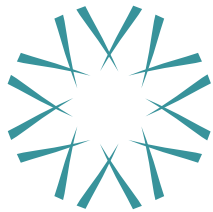# Performance Management/Program Evaluation Guide

Small Rural Hospital Improvement Grant Program (SHIP)

October 2019

NATIONAL RURAL HEALTH RESOURCE CENTER

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Summary

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

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

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

The SHIP Performance Guide uses a practical approach **to support state programs that are building performance management and evaluation into program operations**. It also shares different approaches to assist those that already have an evaluation in place. Concepts can be applied by SHIP staff and collaborating partners (e.g. contractors) that assist in administering the program. The SHIP Performance Guide includes an overview and key terms, followed by evaluation and performance improvement data, design, tools, samples, and resources.

Section Takeaways:
1) *What is performance management?*
2) *If we are doing performance management, is that evaluation?*

The Basics

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

Key Terminology and Concepts for Performance Management

Key concepts are outlined in the table below.

Term/Concept	Definition
Performance Measurement	Performance measurement is the act of <u>collecting measurement data</u> for inputs, processes, outputs, and outcomes.
Performance Management	Performance management is <u>using performance measures</u> to manage, improve, lead, or develop programs and/or organizations.
Input Measures	A type of performance measurement. Input measures are the <u>resources used by the program</u>. This can be money, people, and other. Examples are the number of hospitals, SHIP staff as full-time equivalents (FTEs) in fiscal year 2020 (FY20), network agreements, outside tools, resources, and data.
Process Measures	A type of performance measurement. Process measures quantify <u>operational functions</u>, such as the time it takes to process an invoice, develop a survey instrument, complete a course, or administer a grant.

Term/Concept	Definition
Output Measures	A type of performance measurement. Output measures are <u>products or services delivered</u>. These are the activities or services that SHIP has control over, such as the number of workshops conducted, number of projects completed, and number of staff trained.
Outcome Measures	A type of performance measurement. Outcome measures identify a <u>consequence or result</u> that can be attributed to one or more intervention or activity. Outcome measures typically reflect a change, such as those related to: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), quality of care, alternative payment models, community paramedicine, and (International Classification of Diseases, 10th Revision (ICD-10) improvement. Examples are the number of rural hospitals that improve their HCAHPS scores, adopt lean, and establish a patient experience team.

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

Inputs → Processes → Outputs → Outcomes

Collecting measurement data for each of these is **performance measurement.**

Using measures to improve, lead, and manage is **performance management.**
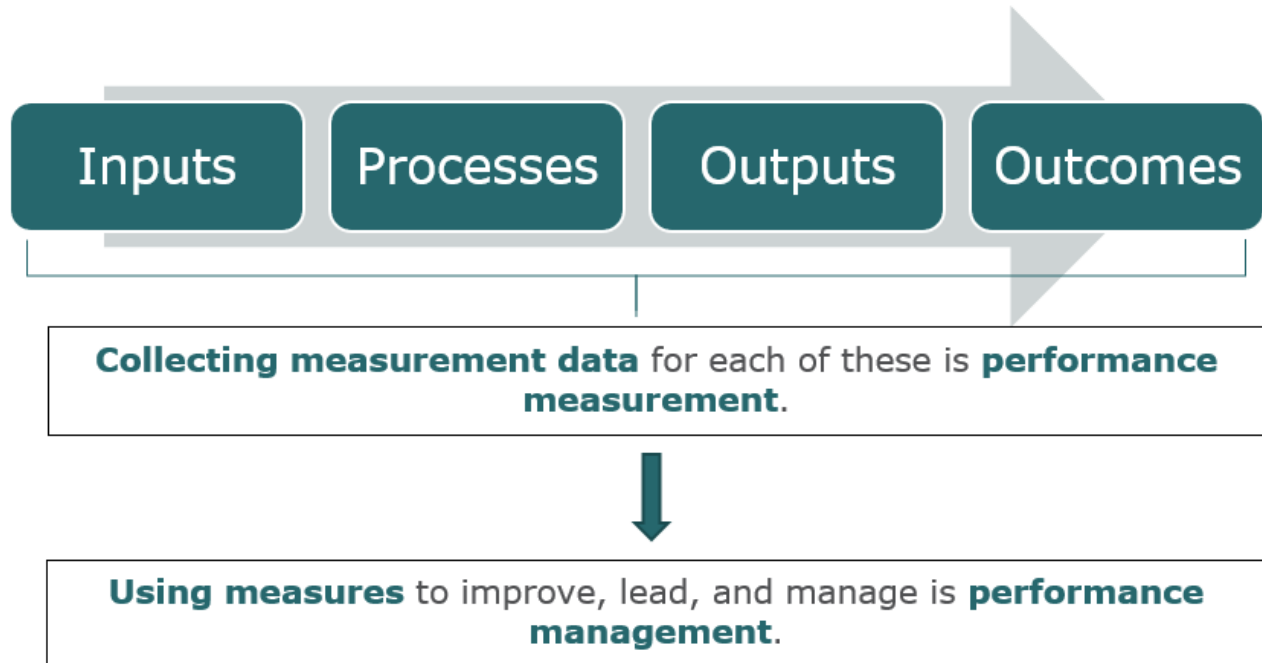
Creating and using performance measures is key to evaluation so these concepts will be revisited throughout the SHIP Performance Guide.

Starting with performance management, SHIP coordinators can ask, "Are outputs producing intended outcomes?" If they are not or there is room for improvement, you can go on to ask, "How should inputs, process, and outputs be adjusted or changed to improve outcomes?" Ultimately, this leads to a

cycle, which is often referred to as a cycle of continuous improvement. These data and findings can be used towards evaluation.

Other key concepts that complement performance management and are part of evaluation are goals, objectives, and baseline data. Goals and objectives are often confused or used interchangeably; however, they each serve a unique purpose. Baseline data are needed to compare behavior before and after program implementation/activities to determine if interventions are working.

Term/Concept	Definition
Goals	Goals are broad, higher level statements that outline the ultimate purpose of the program. SHIP examples include: improve the quality of care in rural hospitals, advance rural hospital integration into Accountable Care Organizations (ACOs), and improve ICD-10 adoption.
Objectives	Objectives describe what the activities or interventions must achieve in order to reach stated goals. Objectives should be SMART – specific, measurable, achievable, realistic, and time-sensitive. Examples of SMART SHIP objectives are: 25% of rural hospitals implement a lean initiative by September 1, 2020, 100% of rural hospitals report HCAHPS data to Centers for Medicare and Medicaid (CMS) by January 1, 2021, 100% of rural hospitals receiving a grant to implement ACO activities have a care coordinator hired, trained and operating as 1 FTE by January 1, 2021.
Baseline Data	Baseline data are the data collected before interventions or activities are started. Baseline data will allow states to compare work before, during, and after intervention/activity implementation. Examples of SHIP baseline data are HCAHPS scores prior to program/activity implementation; percent of SHIP hospitals that have lean in place prior to lean initiative implementation.

