Measuring State Flex Program Impact:
Tools to Support Outcome Measurement and Evaluation

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SECTION 1 - INTRODUCTION TO OUTCOME MEASUREMENT

The Flex Monitoring Team (FMT) developed this toolkit to assist State Flex Programs (SFPs) with managing and documenting project performance and complying with the Federal Office of Rural Health Policy's (FORHP's) expectations regarding outcome measurement and reporting. This toolkit is organized into six sections that provide a process to assist SFPs in monitoring their projects and demonstrating project impact. Each section provides one or more sample worksheets to illustrate the material covered. Section 7 provides blank worksheets for SFPs as they work through the steps for their projects.

Outcome evaluation is a "*systematic way to assess the extent to which a project has achieved its intended results*" and addresses the following questions for the Flex Program:

- What has changed in the performance and/or operations of participating Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), or emergency medical services (EMS) agencies as a result of an SFP's initiatives?
- Have these initiatives made a positive difference?
- How are the lives of patients and residents of rural communities served by participating CAHs, RHCs, or EMS agencies improved following the implementation of an SFP's initiative?

FORHP's Expectations Regarding Outcome Measurement

The Fiscal Year 2024 Flex Program Notice of Funding Opportunity (NOFO) directs SFPs to describe how their projects "*will address the identified needs of CAHs, rural EMS agencies, and rural communities in their states, and meet the requirements and expectations described in the NOFO."* SFPs are expected to:

- "Describe how proposed activities and projects will achieve Flex Program goals;
- Explain the conceptual framework that supports the specific projects selected in each Program Area and how they will achieve the identified objectives and associated outcomes;
- Communicate how proposed projects will drive change at the hospital, EMS agency, and community level and lead to the desired improvement; and
- Include a minimum of one clearly defined outcome in each Program Area undertaken with a clear, time-based target."

Adopting a Funding Cycle Approach

SFPs are encouraged to implement projects across the five-year funding cycle with interim project outcomes at the end of each year and throughout the five-year performance period. Work plans should include descriptions of projects by Program Area, expected outputs, at least one outcome per project, a timeline with key milestones, and the individuals responsible for completing projects. SFPs can use this approach to develop coherent strategies to support CAHs, RHCs, and EMS agencies across the five-year funding cycle.

Year 1: Project Implementation establishes the foundation for subsequent years with a focus on assessment, refinement of projects, identification of cohort participants, capacity building, project implementation, and development of a measurement strategy with baseline data, outputs to assess implementation, and a chain of outcomes leading to impact goals. Projects are typically intended to be accomplished within the funding year.

Years 2-5: Monitoring, Managing, and Revising Projects: Years 2-5 should focus on sequential steps in project activities and build on those steps in subsequent years. At the end of each year, SFPs should use outcome data to review progress against plans and baseline data and adjust project activities, timelines, and expectations accordingly.

To support outcome measurement and evaluation, this toolkit presents the concept of a project map to describe the steps through which projects will achieve proposed outcomes, and how those outcomes will lead to proposed project impacts. Project maps provide an understanding of how, why, and under what conditions change will occur by following the stepping stones of activities that lead to long-term impacts. Project maps can also provide a foundation for an SFP's Flex Grant application and work plans.

Outcome Measurement Through the Project Lifecycle

Project Planning: Identify measurable goals and strategies to address identified problems and select outcome measures aligned with proposed projects by working backward from the impact goals.

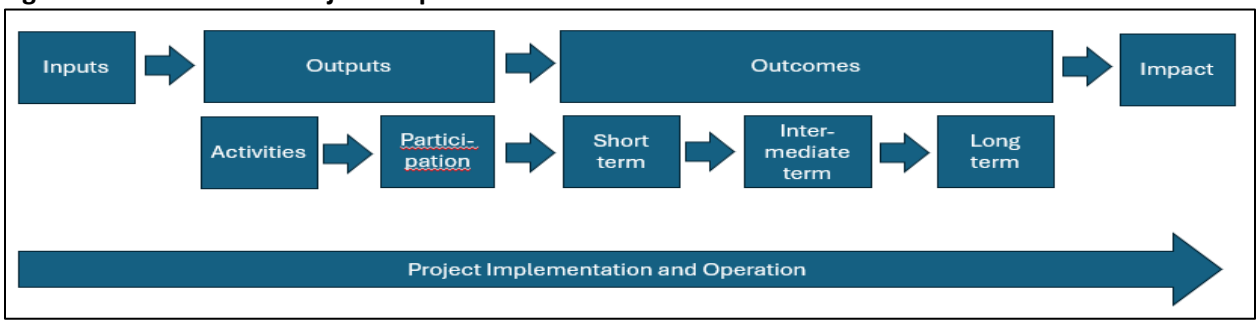
Project Implementation: Collect data during implementation to monitor progress and address issues as they arise.

Project Management: Monitor project performance, use data to make mid-course corrections, and make informed decisions about resource allocation, project adjustments, and strategic priorities.

Project Evaluation: Assess effectiveness using outcome data to determine progress toward impact goals and identify lessons learned by examining what did and did not work during a project's lifecycle.

Outcomes should reflect an evidence-based theory of change (i.e., conceptual framework) that specifies how project activities will progress through short, intermediate, and long-term outcomes towards proposed impact goals (Figure 1).

Figure 1: Elements of a Project Map



At this point in the learning process, it is essential to understand the differences between outputs and outcomes. Outputs are a way of quantifying the impact of foundational activities, particularly during the implementation process. Outputs result from the completion of program activities, such as the number of educational sessions held or the number of participants in those trainings. Outputs can be counted to demonstrate that the activities have taken place. Outcomes are the changes in performance of targeted populations and are typically viewed in terms of short, intermediate, and long-term timeframes. Outcomes and related measures are used to assess the extent to which the desired changes in performance have been achieved, such as improvements in the transfer of patient information during transfers from a CAH emergency department (ED) to another level of care.

The Need for a Project Map

Developing a new project is like going on a road trip. There are three steps to planning a road trip: (1) Identifying a destination; (2) Choosing a mode of travel (e.g., car, bus, or train); and (3) Mapping a route to reach the desired destination based on the purpose of the trip (e.g., a scenic route for vacation travel or the most direct route for time-limited travel). To continue this analogy, the destination is the impact goal. The mode of travel and the chosen route are the strategies to reach your destination. While en route, travelers consult their maps to ensure they are headed in the right direction as they progress

from point to point and make mid-trip corrections to accommodate detours, traffic, or changing plans. A project map offers a similar resource by providing:

- A tool for planning, managing, reporting, and refining goals, activities, projects, and accomplishments;
- Assistance in defining measurable outcomes that are linked to project strategies;
- Information linking Flex Program projects to specific and measurable outcomes; and
- A consistent reporting framework to convey results to internal and external stakeholders.

