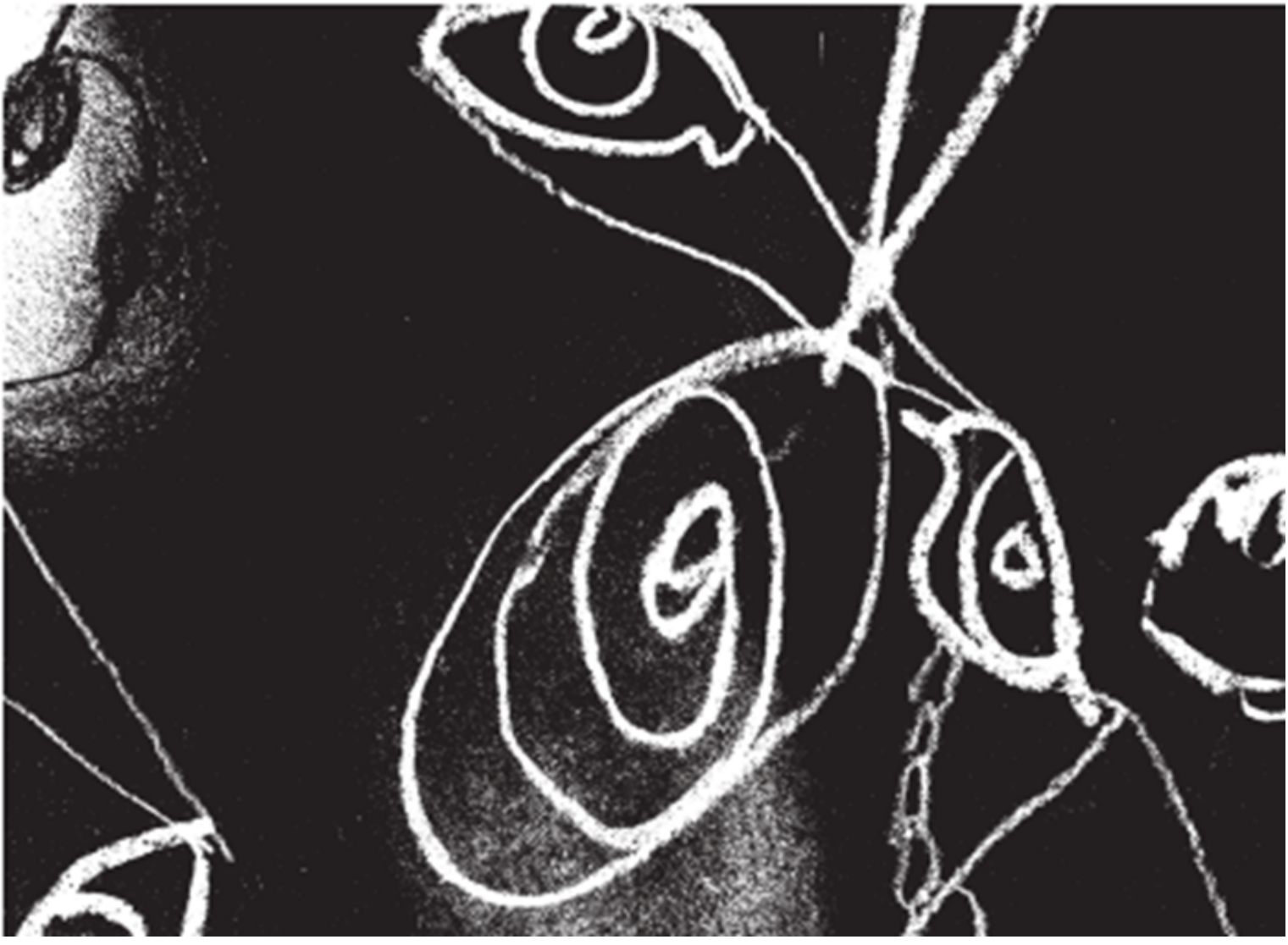
HIVQUAL Group Learning Guide

Interactive Quality Improvement Exercises for HIV Health Care Providers

New York State Department of Health AIDS Institute
Health Resources and Services Administration HIV/AIDS Bureau



HIVQUAL
Group Learning Guide

Interactive Quality Improvement Exercises for HIV Health Care Providers

Developed by the
New York Department of Health
AIDS Institute

For Health Resources and Services Administration
HIV/AIDS Bureau

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Introduction

The HIVQUAL Group Learning Guide is designed to complement the technical consultation and assistance provided by the HIVQUAL Project consultants to the Project's participants: health care organizations providing primary care services to persons with HIV. If your organization participates in the HIVQUAL Project, some of the materials in the guide may already be familiar to you. We hope you will use this guide as an additional resource for the ongoing implementation of quality improvement (QI) at your site.

If your organization has not been part of the HIVQUAL Project, we hope this guide will give you and your colleagues useful tools for making quality improvement a reality in your HIV program. We also hope that you will join us in this exciting effort to improve the quality of care for people living with HIV. The group exercises are adaptable to your quality program whether or not you participate in HIVQUAL.

This section of the guide provides the following information:

- Background on the National HIVQUAL Project
- Introduction to the HIVQUAL model, upon which this guide is based
- Overview of the HIVQUAL Group Learning Guide's structure and content

Reading the overview to the guide before proceeding with the group exercises will enable you to maximize the benefit of using this guide.

National HIVQUAL Project

The National HIVQUAL Project is sponsored by HRSA's HIV/AIDS Bureau, Division of Community-Based Programs, Ryan White Title III Program, which funds the AIDS Institute to build capacity and capability among Title III grantees to sustain quality improvement. Recently, Title IV contributed funding to support HIVQUAL among its grantees. A software program, HIVQUAL3, has been developed through this Project and is used as a tool to facilitate measurement of quality. Initially funded in 1993, the HIVQUAL Project extends the New York State Department of Health AIDS Institute model of on-site consultation to the national level. Following a successful pilot project in which improvement was demonstrated at six Pennsylvania Title-III sites in two key areas of HIV ambulatory care, the National HIVQUAL Project was launched.

The HIVQUAL model is based upon several key principles:

- the use of aggregate data to measure performance through the use of clinical indicators that are based upon clinical guidelines
- development of an organizational infrastructure to support quality improvement within the HIV Program
- the provision of QI consultation which that spefically includes:
  - quality improvement education
  - facilitated project development using multidisciplinary teams
  - promoting support and commitment throughout the organization for quality

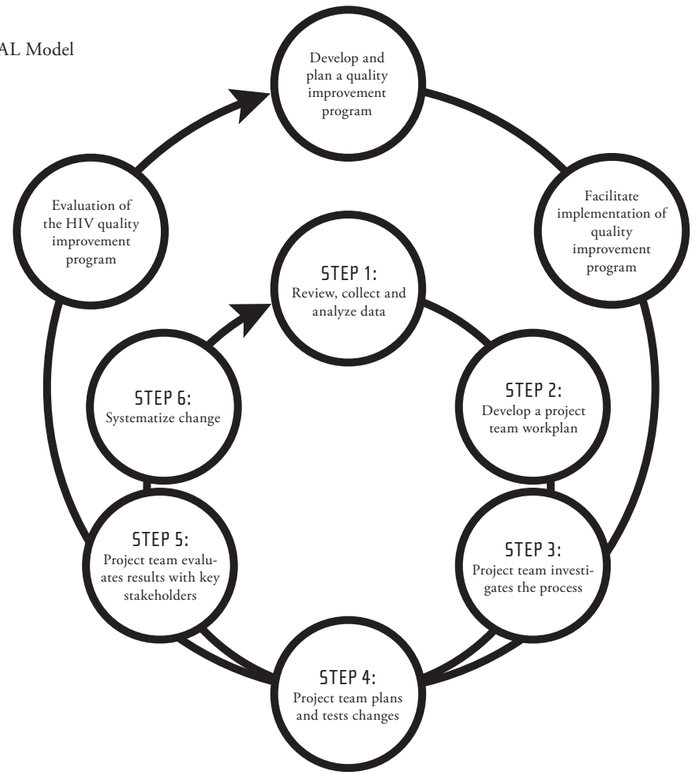
In addition to building their quality program, grantees are coached to develop specific skills in measurement, sampling, identifying opportunities for improvement and then conducting improvement projects to improve performance. Once these skills are learned, they can easily be applied to measure other indicators and to other programs in the organization.

The HIVQUAL Model

The HIVQUAL model, pictured below, was developed by the New York State Department of Health AIDS Institute in collaboration with all HIVQUAL consultants to assist health care facilities with development of their Quality Improvement programs. The model is divided into two interdependent cycles: the facility's HIV Quality Improvement Program (outer cycle) and that of the HIV program's quality improvement projects (inner cycle). A description of the steps in each cycle begins on the following page.

Note: For more detailed information about the HIV Quality Improvement Program and Improvement Project cycles, please refer to the HIVQUAL Workbook, another quality improvement resource.

Figure 1: HIVQUAL Model



HIV Quality Program

An HIV quality program requires leadership, structure, planning, and periodic evaluation to make the greatest impact. The steps in the program cycle, described below, address these areas. They are completed by the members of the facility's HIV quality committee. The quality committee organizes and facilitates all of the HIV program's quality efforts.

Develop and plan a quality improvement program

In this step, the HIV quality committee or a leadership group creates a quality statement, designs an HIV quality improvement infrastructure, identifies annual goals, and determines when and how they will evaluate the program. There is an emphasis on establishing support for the program throughout the organization, stimulating staff interest, and gaining buy-in.

Facilitate implementation of quality improvement program

Most quality improvements are achieved through a collection of improvement projects in the areas where change is needed the most. During program facilitation, the HIV quality committee helps implement the workplan by orchestrating these projects. Specifically, members establish project teams, educate the teams in QI concepts and techniques, and oversee progress. They also coach teams through project difficulties and help maintain a free flow of information among team members.

Evaluation of the HIV Quality improvement Program

The HIV quality committee periodically evaluates the effectiveness of the HIV quality improvement program infrastructure and makes changes accordingly. Members also evaluate the outcome of workplans and identify opportunities for future improvement. The HIV quality committee regularly evaluates improvements achieved by individual project teams and develops strategies to sustain improvements over time.

Together, the three steps in the program cycle are an ongoing process. Once the HIV quality committee evaluates its efforts from the previous year, it returns to the first step to develop and plan quality efforts for the upcoming year.

HIV Quality Project

At the program level, quality leaders select areas in which the facility needs to improve. The improvement activities themselves are made by quality improvement project teams. An HIV QI project is the main vehicle by which a facility makes incremental improvements to its various care elements and changes its processes and systems of care. Examples of care elements, which are measured through indicators such as antiretroviral therapy, PCP prophylaxis, and GYN exams. There are six primary steps in a project cycle, as described below.

Step 1: Review, collect and analyze data

Before improving a process, team members identify or develop performance indicators for the specific aspect of care under review, measure its current level of performance, and share results with the quality committee. This helps the team to set realistic goals and make informed improvement decisions.

As an example, consider a QI project team, which has been asked to improve the GYN exam process. The team begins by collecting data from a sample of female medical records and determines that 65% of patients received an annual pelvic exam in the previous year. After discussing the results with the HIV quality committee, they decide to investigate why the rate is lower than expected and to improve the GYN exam rate.

Note: For more detailed information about performance measurement, see the Performance Measurement Guide published by the NYSDOH AIDS Institute.

Step 2: Develop a project team workplan

The project team develops a workplan that outlines what and how work will be accomplished during the project cycle, including project goals and ground rules.

Returning to the example, the GYN improvement team sets a goal to improve the annual GYN exam rate to 80% and outlines a plan to investigate the pelvic exam process.

Step 3: Project team investigates the process

During this step, team members investigate the process by creating a chart describing sequential process steps, referred to as a flowchart. The flowchart helps reveal potential problem areas. From here, members identify and prioritize possible causes of the problem.

In the GYN example, the project team members create a flowchart to outline the GYN exam appointment process. Based on this information, the team further investigates potential causes and identifies the inconsistency of making annual pelvic exam appointments as a major root cause. In other words, providers are not alerted when the next GYN exam is due.

Step 4: Project team plans and tests changes

With the information gathered in Step 3, team members select a solution for a pilot test. A pilot test is a small-scale implementation of the solution. It is used to determine if the solution works and if it should be implemented facility-wide. During this step, the team plans for and implements the pilot test, and then measures its impact.

For the GYN improvement team, one of the proposed solutions is to identify records for GYN exam appointments directly through the HIV program's electronic medical record system rather than manually. For the pilot test, team members implement the new identification process for 2 weeks and then measure the percentage of records that were properly identified along with the number of pelvic exams.

Step 5: Project team evaluates results with key stakeholders

During Step 5, the team reviews the pilot test results with the HIV quality committee and the other staff members who have a stake in the process. Together they discuss whether the change should be implemented system-wide.

For example, the GYN improvement team members discover that 100% of the records were properly identified by the HIV program's electronic medical record system, and that the pelvic exam rate increased to 81%. They discuss their results with key stakeholders and the HIV quality committee.

Step 6: Systematize change

Finally, in Step 6, team members make the solution part of the daily work process in an effort to sustain the project-related improvements over time. They also assess the project's effectiveness against the original workplan and make plans to re-measure performance at regular intervals to monitor improvements.

In the GYN example, the team updates front desk procedures to reflect the new identification process and train all staff members. After a few weeks, members re-measure the percentage of women receiving an annual pelvic exam and hold a final meeting to discuss how to sustain gains over time.

In sum, the six steps of the project cycle help to ensure that process improvements are based on data rather than anecdote, are piloted before implemented facility-wide, and are re-measured for long-term effectiveness. The project cycle is circular in order to support ongoing quality initiatives. Once changes are systematized for one project, you are ready for the next improvement opportunity.

Both cycles of the HIVQUAL model are essential to a facility's quality strategy. Without a well-grounded program, project efforts are poorly coordinated and improvements are difficult to sustain. And without a cycle of projects, the quality program is essentially an effort in name only.

HIVQUAL Group Learning Guide Overview

The HIVQUAL Group Learning Guide provides you with an on-site training facilitation guide for some of the key concepts and tasks in the HIVQUAL model. Anyone can use the Learning Guide. It does not assume previous training experience or existing quality knowledge, nor does it require participation in the HIVQUAL Project. This section will introduce you to the different learning opportunities contained in the guide and describe how to get started with the group learning process.

Content

There are 23 different exercises in the Learning Guide, each of which corresponds with a step or group of steps in the HIVQUAL model.

Structure

Each exercise in the Learning Guide has the following components:

- **Preparation**
  The preparation section provides the exercise's training objectives, target audience, and key concepts in order to help you decide whether it is appropriate for you and your staff. A timetable and list of materials and preparation steps are also presented to help you get ready for the learning session.
- **Group Exercise Notes**
  The group exercise notes are a step-by-step guide for conducting the group learning session.
- **Participant Handouts**
  All of the handouts required for participants to complete the exercise are included in the handout section.
- **Answer Key**
  A sample response to the exercise is provided in the answer key.

Presentation Slides

If an electronic copy of the slides from the learning sessions is not included in this publication, they can be obtained in two ways; either by accessing the NYSDOH AIDS Institute web page, www.hivguidelines.org, or by calling the AIDS Institute at (212) 417-4730 so that they can be mailed to you.

Explanation of Icons

Two icons are used in each group exercise of this Group Learning Guide:

This icon refers to a document, such as case study, learning transfer worksheet, etc. that is attached to an exercise.

This icon indicates that presentation slides are available and an electronic copy can be accessed via website: www.HIVQUAL.org

Figure 2: Exercise List

HIV QUALITY PROGRAM EXERCISES	OVERVIEW
Leadership for Quality	Quiz on the roles and responsibilities of quality leaders
Quality Management Plan	Case Study on developing an HIV quality program's annual quality plan
Support for Quality Program	Case Study on building support for an HIV quality program
Facilitation of Quality Program	Case Study on facilitating one project in an HIV quality program
Sustainability of Quality Program	Quiz on the ways staff members promote sustainability in an HIV quality program
Evaluation of Quality Program	Case Study on evaluating the performance of an HIV quality program

IMPROVEMENT PROJECT EXERCISES	OVERVIEW
Constructing a Sample	Scenario on constructing a sample for data collection
Data Collection	Quiz on the data collection practices of HIV quality programs
Improvement Project Memo	Scenario on writing a problem statement and improvement goal
Team Roles	Quiz on the roles and responsibilities of QI project team members
Brainstorming	Scenario on brainstorming answers to a clinical question
Flowchart	Scenario on creating a flowchart using narrative information
Cause-and-Effect Diagram	Scenario on categorizing causes using a Cause-and-Effect Diagram
Selecting a Pilot Test	Scenario on rating and selecting a pilot test
Planning a Pilot Test	Scenario on completing a pilot test plan
Evaluating a Pilot Test	Scenario on performing a pilot test evaluation
Data Presentation	Scenario on creating a Pareto chart and Run chart based on existing project data
Systematize Improvements	Case Study on developing interventions to sustain quality improvement gains
Team Self Evaluation	Role Play on identifying team strengths and weaknesses after a QI project
Putting it All Together: An Improvement Project Cycle	Scenario on applying tools to project planning, investigation, and pilot testing

Getting Started

To begin your group learning program, choose an exercise that is most relevant to the current needs of your target audience, or simply start with the first exercise. If one exercise requires completion of another as a prerequisite, it is noted on the first page under "Key Concepts."

During your first learning session, make the Group Exercise notes your own. Write down ideas, which make the facilitation process easier and cross out sections that don't work for you. In addition, note participants' feedback to make the next session even better.

Once you have a sense of how to conduct an individual session, put together a schedule for future sessions. It is best to schedule sessions when participants are likely to have an opportunity for on-the-job application shortly after. This is when group learning sessions have the greatest impact.

Overall, approach the HIVQUAL Group Learning Guide as a journey toward quality in which you are the tour guide. You are not expected to be a quality or a training expert, but simply to facilitate group learning. Make time for training, ensure that appropriate staff members are invited, and have fun with the learning process.

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Online Resources

- New York State Department of Health AIDS Institute - www.hivqual.org
- New York State Department of Health AIDS Institute - NationalQualityCenter.org
- Agency for Healthcare Research and Quality (AHRQ) - www.ahrq.gov/qual
- HIV/AIDS Treatment Information Service - www.aidsinfo.nih.gov
- HRSA Center on Quality - www.hrsa.gov/quality
- Institute for Healthcare Improvement (IHI) - www.ihi.org
- Johns Hopkins AIDS Service - www.hopkins-aids.edu
- National Quality Measures Clearinghouse - www.qualitymeasures.ahrq.gov

Leadership for Quality: Actions Required

Participant training objectives:

- To understand the roles and responsibilities of quality leaders
- To consider how to demonstrate quality leadership on-the-job

Target audience:

QI committee members, senior leaders, and other staff involved in planning quality initiatives and facilitating quality improvement projects

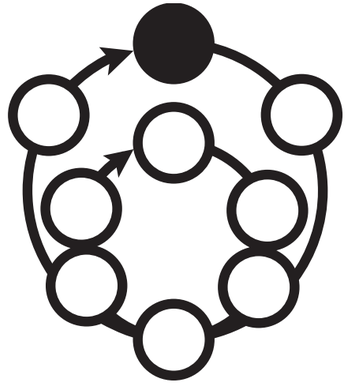
Type of exercise:

Quiz; individual and group exercise, 60 minutes

Key concepts:

To build a quality care organization, leadership is necessary for:

- Strategic planning
- Establishing a common culture
- Facilitating innovation and change



The Big Picture:

In the HIVQUAL model, leadership figures most prominently at the program level where strategic planning and project oversight take place. Leadership is broadly defined as the ability of one individual to influence others in achieving goals. In a quality organization, leaders are required to provide vision and direction and to inspire staff to work together with a common purpose.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. Group Exercise: Case Study	Facilitator	30 minutes
3. QI Background: Program Evaluation Overview	Participants	10 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Quiz
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Quiz, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Leadership for Quality: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the roles and responsibilities of quality leaders
- Have at least one idea for how to demonstrate quality leadership on-the-job

Agenda

Provide a brief description of the session's primary components:

- Group exercise on leadership opportunities in an HIV care facility
- Presentation on the three major functions of quality leadership
- Learning Transfer Worksheet to help generate practical ideas for becoming a better on-the-job quality leader

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Quiz

Group Exercise

Distribute the Quiz face down to each participant and provide directions for completing the quiz:

- Complete the quiz individually. (10 minutes)
- Review the quiz as a team and reach consensus on each answer. (10 minutes)

Call time after the first 10-minute interval and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 10-minute interval. Read each question out loud and alternate between teams for a response. If a team's response differs from yours, ask for the members' rationale. Then provide the rationale given in the answer key, keeping in mind that the ultimate goal is to discuss leadership, not to defend any particular response.

Use the questions to engage participants in a discussion. Be aware that more than one answer could be right, reflecting the gray realities of daily life.

Distribute a copy of the slides to each participant for note taking and/or future reference.

Quality Improvement Background

Introduce the three major leadership functions:

- Strategic planning
- Establishing a common culture
- Facilitating innovation and change

Strategic planning. Explain that through strategic planning, quality leaders are able to:

- Prioritize quality goals and projects so that the most critical areas are addressed first and are consistent with the HIV program's broader strategic goals
- Allocate resources, such as staff time or special equipment, to help ensure that goals are reached

Establishing a common culture. Explain that your facility's work culture consists of staff members' shared habits and beliefs. When a culture values quality, its leaders promote:

- Frequent opportunities to learn about quality
- Staff involvement
- Open communication
- Systems of reward and recognition

Facilitating innovation and change. State that quality leaders facilitate innovation and change by:

- Interacting with quality improvement teams to monitor progress and provide encouragement
- Removing barriers to change such as resource mismanagement or organizational "red tape"

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to become a better quality leader.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the roles and responsibilities of quality leaders
- To have at least one idea for how to demonstrating quality leadership on-the-job

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Leadership for Quality: Quiz

Instructions:

Circle the answer that represents the most appropriate response for a quality leader in your facility.

1) It is Monday morning and you see on your schedule that two meetings are scheduled at the same time. You have to make a decision between a meeting with the hospital CEO for a routine meeting, and the quality committee to set annual goals for the HIV quality program. You decide to attend the quality committee meeting because
   a) you have not attended the quality committee in a while.
   b) you need more time to prepare for the meeting with the CEO.
   c) the quality committee sets strategic goals for the next year.