Using program management, goals, objectives, and baseline data, impact can be determined. Examining impact is the step that completes the evaluation process. Within this context, **impact means changes in outcomes directly attributed to the program that can be compared to baseline measures observed in the absence of the program.** Being able to show impact can be tricky; however, as your SHIP evaluation plan evolves and as more data are available through outcome measures, you are in a better position to

determine, for example, if the rural hospitals have higher quality, are better prepared to join an ACO, have increased value based purchasing objectives, and/or have made advancements to ICD-10 adoption. As shown in the two graphs below, you are looking to determine if there is a direct relationship between SHIP participation and rural hospitals' advancing SHIP goals.
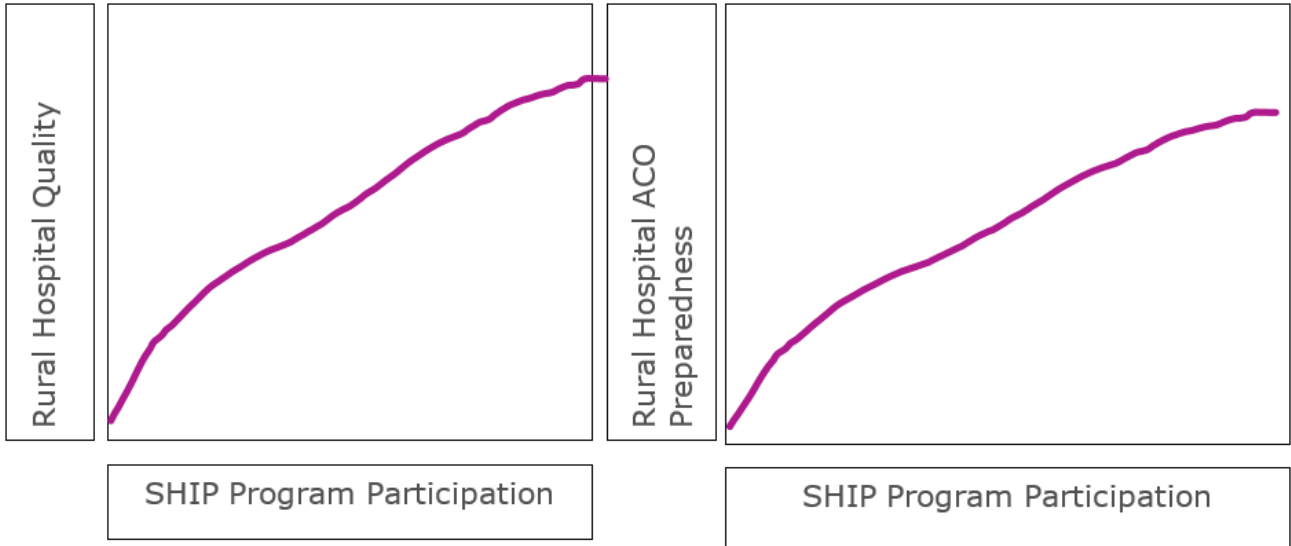
Putting all the steps towards evaluation together, the following visual outlines the framework of meaningful program evaluation:
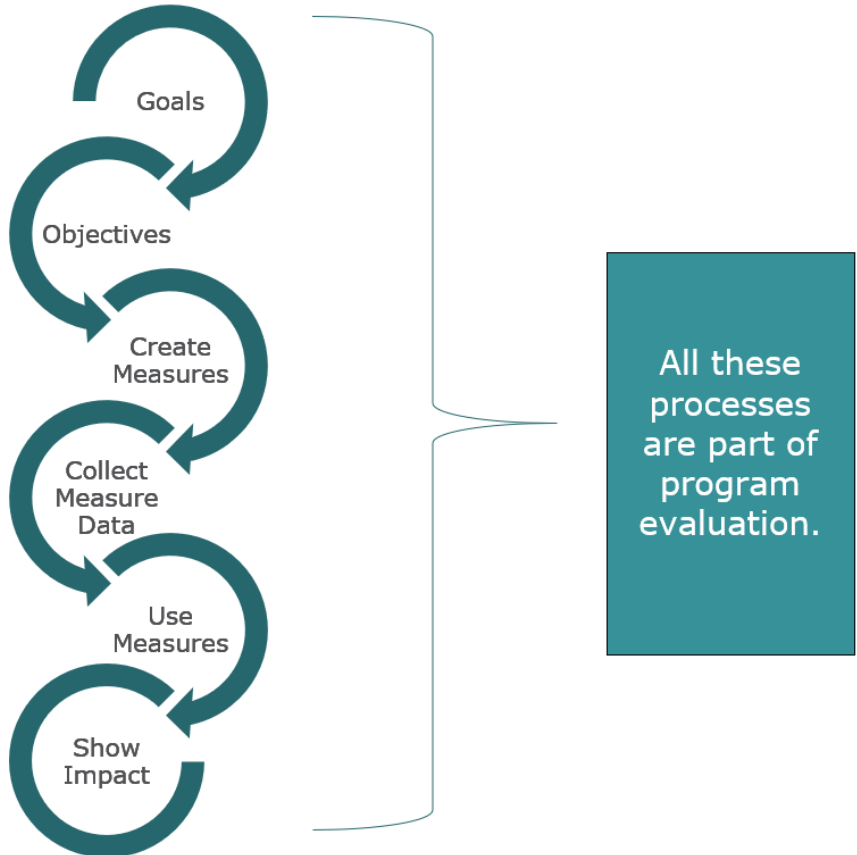
All SHIP Programs should have evaluation plans that include collecting performance measurement data and using the data for performance management, reporting, and continuous improvement. Program impact analysis and reporting can be added to create a more comprehensive, high-value evaluation.

Refer to the following resources for additional information on these key concepts: Minnesota Department of Health Toolbox, SMART Objectives and Performance Management + Program Evaluation 101.

Section Takeaways:
1) *What are the SHIP evaluation reporting requirements?*
2) *What should be included in the evaluation plan?*

Evaluation Planning

Program evaluation is a required component of SHIP at the state grantee level. *(Example: Grantees are expected to develop an evaluation plan that will contribute to continuous quality improvement such as self-or third-party assessment strategies. The evaluation plan should monitor ongoing processes and the progress towards the goals and objectives of the project.)* It is recognized that SHIP does not include administrative resources to fund extensive evaluation activities. Additionally, State Offices of Rural Health (SORH) administering SHIP differ in size and structure, staffing levels, subcontracting and resources. Therefore, SHIP grantees are encouraged to use this guide, build evaluation into program activities, and avoid using third party vendors to conduct evaluation activities.

