiana Flex Program Goal 2
Support CAHs with planning and implementing evidence-based strategies for improving financial performance
HRSA Flex Program Core Area 3: Support for Health System Development and Community Engagement, including integrating EMS in regional and local systems of care
Indiana Program Goal 3
Develop and expand the use of electronic tools and e-Learning to enhance communication, training and education, and interaction among CAHs in Indiana to increase access to health care services by residents in Indiana.
HRSA Flex Program Core Area 4: Designation of CAHs in the State
Indiana Flex Program Goal 4
Facilitate conversion of small rural hospitals to CAH status in accordance with federal and state regulations as needs arise among Indiana rural hospital providers.

Source: Indiana Flex Evaluation (2011). Accessed at:

http://www.indianaruralhealth.org/clientuploads/FLEX%20Program/2011_November_Flex_Annual_Eval_Bowen_Center.pdf

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Next Measure Process

- Many times the first measurement from an activity will be a process measure of output.
- A good evaluation, as stated previously, works not only to measure output, but outcomes as well.

Program Output/Process Measures

Data Collection Method: Flex Score, SORH Director, Indiana Flex Program Coordinator	
Indicator Measure	Status
Completion of a secure portal/data repository within the ISDH Network	In Development
Clinical, operational and financial measures reported to Flex Coordinator via Scorecard by CAHs	None at this time – In Development
Number of CAHs using portal	None at this time – In Development
Total number and percent of CAHs reporting quality/clinical data to the portal by specific measures	None at this time – In Development
Amount and type of assistance provided to CAHs <ul style="list-style-type: none"> Number of statewide Flex related meetings provided Total number attending statewide meetings (Rural Partners RT/IFPAC) 	Ongoing <p>Six statewide meetings were conducted by the Flex Coordinator from September 2010 to August 2011, including roundtables (2), National Rural Health Association Meeting (1), and Indiana Flex Advisory Council meetings (3).</p>

Process Measure

Output

Source: Indiana Flex Evaluation (2011). Accessed at:

http://www.indianaruralhealth.org/clientuploads/FLEX%20Program/2011_November_Flex_Annual_Eval_Bowen_Center.pdf

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Measuring the Impact

To really measure the impact a Flex program is having, it is important to move from collecting primarily output or process data to outcome data as shown in the next example slide.

Program Outcome Measures

Objective: Support CAHs in implementing a quality/patient safety project focused on reducing avoidable readmissions through improvements in discharge processes

Activity: Develop CAH Quality Project partnering with QIO focusing on reducing unnecessary hospital readmission in identified diagnosis of **congestive heart failure (CHF)** and **pneumonia (PN)**, which includes implementation of evidence-based protocols for common diagnoses identified.

Data Collection Methods: Flex Scorecard

Indicator/Measure	Status
Number of CHF/PN readmissions (prior to intervention)	Completed: Benchmark reported in April = 9 CHF/PN readmissions
Average number of CHF/PN readmissions (avg monthly rate following implementation intervention)	Ongoing: Avg monthly rate for April-July = 11
Average monthly rate of CHF/PN readmissions prior to intervention compared to rate following intervention (utilization reduction)	Ongoing: Avg utilization reduction for April-July = -2

Outcome Measure

Outcome

Source: Indiana Flex Evaluation (2011). Accessed at:

http://www.indianaruralhealth.org/clientuploads/FLEX%20Program/2011_November_Flex_Annual_Eval_Bowen_Center.pdf

Indiana Flex Examples: Quality Activities

Activity 1: Assess current processes and tools used by health care providers to increase the efficiency of transitional care planning of health care providers and between health care settings.

Activity 2: Facilitate an open, sharing environment for the CAHs to freely discuss issues related to readmissions and to cooperatively devise possible solutions and interventions.

Moving from Process Measure to Outcome Measure

- Most of the required or suggested measures in the [NCC interventions](#) are process measures (see slide 39 for NCC documentation).
- In order to assess true impact, measures must grow in sophistication from counting what happened (**output**) to assessing what changed (outcome).

Moving from Process Measure to Outcome Measure

- **Process/Output Measure:** How many rural trauma team trainings?
- **Outcome Measure:** 5 CAHs will achieve level 4 trauma designation.
- This would be considered a **intermediate-term outcome**. A **long-term outcome** would be the improvement in care to residents improve by achieving level 4 trauma designation.



When determining if it is an output/process measure or an outcome measure, ask, is this just a count or did something change for the participants or stakeholders?

Example Outcome Measures: Quality Improvement

Flex programs are *required to support efforts to improve and sustain the quality of care provided by CAHs*

Activity	Measure	Outcome
Support development and implementation of evidence-based protocols for common diagnosis	# of CAHs using evidence-based protocols Improvement in hospital care measures	Increased CAH utilization of evidence-based protocols Improved hospital quality of care and patient safety
Support activities to reduce unnecessary hospital readmissions	# of CAHs using re-admission guides and protocols Reduction in preventable hospital re-admission rates	Reduction in CAH unnecessary re-admissions

Source: Gale (2012)

Example Outcome Measures: Financial Performance Improvement

Flex programs are *required to improve CAH financial and operational performance improvement.*

Activity	Measure	Outcome
Support efforts to improve CAH business office and billing operations	# of CAHs participating in business office and billing operations # of CAHs have improved the turn around time to bill 3 rd party carriers # of CAHs with improved cash flow # of CAHs with improved financial margins	CAHs exhibit better cash flow and improved viability

Example Outcome Measures: Community Development and Engagement

Flex programs are *required to support efforts to assist CAHs in developing collaborative regional or local systems of care, addressing community needs, and integrating EMS in those regional and local systems of care.*

Activity	Measure	Outcome
Encourage and support CAHs with identifying options to address local gaps in behavioral health services	# of CAHs that have received TA/support to develop behavioral health services	Improved availability of behavioral health services in rural communities
	# of CAHs engaged in effort to develop local behavioral health services	Increased collaboration between CAHs and behavioral health services providers
	# of CAHs collaborating with behavioral health providers to develop local services	Improved patient care in CAH communities
	# of CAH communities where behavioral health services have been implemented or expanded	

Source: Gale (2012)

Linking Flex Measures to PIMS

Most, if not all, **PIMS** measures are quantitative, output, process measures.



Performance improvement measurement system (PIMS) measures are specific performance measures that are required to be reported through HRSA's EHB.

ORHP NCC with Measurement Outline

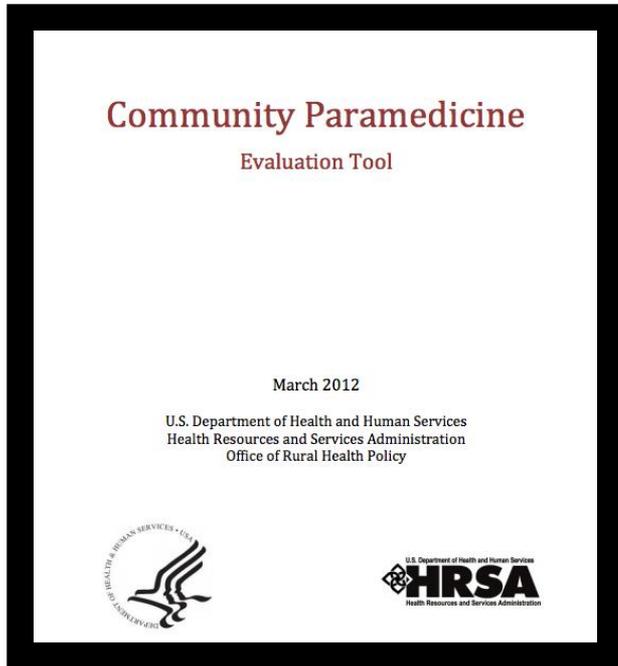
[NCC/Interventions document](#)

General resource regarding developing performance measures

[Guidebook for Performance Measurement](#)

Do Not Reinvent the Wheel

Take advantage of the tools and resources that have already been developed by evaluation teams, such as ORHP. For example, this tool was created to provide a framework for assessing community paramedicine programs.



[Community Paramedicine Evaluation Tool](#)

Additional Resources

- A guide for developing Flex specific logic models to guide evaluations
 - [Using Logic Models for State Flex Programs](#) (John Gale presentation)
- Checklist for Writing SMART Objectives
 - [CDC Guide](#)
- A guide for writing outcome objectives
 - [Writing Outcomes](#) (tool)



Unit 2: Core Modules for an Evaluation Toolkit

Terms Used in Unit 2

Activities

An action developed to achieve objectives or close the gap between measures performance and targets.

Alignment

An organization's people, processes, and resources all moving in the same direction.

Analysis

A systematic approach to problem solving that involves the review of a complete structure. Complex problems are simplified by separating them into more understandable components. This involves the identification of purposes and facts, the statement of defensible assumptions, and the formulation of conclusions.

Assessment

The process of judging impressions/thoughts, progress, achievements, or skills.

Terms (cont.)

Assessment Tool

A data collection instrument designed to collect information about impressions/thoughts, progress, achievements, or skills.

Balanced Scorecard

A planning framework that aligns organizational strategies and intended outcomes to the work that is being carried out and measures their progress in four distinct areas: financial, customers and community, internal process, and learning and growth.

Benchmarks

A standard used for measuring or assessing progress against a standard metric or the metrics of other programs.

Case Study

A detailed account of the development of a person, a group of people, organization, or a program over a period of time.

Terms (cont.)

Data

Information, often in the form of facts or figures. Examples of data sources include quality improvement reports, financial information from cost reports, and community health assessment results.

Document review

A data collection method involving a review of program files. There are usually two types of program files: general program files and files on individual projects, clients, or participants.

Effectiveness

Ability to achieve stated goals or objectives, judged in terms of both output and impact, direct and indirect.

Evaluation Design

A document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted. The plan describes how program performance will be measured and includes performance indicators.

Terms (cont.)

Evaluation team

The individuals, such as the evaluation consultant and staff, who participate in planning and conducting the evaluation. Team members assist in developing the evaluation design, developing data collection instruments, collecting data, analyzing data, and writing the report.

Evidence

Proof to support your claim.

External Evaluation

An evaluation carried out by an individual or organization that has no ties to the program and is able to look at the data objectively and impartially without bias.

External Evaluator

An evaluator not affiliated with the agency prior to the program evaluation. Also known as third-party evaluator.

Terms (cont.)

Focus group

A group of people, usually 6-8, selected for their relevance to an evaluation that is engaged by a trained facilitator in a series of discussions designed for sharing insights, ideas, and observations on a topic of concern. A focus group is a method of collecting information for the evaluation process.

Goal

High-level statements that outline the ultimate purpose of a program. This is the end toward which program efforts are directed. Example: Increase overall satisfaction with patient discharge.

Input

Organizational contributions, people, dollars, and other resources actually devoted to the particular program or activity.

Terms (cont.)

Internal Evaluation

Evaluation that is carried out by individuals that have a stake in the program, as well as knowledge of the program and why it utilizes the activities to achieve program goals and outcomes that it does. May express bias at times.

Intervention FLEX-SPECIFIC DEFINITION

Specific activities with related objectives and measures designed to produce specific outcomes in the Flex program. Interventions are required where indicated in the Non Competing Continuation (NCC) and their outcomes relate to the achievement of **Performance improvement measurement system (PIMS)** measures.

Likert Scale

A type of composite measure using standardized response categories in survey questionnaires. Typically a range of questions using response categories such as strongly agree, agree, disagree, and strongly disagree are utilized to construct a composite measure.

Terms (cont.)

Logic Model

Describes how a program should work, presents the planned activities for the program, and focuses on anticipated outcomes. Often uses diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements.

Measurement

A method of determining quantity, capacity or dimension.

Measures

Ways to objectively quantify the degree of success a program has had in achieving its stated **objectives**, **goals** and planned program activities.

Objective

Concrete statements describing what a program's activities must achieve in order to reach the program's ultimate goals. To make an objective concrete it should be **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-limited, or **SMART**.

Terms (cont.)

Outcome Measures

A method of determining quantity, capacity, or dimension.

- **short-term** outcomes are likely to be changes in skills, attitudes and knowledge
- **Intermediate-term** often include changes in behavior and decision making
- **long-term** outcomes may involve changes at the organization or program level

Outputs

The direct products of program activities. The tangible results from the completion of activities or initiatives that support the project objectives (e.g., project contract deliverables).

Performance

The accomplishment of a given task measured against preset known standards of accuracy, completeness, cost, and speed.

Terms (cont.)

Post-test

A test or measurement taken after services, or activities have ended. It is compared with the results of a pretest to show evidence of the effects or changes resulting from the services or activities being evaluated. A post-test may occur multiple times after an activity to measure retention or behavior change over time.

Pre-test

A test or measurement taken before services or activities begin. It is compared with the results of a post-test to show evidence of the effects of the services or activities being evaluated. A pre-test can be used to obtain baseline data.

Qualitative data

Information that is difficult to measure, count, or express in numerical terms. For example, how safe a person feels in a hospital is qualitative data.

Terms (cont.)

Quantitative data

Information that can be expressed in numerical terms, counted, or compared on a scale. Example: The number of people that attended rural trauma team development training

Questionnaire

A printed form containing a set of questions for gathering information.

Recommendation Adoption Process (RAP) report

A specific assessment developed in the Rural Hospital Performance Improvement project that uses a **Likert** scale to assist a participant in measuring their level of behavior change or application in an organization a year after education or training.

