

Flex Program Glossary of Evaluation Terms

Activity: A specific action taken to produce a result, but that may not always be able to measure an outcome, such as networking meetings, information sharing, or one-time webinars.

- Example: Sharing Medicare Beneficiary Quality Improvement Project (MBQIP) reports to all critical access hospitals (CAHs) in your state.

Baseline: A starting point to be used to see how far you have come in your project.

Benchmark: A point of reference that serves as a basis for evaluation or from which a measurement may be made. Benchmarks may be set as a value to reference and try to achieve, through MBQIP benchmarks (e.g., MBQIP benchmark for Antibiotic Stewardship is that 100% of CAHs will meet all of the measure elements) and/or CAHMPAS financial indicator benchmarks (e.g., the benchmark, a high but attainable goal, for a hospital's cash flow margin is 5%)

Benchmarking: A process to compare performance to an external reference (e.g., the performance of a similar organization or of a high performing peer group) to evaluate or improve one's own performance. For example, a State Flex Program may look at their state's performance on a quality or financial indicator and use that as a benchmark for statewide performance improvement goal-setting.

Evaluation: A continuous process that begins with identifying needs, challenges, and gaps, and continues through implementing a project. Evaluation is used to determine impact by measuring where you are, where you have been, and where you want to go. It is important to evaluate all pieces of your program—your activities, your projects, and your program as a whole.

Framework: A set of standard processes and tools that can be used to initiate, plan, execute, control, and close a project.

- Example: PDSA Cycle
 - Plan: Write a concise statement of what you plan to do.
 - Do: Execute the plan
 - Study: Evaluate the results. What did you learn? Did you meet your goal?
 - Act: Determine what you came away with. If it didn't work, what can you change? If it did work, can you implement this elsewhere?

Goal: What you are trying to achieve through a project; an achievable outcome that is generally broad and long-term.

Impact: The result or effect that is attributed to a project or program. Impact is often used to refer to higher level effects of a program that occur in the intermediate or long-term and can be intended or unintended, positive or negative.

- Example: Improved financial stability of CAHs, reducing risk of closing or losing service lines.

Improvement: A change in the outcome that was the target of a project in the positive direction. Improvement is not measured by an increase in participation but rather if your current project is performing well, if you are seeing positive changes, or if you have reached your goal.

Inputs: Resources that go into a program.

- Example: staff time, materials, money, equipment, facilities, volunteer time.

Logic model: A road map showing how a planned program connects with the desired outcomes and results.

Needs assessment: The process of determining the needs of a group in a specific area. Can be used in all areas of Flex: quality improvement, financial improvement, population health, or emergency medical services (EMS).

Objectives: The small, measurable steps you take toward a goal. They should be specific, easy to measure, achievable, realistic, and time-bound. Objectives should always support goals, so it is important to set goals first. You should be able to see objectives play out daily and they are easily translated into actions.

Outcome: Measurable change resulting from an activity or series of activities. Outcomes can be short-term, intermediate, and long-term.

- Example: Revenue Cycle Management project
- **Short-term Outcome:** Effects occurring more immediately, typically within the first year.
 - Reduced registration errors as a percent of total registrations
 - Increased percentage of point-of-sale collections
- **Intermediate Outcome:** Effects that occur in the first 1-2 years.
 - Reduced percentage of claims denied
 - Increased percentage of denied claims re-billed
 - Improved clean claims rate
- **Long-term Outcome:** Effects that occur after 3 years.
 - Improved days net revenue in accounts receivable (data obtained from the Critical Access Hospital Measurement and Performance Assessment System (CAHMPAS) or directly from the hospital)
 - Greater days cash on hand (data obtained from CAHMPAS or directly from the hospital)
 - Improved current ratio (data obtained from CAHMPAS or directly from the hospital)

Outcome evaluation: Assessing the short- and long-term results of a project to measure the changes that occurred. Projects often produce outcomes that may be unexpected and efforts at prevention, particularly in community-based initiatives, can be difficult to measure. Flexibility is key.

Output: Measures that an activity occurred, stepping stones used to move forward.

- Example: number of meetings, education programs, webinars provided.

Process improvement: Assessing, analyzing, and improving the processes within a project to make improvements.

Process measure: Measure that determines if the steps in the project are proceeding as planned.

- Example: Developing a survey instrument, completing a training.

Program: A set of projects that are typically implemented by several participants during a specified time and may cut across program areas, themes, and/or geographic areas. A set of projects make up a program.

- Example: A state Flex Program incorporating financial and operational improvement, quality improvement and population health Flex Program areas to improve health outcomes in CAHs.

Program management: The coordination of various projects and other strategic initiatives all mapped to overall program improvement objectives.

Project: A series of activities that lead to one or more outcomes.

- Example: A cohort of CAHs participating in a learning collaborative to improve Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction

survey scores. They meet monthly, receive resources, analyze current reporting scores, and implement best practices shared by their peers.

Qualitative data: Observations that are not numerical, and often involve knowledge, attitudes, perceptions, and intentions.

- Example: A CAH CEO feels more knowledgeable about the process for participating in an accountable care organization (ACO).

Quantitative data: Numerical observations; something you can count.

- Example: A CAH reduced the number of denied claims by 10%.

Strategic plan: Presents the long-term goals you hope to accomplish, what actions you will take to realize them, and how you will deal with barriers to achieving the desired result. A Strategic plan should provide the context for decisions about performance goals, priorities, and budget planning, and should provide the framework for the detail provided in agency annual plans and reports.

- Example: GOSAR Framework:
 - Goals – Broad, long-term outcomes you are trying to achieve
 - Objectives – The measurable steps you take to achieve your larger goal
 - Strategies – Choices about how to best accomplish objectives
 - Action Steps – Specific activities that will be done to implement your strategies
 - Reports – Reports on progress, successes, and challenges

Theory of Change: Articulates the assumptions about the process through which change will occur and how the outcomes will be achieved and documented. You must understand what problems you want to solve, or conditions you want to change, and what you want to achieve.

Flex Program Areas

Quality Improvement: Work to improve the quality of care delivered by CAHs and other rural health care providers, through the Medicare Beneficiary Quality Improvement Project (MBQIP). The purpose of MBQIP is to increase quality data reporting by CAHs and then drive quality improvement based on the data. Quality improvement seeks to achieve predictable results and improve outcomes for patients, healthcare systems, and organizations.

Financial & Operational Improvement: Work to improve CAH efficiency, operations, and financial stability. State Flex Programs should assess the financial status of CAHs in the state, identify CAHs with greater needs, and plan interventions to address those needs. This category includes projects to improve CAH financial stability and revenue cycle management processes, as well as projects to improve CAH operations, efficiency, lower costs, or increase patients served.

Population Health: Work to build capacity of CAHs to improve the health outcomes of their communities. Flex funds can support community-based interventions to improve health and address the social and community factors that influence health status. The Federal Office of Rural Health Policy (FORHP) recognizes that the scope of population health work for each state and CAH is different.

Emergency Medical Services (EMS): Work to improve the organizational capacity of rural EMS services to address financial and operational problems to maintain and improve availability of EMS services to every rural resident and to improving the quality of rural EMS services to improve the management of time-sensitive diagnoses as well as providing technical assistance for data reporting.

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UB1RH24206, Information Services to Rural Hospital Flexibility Program Grantees, \$1,350,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.