SHIP evaluation planning ideally begins during the program planning process, while writing the grant proposal for the Notice of Funding Opportunity (NOFO). It can be updated annually with submission of progress reports. Evaluation planning during the program planning process enables state grantees to identify the resources, data, tools, and timeline needed to ensure evaluation activities are an integral part of the program and not an afterthought. SHIP includes the following deliverables from state grantees for FY19. Details are in the notice of award and may change annually.

SHIP Deliverables

SHIP Hospital Funding Spreadsheet

Non-Competing Continuation (NCC)

Annual Report

Annual Federal Financial Report (FFR)

As indicated in the FY19 NOFO, the program performance evaluation should be designed to:

1) Monitor ongoing processes and the progress towards the goals and objectives of the project;
2) Provide evaluative measures to monitor SHIP investment and its impact;
3) Include descriptions of the inputs (e.g., organizational profile; collaborative partners, key staff, budget, and other resources), key processes, sub-contractor monitoring (as applicable), and expected outcomes of the funded activities (including improved quality, improved operational efficiencies, or cost savings);
4) Include baseline/target data only;
5) Describe the data collection strategy to collect, analyze and track data to measure performance, and determine impact or outcomes, and
6) Explain how the data will be used to improve performance.

Key Questions When Designing a SHIP Evaluation

As you move forward, thinking more broadly about SHIP and what you are trying to accomplish. It is important to ask the following questions (Who, What When and How), as they can guide development of your program evaluation:

Who
- Who will key stakeholders be involved in the evaluation process?
- Who is the audience for findings gathered from the evaluation?
- Are they they same poeple?
- What is their interest/questions in the program and evaluation?

What
- What are your SHIP Program evaluation priorities?
- What do you want to learn and what decisions do you want to make once you have the evaluation findings?
- What are stakeholders' and your interest/questions in the program and evaluation?
- What data are available or are needed to answer the questions?
- What is the timeline for collecting data?
- What resources (staff time, tools, etc.) are needed to collect and analyze the data?
- What do you already have available/completed?

When
- When are the findings needed?

How
- How will key stakeholders be involved in the evaluation process?
- How will the data be collected for individual hospital investments or consortium initiatives?
- How will the findings be shared (internally, externally, format)?
- How will the findings translate into program improvement

See Attachment A for the Evaluation Discussion & Decision-Making Guide

Many state SHIP grantees contract for services provided to a consortium/network of hospitals rather than supporting individual hospital initiatives (e.g., investments in training, software, or Special Innovation Project – SIP). In these instances, consider these additional key questions (in addition to those above):

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

As a reminder, SHIP supports eligible hospitals in meeting value-based payment (VBP) and care goals for their respective organizations, through purchases of hardware, software and training. SHIP also enables small rural hospitals: to become or join ACOs; to participate in shared savings programs; and to purchase health information technology (hardware and software), equipment, and/or training to comply with quality improvement activities, such as advancing patient care information, promoting interoperability, and payment bundling. Allowable investment activities, priorities, and examples are posted online at SHIP.

Logic Models

To support development of measures and evaluation plans (if your SHIP includes cohorts, networks, or SIPs) you may also want to consider using a logic model. This can be done by starting small and creating a unique logic model for one initiative or can be done for each initiative. If you are not familiar with logic models, they are a well-established tool that can support both program planning and evaluation development. Basically, logic models are a graphic hypothesis that describes the cause and effects towards an intended outcome. It is a way of creating if-then statements in graphic form. They are used to communicate projects, programs, operations, activities, and goals and can be used for planning and developing program evaluations. The logic models should look somewhat familiar because it's based on the performance management model described above. The basic structure of a logic model is as follows:
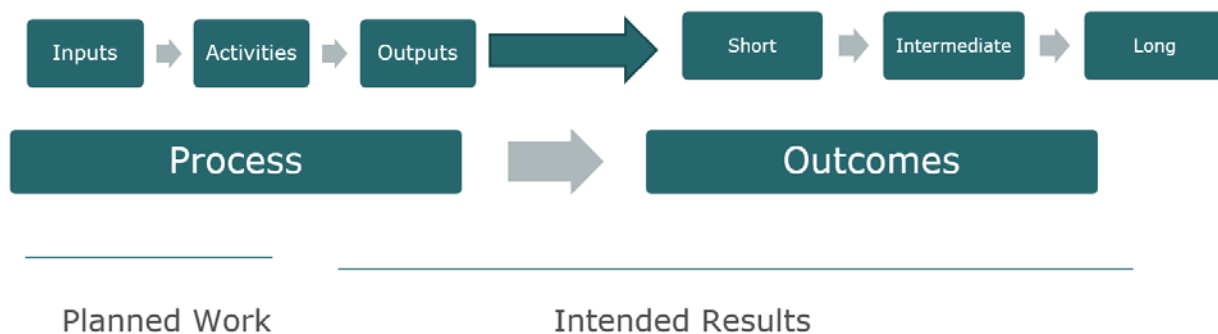
Using this structure, the following elements are then identified for both the process and outcomes components:
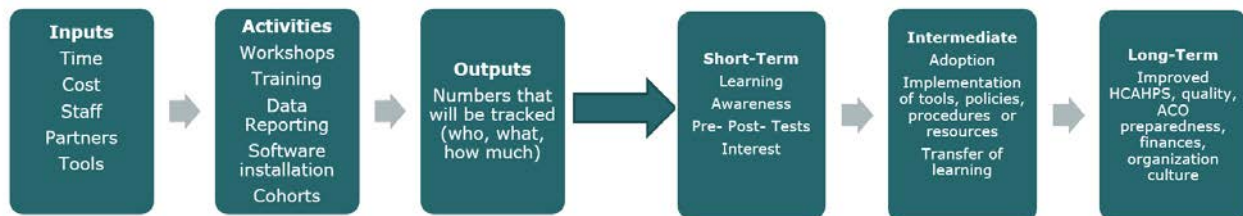
Process

- The inputs are what is invested: time, money, partners, equipment, tools, facilities, etc.

- The activities are what we do: workshops, conferences, publications, training, benchmarking, websites, site visits, etc.
- Outputs are the numbers associated with each of the activities: number of workshops held, number of attendees, number of rural hospitals represented, number of website hits, number of new users, etc.

Outcomes

Outcomes are broken into those that are considered short-term, intermediate, and long-term. They answer the question "what happened because of the program or activity?" They are used to communicate changes due to whatever was invested. Short-term outcomes reflect changes in awareness, knowledge, learning, motivation, attitude, and skills. Intermediate outcomes reflect changes in behavior, changes in practices, policies, technology adoption/use, attitude, and management strategies by individuals, management, or groups. Long-term outcomes reflect changes in areas such as improved conditions, improved operations, improved or more stable finances, improved quality, improved culture, and improved physical plant.