2) You receive the report from the HIV program's quality committee about recent HIVQUAL results: PPD 95%, GYN 85%, and Substance Use 55%. You decide to continue to measure
   a) only Substance Use.
   b) GYN and Substance Use.
   c) all three indicators.

3) You visit a QI team that is charged with improving the PPD score. You sit in the background and listen to the members who discuss several solutions but they do not seem to reach a consensus even after 30 minutes of discussion. What do you do?
   a) step in and make a decision for the group.
   b) leave them alone and give them more time to sort things out.
   c) get actively involved and take over the role of the team's leader.

4) For the upcoming 10-year anniversary of the clinic, you and the CEO of the hospital will talk in front of all staff. In an e-mail to the CEO you mention that the importance of quality should be emphasized. Who should talk about quality?
   a) CEO.
   b) you.
   c) both.

5) A serious case of a medication error has occurred. You have asked the quality committee to investigate the incident. After two weeks you have not heard back from the committee. Another incident occurs. You decide to
   a) ask the committee to speed up the investigation.
   b) participate in the team process.
   c) take over this issue and investigate the medication errors with the Medical Director.

6) In the elevator you listen to new staff members who are complaining that they have to participate in a Quality Improvement (QI) team and that nobody has ever explained to them what QI really is. The same day you

   a) reprimand the new staff members.
   b) reprimand the clinic manager who provided the orientation for new staff.
   c) schedule a two-hour training about quality improvement for all staff for the next month.

7) A new quality team has been formed to address the issue of GYN exams. After several meetings the team reports back to you with the following requests to increase the rate of GYN exams: create two new full-time positions, expand the clinic, and buy an electronic medical record system to track the GYN rate. In cooperation with the team you decide to

   a) start negotiations with the team about the three solutions.
   b) dissolve the team entirely.
   c) refocus the team and re-define constraints.

8) You are the leader of a project team formed to devise a system for monitoring patient complaints. Currently, when patients complain, it is usually handled at the front desk. No notes are taken and typically nobody remembers what the issue was. Your team implements a pilot for written documentation of all complaints at the front desk. Who should review these complaints?

   a) front staff.
   b) clinic manager.
   c) you.

9) Who should be in charge of developing a QI workplan consisting of key, quantifiable milestones that must be reached for success?

   a) senior leaders.
   b) medical director.
   c) clinic manager.

10) A facility leader meets biweekly with the representative of a QI project team to discuss the members' progress. Particularly, the leader devotes time to

   a) reminding the team about their constraints.
   b) discussing obstacles that have come up.
   c) encouraging the team to do more work.

11) Your clinic receives several quality journals. In order to spread innovative ideas, you

   a) send out reminders whenever the journals come in.
   b) put the journals in the lunch area for every body to read.
   c) make copies of appropriate articles and send them to all staff members.

12) A group of doctors, nurses, and case managers was asked to provide solutions for improving patient adherence to HIV medications. Data and research materials were provided and discussed. After several weeks the group gives you the following recommendations: 'We need more basic research in the field of adherence to start a QI initiative.' You decide to

   a) allocate resources to conduct a broad science project about adherence.
   b) refocus the group and ask 'What can we do tomorrow to improve the adherence in our clinic?'
   c) dismiss the idea and drop the issue.

Leadership for Quality: Learning Transfer Worksheet

Instructions:

Assess your actions as leader in your facility's HIV program. Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
STRATEGIC PLANNING • Prioritization • Resource allocation		
ESTABLISHING A COMMON CULTURE • Education • Staff involvement • Communication • Recognition		
FACILITATING INNOVATION AND CHANGE • Interaction with teams • Removal of barriers		

Leadership for Quality: Answers

Instructions:

Circle the answer that represents the most appropriate response for a quality leader in your facility.

1) It is Monday morning and you see on your schedule that two meetings are scheduled at the same time. You have to make a decision between a meeting with the hospital CEO for a routine meeting, and the quality committee to set annual goals for the HIV quality program. You decide to attend the quality committee meeting because

   a) you have not attended the quality committee in a while.
   b) you need more time to prepare for the meeting with the CEO.
   ✓ c) the quality committee sets strategic goals for the next year.

Rationale:

Since strategic planning is a major function of quality leadership, it is important for the leader to actively participate in establishing the facility's annual quality goals.

2) You receive the report from the HIV program's quality committee about recent HIVQUAL results: PPD 95%, GYN 85%, and Substance Use 55%. You decide to continue to measure

   a) only Substance Use.
   b) GYN and Substance Use.
   ✓ c) all three indicators.

Rationale:

Quality leaders should continue to monitor all indicators to be aware of changes and trends but should focus frequent measurement efforts on indicators that show greatest need for improvement (Substance Use and GYN.)

3) You visit a QI team that is charged with improving the PPD score. You sit in the background and listen to the members who discuss several solutions but they do not seem to reach a consensus even after 30 minutes of discussion. What do you do?

   a) step in and make a decision for the group.
   ✓ b) leave them alone and give them more time to sort things out.
   c) get actively involved and take over the role of the team's leader.

Rationale:

Part of being a good leader is not stifling the team process, particularly the sometimes lengthy process of finding solutions to a problem.

4) For the upcoming 10-year anniversary of the clinic, you and the CEO of the hospital will talk in front of all staff. In an e-mail to the CEO you mention that the importance of quality should be emphasized. Who should talk about quality?

   a) CEO.
   b) you.
✓ c) both.

Rationale:

All leaders involved in a quality project should also be involved in communicating its importance.

5) A serious case of a medication error has occurred. You have asked the quality committee to investigate the incident. After two weeks you have not heard back from the committee. Another incident occurs. You decide to

   a) ask the committee to speed up the investigation.
   b) participate in the team process.
✓ c) take over this issue and investigate the medication errors with the Medical Director.

Rationale:

Part of being a good leader is knowing when to step in and take control of a situation. A medication error always warrants immediate intervention to prevent further harm to patients.

6) In the elevator you listen to new staff members who are complaining that they have to participate in a Quality Improvement (QI) team and that nobody has ever explained to them what QI really is. The same day you

   a) reprimand the new staff members.
   b) reprimand the clinic manager who provided the orientation for new staff.
✓ c) schedule a two-hour training about quality improvement for all staff for the next month.

Rationale:

A primary function of quality leadership is to provide frequent opportunities for staff to learn about quality. And, more generally, QI leaders should address system issues and not necessarily target individual cases for reprimand.

7) A new quality team has been formed to address the issue of GYN exams. After several meetings the team reports back to you with the following requests to increase the rate of GYN exams: create two new full-time positions, expand the clinic, and buy an electronic medical record system to track the GYN rate. In cooperation with the team you decide to

   a) start negotiations with the team about the three solutions.
   b) dissolve the team entirely.
✓ c) refocus the team and re-define constraints.

Rationale:

Since the quality team is only in the early stages of addressing GYN care, it is most appropriate for the leader to step in and provide perspective on the project's resource limitations before continuing.

8) You are the leader of a project team formed to devise a system for monitoring patient complaints. Currently, when patients complain, it is usually handled at the front desk. No notes are taken and typically nobody remembers what the issue was. Your team implements a pilot for written documentation of all complaints at the front desk. Who should review these complaints?

   a) front staff.
   b) clinic manager.
✓ c) you.

Rationale:

A quality leader who implements a particular project should continue to own the project until its goals are met and/or new responsibilities are transferred to staff. Also, a quality leader will use this system to hear directly from patients.

9) Who should be in charge of developing a QI workplan consisting of key, quantifiable milestones that must be reached for success?

✓ a) senior leaders.
   b) medical director.
   c) clinic manager.

Rationale:

During strategic planning, senior leaders—who typically include the medical director and clinic manager—should identify measurable events against to monitor progress.

10) A facility leader meets biweekly with the representative of a QI project team to discuss the members' progress. Particularly, the leader devotes time to

   a) reminding the team about their constraints.
✓ b) discussing obstacles that have come up.
   c) encouraging the team to do more work.

Rationale:

Quality leaders facilitate innovation and change by helping to remove barriers to change.

11) Your clinic receives several quality journals. In order to spread innovative ideas, you

a) send out reminders whenever the journals come in.

b) put the journals in the lunch area for everybody to read.

✓ c) make copies of appropriate articles and send them to all staff members.

Rationale:

Part of leaders' responsibility to educate staff about quality is to make the learning process as efficient and convenient as possible.

12) A group of doctors, nurses, and case managers was asked to provide solutions for improving patient adherence to HIV medications. Data and research materials were provided and discussed. After several weeks the group gives you the following recommendations: 'We need more basic research in the field of adherence to start a QI initiative.' You decide to

a) allocate resources to conduct a broad science project about adherence.

✓ b) refocus the group and ask 'What can we do tomorrow to improve the adherence in our clinic?'

c) dismiss the idea and drop the issue.

Rationale:

Most QI projects are short-term observational studies designed to improve one aspect of a clinic's quality, as opposed to research studies, which are usually long-term and require more resources.

Quality Management Plan

Participant training objectives:

- To understand the purpose and primary elements of a quality management plan
- To consider how to develop key elements of your HIV program's quality management plan

Target audience:

Quality committee members, HIV program leaders, and other staff involved in planning the program's annual quality initiatives

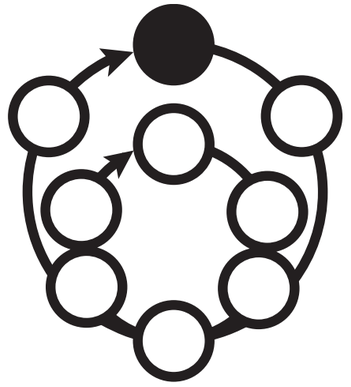
Type of exercise:

Case study; group exercise, 65 minutes

Key concepts:

The primary elements of a quality management plan include:

- Quality statement
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement
- Evaluation



The Big Picture:

Quality improvement planning occurs at the beginning of the model's program cycle when HIV program leaders prioritize quality improvement goals and projects for the year and establish accountability for quality performance at all levels of the organization. The quality management plan documents how the HIV quality program is structured and what its members hope to accomplish in the coming year. It becomes the foundation for improvement efforts at the project level.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Elements of a Quality Management Plan	Facilitator	10 minutes
3. Group Exercise: Case Study	Participants	35 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		65 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Case Study
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Case Study, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square
- Make sure you have plenty of flipchart paper and a marker.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Quality Management Plan: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the purpose and primary elements of a quality management plan
- Have at least one idea for how to better define the HIV program's quality management plan

Agenda

Provide a brief description of the session's primary components:

- Presentation of the key elements in a quality management plan
- Group exercise on how to develop a quality plan for the first time
- Learning transfer worksheet to generate practical ideas for developing the quality management plan

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that a quality management plan is a blueprint for the HIV program's yearly quality initiatives.

Introduce the primary elements of a quality management plan:

- Quality statement
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement
- Evaluation

Quality statement. Explain that the statement describes the purpose of the HIV quality program (e.g. "To provide state-of-the-art HIV quality of care to HIV+ adolescents in the Albany, NY area.") The quality statement is the end toward which all other program activities are directed.

Quality improvement infrastructure. Explain that the quality improvement infrastructure indicates how the program is staffed and structured in order to get work done. The QM plan should include the following information about quality improvement infrastructure:

- Leadership—Who is ultimately responsible for the HIV program's quality initiatives? Typically, a quality committee, authorized by the facility's Board of Trustees, is responsible for the HIV quality program. A quality committee plans and oversees all quality activities at the facility, particularly the quality improvement projects

completed by individual project teams. Leadership also reports back to the appropriate internal and external quality committees.

- Membership—Who will participate in the program's quality committee? The most effective quality committees include a multidisciplinary representation from all professional backgrounds within the HIV program. Membership may be extended to other department or hospital representatives, if desired.
- Meeting structure—When will the quality committee meet to plan and assess progress? Most quality committees meet 6-10 times per year to review and facilitate ongoing quality activities, as well as to evaluate the HIV quality program and plan future activities.

Annual quality goals. Explain that the true work of an HIV quality program is completed during individual quality improvement projects. The quality management plan should include the following information about its yearly projects:

- Annual quality goals—endpoints or conditions toward which the facility will direct its efforts and available resources during project work (e.g. "85% adherence to antiretroviral therapy" or "To reduce patient 'no-shows' by 15%.")
- Quality improvement teams—groups designated to implement quality improvement projects. Most QI teams consist of 4-8 staff members who represent the areas that impact, or are impacted by, the process in question.
- Performance measurement—quality of care indicators measured to help the facility assess where it is and where it would like to go (e.g. GYN exams, CD4 count, PPD screening)

Staff involvement. Explain that all staff members should be informed of the facility's ongoing quality initiatives, as well as educated in general quality concepts and skills. The quality management plan should include the following information about staff participation:

- Communication—how the facility shares information about its quality activities and project results. Options include meeting minutes, staff meetings, newsletters, and reports to internal/external committees and to consumers.
- Education—how the facility provides staff training and learning opportunities. Options include quality manuals, formal training sessions, or group learning sessions about quality.

Evaluation. Explain that the quality plan should outline how the program will evaluate its performance, specifically:

- Quality projects conducted during the plan year—the projects should be a worthwhile investment in the facility's quality of care and result in improvements that are sustainable over time.
- Effectiveness of the quality management plan—the plan should provide the vision and organization required for QI teams to complete quality initiatives.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Case Study

Group Exercise

Distribute the case study to each participant and provide directions for completing the exercise:

- Read the case study individually. (5 minutes)
- Review the quality plan as a team and reach consensus on what additional information should be included. Each group should write its response on the flipchart paper. (20 minutes)

Call time after the first 5-minute interval and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 20-minute interval. Select a team to display its responses in front of the group and ask for a volunteer to review them aloud. After one team completes its answer, ask other teams if they have anything new to add. At the end, add any points from the answer key that the teams have not addressed.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one ormore things they could do in the next month to better define the facility's quality management plan.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the purpose and primary elements of a quality management plan.
- To have at least one idea for how to better define the facility's quality management plan during the next month.

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Quality Management Plan: Case Study

Instructions:

Evaluate the completeness of the Campus Care Center's quality management plan based on the background information provided. Keep in mind that the plan should address the program's statement, infrastructure, goals, staff involvement, and evaluation. Write any missing information as it should appear in the quality plan and indicate the related section.

Background

The Campus Care Center, part of an academic hospital, is located on a large university campus. With over 250 HIV+ adults cared for in a new outpatient clinic, the facility has 12 staff members:

- 3 medical providers.
- 2 nurses.
- 2 case managers.
- 1 nutritionist.
- 1 peer counselor.
- 3 support staff.

Recently, the Campus Care Center received Ryan White Title III funding. In response, the facility's Medical Director made the following remarks:

"Being a new recipient of Title III, we're aware that we should build a quality program. Currently, we don't have any real structure in place, although we do discuss individual cases when they come up during our weekly case conferences. I'd like to create a quality committee to plan and implement more structured quality initiatives.

Officially, we're linked with the academic hospital's quality program; in fact, I think we're mentioned in its statement to 'assure the best quality of care to our clients.' Unfortunately, we don't have many opportunities to interact with hospital staff regarding quality improvement. And to my knowledge, our staff doesn't have a lot of practical knowledge about quality, like to how to use quality tools or work on quality improvement projects."

The Medical Director subsequently scheduled a half-day meeting to develop a quality management plan and asked a team of staff members to collect baseline data for 7 quality of care indicators, in preparation. The team reported the following results:

- GYN exam: 77%
- Viral load done within past 6 months: 91%
- PPD placed and read: 56%
- CD4 count done within past 6 months: 91%
- PCP prophylaxis for eligible patients: 95%
- HAART for eligible patients: 81%
- MAC prophylaxis for eligible patients: 100%

Based on this information and additional discussion during the meeting, the team developed the first draft of the facility's quality management plan.

Quality Management Plan, Draft 1

The Campus Care Center is a Ryan White Title III funded clinic serving over 250 HIV+ adults. Our professional staff is available to provide health promotion education, counseling, and primary acute and chronic care to patients on the university campus and in the broader campus community.

Infrastructure

The overall responsibility and leadership for the HIV quality program lies with the Medical Director who authorizes the quality committee to plan, assess, measure, and implement performance improvements throughout the entire clinic.

Annual Quality Goals

The project goals listed below are based on the quality statement and baseline performance data:

- To involve staff in a variety of quality improvement activities.
- To educate staff about quality improvement methodologies.

A quality improvement team is defined as an interdisciplinary and, if indicated, interdepartmental group formed by the quality committee. The activities of QI teams can focus on patient care, internal customers (patients, staff members), or administrative issues. At the beginning of each project, the QI team elects a team leader and facilitator to define specific goal and problem statements. The team keeps minutes and communicates routinely to the quality committee.

Staff Involvement

Minutes of all quality committee meetings will be distributed to all committee members and to all necessary hospital-wide quality committees. Reports of the Campus Care Center's quality activities will be shared with all staff within one week of presentation to the QI Committee.

What's Missing?

First, identify any primary element that is missing in the presented Quality Management Plan. Second, write the missing information as it should appear in the quality plan and indicate the related section. Copy your team's response on flipchart paper.

Quality Management Plan: Learning Transfer Worksheet

Instructions:

Assess your actions as leader in your facility's HIV program.

Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
QUALITY STATEMENT		
QI INFRASTRUCTURE • Leadership • Membership • Meeting structure		
ANNUAL QUALITY GOALS • Annual goals • QI teams • Performance measurement		
STAFF INVOLVEMENT • Communication • Education		
EVALUATION • Quality projects • QI plan		

Quality Management Plan: Answer Key

The sample response does not describe how the facility should or would create a more detailed quality management plan, but rather one way that the plan could more fully address each element of the plan.

Quality Statement

"The HIV quality program is based on the commitment of the Campus Care Center, and the hospital at large, to assure the best quality of care to our clients. We aspire to provide the highest quality of care to the communities infected and affected by HIV, and to continuously improve the quality of care."

Infrastructure

Membership: "The membership of the quality committee reflects the diversity of disciplines within the Campus Care Center associated with the processes being monitored. The members of the committee include the Medical Director (chairperson), 1 medical provider, 1 nurse, 1 case manger, 1 peer counselor, and 1 support staff member. The chairperson will report back to the overall committee responsible for hospital-wide quality activities. Membership will be approved by the Medical Director."

Meeting structure: "The Quality Committee should have at least 10 scheduled meetings per year, tentatively planned for the second Wednesday of each month from 8:30-10:30 a.m. The meeting schedule must be coordinated and approved by committee members. Additional meetings may be called as needed."

Annual Quality Goals

Goal: "To initiate a QI project team in order to improve the GYN rate to 90% or above."

Goal: "To initiate a QI project team in order to improve the PPD rate to 75% or above."

Performance Measurement: "We will measure the following quality of care indicators on an annual basis: GYN, PPD, PCP, MAC, Viral load, CD4, and HAART."

Staff Involvement

Education: "Based on the belief that staff should be actively involved in the HIV quality program and its activities, all current and new staff members will receive the hospital's quality manual of QI methodologies and review key chapters during biweekly staff meetings. In addition, staff will be provided with a 2-hour training session about quality improvement principles and will receive the hospital's quarterly newsletter on quality tools and techniques. All new staff members will receive quality training."

Evaluation

"At the end of the year, the quality management plan will be evaluated and all QI projects will be assessed against goals."

Support for Quality Program

Participant training objectives:

- To understand the importance of organizational support to an HIV quality program
- To become familiar with a basic methodology for establishing program support
- To consider how to build program support on-the-job

Target audience:

QI committee members, HIV senior leaders, and other staff involved in planning and developing the HIV program's quality management program

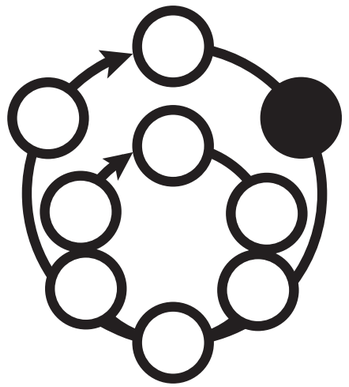
Type of exercise:

Case study; group exercise, 65 minutes

Key concepts:

A basic methodology for developing QI program support includes the following steps:

- Convey the importance of QI
- Organize educational activities to promote quality
- Recognize staff for their QI efforts
- Institutionalize quality improvements
- Demonstrate program successes
- Commit resources to the HIV quality program



The Big Picture:

Establishing program support is most relevant during the initial development stages of the HIV quality program. Similar to any health care initiative, a quality management program is most fragile at the beginning when upper management and the facility at large may not be fully committed to the program's agenda and goals.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Program Support Methodology	Facilitator	10 minutes
3. Group Exercise: Case Study	Participants	35 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		65 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Case Study
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure andcontent:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Case Study, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, transfer the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square, if possible.
- Tear off flipchart paper and make sure you have enough markers for the group(s) to use during the exercise.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Support for Quality Program: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the importance of organizational support to an HIV quality program
- Be familiar with a basic methodology for establishing program support
- Have at least one idea for how to build support for the facility's HIV quality program

Agenda

Provide a brief description of the session's primary components:

- Presentation of a methodology for establishing program support
- Group exercise on how to build support for an HIV quality program
- Learning Transfer Worksheet to help generate practical ideas for building program support on-the-job

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Explain that the methodology consists of 6 steps for developing QI program support. The underlying aim of each step is to make the program's relevance to improving patient care, and the facility's overall quality of care, clear and visible throughout the organization.

Convey the importance of QI. Once major opportunities for quality improvement in patient care are identified, call them to everyone's attention at your facility:

- At every opportunity, stress the importance of quality to staff.
- Display quality activities to staff and patients.

Organize educational activities to promote quality. Use educational techniques such as workshops, guest speakers, etc. to get the word out about the HIV quality program and its benefits to patients and staff members. For example, organize an annual workshop for staff members about quality and specific quality activities at your facility.

Recognize staff for their QI efforts. Plan for visible improvements in patient care delivery and recognize the staff members involved in achieving them. These staff members can champion future quality initiatives in your HIV program.

- Routinely award staff for their quality successes.
- Arrange for staff members to discuss their HIV quality program at external organizations and with other HIV programs.

Institutionalize quality improvement. Integrate the quality program and all its activities into the daily routine of your clinic and create an internal culture around quality:

- Include quality in everybody's job description.
- Involve most, if not all, staff members in your quality committee and team activities.

Demonstrate program successes. Publicize quality gains within your organization and to a larger audience to increase credibility and broaden support:

- Publish articles about your successes in local newsletters and recognized journals.
- Present your successes to other HIV programs and conferences.