Root cause analysis

A method of problem solving that tries to identify the and correct root causes of faults or problems. It seeks to solve a problem by identifying and addressing the root cause instead of addressing only the symptoms of a problem.

Terms (cont.)

Stakeholders

Anyone who can affect or is affected by an organization, strategy, or project.

Survey

The collection of information from a common group through interviews or the application of questionnaires to a representative sample of that group.

Work plan

A visual, representation or model which identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.



Flex Evaluation Toolkit: Unit 2, Section 1

Designing an Evaluation



Learning Outcomes

- Discover the benefits and challenges of an internal or external evaluation process.
- Utilize evaluation to meet the needs of the CAHs.
- Utilize evaluation to meet the needs of ORHP and the Flex Guidance.

What is Evaluation Design?

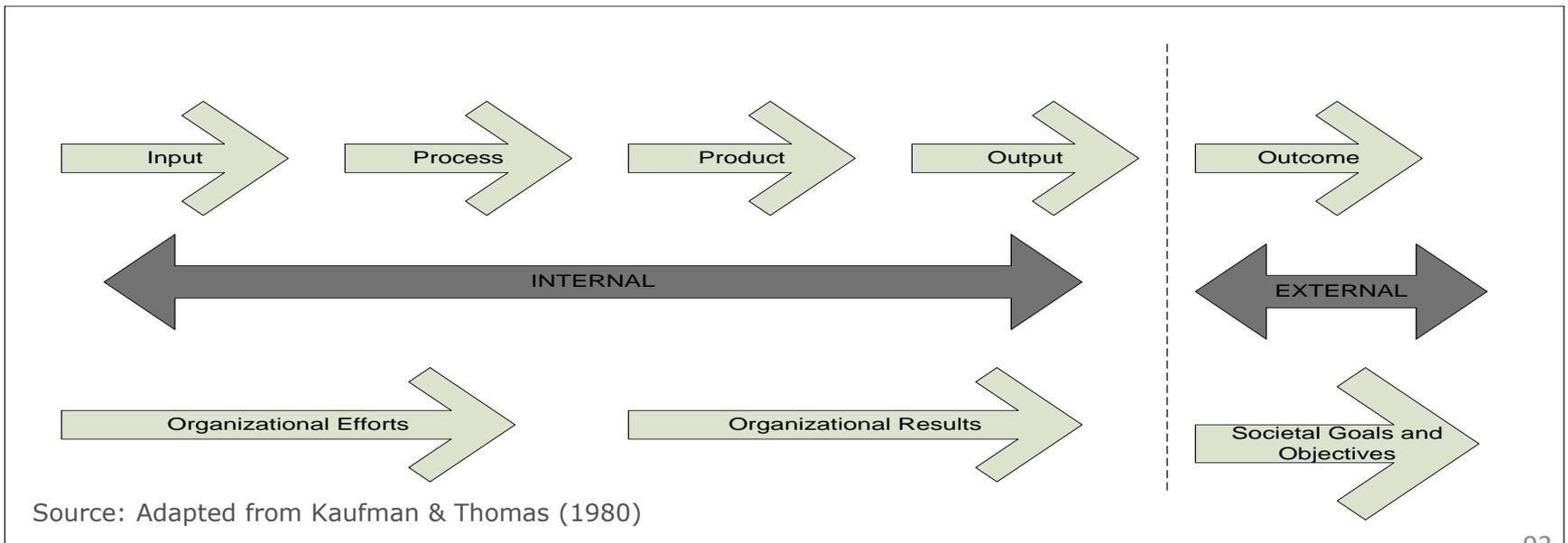
- An **evaluation design** is a document describing the overall approach or design that will be used to guide an evaluation.
- It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted.
- The plan describes how program performance will be measured and includes performance **indicators**.

Desired Outcomes of State Flex Program Evaluation Efforts

- Provide information to enable comparison of initiatives.
- Verify that program **activities** are being implemented as intended and document at both state and national level.
- Examine and document effective program interventions for replication by other hospitals or state Flex programs.
- Improve interventions so they will be more effective or have a greater impact.
- Verify and improve impact of **interventions** on CAHs, EMS, and/or communities.
- Produce **data** to document program outcomes.
- Clarify **stakeholder** understanding of program goals.

Aspects of Evaluation

- To gain knowledge about a program, it is important to start with the programs **inputs**, process, products, **outputs**, and **outcomes** and how they relate to the broader needs of the community (see diagram below).
- A strong program plan and putting time and effort into designing a program with the outcomes in mind as outlined in **Unit 1, Section 2** will lay a great foundation for an evaluation of that program.



Getting Started

Start by answering some basic state Flex program evaluation questions, including:



- What are the goals of the evaluation?
 - Many of the reasons for evaluation are addressed in the overall goals of program evaluation.
- Who are the audiences for the information from the evaluation?
 - Suggestions: Flex program staff, hospitals, EMS services, other state-level stakeholders, ORHP, Congressional stakeholders

Getting Started



- What do you need to make informed decisions or document **outcomes** for your key audiences?
- From what sources should **information/data** be collected? How can that **information/data** be collected?
- How should we **measure** whether or not activities are effective and producing the intended result?
- What resources are available to support the evaluation and data collection (including dollars, staff and/or **external evaluators/consultants**)?

Internal vs. External Evaluation

- **Internal evaluations** can be very useful as insiders know the program and can assess data with a broad context. Internal evaluation activity can also support day to day program management because the evaluation can happen at any point in time and more rapidly.
- **External evaluations** are preferred when a program is seeking an unbiased study of the longer term impact of activities in relation to a broader national policy and program.

Internal Evaluation: Advantages and Disadvantages

Evaluator Type	Advantages	Disadvantages
Internal Evaluator	An insider who is familiar with the program can understand and interpret personal behavior and attitudes within the context of the program.	The internal evaluator may know the program too well and find it difficult to be objective.
	The internal evaluator is known and therefore poses less threat to staff, and is less likely to disrupt activities or cause anxiety.	The staff member is part of the power and authority structure and personal gain may influence his or her findings and/or recommendations.
	The internal evaluator will need less time to learn about the organization and its programs.	An insider may have no special evaluation training or experience.

External Evaluation: Advantages and Disadvantages

Evaluator Type	Advantages	Disadvantages
External Evaluator	Someone who is not personally involved in the program can be more objective when collecting and analyzing data and presenting the results.	The external person may cause anxiety among program staff who are unsure of the motives of the evaluation/evaluator.
	The outsider is not a part of the power structure.	An outsider may not fully understand the goals and objectives of the program or its context.
	The external evaluator can take a fresh look at the program or organization.	An external evaluation can be expensive, time consuming, and disruptive of ongoing progress.

Internal vs. External

- The decision to choose an internal versus external evaluator depends on multiple factors, such as:
 - Purpose of the evaluation
 - Cost
 - Availability of evaluators
 - Knowledge of staff
 - Evaluation timeline, etc.
- Organizations must weigh options for each situation.
 - [Resource for understanding difference between internal and external evaluators](#)

Tool for Hiring External Evaluators

- [CDC Tool for Choosing and Using an External Evaluator](#)

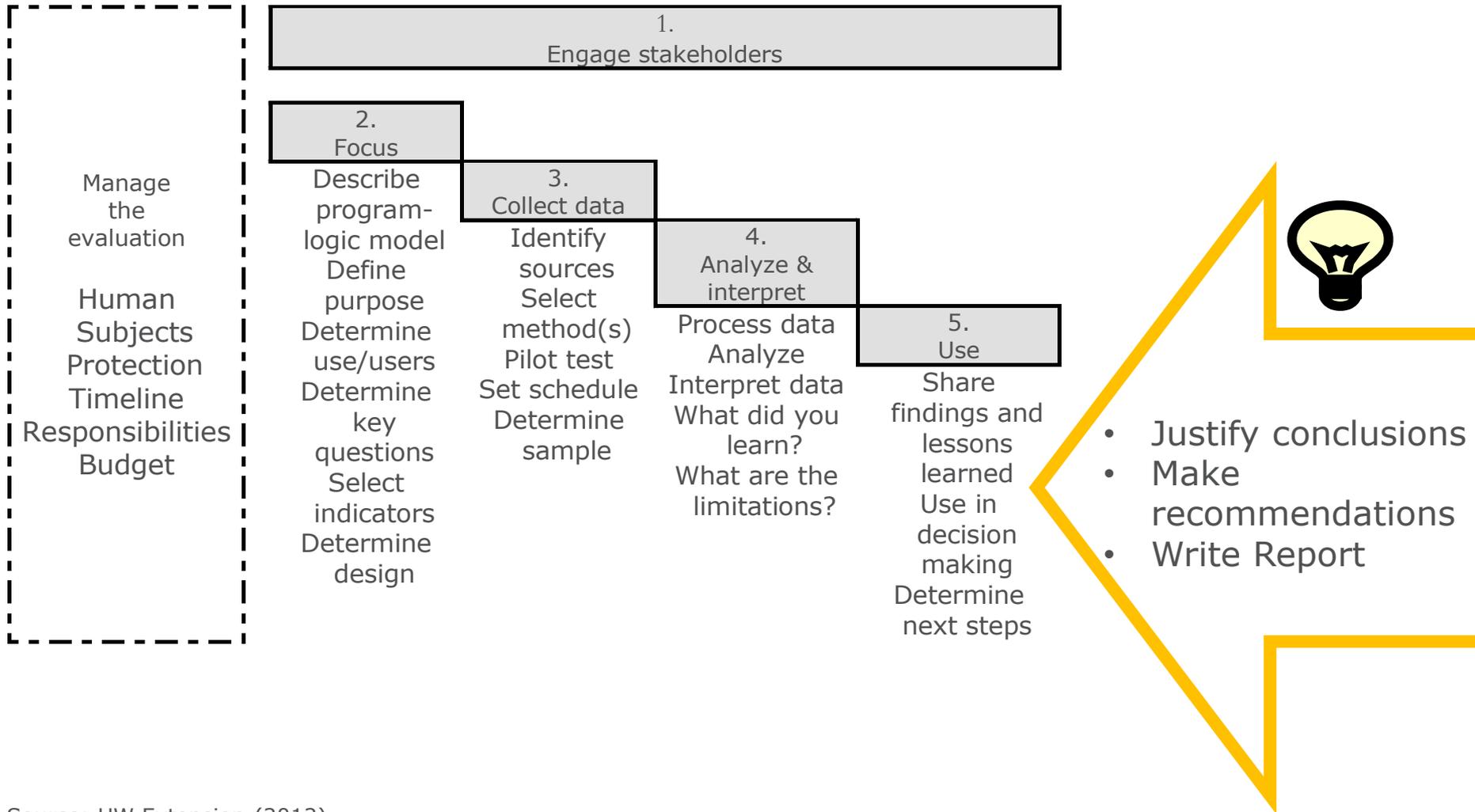
This tool is a guide that outlines the process of choosing an external evaluator in a federal program and utilizing them effectively.

Steps to Evaluating Flex Programs

Once the purpose for evaluating the program is fully understood, the steps to evaluating include:

1. Engage **stakeholders**
 - a. Describe the program
2. Create and focus the evaluation design (e.g., internal/ external)
3. Gather credible data/information/**evidence**
4. Analyze and interpret the data
5. Use the evaluation findings
 - a. Justify conclusions
 - b. Make recommendations
 - c. Write the report

Visual Outline of Steps in Program Evaluation



Source: UW Extension (2012)

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[Glossary of Terms](#)

Why Engage Stakeholders?

- Stakeholders are the ones most likely to be impacted by the Flex program.
- Involving them can create buy-in and help avoid pitfalls that may not be apparent to program staff.
- When stakeholders buy-in they can move a program forward and eliminate barriers to change.
- Stakeholders can help inform the process, understand the information gathered, and assist the program with necessary changes.
- Engaged stakeholders can assist in results dissemination.

What if you Don't Engage Stakeholders?

- Choosing not to engage stakeholders can have serious implications on the integrity of an evaluation.
- Buy-in will be much more difficult, as well as making any changes due to evaluation findings.
- By not engaging stakeholders, programs miss a serious opportunity for stakeholders to be champions and supporters.

Step 1: Engage Stakeholders

- Engage **stakeholders** early on since they can be significant assets in the evaluation process.
- Stakeholders may include:
 - Those involved in program operations (e.g., state hospital association, advisory committees, quality improvement organizations (QIOs), consultants)
 - Those served or affected by the Flex program (e.g., CAHs, ambulance services, networks)
 - Primary users of the evaluation (e.g., staff, ORHP, Centers for Medicare and Medicaid Services (CMS) regional offices, legislators, advisory committees).

Ways to Engage Stakeholders in Evaluation

- Utilize stakeholders' **data** sets for data collection.
- Involve stakeholders from the beginning in the program planning and evaluation design.
- Have stakeholders help design **assessment tools**.
- If using an **external evaluator**, create an evaluation committee to assist the evaluator in accessing data.
- Make stakeholders part of an **internal evaluation team**.
- Ask about the information stakeholders need and what additional information would be helpful.

Developing Questions

- The most basic evaluation question is: ***how well is the program succeeding in reaching state and national Flex program goals?***
- The best way to develop questions:
 - Engage **stakeholders** and work with ORHP Project Officers
- It is imperative to gather as much information from stakeholders as possible to thoroughly understand their needs and issues.
- Once the evaluator has some basic guidelines, it is time to go to work framing the evaluation questions.