We provide seven worksheets to be used throughout a project's lifecycle. ***Worksheet 1*** is used to clarify the underlying theory of change and project activities. ***Worksheet 2*** helps to identify the assumptions and external factors that may impact project success. ***Worksheets 3-5*** help to identify and evaluate potential outcomes, develop metrics, and write outcome statements. ***Worksheet 6*** helps to assess a project's meaningfulness, plausibility, feasibility, and applicability. ***Worksheets 7a and 7b*** provide a quality improvement tool to help SFPs manage projects and complete annual progress and final project reports. These worksheets provide a sequential process to develop and implement a project, identify appropriate outcome measures, monitor project performance, adapt project activities if needed, and report project progress. We provide completed examples of these worksheets in each section and an appendix with a set of blank worksheets for use by SFPs. Appendix B provides resources on outcome measurement, project management, and evaluation.

Who Should Participate in Project Development?

SFPs may engage with project staff, participants, program partners (e.g., hospital associations and EMS authorities), state policymakers, and external contractors to support CAHs, RHCs, and rural EMS agencies. These individuals should be included in project development and educated about the Flex Program by sharing the NOFO, Flex Program Structure, past applications and progress reports, and evidence for chosen interventions. In non-competitive years, SFP staff and the project team should review the status of current activities and projects, progress toward outcome goals, and any challenges that have arisen to impede project implementation and accomplishments. If activities and projects have not been completed, the project team should assess why they were not completed.

We Value Your Feedback on This Toolkit

Please let us know how this Outcome Measurement Toolkit works for you. If you have feedback, questions, or comments, please contact John Gale at john.gale@maine.edu.

SECTION 2 - IDENTIFYING A THEORY OF CHANGE AND DEVELOPING A PROJECT MAP

Development of a Theory of Change

The theory of change (or the conceptual framework discussed in the NOFO) answers the following questions:

- What do you want to accomplish with your project?
- How will your project accomplish the desired short, intermediate, and long-term outcomes?
- How will you know if progress is being made toward the desired impact goals?

The goal of the theory of change is to provide a foundation for the design of a project with the highest probability of success. The project's theory of change and project map are closely related. At a high level, the theory of change describes how an intervention is expected to achieve a desired long-term impact. The project map puts the theory of change into action by identifying necessary resources, proposed activities comprising a project, the target population(s), and the outcome chain leading to the desired impact. A theory of change should be condensed into a brief statement that succinctly explains how and why a project will achieve its desired impact goal(s). ***Worksheet 1*** provides a tool to develop a project's theory of change and project map by working through the following steps:

Problem Definition and Identification of Impact Goal(s), Underlying Assumptions, and Contributing Factors

This discussion should focus on the following questions:

- What problems impact CAHs, their RHCs, or rural EMS agencies?
- What internal and/or external factors contribute to these problems?
- For whom do these problems exist?
- Who has a role in addressing these problems?
- Are solutions to these problems within the influence of SFPs, participants, or partners?

Once the problem has been identified, it is essential to identify the underlying causes of the problem. This can be done by repeatedly asking "why?" until all possible contributing factors are identified. A problem statement should be written for each problem, describing the problem, the individuals and organizations affected, and the evidence for why the problem exists. This problem statement should be reflected in ***Worksheet 1*** along with the project impact goal(s), assumptions likely to impact a project's success, and external factors that influence project implementation. Use ***Worksheet 2*** to identify and test the assumptions and external factors likely to affect a project's success by discussing the reasoning behind the proposed strategy and the potential influence of external factors.

What Project Activities Are Needed to Mitigate Targeted Problems?

After identifying the problem(s) to be addressed by a project, the team must decide what activities and resources are needed to mitigate said problem(s), and how those activities will be organized and staged. Activities are the processes, events, or actions that make up a project focused on improving the performance of CAHs, RHCs, and EMS agencies. The sequencing of activities should be based on the project's theory of change. Each activity should describe what needs to be done and who the activity is expected to reach. Necessary resources (inputs) include funding, personnel, consultants, travel, and other resources. Use ***Worksheet 1*** to identify and stage project activities into a logical progression that moves from one activity to the next toward resolving targeted problems. It is helpful to think of activities in terms of a series of **if-then** statements to illustrate how a project's activities will drive change, by working backward from the question: "What do we want our project to accomplish?" The goal is to create a chain of activities and outcomes, with early activities and outcomes leading to later activities

and outcomes, and eventually to the impact goal(s) after project implementation. This series of **if-then** statements can illustrate how project activities will affect change. For example:

- **IF** an SFP holds a meeting on CAH quality improvement, **THEN** CAH staff will have greater knowledge of MBQIP and how to implement a quality improvement process. (short-term output)
- **IF** CAHs gain this knowledge, **THEN** they will be more likely to engage in Flex-supported, cohort-based quality improvement initiatives and implement sustainable quality improvement processes. (short-term outcome)
- **IF** CAHs participate in a quality improvement cohort, **THEN** they will be more likely to demonstrate improvements in clinical quality metrics (e.g., emergency department transfer communications). (intermediate-term outcome)
- **IF** CAHs demonstrate improvements in quality metrics, **THEN** CAHs will be more likely to demonstrate improvements in patient outcomes and reduce unnecessary admissions. (long-term outcomes/impact)

The key is to work backward from the impact goal to align project activities with the theory of change by selecting strategies that contribute to achieving outcomes and mitigating target problems experienced by participants. It is essential to establish realistic expectations for when change may occur by providing a timeline for evaluating the effectiveness of interventions, ensuring that progress towards outcomes can be assessed, and allowing adjustments to be made to achieve sustainable change. It is also important to seek input from the project team to foster transparency, accountability, and ownership.

Why Do You Think the Strategy You Have Chosen Will Work?

False or undefined assumptions can lead a project to fall short of its desired outcomes. Assumptions explain why project planners believe a strategy will work as intended. To assess a strategy's potential effectiveness, its underlying assumptions must be clearly defined and evaluated for validity. ***Worksheet 2 – Part 1*** is used to identify assumptions for each strategy and describe how they were validated. For example, project assumptions might describe how participants view reducing medical errors and why developing a patient transfer network is expected to reduce medical errors associated with transfers. To assess assumptions, project staff can ask each provider whether reducing medical errors is necessary and beneficial. Project teams should review their theory of change to support the claim that patient transfer networks will improve communication among providers. Finally, project staff should review the patient safety literature to inform project development and demonstrate how network affiliations can reduce medical errors during patient transfers.

What External and Environmental Factors May Assist or Hinder Your Adoption of This Strategy?

SFPs represent one entity in a larger environment. External and environmental (e.g., social, economic, political, or systemic) factors may influence a project's success. Factors that may positively or negatively influence project implementation may be identified using ***Worksheet 2 – Part 2,*** to provide a context to allow the project team to assess the impact of external factors on expectations for success. For example, factors such as the growth in Medicare Advantage enrollment or a state's resistance to Medicaid expansion may impact projects to improve CAH financial performance.

Worksheet 1 describes the development of a project map for a cohort-based project to improve performance on emergency transfer communication measures and reduce errors that occur during patient transfers. ***Worksheet 2*** captures related assumptions and external factors that could impact project implementation and success. Subsequent worksheets (3 through 5) will assist in identifying outcome measures and in writing outcome statements. These elements can be added to ***Worksheet 1*** as Flex Coordinators work through the following sections.