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

Inputs	Activities	Outputs	Short-Term	Intermediate	Long-Term
Time Cost Staff Partners Tools	Workshops Training Data Reporting Software installation Cohorts	Numbers that will be tracked (who, what, how much)	Learning Awareness Pre- Post- Tests Interest	Adoption Implementation of tools, policies, procedures or resources Transfer of learning	Improved HCAHPS, quality, ACO preparedness, finances, organization culture

To use the logic model, identify the long-term outcomes the state is trying to achieve first, then identify the SHIP activities/strategies the state will implement to achieve those outcomes. From there, identify inputs, outputs, and short and intermediate outcomes. Identifying the outputs and outcomes as part of the SHIP planning and evaluation planning process will not only assist with program implementation and data collection but some of these numbers can be used for annual progress reporting.

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

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

Logic model samples are included in Attachment B.

Section Takeaway:
1) *Where do the measures come from?*
2) *How should measures be organized?*

Program Measurement

Using your SHIP NOFO work plans, you can revise or evolve your evaluation plans. The SHIP work plan measures are the foundation of the evaluation plan. The two plans should be consistent and complementary.

As a condition of participation, every SHIP hospital completed the SHIP Hospital Grant Application. The data was entered into the State Spreadsheet of SHIP Applicants (below). If you are using this Excel file, consider maintaining one file with a worksheet for each of the four years that is updated annually. The more standardized the data tracked across years, the easier it will be to use, report and compare data.

Creating Measures

All evaluation measures will be based on approved NOFO work plans and the activities proposed as individual hospitals, consortiums, as part of a network or SIP. You can focus on creating measures as described in Key Terminology and Concepts for Performance Management above or if your SHIP has well-established evaluation plans, they can be refined by using a logic model as described below. Regardless, start by organizing like activities, identifying

goals, then objectives, and the activities that align with both. Use the Key Questions When designing a SHIP Evaluation to create the measures that will address what you want to know about your SHIP and its performance.

Steps in Establishing Performance measures:

1) Determine the critical areas of performance.
2) Decide how success will be measured.
3) Based on those measures, objectives can be defined.
4) Use objectives that are specific, measurable, achievable, realistic, and timebound (SMART)

Sample Measures and Organizing Measures

Let's assume your state is working on the following as outlined in the SHIP FY19 NOFO and Purchasing Menu: SHIP FY 19:

Example 1

Program Area 1: Value-Based Purchasing Investment

Goal 1: Improve Data Collection to Facilitate Quality Reporting and Improvement

For this goal, if four hospitals selected "C. Efficiency or quality improvement training in support of VBP related initiatives", and your SHIP program contracted with lean Six Sigma training experts to train staff at these hospitals, you may include the following example as part of your Goal 1 evaluation plans:

Program Area: Value-Based Purchasing Investment

Goal 1: Improve Data Collection to Facilitate Quality Reporting and Improvement in Four Rural Hospitals

Objective 1: Each rural hospital has 25% of their staff trained in lean Six Sigma and each hospital has at least one Green Belt or higher trained staff by June 2021.

Objective 2: All rural hospital leaders (middle management and above) are trained in lean by June 2021.

Objective 3: Four rural hospitals have at least one Green Belt or higher trained staff by June 2021.

Objective 4: Four rural hospitals have adopted lean Six Sigma into operations by June 2022.

Activity 1: Two lean Six Sigma training webinars.

Activity 2: One on-site lean Six Sigma training and process improvement project implementation at each of four rural hospitals.

Activity 3: Two face-to-face lean Six Sigma workshops that include staff from all four rural hospitals.

Activity 4: One-on-one telephone and webinar training to support staff from each of the four rural hospitals to achieve Green Belt or higher Lean Six Sigma

Output Measures:

Number of rural hospital staff participating in each: Activity 1, 2, 3, and 4.

Percent of staff from each rural hospital trained in lean Six Sigma.

Percent of rural hospital leaders trained in lean Six Sigma.

Number of lean Six Sigma projects completed at each rural hospital.

Process Measures:

Time it takes to identify and finalize a contract with a lean Six Sigma Vendor.

Time it takes from lean Six Sigma activity start to rural hospital adoption.

Outcome Measures:

Number of rural hospitals that adopt lean Six Sigma as part of hospital operations.

Percent of rural hospital staff that achieve 95% or higher on their lean Six Sigma adoption post-assessment.

Number of rural hospitals that include Lean Six Sigma training as part of their hospital on-boarding process.

Impact Measures:

Change in rural hospital operations, productivity, etc.

Data can be collected from the vendor conducting the training, using questionnaires, surveys, pre- and post- tests, case studies, or interviews. Measurement data can be tracked using a variety of tools (e.g., database, spreadsheet, web-based survey tool).

Example 2

Program Area: ACO Investment

Goal 1: Support the Development of or Basic Tenets of ACOs

For this goal and in this example you may have 12 rural hospitals that selected four of the FY19 activities, all related to hardware/software and training: A) Computerized provider order entry hardware/software and/or training, C) Disease registry training and/or software/hardware, F) Mobile health hardware and/or software, and G) Community paramedicine training and/or hardware/software installation/use. For performance improvement and evaluation, you may create one set of objectives and measures and a standardized survey or questionnaire to use across all 12 rural hospitals. Vendors conducting training may also have pre- and post-tests they administer as part of the training process. All of these can be used for evaluation purposes.

Objective 1: All participating rural hospitals have software purchased and operational by January 2021.

Objective 2: All participating rural hospitals have fully operationalized the use of new software by January 2023.

Objective 3: All rural hospitals in state are aware of and considering opportunities related to ACO investment.

Activity 1: Host 15 minute, 1:1 semi-annual software/hardware installation huddles with each rural hospital team until installations complete.

Activity 2: Host 15 minute, 1:1 semi-annual staff training huddles with each rural hospital team.

Activity 3: Host annual statewide webinar to share SHIP hospital activities, successes, and challenges across all SHIP hospitals in state.

Output Measures:

Number of huddles conducted.

Number of staff participating in huddles.

Number of rural hospitals participating in annual webinar.

Process Measures:

Time it takes to identify and finalize a contract with a Lean Six Sigma Vendor.

Time it takes from Lean Six Sigma activity start to rural hospital adoption.

Outcome Measures:

Number of SHIP hospitals fully implementing software/hardware.

Number of SHIP hospitals operationalizing the use of software/hardware.

Number of hospitals indicating awareness of ACO investment opportunities.

Impact Measures:

Number of participating SHIP hospitals that continue to pursue ACO participation/preparedness.

Number of additional SHIP hospitals that engage in ACO investment opportunities.

Tips: 1) Use the State Spreadsheet of SHIP applicants and submitted SHIP FY19 NOFO work plan that outlines goals, activities, measures and rural hospitals involved. 2) Create an evaluation plan and performance measures as a separate worksheet within your work plan file. 3) Create objectives as part of your evaluation planning process and assure they are SMART as this will guide the development of each performance measure. The Best Practices Workplan Table and Template can be used to get started.

Section Takeaways:
1)   How are data collected?
2)   What data are available and where can data be found?

