

AHRQ NATIONAL RESOURCE CENTER FOR HEALTH IT QUARTERLY PROGRESS REPORT INSTRUCTIONS

Prepared for:

Agency for Healthcare Research and Quality
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HEALTH IT

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1. INTRODUCTION

In an effort to monitor the progress of your project over time and collect consistent and systematic data from grantees, AHRQ has developed an online, electronic system for submitting quarterly reports, the AHRQ Research Reporting System or ARRS, which can be accessed at <https://arrs.ahrq.gov/ARRS/>¹.

The following document provides instructions for completing the information collected in ARRS. We would like to learn about your project aims and milestones, budget, changes/issues, impact, tools, and collaborations. AHRQ uses this information to track progress, assess technical assistance needs, and identify common challenges and lessons learned from grantee projects.

One distinct key feature in ARRS is the inclusion of pre-loaded information from previous reports. This will help you think about your project's progress in the past three months as you inform us of your achievements, challenges and lessons learned. You are encouraged to review this information and then replace it with new text that pertains to the current reporting period, or clearly indicate what quarter the information is from.

Please note that you are allowed to add up to 15 aims/milestones and 10 changes/issues, impacts, outputs, tools, and collaborations each. Please remember to use the “Back” and “Next” buttons in the program (not the ones on your browser), as this will save the text that you have entered. When you close the window, the information you have entered is automatically saved. You may go back to the form at a later time by returning to ARRS.

As long as your report is in “pending” status, you may log out of the system and return to the saved report at a later time to make any necessary changes. Once a report is submitted, however, the system locks the report from further editing. If you need to make edits to a submitted report, please contact your Program Official (PO).

For other questions and assistance, contact arrs@ahrq.gov. Remember to include the following in your email:

- Portfolio Name
- Grant Number
- Description of your question or issue

Thank you,
AHRQ National Resource Center for Health Information Technology

¹ For optimal use of ARRS, please use Internet Explorer as the web browser.

PROJECT

Your contact information is pre-populated. This page is a read-only page. If you want to correct any principal investigator (PI) contact information, you must submit the corrections in writing, or via email, to your Grants Specialist and Program Official. The contact page includes the names of your Program Official, Grants Management Specialist, and your NRC point of contact from John Snow, Inc (JSI) who will be reviewing your progress report and conducting quarterly calls with you to confirm and clarify information from your progress report. There is also a place for an alternate Contact Name and email if you would like to have a project manager or director participate in submitting the report. Please contact your PO to have an additional contact added.

PI Demographic Information

Last Name

First Name

Middle Name/Initial

Suffix

Address

City

State

Zip Code

Telephone Number

Fax Number

E-Mail Address

Other Contact Information

Current AHRQ Officer Name

Original AHRQ Officer Name

Grants Specialist Name

Point of Contact Name

Alternate Contact Name

Alternate Contact E-Mail

1. AIMS/MILESTONES

Please identify your significant project aims/milestones from your grant application and describe progress achieved this past quarter. Please include any plans to address any delays in the project timeline. There will be an opportunity to elaborate further on any other issues related to the project in the “Changes/Issues” section of the report. To help us review, please fully detail the aim/milestone in the title. For example, for an evaluation aim, please title the aim “Evaluation of the PHR on Patient Compliance” instead of “Evaluation.” Repeat above steps for up to 15 aims/ milestones as necessary.

Title: *Enter a title for the aim/milestone.*

Status:

- **Upcoming** – this aim/milestone is a future activity and no progress has been made to date.
- **Achieved** – this aim/milestone is completed.
- **On Track** – this aim/milestone is a current activity; its completion is on track to finish on schedule.
- **Not on track** – this aim/milestone is a current activity; its completion is delayed or behind original schedule.
- **Will need outside assistance to achieve** – this aim/milestone is a current activity and is stalled; its completion is achievable but will require assistance from the NRC or another outside source.
- **Unlikely to achieve** – this aim/milestone is a current activity and is stalled; its completion is unlikely to be achieved even with outside assistance.
- **Retired**** – this aim/milestone is no longer active and will not be completed.