Worksheet 1: Sample Project Map

Impact Goal: Reducing errors related to patient transfers by improving scores on the Emergency Department Transfer Communication (EDTC) measures.

Problem Statement: CAHs frequently transfer patients to larger referral hospitals for treatment. There is a high rate of medical errors during these transfers, resulting in poor patient outcomes. Patient transfers require a high level of coordination and transfer of patient information between CAHs and receiving patient care providers (e.g., EMS, hospitals, skilled nursing facilities, and nursing homes).

Theory of Change: The development of a performance improvement cohort focused on improving communication and transfer of patient information between CAHs and receiving patient care providers will improve EDTC scores and the quality of care provided. Project activities include education, participation in specific performance improvement initiatives, sharing best practices between participants, and regularly monitoring EDTC data over the project's lifecycle**.**

Assumptions: 1) CAHs and receiving providers recognize the importance of improving the transfer of clinical information from the CAH to the other treatment settings. 2) Improving the performance on EDTC measures will improve patient outcomes by reducing medical errors related to the transfer of patients.

External Factors: Electronic health records across hospitals and receiving patient care providers may not allow for easy sharing of information electronically. High rates of staff turnover may reduce participation in the cohort.

Strategies	Activities	Resources/Inputs	Outputs	Short-Term Outcomes	Intermediate-Term Outcomes	Long-Term Outcomes/Impacts
To solve the problem, we will use the following approach(es):	To achieve the desired outcomes, we will undertake the following activities:	To accomplish these activities, we will allocate the following resources:	The planned activities will result in the following products:	If accomplished as planned, then these outputs will lead to the following short-term outcomes:	If accomplished as planned, then these short-term outcomes will lead to the following intermediate-term outcomes:	If accomplished as scheduled, then these intermediate-term outcomes will lead to the following long-term outcomes/impacts:
Improve CAH performance on the EDTC measures.	**1a.** Convene a meeting of CAHs to review the EDTC measures and learn techniques to improve the transfer of information between CAHs and referral providers.	**1a.** Coordinator (.05 FTE), $1275; Cost of subject matter expert, $2,000; Meeting space and supplies (half day), $1,100.	**1a.** # of CAHs and their staff participating in the EDTC educational meeting. % of participants reporting improved knowledge of EDTC measures following the meeting.	**1a.** Improved knowledge of problems associated with patient transfer communication and strategies to improve EDTC measures. Measures change in knowledge before and after the activity.		
	1b. Develop a cohort-based project to support CAHs in improving their performance on EDTC measures.	**1b.** Coordinator (.10 FTE), $7,000; Travel (5 cohort group meetings), $10,000; Meeting space and supplies, $10,000.	**1b.** % of CAHs and staff participating in the EDTC cohort. % of participants satisfied with their participation in the EDTC cohort.	**1b.** % of participants implementing strategies to improve EDTC performance will improve from 35% to 50%. Measures change in participants implementing EDTC improvement strategies.	**1b.** % of participating CAHs with improvement on the different elements of EDTC measures, including the All or None Composite Calculation, will improve from 50% to 75%. Measures changes in the EDTC performance of participating CAHs.	**1b.** % of CAHs experiencing fewer communication errors during patient transfers will increase to 75%. % of CAHs experiencing reductions in preventable hospital readmissions and ED use among patients transferred by CAHs will increase to 75%. Measures the change in % of CAHs experiencing reductions in communication errors during patient transfer and reductions in avoidable hospitalizations and ED use.

Worksheet 2: Identifying Assumptions and External Factors Impacting Project Success

Strategies	Part 1 – Assumptions (Why do you think this strategy will work?)	Testing Assumptions (How do you know if these assumptions are valid?)
1a. Convene a meeting of CAHs to review the EDTC measures and learn techniques to improve the transfer of information between CAHs and referral providers. **1b.** Develop a cohort-based project to support CAHs in improving their performance on EDTC measures.	**a.** CAH providers and staff may not recognize the importance of providing accurate patient information to referral providers during patient transfer. **b**. The electronic health records used by CAHs are set up to transfer patient records electronically between the referral providers most commonly used by CAHs. **c.** CAHs are willing to participate in a cohort-based program to improve patient information transfer with their referral providers.	**a.** Flex Coordinators have interacted with their CAHs and assessed their understanding of providing accurate patient information to referral providers during the transfer process. **b.** Flex Coordinators have discussed the challenges of sharing patient information between their CAHs and referral providers and are aware of potential limitations. **c.** Flex Coordinators have polled their CAHs on the types of quality improvement projects they are willing to participate in.
	Part 2 – External Factors **(How might these factors impact your project's strategies?)**	**What, if anything, can be done to moderate the impact of these external factors?**
1a. Convene a meeting of CAHs to review the EDTC measures and learn techniques to improve the transfer of information between CAHs and referral providers. **1b.** Develop a cohort-based project to support CAHs in improving their performance on EDTC measures.	**a.** CAHs that are part of large systems are reluctant to participate in SFP quality improvement initiatives. **b.** Systems with CAHs may be unwilling to share patient quality data with the SFP.	**a.** Flex Coordinators can work with their system-owned CAHs to encourage participation by informing system leaders of the value of EDTC measures. **b.** Flex Coordinators can work with their system-owned CAHs to encourage sharing quality data by working with system leaders and explaining the value of the Flex Program.

SECTION 3 - IDENTIFYING AND EVALUATING OUTCOMES AND IMPACTS

Once the project's theory of change has been developed and a series of sequential activities (the stepping stones) identified, the next step involves clarifying the outcome(s) expected from each project activity and how outcomes are expected to build throughout the project to demonstrate progress towards the impact goal(s). ***Worksheet 3*** provides a template to identify and assess each project's outcomes using the SMART format:

- **S**pecific - Does your outcome statement identify who/what is expected to change and how it will change?
- **M**easurable - Can you measure whether the expected change has occurred? Will the measure help monitor project success and pinpoint problems or weaknesses?
- **A**ttainable - Is it reasonable to believe your project can achieve the desired outcome?
- **R**esults-oriented - Will participants, partners, and funders view the outcome as meaningful or beneficial? Will they value the desired result(s)?
- **T**imed - Have you identified the time it will take to achieve the desired outcome? Is it reasonable to believe the desired result(s) can be achieved within the identified timeframe?