Commit resources for HIV quality program. Routinely assess and commit resources needed for the HIV quality program and its improvement activities. Resources could include staff time for pilot tests, or space for meetings.

- Make staff time available for pilot tests and meetings.
- Provide space and supplies for team meetings.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Case Study

Group Exercise

Distribute the case study to each participant and provide directions for completing the exercise:

- Read the case study individually. (5 minutes)
- As a group, create a strategy to help the center build support for its HIV quality program based upon the 6-step methodology, and write the strategy's main points on flipchart paper. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and ask one representative from each team to summarize the group's strategy. At the end, add any points from the answer key that the teams have not addressed.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to help build support for the facility's HIV quality program.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the importance of organizational support to an HIV quality program.
- To be familiar with basic methodology for establishing program support.
- To have at least one idea for how to build support for the facility's HIV quality program.

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Support for Quality Program: Case Study

Instructions:

Read the case study and, using the form provided, develop a strategy for how the Main Street Health Center could build support for its HIV quality program. Outline your team's basic strategy on flipchart paper.

Background

The Main Street Health Center is a mid-sized Section 330 grant-funded community health center located in a busy urban area. The center offers a wide variety of primary care and specialty services.

The Infectious Disease Clinic has daily sessions for HIV patients and has 11 staff members:

- Medical Director (Ellen Fazio, M.D.)
- Administrator, also a nurse by training (Jen Smith)
- Clerk who handles scheduling and patient registration (Sandy Cutler)
- 3 case managers
- 3 physicians
- 2 nurses

Irene Ma, M.D., is the center's medical director, while Ed Curtis serves as administrator.

History of Quality Management Program

The Main Street Health Center has an existing Quality Management Program to which the Infectious Disease Clinic occasionally submits statistics. Ellen Fazio, Medical Director of the Infectious Disease Unit, started a separate HIV quality program two years ago, but the program has been only tangentially involved with the facility's Quality Management Program—once the statistics are submitted, there is no additional contact.

Recently, the HIV quality program decided to participate in the HIVQUAL project and collected performance data for 2005. Dr. Fazio, the HIV medical director, is very excited about the data but hasn't been able to get anybody else to take notice, including the center's leadership (Medical Director Irene Ma and Administrator Ed Curtis) as well as the other clinical staff in the HIV program.

Administrator Jen Smith would really like to try a QI project, but she's worried she can't make the staff time available.

List concrete tasks which would help the Main Street Health Center achieve each of the 6 strategic aims.

Convey the importance of QI to external agents:

Institutionalize quality improvements:

Organize educational activities to promote quality:

Demonstrate program successes:

Recognize staff for their QI efforts:

Commit resources for HIV quality program:

Support for Quality Program: Learning Transfer Worksheet

Instructions:

Assess your actions in establishing support for your HIV program. Using the information from today's session, complete the grid below and briefly describe your program's strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
CONVEYING IMPORTANCE OF QI		
ORGANIZING EDUCATIONAL ACTIVITIES		
RECOGNIZING STAFF		
INSTITUTIONALIZING QUALITY IMPROVEMENTS		
DEMONSTRATING PROGRAM SUCCESS		
COMMITTING RESOURCES		

Support for Quality Program: Answer Key

The sample response provides a strategic approach to each of the 6 steps in the support methodology. It does not describe how the facility should or would build program support, but rather one way the methodology could be applied.

Convey the importance of QI to external agents:

- Summarize and publish existing improvement opportunities based on the Infectious Disease Clinic's statistics.
- Invite key leaders to an HIV quality program meeting.
- Explain why it was necessary to start a separate HIV quality program to the center's leadership.
- Create a quality "story board" in the waiting room, visible to both patients and staff.

Organize educational activities to promote quality:

- Ask Dr. Fazio and Dr. Ma to jointly address the importance of quality at the next staff meeting.
- Organize "brown bag lunch" training sessions on the benefits of quality improvement for patients and staff.
- Clarify the roles and responsibilities of the Quality Management Program versus the HIV quality program.
- Create and distribute a quarterly newsletter about quality.
- Copy relevant quality articles from medical journals and distribute them to staff.

Recognize staff for their QI efforts:

- Publish quality project outcomes in the quarterly HIV newsletter.
- Use the waiting room bulletin board to feature one CQI team's quality efforts.
- During annual picnic, thank staff members for their efforts in recent quality activities.

Institutionalize quality improvements:

- Include language in all job descriptions to make quality part of their jobs.
- Share "best practices" between the Quality Management Program and the HIV quality program.

Demonstrate program successes:

- Publicize the program's success stories in the facility's internal publications and/or at an all-staff meeting.
- Collect performance data showing annual time/money saved due to QI efforts and create a brochure depicting positive trends.

Commit resources for HIV quality program:

- Make staff time available for quality committee meetings and quality improvement projects.
- Apply for additional funding for a data person.
- Block out additional time for staff who are participating in QI teams.

Facilitation of Quality Program

Participant training objectives:

- To understand the primary responsibilities of facilitating an HIV quality program
- To consider how to help facilitate an HIV quality program on-the-job

Target audience:

Quality Improvement committee members, senior HIV leaders, and other staff involved in implementing quality initiatives at the program level

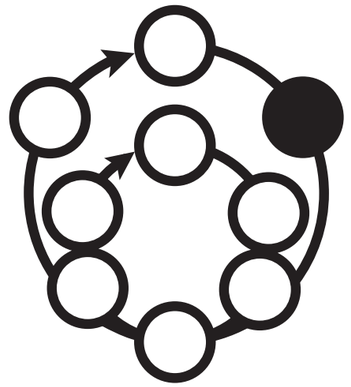
Type of exercise:

Case study; group exercise, 65 minutes

Key concepts:

In facilitating an HIV quality program, a quality committee's primary responsibilities are to:

- Set framework and expectations
- Provide leadership and support
- Supply resources
- Establish open communications



The Big Picture:

Program facilitation relates to the quality program's implementation phase and is typically the responsibility of the HIV program's quality committee. Committee members help make them a reality. This involves developing action plans, coaching project teams, and overseeing progress. It does not, however, involve day-to-day project involvement unless intervention becomes necessary.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. Group Exercise: Case Study	Facilitator	30 minutes
3. QI Background: Responsibilities of Program Facilitation	Participants	10 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Case Study
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Case Study, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Make sure you have plenty of flipchart paper and a marker.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Facilitation of Quality Program: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the primary responsibilities of HIV quality program facilitation
- Have at least one idea for how to help facilitate the HIV quality program

Agenda

Provide a brief description of the session's primary components:

- Group exercise on how to facilitate one project in an HIV quality program
- Presentation of the primary responsibilities of program facilitation
- Learning Transfer Worksheet to help generate practical ideas for improving program facilitation on-the-job

Getting Started

Divide the participants into teams of roughly equal size, 4-5 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Case Study

Group Exercise

Distribute the case study to each participant and provide directions for completing the exercise:

- Read the case study individually. (5 minutes)
- Review the questions as a team and reach consensus on each answer. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time after the 20-minute interval. Read the first question out loud and select a team to provide their response. Write the answer on the flipchart so that everyone can see it. After one team completes its answer, ask other teams if they have anything new to add and write additional responses on the flipchart. Repeat the process for the remaining questions.

At the end, add any points from the answer key that the teams have not addressed.

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Introduce the primary responsibilities of program facilitation:

- Setting framework and expectations
- Providing leadership and support
- Supplying resources
- Establishing open communication

Setting framework and expectations. Explain that in order to help guide team members' development of a detailed Improvement Project Memo, the quality committee should provide specific guidance:

- Instructions regarding the scope of the problem and goal expectations
- Assignment of team leader and core team members
- Project length
- Project deliverables (e.g. final report or team workplans)
- Constraints and limitations

Providing leadership and support. State that throughout the project cycle, the quality committee will remain available to:

- Coach teams on the development of indicators and performance measures
- Oversee progress and provide feedback to project teams

Supplying resources. Explain that staff members must have access to adequate resources for the quality committee's program plan to succeed. Resources include:

- Time
- Meeting space
- Educational tools

Establishing open communication. Help teams develop communication mechanisms to routinely report their progress and explain that the success of a team relies, in part, upon open communication between:

- Quality committee and project team
- Project team and rest of staff
- Separate project teams

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to help facilitate the HIV quality program.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the primary responsibilities of HIV quality program facilitation
- To have at least one idea for how to help facilitate the HIV quality program

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Facilitation of Quality Program: Case Study

Instructions:

Read the case study and answer the questions that follow regarding how to facilitate one quality improvement project in the program's annual quality plan.

Background

A case management program located in an urban area has an active caseload of about 120 clients. The program team consists of:

- Program director
- 3 case managers
- 3 case manager technicians
- 3 community follow-up workers

Medical care to most clients is provided by one of 5 doctors at a local HIV clinic, located within walking distance of the case management program facility.

Project History

John Geddes, newly appointed director of the case management program, recently initiated a client satisfaction survey to assess patients' opinions regarding patient care. While clients were generally satisfied with the clinic's services, John was surprised to discover that many clients reported difficulty in keeping their medical appointments at the HIV clinic. After a review of patient medical records, he calculated that the clinic had a 39% show rate in the previous year.

During a meeting scheduled to discuss the issue, several staff members expressed frustration with the lack of communication between the clinic and the case management program. While the clinic has an automated medical record system, the only way to confirm that a patient has seen a doctor is to call the clinic directly. Up until now, case managers have been forced to rely on client self reporting for appointment information. And there is no routine medical case conference to discuss clients with low adherence to medical appointments.

John subsequently met with the clinic's medical director, Dr. Thalia Lockhart, to gather additional information. Thalia reported that the clinic's Monday open-care session, during which clients without appointments are guaranteed to be seen by a doctor, is poorly attended and may be pulled from the schedule.

Questions

Assume the role of quality committee member and answer the questions below based on information provided in the case study.

1. Who should be the team leader for this improvement project? Who would you assign as team members?

2. In general terms, what would you like the team to accomplish by the end of the adherence improvement project?

3. What is the project's timeframe? (List the project's main tasks and the time required to complete them.)

4. What resources should be made available to the project team?

5. How will you provide leadership and support to the team both before and during the project?

6. How will you maintain open communication throughout the project?

7. How, when, and to whom do you expect the team to provide status reports?

Facilitation of Quality Program: Learning Transfer Worksheet

Instructions:

Assess your actions in facilitating your HIV quality program. Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
SETTING EXPECTATIONS • Scope and goal • Team assignments • Project length • Project deliverables • Constraints and limitations		
PROVIDING LEADERSHIP AND SUPPORT • Team coaching • Project oversight and feedback		
SUPPLYING RESOURCES • Time • Meeting space • Educational tools		
ESTABLISHING OPEN COMMUNICATION • Quality committee/project team • Project team/staff • Separate project teams		

Facilitation of Quality Program: Answer Key

The sample responses do not describe how a quality committee should or would approach the responsibilities of program facilitation, but rather one way that the responsibilities could be fulfilled.

1. Who should be the team leader for this improvement project? Who would you assign as team members?
   - Team leader: John Geddes
   - Team members:
     - Thalia Lockhart
     - 1 case manager technician
     - 1 community follow-up worker
     - 1 secretary

2. In general terms, what would you like the team to accomplish by the end of the adherence improvement project?

   To produce a final report which:
   - More clearly defines the problem of appointment adherence
   - Outlines potential causes of the problem.
   - Describes improvement effort(s) and outcome(s)
   - Prioritizes next steps in the appointment adherence improvement effort

3. What is the project's timeframe?

   35 business days:
   - Initial meeting and project plan development: 3 days
   - Data collection and analysis: 5 days
   - Quality improvement planning: 10 days
   - Quality improvement implementation: 10 days
   - Quality improvement assessment: 3 days
   - Final report: 4 days

4. What resources should be made available to the project team?
   - Initial quality improvement training
   - Time for participating providers' weekly meeting (1 hour/week should be blocked for team meetings)
   - Meeting room

5. How will you provide leadership and support to the team both before and during the project?
   - Clearly define project expectations
   - Secure additional resources, if needed
   - Advance the team's cause with the HIV clinic and leadership

6. How will you maintain open communication throughout the project?
   - Schedule routine updates at upcoming quality committee meeting
   - Correspond with Thalia Lockhart from the HIV clinic to help strengthen the program's relationship with the clinic
   - Require team status reports
   - Arrange meeting for case conferences with the clinic
   - Have open door policy with team if problems or questions arise

7. How, when, and to whom do you expect the team to provide status reports?
   - Provide weekly status report to quality committee
   - Provide project updates to staff during routine staff meetings
   - Share project results with other quality teams

Sustainability of Quality Program

Participant training objectives:

- To understand the importance of sustainability to the long-term success of the HIV quality program.
- To consider how to help improve program sustainability

Target audience:

Staff involved in evaluating the HIV quality program

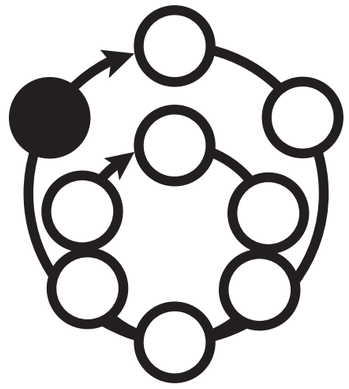
Type of exercise:

Quiz; individual and group exercise, 60 minutes

Key concepts:

Strategies for strengthening program sustainability include:

- Communicating program success
- Remeasuring performance
- Building quality into daily work life



The Big Picture:

In the HIVQUAL model, sustainability efforts are prominent during the program evaluation phase when the program's current effectiveness and future direction are considered. A sustainable program is one that avoids the pitfall of "two steps forward, one step back." Its staff members are fully invested in the program's overall strategy and work together to implement, monitor, and maintain quality improvements across the facility.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. Group Exercise: Quiz	Facilitator	30 minutes
3. QI Background: Strategies for Program Sustainability	Participants	10 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Quiz
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Quiz, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Sustainability of Quality Program: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the importance of sustainability to the long-term success of the HIV quality program
- Have at least one idea for how to help improve program sustainability

Agenda

Provide a brief description of the session's primary components:

- Group exercise on promoting sustainability in an HIV care facility
- Presentation on key strategies for achieving program sustainability
- Learning Transfer Worksheet to help generate practical ideas for enhancing program sustainability on-the-job

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Quiz

Group Exercise

Distribute the Quiz face down to each participant and provide directions for completing the exercise:

- Complete the quiz individually. (10 minutes)
- Review the quiz as a team and reach consensus on each answer. (10 minutes)

Call time after the first 10-minute interval and remain available to answer questions for teams and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 10-minute interval. Read each question out loud and then alternate between teams for responses. If a team's response differs from yours, ask for the members' rationale. Then provide the rationale given in the answer key, keeping in mind that the ultimate goal is to discuss sustainability, not to defend any particular response.

Use the questions to engage participants in a discussion. Be aware that more than one answer could be right.

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Introduce the three primary strategies for strengthening program sustainability:

- Communicating program success
- Remeasuring performance
- Building quality into daily work life

Communicating program success. Explain the importance of communicating successes of the HIV quality program to widen the program's base of support. Techniques include:

- Develop system for staff reward and recognition
- Champion staff through internal and external promotion of success stories
- Exchange "best practices" with other HIV programs

Remeasuring performance. Explain that the program must maintain its improvements in order to sustain itself long-term. Therefore, it is important to:

- Remeasure performance at pre-established intervals
- Review measurement data regularly
- Respond to subpar performance in an immediate and systematic manner

Building quality into daily work life. Explain that all staff members must be part of the quality improvement program and, in order to succeed, the quality program needs to take root through their involvement. Techniques include:

- Make quality improvement part of staff members' job descriptions
- Incorporate quality concepts into training for new staff members
- Provide ongoing quality training opportunities for existing staff
- Provide opportunities for staff to participate in quality improvement projects
- Incorporate best practices identified during quality projects into daily processes

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to enhance program sustainability.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the importance of sustainability to the long-term success of the HIV quality program
- To have at least one idea for how to help improve program sustainability

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Sustainability of Quality Program: Quiz

Instructions:

Circle the answer that reflects the most effective means of promoting sustainability in an HIV quality program.

1) After 10 months of work, your GYN team presents its successes: the GYN rate improved to 98% and remained between 95%-100% during the last 4 months. Subsequently, the team decides to

   a) drop the weekly measurements.
   b) switch to quarterly measurements.
   c) keep monthly measurements.

2) Early in a project to improve adherence, your improvement team members report that—despite several minor problems in the data collection process—they discovered that only 45% of patients take the appropriate antiretroviral medications. You decide to

   a) share the data with staff.
   b) improve the data collection process before providing the information to staff.
   c) dismiss the team.

3) After a successful PPD improvement project, team members discuss how to assess future PPD rates to ensure that the improved rate is maintained. The members decide that the rate should be routinely monitored by

   a) the PPD team.
   b) the clinic manager.
   c) an assigned member of the PPD team.

4) As the manager who reviews your clinic's monthly quality reports, you notice that the reported patient waiting time (relatively low at less than 15 minutes) is inconsistent with few anecdotal stories about patients' frustration with long waiting times over the past few months. You decide to

   a) remeasure the waiting time every time you hear a complaint.
   b) change the intervals of measuring waiting time from monthly to weekly.
   c) trust the monthly report and try to help those who complain.

5) At the beginning of this year the GYN exam score was at 95%. Because of the high rate, the GYN team stopped meeting but continued to measure the GYN rate monthly. Over the last 6 months it declined. At what point do you re-start the GYN team?

   a) 90%.
   b) 80%.
   c) not enough information to tell.

6) Following a year-long improvement project which significantly increased patient adherence rates, you hire a new case manager. When do you provide the new staff member with quality-related information?

   a) after the staff member expresses an independent interest in quality.
   b) during the staff member's initial training and orientation.
   c) when, and if, the adherence rates begin to decline.

7) An HIV quality improvement team completes a successful pilot of a new patient check-out procedure. During the facility's annual quality meeting, to which all departments are invited, you decide to present the team's

a) improvement rates only.
b) improvement rates and the details of the new procedure.
c) patient check-out goals for the following year.

8) Your HIV quality improvement team recently worked on improving patients' medication adherence notes. Which of the following steps seems most important in sustaining the team's adherence gains?

a) write an article for publication in the hospital newsletter.
b) change job descriptions to reflect quality team recommendations.
c) award all members of the quality team.

9) Over 5 years of development work, your HIV quality program has realized substantial gains in patient care and enjoys strong staff support. During the annual summer picnic, you typically take 15-20 minutes to recognize the program's successes. This year you decide to

a) present the program's past gains and reward appropriate staff members.
b) replace the program success stories with a raffle due to lower gains than last year.
c) reduce the program recognition to a 5-minute summary of the previous year.

10) Your head nurse, who has been actively involved in the HIV unit's quality program, was recently promoted to a different position. When writing the job description for the open position, you stress the importance of the quality program by stating

a) "occasional quality projects may be required."
b) "quality training provided."
c) "expected to incorporate quality practices into daily responsibilities."

Sustainability of Quality Program: Learning Transfer Worksheet

Instructions:

Assess your actions as leader in your facility's HIV program.
Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
COMMUNICATING PROGRAM SUCCESS • Staff recognition • Promotion of success stories • Exchange of best practices		
REMEASURING PERFORMANCE • Remeasure performance • Review data regularly • Respond to subpar performance		
BUILDING QUALITY INTO DAILY WORK LIFE • QI in staff job descriptions • QI training for new staff • Training for existing staff • Staff participation in QI projects • Incorporate best practices		

Sustainability of Quality Program: Answer Key

1) After 10 months of work your GYN team presents its successes: the GYN rate improved to 98% and remained between 95%-100% during the last 4 months. Subsequently, the team decides to

   a) drop the weekly measurements.
✓ b) switch to quarterly measurements.
   c) keep monthly measurements.

Rationale:

It is important to remeasure performance after initial improvements. However, the intervals may lengthen as performance is sustained.

2) Early in a project to improve adherence, your improvement team members report that—despite several minor problems in the data collection process—they discovered that only 45% of patients take the appropriate antiretroviral medications. You decide to

✓ a) share the data with staff.
   b) improve the data collection process before providing the information to staff.
   c) dismiss the team.

Rationale:

Quality activities must be shared with every staff member to help gain staff support, even if there are minor glitches in the quality improvement process. Waiting for the perfect data collection process might delay the project indefinitely.

3) After a successful PPD improvement project, team members discuss how to assess future PPD rates to ensure that the improved rate is maintained. The members decide that the rate should be routinely monitored by

   a) the PPD team.
   b) the clinic manager.
✓ c) an assigned member of the PPD team.

Rationale:

It is most efficient for one staff member involved with the original improvement project to remeasure performance.

4) As the manager who reviews your clinic's monthly quality reports, you notice that the reported patient waiting time (relatively low at less than 15 minutes) is inconsistent with few anecdotal stories about patients' frustration with long waiting times over the past few months. You decide to

   a) remeasure the waiting time every time you hear a complaint.
   b) change the intervals of measuring waiting time from monthly to weekly.
✓ c) trust the monthly report and try to help those who complain.

Rationale:

Quality improvements are most meaningful when they are measurable. It is important to trust your staff members' quantitative data over anecdote, while still addressing any confirmed complaints on a case-by-case basis.

5) At the beginning of this year the GYN exam score was at 95%. Because of the high rate, the GYN team stopped meeting but continued to measure the GYN rate monthly. Over the last 6 months it declined. At what point do you re-start the GYN team?

   a) 90%.
   b) 80%.
✓ c) not enough information to tell.

Rationale:

Given most facilities' limited resources, not every decline in performance warrants team involvement. The exact point at which the team should reconvene, however, is dependent on a variety of variables including the facility's resource availability and improvement priorities.

6) Following a year-long improvement project which significantly increased patient adherence rates, you hire a new case manager. When do you provide the new staff member with quality-related information?

   a) after the staff member expresses an independent interest in quality
✓ b) during the staff member's initial training and orientation
   c) when, and if, the adherence rates begin to decline

Rationale:

To integrate quality improvement into staff members' daily responsibilities, new staff members should receive quality-related information as soon as possible to build quality improvement into the work culture.

7) An HIV quality improvement team completes a successful pilot of a new patient check-out procedure. During the facility's annual quality meeting, to which all departments are invited, you decide to present the team's

   a) improvement rates only.
✓ b) improvement rates and the details of the new procedure.
   c) patient check-out goals for the following year.

Rationale:

Sustainability is strengthened by promoting internal success stories and sharing best practices with other departments.