Description & Progress for Previous Quarter: *Please describe progress achieved this past quarter and plans to address any outstanding delays for this aim/milestone. This section will be pre-populated with any text that you have entered for prior quarterly reports. You are encouraged to replace this information with new text that pertains to the current reporting period or clearly indicate what quarter the information is from.*

***For aims/milestones that have been "retired," please explain why and how project plans have changed.*

2. PROGRESS

Please rate your overall progress, and then describe any technical assistance needs you may have, select your rate of spending to date, and then enter HIT impacts information.

2A. PLEASE RATE THE OVERALL PROGRESS

Please rate the overall progress using the following definitions:

- **Progress is completely on track.** We are meeting **100%** of our milestones; we are on time on all tasks.

- **Progress is mostly on track.** We are meeting **80 - 99%** of our milestones; we are generally on time.
- **Progress is on track in some respects but not others.** About **65 - 80%** of our milestones are being met, but there is a viable plan for achieving the others, we are staying close to schedule with some slippage.
- **Progress in meeting many milestones is stalled.** We are meeting about **30 - 65%** of our milestones; there is a plan for achieving some milestones, but not others.
- **Progress across the project is stalled. More than 70%** of our milestones have or will substantially miss targeted completion dates. Plans for recovering are unclear.

2B. PLEASE DESCRIBE HOW AHRQ HAS HELPED/CAN HELP

If your progress is somewhat off track, you can use this section to indicate how AHRQ or the AHRQ National Resource Center for Health IT (NRC) can help. This information will inform your PO and the NRC about technical assistance (TA) needs you may have, and will help AHRQ and the NRC identify common TA themes across grantees.

How can AHRQ / National Resource Center Help? *Please describe how AHRQ or the National Resource Center has helped / can help.*

2C. PROJECT SPENDING TO DATE

Indicate the rate of spending on your project to date, relative to your plan.

At the end of this past quarter, what was the rate of spending on the project to date relative to your plan?

- **Significantly under spent, more than 20%.**
- **Somewhat under spent, approximately 5-20%.**
- **Spending roughly on target.**
- **Somewhat over spent, 5-20%.**
- **Significantly over spent, more than 20%.**

2D. HIT IMPACTS

*Please use this section to report on the health IT outcomes and impacts of your project. Health IT initiatives may impact health care delivery both positively and/or negatively. For each impact that your project has explicitly assessed in the past quarter, please indicate: (1) the title of the impact; (2) the **type** of impact; (3) how you **measured** the impact; (4) any **comparison groups** you used; and (5) the **outcome/lessons learned**. You may report up to 10 health IT impacts.*

Title: *Enter a title for the health IT impact*

Type (select one): *Select the type that best describes this Health IT impact.*

- **Workflow** - e.g., time for providers to complete orders, time lost looking for paper charts.

- **Cultural Change** – e.g., improved communication with/between providers, adoption of health IT by providers, changes in organizational culture.
- **Clinical Practice** – e.g., receiving appropriate treatment, rate of delivery for preventive care, rate of appropriate antibiotic use, rate of medical errors.
- **Patient Outcomes** – e.g., mortality, length of stay, quality of life, clinical measures.
- **Satisfaction and Knowledge** – e.g., patient satisfaction, patient self-efficacy, patient health knowledge and health behaviors, staff satisfaction, staff knowledge about guidelines.
- **Financial Outcomes** – e.g., decreased costs, reduced financial barriers to accessing care, increased revenues, savings from avoiding adverse events, savings from unnecessary procedures or tests.
- **Other**

Status:

- **Assessment complete** – this impact assessment is complete.
- **Assessment in progress** – this impact assessment is in progress
- **Assessment planned** – this impact assessment is upcoming.

How did you measure the impact? *Describe how the impact was measured.*

If applicable: what comparison group did you use? If a comparison group was used, please describe.

Outcome/Lessons learned: *Describe outcomes and lessons learned related to this HIT impact.*

3. ISSUES & CHANGES

Please describe any significant issues/changes in your project's methodology, study design, sample or subjects, interventions, evaluation, dissemination, training, key personnel, funding, partnerships/stakeholders, workflow processes, vendors, technology, etc.; the reasons for each issue or change; and the impact of each issue or change, including how you plan to address or how you addressed the issue or change.

By examining this information across different grantees, AHRQ and the NRC can help grantees address common issues and barriers to success and plan for future technical assistance and support. You may report up to 10 issues/changes.