Outcome statements describe precisely what the project wants to accomplish. ***Worksheet 4*** provides a template to assist in preparing outcome statements across the project lifecycle by describing:

- Who or what each activity seeks to influence;
- The proper sequencing of activities;
- The desired change or effect;
- The way individuals or organizations will be affected; and
- The timing of when expected changes or effects will take place**.**

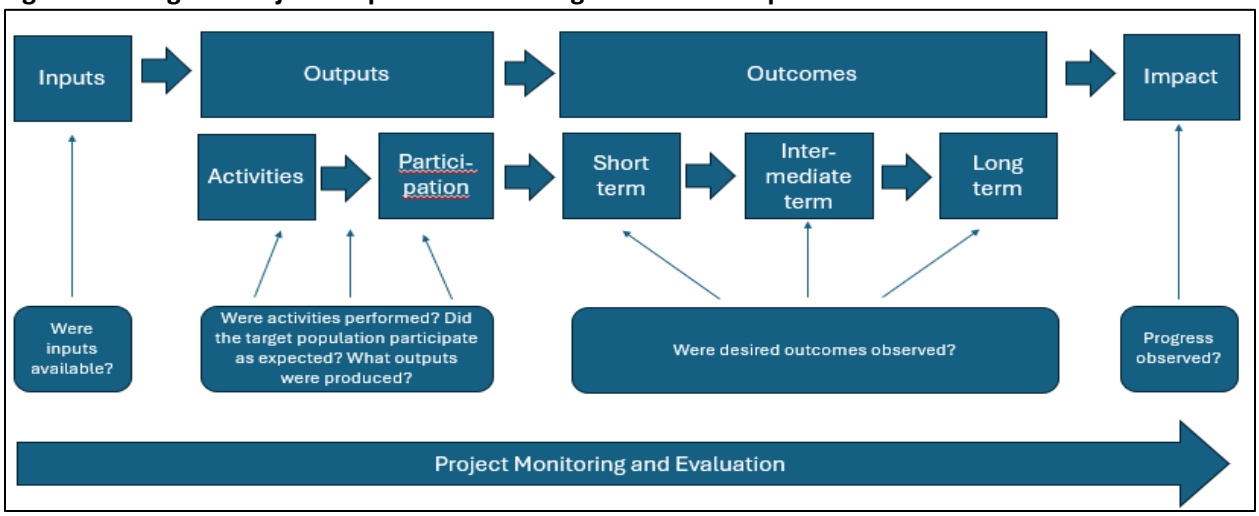
What Outputs and Outcomes Will Result from Project Activities?

Outputs and outcomes for each project should be driven by the problems identified in the theory of change and the proposed activities and projects by working backward from the impact goal(s). Each step should lead sequentially from one to the next, generating measurable outputs during project implementation and outcomes from ongoing project activities. Output measures monitor project implementation (e.g., participation in educational or technical assistance activities), assess satisfaction with those activities, and capture data on changes in knowledge. Outcomes monitor changes in behavior or performance at relevant stages of the project. Working backward from the impact goal(s), short, intermediate, and long-term outcomes should be identified; the outcome chain should be evaluated; and measures for each outcome should be identified. These elements can then be reflected in a project map, summarizing how a project will achieve the impact goal(s) and identifying opportunities to assess project performance at different stages of the project (Figure 2).

Worksheet 4 helps project teams work through the steps of clarifying the expectations for project performance by working through the following for each outcome:

- Who/What will be impacted by the activity? (target population)
- What are the desired changes/effects? (action verb capturing desired change or effect)
- How will we know if the expected results take place?
- When will the expected results be realized? (short, intermediate, or long term)

Figure 2: Using the Project Map to Monitor Progress Toward Impact Goals



Once the outcomes are quantified, it is necessary to "connect the dots" by describing how an earlier outcome's achievement influences subsequent outcomes. For example, revenue cycle management projects may work through a series of foundational steps to ensure that CAHs collect all payments due to them. The following is an example of a sequential revenue cycle improvement program:

1. Conduct a chargemaster review to ensure the accuracy of a CAH's charge structure.
2. Ensure that patient intake systems collect accurate patient information, verify payer coverage and account numbers, and collect point-of-service patient co-pays or deductibles.
3. Review processes to capture and document all charges for patient services.
4. Review the electronic health record and/or management information system to ensure all information and codes are entered correctly.
5. Review the claims submission process to ensure that claims are submitted accurately and promptly.
6. Review denied claims to understand why they were rejected and adjust the CAH's revenue cycle.
7. Review payment processing systems to ensure that payments are correctly recorded and that secondary payers and/or patients are billed accurately.

Potential outcome measures to work through this process include a reduction in the number of rejected claims, improvement in the timing of payments, reduction in days in accounts receivable, and improvement in cash positions.

A project map breaks a project into logical, sequential steps that allow SFP staff to identify progress by determining how far a project has advanced along the logical outcome chain. The project map can also diagnose where project activities may require modification. Monitoring short, intermediate, and long-term outcomes over a project can provide evidence of progress toward long-term impact goals. It can also form the basis of SFP Flex Grant applications, annual progress reports, and final project reports. Finally, it will provide the "elevator speech" to explain how the project works to participants, partners, stakeholders, and FORHP.

Worksheets 3 and 4 are used to identify and assess potential outcomes and develop outcome statements for the project identified in ***Worksheet 1***.

Worksheet 3: Identifying and Assessing Potential Outcomes

Outcome	Timeframe (Short, intermediate, or long term)	Does it meet the SMART Test? (Yes or No)				
		S	M	A	R	T
Following a meeting of CAHs to review EDTC measures and learn techniques to improve the transfer of information between CAHs and referral providers, participants will report improved knowledge of problems associated with patient transfer communication and strategies to strengthen EDTC measures. The change in knowledge will be identified through pre-/post-meeting surveys.	Short term	Yes	Yes	Yes	Yes	Yes
Following participation in a cohort-based project to support CAHs in improving their performance on EDTC measures, the percentage of CAHs implementing strategies to enhance EDTC performance will increase from 35% to 50%.	Short term	Yes	Yes	Yes	Yes	Yes
Following participation in a cohort-based project to support CAHs in improving their performance on EDTC measures, the percentage of CAHs showing improvement on all elements of the EDTC measures, including the All or None Composite Calculation, will increase from 50% to 75%.	Intermediate term	Yes	Yes	Yes	Yes	Yes
Following participation in a cohort-based project to support CAHs in improving their performance on EDTC measures, the percentage of CAHs experiencing fewer communication errors during patient transfers will increase from 50% to 75%.	Intermediate to long term	Yes	Yes	Yes	Yes	Yes
Following participation in a cohort-based project to improve CAH performance on EDTC measures, the percentage of participating CAHs reducing preventable hospital readmissions and ED use among patients transferred by the CAHs will increase to and stabilize at 75%.	Long term	Yes	Yes	Yes	Yes	Yes

Specific**:** Does your outcome statement clearly describe who or what is expected to change and how it is expected to change?
Measurable: Can you measure whether the expected change has occurred? Will the measure chosen help identify project success and pinpoint problems or weaknesses?
Attainable: Is it reasonable to believe your project can achieve the desired outcome?
Results-oriented: Will project participants, partners, and funders view the outcome as meaningful or beneficial? Will they value the desired outcomes?
Timed: Have you identified the time it will take to achieve the desired outcome? Can the desired result(s) be within this timeframe?