Developing Questions (cont.)

- Formulating questions is perhaps the most critical component of conducting evaluations. The development of questions is so important because they give direction to the evaluation.
- At their most basic, evaluation questions simply state what you want to learn and are worded in such a way that can be measured.

Developing Questions (cont.)

- This tool, developed by the Mid Continent Comprehensive Center, provides a step-by-step process for developing, prioritizing, and eliminating evaluation questions.

[Developing Evaluation Questions Tool](#)

- The programs work plan and its activities are a good place to start looking for what a program might want to evaluate. Another place for Flex programs is the NCC Interventions document.

ORHP NCC with Measurement Outline

[NCC/Interventions document](#)

Utilize Evaluation to Meet the Stakeholders Needs

- Your **stakeholders** will need different things from your evaluation depending on who they are and what organization they represent.
- Having the results of your evaluation available in different forms, such as only the **measures**, an executive summary, a PowerPoint presentation of recommendations and potential **interventions**, will allow stakeholders to utilize the pieces that are relevant to them. Make certain that the evaluation is quantifiable to demonstrate how the measures relate to stakeholders.



The most important way to use your evaluation to meet the needs of your stakeholders is to use it to identify and initiate improvements in your program and to continuously tell your story both at the state and national level.

Step 2. Describe the Program

- Create a detailed description of your state Flex program's mission, goals, strategies, and capacity to effect change.
- This should include:
 - Problem(s) being addressed.
 - Accomplishments that must be met in order for your state Flex program to be considered successful (sometimes depicted using a timeline).
 - Description of the program activities/actions/steps being taken to implement the program. Refer to your **work plan** documents.
 - Information regarding external factors and environmental influences (e.g., legislative, changes in leadership, and network changes).
 - Overall resource allocation (e.g., time, personnel, finances, in-kind).

Describe the Program (cont.)

Information included in this step should be a part of your annual federal grant application for state Flex program funding. If you have used a framework such as **Logic Model** or **Balanced Scorecard**, a lot of this will be done already.

Step 3. Create and Focus the Evaluation Design

- The focus should be on those areas that are of greatest concern, greatest program focus/resource allocation, and/or are of greatest interest to stakeholders (e.g., financial changes in CAHs, grant allocations, regionalization of health services).
- By focusing the evaluation based on a concrete plan, you will have the greatest chance of assuring your evaluation is useful, feasible, ethical, and accurate.

Step 4. Gather Credible Evidence

- Key to any program evaluation is striving to collect believable, credible, and relevant **evidence** that will convey a well-rounded picture of the program.
- Credibility can be enhanced if you use a variety of assessment methods to gather, analyze and interpret the evidence within the evaluation to draw conclusions about what is happening in the program.
- Methods included in this toolkit provide a basic guide for gathering credible evidence.



Flex Evaluation Toolkit: Unit 2, Section 2

Assessment and Data Collection Methods



Learning Outcomes

- Gain information about the various methods of data collection and assessment that can be utilized in program evaluation.
- Learn about methods for educational event evaluations (pre- and post-testing for knowledge gain).
- Incorporate methods for assessing behavior change after an intervention.

Assessment Methods

1. Focus group
2. Interview
3. Case study
4. Questionnaire/Surveys/Checklist
5. Document review
6. Observation
7. Pre-test/Post-test
8. Recommendation Adoption Process (RAP) report

Method 1: Focus Groups

Overall Purpose	Advantages	Challenges
<p>To explore a topic in depth through group discussion (e.g., about reactions to an experience or suggestion, understanding common complaints, etc.)</p> <p>Useful in evaluation and marketing</p>	<p>Quickly and reliably get common impressions</p> <p>Can be efficient way to get much range and depth of information in short time</p> <p>Can convey key information about programs</p>	<p>Can be hard to analyze responses</p> <p>Need good facilitator for safety and closure</p> <p>Difficult to schedule 6-8 people together</p> <p>Results not generalizable</p>

Who Could Be Included in a Focus Group Session(s)

- State and local community health and public health leaders
- State hospital association representatives
- Hospital administrators, board members, other hospital staff
- Health practitioners
- Health information technology professionals
- Flex program planning committee members
- Non-health care individuals with a concern regarding health status, (e.g., faith, business, education)
- Quality Improvement Organization (QIO) representatives
- Network hospitals, state and local EMS staff, and other health care partners (e.g., nursing home, home health care, clinic staff)
- Consumers

Focus Group Preparation

1. Identify the purpose of the focus group.
2. Develop 5-6 well thought out questions that clearly relate to the purpose/goal.
3. Plan the session format (e.g., introductions, who will ask questions, who will record statements). Two recorders are recommended in order to capture what is being said.
4. Contact focus group attendees. Send attendees a follow-up invitation with a proposed agenda, session time and list of questions the group will discuss. (Some facilitators would rather not send questions ahead of time in order to get more honest, in the moment feedback, but either option will work.) You may want to consider sending focus group attendees a copy of the completed report.
5. About three days before the session, contact attendees to remind them of the focus group.

Developing Focus Group Questions

1. The focus group session should last a maximum of 1-1.5 hours. In this time, 5-6 questions are the maximum.
2. Ask yourself what problem or need will be addressed by the information gathered during the session (e.g., CAH implementation, quality of care, state rural health planning, etc.)
3. Focus groups are basically multiple interviews. Therefore, many of the same guidelines for conducting focus groups are similar to conducting interviews.

Sample Flex Program Focus Group Questions

Topic: Local level CAH operations/impact

Who	Questions
Practitioners	<ol style="list-style-type: none"><li data-bbox="438 588 1765 706">1. What changes, if any, have occurred since the hospital converted to CAH status?<li data-bbox="438 706 1765 903">2. Have you noticed any changes in your practice patterns? If so, what?
Community	<ol style="list-style-type: none"><li data-bbox="438 903 1765 1078">1. Was your community involved in the decision regarding changing your hospital to a CAH? If so, how?<li data-bbox="438 1078 1765 1288">2. Have you noticed any changes at the hospital since it became a CAH? If so, what?

Sample Flex Program Focus Group Questions

Topic: CAH Conversion Assistance

Who	Questions
Hospital Administrators	<ol style="list-style-type: none"><li data-bbox="488 595 1595 815">1. Describe your CAH conversion experience, including who assisted with the conversion process and the kinds of assistance they provided.<li data-bbox="488 846 1628 953">2. What conversion assistance did you find the most and least helpful?<li data-bbox="488 985 1503 1090">3. Do you anticipate needing CAH-related assistance in the future? Explain.

Sample Flex Program Focus Group Questions

Flex Program Planning/Implementation

Who	Questions
QIO State EMS Leaders Legislators CMS Representatives Networks, etc.	<ol style="list-style-type: none"><li data-bbox="600 582 1673 743">1. How have you been involved in planning and or implementing the Flex program in the state?<li data-bbox="600 779 1524 886">2. What have been the successes and failures of the state Flex program?<li data-bbox="600 922 1582 1022">3. What Flex program areas should be a priority in the state? Explain.<li data-bbox="600 1058 1678 1216">4. Explain your five-year vision for the state Flex program. Is it achievable? Why or why not?

Focus Group Helpful Hints

- Seek participants who are actively involved.
- Think carefully about who is being invited and how that might play out when people are sharing their opinions.
 - Physicians, hospital administrator, certain community leaders, or those with dominant personalities may affect focus group participation.
- Keep the group to a manageable number so that there is ample time for everyone to participate.
- Be respectful of time. Start and end as scheduled.

Example Focus Group Summary

Example of eight Flex program focus group summaries.

[Focus Group Summaries](#)

Focus Group Resources

There are many resources available regarding best practices for conducting focus groups. Below are a few links to sources that provide guides, examples, and tools for holding effective focus groups.

[Community Tool Box: Conducting Focus Groups](#)

[NOAA Introduction to Conducting Focus Groups](#)

[OMNI Focus Group Toolkit](#)

[New York State Teacher Center Focus Group Tutorial](#)

[Wallace Foundation: Focus Group Workbook](#)

Method 2: Interviews

Overall Purpose	Advantages	Challenges
To fully understand someone's impressions or experiences, or learn more about their answers to questionnaires	<p>Get full range and depth of information</p> <p>Develops relationship with participant</p> <p>Can be flexible with interview</p>	<p>Can be hard to analyze and compare</p> <p>Can be costly</p> <p>Interviewer can bias participant's responses</p> <p>Produces primarily qualitative data</p>

Resources for Conducting Interviews

[General Guidelines for Conducting Interviews](#)

This resource written for the US Foreign Assistance Office provides an overview and general guidelines for conducting effective key informant interviews.

[Tips on How to Conduct Interviews for Program Evaluation](#)

This resource comes from a blog on nonprofit capacity building.

Method 3: Case Studies

Overall Purpose	Advantages	Challenges
To fully understand or depict client's experiences in a program, and conduct comprehensive examination through cross comparison of cases	Fully depicts participant's experience in program input, process, and results Powerful means to portray program to outsiders	Usually quite time consuming to collect, organize, and describe Represents depth of information regarding specific aspects of the program from stakeholder perspectives

Case Studies (cont.)

Case studies are particularly useful in depicting a holistic portrayal of experiences and results regarding a program. For example, to evaluate the effectiveness of a program's processes, including its strengths and weaknesses, or to analyze successes and failures.

Case Studies (cont.)

Case studies are used to organize a wide range of information about a case and then analyze the contents by seeking patterns and themes in the data, and by further analysis through cross comparison with other cases. A case can be individuals, programs, or any unit, depending on what the program evaluators want to examine through in-depth analysis and comparison.

Case Studies (cont.)

One of the most commonly given reasons for choosing a case study design is that the thing to be described is so complex that the data collection has to probe deeply beyond the boundaries of a sample survey, for example.

Developing a Case Study

1. Establish the parameters for the case(s) to be studied.
2. Attain inclusion approval by those to be studied in the case study.
3. Gather the data.
4. Organize the data.
5. Develop a narrative.
6. Validate the case study.
7. Compare case studies to isolate any themes or patterns.

Developing a Case Study (cont.)

1. Establish the parameters for the case(s) to be studied.

Resources and time are key determining factors. For example, how many cases will you examine? One, two, five? What are the characteristics of each case? How will you narrow your choices? The first and last? One of the networks? Three of the networks? Specific communities or CAHs? Ambulance services that your state Flex program developed, enhanced, or assisted?

Developing a Case Study (cont.)

2. Attain inclusion approval by those to be studied in the case study.

If you are planning case studies of CAHs, communities, networks, etc., make sure they are willing and able to participate. In addition, reach agreement on the level of anonymity that will or will not exist.

Developing a Case Study (cont.)

3. Gather the data.

Data can result from a combination of methods, including documentation (applications, histories, records, etc.), questionnaires, background statistics, interviews, and observation.

Developing a Case Study (cont.)

4. Organize the data.

For example, organize the data in a chronological order to portray how the community got involved in the Flex program, established a CAH, worked towards the regionalization of services, did/did not receive effective services, and Flex program resources. Another option would be to organize the data by topic or item (e.g., financial, community input/participation, quality). This will allow for further analysis and comparisons as indicated in Step 7.

Developing a Case Study (cont.)

5. Develop a narrative.

The narrative is a story that integrates and summarizes key information around the focus of the case study. The narrative should be complete to the extent that it is the eyes and ears for an outside reader to understand what happened regarding the case. The narrative might include key demographic information about the community, phases in the Flex program's process through which the community overcame and/or met barriers, steps taken, early indicators of failures and success, and key quotes from the community served.

Developing a Case Study (cont.)

6. Validate the case study.

Request that case study participants review the case study narrative to ensure it fully depicts experiences and results.

Developing a Case Study (cont.)

7. Compare case studies to isolate any themes or patterns.

For example, various case studies about state Flex program failures might be compared to notice commonalities in these experiences and how that relates to the technical or financial assistance, planning, implementation, etc., related to the Flex program. These commonalities might highlight where your state Flex program needs to be strengthened.

Case Study Examples

Quality Improvement

1. Identify those that participated in your Flex program quality improvement activities and determine who will be included in the case studies.

Example: Follow a specific critical access hospital through its journey in a quality improvement initiative such as its decision to join MBQIP and the results.

2. Develop a narrative that includes: a description of the quality improvement process that was used, background information (demographics, health services system, key players, etc.), interviews of those responsible for and those affected by the quality improvement project (intended outcome, actual accomplishments/outcome, those involved, successes and failures, intended next steps and future needs/issues).

Case Study Examples (cont.)

Quality Improvement

3. Share the narrative with the studied quality improvement projects for feedback and discrepancies. Make needed changes.
4. Collect the same information for a set number of those involved in the quality improvement activities (three, five, nine, you choose, preferably more than two) of the same type and make comparisons, identify common themes, issues, barriers, accomplishments, and lack of accomplishment along with contributing factors.

Case Study Examples (cont.)

5. Share narrative as appropriate for feedback and discrepancies. Make needed changes.
6. Collect the same information for each case study (preferably more than 2).
7. Make comparisons, identify common themes, issues, barriers, accomplishments, and lack of accomplishment along with contributing factors.