Data Collection

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

Key terms that are helpful to understand.

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

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

1) Reactions and feelings
2) Learning
3) Changes in skills (applied learning)   } Individual
4) Changes in policies, programs, and services
5) Changes in quality, finances, community health   } Organization or population
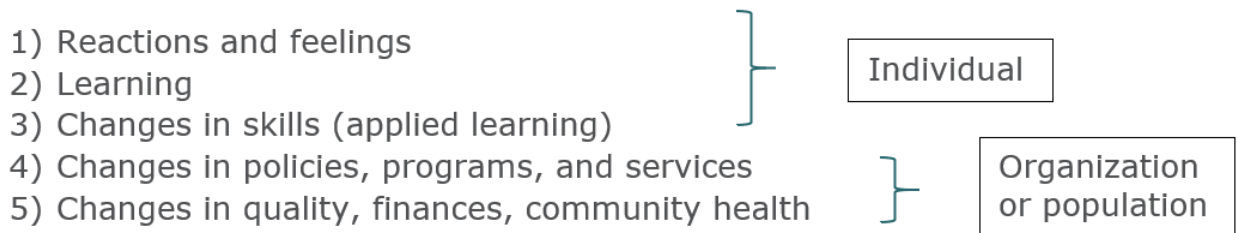
Each level of evaluation offers important information to learn; however, the further you move down the list, the more useful your findings tend to be towards assessing impact.

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

Surveys, questionnaires, checklists, polls, pre- and post-tests	
General Purpose Method used to quickly and easily gather information from multiple people or organizations	
Tool/Data Collection Sources	• Web-based surveys (e.g., Qualtrics, Survey Monkey, Zoho, other web-based surveys) • Polls and survey tools embedded into webinars • Polling applications (e.g., Easypolls and Poll Everywhere) • Paper
Strengths	• Inexpensive • Fast • Easy to duplicate and follow-up for non-respondents • Can be anonymous • Can include many people or organizations • Samples may already exist • Data are immediately available (when using web-based tools) and can be easily analyzed
Weaknesses/ Challenges	• Impersonal • Possibility of low response rates and/or repeat respondents • Partial story • Wording can bias responses • Survey fatigue by stakeholders • If a sampling approach was used, results may not be generalizable without a process to ensure appropriate response rates and appropriate representation of the overall sample of participants.
Examples of Use Within SHIP	• Pre- and post-tests conducted before and after a workshop, learning collaborative, or other training • Project status update surveys or questionnaires. • Transfer of learning questionnaires

Interviews and Recommendation Adoption Progress Interviews (RAPS)

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

Tool/ Data Collection Sources	Telephone, face-to-face, web-video
Strengths	- Can ask more complex questions and get more in-depth information - Personal - Allows for follow-up to questions to be asked - Inclusion of a Likert Scale offers opportunities for comparison and standardization of responses - Contributes to cost/benefit analysis
Weaknesses/ Challenges	- Time consuming - Can be expensive - Easy to bias discussion - Difficult to compare responses
Examples of Use Within SHIP	- Interview of SHIP staff who recently completed their initiative - Interview of CAH quality improvement director who implemented and manages the HCAHPS program

Focus Groups

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

Tool/Data Collection Sources	Teleconference, video conferencing, webinar, face-to-face
Strengths	- Opportunity to share about the program and learn from participants - Efficient means of obtaining input and impressions from a group of stakeholders - Can include many people or organizations - Can ask more complete questions and get more in-depth information - Allows for follow-up questions to be asked
Weaknesses/ Challenges	- Can lead to one-sided conversations/drivers without a skilled facilitator - Can be difficult to summarize and compare responses

Examples of Use Within SHIP	• Ability to schedule multiple people at a time • CEO focus group discussion about ACO investments • ICD-10 training focus group discussion about the coding course, it's value and impact

Case Studies

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

Tool/Data Collection Sources	• [Institute for Health Improvement](#) • [Rural Health Information Hub](#) • [SRHT Hospital Spotlights](#)
Strengths	• Easily obtain reliable and in-depth information and impressions • Efficient • Opportunity to share program information and provide background for discussion • Captive engagement
Weaknesses/ Challenges	• Often time consuming and requiring extensive resource commitment both from those conducting the case study and participants • Extensive depth of information but may be lacking in breadth
Examples of Use Within SHIP	• A case study of a rural hospital's 5-year HCAHPS improvement initiative • A case study of community paramedicine implementation

Documentation Review

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

Tool/Data Collection Sources	• Reports and invoices submitted by rural hospitals or vendors • Training materials and documentation of process and work completed
Strengths	• Data/information is already available/has been reported • Can be comprehensive looking at various program approaches

	• Can be efficient if accessing structured data reports
Weaknesses/ Challenges	• Can be labor intensive if unstructured • Can be challenging to organize observations and generalize findings • Data are restricted to what was collected or available • Data reported may be incomplete
Examples of Use Within SHIP	• Vendor/Contractor data (output and outcomes data provided to the state SHIP as part of contracts for services) • Review of rural hospital reports submitted to SHIP

Secondary Data

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

Tool/Data Collection Sources	• Medicare Beneficiary Quality Improvement Program (MBQIP) Data Reports • Hospital Compare • Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) Database • Population Health Toolkit • Flex Monitoring Team data and reports • State and association quality, finance, public health, community health needs assessments, and EMS reports • County Health Rankings
Strengths	• Limited to no data collection costs • May be available at regular intervals (e.g., monthly, quarterly or annually) • May be timely
Weaknesses/ Challenges	• May be outdated • Data may not reflect needs/are limited • Data reporting format limits use • Inconsistent reporting by rural hospitals or other stakeholders • Raw data may not be public; rely on analysis and interpretation by another party
Examples of Use Within SHIP	• Trending quality improvement outcomes • Dashboard reports • Maps of improvements by initiative

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

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

Creating an Evaluation Plan and Organizing Data

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

Work Plan Approach

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

Evaluation Work Plan Sample (below)

Evaluation Plan

Program Area: Value-Based Purchasing Investment

Goal 1: Improve Data Collection to Facilitate Quality Reporting and Improvement in Four Rural Hospitals

Objective 1: Objective 1: Each rural hospital has 25% of their staff trained in Lean Six Sigma and each hospital has at least one Green Belt or higher trained staff by June 2021.
Objective 2: All rural hospital leaders (middle management and above) are trained in lean by June 2022.
Objective 3: Four rural hospitals have at least one Green Belt or higher trained staff by June 2022.
Objective 4: Four rural hospitals have adopted Lean Six Sigma into operations by June 2023.

Eval Question/Impact? Have rural hospitals working on Lean Six Sigma adoption integrated it into hospital operations?