Worksheet 4: Writing Outcome Statements

Who/What (target population)	Change/Desired Effect (action verb)	In What Way (expected results)	By When (short, intermediate, or long term)
Staff of participating CAHs	Improvement	In knowledge of EDTC measures and techniques to improve performance	Short term
Outcome Statement 1: Following a meeting of CAHs to review EDTC measures and learn techniques to improve the transfer of information between CAHs and referral providers, participating CAH staff will report improved knowledge of problems associated with patient transfer communication and strategies to strengthen EDTC measures.			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Staff of participating CAHs	Improvement	In the number and percentage of CAHs implementing strategies to improve EDTC performance	Short term
Outcome Statement 2: Following participation in a cohort-based project to support CAHs in improving their performance on EDTC measures, the percentage of CAHs implementing strategies to enhance EDTC performance will increase from 35% to 50%.			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Staff of participating CAHs	Improvement	On all elements of the EDTC measures	Intermediate term
Outcome Statement 3: Following participation in a cohort-based project to support CAHs in improving their performance on EDTC measures, the percentage of CAHs showing improvement on all elements of the EDTC measures, including the All or None Composite Calculation, will increase from 50% to 75%.			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Staff of participating CAHs	Improvement	Experiencing fewer communication errors	Intermediate to long term
Outcome Statement 4: Following participation in a cohort-based project to support CAHs in improving their performance on EDTC measures, the percentage of CAHs experiencing fewer communication errors during patient transfers will increase from 50% to 75%.			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Staff of participating CAHs	Reduction	In avoidable hospitalizations and ED use	Long term
Outcome Statement 3: Following participation in a cohort-based project to support CAHs in improving their performance on EDTC measures, the percentage of CAHs reducing preventable hospital readmissions and ED use among transferred patients will increase to and stabilize at 75%.			

SECTION 4 - IDENTIFYING OUTCOME MEASURES

Once the project team has identified the expected changes in performance or behaviors due to project activities, it becomes necessary to develop metrics to monitor those outcomes and demonstrate performance improvement. All measures should have specific characteristics to indicate whether an outcome has been achieved. First, a measure should directly capture the desired changes in the outcome of interest. When a direct measure is unavailable, a proxy or approximate measure of the desired outcome is used. Second, a measure should be specifically defined. Using ambiguous terms may result in measures being subject to interpretation, inhibiting their ability to be measured reliably. Third, measures need to be practical so data for each measure can be collected on time and at a reasonable cost. Fourth, measures selected for an outcome should be comprehensive, measuring the project's potential positive and negative effects. Finally, data sources will need to be identified for each measure. ***Worksheet 5*** provides a tool to identify and evaluate measures based on these four characteristics.

The FMT has observed that SFPs struggle with identifying outcome measures for each project as required in the NOFO. A common issue is identifying impact goals rather than outcomes. As a result, it is difficult to assess progress towards the impact goal(s) unless SFPs identify the interim steps that bridge the gap between the current problem and the intended high-level changes in performance. We recommend that SFPs identify their outcome goals and measures that can be achieved within each one-year funding period, typically short and/or intermediate-term outcomes. These interim outcomes can then be connected across the funding cycle to demonstrate progress towards impact goals.

Identifying Measures for Short and Intermediate-Term Outcomes

Short-term outcomes typically consist of changes in participants' knowledge, attitudes, or skills, and are direct results of project outputs. In turn, short-term outcomes directly affect intermediate-term outcomes, which are changes in participants' performance, capacities, or behaviors. Although a project may only have one or two long-term outcomes for each problem, it may have multiple short and intermediate-term outcomes. Identifying short and intermediate-term outcomes involves the same process as identifying long-term outcomes: identifying outcomes, writing outcome statements, evaluating each outcome, and determining how each outcome will be measured. Short-term outcomes are more closely related to project activities than long-term outcomes and may not represent a significant change. Therefore, these outcomes should be carefully assessed to ensure they capture actual changes in participants' attitudes, skills, capacities, or behaviors. Table 1 provides an example of short, intermediate, and long-term outcome measures for a cohort-based quality improvement project to improve patient and family engagement. ***Worksheet 5*** provides a tool to assist SFPs in identifying and assessing their outcome measures, exemplifying the development of outcome measures for the cohort-based EDTC project identified in Worksheet 1.

Table 1: Outcome Measures for a Project Focused on Improving Patient and Family Engagement

Short Term (capacity building)
• % participation by CAH cohort members in program activities • % improvement in participant surveys measuring understanding of patient and family engagement metrics, how to implement, and why
Intermediate Term (CAH performance improvement)
• % of completed admission checklists per CAH • % of completed bedside shift reports per CAH • % of liaison engagements with patients and families per CAH
Long Term (system performance improvement)
• % improvement in pre-discharge patient satisfaction surveys per CAH • % improvements in HCAHPS scores by CAH • % increases in patient utilization of services

Worksheet 5: Identifying and Evaluating Measures for Each Outcome

Outcome	Measure(s)	Data Source(s)	Frequency of Collection	Is Each Measure…? (Yes or No)			
				Direct?	Specific?	Practical?	Comprehensive?
CAH staff report improved knowledge of EDTC measures and processes to enhance the transfer of information between CAHs and referral facilities.	% of staff reporting improved knowledge.	Pre/post survey for all educational activities	Following each educational activity	Yes	Yes	Yes	Yes
Increase in CAHs implementing strategies to improve EDTC performance.	% of CAHs implementing strategies to enhance EDTC performance will increase from 35% to 50%.	Self-reported by participating CAHs	Quarterly	Yes	Yes	Yes	Yes
Increase in CAHs showing improvement on all elements of the EDTC measures, including the All or None Composite Calculation.	% of CAHs showing improvement on all elements of EDTC measures will increase from 50% to 75%.	MBQIP/EDTC	Quarterly	Yes	Yes	Yes	Yes
Increase in CAHs experiencing fewer communication errors during patient transfers.	% of CAHs experiencing fewer communication errors during patient transfers will increase from 50% to 75%.	Self-reported by participating CAHs through their electronic health records	Quarterly	Yes	Yes	Yes	Yes
Increase in CAHs with lower rates of preventable hospital readmissions and ED use among patients transferred by CAHs.	% of CAHs reducing preventable hospital readmissions and ED use among transferred patients will increase to and stabilize at 75%.	MBQIP/Hybrid Hospital-Wide Readmission	Annual	Yes	Yes	Yes	Yes

Direct: Does the measure directly capture the intended outcome? If not, have you selected a proxy measure?
Specific: Has the measure been clearly defined so it can be used consistently across participants?
Practical: Can the data be collected promptly and at a reasonable cost?
Comprehensive: Do the measures capture all critical aspects of your project's outcomes, including possible adverse outcomes?

SECTION 5 – EVALUATING YOUR PROJECT AND ITS CHAIN OF OUTCOMES

Once project strategies, activities, outputs, and potential short, intermediate, and long-term outcomes are identified, outcome statements are written, and the outcome measures are evaluated, the final task is to assess the project as a whole. ***Worksheet 6*** provides a tool to conduct this assessment by engaging potential participants and stakeholders in a discussion of the extent to which a project is meaningful, plausible, feasible, and applicable to the needs of CAHs, RHCs, or rural EMS agencies. In other words, is it worth doing, and will it mitigate the underlying problem(s)? Do the component activities make sense? Can the project be accomplished within the funding cycle and the available resources? Finally, and most importantly, will CAHs, RHCs, or rural EMS agencies commit to participation? Evaluating the project's chain of outcomes provides another opportunity to seek feedback from participants and partners. To assess the chain of outcomes, the following questions should be asked:

1. Do long-term outcomes represent meaningful changes in status, behavior, performance, or condition?
2. Do project outputs and outcomes (short, intermediate, and long-term) relate to each other logically? Walk through the "If-Then" relationships between the outputs and outcomes to check this. If they relate logically to one another, then each output or outcome should be expected to result in the next outcome in the chain.
3. Given available resources and the project's influence over targeted participants, are outcomes achievable?
4. Have any potential adverse outcomes of the project been identified?
5. Will target CAHs, RHCs, or EMS agencies view this as a practical solution to their issues?