Case Study Helpful Hints

- It is better to complete fewer thorough case studies than several vague case studies.
- Allow time for follow-up and revisiting issues that may arise through the entire case study process.
- Do not limit your case study to one assessment or data collection method (e.g., utilize both interviews and document review) or one resource (e.g., hospital administrator only).
- Include both successes and failures in a case study because it is through lessons learned that program improvements can occur.

Example Case Study Reports

These three links provide case studies regarding Flex participating hospitals that detail financial and quality improvement activities that may prove useful for evaluation planning.

[Idaho Case Studies of CAHs](#)

[California Case Study](#)

[NORC/RHRC Case Studies](#)

Case Study Resources

This resource provides a step by step guide regarding how to complete a case study.

[Application of a Case Study Methodology](#)

This resource provides an in-depth description about case study research methodology.

[How to Do Case Study Research](#)

This resource provides a comprehensive overview of case study methods, including data analysis techniques and writing examples.

[Case Study Guide](#)

Method 4: Questionnaires, Surveys, Checklists

Overall Purpose	Advantages	Challenges
<p>To quickly and/or easily obtain a significant amount of information from people in a non-threatening way.</p> <p>Captures a snapshot of what is happening at a given time.</p>	<p>Can be anonymous</p> <p>Can be inexpensive (depending on design)</p> <p>Easy to compare and analyze</p> <p>Can be administered to many people</p> <p>Lots of data can be collected</p> <p>Sample questionnaires already exist</p> <p>Can produce qualitative and quantitative data</p>	<p>Might have low response rates</p> <p>May be expensive (depending on design)</p> <p>Wording can bias responses</p> <p>Impersonal</p> <p>May need sampling expertise for surveys</p> <p>Doesn't obtain full story</p> <p>Crafting survey questions that will actually collect the information desired is very difficult</p>

Sample Survey Topics

- Technical Assistance
 - Workshops
 - Materials created/tools
 - Conferences
 - Information sharing
 - Website
 - Medicare survey preparation
 - General program assistance
- Planning
 - Rural Health Plan development
 - Committee related activities
- Grants
 - Grant processes
 - Grantees/grant use/grant outcomes and impact
- Contractors

Survey Helpful Hints

- Remain focused.
- Make sure questions relate to what you are trying to accomplish/learn.
- Test, test, test. Testing the survey instrument in the field is best but at a minimum seek outside review and comment of the survey instrument. You may be surprised at the test responses you get to some of the survey questions. It is always better to resolve these issues sooner instead of later.
- Allow ample time to complete the entire survey process (create survey, test instruments, make changes and possible retest instrument, implement survey, collect and input data, clean data, analyze data, report results).
- Word choice and structure are very important.

Survey Helpful Hints (cont.)

- If there are a large number/variety of survey recipients, ask for basic demographic data, such as are you: a) a licensed health care provider, b) administrative or support staff in a health care setting, c) neither a or b, but a consumer of health care services, etc. This enables you to break down your data into what providers think, what administrators think, etc., so that you can compare responses.
- Plan time to check and clean data. Most surveys require data cleaning.
- Other data to consider collecting are county of residence and county in which respondents work, this allows county level and regional comparisons within the state.

Sample Surveys

There are numerous free and open resources to guide survey construction. Below are a few resources to assist with survey instrument construction.

- This resource has numerous instruments that assist in evaluating health information technology.

[AHRQ Survey Compendium](#)

- This website provides a comprehensive listing of topic specific evaluation instruments.

[American Evaluation Association Collection](#)

Method 5: Documentation Review

Overall Purpose	Advantages	Challenges
<p>To review how the program operates without interrupting the program</p> <p>Includes review of applications, finances, memos, minutes, etc.</p>	<p>Obtain comprehensive and historical information</p> <p>Does not interrupt program or participant's routine</p> <p>Information already exists</p> <p>Few biases about information</p> <p>Produces both qualitative and quantitative data</p>	<p>Often takes much time</p> <p>Information may be incomplete</p> <p>Not a flexible means to get data because it is restricted to what already exists.</p> <p>Collection of data requires planning well in advance of its potential use.</p>

Uses for Data

- Analyzing the financial status of CAHs
- Measuring health sector economic impact/changes
- Monitoring changes in the service delivery system
- Monitoring changes in quality of care indicators
- Measuring changes in the financial status of ambulance services
- Monitoring practice patterns of health practitioners
- Tracking network activity amongst health care providers and others
- Measuring consumer satisfaction at health care facilities
- Monitoring service delivery systems and regionalization activities

Sources of Data

EMS – State EMS agencies or regulatory boards, ambulance services, state sponsored EMS data reporting systems, hospitals, state Medicaid agencies, health plans, and trauma system registries.

Quality – Quality Improvement Organization (QIO) (there are many states that are working in conjunction with their QIO on measuring and/or improving quality of care), hospitals (most larger hospitals – CAHs network partner - and some CAHs are collecting and monitoring quality indicators and/or have quality improvement processes in place), and state agencies that license hospitals.

Networks – CAHs, CAH network partners, state hospital association, state agencies that license health networks, local public health offices, health plans, and state Medicaid agencies.

Some Other Data Resources

The goal of the Medicare Beneficiary Quality Improvement Program (MBQIP) is to improve rural quality care access for Medicare beneficiaries served by CAHs.

[Medicare Beneficiary Quality Improvement Project \(MBQIP\)](#)

The Flex Monitoring Team is a performance monitoring resource for critical access hospitals, states and communities. CAH-level and state-level data is available.

[Flex Monitoring Team Research](#)

The Technical Assistance and Services Center(TASC) website can provide information and data on a number of topics. A multitude of additional tools and resources are available.

[Technical Assistance and Services Center](#)

Method 6: Observation

Overall Purpose	Advantages	Challenges
To gather accurate information about how a program actually operates, particularly about processes	View operations of a program as they are actually occurring Can adapt to events as they occur	Can be difficult to interpret seen behaviors Can be complex to categorize observations Can influence behaviors of program participants Can be expensive Predominantly qualitative data produced

Observation Guide

This resource provides a step by step guide to conducting observational data collection for program evaluations.

[CDC Observation Brief](#)

Method 7: Pre- and Post-Testing at Educational Events

- **Pre- and post-tests** are **assessment tools** that are designed to measure a participant's knowledge, comfort level, and abilities with subject matter before and after educational event.
- Educational events should be designed around specific measurable outcomes that then guide the development of the subject matter and delivery method that is used.
- When pre- and post-tests are administered, they measure a participant's change in knowledge, comfort level, or abilities in order to determine whether the educational event is achieving the desired objectives.
- If one test is administered without the other, the change in those areas cannot be assessed and learning cannot be definitively tied to the educational event.

Educational Event Pre-Test

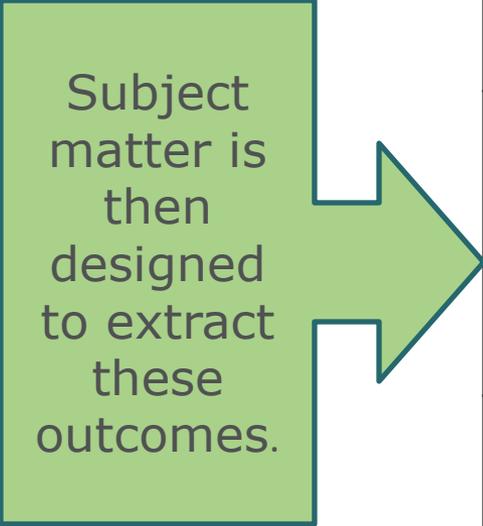
- Include in planning stages of the event to ensure that the evaluation speaks to desired outcomes.
- Useful in determining baseline data for gauging measurable movement of knowledge level.
- The baseline should be directly related to the anticipated outcome of the event.

Educational Event Post-Test

- Not used to gauge success of the event in terms of speaker, logistics, topic choice, etc.
- Utilizes the same pre-test questions for best determination of movement level of knowledge.

Example: If you were trying to gauge awareness of swing bed utilization before and after a training, **ONLY** asking the same question both times will allow you to gauge the actual change based on the **benchmark** established by the **pre-test**.

Example of Assessment as Learning

Education Event	Desired Outcomes	Pre-/Post-Test Questions
 <p>Swing Bed Utilization</p>	<p>Increased awareness of use of swing beds</p>	<p>Rate your level of awareness of swing bed uses. (1-5, 5 being highest)</p>
	<p>Higher swing bed utilization in CAHs</p>	<p>How likely is it that you will utilize the information presented to increase your use of swing bed? (not likely to very likely)</p>
	<p>Increase knowledge about proper swing bed documentation</p>	<p>My knowledge of proper swing bed documentation is? (choices from low to high)</p>



The above illustrates the path from the development of outcome, based on subject matter, and how that leads to the type of question you need to ask about pre- and post-subject matter awareness or knowledge.

Assessing Behavior Change

In order to assess true behavior change, time must elapse between the original knowledge gain and the assessment. However, the willingness to implement behavior change can be assessed with a **post-test** following an event.

The Rural Hospital Performance Improvement (RHPI) project has created the **Recommendation Adoption Process (RAP)** report as a tool to assess behavior change.

- The tool utilizes a **Likert** scale to assist an interviewer in helping a participant to assess their level of behavior change a year after an educational event.

Assessing Behavior Change (cont.)

As this is a self-assessment it is not as useful in determining measurable quantitative outcomes but does provide good qualitative data. This can provide a good compliment to quantitative data for a comprehensive review.

Its purpose is to determine:

- Were the resources for the training or consultation well spent?
- Was the expected outcome realized?
- What was the overall impact?

Tools and Resources

- [Recommendation Adoption Process \(RAP\) report Template](#)
- [Assessment as Learning Tool](#)
- [Survey Example for Educational Event](#)
- [Pre-/Post-test Example](#)
- [Post-Educational Event Evaluation of Behavioral Change](#)

Building Data Collection into Program Activities

- Determine how you will collect data for each measure as early as possible in your work plan.
- Look for readily available data sets before creating your own.



- Create an evaluation file and put a copy (either hard copy or electronic) of documentation for every output, assessment, survey, or important occurrence in the program year.

This will help you find the information more easily when the time comes for an overall review.



Flex Evaluation Toolkit: Unit 2, Section 3

Interpreting and Reporting Evaluation Data and Using the Information for Programmatic Changes



Learning Objectives

- Determine what is needed to interpret evaluation data and analyze needs.
- Learn how to handle unintended outcomes or findings.
- Gain insight on writing the final report and disseminating the evaluation.
- Utilize the evaluation to inform the Flex program at a state and federal level and make changes where necessary.

Interpreting the Data

- The analysis of the data used for Flex program evaluations will ultimately depend upon the types of data collected. Data analysis can be complex and may seem daunting, but it is only through the collection and analysis of valid data that program effectiveness can be demonstrated.
- There is no simple way of covering this topic, but there are a wealth of resources available for programs to utilize to assist with the analysis. Many resources and methods were described above.

Data Analysis Resources

- University of Wisconsin-Extension has a comprehensive set of data analysis resources.

[UW-Extension Analysis Site](#)

- Computerworld published a great set of free resources available for analyzing data.

[22 Resources for Data Visualization and Analysis](#)

- The Office of Research Integrity developed a module on data management, including an entire section on data analysis.

[ORI Data Management and Analysis](#)

Data Analysis Resources (cont.)

Below are links to resources to assist with both quantitative and qualitative data analysis.

[NNLM Evaluation Data Analysis Workbook](#) (quantitative and qualitative)

[GAO Data Analysis](#) (quantitative)

[NSF Evaluation Handbook](#) (quantitative and qualitative)

[Research Methods Knowledge Base](#) (multiple methods)

[UW-Extension](#) (quantitative)

[UW-Extension](#) (qualitative)

[CDC](#) (quantitative)

[CDC](#) (qualitative)

Justifying the Conclusions

The evaluation conclusions are justified when they are linked to the evidence gathered and judged against agreed-upon values or standards set by the stakeholders. Your **evaluation team** must agree that conclusions are justified before they will use the evaluation results with confidence.

Example: CAHs experience a 5% decrease in their “time to transfer” quality measure across the board. In order for the program to take credit for that change, evidence gathered must support that program **activities** directly targeted that **activity** with an **objective** to achieve a similar outcome. Otherwise, its cause can not be determined.

Programs must also realistically assess the role of other stakeholders or external influences that may have contribute to the change in performance.

Justifying the Conclusions (cont.)

Analysis and synthesis, interpretation, and judgments all occur during this step. Analysis and synthesis of an evaluation's findings might detect patterns in evidence, either by isolating important findings (analysis) or by combining sources of information to reach a larger understanding (synthesis).

Interpretation is the effort of figuring out what the findings mean and is part of the overall effort to understand the evidence gathered in an evaluation.

Justifying the Conclusions (cont.)



Merely uncovering program performance facts is not an evaluation. Instead, the facts must be interpreted to determine the practical significance of the lessons learned. Judgments are statements concerning the merit, worth or significance of the program. They are formed by comparing the findings and interpretations regarding the program against one or more selected standards.

So the Intended Outcome Wasn't Achieved?



Don't be afraid of data that does not support the successful achievement of intended outcomes.

- This information will really allow you to change and improve the program and your activities.
- Don't ignore it either.
- Perform a **root cause analysis** and make the solution part of your next planning process.
- Report your findings but also what you have already done or plan to do with them based on further analysis.
- Remember, some things are out of your control. Be sure to consider that as part of your **analysis**. But do not use this as an excuse not to perform. How can you still influence these findings?