Activity	Data Collection Method (s)	Data Source	Date	Staff Responsible	Indicator(s) of Success	Findings/Outcomes/Impact
Lean Training Webinars (2) On-site Lean Six Sigma Training (4 Sites) Face-to-Face Lean Training (2) 1:1 Telephone/Webinar Support	Participation Spreadsheet, Post-Adoption Assessment	Internal & Contractor	As activities occur & June 2020, 2021, and 2022	Stephanie Phillips (staff) & Mike Jones (consultant)	Contract in place by December 1, all hospitals adopt Lean Six Sigma meeting 95% or more of adoption criteria, 25% of staff trained and all hospital leaders, Lean Six Sigma included in on-boarding process	Contract in place January 19 due to holiday delays and staff illness; 5% average adoption rate (AAR) Y1 - baseline, 26% AAR Y2, 53% AAR Y3, 74% AAR Y4; 3/4 with Lean Six Sigma on-boarding and hospital leaders trained; 2 with 2 green belt trained, 1 with 2 green belt and 1 black belt, and 1 with 1 green belt

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

Evaluation Data Tracking Sample 1

	Lean Training and Assessment									
	Lean Training				Lean Webinar		Lean Adoption Assessment Score			
	On-site	F2F	F2F	1:1	First	Second	2020	2021	2022	2023
EDTC	Date	Date	Date	telephone	#	#	Score	Score	Score	Score
Hospital A										
Hospital B										
Hospital C										
Hospital D										
	#	#	#	#	#	#	Avg	Avg	Avg	Avg
	Total				Total		% Mgmt	% Mgmt	% Mgmt	% Mgmt

	ACO Investment											
	Software Implementation						Software Assessment Score				Annual Webinar	
	Purchase	Install Huddle		Training Huddle		2020	2021	2022	2023			
EDTC	Date	Y1Q1	Y1Q3	Y1Q1	Y1Q3	Score	Score	Score	Score	Y1	Y2	
Hospital A												
Hospital B												
Hospital C												
Hospital D												
Hospital E												
Hospital F												
Hospital G												
Hospital H												
Hospital I												
Hospital J												
Hospital K												
Hospital L												
	#	#	#	#	#	Avg	Avg	Avg	Avg	#	#	
	Total			Total		# Pursuing ACO				Total		

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

Balanced Scorecard & Dashboards

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

Within the Balanced Scorecard there are four areas of performance: financial, customer, internal processes, and innovation (often referred to as learning and growth); however, areas of performance should be modified to fit the program. This modification may follow the state's SHIP focus Areas.

Similar to a Balanced Scorecard is a dashboard. A dashboard can include each of the SHIP areas being addressed and it can be used to track measures and outcomes over time. Again, red, yellow and green are used to provide a visual

indication of whether targets are met. Like the work plan approach, the dashboard should follow program goals and objectives. Using the Sample 2 outline from Organizing Measures above, a framework for a dashboard is below.

Dashboard Sample

Lean Six Sigma Adoption				
Primary Objective	Four rural hospitals, 95% adoption by 2023			
	Y1	Y2	Y3	Y4
Number of hospitals with 25% Lean Six Sigma Trained	0	0	2	3
Number of hospitals with all leadership trained	0	0	2	3
Number of hospitals with certified staff with green belt or higher	0	1	3	4
Average AAR	5%	26%	53%	74%

Section Takeaways:
1)   How can evaluation data be used?

Making Improvement

A primary reason for having an evaluation plan and collecting data is for program management and improvement.

In The Basics section above, there was a brief discussion about continuous improvement. This will be outlined here. First, think about the work you or others on your team do to support quality and performance improvement. There is a commonly used method that is often referred to: Plan-Do-Study-Act or PDSA. This method is used to test a change by planning it, trying it, observing the results, and acting on what is learned. State SHIPs can also use this model to support program improvement: 1) identify program objectives, 2) develop program plans, 3) decide what, how, and when to measure (Plan), 4) do the program/activity and collect the measurement data as part of the program/activity (Do), 5) analyze and interpret findings (Study), and 6) use findings to make informed decisions (Act).
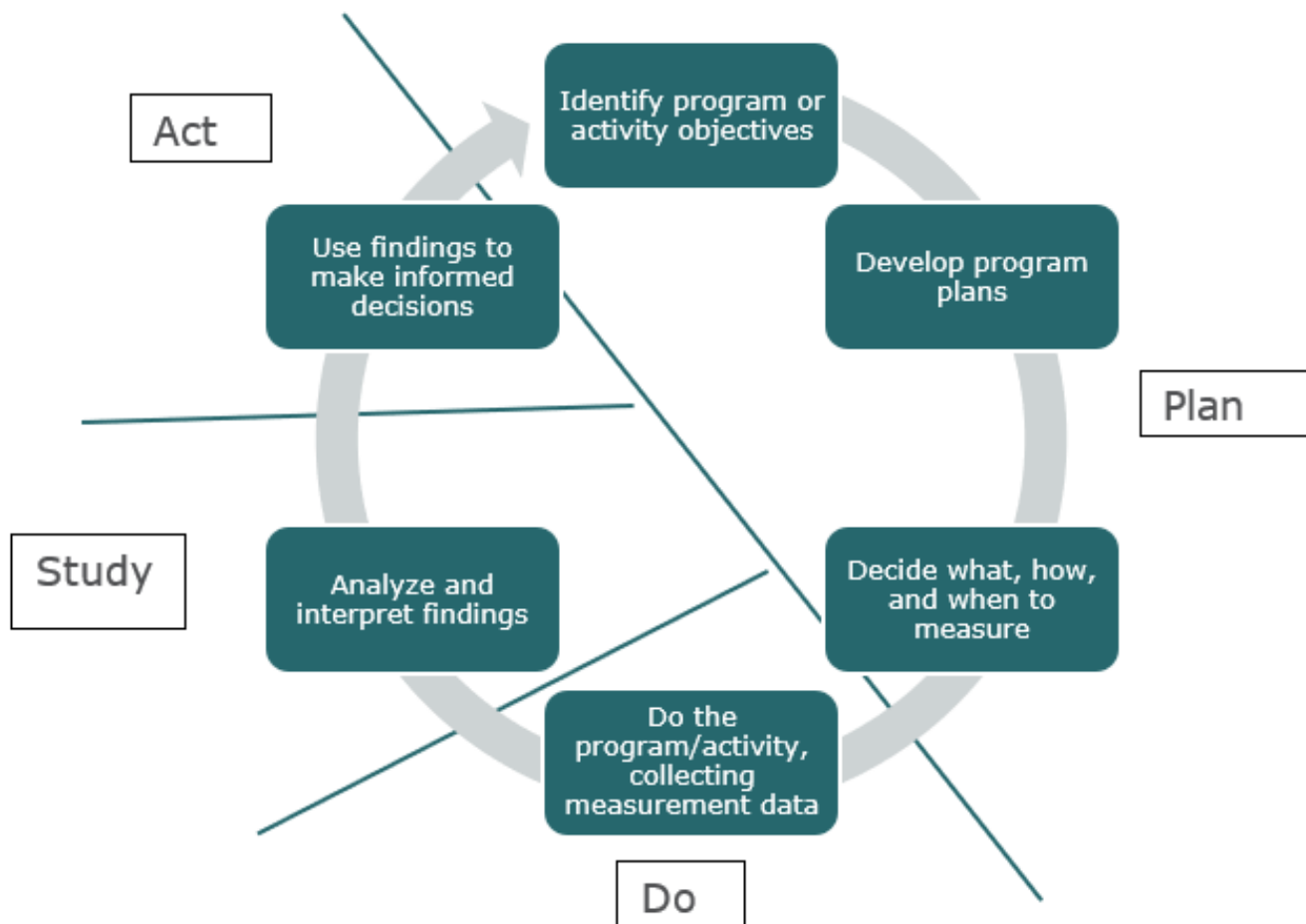
Stakeholder engagement can be included throughout the process by seeking input during program development (perhaps as part of needs assessments), data collection, and reporting.