8) Your HIV quality improvement team recently worked on improving patients' medication adherence notes. Which of the following steps seems most important in sustaining the team's adherence gains?

   a) write an article for publication in the hospital newsletter.
✓ b) change job descriptions to reflect quality team recommendations.
   c) award all members of the quality team.

Rationale:

While all three responses contribute to sustainability, changing job descriptions is most likely to alter the way in which services are delivered, thereby sustaining gains over the long term.

9) Over 5 years of development work, your HIV quality program has realized substantial gains in patient care and enjoys strong staff support. During the annual summer picnic, you typically take 15-20 minutes to recognize the program's successes. This year you decide to

✓ a) present the program's past gains and reward appropriate staff members.

b) replace the program success stories with a raffle due to lower gains than last year.

c) reduce the program recognition to a 5-minute summary of the previous year.

Rationale:

To capitalize on the facility's strong program support, it is important to continue communicating the program's success and rewarding staff.

10) Your head nurse, who has been actively involved in the HIV unit's quality program, was recently promoted to a different position. When writing the job description for the open position, you stress the importance of the quality program by stating

a) "occasional quality projects may be required."

b) "quality training provided."

✓ c) "expected to incorporate quality practices into daily responsibilities."

Rationale:

New staff members should immediately sense the day-to-day importance of quality improvement to help build the program's sustainability.

Evaluation of Quality Program

Participant training objectives:

- To understand the basic activities required to evaluate an HIV quality program
- To consider the effectiveness of your HIV quality program's annual Quality Management Plan

Target audience:

QI committee members, senior HIV leaders, and other staff involved in planning and evaluating the program's annual quality initiatives

Type of exercise:

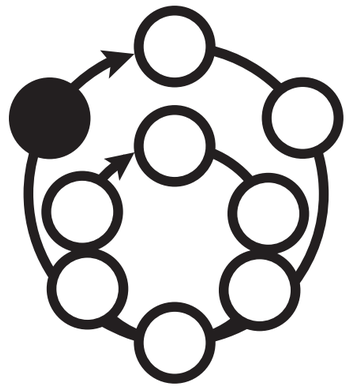
Case study; group exercise, 60 minutes

Key concepts:

The performance of a facility's quality program can be evaluated against the primary elements of its Quality Management Plan:

- Quality statement
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement
- Evaluation

Note: The Quality Management Plan Exercise should be completed before the Evaluation of Quality Program Exercise.



The Big Picture:

Quality program evaluation occurs at the end of the program cycle after initiatives have been developed and implemented for a given period of time, usually one year. When a quality committee transitions from one year to the next without pause, its members miss a valuable window for evaluation and improvement. It provides a structured approach to understanding what worked well and what needs improvement, thereby facilitating planning for the next year.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Program Evaluation Overview	Facilitator	10 minutes
3. Group Exercise: Case Study	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Case Study
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Case Study, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Evaluation of Quality Program: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the basic activities required to evaluate an HIV quality program
- Identify at least one improvement opportunity for the coming year based on program performance in the previous year

Agenda

Provide a brief description of the session's primary components:

- Presentation of the activities involved in evaluating an HIV quality program
- Group exercise on evaluating the performance of an HIV quality program
- Learning transfer worksheet to evaluate your facility's quality program and identify improvement opportunities for the upcoming year

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Explain that program evaluation allows a quality committee to assess the HIV quality program's performance over a given period of time. Program evaluation activities include:

- Evaluating the improvements made by project teams and developing strategies to sustain quality improvements (Note: See the Systematize Improvements Exercise for a detailed explanation of sustaining quality gains.)
- Determining effectiveness of HIV program's quality infrastructure to support ongoing quality activities
- Reviewing clinical and non-clinical indicators, and external quality evaluations performed by external agencies, to identify future improvement opportunities
- Assessing educational efforts for staff to build knowledge and expertise around quality

By assessing program performance against the Quality Management Plan, a quality committee is more likely to evaluate the program structures and behaviors deemed most important for the previous year, and to collect data that are directly applicable to the next planning cycle.

The primary elements of the quality plan include:

- Quality statement
- Evaluation
- Quality improvement infrastructure
- Annual quality goals
- Staff involvement

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Case Study

Group Exercise

Distribute the case study to each participant and provide directions for completing the exercise:

- Read the case study individually. (10 minutes)
- As a group, complete the program evaluation form and answer the questions following the form. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and read each evaluation question out loud, alternating between teams for a score. If a team's score differs from yours by more than one point, ask for the members' rationale.

Next, read the first question following the evaluation out loud and select a team to provide the response. After one team completes its answer, ask the other teams if they have anything new to add. Repeat the process for the remaining two questions. At the end, add any points from the answer key that the teams have not addressed.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share the quality program's greatest strength and greatest challenge.

Finally, ask participants to identify the program's most important improvement opportunity for the upcoming year.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the basic activities required to evaluate an HIV quality program
- To identify at least one improvement opportunity for the coming year based on program performance in the previous year

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Evaluation of Quality Program: Case Study

Instructions:

Complete the program evaluation form and answer the questions regarding upcoming quality initiatives that follow, based on the information provided.

Year 1

The Campus Care Center, part of an academic hospital, is located on a large university campus. With over 250 HIV+ adults cared for in a new outpatient clinic, the facility has a staff of 12:

- 3 medical providers
- 2 nurses
- 2 case managers
- 1 nutritionist
- 1 peer counselor
- 3 support staff

Recently, the Campus Care Center received Ryan White Title III funding. The Medical Director subsequently scheduled a half-day meeting to develop an annual quality plan and asked a team of staff members to collect baseline data for 7 quality of care indicators, in preparation. The team reported the following results:

- GYN exam: 77%
- Viral load done within past 6 months: 91%
- PPD placed and read: 56%
- CD4 count done within past 6 months: 91%
- PCP prophylaxis for eligible patients: 95%
- HAART for eligible patients: 81%
- MAC prophylaxis for eligible patients: 100%

Based on this information and additional discussion during the meeting, the team developed the facility's annual quality plan:

Infrastructure

The overall responsibility and leadership for the HIV quality program lies with the Medical Director who authorizes the quality committee to plan, assess, measure, and implement performance improvements throughout the entire clinic.

The membership of the quality committee reflects the diversity of disciplines within the Campus Care Center associated with the processes being monitored. The members of the committee include the Medical Director (chairperson), 1 medical provider, 1 nurse, 1 case manger, 1 peer counselor, and 1 support staff member. The chairperson will report back to the overall committee responsible for hospital-wide quality activities. Membership will be approved by the Medical Director.

The Quality Committee should have at least 10 scheduled meetings per year, tentatively planned for the second Wednesday in each month from 8:30-10:30 a.m. The meeting schedule must be coordinated and approved by committee members. Additional meetings may be called, as needed.

Annual Quality Goals

The project goals listed below are based on the program statement and baseline performance data:

- To involve staff in a variety of quality improvement activities.
- To educate staff about quality improvement methodologies.
- To initiate a QI project team in order to improve the GYN rate to 90% or above.
- To initiate a QI project team in order to improve the PPD rate to 75% or above.

We will measure the following quality of care indicators on an annual basis: GYN, PPD, PCP, MAC, Viral load, CD4, and HAART.

Minutes of all quality committee meetings will be distributed to all committee members and to all necessary hospital-wide quality committees. Reports of the Campus Care Center's quality activities will be shared with all staff within one week of presentation to the QI Committee.

Based on the belief that staff should be actively involved in the HIV quality program and its activities, all current and new staff members will receive the hospital's quality manual of QI methodologies and review key chapters during biweekly staff meetings. In addition, staff will be provided with a 2-hour training session about quality improvement principles, and will receive the hospital's quarterly newsletter on quality tools and techniques. All new staff members will receive quality training.

Evaluation

At the end of the year, the annual quality plan will be evaluated and all QI projects will be assessed against goals.

Year 2

After 12 months, the quality committee reconvenes to evaluate the HIV quality program performance during its first year. Committee members comment that the transition to a new infrastructure went smoothly and that the 10 scheduled meetings per year worked well.

Staff education fared somewhat worse. There were not enough quality manuals printed for all members and distribution was limited to supervisors and management. The annual quality training did take place, but most staff members reported that the information presented seemed irrelevant to their daily job responsibilities.

The facility implemented one QI project during the year with the goal of increasing GYN exams from 77% to 90%. The GYN project team reports that, after implementing two pilot solutions over 6 months, the exam percentage increased from 77% to 85%.

In the upcoming year, the facility will measure a new quality of care indicator, Antiretroviral (ARV) Therapy Management, and—at the urging of HRSA—expand the quality program. As part of the expansion, new funding was approved for a treatment adherence initiative in which one health educator will be hired.

Evaluation of Quality Program: Learning Transfer Worksheet

Instructions:

Evaluate your HIV quality program using the grid below.

HIV QUALITY PROGRAM EVALUATION FORM (1-POOR; 5-EXCELLENT)	SCORE
Does the HIV quality program have a comprehensive quality plan?	
Did the HIV leadership support the HIV quality program?	
Does the HIV program have an organizational structure to assess and improve the quality of care?	
Does the HIV program have clearly described roles and responsibilities for the HIV quality program?	
Were annual goals established for the HIV quality program?	
Were quality improvement teams formed to improve specific quality aspects?	
Were appropriate quality indicators selected in the HIV quality program?	
Did the HIV program routinely measure the quality of care?	
Did the workplan specify timelines for the implementation of the HIV quality program?	
Is the staff routinely educated about quality?	
Does the HIV program routinely engage staff in quality program activities?	
Did the quality committee routinely evaluate quality projects?	
Was the quality plan assessed and updated annually?	

Questions:

1. In your opinion, should the annual goals be updated for the upcoming year's annual quality plan? If so, how?

2. Would you change the HIV program's organizational structure? If so, how?

3. What are the most important priorities for the HIV quality program for the next year?

Evaluation of Quality Program: Answer Key

The sample response does not describe how the facility should or would evaluate its program, but rather one way that the program evaluation could be completed.

HIV QUALITY PROGRAM EVALUATION FORM (1-POOR; 5-EXCELLENT)	SCORE
Does the HIV quality program have a comprehensive quality plan?	4
Did the HIV leadership support the HIV quality program?	2
Does the HIV program have an organizational structure to assess and improve the quality of care?	4
Does the HIV program have clearly described roles and responsibilities for the HIV quality program?	2
Were annual goals established for the HIV quality program?	5
Were quality improvement teams formed to improve specific quality aspects?	3
Were appropriate quality indicators selected in the HIV quality program?	5
Did the HIV program routinely measure the quality of care?	3
Did the workplan specify timelines for the implementation of the HIV quality program?	2
Is the staff routinely educated about quality?	2
Does the HIV program routinely engage staff in quality program activities?	2
Did the quality committee routinely evaluate quality projects?	2
Was the quality plan assessed and updated annually?	3

Questions:

1. In your opinion, should the annual goals be updated for the upcoming year's annual quality plan? If so, how?
The quality goals should be updated to include additional project work and expansion requirements, for example:

- To increase the number of PPDs placed and read to 70% or above
- To increase the GYN exam rate to 90% or above
- To develop a strategy for treatment adherence

2. Would you change the HIV program's organizational structure? If so, how?
Given the new treatment adherence initiative, the health educator should be included on the quality committee.

3. What are the most important priorities for the HIV quality program for the next year?
Priorities may include:

- Making quality education more accessible to all staff members and more applicable to on-the-job responsibilities
- Increasing the number of quality improvement projects
- Focusing on a greater number of quality of care indicators, such as the new ARV indicator
- Adding treatment adherent measures
- Measuring additional patient/non-clinical indicators (e.g. waiting time, retention rate)

Constructing a Sample

Participant training objectives:

- To understand the purpose of sampling during data collection
- To be able to draw a random sample for a quality improvement project
- To consider how to better define the facility's sampling methodology

Target audience:

Quality committee members, QI project team members, and other staff involved in the data collection phase of quality improvement projects

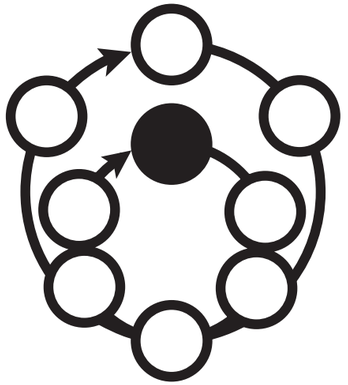
Type of exercise:

Scenario; group exercise, 60 minutes

Key concepts:

By sampling data, teams make inferences about a large group based on observations of a smaller subset of that group. A basic methodology for constructing a sample is to:

- Define selection criteria
- Identify eligible cases
- Randomly select cases



The Big Picture:

Baseline data helps to define the current state, thereby providing the information needed to make informed improvement decisions. In case an HIV program cannot easily and accurately access data electronically from their entire caseload, e.g. through electronic medical record systems, sampling data is a logical alternative. By sampling data, teams can make inferences about a large group (total population) based on observations of a smaller subset of that group (sample).

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Methodology for Sample Construction	Facilitator	10 minutes
3. Group Exercise: Scenario	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Scenari
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Make sure you have flipchart paper and a marker.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Constructing a Sample: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the purpose of sampling during data collection
- Be able to draw a random sample for a quality improvement project
- Have at least one idea for how to better define the facility's sampling methodology

Agenda

Provide a brief description of the session's primary components:

- Presentation of a methodology for constructing a sample
- Group exercise on how to construct a sample
- Learning Transfer Worksheet to help generate ideas for defining the facility's sampling methodology on-the-job

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that sampling allows teams to make inferences about a total patient population based on observations of a smaller subset of that group (i.e. the sample), saving both time and resources during data collection.

Introduce and explain the methodology for defining a sample population and constructing a sample:

Define selection criteria.

Explain that during this step, project teams create selection criteria. For example, the criteria could specify:

- Gender: Does the study apply exclusively to men, women, or both?
- Age: Are there particular age limits?
- Patient condition: Is a confirmed diagnosis required, or simply symptoms or signs? Do certain conditions make the patient ineligible?
- Treatment status: How many visits are required for eligibility? Must the patient currently be in treatment? Must the treatment have occurred within a certain time frame?

Identify eligible cases.

Explain that during this step, project teams separate out the medical records that are eligible for measurement based on the selection criteria, as described earlier.

Randomly select cases.

Explain that the minimum sample size for an accurate measurement is based on the number of eligible cases. Some facilities use pre-existing sample tables to determine a project's minimum sample size while others calculate the minimum size based on their own requirements.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Read the scenario individually and skim the handouts which accompany the exercise. (10 minutes)
- As a group, answer the questions using the handouts and the information provided in the scenario. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and read each question out loud, alternating between teams for a response. Write the answers on the flipchart so that everyone can see them.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to better define the facility's sampling methodology.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- Understand the purpose of sampling during data collection
- Be able to draw a random sample for a quality improvement project
- Have at least one idea for how to better define the facility's sampling methodology

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Constructing a Sample: Scenario

Instructions:

Read the scenario and answer the questions that follow based on the information provided.

Background

An HIV drug treatment clinic measures 4 different indicators of care annually: HIV staging, PCP prophylaxis, antiretroviral therapy, and GYN exams.

A project team is assembled to make the clinic's annual quality of care measurements for January 1, 2005 to December 31, 2005. During an initial meeting, the team defines their selection criteria as all HIV+ patients who have had at least 1 visit within the last 6 months of the study period and who have had more than 1 visit during entire the study period.

To begin the sampling process, the team prints out a list of 82 HIV+ patients and identifies eligible cases. Next, team members use HIVQUAL's standard sampling chart to determine the sample size and select specific cases based on a random number calculation worksheet.

Define selection criteria

1. Who is the population under study?

_____

2. What are the selection criteria?

_____

Identify eligible cases

3. What is the total population of eligible cases?

_____

4. Which cases are ineligible? (list medical record numbers)

Male Cases _____

Female Cases _____

5. What is the minimum number of male/female cases based on the eligible population?

Male Cases _____

Female Cases _____

HIV+ Patient List

MR #	AGE	GENDER	FIRST VISIT	MOST RECENT VISIT
1	23	M	1/21/2005	10/12/2005
2	45	M	2/26/2005	9/14/2005
3	65	F	1/24/2005	7/16/2005
4	34	F	9/17/2005	10/1/2005
5	19	M	1/26/2005	9/2/2004
6	18	F	6/19/2005	7/14/2005
7	45	M	2/13/2005	10/28/2005
8	43	F	1/23/2005	10/10/2005
9	37	F	8/10/2005	9/20/2005
10	26	M	2/2/2005	7/21/2005
11	29	F	5/26/2005	7/23/2005
12	32	M	1/25/2005	4/22/2005
13	31	F	7/14/2005	10/14/2005
14	34	F	4/24/2005	7/26/2005
15	43	F	2/21/2005	7/7/2005
16	32	M	5/17/2005	7/4/2005
17	58	F	1/3/2005	3/28/2005
18	56	F	8/20/2005	12/6/2005
19	55	M	2/20/2005	10/28/2005
20	54	F	5/30/2005	10/13/2005
21	47	M	5/26/2005	11/23/2005
22	32	F	1/25/2005	9/18/2005
23	29	F	2/14/2005	7/24/2005
24	21	F	4/23/2005	9/1/2005
25	22	M	2/21/2004	12/7/2004
26	20	F	5/17/2005	11/6/2005
27	19	F	8/3/2005	10/2/2005
28	51	F	6/20/2005	8/9/2005
29	29	M	2/20/2005	7/21/2005
30	30	M	5/30/2005	10/28/2005
31	31	M	7/3/2005	8/3/2005
32	27	M	5/6/2005	10/13/2005
33	23	F	3/7/2005	9/15/2005
34	18	F	5/23/2005	6/30/2005
35	22	F	4/24/2005	12/10/2005
36	24	M	3/5/2005	10/14/2005
37	29	F	8/19/2005	11/8/2005
38	32	F	6/1/2005	9/4/2005
39	37	M	5/12/2005	9/30/2005
40	36	M	3/12/2005	10/4/2005
41	33	M	2/12/2005	11/5/2005
42	19	M	1/3/2005	8/24/2005
43	21	M	5/6/2005	9/2/2005
44	22	F	3/7/2005	7/2/2005
45	27	F	5/23/2005	9/25/2005
46	26	M	4/24/2005	10/12/2005
47	50	F	3/5/2005	10/29/2005
48	51	F	6/19/2005	7/1/2005
49	46	M	6/1/2005	10/8/2005
50	23	F	5/12/2005	9/10/2005
51	31	F	6/3/2005	8/3/2005
52	27	F	5/6/2005	10/13/2005
53	23	F	3/7/2005	9/15/2005
54	18	F	5/23/2005	6/21/2005
55	22	F	7/24/2005	7/30/2005
56	24	F	8/5/2005	10/14/2005
57	29	M	6/19/2005	11/8/2005
58	32	F	6/1/2005	9/4/2005
59	37	M	5/12/2005	9/30/2005
60	36	F	3/12/2005	10/4/2005
61	33	M	2/12/2005	10/5/2005
62	19	F	1/3/2005	9/25/2005
63	21	M	5/6/2005	9/2/2005
64	22	M	3/7/2005	7/2/2005
65	25	M	1/26/2004	9/2/2004
66	28	F	7/1/2005	7/14/2005
67	35	M	2/13/2005	10/28/2005
68	23	F	1/23/2005	10/10/2005
69	27	F	8/10/2005	9/20/2005
70	36	M	2/2/2005	7/21/2005
71	19	F	1/5/2005	8/23/2005
72	42	M	1/25/2005	4/22/2005
73	41	M	2/14/2005	8/14/2005
74	24	M	4/24/2005	7/26/2005
75	33	M	2/21/2005	7/7/2005
76	22	M	5/17/2005	11/4/2005
77	48	F	6/3/2005	7/26/2005
78	26	F	6/20/2005	10/6/2005
79	25	M	2/20/2005	5/30/2005
80	37	M	1/9/2005	4/30/2005
81	39	M	2/22/2005	8/14/2005
82	27	M	7/5/2005	7/16/2005

Standard Sampling Table

The following table indicates the minimum number of records to be pulled for chart review based on eligible cases. Using the number of eligible female patients, determine the minimum number of female records needed from the Sampling Table. To determine the number of male records subtract the minimum female records from the total minimum records.

STANDARD SAMPLING TABLE		
TOTAL ELIGIBLE POPULATION	MINIMUM TOTAL RECORDS	CHARTS TO PULL
Up to 20	All	All
21 - 30	24	31
31 - 40	30	39
41 - 50	35	46
51 - 60	39	51
61 - 70	43	56
71 - 80	46	60
81 - 90	49	64
91 - 100	52	68
101 - 119	57	74
120 - 139	61	79
140 - 159	64	83
160 - 179	67	87
180 - 199	70	91
200 - 249	75	98
250 - 299	79	103
300 - 349	82	107
350 - 399	85	111
400 - 449	87	113
450 - 499	88	114
500 - 749	94	122
750 - 999	97	126
1000 - 4999	105	137
5000 or more	107	139

STANDARD SAMPLING TABLE		
TOTAL ELIGIBLE FEMALES	MINIMUM FEMALE RECORDS	CHARTS TO PULL
Up to 20	All	All
21 - 30	24	31
31 - 40	30	39
41 - 50	35	46
51 - 60	39	51
61 - 70	43	56
71 - 80	46	60
81 - 90	49	64
91 - 100	52	68
101 - 119	57	74
120 - 139	61	79
140 - 159	64	83
160 - 179	67	87
180 - 199	70	91
200 - 249	75	98
250 - 299	79	103
300 - 349	82	107
350 - 399	85	111
400 - 449	87	113
450 - 499	88	114
500 - 749	94	122
750 - 999	97	126
1000 - 4999	105	137
5000 or more	107	139

Constructing a Sample: Learning Transfer Worksheet

Instructions:

How does your facility complete each step in the sampling methodology? Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
DEFINING SELECTION CRITERIA		
IDENTIFYING ELIGIBLE CASES		
RANDOMLY SELECTING CASES		

Constructing a Sample: Answer Key

Define selection criteria

1. Who is the population under study?
   - HIV+ patients of this drug treatment clinic

2. What are the selection criteria?
   - A patient with at least one visit within the last 6 months of the study period, and more than 1 visit during the study period

Identify eligible cases

3. What is the total population of eligible cases?
   - 72 cases

4. Which cases are ineligible? (list medical record numbers)
   - Male cases: 5, 12, 25, 65, 70, 72, 80
   - Female cases: 17, 34, 54

5. What is the minimum number of male/female cases based on the eligible population?
   - Male cases: 16 records
   - Female cases: 30 records

Data Collection

Participant training objectives:

- To understand the characteristics of a well-designed data collection system
- To consider how to better define the HIV program's data collection system on-the-job

Target audience:

Quality Improvement committee members, QI project team members, and other staff involved in the data collection phase of quality improvement projects

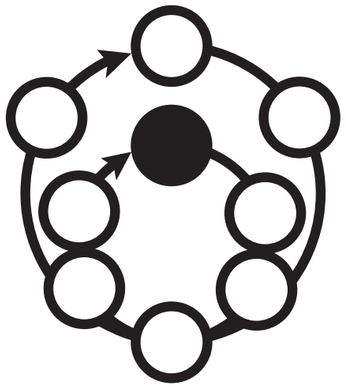
Type of exercise:

Quiz; individual and group exercise, 60 minutes

Key concepts:

A well-designed system for collecting process data has the following characteristics:

- Requires the most current and accurate data available
- Clearly documents the data collection process
- Identifies roles for the collection process
- Incorporates training and testing



The Big Picture:

Data collection occurs in the HIVQUAL model during Step 1 of the project cycle: Review, collect and analyze data. Baseline data helps to define the current state, thereby providing the information needed to make informed improvement decisions. It also serves as a point of comparison for future measurements, allowing the team to track progress.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. Group Exercise: Quiz	Facilitator	30 minutes
3. QI Background: Well-Designed Collection	Participants	10 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Quiz
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Photocopy the Quiz, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Data Collection: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the characteristics of a well-designed data collection system
- Have at least one idea for how to better define the facility's data collection system

Agenda

Provide a brief description of the session's primary components:

- Group exercise on evaluating facilities' data collection systems
- Presentation of the characteristics of a well-designed collection system
- Learning Transfer Worksheet

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Quiz

Group Exercise

Distribute the Quiz face down to each participant and provide directions for completing the exercise:

- Complete the quiz individually. (10 minutes)
- Review the quiz as a team and reach consensus on each answer. (10 min.)