[Root Cause Analysis Resource](#)

Writing the Final Report

It is critical to write a report that clearly demonstrates the work that has been accomplished and can communicate the findings to a diverse audience.

Final Report Sections

1. Executive Summary
2. Background and Purpose
3. Evaluation Methods
4. Results
5. Discussion of the Results
6. Conclusions and Recommendations
7. References
8. Appendices

Reporting/Dissemination Resources

This resource provides a step by step outline of an evaluation report.

[HUD Evaluation Report Outline](#)

This evaluation brief outlines the components of an evaluation report and things to consider when writing one.

[CDC Evaluation Report Guide](#)

Sample Flex Evaluation Reports

- [Indiana](#)
- [Minnesota](#)

Making Recommendations

Recommendations are actions for consideration resulting from the evaluation.

Forming recommendations is a distinct element of program evaluations that require information beyond what is necessary to form judgments regarding program performance.

Making Recommendations (cont.)

For example: knowing that your state Flex program put on four quality improvement workshops last year does not necessarily mean that they should be repeated or that they garnered the expected outcome. The assessment may even prove that they met expectations, but that doesn't necessarily mean they should be repeated. All of the evaluation data and information needs to be taken in context with emerging priorities, changes in programs, regulations, needs etc. and the available resources.

Making Recommendations (cont.)



Recommendations for continuing, expanding, redesigning, or terminating aspects of your state Flex program are separate from judgments regarding your state Flex program's **effectiveness**.

When making recommendations be sure to consider stakeholder values, political sensitivities, your state Flex program resources, and any other factors that may affect your ability to follow through with the recommendations made.

Ensuring Use and Sharing Lessons Learned

- Deliberate effort is needed to ensure that the evaluation processes and findings are used and disseminated appropriately.
- How evaluation results and recommendations are shared depends on the components of your state Flex program that were evaluated, the mission and goals of your state Flex program, and intended outcomes.



Key to the success of assuring you have a useful state Flex program evaluation is the ability to translate new knowledge into appropriate action.

Using Evaluation Results to Improve Program Performance



An evaluation is only as good as what you do with it.

- The evaluation results should be disseminated a number of ways to ensure that stakeholders are able to utilize the information that is most important to them.
- An effective evaluation summary will note several area for improvement or that need help.

Using Evaluation Results to Improve Program Performance

 Odds are if your evaluation identifies no areas for improvement it has not been thorough enough.

- Conduct a focus discussion with stakeholders to prioritize identified areas

 Work the improvement plans into your next program plan or evaluation.

- Some improvements you may be able to tackle immediately.
- Plan to evaluate your improvement plan as soon as feasible. You do not have to wait until the next evaluation.

What Happens If You Don't Evaluate?



Hunches will always be hunches – you will only guess what worked and didn't work.

- No chance to learn or gain insight from feedback.
- You may miss important early warning signs of possible failure.
- You miss the chance to tell your story and prove that the program actually had an impact.

Conclusion

- Planning is a fundamental element of program evaluation. A good plan can save you a considerable headache down the line.
- Program evaluation is a systematic, continual, and complicated process. However, there are many tools and resources to assist with the work. For more information, please review the resources linked on the following slides.

Resources

[Flex Monitoring Team—Linking Community Benefit and Assessment](#)

[American Evaluation Association](#)

[CDC Program Evaluation Tools](#)

[U of Wisconsin-Extension Program Evaluation Toolkit \(including online training\)](#)

[W.K. Kellogg Foundation Evaluation Handbook](#)

[National Science Foundation User Friendly Evaluation Handbook](#)

[Bureau of Justice Assistance Center for Program Evaluation and Performance Measurement](#)

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NATIONAL
RURAL HEALTH
RESOURCE CENTER

Flex Evaluation Toolkit

Executive Summary

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[Glossary of Terms](#)

Where the Flex Program is Headed

- Development of a new framework national **measures** to demonstrate the impact of the Flex program funding.
- Current direction of the Flex program involves moving all of the state-level Flex programs to a minimum standard of reporting on **outcomes**.
- Concept of **measurement** is a key factor of the grant work plans.

10 Most Important Terms in Program Evaluation

1. Analysis

A systematic approach to problem solving where a complete structure is reviewed. Complex problems are simplified by separating them into more understandable components. Purposes and facts are identified, defensible assumptions are stated, and conclusions are developed.

2. Assessment

The process of judging impressions/thoughts, progress, achievements, or skills.

10 Most Important Terms in Program Evaluation

3. Evaluation Design

A document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted. The plan describes how program performance will be measured and includes performance indicators.

4. Evidence

Proof to support your claims.

10 Most Important Terms in Program Evaluation

5. **Goal**

High-level statements that outline the ultimate purpose of a program. This is the end toward which program efforts are directed. Example: Increase overall satisfaction with patient discharge from the hospital.

6. **Intervention** **FLEX-SPECIFIC DEFINITION**

Specific activities with related objectives and measures designed to produce specific outcomes in the Flex program. Interventions are required where indicated in the Non-competing Continuation (NCC) and their outcomes relate to the achievement of

Performance improvement measurement system (PIMS) measures.

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10 Most Important Terms in Program Evaluation

7. Outcome Measures

A method of determining quantity, capacity, or dimension.

- **short-term** outcomes are likely to be changes in skills, attitudes, and knowledge
- **Intermediate-term** often include changes in behavior and decision making
- **long-term** outcomes may involve changes in status or life

8. Qualitative Data

Information that is difficult to measure, count or express in numerical terms. Example: How safe a person feels in a hospital is qualitative data.

10 Most Important Terms in Program Evaluation (cont.)

9. **Quantitative Data**

Information that can be expressed in numerical terms, counted, or compared on a scale. Example: The number of people that attended rural trauma team development training.

10. **Work Plan**

A visual, representation or model which identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.

Evaluation Background and Basics

- Evaluation of state Flex programs, as well as the national program, is critical to both the success and sustainability of the program, as well as the federal program and its continued funding. It is critical to assess impact to demonstrate value.
- Evaluation measures need to be appropriate and quantifiable in order to demonstrate progress towards overall program goals.
- In general, evaluation findings illustrate potential best practices, challenges, barriers and successes, which when the evaluation findings are implemented can improve program performance.

[Click here to access this section](#)

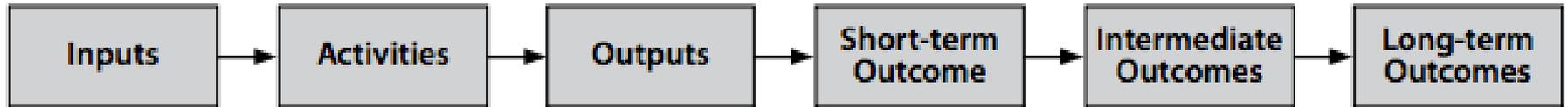
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Program Planning: Building the Work Plan

- Setting up the expectations of a state Flex program and how it plans to achieve them will help determine whether or not the results you see are related to what you have accomplished.
- Many frameworks exist for aligning **goals, objectives, activities** and developing your **theory of change** with **feedback loops**:
- Three frameworks include:
 - [Logic Model](#)
 - [Balanced Scorecard](#)
 - [STAR Model](#)

Program Planning: Building the Work Plan



A Flex program evaluation should assess, analyze, and report based on a strong work plan that includes the elements above.

[Click here to access this section](#)

Measurement

- A good evaluation works not only to measure output, but outcomes as well.
- When determining if it is an output/process measure or an outcome measure, ask, is this just a count or did something change for the participants or stakeholders?

Measurement

- In order to assess true impact, measures must grow in sophistication from counting what happened (output) to assessing what changed (outcome).
- **Process/Output Measure:** How many rural trauma team trainings?
- **Outcome Measure:** 5 CAHs will achieve level 4 trauma designation.
- This would be considered a **intermediate-term outcome**. A **long-term outcome** would be the improvement in care to residents improve by achieving level 4 trauma designation.

[Click here to access this section](#)

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Designing and Evaluation

- An **evaluation design** is document describing the overall approach or design that will be used to guide an evaluation.
- It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted.

Steps to Evaluating Flex Programs

Once the purpose for evaluating the program is fully understood, the steps to evaluating include:

1. Engage **stakeholders**
 - a. Describe the program
2. Create and focus the evaluation design (e.g., internal/ external)
3. Gather credible data/information/**evidence**
4. Analyze and interpret the data
5. Use the evaluation findings
 - a. Justify conclusions
 - b. Make recommendations
 - c. Write the report

Note: Material in this section was adapted from the TASC "Flex Program Evaluation Toolset" (2002).

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Assessment and Data Collection

Assessment Methods:

1. Focus group
2. Interview
3. Case study
4. Questionnaire/Surveys/Checklist
5. Document review
6. Observation
7. Pre-test/Post-test
8. Recommendation Adoption Process(RAP) report

[Click here to access this section](#)

Interpreting and Reporting Evaluation Data

The analysis of the data used for Flex program evaluations will ultimately depend upon the types of data collected. Data analysis can be complex and may seem daunting, but it is only through the collection and analysis of valid data that program effectiveness can be demonstrated.

Interpreting and Reporting Evaluation Data

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[Click here to access this section](#)

[Link to Data Analysis Tools](#)

Using the Information

- An evaluation is only as good as what you do with it.
- The evaluation results should be disseminated a number of ways to ensure that stakeholders are able to utilize the information that is most important to them.
- An effective evaluation summary will note several area for improvement or that need help.

[Click here to access this section](#)



Appendix A

Program Planning Models

Introduction

There are countless models for evaluating programs. This unit will provide an overview of several models for consideration as you begin to plan for the implementation and eventual evaluation of your state Flex program. The unit provides numerous tools and resources that can be adapted for your use.

Learning Outcomes

- Learn to use the logic model framework to assist with developing and evaluating your state Flex program.
- Consider other evaluation frameworks to utilize with your program evaluation activities, including the following:
 - Balance Scorecard
 - Solution-based Technical Assistance and Resources (STAR)



Logic Models

Logic Models Defined

Logic Model

Describes how a program should work. Presents the planned activities for the program, and focuses on anticipated outcomes. Uses diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements.

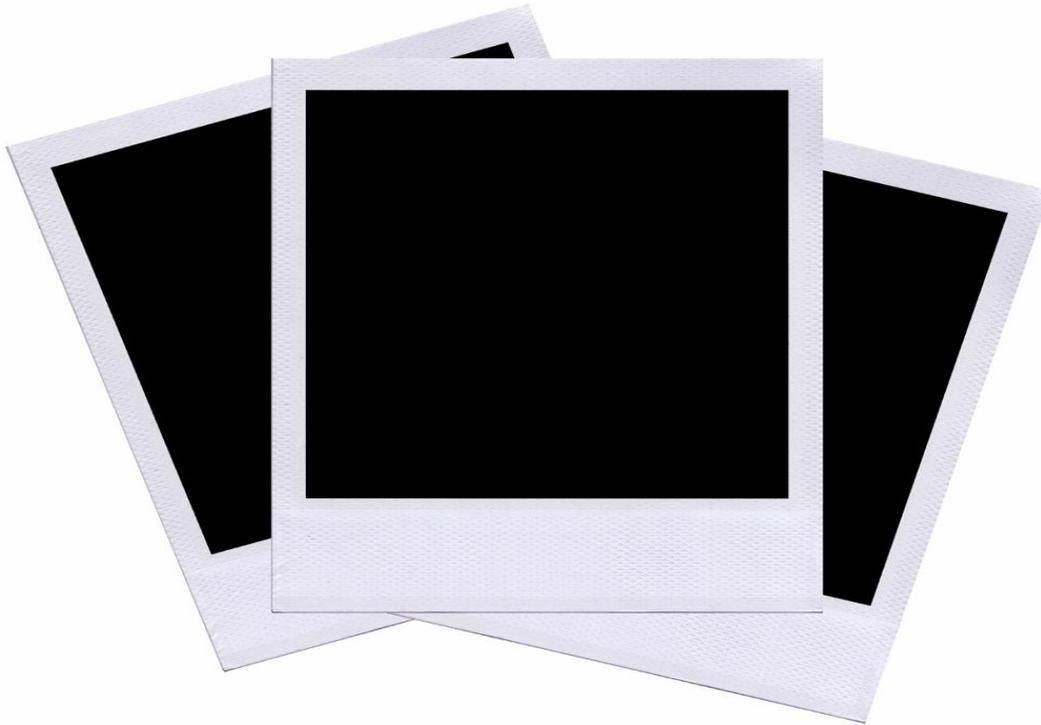
Or Another Way of Saying it...

“A logic model, as a tool for program planning and evaluation, is a diagram that shows the relationship of inputs and activities to outputs, immediate outcomes, and long term outcomes”

Source: Issel, 2009, p. 275

In Short

Logic models are essentially a picture of your program

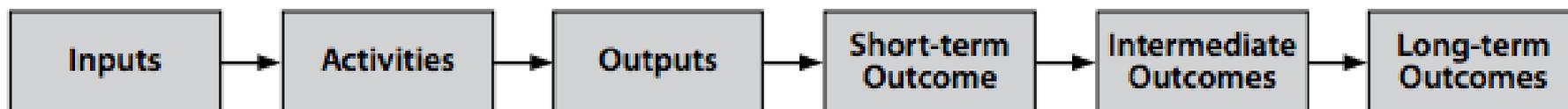


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Logic Model Flow

Logic models map the flow from what goes into the program plan to what actually is intended to be the end result.