Applying findings as part of performance management, evaluation, and continuous improvement are key. If objectives are not being met and impact is limited, program changes are warranted. This may include the need for additional data collection to determine why activities aren't working or what could be done better. It may also include, working with vendors to change program activities or monitoring project activities more frequently, and/or developing or adjusting plans and making changes over time. Regardless, findings should be used towards continuous improvement and reaching established SHIP goals.

Communicating Evaluation Results

With evaluation findings in hand, it is important to communicate outcomes and findings to team members, rural hospitals, partners, funders, and others as appropriate. This can be done using a dashboard, annual report, evaluation report, video, newsletter, webinar, website, or even through social media. Communications can also be targeted so findings related to a network or cohort are shared directly with that group of hospitals with similar projects.

Conclusions

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

Attachment A: Evaluation Discussion & Decision-Making Guide

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

SHIP Program Evaluation: Discussion and Decision-Making Guide

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

Attachment B: Additional Evaluation Work Plan Samples

Evaluation Work Plan Sample

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

Activity	Evaluation Question(s)	Data Collection Method	Data Source	Date	Staff Responsible	Indicator of success	Outcome
		follow-up					
Findings	Rural hospital met learning objectives and 90% applied information. Six rural hospitals reported outcomes and projects to share with others.						
Next Steps/Program Changes	Host two webinars to share lessons learned and initiative outcomes.						
Lean lessons learned webinar 1	Did participants apply the lean method?	Survey Monkey 2-month follow-up	Internal	March 1	Jane	100% of sites applied lean concepts	89% of sites have applied lean at 7-months

Balanced Scorecard Resources:

    a. [Balanced Scorecard Template and sample](#)
    b. [Balanced Scorecard for Government: A Real Life Example](#)
    c. [Balanced Scorecards for Small Rural Hospitals: Concept Overview and Implementation Guidance](#)

Sample Logic Models

Example 1

Logic Model – Rural Health Care Workforce				
Goal: Develop, Improve and Sustain Rural Health Care Workforce; assessing each CAH community needs				
Inputs	Activities	Outcomes		
		Short-Term	Intermediate	Distal
• IMPH Workforce Comprehensive Study • SCORH RCORP Grant • Community Paramedic Model • SC Community Health Worker and Institute • SCORH Oral Health RHC Initiatives	• Translate IMPH Workforce Study for Rural Implications • Meetings with CAHs, CAH owned health care sites, EMS agencies, to assess needs • Identify funding for the Rural Health Workforce incorporating AHEC	• Increase awareness around rural workforce opportunities; national and statewide • Decrease financial burden of CAHs/CAH owned health care sites, and EMS with trainings for rural workforce	• Increase the rural health care workforce in CAHs/CAH owned health care sites, and EMS. • Increase ease of CAHs to attain needed workforce • Reduce burden of current clinical providers	• Decrease dwindling rural workforce numbers and capacity • Increase access to certified/recognized/endorsed rural workforce • Increase number of providers in the SC CAHs system

Source: South Carolina Office of Rural Health.

Example 2

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

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

Attachment C: SHIP Overview and Program Partners

SHIP Overview - The Small Rural Hospital Improvement Grant Program (SHIP) is supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration's Federal Office of Rural Health Policy (FORHP). Section 1820(g)(3) of the Social Security Act (SSA) authorizes SHIP to assist eligible hospitals in meeting the costs of implementing data system requirements established under the Medicare Program, including using funds to assist hospitals in participating in improvements in value and quality to health care such as:

1.   Value-Based Purchasing Programs (VBP)
2.   Accountable Care Organizations (ACOs)
3.   Payment Bundling (PB)

National Rural Health Resource Center (The Center) – The Center supports state SHIP and Flex Programs and focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce

Rural Quality Improvement Technical Assistance (RQITA) – RQITA's goal is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives, which are focused on quality measure reporting and improvement: Small Health Care Provider Quality Improvement Grantees (SCHPQI), Medicare Rural Hospital Flexibility Program Medicare Beneficiary Quality Improvement Project (MBQIP). RQITA adds to expertise related to quality reporting and improvement, not to replace technical assistance support already in place.

National Organization of State Offices of Rural Health (NOSORH) – Strives to develop increased communication and involvement with the 50 State Offices

of Rural Health, building strong relationships with other health care groups, and find sources of revenue to improve its effectiveness.

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

National Rural Health Association (NRHA) - A national membership organization, whose mission is to improve the health and health care of rural Americans and to provide leadership on rural issues through advocacy, communications, education and research.

Other Evaluation Resources

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

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

Bryson, John M and Alston, Farnum K, "Implementing and Sustaining Your Strategic Plan", https://epdf.pub/creating-and-implementing-your-strategic-plan-a-workbook-for-public-and-nonprofi.html.

Bryson, John M, Patton, Michael Q, and Bowman, Ruth A, "Working with Evaluation Stakeholders", Evaluation Planning. 34 (2011) 1-12.

Connect with state SHIP staff who have extensive evaluation knowledge and experience. Two who have volunteered to respond to questions are listed here:

Penny Black, Ph.D., M.S., Rural Health Epidemiologist, Wisconsin Office of Rural Health, pdblack@wisc.edu or 608--261--1887

Pete Walton, M.S., Program Evaluator, Oklahoma Office of Rural Health, pete.walton@okstate.edu or 214--404-1166

Attachment D: Evaluation Methods Tools and Samples

Focus Group Process and Discussion Guide

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

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

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

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

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

Facilitator/Moderator: Running an effective focus group is a skill and requires planning. Consider watching a few YouTube videos if you are not

familiar or would like more information (How do focus groups work, https://www.youtube.com/watch?v=3TwgVQIZPsw or Focus Group Facilitation, https://www.youtube.com/watch?v=rt5W7tXvljo). In some instances, the facilitator may need a scribe; however, this should be determined in advance.