To effectively demonstrate a project's impact on changes in participants' status, behavior, performance, or condition, the project outcome chain can provide vital information to assess progress toward a project's desired impact goal(s). The ideal time to undertake this assessment is at the start of the application process for the initial competitive application and each subsequent non-competitive funding cycle.

Worksheet 6 provides a final opportunity to obtain feedback from the project team and potential participants on the overall project map by working through a series of questions. This feedback can be obtained by circulating the form among key stakeholders who played a role in project development or potential participants and asking for their written feedback. It can also be part of a guided, informal conversation between providers. Upon feedback review, last-minute changes and adjustments to projects and the project map should be made to reflect the feedback received.

Worksheet 6: Evaluating Your Project and Project Map

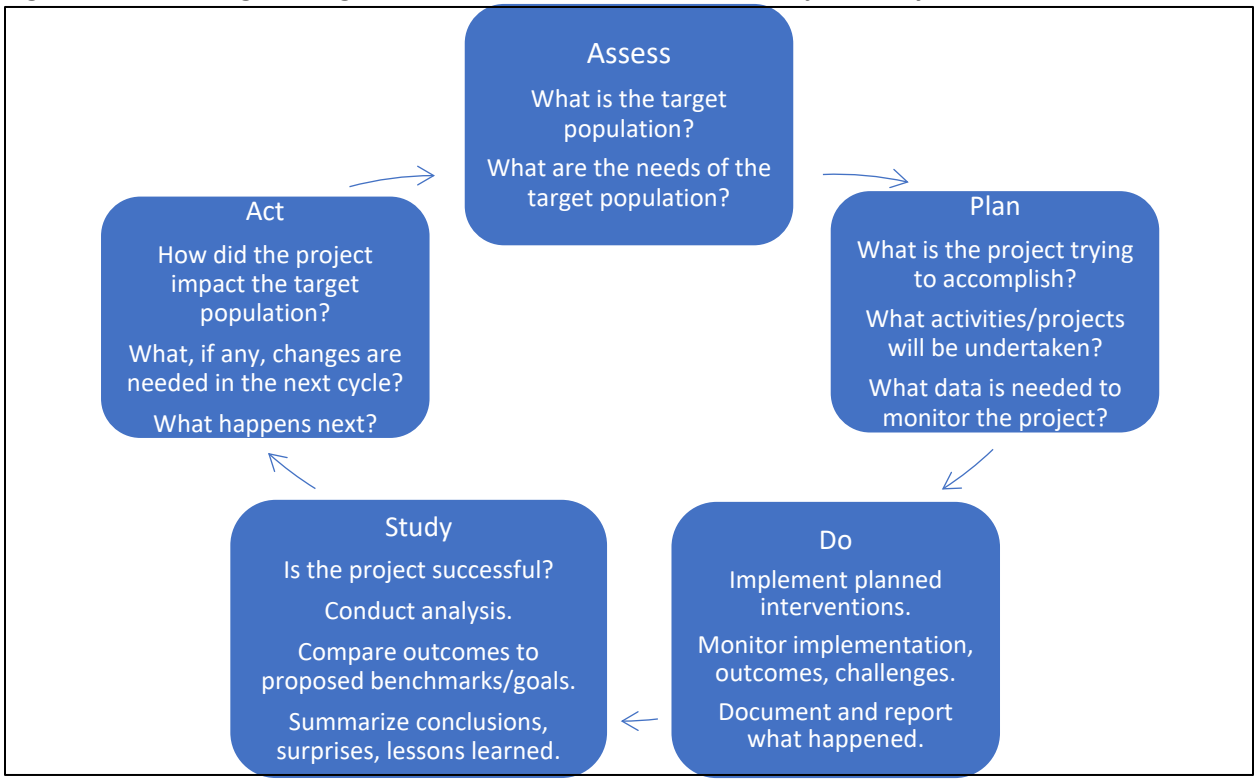
Criteria	Role*	Comments and Suggested Changes
Meaningfulness		
• Is the project relevant to the needs of potential participants? • Do the outcomes provide a significant benefit? • Have any potential adverse outcomes been identified?	Potential participant	Yes, this project will meet our needs and address an ongoing problem experienced by our hospital related to the communication of patient information during transfers.
Plausibility		
• Are the relationships between activities causally connected? • Is there anything missing (what else)?	Potential participant	The sequence of activities and projects makes sense and will improve patient information sharing during transfers and patient outcomes.
Feasibility		
• Are activities and outcomes realistic given the resources? • Have all assumptions been identified? • Are all assumptions valid?	Potential participant	The activities and timeframes seem reasonable and realistic. We have one concern regarding the assumptions. We have challenges using our electronic health record to share information between providers. Is there assistance available to improve the functioning of our EHR? Also, some of our referral sites cannot readily accept the electronic transfer of patient records. Will this impact participation?
Applicability		
• Are outcomes clear, specific, and complete? • Do outcome measures indicate whether a project will achieve its desired outcomes?	Potential participant	The outcomes seem straightforward, but we have questions about how the data will be collected and how often.
*Please indicate your role in the process – State Flex Program/SORH staff, project partner, consultant/contractor, subject matter expert, or potential participant.		

SECTION 6 – SUPPORTING CONTINUOUS PROJECT IMPROVEMENT AND MANAGEMENT

Worksheets 7a and 7b provide tools to assess activity and project performance, determine the need for mid-course corrections, and prepare annual progress and final reports. This process reflects a continuous quality improvement (CQI) approach, which Flex Coordinators may be familiar with. In addition to demonstrating program benefits, outcome measurement reinforces a CQI mindset. CQI is a systematic, ongoing process that focuses on achieving measurable improvements in the performance of target organizations or projects.

Figure 5 applies the Plan-Do-Study-Act cycle concept to the stages of a project's lifecycle. Specifically, it adds an extra step to the process (i.e., Assessment) to reflect the Flex Program structure. The Assessment and Planning phases should occur during Year 1 of the funding cycle and, in an abbreviated form, at the beginning of each funding year. The subsequent steps (Do, Study, and Act) should occur throughout Project Years 2-5. ***Worksheets 7a and 7b*** can be used during the Study and Act phases to assess performance and identify the need for mid-course corrections to improve the likelihood of project success and achievement of outcomes. ***Worksheets 7a*** **and 7b** provide a structured approach to evaluate project success and a framework for an SFP's annual progress and final reports.

Figure 5: Monitoring, Management, and Evaluation Across the Project Lifecycle



Adapted from Langley, G.J., Nolan, K.M., Nolan, T.W., Norman, C.L., & Provost, L.P. (2009). The improvement guide: A practical approach to enhancing organizational performance (2nd Ed.). San Francisco: Jossey-Bass. P.24.