Logic Model Elements

Logic Models can be divided into two sections:

1. Planned Work

- Resources/Inputs
- Activities

2. Intended Results

- Outputs
- Outcomes
- Impact

Source: WK Kellog, 1998, p. 2

Planned Work

- **Inputs** are the resources including the human, financial, organizational, and community resources a program has available to direct toward doing the work.
- **Program Activities** are what the program does with the resources. **Activities** are the actions developed to achieve objectives for goal attainment.

Example: **Activities** might be processes, events, technology, and actions that are an intentional part of the program implementation. These activities are used to bring about the intended program changes or results.

Intended Outcomes

- **Outputs** are the direct products of program activities. The tangible results from the completion of activities or initiatives that support the project objectives (e.g., project contract deliverables).
- **Outcomes** are the results of program operations or activities; the effects triggered by the program.
 - Short-term outcomes should be attainable within 1 to 3 years, while longer-term outcomes should be achievable within a 4 to 6 year timeframe. The logical progression from short-term to long-term outcomes should be reflected in impact occurring within about 7 to 10 years.
- **Impact** are the ultimate effect of the program on the problem or condition that the program or activity was supposed to do something about. (Impact can be positive or negative, unexpected or even unintended.)

Why Use Logic Models?

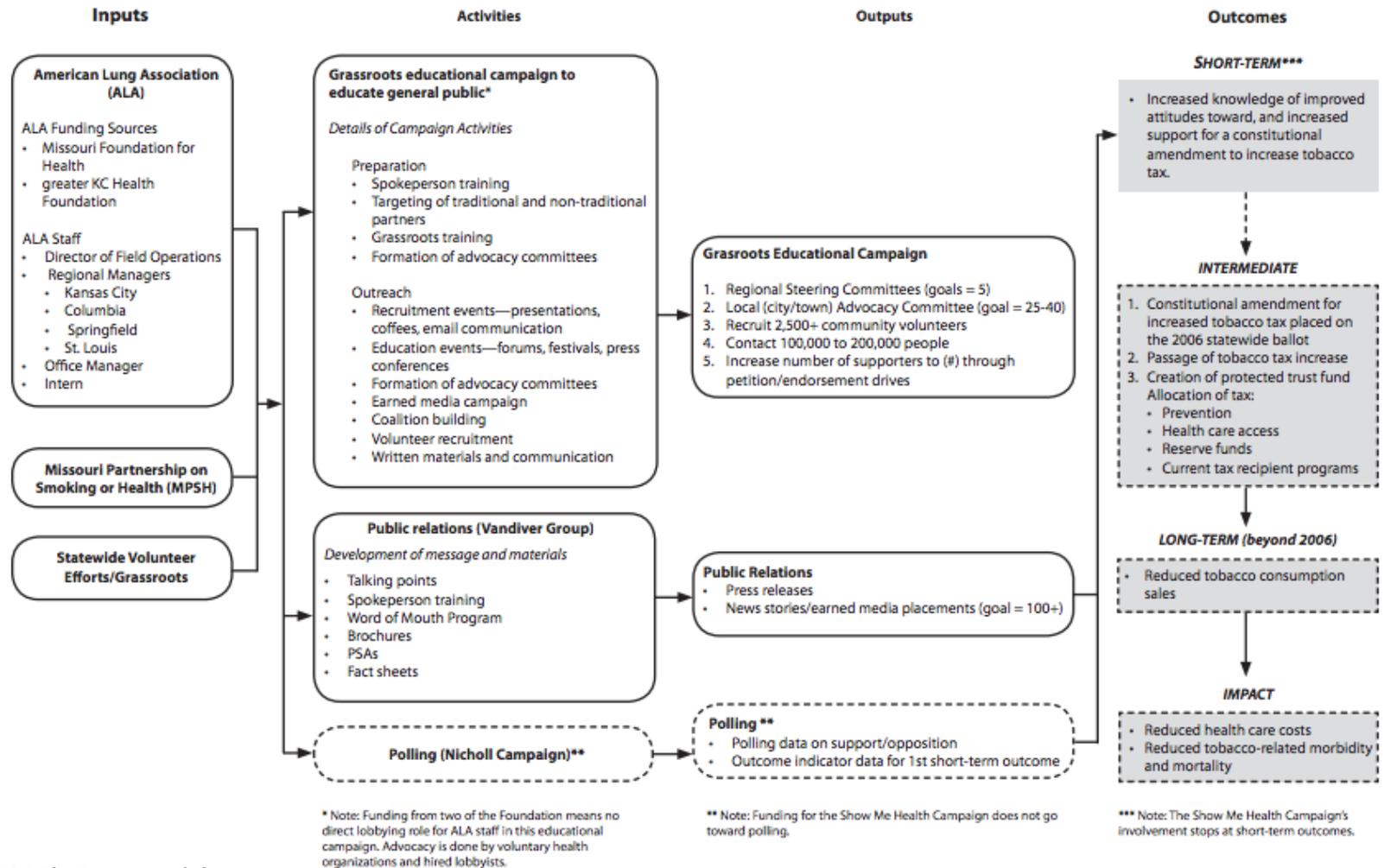
The simple reasons to use logic models are because they can lead to more successful programs by:

- Providing a planning tool.
- Providing an opportunity to describe intended outcomes.
- Monitoring program progress.
- Identify potential questions for evaluations.

Logic Model Example

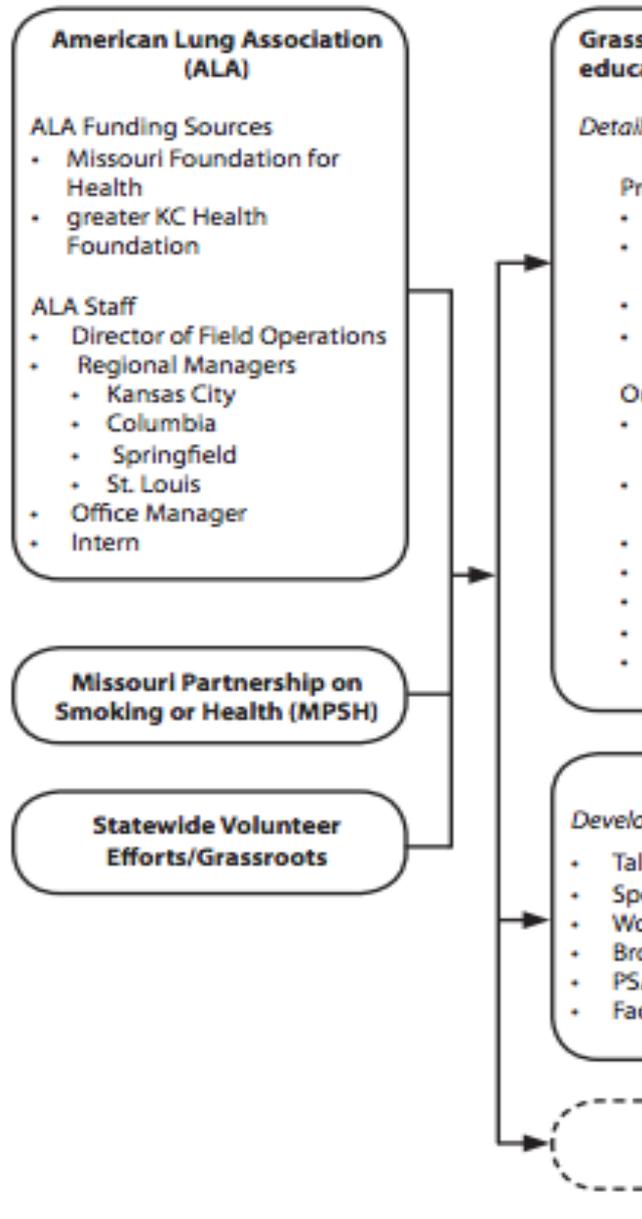
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Exhibit D-1: Strategy 1 Logic Model: Show Me Health—Clearing the Air About Tobacco



Introduction to Process Evaluation in Tobacco Use Prevention and Control

Inputs



Example: Resources/ Inputs

Activities

Grassroots educational campaign to educate general public*

Details of Campaign Activities

Preparation

- Spokesperson training
- Targeting of traditional and non-traditional partners
- Grassroots training
- Formation of advocacy committees

Outreach

- Recruitment events—presentations, coffees, email communication
- Education events—forums, festivals, press conferences
- Formation of advocacy committees
- Earned media campaign
- Coalition building
- Volunteer recruitment
- Written materials and communication

Gras

1. R
2. L
3. R
4. C
5. I

Public relations (Vandiver Group)

Development of message and materials

- Talking points
- Spokesperson training
- Word of Mouth Program
- Brochures
- PSAs
- Fact sheets

Publ

- P
- N

Polling (Nicholl Campaign)**

Poll

-
-

* Note: Funding from two of the Foundation means no

** No

Example: Activities

Outputs

Grasroots Educational Campaign

1. Regional Steering Committees (goals = 5)
2. Local (city/town) Advocacy Committee (goal = 25-40)
3. Recruit 2,500+ community volunteers
4. Contact 100,000 to 200,000 people
5. Increase number of supporters to (#) through petition/endorsement drives

Public Relations

- Press releases
- News stories/earned media placements (goal = 100+)

Polling **

- Polling data on support/opposition
- Outcome indicator data for 1st short-term outcome

Example: Outputs

Outcomes

*SHORT-TERM****

- Increased knowledge of improved attitudes toward, and increased support for a constitutional amendment to increase tobacco tax.

INTERMEDIATE

1. Constitutional amendment for increased tobacco tax placed on the 2006 statewide ballot
2. Passage of tobacco tax increase
3. Creation of protected trust fund
Allocation of tax:
 - Prevention
 - Health care access
 - Reserve funds
 - Current tax recipient programs

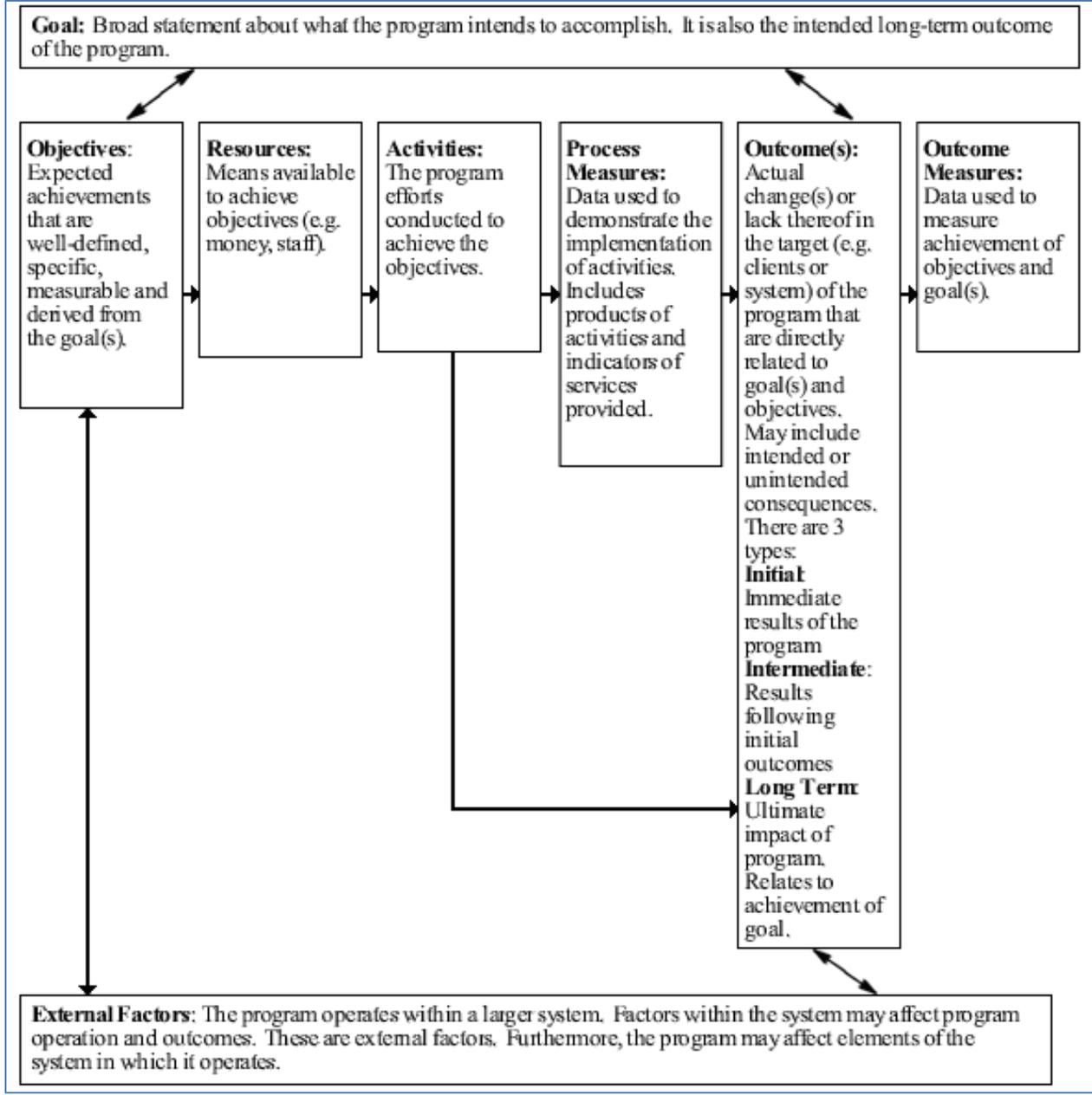
LONG-TERM (beyond 2006)

- Reduced tobacco consumption sales

IMPACT

- Reduced health care costs
- Reduced tobacco-related morbidity and mortality

Example: Outcomes



Example: Logic Model

Source: BJA (>>). Retrieved from: <https://www.bja.gov/evaluation/guide/pe4.htm>

Flex Specific Resources

A guide for developing Flex specific logic models to guide evaluations

- [Using Logic Models for State Flex Programs](#) (John Gale presentation)
- [Flex Logic Model](#) (Wisconsin Office of Rural Health)
- [Components of a Logic Model](#) (federal ORHP)

Resources

- [Logic Model Example](#)
- [University of WisconsinExtension Center: Logic Model Templates](#)
- [Centers for Disease Control and Prevention: A Framework for Program Evaluation](#)
- [W.K. Kellogg Foundation Logic Model Development Guide](#)
- [Bureau of Justice Evaluation Guidebook](#)
- [A Guide in Logic Model Development](#)
- [The Logic Model for Program Planning and Evaluation](#)



Balanced Scorecard

Balanced Scorecard

“A balanced scorecard is a system of aligned objectives, measures, target, and initiatives which collectively describe the strategy of an organization and how the strategy can be achieved.