Type (select one or more):

- **Administrative** – issues or changes related to grant administration, requiring input or approval by AHRQ.
- **Dissemination** – issues or changes with overall dissemination plan for the results of project.
- **Evaluation** – issues or changes with evaluation methods.
- **Methodology** – issues or changes with data collection or data analysis methods.
- **Study Design** - issues or changes with study design.

- **Funding/Budget** – issues or changes with original funding or budget from original proposal (e.g. re-budgeting).
- **Intervention** – issues or changes with identifying, developing, or implementing project intervention.
- **IRB** – issues with Institutional Review Board approval.
- **Key Personnel** – issues or changes with one of key personnel designated in the original grant application.
- **Organizational** – issues or changes within your organization or institution that have an impact on the project.
- **Partnerships/Stakeholder** – issues or changes in collaborations with another AHRQ grantee or key stakeholder involved in the project that cause a deviation from the original project goals or original plan.
- **Project Goals** – issues or changes with project goals designated in the original proposal.
- **Sample or Subjects** – issues or changes with recruitment of subjects or sample population.
- **Technology** – issues or changes with hardware, software, health IT systems and/or technology infrastructure.
- **Training** – issues or changes with type, frequency, availability, or effectiveness of user training.
- **Vendor** – issues or changes with vendor(s) participating in project.
- **Workflow Processes** – issues or changes in understanding or characterizing current workflow or designing, redesigning, adapting or implementing new workflow.
- **Other**

Description: *Please describe the issue or change.*

Reason: *Please explain why this issue or change has taken place.*

Impact: *Please include how you plan to address or how you addressed.*

4. FINDINGS

Please describe all findings that have not been previously mentioned. Findings may include any preliminary/interim results that you have analyzed thus far, as well as key findings related to the implementation and/or larger implications and results of your project.

5. OUTPUTS

Please list and describe specific work products, tools or any other output developed as a part of your grant during this quarter, and describe opportunities for outreach or knowledge sharing stemming from your project to date.

Type (select one):

- **Conference** – a formal event with an agenda that may include lectures, workshops, demonstrations and/or posters where researchers present findings.
- **Meeting** – a formal or informal event where researchers discuss a specific subject or problem.
- **Manuscript** – research findings submitted to a peer reviewed publication for review.
- **Presentation** – sharing information about your project in person or via teleconference or web, outside of a formal conference/meeting.
- **Product** – development of software, video, website, training curriculum or similar product developed as a result of the project.
- **Publication** – acceptance for publication in a peer-reviewed journal or book
- **White Paper** - a detailed, referenced document, explaining research or presenting arguments on a specific issue.
- **Other (describe)** - e.g., surveys and other data collection tools, implementation resources such as requests for proposals, manuals or guidelines.

Description and Caption: If the type selected was: (1) publication, manuscript or white paper, please *provide the full citation*; (2) presentations, conferences, or meetings, please *provide the title, date, location and presenter*; or (3) a product, or other, please *provide a description*.

Impact and Dissemination: Please describe the anticipated impact and plans for dissemination of this output, and any type of dissemination assistance you may desire from AHRQ or the NRC.

6. COLLABORATIONS

Please describe any collaborations/partnerships that are focused on expanding or further disseminating interventions, tools, products or lessons learned beyond the original design of your project. Collaborators may include researchers or providers involved in health IT implementation and research. Please provide a description of the collaboration/partnership; the purpose of the collaboration/partnership; and the health of the partnership. If the result of this collaboration/partnership will be the dissemination of tools or products, please describe the organization disseminating the materials, the type and amount of materials to be disseminated, the intended recipients, and the intended use. If possible, please describe what impact these materials have had for any reporting period. You may report up to 10 collaborations/partnerships.

Description: *Enter the name of the collaborating person, organization or entity.*

Purpose of Collaboration/Partnership: *Enter the purpose of the collaboration or partnership.*

Health of Partnership. If you are part of a partnership, please describe the health of your partnership, including level of participation across members.

7. NOTES

Additional Notes or Comments? Please provide any additional notes or comments regarding your research experience below. We would like to hear of any **anecdotes/stories** you may have regarding project progress, experience, or outcomes.

8. ATTACHMENTS

If you have additional information in graphical or tabular form, please click on the link to attach and forward an addendum to this report. If you have any documents described in the outputs section, please attach them here. If you cannot attach a particular output you may instead attach a summary document such as a user manual or other description.

THANK YOU FOR COMPLETING THE REPORT.