Call time after the first 10-minute interval and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 10-minute interval. Read each statement out loud and then alternate between teams for a response. If a team's response differs from yours, ask for the members' rationale. Then provide the rationale given in the answer key, keeping in mind that the ultimate goal is to discuss data collection systems, not to defend any particular response.

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that a facility's data collection system consists of the tools and techniques used to collect baseline data. Baseline data helps to define the current state, thereby providing the information needed to make informed improvement decisions. It also serves as a point of comparison for future measurements, allowing the team to track progress.

Teams typically collect baseline data from patient medical records. For example, a project team may collect data on how many patients received PCP prophylaxis in the previous year. The final percentage is a starting point for process improvement and a baseline for future measurements.

Explain the characteristics of a well-designed data collection system:

Requires the most current and accurate data available. When data is collected with little regard for accuracy, they become a project liability. The data collection system must place a premium on obtaining the most current, complete, and accurate information possible.

Clearly documents the data collection process. To ensure that data is collected as intended, it's important to write detailed instructions to guide team members through the process. Be clear on what data is needed and why. Tools such as data entry forms and procedure checklists help lower the margin for collection error.

Identifies roles for the collection process. The collection process should have clearly defined roles. A single person might oversee the data collection process while others remain available to answer questions that arise.

Incorporates training and testing. Written review criteria have the greatest impact when explained in person. During a brief training session, team members can practice the collection process and ask questions. Field testing new instruments or measures is best accomplished by reviewing a few charts and fine-tuning the data collection tools.

Utilizes data sampling. In case computerized medical record systems can not provide accurate information for all patients, it is unrealistic and inefficient to collect data from every patient file. By sampling data, teams can make inferences about the total population based on observations of a smaller subset of that group (sample).

Respects patient confidentiality. A team's right to review confidential medical records for health care system oversight is protected by law, however team members should respect patient confidentiality throughout the collection process. For example, data should be identified using patient ID numbers rather than patient names whenever possible.

Conclude by emphasizing that deficient patient care always takes precedence over data collection. If team members discover negligent care in a medical record, they have an obligation to immediately alert a person who can investigate the issue further.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to better define the facility's data collection system.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the characteristics of a well-designed data collection system
- To have at least one idea for how to better define the facility's data collection system

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Data Collection: Quiz

Instructions:

In the statements below, staff members comment on their facilities' respective data collection systems. Read the statement and then respond "yes" or "no" to the following question:

Does the statement reflect a well-designed data collection system? YES/NO

1. For our annual measurement project, we manually collect data from all 200 patient files. It's the only way to get really accurate information. _____
2. When I started here, I was trained on data collection and the forms we use. _____
3. By the time we review data, they are at least 12 months old. _____
4. Sometimes the medical record is too unorganized to read the entire chart, so I just check 'N/A' (not applicable) on the collection form. _____
5. Once in awhile, I notice that a patient has a serious medication error, so I have told the supervisor right away—even if it pushes back the collection schedule. _____
6. Due to concerns for patient confidentiality, we only ask MDs and nursing staff to do reviews. _____
7. Although we have written data collection forms, the 'yes' and 'no' responses are not always clear to me—so I use 'NA'. _____
8. We use patients' names when we collect data. It is easier to identify patients later for follow-up. _____
9. During the training sessions, new team members collect data from the same medical records just for practice. _____
10. To generate a random number table, we always need to call a statistician. _____
11. When I have a question about the data collection process, I always know whom to call; her number is even on the form. _____
12. After a new measure is developed, we test it out on all applicable patients to see whether the new review. _____

Data Collection: Learning Transfer Worksheet

Instructions:

How well defined is your facility's data collection system? Using the information from today's session, complete the grid below and briefly describe your program's strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
REQUIRES CURRENT AND ACCURATE DATA		
DOCUMENTS THE PROCESS		
IDENTIFIES PROCESS ROLES		
INCORPORATES TRAINING AND TESTING		
UTILIZES DATA SAMPLING		
RESPECTS CONFIDENTIALITY		

Data Collection: Answer Key

Does the statement reflect a well-designed data collection system? YES/NO

1. For our annual measurement project, we manually collect data from all 200 patient files. It's the only way to get really accurate information. NO

   Rationale: Data sampling is more efficient and allows teams to make inferences about a total population. It also saves time and resources for improving the quality of care.

2. When I started here, I was trained on data collection and the forms we use. YES

   Rationale: Written review materials have the greatest impact when explained in person.

3. By the time we review data, they are at least 12 months old. NO

   Rationale: Baseline data should be the most current patient data available.

4. Sometimes the medical record is too unorganized to read the entire chart, so I just check 'N/A' (not applicable) on the collection form. NO

   Rationale: Inaccurate data collection is misleading and wastes team members' time and energy.

5. Once in awhile, I notice that a patient has a serious medication error, so I have told the supervisor right away—even if it pushes back the collection schedule. YES

   Rationale: Patient care always takes precedence over data collection.

6. Due to concerns for patient confidentiality, we only ask MDs and nursing staff to do reviews. NO

   Rationale: With the proper training, most staff member can collect data and still maintain patient confidentiality.

7. Although we have written data collection forms, the 'yes' and 'no' responses are not always clear to me—so I use 'NA'. NO

Rationale: Even the most skilled staff members make data collection mistakes. Instructions and forms which include an explanation of 'Yes,' 'No,' and N/A' help reduce the margin for collection error.

8. We use patients' names when we collect data. It is easier to identify patients later for follow-up. NO

Rationale: Team members should respect patient confidentiality throughout the collection process and use other patient identifiers, such as medical record numbers.

9. During the training sessions, new team members collect data from the same medical records just for practice. YES

Rationale: Team training is a good opportunity for members to try out the process and ask questions.

10. To generate a random number table, we always need to call a statistician. NO

Rationale: There are several ways to get a random number table. You can use the HIVQUAL tool or generate a random number table using common spreadsheet programs, such as MS Excel.

11. When I have a question about the data collection process, I always know whom to call; her number is even on the form. YES

Rationale: One person should always be assigned to answer any questions about the data collection process, its forms, and the gathered results. In the long run, it saves time.

12. After a new measure is developed, we test it out on all applicable patients to see whether the new review. NO

Rationale: Testing is a good component of a sound data collection system. However, testing a new instrument or measure on a few patients and, subsequently re-tuning the tools, is a more efficient way.

Improvement Project Memo

Participant training objectives:

- To understand the purpose and primary elements of an improvement project memo
- To be able to write a problem statement and improvement goal

Target audience:

Quality improvement committee members, QI project team members, and other staff involved in quality improvement project teams

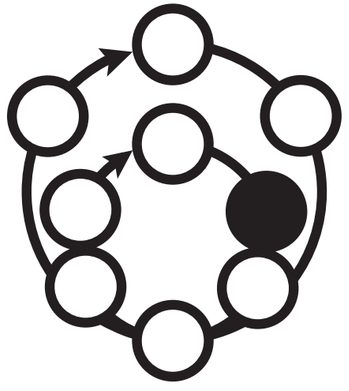
Type of exercise:

Scenario; group exercise, 60 minutes

Key concepts:

An improvement project memo typically includes the following elements:

- Problem statement
- Improvement goal
- Departments/functions involved in the process
- Team leader
- Team members
- Other (resources, authority, frequency of reporting)



The Big Picture:

Quality improvement project teams develop a written outline, an improvement project memo, the blueprint which describes the "who, what, why, and how" of a quality improvement project, namely:

- Who is on the project team
- What will be accomplished during the project
- Why the project is necessary
- How members will function as a team to complete the project

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Elements of Improvement Project Memo	Facilitator	10 minutes
3. Group Exercise: Scenario Characteristics	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Sample Improvement Project Memo
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Sample Improvement Project Memo, Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Make sure you have flipchart paper and a marker.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Improvement Project Memo: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the purpose and primary elements of an improvement project memo
- Be able to write a problem statement and improvement goal
- Have at least one completed problem statement and improvement goal for a real-life improvement project

Agenda

Provide a brief description of the session's primary components:

- Presentation of improvement project memo elements
- Group exercise on writing a problem statement and improvement goal
- Learning Transfer Worksheet to try writing problem statements and improvement goals for future or existing projects.

Quality Improvement Background

Distribute the Sample Improvement Memo to each participant for note taking and/or future reference.

Begin by explaining that an improvement project memo is a project blueprint. Teams develop memos to help ensure that all members work toward the same goals and according to a single set of operational guidelines.

State that the most important elements of the memo are the:

Problem statement—problem to be addressed as identified during Step 1 of the project cycle (i.e. Review, collect and analyze data). The statement should quantify the current performance level that team members will work to improve, e.g. "Currently, only 57% of women in the HIV clinic receive annual GYN exams."

Improvement goal—endpoint or condition toward which members will direct their efforts. When the endpoint is reached and changes are incorporated into the system, the process of improvement is no longer needed. The improvement goal should:

- Use measurable and achievable goals
- Clearly indicate what will be done
- Use action verbs such as increase, decrease, or eliminate

State that additional elements of the memo typically include:

- Departments/functions involved in the process under study
- Team leader
- Team members
- Other (resources, authority, frequency of reporting, ground rules)

Several items in the improvement project memo are provided by the quality committee, such as project length, costraints, or limitations. Those should be noted in the memo. In addition to operational guidelines, the quality committee usually assigns the team leader and the core team members.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the Scenario to each participant and provide directions for completing the exercise:

- Read the scenario. (5 minutes)
- As a team, complete the problem statement and improvement goal. (15 minutes)

Remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time and ask one team to provide the problem statement. Write it on the flipchart and ask the remaining teams if they have a different statement. Discuss the differences, if any, referring to your answer key for guidance. Repeat the process for the improvement goal.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share a problem statement and improvement goal for one project.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the purpose and primary elements of an improvement project memo
- To be able to write a problem statement and improvement goal
- To have at least one completed problem statement and improvement goal for an existing or future project

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Improvement Project Memo: Scenario

Instructions:

Using the form provided, write a problem statement and improvement goal based on the following data.

Background

The Medical Director of an HIV care facility recently reviewed several cases brought to her attention. Three patients who had CD4 counts less than 200 were not on PCP prophylaxis. After reminding the entire medical staff of the prophylaxis guidelines through a memo, a fourth case was identified. The quality committee decides to form a quality improvement team to address the issue. The team collects the following baseline data:

YEAR	% OF PATIENTS (WITH CD4 LESS THAN 200 AND ON PCP PROPHYLAXIS)	STATE - WIDE AVERAGE IN %
2001	94%	88%
2002	96%	90%
2003	95%	91%
2004	95%	91%
2005	65%	92%

Improvement Project Memo

Date: _____

Indicator: _____

Problem Statement: _____

_____

Improvement Goal: _____

_____

Departments/functions involved in the process under study:

Clinician, HIV clinic
Nurse
Receptionist
Lab representative
MIS representative

Team member:

Ann Cavanaugh, CSW (team leader)
Peter Brown
Paul Sabo, MD
Santiago Rodriguez
Helen Kearney
Amy March, RN

Other: (resources, authority, frequency of reporting, ground rules)

Team will be given time to meet.
There's money for supplies or other similar expenses, but not for additional staff.
Mac Martin will be available to help with data analysis.
Team members should give a verbal report at the next quality committee meeting.
All team members should be on time and no excuses.

Improvement Project Memo: Learning Transfer Worksheet

Instructions:

Think of one or more improvement projects which are either underway or could be underway in the future. Using the information from today's session, write down the project name and a corresponding problem statement and improvement goal. Estimate quantitative data, if needed.

PROJECT	PROBLEM STATEMENT	IMPROVEMENT GOAL

Improvement Project Memo: Answer Key

Date: August 1, 2006

Indicator: PCP prophylaxis

Problem Statement: Currently, only 65% of patients with CD4 count less than 200 receive appropriate PCP prophylaxis, compared to the state-wide average of 92%. In the last year the performance rate declined by 31%.

Improvement Goal: The team will work to improve the clinic's performance on this important prevention measure. The team should focus on increasing the number of patients with CD4 count less than 200 receiving appropriate PCP prophylaxis to 95% and above.

Departments/functions involved in the process under study:

Clinician, HIV clinic
Nurse
Receptionist
Lab representative
MIS representative

Team member:

Ann Cavanaugh, CSW (team leader)
Peter Brown
Paul Sabo, MD
Santiago Rodriguez
Helen Kearney
Amy March, RN

Other: (resources, authority, frequency of reporting, ground rules)

Team will be given time to meet.
There's money for supplies or other similar expenses, but not for additional staff.
Mac Martin will be available to help with data analysis.
Team members should give a verbal report at the next quality committee meeting.
All team members should be on time and no excuses.

Team Roles

Participant training objectives:

- To understand the roles and responsibilities of project team members
- To consider how to fulfill a particular team role in a future improvement project

Target audience:

Quality improvement committee members, QI project team members, and other staff involved in quality improvement project teams

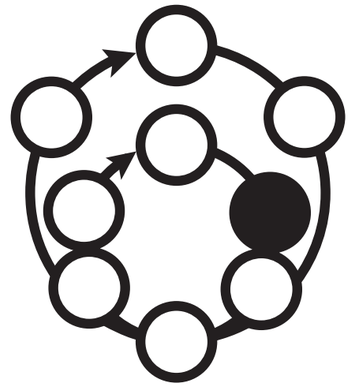
Type of exercise:

Quiz; individual and group exercise, 60 minutes

Key concepts:

Quality improvement teams consist of the following key roles:

- Team leader
- Team facilitator
- Team member
- Timekeeper
- Recorder



The Big Picture:

Role definition is important to a quality improvement team for the same reason it is important to an athletic team: if certain members are not designated to complete key tasks, they may not be completed at all. In the HIVQUAL model, team roles are defined during Step 2 of the project cycle: Develop a project team workplan.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Team Roles	Facilitator	10 minutes
3. Group Exercise: Quiz	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Quiz
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Quiz, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Team Roles: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the roles and responsibilities of project team members
- Have considered how to fulfill one team role in a future improvement project

Agenda

Provide a brief description of the session's primary components:

- Presentation of team roles and responsibilities
- Group exercise on matching team roles and responsibilities
- Learning Transfer Worksheet

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Introduce the key roles of a QI team:

- Team leader
- Team facilitator
- Team member
- Timekeeper
- Recorder

Explain that certain team roles, including team leader and team members, are assigned by the HIV quality program that charges the team with its purpose. Additional roles can be appointed at initial or future team meetings.

Team leader. The primary responsibilities of the team leader are to:

- Lead team meetings.
- Direct team activities toward achieving the goals stated in the Improvement Project Memo
- Ensure productive use of team members' time
- Represent the team to management and the quality committee(s)

Team facilitator. The primary responsibilities of the team facilitator are to:

- Ensure equal participation by team members.
- Mediate and resolve conflict
- Provide feedback and support to the team leader.
- Suggest problem solving tools and techniques

Team member. Team members include the team leader, facilitator, timekeeper, and recorder, along with other staff members selected to participate in the project. The primary responsibilities of team members are to:

- Offer perspective and ideas
- Actively participate in team meetings
- Adhere to meeting ground rules
- Complete assignments on time
- Support implementation of recommendations

Recorder. The primary responsibilities of the team recorder are to:

- Take minutes of the meeting
- Distribute meeting minutes to all team members

Timekeeper. The primary responsibilities of the team timekeeper are to:

- Keep track of time during team meetings
- Help the team manage its time

Explain that timekeeping and recordkeeping responsibilities may be rotated between team members during the project cycle, assigned, or assumed by the facilitator.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Quiz

Group Exercise

Distribute the Quiz to each participant and provide directions for completing the exercise:

- Complete the quiz individually. (10 minutes)
- Review the quiz as a team and reach consensus on each answer. (10 minutes)

Call time after the first 10-minute interval and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 10-minute interval. Read each responsibility out loud and then alternate between teams for a response. If a team's response differs from yours, ask for the members' rationale. Then provide the rationale given in the answer key, keeping in mind that the ultimate goal is to discuss team roles, not to defend any particular response.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share their anticipated team roles and the related tasks.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the roles and responsibilities of project team members
- To consider how to fulfill one team role in a future improvement project

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Team Roles: Quiz

Instructions:

Read the team responsibility and mark who is primarily accountable for its completion. More than one role may apply to a single responsibility.

TEAM RESPONSIBILITY	LEADER	FACILITATOR	RECORDER	TIMEKEEPER	MEMBER
1. Encourage everyone to contribute to decision making					
2. Maintain documents related to the team's work					
3. Offer ideas about the potential cause of a problem					
4. Conduct team meetings					
5. Be an active presence in team meetings					
6. Help feuding team members to resolve their conflict					
7. Participate according to team ground rules					
8. Keep team members working in the same direction					
9. Announce when the time allotted for a particular meeting topic is up					
10. Complete assignments by the designated deadlines					
11. Focus participants on the goals of the Improvement Project Memo					
12. Report progress to the quality committee					
13. Support project solutions outside of team meetings					
14. Write down what happens during team meetings					
15. Attend training on the latest quality tools					

Team Roles: Learning Transfer Worksheet

Instructions:

Think of one or more improvement projects in your facility which are either underway or could be underway in the future. Using the information from today's session, write down the project role you are most likely to assume and 3 tasks related to filling that role.

Project:

_____

Team Role:

_____

Related Tasks:

1. _____
_____
_____
_____

2. _____
_____
_____
_____

3. _____
_____
_____
_____

Team Roles: Answer Key

TEAM RESPONSIBILITY	LEADER	FACILITATOR	RECORDER	TIMEKEEPER	MEMBER
1. Encourage everyone to contribute to decision making	✓	✓			
2. Maintain documents related to the team's work			✓		
3. Offer ideas about the potential cause of a problem	✓	✓	✓	✓	✓
4. Conduct team meetings	✓				
5. Be an active presence in team meetings	✓	✓	✓	✓	✓
6. Help feuding team members to resolve their conflict		✓			
7. Participate according to team ground rules	✓	✓	✓	✓	✓
8. Keep team members working in the same direction	✓				
9. Announce when the time allotted for a particular meeting topic is up				✓	
10. Complete assignments by the designated deadlines	✓	✓	✓	✓	✓
11. Focus participants on the goals of the Improvement Project Memo	✓	✓			
12. Report progress to the quality committee	✓				
13. Support project solutions outside of team meetings	✓	✓	✓	✓	✓
14. Write down what happens during team meetings			✓		
15. Attend training on the latest quality tools	✓	✓	✓	✓	✓

Brainstorming

Participant training objectives:

- To understand how brainstorming is used during process investigation
- To be able to conduct a brainstorming session

Target audience:

Quality improvement (QI) committee members, QI project team members, and other staff involved in the process investigation phase of QI projects

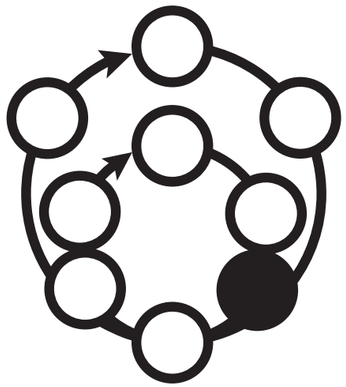
Type of exercise:

Scenario; group exercise, 60 minutes

Key concepts:

The brainstorming process, designed to help teams generate a large volume of ideas, requires that team members to:

- Write the topic statement or question in a central location
- Review general rules for brainstorming
- Establish a time limit
- Generate ideas with the group until time is up
- Review and refine ideas



The Big Picture:

Brainstorming is a useful tool at any level in the HIVQUAL model where a team needs to generate a large volume of ideas. Brainstorming is particularly important, however, during Step 3 of the project cycle: Project team investigates the process. Defined as a technique to freely and uninhibitedly generate ideas using a group approach, brainstorming helps a team identify a problem's potential causes and/or solutions.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Brainstorming Process	Facilitator	10 minutes
3. Group Exerciese: Scenario	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Tear off flipchart paper and make sure you have enough markers for the group(s) to use during the exercise.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Brainstorming: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand how brainstorming is used during process investigation
- Be able to conduct a brainstorming session

Agenda

Provide a brief description of the session's primary components:

- Presentation on the process of brainstorming
- Group exercise on how to brainstorm answers to a clinical question
- Learning Transfer Worksheet

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by defining brainstorming as a technique to freely and uninhibitedly generate ideas about problems or opportunities using a group approach. Brainstorming helps teams harness their creativity while focusing on a common purpose in an environment free of criticism. This is particularly helpful when trying to identify potential causes for, or solutions to, a specific problem.