Worksheets 7a and 7b prompt project teams to evaluate and summarize the outcomes of their projects. It encourages the use of evaluation data to make mid-course adjustments and maintain a consistent, continuous strategy throughout the five-year funding cycle. ***Worksheet 7a*** focuses on a process evaluation of implementation activities and encourages SFPs to conduct pre/post assessments with participants to ensure the activities meet their needs; **Worksheet *7b*** prompts teams to evaluate projects using the outcome measures established during the planning process and use the results to make adjustments that support a consistent funding cycle strategy across subsequent funding years.

Worksheet 7a: Implementation and Activities

1. Process Achievement – Project Implementation/Activities (Dates and participation targets compared to the work plans.)
Project dates: September 1 to August 30
A. **Describe activities conducted during the project year (e.g., educational programs, webinars, peer group meetings) that do not require outcome measures**. To support participation in the cohort-based project to improve EDTC measures, an educational meeting was convened for CAHs not currently reporting these measures. The in-person meeting focused on EDTC measures and techniques to improve communications during patient transfers.
B. Describe the target population. The target population for this educational program consists of CAHs that do not currently report EDTC measures or are having difficulty communicating patient information during the transfer process.
C. Total target population (identify the number of eligible participants): 15 **Participation by target population (identify the number of actual participants):** 8
D1. Total program participants who attended at least one session or individual project activity: Not applicable during this project year, as only one program was offered. **D2. Total who attended every session**: ____
E. **Participants (check all that apply):** _X__ CAH staff ___ RHC staff ___ EMS Agency staff ___ Others _____
F. If participation fell below expectations, please explain the shortfall and its impact. We anticipated that all 15 target CAHs would participate. Due to staffing and coverage issues, four CAHs could not participate. The remaining three CAHs were part of systems with their own quality systems.
G. **Feedback on participation? *** (check one): X Very Satisfied X Somewhat Satisfied ___ Not Satisfied Five of the eight participants were very satisfied with the program. The remaining three were somewhat satisfied.
H. Reported changes (or planned changes)? * (check one): X Increased knowledge ___ Improved capacity ___ Enhanced systems/protocols ☐ Other _____
I. What changes, if any, would improve participant satisfaction and/or the effectiveness of these activities? In subsequent years, we will explore offering a virtual program or offering the program on a regional basis.

*Information on participation and reported changes or planned changes can be captured through pre/post surveys of participants (since activities related to education, communication, and peer meetings do not require outcome measures).

7b: Project Quality Improvement

Project Improvements (Briefly describe the project, connected activities for the funding year, and expected project outcomes.)		
We implemented a cohort-based QI program focused on improving the reporting of EDTC measures and the communication of patient information during transfers.		
Step-by-Step Review	**Response**	**Changes for the Next Time?**
Did the project achieve the outcomes anticipated for this funding period? • If yes, describe outcome achievements. • If no, how did they fall short and why?	The short-term outcome target was to improve EDTC reporting from 35% to 50% of participating CAHs. We fell short of this goal at 45% due to participants' difficulty attending cohort meetings. Two had trouble with their EHRs.	Conduct more of the cohort meetings using virtual technology. Provide direct support to those experiencing trouble with their EHRs to improve the transfer of information.
Is changing the project's goals, desired outcomes, and/or potential participants necessary? If so, why? • To target different conditions or behaviors? • To adjust outcome goals up or down? • Repeat current phase of project?	The projected outcomes are still appropriate. We will repeat part of the project's current phase for those not meeting the outcome targets.	Provide remedial information for cohort members who struggled with their EHRs.
Is it necessary to revise the project or develop another project? • What improvements would better meet outcome goals?	See comments above. No significant changes are needed.	
Are additional resources needed to accomplish the project outcome goals? • What additional resources are needed (e.g., funding, personnel, subject matter experts, consultants, or other resources)? (Describe)	Additional subject matter support to provide remedial support for CAHs struggling with reporting EDTC measures and transferring information.	This remedial support will be provided in the next funding cycle.
How well was the project implemented during this funding period? • Were the core components delivered? • What are the main conclusions at this stage of the project's lifecycle? • How will these activities support/lead to subsequent project activities in the next funding year?	As noted earlier, we had lower participation than expected. This will be addressed with virtual meetings. We will also encourage participation by system hospitals.	The project is still valid and will be continued.
Assess progress towards achieving long-term outcomes and impact goals along the project's causal pathway. • What are the main conclusions concerning accomplishments to date? • Did any external factors impact (positively or negatively) project accomplishments (e.g., reimbursement changes, policy environment)?	Most participants have demonstrated progress towards the interim outcomes for the current funding year. We will encourage greater participation in subsequent years by focusing on CAHs with travel or staffing difficulties and/or CAHs struggling with their EHRs.	We will continue with the project with the changes described.

Appendix: Blank Worksheets for Use by State Flex Programs

Worksheet 1: Project Map

Impact Goal:

Problem Statement:

Theory of Change:

Assumptions:

External Factors:

Strategies	Activities	Resources/Inputs	Outputs	Short-Term Outcomes	Intermediate-Term Outcomes	Long-Term Outcomes/Impacts
To solve the problem, we will use the following approaches:	To achieve the desired outcomes, we will undertake the following activities:	To accomplish these activities, we will allocate the following resources:	The planned activities will result in the following products:	If accomplished as scheduled, then these outputs will lead to the following short-term outcomes:	If accomplished as planned, then these short-term outcomes will lead to the following intermediate-term outcomes:	If accomplished as planned, then these intermediate-term outcomes will lead to the following long-term outcomes/impacts:

Worksheet 2: Identifying Assumptions and External Factors Impacting Project Success

Strategies	Part 1 – Assumptions (Why do you think this strategy will work?)	Testing Assumptions (How do you know if these assumptions are valid?)
a. b. c.	a. b. c.	a. b. c.
	Part 2 – External Factors (How might these factors impact your project's strategies?)	**What, if anything, can be done to moderate the impact of these external factors?**
a. b. c.	a. b. c.	a. b. c.

Worksheet 3: Identifying and Assessing Potential Outcomes

Outcome	Timeframe (Short, intermediate, or long term)	Does it meet the SMART Test? (Yes or No)				
		S	M	A	R	T

Specific**:** Does your outcome statement clearly describe who or what is expected to change and how it is expected to change?
Measurable: Can you measure whether the expected change has occurred? Will the measure chosen help identify project success and pinpoint problems or weaknesses?
Attainable: Is it reasonable to believe your project can achieve the desired outcome?
Results-oriented: Will project participants, partners, and funders view the outcome as meaningful or beneficial? Will they value the desired outcomes?
Timed: Have you identified the time it will take to achieve the desired outcome? Is it reasonable to believe the desired outcomes can be achieved within this timeframe?