It can take something as complicated and frequently nebulous as strategy and translate it into something that is specific and can be understood.”
– David Norton

Demystifying the Balanced Scorecard

What it is:

1. A way of expressing and measuring strategy.
2. A way of linking operations to that strategy.
3. A way of monitoring and comparing performance.

Demystifying the Balanced Scorecard (cont.)

What it is NOT:

1. A magic bullet that will automatically “fix” every problem
2. Just another benchmarking project that generates meaningless data
3. Something that will exist without commitment and effort

Balance Scorecard

- The Balanced Scorecard is about **alignment**, which means getting people, processes and resources all moving in the same direction.
- It is a framework for operationalizing strategy and a way of measuring the important things and communicating at all levels.

Balance Scorecard

- Balance Scorecard consists of four sections:
 - Financial
 - Customers and community
 - Internal process
 - Learning and growth
- These sections provide the frame and context in which to lay out a program's goals, objectives, outcomes, and activities.
- These components are expressed in two documents:
 - Strategy map
 - Scorecard (measurement tool)
- Examples of each are provided.

Components of the Balanced Scorecard



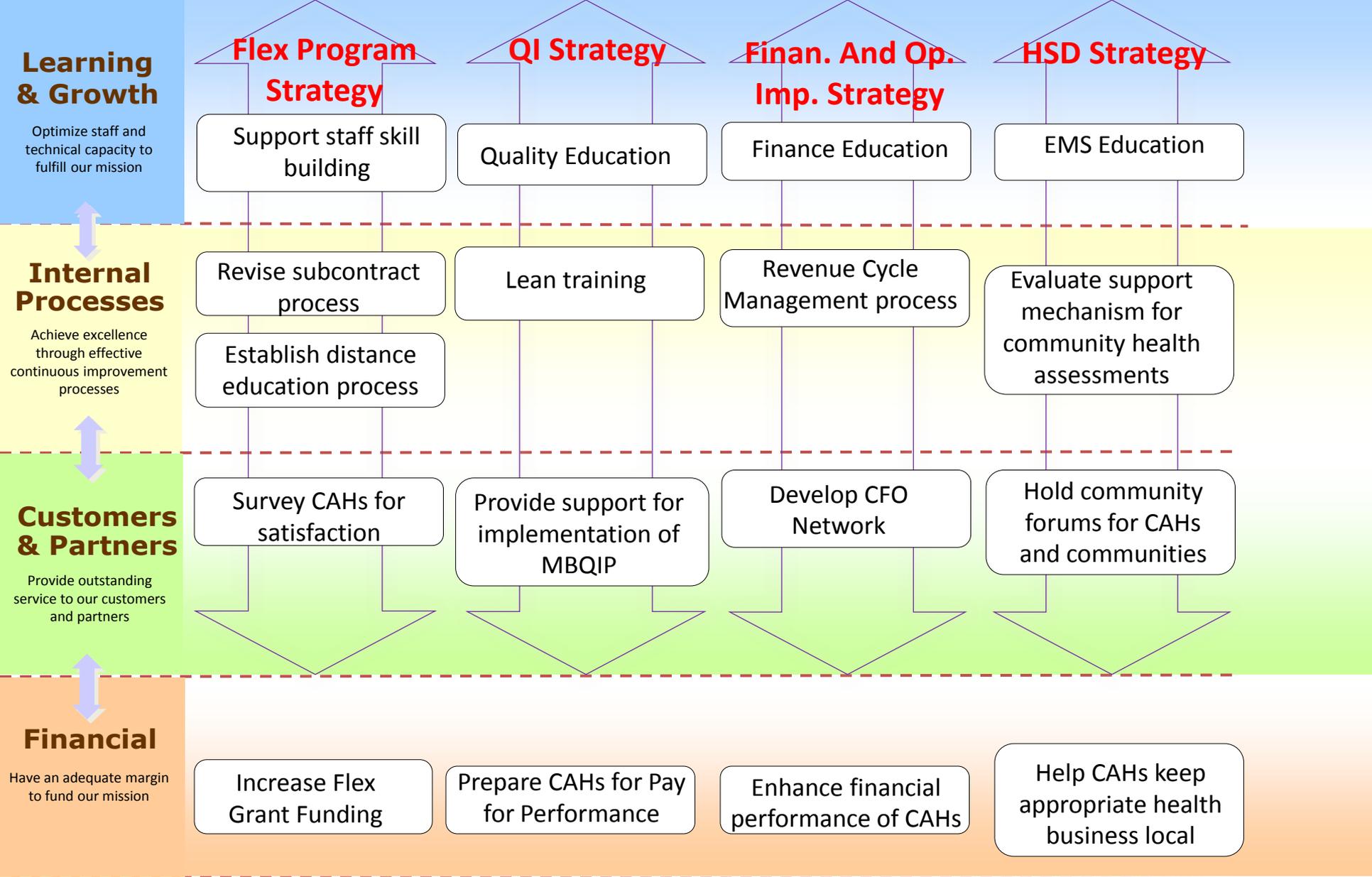
Perspective	Key Question
Financial The drivers of shareholder value	To succeed financially, how should we appear to our stakeholders?
Customer/Community The differentiating value proposition	To achieve our vision, how should we appear to our customers?
Internal Business Processes How value is created and sustained	To satisfy our customers and shareholders, what business processes must we excel at?
Learning & Growth Role for intangible assets – people, systems, climate and culture	To achieve our vision, how will we sustain our ability to change and improve?

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Strategy Maps

- Strategy Maps are a visual representation of how all of the components of the balanced scorecard relate to each other.
- Program strategies are categorized into one of the four perspectives.
- Linkages can then be made between them that represent cause and effect relationships.



Mission:

Vision:

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Scorecards

- Scorecards take the strategies off of the map and make those higher level statements operational.
- The scorecard then includes measures the organization or program will use to determine whether or not what is happening operationally is actually achieving the strategy.

FY 2012-13 Balanced Scorecard Performance Improvement Plan

2/1/2013

	Strategy Map	Balanced Scorecard			Action Plan	
	Objective	Measure	Target	Frequency	Initiatives	
	Learning & Growth					
A	Hire and Develop Excellent Network Staff	# Meaningful educational events		Quarterly	Build knowledge and skills through relevant education	
B	Develop Change Ready Culture	Staff satisfaction survey question(s) regarding change	4.5/5.0	Annual	Include question on staff satisfaction survey regarding change	
C	Maximize Use of Web/Information Technology	# Hits on network site	(establish a baseline, first) 20% increase	Quarterly	Use website to expand communication/education to members	

[Balanced Scorecard Template](#)

Resources

- [Keys to a Successful Balanced Scorecard and Pitfalls to Avoid](#)
- [Balanced Scorecard Talking Points](#)
- [Balanced Scorecard Template](#)
- [Balanced Scorecard Template Instructions](#)

Resources

- Strategy Map Resources:
 - [Strategy Map Example 1](#)
 - [Strategy Map Example 2](#)
 - [Blank DMH Strategy Map](#)
- [Cascading Balanced Scorecard Performance Improvement Plan Department Level Template](#)

Resources

This resource further discusses the Balanced Scorecard tool.

[Balanced Scorecard by QuickMBA](#)

This resource explains how to create and successfully integrate a Balanced Scorecard into planning.

[Building and Implementing a Balanced Scorecard: 9 Steps to Success](#)

Draft Balanced Scorecard Strategy Map

Finance

*As **financial stakeholders**, how do we intend to meet the goals and objectives in the organization's Mission Statement?*



Customers and Community

*As **customers** of our services, what do they want, need or expect?*



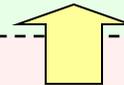
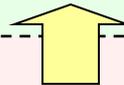
Internal Processes

*As members of the **staff**, what do we need to do to meet the needs of the patients and healthcare of our community?*



Learning and Growth

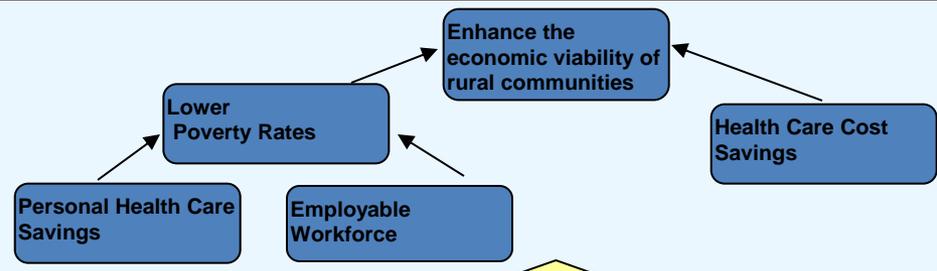
*As an **organization**, what type of culture, skills, training and technology are we going to develop to support our processes?*



A Community Culture of Wellness

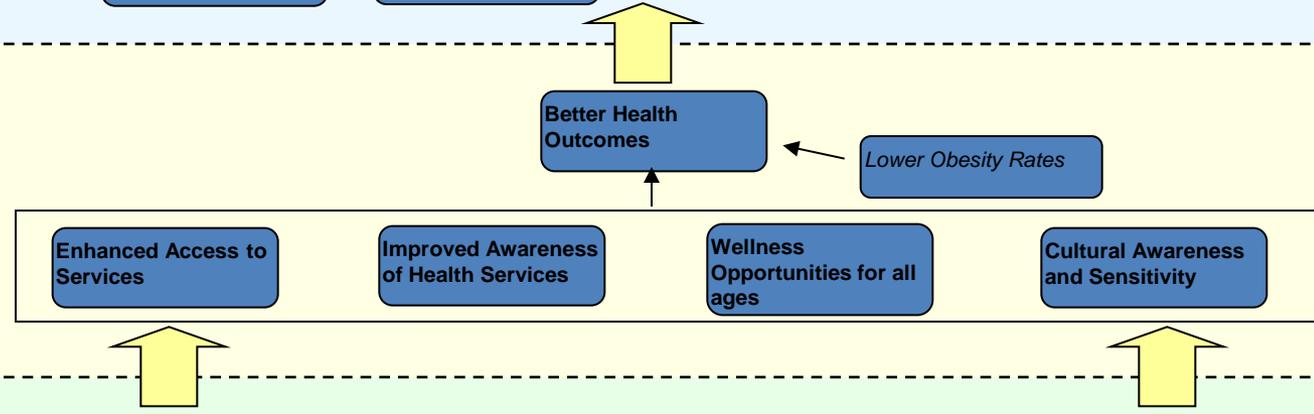
Financial

Overarching strategy: A Financially Healthy Community



Community

Overarching strategy : A Community that is Physically and Mentally Healthy (Individually and as a Whole)



Processes

Overarching Strategy: Effective Community Wellness Programs and Processes



Resources

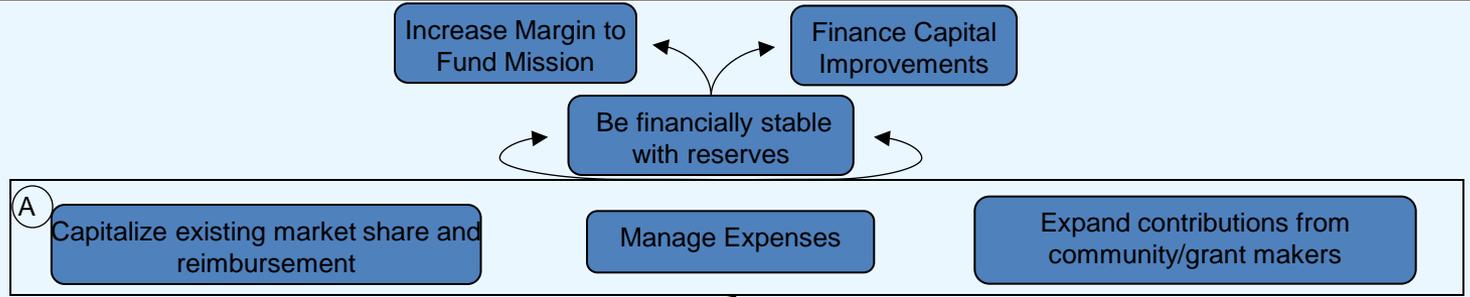
Overarching Strategy: Community Infrastructure to Support Wellness Activities and Culture