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

FOCUS GROUP: DISCUSSION GUIDE (Example Script)

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

Facilitator's welcome, introduction and instructions to participants

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

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

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

Ground rules

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

Warm up

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

Introductory question

OPENING QUESTION TO GET EVERYONE ENGAGED AND WARMED UP.

Guiding questions

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

Concluding question

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

Conclusion

- Thank you for participating. This has been a very successful discussion
- Your opinions will be an asset to the SHIP
- We hope you have found the discussion interesting
- If you need additional information about the SHIP or the State Office of Rural Health, please contact me at XXX after the focus group.
- I would like to remind you that any comments featuring in this report will be anonymous
- Before you leave, please hand in your completed personal details questionnaire

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

Format Adapted From:
www.who.int/patientsafety/implementation/checklists/instructions_focus_group.doc

Pre- and Post-Test Sample and Questions

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

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

Questions will be the same on each test so only one set of questions is needed. If the training is being conducted by an outside vendor, ask the vendor to identify the objectives and the pre- and post-test questions. For some training, such as the Rural Trauma Team Development Course, there is a standard pre- and post-test administered as part of the training. Pre- and post-test scores and participant contact information can be requested for program evaluation purposes. If the training is conducted via webinar, limit the number of questions to four or five. If the training is in-person a lengthier test can be administered but should not exceed 10-15 questions, depending on the length of the training/session.

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

Webinar pre-test should occur at the beginning of the webinar and in most instances can be integrated into the webinar like a poll. In some instance there are limitations on the number of characters that can be used so consider this when creating questions. If there are limitations, a few work-arounds include using a separate polling tool that participants access outside of the webinar tool or often easier, integrate the polling questions as slides

and use the polling feature only for responses. If you are using this approach, questions will likely need to be designed so responses are yes/no or true/false to keep it less confusing and standardized for participants. Web based tools track responses from each participant; however, they will not include those who are participating only via telephone. Sample questions for a webinar pre- and post-test follow using a scale such as very knowledgeable, knowledgeable, neutral, somewhat unknowledgeable, unknowledgeable:

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

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

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

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

PRE- or POST-TEST SAMPLE

Course Name   **Date**

Pre-Test _____   Post-Test _____
Participant Name: Organization:
Email: Role (or title) in the Organization: (Check boxes)

Questions – Lean Training

1) What are the twin pillars of lean? (select 2)
   a. Garbage in, garbage out
   b. Waste equals loss
   c. Respect for people
   d. Process improvement equals improved outcomes
   e. Continuous improvement
   f. Motivate and engage
2) What characterizes great teams? (select all that apply)
   a. Cross-functional
   b. Organization focused
   c. Autonomous
   d. Transcendent purpose
   e. Inter-organizational
   f. Self-directed

3) Pareto Principle is: (select one)
   a. Defects lead to poor processes.
   b. Begin with results in mind.
   c. Any failure to meet customer expectations is a defect.
   d. Work first on the 20% of the causes that lead to 80% of the errors.
   e. Anything that interrupts continuous flow is an obstacle.

4) Organizational decisions are better when: (select one)
   a. Solidly supported by all management
   b. Made by consensus within the team
   c. Supported by solid analysis and data
   d. Made through a process that includes various perspectives on the team
   e. Researched on the internet

5) Broken processes can best be seen in: (select one)
   a. Errors and wasted time

b. High employee internet usage
c. Low margins on ancillary services
d. High turnover
e. High employee and staff satisfaction

Workshop Measurement and Samples

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

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

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

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

electronic survey or questionnaire is used, this can be built into the conference/workshop/session or conducted via email.

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

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

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

WORKSHOP/CONFERENCE SAMPLE QUESTIONS

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

Date

Logo

1. Please rate your level of satisfaction:

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

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

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

Yes	
No	

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

Yes	
No	

5. Presentations/Sessions (sample concept):

Presenter Name, Session Title

	Outstanding	Above Average	Average	Below Average	Poor	N/A (Didn't Attend)
a. Impression of the session overall?						

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

6. Presentations/Sessions (sample concept):

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

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

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

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

Quality improvement (Specify)	
Performance improvement (Specify)	
Population health (Specify)	

Event Follow-up Questionnaire Framework

Event Follow-Up Questionnaire Framework

Title: name of event, date of event, type of survey → **Stroke Conference 2016 Follow Up**

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

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

1. Have you used the information? →

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

2a. What information have you used?
and
2b. How have you used the information?

(Ideally, this section reflects what the event planners identified as participant "take-aways" and what they wanted participants to do with the information.) →

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

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

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

	Yes	No
Acute Stroke Ready Certification	○	○
WI Coverdell Stroke Program	○	○

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

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

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

4. Additional comments regarding use of information. →

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

Source: Penny Black, Wisconsin State Office of Rural Health

Guidelines for Creating a Survey or Questionnaire

These guidelines are intended to support survey and questionnaire development.

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

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

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

Considerations:

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

Question Language and Structure:

1. Focus on what you want to measure:

Example: Do you want to measure agreement or usefulness?

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

Strongly Agree	Agree	Disagree	Strongly Disagree

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

Very Useful	Somewhat Useful	Not Very Useful	Not At All Useful

2. Use plain and positive language

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

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

3. Use standard language

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

vs

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

Often	Sometimes	Rarely	Never

4. Avoid biases or loaded questions

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

vs

"Do you feel welfare programs should be eliminated?"

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

Response Options:

Scales

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

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

Ranking/Rank Order

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

Open-ended

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

Multiple Choice

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

Side-by-Side

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

HCAHPS Technical Assistance and Satisfaction

How important is it that you have access to HCAHPS technical assistance from SHIP staff?					How satisfied are you with the HCAHPS technical assistance provided to you by SHIP staff?				
Not Important	Somewhat important	Neutral	Important	Very Important	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
1	2	3	4	5	1	2	3	4	5

Dichotomous

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

Mutually Exclusive & Exhaustive Choices

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

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

Not mutually exclusive	1 hour or less	1-3 hours	3 or more hours
Mutually exclusive	Less than 1 hour	1-3 hours	More than 3 hours

"What was your household's total income 2017?"

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

Format and Conducting the Survey or Questionnaire

Whether you are using an e-survey tool, email, paper, mailed, or telephone survey or questionnaire, all should include an introduction (what and why), identification (who), and instructions (how, when, where). Once the survey or questionnaire is developed, it should be tested and re-tested to assure there are no typos, consistent spacing and cases are used, question order makes sense, and question logic is operational (for e-tools) and flows appropriately.

Testing and re-testing and including others in this process is always a good idea.

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

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

Cost Considerations

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

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Attachment E: Strategies to Assess Training

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

Kirkpatrick- Phillips Learning Model[1]

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[1] GoSignMeUp. (2013) [Measuring Training Success Using the Kirkpatrick-Phillips Model.](#)

Attachment F: SHIP Program Evaluation Guide Sources

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