Worksheet 4: Writing Outcome Statements

Who/What (target population)	Change/Desired Effect (action verb)	In What Way (expected results)	By When (short, intermediate, or long term)
Outcome Statement 1:			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Outcome Statement 2:			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Outcome Statement 3:			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Outcome Statement 4:			
Who/What (target population)	**Change/Desired Effect (action verb)**	**In What Way (expected results)**	**By When (short, intermediate, or long term)**
Outcome Statement 5			

Worksheet 5: Identifying and Evaluating Measures for Each Outcome

Outcome	Measure(s)	Data Source(s)	Frequency of Collection	Is Each Measure…? (Yes or No)			
				Direct?	Specific?	Practical?	Comprehensive?

Direct: Does the measure directly capture the intended outcome? If not, have you selected a proxy measure?
Specific: Has the measure been clearly defined so it can be used consistently across participants?
Practical: Can the data be collected promptly and at a reasonable cost?
Comprehensive: Do your measures capture all critical aspects of your project's outcomes, including possible adverse outcomes?

Worksheet 6: Evaluating Your Project and Project Map

Criteria	Role*	Comments and Suggested Changes
Meaningfulness		
Plausibility		
Feasibility		
Applicability		
*Please indicate your role in the process – State Flex Program/SORH staff, project partner, consultant/contractor, potential participant, or subject matter expert.		

Worksheet 7a: Implementation and Activities

1. Process Achievement – Project Implementation/Activities (Dates and participation targets compared to the work plans.)
Project dates:
A. Describe activities conducted during the project year (e.g., educational programs, webinars, peer group meetings) that do not require outcome measures.
B. Describe the target population:
C. Total target population: (Identify the number of eligible participants) ____ **Participation by target population: (Identify the number of actual participants): ___**
D1. Total program participants who attended at least one session or individual project activity: **D2.** ***Total who attended every session:*** **____**
E. **Participants (check all that apply):** ___ CAH staff ___ RHC staff ___ EMS Agency staff ___ Others _____
F. If participation fell below expectations, please explain the shortfall and the impact of the shortfall:
G. **Feedback on participation? *** (check one): ___ Very Satisfied ___ Somewhat Satisfied ___ Not Satisfied
H. Reported changes (or planned changes)? * (check one): ___ Increased knowledge ___ Improved capacity ___ Enhanced systems/protocols Other (explain_____
I. What changes, if any, would improve participant satisfaction and/or the effectiveness of these activities?

*Information on participation and reported changes or planned changes can be captured through pre-/post-surveys of participants (since activities related to education, communication, and peer meetings do not require outcome measures).

7b: Project Performance Improvement

3. Project Improvements (Briefly describe the project and connected activities for the funding year and expected project outcomes.):		
Step-by-Step Review	**Response**	**Changes for the Next Time?**
Did the project achieve the outcomes anticipated for this funding period? • If yes, describe outcome achievements. • If no, how did they fall short and why?		
Is changing the project goals, desired outcomes, and/or potential participants necessary? If so, why? • To target different conditions or behaviors? • To adjust outcome goals up or down? • Repeat current phase of project?		
Is it necessary to revise the project or develop another project? • What improvements would better meet outcome goals?		
Are additional resources needed to accomplish the project outcome goals? • What additional resources are needed (e.g., funding, personnel, subject matter experts, consultants, or other resources)? (Describe)		
How well was the project implemented during this funding period? • Were the core components delivered? • What are the main conclusions at this stage of the project's lifecycle? • How will these activities support/lead to subsequent project activities in the next funding year?		
Assess progress towards achieving long-term outcome and impact goals along the project's causal pathway. • What are the main conclusions concerning accomplishments to date? • Did any external factors impact (positively or negatively) project accomplishments (e.g., reimbursement changes, policy environment)?		

Appendix B: Outcome Measurement Resources

Outcome Measurement

- Engaging Subcontractors and Partners in Demonstrating Outcomes
- Outcome Measures for State Flex Program Financial and Operational Improvement Interventions
- Population Health Outcome Measurement Strategies for State Flex Programs
- Emergency Medical Services Outcome Measurement Strategies for State Flex Programs
- Population Health and Emergency Medical Services (EMS) Outcomes Examples Tables
- Quality and Financial Outcomes Examples Tables

Program Management

- Core Competencies for State Flex Program Excellence
- Medicare Rural Hospital Flexibility Program Structure for FY 2024 – FY 2028
- Flex Program Fundamentals Guide
- Four Performance Management Tools: An Overview of Balanced Scorecard, Baldridge, Lean, and Studer

Evaluation

- Creating Program Logic Models: A Toolkit for State Flex Programs
- Flex Performance Management Evaluation Guide
- Flex Program Logic Models (written by FORHP)
- Evaluation Basics (webinar)
- Logic Models and Theory of Change (webinar)
- Accessing and Analyzing Data (webinar)
- Designing Activities and Describing Output & Outcome Measures (webinar)
- Designing Measurable Outcomes that Demonstrate Program Impact (webinar)
- Critical Access Hospital Measurement and Performance Assessment System (data resource)

Quality Improvement

- Evaluation of the Use of CAH Cohorts for Quality Improvement Activities
- MBQIP Data Reporting & Use
- MBQIP Fundamentals Guide for State Flex Programs
- MBQIP General QI Resources
- MBQIP Quality Measures National Annual Report – 2021
- MBQIP Website
- State Flex Program Key MBQIP Resources (including FAQs and timeline for new MBQIP measures)

Financial and Operational Improvement

- 2021 CAH Financial Indicators Report: Summary of Indicator Medians by State
- Best Practices from 14 CAH Executives Operating in Challenging Environments

- CAH Financial Indicators Primer and Calculator Resources
- CAH Participation in Flex Financial and Operational Improvement Activities, 2015-2018
- Impact of CAH Participation in Flex Financial and Operations Improvement Activities on Hospital Financial Indicators
- Monitoring State Flex Program Financial and Operational Improvement Activities
- Small Rural Hospital and Clinic Finance 101 Guide
- Small Rural Hospital Blueprint for Performance Excellence and Value
- Understanding Value-Based Models Resources

Population Health:

- ACHI Community Health Assessment Toolkit
- CAH Community Health Needs Assessments and Implementation Plans: How Do They Align?
- Collaborative Community Health Needs Assessments: Approaches and Benefits for Critical Access Hospitals
- Critical Access Hospital-Relevant Measures for Health System Development and Population Health
- Evaluating State Flex Program Population Health Activities
- Improving Population Health: A Guide for CAHs
- NORC Rural Health Mapping Tool
- TASC Population Health Toolkit
- Rural Population Health Information Initiatives
- The Community Toolbox: Creating and Maintaining Coalitions and Partnerships

Emergency Medical Services

- Implementation of Flex EMS Supplemental Funding Projects: Year One Activities
- Developing Program Performance Measures for Rural Emergency Medical Services
- Exploring State Data Sources to Monitor Rural Emergency Medical Services Performance Improvement
- Rural Emergency Medical Services Integration Guide
- State Flex Program Rural EMS Assessment Strategies
- Year Two Evaluation of the Flex EMS Supplemental Funding Projects: Building an Evidence Base through Outcome Measurement
- Year Three Evaluation Report: Evaluation of the EMS Supplemental Funding Grants