Introduce the basic brainstorming process:

- Write the topic statement or question in a central location
- Review general rules for brainstorming
- Establish a time limit
- Generate ideas with the group until time is up
- Review and refine ideas

Write the topic statement or question in a central location. The statement or question should be clearly defined and written where everyone can see it.

Review general rules for brainstorming. Basic ground rules include:

- Go for quantity of ideas; do not censor your ideas or anyone else's
- Utilize free-association and building on previous ideas
- Record ideas as stated; do not edit—only clarify, if necessary
- Do not discuss or debate the merit of individual ideas

Establish a time limit. (7 to 10 minutes is recommended).

Generate ideas with the group until time is up.
Begin idea generation by going around the group, allowing one idea per person. Participants may pass if they do not have an idea. Ideas should be written down where everyone can see them.

The process of generating ideas usually goes through several cycles. Early cycles are characterized by rapid fire answers which usually are not new. Later cycles tend to have a slower pace, but result in the most innovative ideas. It is important not to rush the process.

Review and refine ideas. Discard any ideas that are virtually identical and come to consensus around a few ideas for further discussion and follow-up.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Read the scenario individually.
- As a group, brainstorm potential answers to the project question and write them on the flipchart paper. (20 minutes)

Remind participants of the brainstorming ground rules before they begin. Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and repeat the project question. Then alternate between teams for 2-3 ideas per group. At the end, share ideas from the answer key that the teams have not mentioned.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share their question/problem statement and the most innovative idea from their lists.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand how brainstorming is used during process investigation
- To be able to conduct a brainstorming session

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Brainstorming: Scenario

Instructions:

Read the scenario and brainstorm answers to the stated question with your team. Write your answers on flipchart paper.

Background:

A project team investigated the show-rate for medical appointments and presented their results to the quality committee: 49% for routine medical appointments and 31% for initial medical appointments. In a subsequent meeting, the members brainstorm potential solutions to improve the lower than desired show-rate.

Brainstorming Question: How can we increase the show-rate for medical appointments?

Brainstorming: Learning Transfer Worksheet

Instructions:

During brainstorming, it is important not to censor yourself. Practice this "freewheeling" attitude by selecting a current problem or challenge in your job and brainstorming potential causes and/or solutions.

Problem Statement/Question:

Idea list - Anything Goes!

Brainstorming: Answer Key

The sample response does not describe how the HIV program should or would answer the question, but rather several ways the question could be answered during a brainstorming session.

Idea list:

- Make reminder calls 2 days before appointment.
- Give incentive to patients when they make their appointment on time.
- Print cards when patients leave their last appointment.
- Open clinic on Saturdays.
- Arrange transportation for all patients.
- Send clinic information out to new patients to familiarize them with the clinic.
- Give map with location of clinic to all new patients.
- Negotiate with city to provide free public transportation to clinic.
- Make several appointments for patients on the same day.
- Give free cell phones to patients and call them directly to remind them of the appointment.
- Ask the patients, What is a good time for you?, rather than telling them when to come.
- Send postcards out to patients 2 weeks before appointment.
- Provider calls his/her patients to remind them about upcoming appointments.
- Extend clinic hours until 7:00 p.m.
- Have new patients meet with a peer during the first visit to help engage them with the clinic.
- Get an 800 number for patients to call and ask for the date and time of the appointment.
- Ask for a second contact (e.g. family member, friend, etc.) so that this person can remind the patient about the appointment.
- Rather than asking patients to come into the clinic, go into the community.
- Create a policy: Come whenever you want!

Flowchart

Participant training objectives:

- To understand how flowcharts are used during process investigation
- To be able to construct a flowchart

Target audience:

Quality improvement (QI) project team members and other staff involved in the process investigation phase of quality improvement projects

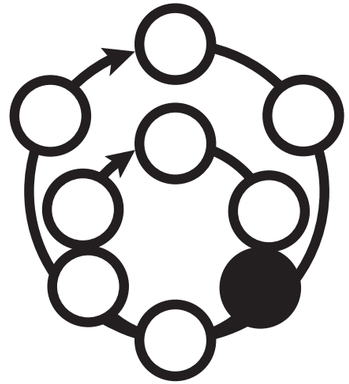
Type of exercise:

Scenario; group exercise, 60 minutes

Key concepts:

A flowchart, used to create a process "picture," is constructed using the following symbols:

- Oval: shows beginning or ending step in a process
- Rectangle: depicts particular step or task
- Arrow: shows direction of process flow
- Diamond: indicates a decision point



The Big Picture:

Flowcharts are an essential tool in the HIVQUAL model during Step 3 of the project cycle: Project team investigates the process. A flowchart is a picture of any process, whether it involves a sequence of events, steps, activities, or tasks. Flowcharts are drawn with standard symbols that represent different types of activities or tasks. They help employees visualize a process so that it is easier to understand and easier to improve.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Flowchart Construction	Facilitator	10 minutes
3. Group Exerciese: Scenario	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Example
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Example, Scenario, and Learning Transfer Worksheet for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Tear off flipchart paper and make sure you have enough markers for the group(s) to use during the exercise.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Flowchart: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand how flowcharts are used during process investigation
- Be able to construct a flowchart

Agenda

Provide a brief description of the session's primary components:

- Presentation of how to construct a flowchart
- Group exercise on how to create a flowchart using narrative information
- Learning Transfer Worksheet

Quality Improvement Background

Begin by explaining that a flowchart is a picture of any process, whether it involves a sequence of events, steps, activities, or tasks. Flowcharts help staff members visualize a process so that it is easier to understand and easier to improve, and identify potential sources of problems and solutions.

Example

Distribute the Example to each participant and explain how flowcharts are drawn with a standard set of symbols, shown at the top of the handout:

- Oval—appears at the very top and very bottom of the flowchart to show the process' beginning and ending points. The activity or event signifying the beginning or ending is written inside the oval.
- Rectangle—shows any single step in the process. A brief description of the activity and who completes it appears inside the rectangle.
- Arrow—connects steps and shows direction of process flow.
- Diamond—shows a decision point from which the pro cess branches into separate paths. A question appears inside the diamond and the path taken depends on the answer to the question.

Walk participants through the example, reviewing the symbols as you go.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Read the scenario individually.
- As a group, create a flowchart on the flipchart paper for the clinic's routine follow-up appointment process using the information provided in the dialogue. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and select one team to walk through the flowchart steps. Ask other teams if they have anything to add, and then share any points from the answer key that the teams have not addressed.

Ask participants to pretend that they are on the improvement team and to identify what area(s) they would focus on next to improve the follow-up appointment process.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 10 minutes to complete it.

Debrief

If time permits, ask participants to individually share their flowcharts with the group.

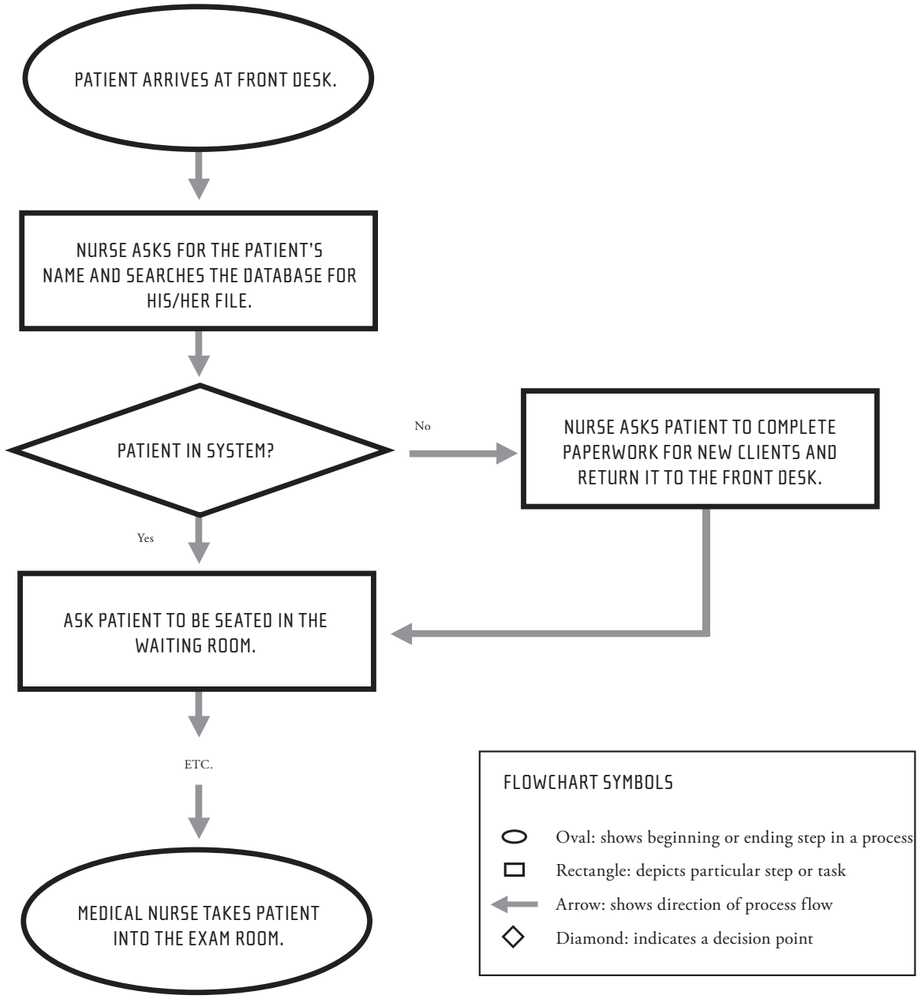
Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand how flowcharts are used during process investigation
- To be able to construct a flowchart

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Flowchart: Example of Patient Intake Process



Flowchart: Scenario

Instructions:

Read the scenario and create a flowchart for making routine follow-up appointments based on the staff members' dialogue. Draw the flowchart on flipchart paper, making sure it reflects how the process is, not how it should be.Instructions: Read the scenario and create a flowchart for making routine follow-up appointments based on the staff members' dialogue. Draw the flowchart on flipchart paper, making sure it reflects how the process is, not how it should be.

Background

A project team has been formed to improve a facility's process for making follow-up routine medical appointments. The team members include:

- Dr. Mark Jensen—Medical Director
- Anne Nicholson, RN—HIV Nurse
- Ryan Clark—Sign-Out Clerk

After initial data collection, the team meets to flowchart the process. Three members describe the process as follows.

Dialogue

ANNE: When patients leave the exam rooms, providers enter the number of weeks for the follow-up appointments in our new electronic medical record system. That's our policy.

MARK: When my patients leave, I normally finish my patient notes and I could not figure out how to access the specific computer screen to enter the number of weeks. Usually, I write the weeks on a piece of paper and give it to the patient to show to the sign-out clerk.

ANNE: I always use the computer.

RYAN: When patients come to me, I ask for the last name and look the patients' record up in the computer. When the amount of weeks is not entered I ask the patient when the doctor said that they should come back.

ANNE: What do you do if the patient does not know?

RYAN: Then I have to leave the sign-out area to find the doctor and ask him/her directly. Sometimes it takes me 10 minutes to find the provider.

MARK: But I give a piece of paper to all of my patients.

RYAN: Once I have the information, I go into our scheduling system and look up whether we have appointments for the requested week. I tell the patient a date. When patients are unavailable for this date, I try to find another date for them.

ANNE: Don't we print out reminder cards that include our new address for future appointments?

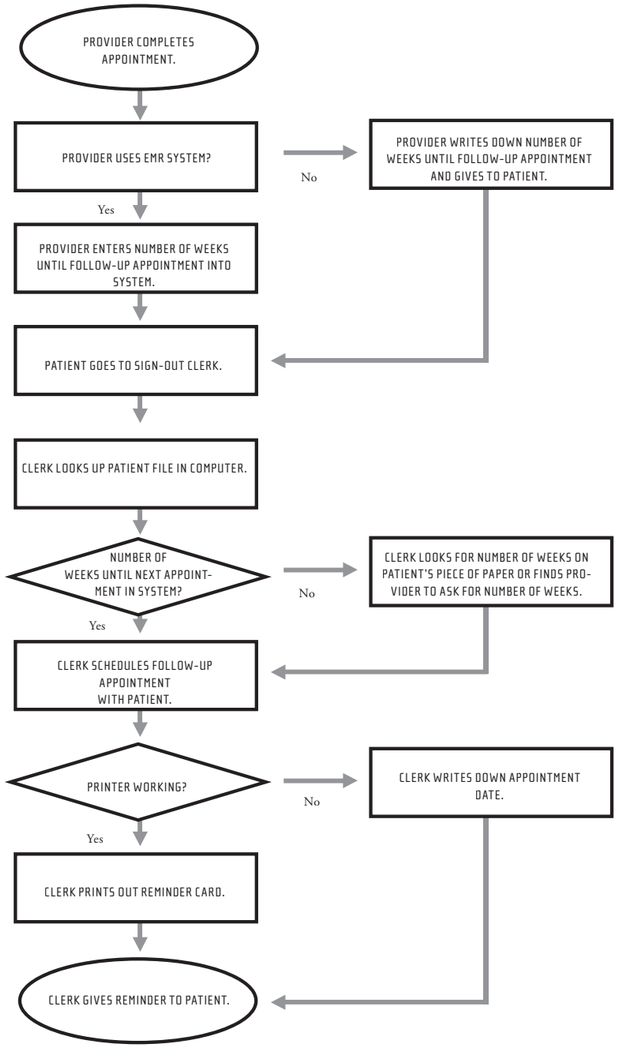
RYAN: We do, but the printer does not always work. Then we write the date down, and give the information to the patient.

Flowchart: Learning Transfer Worksheet

Instructions:

Use the space below to create a flowchart for one of your work processes. When finished, circle the area(s) that could be the focus of a future improvement project.

Flowchart: Answer Key



Cause-and-Effect Diagram

Participant training objectives:

- To understand how Cause-and-Effect Diagrams are used during process investigation
- To be able to construct a Cause-and-Effect Diagram

Target audience:

Quality improvement (QI) project team members and other staff involved in the process investigation phase of quality improvement projects

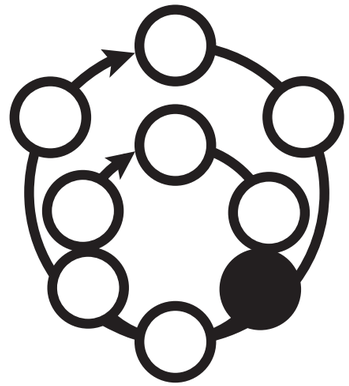
Type of exercise:

Scenario; group exercise, 60 minutes

Key concepts:

The process of constructing a Cause-and-Effect Diagram includes the following steps:

- Draw the diagram's skeleton
- Write the problem or desired outcome in the box at the end of the arrow
- Brainstorm potential causes and subcategories to fill in the "bones" of the skeleton
- Review and refine causes



The Big Picture:

In the HIVQUAL model, Cause-and-Effect Diagrams are an essential tool. It is used to map variables that may influence a problem, outcome, or effect. During process improvement, it is helpful in identifying a problem's potential causes and/or solutions.

The Cause-and-Effect Diagram is sometimes called an Ishikawa diagram, after the doctor who first developed it, or a fishbone diagram, after its skeleton-like structure.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Flowchart Construction	Facilitator	10 minutes
3. Group Exerciese: Scenario	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Example
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Example, Scenario, Learning Transfer Worksheet, and slide presentation for each participant. Draw the answer to the exercise on flipchart paper. (optional)

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Tear off flipchart paper and make sure you have enough markers for the group(s) to use during the exercise.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard

Notes

Cause-and-Effect Diagram: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand how Cause-and-Effect Diagrams are used during process investigation
- Be able to construct a Cause-and-Effect Diagram

Agenda

Provide a brief description of the session's primary components:

- Presentation of how to construct a Cause-and-Effect Diagram
- Group exercise on how to categorize causes using a Cause-and-Effect Diagram
- Learning Transfer Worksheet

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that a Cause-and-Effect Diagram is used to map variables that may influence a problem, outcome, or effect. During process improvement, it is helpful in identifying a problem's potential causes and/or solutions.

Tell participants that they may hear the Cause-and-Effect Diagram referred to as an Ishikawa diagram, after the doctor who first developed it, or a fishbone diagram, after the diagram's structure which resembles the skeleton of a fish.

Introduce the basic process for constructing a Cause-and-Effect Diagram:

1. Draw the diagram's skeleton
2. Write the problem or desired outcome in the box at the end of the arrow
3. Brainstorm potential causes and subcategories to fill in the "bones" of the skeleton
4. Review and refine causes

Example

Distribute the Example to each participant and review the process steps in detail.

1. Draw the diagram's skeleton. Explain that the skeleton consists of a horizontal arrow pointing to the effect, and additional arrows—representing causes—pointing to the horizontal arrow.

   Major causes can be separated into four basic categories:

   - Equipment
   - Environment
   - Procedures
   - People

   These are only suggestions; teams should use the categories that best fit their improvement needs. Other sets of categories could be: Methods, Materials, Resources, and Measurement. Make them fit your problem.

2. Write the problem or desired outcome in the box at the end of the arrow. As an example, read the problem from the handout: "Low show-rate for HIV medical appointments."

3. Brainstorm potential causes and subcategories to fill in the "bones" of the skeleton. Review the potential causes in the handout. Note how major causes typically have subcategories, identified by asking: Why does this happen? For example, in the People category, patients themselves are a major cause of low show-rates. Why? The next level indicates that patients are unaware of their appointments.

4. Review and refine causes. Explain that this step helps team members come to consensus around a few ideas for further discussion and follow-up.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Read the scenario individually.
- As a group, draw the Cause-and-Effect Diagram skeleton on flipchart paper, using the first handout as a model.
- Complete the diagram with the potential causes provided in the scenario. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and select one team to walk through the responses in one category. Ask other teams if they have anything to add. Repeat the process for the remaining 3 categories. If you chose to draw the diagram on flipchart paper, show your version to the group after all responses have been given.

Next, ask participants to pretend that they are on the improvement team and to identify what area(s) they would focus on next to increase the show-rate.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share their effect and one potential cause.

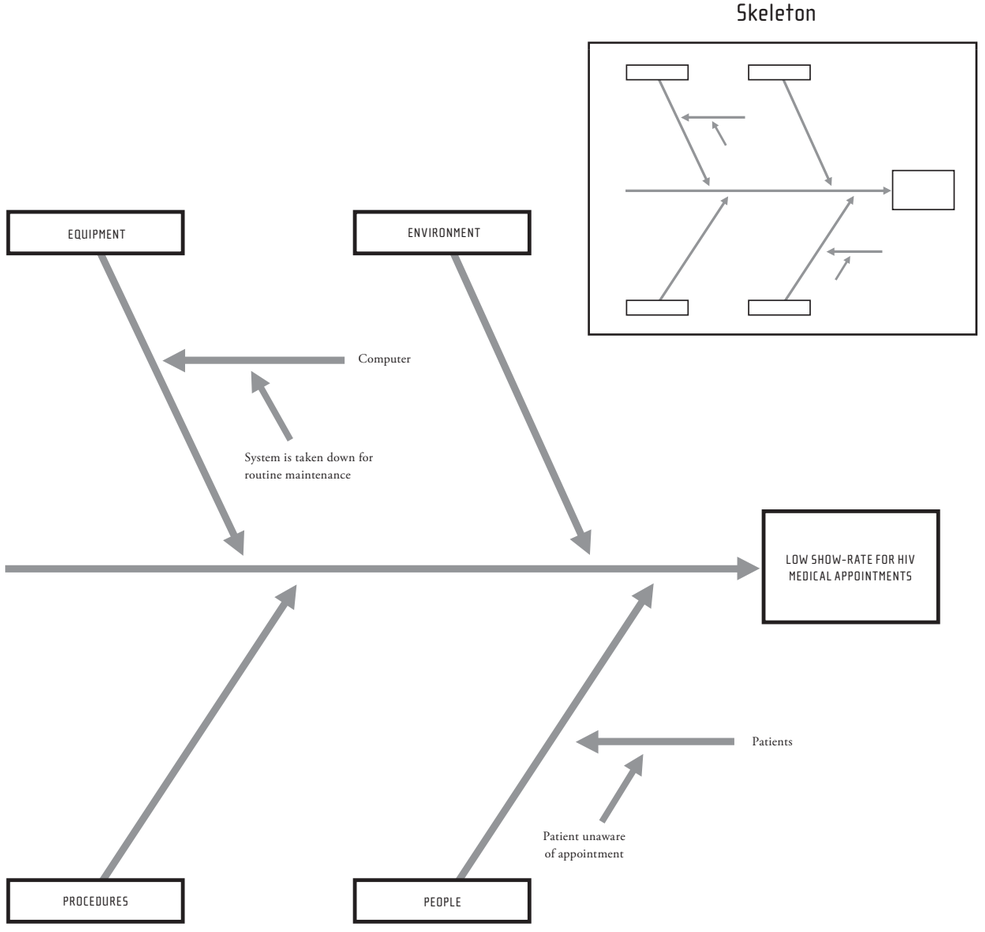
Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand how Cause-and-Effect Diagrams are used during process investigation
- To be able to construct a Cause-and-Effect Diagram

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Cause-and-Effect Diagram: Example



Cause-and-Effect Diagram: Scenario

Instructions:

Read the scenario and create a Cause-and-Effect Diagram on flipchart paper using the potential causes listed below. Reference the diagram structure from the first handout to help get you started.

Background

A project team investigated the show-rate for HIV medical appointments and presented their results to the quality committee: 49% for routine medical appointments and 31% for initial medical appointments. In a subsequent meeting, the members brainstormed potential causes to the lower than desired show-rate.