Sample Balanced Scorecard Strategy Map

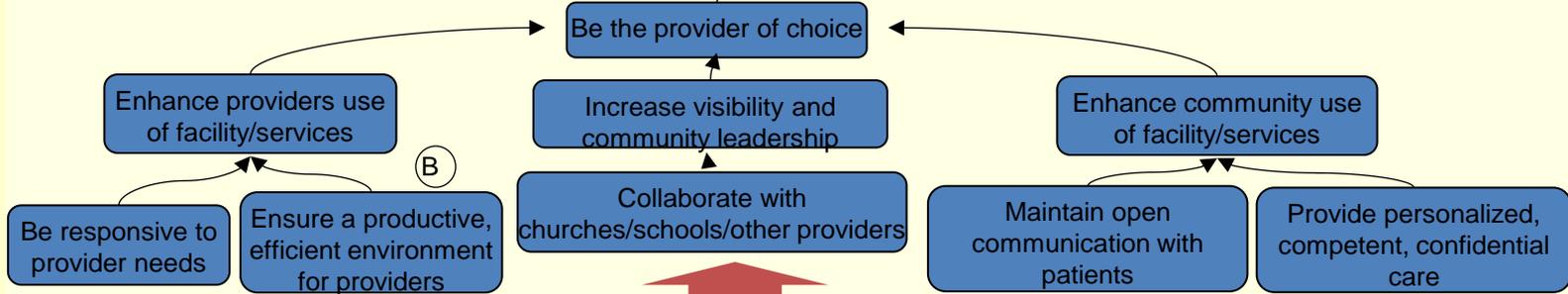
Financial

As **financial stakeholders**, how do we intend to meet the goals and objectives in the hospital's Mission Statement?



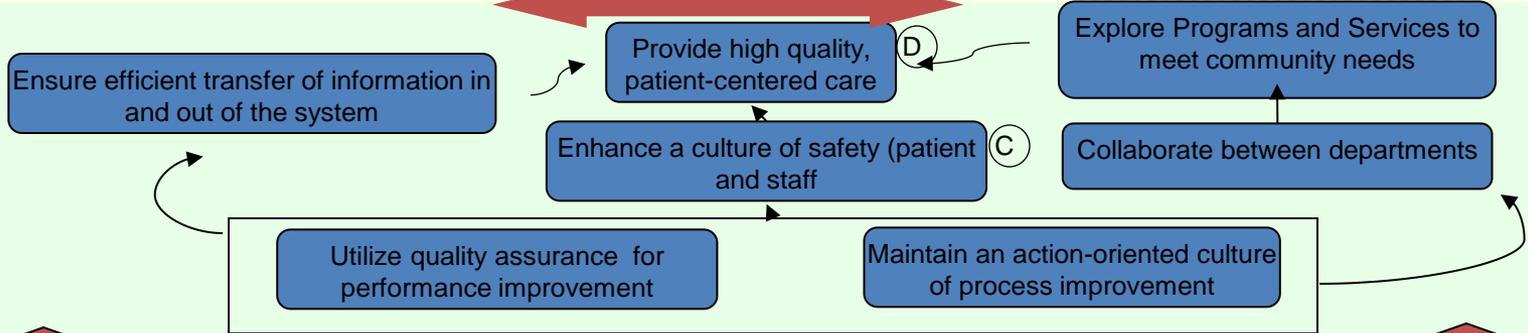
Customers, Patient and Community

As **customers** of the hospital's services, what do we want, need or expect?



Internal Business Processes

As members of the **hospital staff**, what do we need to do to meet the needs of the patients and healthcare community?



Learning and Growth

As an **organization**, what type of culture, skills, training and technology are we going to develop to support our processes?





NATIONAL
RURAL HEALTH
RESOURCE CENTER

The STAR Model for Effective Technical Assistance

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STAR Model

- The Technical Assistance and Services Center (TASC) developed a systems approach to evaluating the technical assistance it provides.
- The Solution-based Technical Assistance and Resources Model has five main components that TASC felt ensured it was providing optimum technical support.
 - Awareness
 - Communication
 - Resources
 - Hands-On Applications
 - Impact
- All of these areas involve assessment, education, information, technology, and networking.
- Each area also provides a feedback loop into the model that is based on the component being timely, accurate, and measurable.[Table of Contents](#) [Glossary of Terms](#)

Solution-based Technical Assistance and Resources Model



Communication

Goal Statement:

Through various methods and networks, the Flex program will facilitate strategic, accessible, and reliable information and linkages.

Resources: Tools, Models, and Methods

Goal Statement:

The resources and tools provided by the Flex program will be accessible and useful to the customer.

Hands-On Application

Goal Statement:

The Flex program will provide hands-on education and application of its resources, with skill and knowledge transfer to the customer.

Impact

Goal Statement:

The technical assistance and resources provided by the Flex program meets the customer's needs and are able to help the customer achieve the desired outcome.

STAR Model Features

- Each component includes:
 - Assessment
 - Education
 - Information
 - Technology
 - Networking
- Feedback loop informs actions in each component:
 - Timely
 - Actionable
 - Measureable



Appendix B

Glossary of Terms

Glossary of Terms

Activities

Actions developed to achieve objectives for goal attainment.

Alignment

An organization's people, processes, and resources all moving in the same direction.

Analysis

A systematic approach to problem solving where a complete structure is reviewed. Complex problems are simplified by separating them into more understandable components. Purposes and facts are identified, defensible assumptions are stated, and conclusions are developed.

Assessment

The process of judging impressions/thoughts, progress, achievements, or skills.

Assessment Tool

A data collection instrument designed to collect information about impressions/thoughts, progress, achievements, or skills.

Terms (cont.)

Balanced Scorecard

A planning framework that aligns organizational strategies and intended **outcomes** to the work that is being carried out and measures their progress in four distinct areas: financial, customers and community, internal process, and learning and growth.

Benchmarking

Providing a standard against which something can be measured or assessed by determining the progress toward a goal in intervals as measured to the desired end result.

Benchmarks

A standard used for measuring or assessing progress against a standard metric or the metrics of other programs.

Case Study

A detailed account of the development of a person, a group of people, organization or a program over a period of time.

Terms (cont.)

Core Area **FLEX-SPECIFIC DEFINITION**

Categories created within the Flex grant guidance to organize grant activities.

There are four core areas of the Flex program: support for quality improvement, support for operational and financial improvement, support for health system development and community engagement, facilitate the conversion of small rural hospitals to critical access hospital (CAH) status.

Data

Information, often in the form of facts or figures obtained from quality improvement reports or financial information from cost reports or surveys, used as a basis for making calculations or drawing conclusions. Data can be categorized as **qualitative data** or **quantitative data**.

Document review

A data collection method involving a review of program files. There are usually two types of program files: general program files and files on individual projects, clients, or participants.

Terms (cont.)

Effectiveness

Ability to achieve stated goals or objectives, judged in terms of both output and impact, direct and indirect.

Evaluation Design

A document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted. The plan describes how program performance will be measured and includes performance indicators.

Evaluation team

The individuals, such as the evaluation consultant and staff, who participate in planning and conducting the evaluation. Team members assist in developing the evaluation design, developing data collection instruments, collecting data, analyzing data, and writing the report.

Terms (cont.)

Evidence

Proof to support your claims.

Evidence-based practices

Practices that are developed from scientific evidence and/or have been found to be effective based on results of rigorous evaluations.

External Evaluation

An evaluation carried out by an individual or organization that has no ties to the program and is able to look at the data objectively and impartially without bias.

External Evaluator

An evaluator not affiliated with the agency prior to the program evaluation. Also known as third-party evaluator.

Feedback Loops

The section of a plan that allows for feedback and self-correction and that adjusts its operation according to differences between the actual **output** or **outcome** and the desired output or outcome.

Terms (cont.)

Focus group

A group of people, usually 6-8, selected for their relevance to an evaluation that is engaged by a trained facilitator in a series of discussions designed for sharing insights, ideas, and observations on a topic of concern. A focus group is a method of collecting information for the evaluation process.

Goal

High-level statements that outline the ultimate purpose of a program. This is the end toward which program efforts are directed. Example: Increase overall satisfaction with patient discharge from the hospital.

Impact

The ultimate effect of the program on the problem or condition that the program or activity was supposed to do something about. (Impact can be positive or negative, unexpected or even unintended.)

Terms (cont.)

Input

Organizational contributions, people, dollars and other resources devoted to the particular program or activity.

Internal Evaluation

Evaluation that is carried out by individuals that have a stake in the program, as well as knowledge of the program and why it utilizes the activities to achieve program goals and outcomes that it does. May express bias at times.

Intervention FLEX-SPECIFIC DEFINITION

Specific activities with related objectives and measures designed to produce specific outcomes in the Flex program. Interventions are required where indicated in the Non-competing Continuation (NCC) and their outcomes relate to the achievement of **Performance improvement measurement system (PIMS)** measures.

Likert Scale

A type of composite measure using standardized response categories in survey questionnaires. Typically a range of questions using response categories such as strongly agree, agree, disagree, and strongly disagree are utilized to construct a composite measure.

Terms (cont.)

Logic Model

Describes how a program should work. Presents the planned activities for the program, and focuses on anticipated outcomes. Diagrams or pictures that illustrate the logical relationship among key program elements through a sequence of "if-then" statements that are often used when presenting logic models.

Measures

Ways to quantify the degree of success a program has had in achieving its stated **objectives, goals, and program activities.**

Measurement

A method of determining quantity, capacity, or dimension.

Monitoring

An on-going process of reviewing a program's activities to determine whether set standards or requirements are being met.

Terms (cont.)

Objective

Concrete statements describing what a program's activities must achieve in order to reach the program's ultimate goals. To make an objective concrete it should be **S**pecific, **M**easurable, **A**ttainable, **R**elevant, and **T**ime-limited, or **SMART**.

Outcome Measures

A method of determining quantity, capacity, or dimension.

short-term outcomes are likely to be changes in skills, attitudes, and knowledge.

intermediate-term often include changes in behavior and decision making.

long-term outcomes may involve changes at the organization or program level

Outputs

The direct products of program activities. The tangible results from the completion of activities or initiatives that support the project objectives (e.g., project contract deliverables).

Terms (cont.)

Outside Evaluator

An evaluator not affiliated with the agency or organization prior to the program evaluation. Also known as third-party evaluator.

Performance

How well something is getting done.

Performance Improvement Measurement System (PIMS) FLEX-SPECIFIC DEFINITION

The Performance Improvement Measurement System (PIMS) module is a data collection tool that is integrated with the Health Resources and Services Administration (HRSA) Electronic Handbook (EHB), which is used for electronic grant submission. PIMS allows the Office of Rural Health Policy (ORHP) to gather performance data from grantees.

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Terms (cont.)

Performance Measures

Indicators that assess the success of various aspects of the performance of a program.

Process Measures

Illustrate completion of activities. In other words, indicators of the volume of work or what the program actually did. These are also referred to as **output measures**. Example: conduct two medical director trainings **Program Plan**

A visual, representation or model which identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.

Terms (cont.)

Post-test

A test or measurement taken after services, or activities have ended. It is compared with the results of a pretest to show evidence of the effects or changes resulting from the services or activities being evaluated. A post-test may occur multiple times after an activity to measure retention or behavior change over time.

Pre-test

A test or measurement taken before services or activities begin. It is compared with the results of a post-test to show evidence of the effects of the services or activities being evaluated. A pre-test can be used to obtain baseline data.

Terms (cont.)

Recommendation Adoption Process (RAP) report

A specific assessment developed in the Rural Health Performance Improvement project that uses a **Likert** scale to assist a participant in measuring their level of behavior change or application in an organization a year after education or training.

Root cause analysis

A method of problem solving that tries to identify the and correct root causes of faults or problems. It seeks to solve a problem by identifying and addressing the root cause instead of addressing only the symptoms of a problem.

Stakeholders

Anyone who can affect or is affected by an organization, strategy or project.

Survey

The collection of information from a common group through interviews or the application of questionnaires to a representative sample of that group.

Terms (cont.)

Qualitative Data

Information that is difficult to measure, count, or express in numerical terms. Example: how safe a person feels in a hospital is qualitative data.

Quantitative Data

Information that can be expressed in numerical terms, counted, or compared on a scale. Example: The number of people that attended rural trauma team development training

Questionnaire

A printed form containing a set of questions for gathering information.

Work Plan

A visual, representation or model which identifies the objectives and goals of a program, as well as their relationship to program activities intended to achieve these outcomes.

Glossary of Terms by Topic Area

- [Glossary of Terms by Topic Area](#)



Appendix C

List of Tools and Resources

List of Tools and Resources by Topic Area

- [List of Tools and Resources by Topic Area](#)



NATIONAL
RURAL HEALTH
RESOURCE CENTER

For Questions or Technical Assistance



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