

EQR PROTOCOL 5 – VALIDATION AND IMPLEMENTATION OF SURVEYS

ATTACHMENT A: Survey Validation Worksheet for the Initial Three Survey Activities*

Instructions:

For survey administration: Use the worksheet first, to track and document steps performed, and second, as a detailed index of survey work papers. In the Documentation column, enter the titles of documents developed or consulted for each activity performed in implementing the survey. In the Findings/Comments column, provide brief comments about the decisions reached or findings of review activities.

For survey validation: Use the worksheet to identify the documents reviewed and any related comments or findings. In the Documentation column, enter the titles of documents reviewed for each activity performed in validating the survey. In the Findings/Comments column, keep notes about the outcome of the document review. Use the worksheet as an outline for the final report to the State.

Note: The worksheet details validation steps for the initial three activities. Additional information for the remaining five survey validation activities is available throughout Protocol 5. The tool may be expanded as needed by the External Quality Review Organization.

SURVEY ELEMENT/ACTIVITY	DOCUMENTATION (List by title and attach)	FINDINGS/COMMENTS
Activity 1: Survey purpose(s), objective(s) and audiences		
Written statement of survey purpose(s) that addresses access, timeliness and/or quality of care.		
Unit(s) of analysis is clearly stated and includes individual MCOs.		
Written study objective are clear and measurable.		
Audience(s) for and intended use of survey findings are identified.		
Activity 2: Survey Instrument		

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0786. The time required to complete this information collection is estimated to average 1,591 hours per response for all activities, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850

SURVEY ELEMENT/ACTIVITY	DOCUMENTATION (List by title and attach)	FINDINGS/COMMENTS
Activity 1: Survey purpose(s), objective(s) and audiences		
Written statement of survey purpose(s) that addresses access, timeliness and/or quality of care.		
Unit(s) of analysis is clearly stated and includes individual MCOs.		
Written study objective are clear and measurable.		
Audience(s) for and intended use of survey findings are identified.		
Activity 2: Survey Instrument		
The survey instrument was tested and found reliable.		
The survey instrument was tested and found valid.		
Validity and reliability testing were performed for the target population		
Activity 3: Sampling		
The study population is clearly identified.		
The sample frame is clearly defined, is appropriate to the survey objectives, and is free from bias.		
Sampling method is appropriate to the survey purpose.		
Sample size is sufficient for the intended use of the survey. <ul style="list-style-type: none"> • Acceptable margin of error • Level of certainty required 		
Procedures used to select the sample were appropriate and protected against bias.		