Effect

Low show-rate for HIV medical appointments

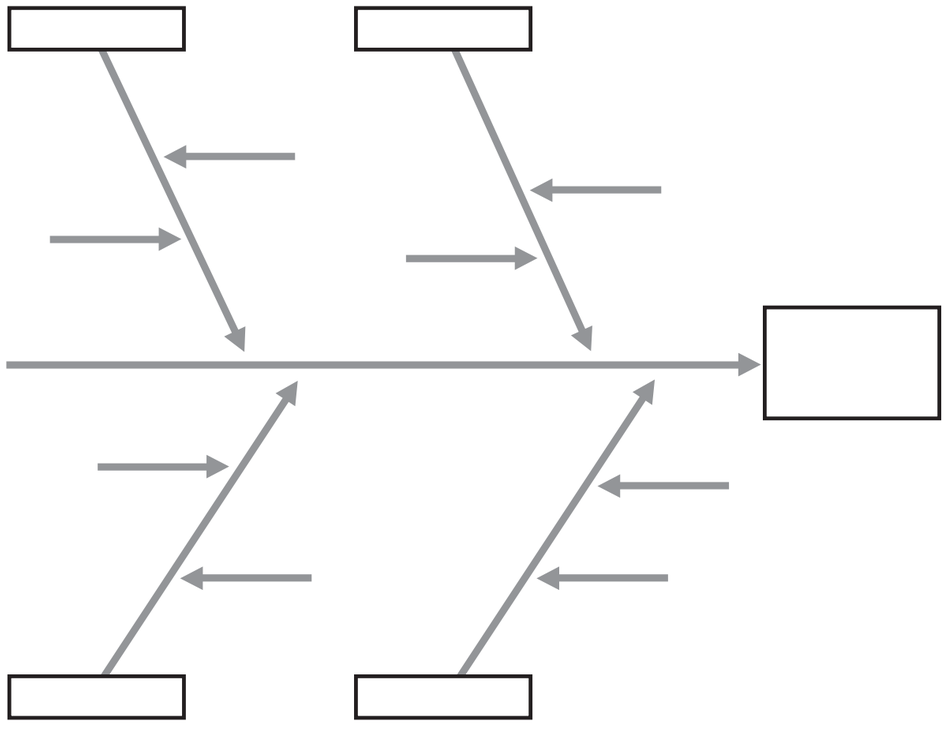
Potential Causes

- Staff does not give patient printed appointment card
- Patients unaware of appointments
- Lack of childcare for patients
- Staff gives patient wrong appointment information
- Difficult to reach patients directly by phone due to wrong number
- Computer system taken down for routine maintenance
- Appointment cards do not include exact clinic address
- Reminder calls placed by someone patient doesn't know
- Computer can only print reminders for appointments within 3 months
- No procedure in place to reschedule appointments
- Remote location of clinic
- Only one appointment can be listed on appointment card

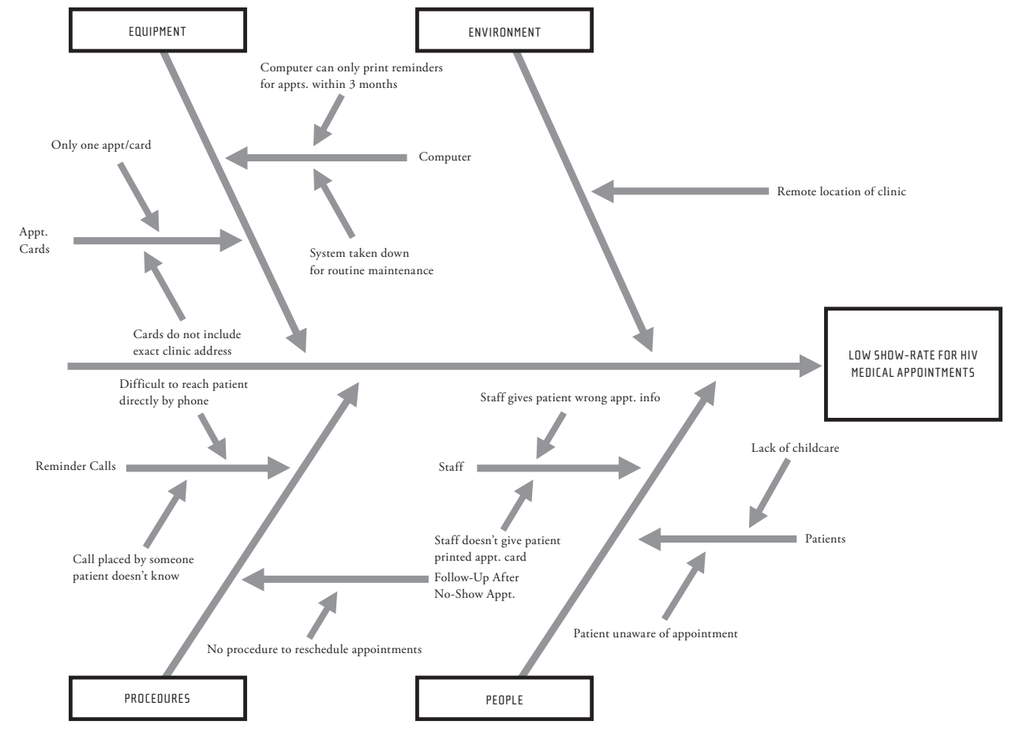
Cause-and-Effect Diagram: Learning Transfer Worksheet

Instructions:

Select a current problem or challenge in your job and fill in the skeleton "bones" with potential causes. When finished, circle the area(s) that could be the focus of a future improvement project.



Cause-and-Effect Diagram: Answer Key



Selecting a Pilot Test

Participant training objectives:

- To understand the purpose of selection criteria in evaluating a potential pilot test
- To know how to choose a pilot test that is most likely to succeed

Target audience:

QI team members involved in the pilot test implementation phase of quality improvement projects

Type of exercise:

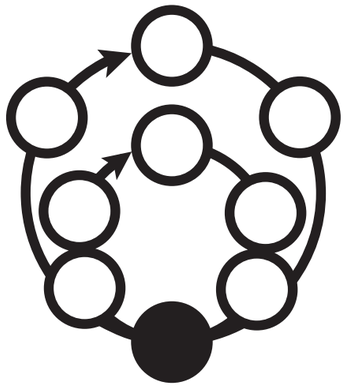
Scenario; group exercise, 60 minutes

Key concepts:

Before pilot testing, project teams should assess whether or not potential pilot tests meet the following criteria:

- Focused
- Supportable
- Immediate
- Measurable

Note: The Brainstorming Exercise should be completed before the Selecting a Pilot Test Exercise.



The Big Picture:

In the HIVQUAL model, pilot test selection occurs during Step 4 of the project cycle: Project team plans and tests change(s). During this step, a team generates potential pilot tests—improvement changes implemented on a small scale. Please note that pilot tests are discussed in greater detail in the Planning a Pilot Test Exercise.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Basic Selection Criteria	Facilitator	10 minutes
3. Group Exerciese: Scenario	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Make sure you have plenty of flipchart paper and a marker.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Selecting a Pilot Test: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the purpose of selection criteria in evaluating a potential project pilot test
- Know how to choose a pilot test that is most likely to succeed

Agenda

Provide a brief description of the session's primary components:

- Presentation of basic selection criteria
- Group exercise on rating and selecting a pilot test
- Learning transfer worksheet to practice measuring your own pilot test against selection criteria

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that a quality problem often has more than one solution, and that each solution must be tested on a small scale before committing time and resources to system-wide implementation. This is achieved through a pilot test.

Introduce the selection criteria:

Focused. Does the pilot test have well-defined parameters? If not, it may be cumbersome to implement and overly difficult to analyze the results. Pilot tests should specifically address and improve the underlying causes of the identified problems.

Supportable. Are staff members and facility leaders able to live with the proposed change? It is important to ensure that those who must live with a process day-to-day can also live with its proposed changes. Even if the test is successful without staff members' support, system-wide implementation is nearly impossible without it.

Immediate. Will the pilot test improve patient care/working conditions relatively quickly? The pilot test should produce visible change in the short term, thereby increasing the quality program's momentum and credibility. Pilot tests can be tested as quickly as 2 weeks.

Measurable. Can the improvement be measured to track progress? Ongoing measurement helps to ensure that project improvements are kept over time while also documenting the overall effectiveness of the quality program.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Read the scenario individually.
- As a group, brainstorm potential answers to the problem. (Note: If you have not yet completed the Brainstorming Exercise, explain that participants should freely generate possible pilot tests during this time.) (5 minutes)
- Select the top 3 pilot tests and score how well they meet the 5 selection criteria. When finished, total your scores. (15 minutes)

Call time after the 5-minute brainstorming period and remain available to answer questions and facilitate the scoring process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the 15-minute interval and ask a representative from one team to provide the team's top-scoring pilot test. Write the pilot test on the flipchart so that everyone can see it and ask the representative to walk through the individual scores for each of the 5 selection criteria. Repeat the process for the remaining teams.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share the problem and pilot test most likely to be chosen.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the purpose of selection criteria in evaluating a potential project pilot test
- To know how to choose a pilot test that is most likely to succeed

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Selecting a Pilot Test: Scenario

Instructions:

Read the scenario and brainstorm 5-10 potential pilot tests. From your list, choose 3 pilot tests that seem most likely to eliminate the root cause of the problem. Then complete the selection grid to determine which test to implement.

Background:

A quality improvement team at an academic health center was recently assembled to help increase the percentage of HIV+ pregnant women receiving HAART therapy. After analyzing baseline data and investigating the process, its members identified the following root cause:

A high percentage of pregnant women that were identified as HIV+ and pregnant were lost for follow-up, particularly those women who are minorities. Although women can be seen by the HIV Clinic or the hospital's OB/GYN clinic, this group of women are not returning for their regular appointments and the team fears that the HAART therapy is not appropriately continued.

Brainstorming: What are some pilot test ideas for improving the show rate of HIV+ women?

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Selection Grid

List your top three pilot tests. Then, for each criterion, give a score from 1 to 5. (1-pilot test does not meet criterion; 5-pilot test completely meets criterion)

CRITERIA	PILOT TEST 1:	PILOT TEST 2:	PILOT TEST 3:
Focused			
Supportable			
Immediate			
Measurable			
Total Score			

Selecting a Pilot Test: Learning Transfer Worksheet

Instructions:

Think of an improvement project in your facility which is either underway or could be underway in the future. Using the information from today's session, brainstorm a list of 3 potential pilot tests and then complete the selection grid to help choose the most viable test.

For each criterion, give a score from 1 to 5.
(1-pilot test does not meet criterion; 5-pilot test completely meets criterion)

CRITERIA	PILOT TEST 1:	PILOT TEST 2:	PILOT TEST 3:
Focused			
Supportable			
Immediate			
Measurable			
Total Score			

Selecting a Pilot Test: Answer Key

The sample response does not provide pilot tests that the facility necessarily should or would select (particularly given the limited information about the problem), but rather one way that the facility could approach the selection process.

Potential Pilot Tests

1. Assign special case managers to follow-up with pregnant women
2. Provide beepers for clinic staff to contact pregnant women
3. During first appointment, ask for detailed contact information, including a family member or friend who can be contacted
4. Arrange special appointment with case manager to discuss barriers to follow-up
5. Provide special education by clinician about benefits of HAART therapy
6. Establish peer support group for pregnant women to follow-up
7. Schedule weekly phone calls by case manager to personally contact pregnant women who are more likely to be lost
8. Provide free transportation for pregnant women
9. Provide incentive for women who continue regimen during pregnancy
10. Provide educational classes to women

Selection Grid

(1-pilot test does not meet criterion; 5-pilot test completely meets criterion)

CRITERIA	PILOT TEST 1:	PILOT TEST 2:	PILOT TEST 3:
Focused	5	4	4
Supportable	5	4	2
Immediate	4	3	3
Measurable	3	4	4
Total Score	17	15	13

Planning a Pilot Test

Participant training objectives:

- To understand the basic steps of pilot test design and implementation
- To be able to complete a pilot test plan

Target audience:

QI team members involved in the pilot test phase

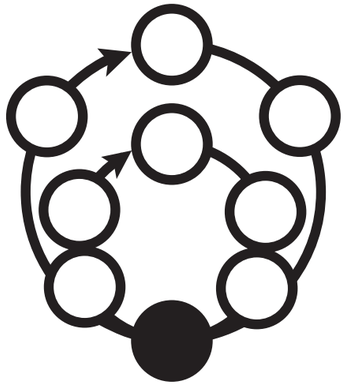
Type of exercise:

Scenario; group exercise, 70 minutes

Key concepts:

Pilot test planning requires the following steps:

- Define the pilot test
- Plan the pilot test implementation
- Decide how to review pilot test results
- Determine how to decide whether/how to move forward



The Big Picture:

Pilot testing occurs after an improvement project team has investigated a particular problem and chosen a solution. In the HIVQUAL model, planning a pilot test is part of Step 4 in the project cycle: Project team plans and tests change(s). The pilot test is simply a small scale implementation of the solution which allows team members to assess its effectiveness before making changes system-wide.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Pilot Test Implementation Plan	Facilitator	10 minutes
3. Group Exerciese: Scenario	Participants	40 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		70 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Draw the planning template from the Answer Key on flipchart paper. Leave the answers blank for the Reporting Back portion of the exercise.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Planning a Pilot Test: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the basic steps of pilot test design and implementation.
- Be able to complete a pilot test plan.

Agenda

Provide a brief description of the session's primary components:

- Presentation of the steps in a pilot test
- Group exercise on completing a pilot test implementation plan
- Learning Transfer Worksheet to practice planning a pilot test for one of your own projects

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that pilot testing is used after a project team selects a potential solution to its problem, but before the solution is implemented system-wide. The pilot test is a small scale implementation of a potential solution which should take approximately one month or less—typically two weeks—and which allows team members to assess the solution's effectiveness.

Introduce the steps in a pilot test implementation plan:

Define the pilot test. Clearly state the basic elements of the test, including:

- Root cause that the pilot test is designed to eliminate
- Change to be tested
- Evaluation method(s) for assessing the pilot test outcome

Plan the pilot test implementation. List the steps required to make the pilot a reality.

Decide how to review results of the pilot test. Plan who will evaluate the measurement results and solicit additional feedback from staff.

Determine how to decide whether/how to move forward. Plan how to work with the project team and/or quality committee to proceed with pilot implementation or to select a new pilot test.

State that the test plan should also identify who is responsible for specific tasks and when the tasks must be completed, both of which build accountability into the plan and increase the likelihood of task completion.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Read the scenario individually. (5 minutes)
- As a group, complete a pilot test implementation plan for each of the 3 pilots. (25 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and select a representative from one group to define the various elements of the pilot test. Write the responses on the blank implementation plan you prepared on flipchart paper before the session. After one team completes its answer, ask other teams if they have anything new to add and write additional responses on the flipchart. Repeat the process for the remaining steps.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share their chosen pilot test and the steps required for implementation.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the basic steps of pilot test design and implementation
- To be able to complete a pilot test plan

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Planning a Pilot Test: Scenario

Instructions:

Read the scenario and complete the pilot test plan based on the information provided and your own experience. You do not need to indicate who is responsible for each task.

Background

A quality improvement team at a community health center was recently assembled to help increase the percentage of patients receiving dental services. The policy of the clinic states that each patient should receive an annual dental assessment and a referral to appropriate services.

After analyzing baseline data and investigating the process, the team members identified the following root cause: Although patients are screened for the dental exam and appropriate referrals are made, patients do not follow up with their dentists to receive the necessary services. The community health center does not have an on-site dentist.

To assist patients in receiving dental services, the team selects the following pilots.

- Organize an 'Oral Health Awareness Month' to increase awareness among patients: develop new educational materials to explain benefits of dental care, put up educational posters in the waiting room, and ask providers to personally remind patients about the importance of dental services.
- Make appointments at a nearby dental clinic directly for the patients while they are still at the community health center.
- Create a walk-in policy for same-day dental appointments (i.e. once the patient is at the community health center, he/she can walk straight to the dental clinic).

Pilot Test 1

DEFINE THE PILOT TEST.									
Cause of Problem: _____									
Change to be Testesd: _____									
Evaluations Method(s) _____									
	WHO IS RESPONSIBLE?	WHEN COMPLETED BY? (WEEK)							
PLAN THE PILOT TEST IMPLEMENTATION.		1	2	3	4	5	6	7	8
a.	(NA)								
b.									
c.									
REVIEW RESULTS OF THE PILOT TEST.									
a.	(NA)								
b.									
c.									
DECIDE WHETHER/HOW TO MOVE FORWARD.									
a.	(NA)								
b.									
c.									

Pilot Test 2

DEFINE THE PILOT TEST.									
Cause of Problem: _____									
Change to be Testesd: _____									
Evaluations Method(s) _____									
	WHO IS RESPONSIBLE?	WHEN COMPLETED BY? (WEEK)							
PLAN THE PILOT TEST IMPLEMENTATION.		1	2	3	4	5	6	7	8
a.	(NA)								
b.									
c.									
REVIEW RESULTS OF THE PILOT TEST.									
a.	(NA)								
b.									
c.									
DECIDE WHETHER/HOW TO MOVE FORWARD.									
a.	(NA)								
b.									
c.									

Pilot Test 3

DEFINE THE PILOT TEST.									
Cause of Problem: _____									
Change to be Testesd: _____									
Evaluations Method(s) _____									
	WHO IS RESPONSIBLE?	WHEN COMPLETED BY? (WEEK)							
PLAN THE PILOT TEST IMPLEMENTATION.		1	2	3	4	5	6	7	8
a. b. c.	(NA)								
REVIEW RESULTS OF THE PILOT TEST.									
a. b. c.	(NA)								
DECIDE WHETHER/HOW TO MOVE FORWARD.									
a. b. c.	(NA)								

Planning a Pilot Test: Learning Transfer Worksheet

Instructions:

Think of an improvement project in your facility which is either underway or could be underway in the future. Using the information from today's session, select a possible pilot test and complete the implementation plan.

DEFINE THE PILOT TEST.									
Cause of Problem: _____									
Change to be Testesd: _____									
Evaluations Method(s) _____									
	WHO IS RESPONSIBLE?	WHEN COMPLETED BY? (WEEK)							
PLAN THE PILOT TEST IMPLEMENTATION.		1	2	3	4	5	6	7	8
a. b. c.	(NA)								

Planning a Pilot Test: Answer Key

The sample response does not reflect how the facility necessarily should or would complete the pilot test implementation plans, but rather one way the forms could be completed.

Pilot Test 1

DEFINE THE PILOT TEST.

- Cause of problem: Although patients are screened for the dental exam and appropriate referrals are made, they do not follow up with their dentists to receive the necessary services.
- Change to be tested: Oral Health Awareness Month
- Evaluation method(s): Increase in dental appointments made by patients Of the appointments made, how many are kept; Number of materials given out to patients; Survey to assess patients' understanding of the importance of oral health.

	WHO IS RESPONSIBLE?	WHEN COMPLETED BY? (WEEK)							
PLAN THE PILOT TEST IMPLEMENTATION.		1	2	3	4	5	6	7	8
a. Develop educational materials.	(NA)	X	X						
b. Make a 20-minute presentation to providers during the nextstaff meeting to discuss what they should tell patients about oral health.			X	X					
c. Put posters in waiting room.		X							
REVIEW RESULTS OF THE PILOT TEST.									
a. Count materials being given out to patients.	(NA)				X				
b. Count how many educational sessions are conducted between providers and patients.					X				
c. Survey patients to assess their understanding of the importance of oral health.						X			
d. Look at how many dental appointments are made by patients and, of those, how many are kept.					X	X			
DECIDE WHETHER/HOW TO MOVE FORWARD.									
a. Compile results in one report for final presentation.	(NA)					X			
b. Present results to quality committee.						X			
c. Present results to staff.						X	X		

Pilot Test 2

DEFINE THE PILOT TEST.

- Cause of problem: Although patients are screened for the dental exam and appropriate referrals are made, they do not follow up with their dentists to receive the necessary services.
- Change to be tested: Make appointments at a nearby dental clinic directly for the patients while they are still at the community health center.
- Evaluation method(s):
  Number of dental appointments made by health center staff for patients of the appointments made, and how many are kept

	WHO IS RESPONSIBLE?	WHEN COMPLETED BY? (WEEK)							
PLAN THE PILOT TEST IMPLEMENTATION.		1	2	3	4	5	6	7	8
a. Identify a nearby dental clinic at which health center staff can make appointments for patients.	(NA)	X							
b. Make arrangements with the dental clinic so that the health center can call for appointments.		X							
REVIEW RESULTS OF THE PILOT TEST.									
a. Look at how many appointments are made by the health center for patients.	(NA)		X						
b. Look at how many appointments are kept by the patients at the dental clinic			X						
DECIDE WHETHER/HOW TO MOVE FORWARD.									
a. Compile results in one report for final presentation.	(NA)			X					
b. Present results to quality committee.				X					
c. Present results to staff.				X	X				

Pilot Test 3

DEFINE THE PILOT TEST.

- Cause of problem: Although patients are screened for the dental exam and appropriate referrals are made, they do not follow up with their dentists to receive the necessary services.
- Change to be tested: Create a walk-in policy for same-day appointments.
- Evaluation method(s): Number of same-day referrals made by health center staff Of referrals made, how many are kept

	WHO IS RESPONSIBLE?	WHEN COMPLETED BY? (WEEK)							
PLAN THE PILOT TEST IMPLEMENTATION.		1	2	3	4	5	6	7	8
a. Identify nearby dental clinic for same-day referrals.	(NA)	X							
b. Negotiate agreement for same-day appointments.			X						
c. Develop map to show patients how to get from the health center to the dental clinic.			X						
REVIEW RESULTS OF THE PILOT TEST.									
a. Look at how many patients were referred for a same-day appointment.	(NA)			X					
b. Look at how many patients were seen in the clinic through the walk-in policy.				X					
DECIDE WHETHER/HOW TO MOVE FORWARD.									
a. Compile results in one report for final presentation.	(NA)			X					
b. Present results to quality committee.						X			
c. Present results to staff.						X	X		

Evaluating a Pilot Test

Participant training objectives:

- To understand the basic criteria for evaluating pilot test results
- To know how to use pilot test results to determine the next steps in an improvement project

Target audience:

QI team members involved in the solution implementation and evaluation phases of QI project cycles

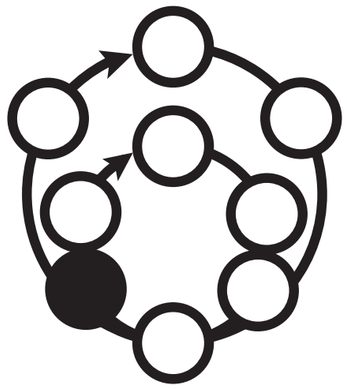
Type of exercise:

Scenario; individual and group exercise, 60 minutes

Key concepts:

After pilot testing the solution to a quality problem, project team members determine their next steps by evaluating the results against the following criteria:

- Effectiveness against goals
- Range of impact
- Resources allocated
- Time required
- Ownership of solution



The Big Picture:

Pilot testing, a small scale implementation of potential solutions, allows team members to assess the effectiveness of the solution before making changes system-wide. In the HIVQUAL model, pilot test results are evaluated during Step 5 of the project cycle: Project team evaluates result(s) with key stakeholders. That assessment occurs during the pilot test evaluation phase when team members, the quality committee, and staff review the pilot test results.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Pilot Test Evaluation Criteria	Facilitator	10 minutes
3. Group Exerciese: Scenario	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		70 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Photocopy the Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers,

Notes

Evaluating a Pilot Test: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the basic criteria for evaluating pilot test results
- Know how to use pilot test results to determine the next steps in an improvement project

Agenda

Provide a brief description of the session's primary components:

- Presentation of basic criteria for pilot test evaluation
- Group exercise on completing pilot test evaluations
- Learning transfer worksheet to practice pilot test evaluation for one of your own projects

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Begin by reviewing the purpose of a pilot test: to assess the effectiveness of potential solutions before implementing a successful solution system-wide.

Introduce the basic criteria against which pilot test results should be evaluated:

Effectiveness against goals. Ultimately, the pilot test should help achieve the goal as stated in the improvement project memo and serve as a baseline against which future improvements can be measured.

Range of impact. The range of a pilot test's impact increases with the number of patients upon which it has a positive effect.

Resources allocated. The resources allocated to a pilot test should be no more, and no less, than the minimum required for its basic implementation.

Time required. By definition, a pilot test is a small scale implementation. It should be completed in approximately 1 month or less—ideally, in 2 weeks.

Ownership of solution. Both the quality committee and staff should be engaged in the solution to the extent that they will support any process changes required for its long-term implementation.

Explain that the pilot test evaluation helps team members and the quality committee to decide how to move forward, and specifically whether the pilot test should be:

Terminated—makes sense if all stakeholders agree that the pilot test did not achieve the goal as stated in the improvement project memo and that a modified test would produce similar results.

Implemented system-wide—makes sense if all stakeholders agree that the pilot test achieved the goal as stated in the improvement project memo.

Repeated—makes sense if pilot test results are inconclusive. Before repeating, however, the test should be modified to correct any deficiencies (e.g. excessive length, inadequate resources, inappropriate target population).

Add that the final step in pilot test evaluation is to identify the follow-up tasks required to pursue the chosen course of action.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Read the scenario and complete the pilot test eval uations individually. (10 minutes)
- Review the evaluations as a team and reach con sensus on each answer. (10 minutes)

Call time after the first 10-minute interval and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 10-minute interval. Read the first pilot test out loud and select a team to provide its evaluation responses. After one team completes its answer, ask other teams if they have anything new to add and include any points from the answer key that have not addressed. Repeat the process for the remaining pilot tests.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it, or—if not all participants have an improvement project upon which to base the evaluation—complete the worksheet as a large group.

Debrief

If time permits and participants completed the worksheet on their own, ask individuals to share the next steps in their improvement projects based on the evaluation results.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the basic criteria for evaluating pilot test results
- To know how to use pilot test results to determine the next steps in an improvement project

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Evaluating a Pilot System: Group Exercise

Instructions:

Read the scenario and complete each of the 3 pilot test evaluation forms based on the information provided.

Background

A project team was formed to improve the patient show rate for initial medical appointments from 35% to over 60%. Three pilot tests were implemented with the following results. All test results were reviewed by the quality committee and project team members.

Pilot Test 1:

Give an incentive—free transportation vouchers—to patients who show up for their initial medical appointments.

- Pilot test period: 1 week
- Result: 45% show rate

  Most patients who received the vouchers were aware of the incentive before arriving for the appointment. The vouchers cost a few dollars per patient. However, the hospital is not willing to pay for the incentive—other funds must be used. Desk staff reported frustration with the voucher distribution process and is reluctant to supervise the transactions given the heavy patient traffic.

PILOT TEST 1 :

Evaluation Questions

- Was the pilot test completed within a relatively short period of time? ☐ Yes ☐ No
- Were adequate resources allocated to pilot test implementation? ☐ Yes ☐ No
- Did the pilot test impact the majority of selected patients? ☐ Yes ☐ No
- Did the pilot test achieve the goal stated in the improvement project memo? ☐ Yes ☐ No
- Will the solution be accepted and supported by staff? ☐ Yes ☐ No

Next Steps

- Should the pilot test be terminated? ☐ Yes ☐ No
- Are you ready to implement the pilot test system-wide? ☐ Yes ☐ No
- Do you want to further test this pilot? ☐ Yes ☐ No

Follow-up Required:

Pilot Test 2:

Send welcome package to new patients that includes staff biographies/photos, peer comments, and a clinic map to help familiarize patients with the facility.

- Pilot test period: 3 weeks
- Result: 49% show rate

The welcome package was developed and mailed at relatively low cost. While the packages were mailed one week before the appointments, however, many patients did not receive them prior to their scheduled visits. In addition, the addresses were missing for over half of the patients scheduled for an initial medical appointment.

PILOT TEST 2 :

Evaluation Questions

- Was the pilot test completed within a relatively short period of time? ☐ Yes ☐ No
- Were adequate resources allocated to pilot test implementation? ☐ Yes ☐ No
- Did the pilot test impact the majority of selected patients? ☐ Yes ☐ No
- Did the pilot test achieve the goal stated in the improvement project memo? ☐ Yes ☐ No
- Will the solution be accepted and supported by staff? ☐ Yes ☐ No

Next Steps

- Should the pilot test be terminated? ☐ Yes ☐ No
- Are you ready to implement the pilot test system-wide? ☐ Yes ☐ No
- Do you want to further test this pilot? ☐ Yes ☐ No

Follow-up Required:

Pilot Test 3:

Provider makes personal reminder phone call to his/her patients about upcoming appointments.

- Pilot test period: 1 week
- Result: 58% show rate

Virtually all patients responded positively to personal contact from their respective providers. The providers were reluctant to assume the responsibility of making reminder phone calls. Most were too busy to make the calls during the day and had to stay at least 30 minutes after their last appointments to do so. In addition, many patients could not be reached personally until after regular business hours or due to missing phone numbers. It was decided not to leave messages on answering machines due to confidentiality concerns.

PILOT TEST 3 :

Evaluation Questions

- Was the pilot test completed within a relatively short period of time? ☐ Yes ☐ No
- Were adequate resources allocated to pilot test implementation? ☐ Yes ☐ No
- Did the pilot test impact the majority of selected patients? ☐ Yes ☐ No
- Did the pilot test achieve the goal stated in the improvement project memo? ☐ Yes ☐ No
- Will the solution be accepted and supported by staff? ☐ Yes ☐ No

Next Steps

- Should the pilot test be terminated? ☐ Yes ☐ No
- Are you ready to implement the pilot test system-wide? ☐ Yes ☐ No
- Do you want to further test this pilot? ☐ Yes ☐ No

Follow-up Required:

Evaluating a Pilot Test: Learning Transfer Worksheet

Instructions:

Think of an improvement project in your facility that is currently underway or was recently completed. Using the information from today's session, complete the pilot test evaluation form for one of the project solutions.

PILOT TEST:

Evaluation Questions

- Was the pilot test completed within a relatively short period of time? ☐ Yes ☐ No
- Were adequate resources allocated to pilot test implementation? ☐ Yes ☐ No
- Did the pilot test impact the majority of selected patients? ☐ Yes ☐ No
- Did the pilot test achieve the goal stated in the improvement project memo? ☐ Yes ☐ No
- Will the solution be accepted and supported by staff? ☐ Yes ☐ No

Next Steps

- Should the pilot test be terminated? ☐ Yes ☐ No
- Are you ready to implement the pilot test system-wide? ☐ Yes ☐ No
- Do you want to further test this pilot? ☐ Yes ☐ No

Follow-up Required:

Evaluating a Pilot Test: Answer Sheet

The sample response does not reflect how the facility necessarily should or would complete the pilot test evaluations, but rather one way the evaluations could be completed.

PILOT TEST 1 :

Evaluation Questions

- Was the pilot test completed within a relatively short period of time? ■ Yes ☐ No
- Were adequate resources allocated to pilot test implementation? ☐ Yes ■ No
- Did the pilot test impact the majority of selected patients? ■ Yes ☐ No
- Did the pilot test achieve the goal stated in the improvement project memo? ☐ Yes ■ No
- Will the solution be accepted and supported by staff? ☐ Yes ■ No

Next Steps

- Should the pilot test be terminated? ■ Yes ☐ No
- Are you ready to implement the pilot test system-wide? ☐ Yes ■ No
- Do you want to further test this pilot? ☐ Yes ■ No

Follow-up Required:

None. This pilot test should most likely be terminated given its:

- Questionable support among front desk staff.
- Lack of hospital funding.
- Relatively low improvement cases.

PILOT TEST 2 :

Evaluation Questions

- Was the pilot test completed within a relatively short period of time? ■ Yes ☐ No
- Were adequate resources allocated to pilot test implementation? ■ Yes ☐ No
- Did the pilot test impact the majority of selected patients? ☐ Yes ■ No
- Did the pilot test achieve the goal stated in the improvement project memo? ☐ Yes ■ No
- Will the solution be accepted and supported by staff? ■ Yes ☐ No

Next Steps

- Should the pilot test be terminated? ☐ Yes ■ No
- Are you ready to implement the pilot test system-wide? ☐ Yes ■ No
- Do you want to further test this pilot? ■ Yes ☐ No

Follow-up Required:

- Download the updated patient address list from other patient databases.
- Modify the pilot test so that the package is mailed out 2 weeks prior to the scheduled appointment dates.

PILOT TEST 3 :

Evaluation Questions

- Was the pilot test completed within a relatively short period of time? ■ Yes ☐ No
- Were adequate resources allocated to pilot test implementation? ☐ Yes ■ No
- Did the pilot test impact the majority of selected patients? ■ Yes ☐ No
- Did the pilot test achieve the goal stated in the improvement project memo? ■ Yes ☐ No
- Will the solution be accepted and supported by staff? ☐ Yes ■ No

Next Steps

- Should the pilot test be terminated? ☐ Yes ■ No
- Are you ready to implement the pilot test system-wide? ☐ Yes ■ No
- Do you want to further test this pilot? ■ Yes ☐ No

Follow-up Required:

- Change the pilot test to allow providers to leave phone messages with their patients.
- Brainstorm ways to free up provider time at the end of the day for reminder phone calls.

Data Presentation

Participant training objectives:

- To understand the purpose of presenting project data to specific audiences, such as key stakeholders, staff, or committees
- To be able to construct a Pareto Chart and Run Chart for the purpose of data presentation

Target audience:

Staff involved in the solution implementation and evaluation phases of quality projects

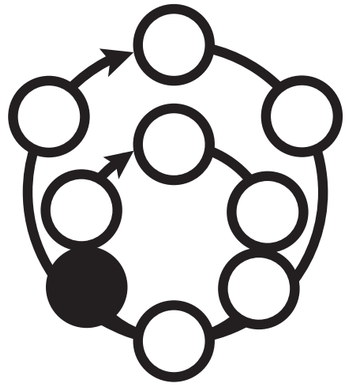
Type of exercise:

Scenario; group exercise, 65 minutes

Key concepts:

Data has the greatest impact when presented visually using tools such as the:

- Pareto Chart—bar chart which ranks related categories in decreasing order of occurrence
- Run Chart—line graph of data plotted over time



The Big Picture:

Within the context of the HIVQUAL model, performance data is presented during Step 5 of the project cycle. By this time in a project, team members have collected baseline data to help focus their problem-solving efforts and reviewed pilot test results to determine the effectiveness of potential solutions. Before proceeding, team members present this information to key stakeholders and solicit their feedback for the final improvement decisions.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Pareto and Run Chart Construction	Facilitator	10 minutes
3. Group Exerciese: Data Presentation Scenario	Participants	35 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		65 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Examples
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Photocopy the Pareto Chart and Run Chart Examples, Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Tear off flipchart paper and make sure you have enough markers for the group(s) to use during the exercise.
- Set up and test equipment (e.g. overhead projec
- Make sure you have enough chalk or wipeboard markers, if applicable.

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Notes

Data Presentation: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the purpose of presenting project data to specific audiences
- Be able to construct a Pareto Chart and Run Chart for the purpose of data presentation

Agenda

Provide a brief description of the session's primary components:

- Presentation of how to construct a Pareto Chart and Run Chart
- Group exercise on how to create a Pareto Chart and Run Chart based on project data
- Learning transfer worksheet to practice chart construction

Quality Improvement Background

Distribute the Pareto and Run Chart Examples, and a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that teams present data to specific audiences such as key stakeholders, formal and informal leaders, staff members, or internal/external committees to provide them with the information they need to help team members make the final improvement decisions.

The data presented typically includes:

- Baseline data (background)—project data that is typically collected to help team members assess the severity of a problem.
- Pilot test results—results of the team's pilot test (i.e. small-scale implementation of a potential solution)

Explain that graphic displays of data, such as charts and graphs, help to convey item results at-a-glance and should be used whenever possible.

Introduce two quality tools which can be used to present data graphically:

Pareto Chart—a simple bar chart which ranks related categories in decreasing order of occurrence. The Pareto Chart is based on the Pareto principle which suggests that most effects are the result of relatively few causes, that is, approximately 80% of effects come from 20% of potential causes. Therefore, this tool helps team members identify the "vital few" causes or solutions on which to focus problem-solving efforts.

Walk through the example:

- Response categories are listed on the horizontal axis in order of decreasing frequency.
- "Raw data" (e.g. percentages) are recorded on the left vertical axis.
- Each bar's height represents the frequency of the corresponding category.
- The line from the top of the tallest bar and moving upward from left to right shows the cumulative percent-

ages. This helps highlight those categories with the greatest impact on a given effect. Usually, teams focus on those causes/solutions that account for 80% of the effect.

Run Chart—a line graph of data plotted over time. Walk through the example:

- Time increments are listed on the horizontal axis.
- Measurement increments (e.g. percentages) are recorded on the left vertical axis.
- A marked point indicates the measurement or quantity observed at one point in time.
- Data points are connected to help display upward or downward trends in performance.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario to each participant and provide directions for completing the exercise:

- Skim the data individually. (5 minutes)
- As a group, create a Pareto Chart and Run Chart on the flipchart paper using the sample data provided. (20 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and select teams to walk through the elements of the Pareto Chart and the Run Chart.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share the type of data they selected to display on each chart.

Wrap-up

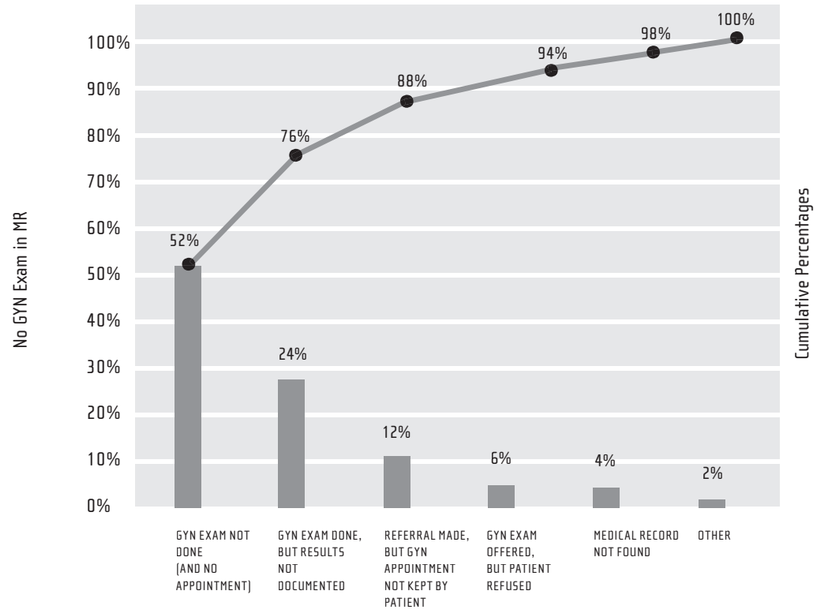
Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the purpose of presenting project data to specific audiences
- To be able to construct a Pareto Chart and Run Chart for the purpose of data presentation

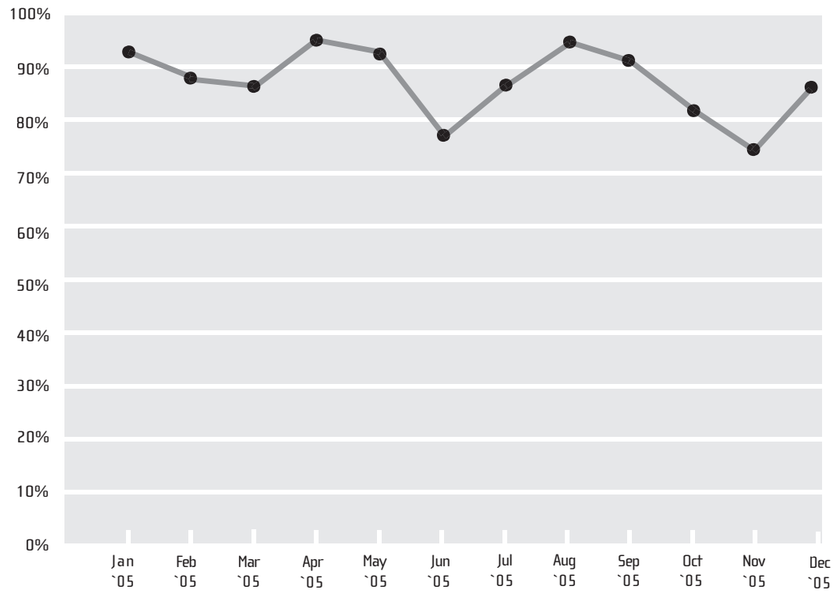
Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Data Presentation: Example

Pareto Chart: Reasons for No-GYN Exam in Medical Record



Run Chart: PCP Prophylaxis



Data Presentation: Scenario

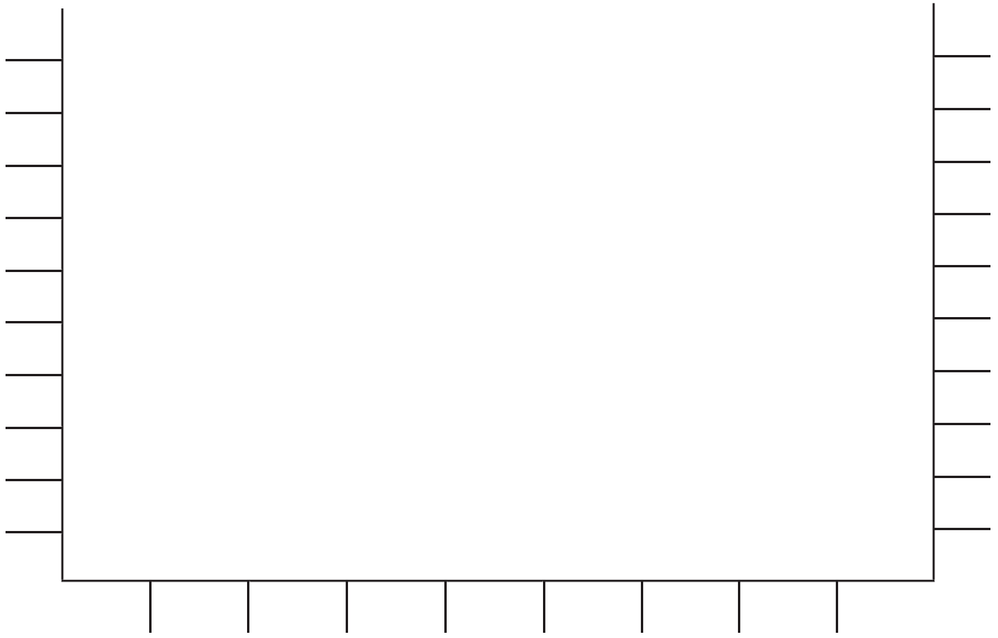
Instructions:

Create a Pareto Chart and a Run Chart based on the information provided.

Pareto Chart

After successfully pilot testing a series of adherence interventions, quality improvement team members calculated how much each intervention contributed to the overall increase in patient adherence to ARV medications:

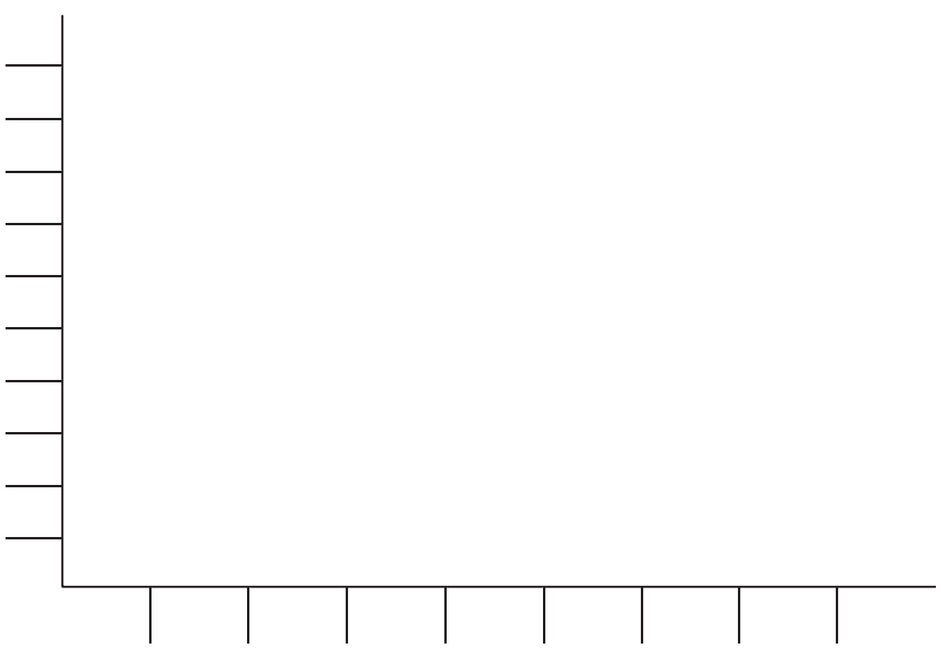
- Attendance of adherence workshop by patient: 21%
- Attendance of peer adherence group: 12%
- Face-to-face conversation with clinician: 35%
- Face-to-face conversation with nurse: 25%
- Handing out of consumer educational brochure: 5%
- Other: 2%



Run Chart

A PPD quality improvement team collected the following baseline data regarding the facility's annual PPD rate for the year 2005.

- January: 60%
- February: 71%
- March: 74%
- April: 62%
- May: 58%
- June: 63%
- July: 72%
- August: 80%
- September: 79%
- October: 81%
- November: 75%
- December: 87%

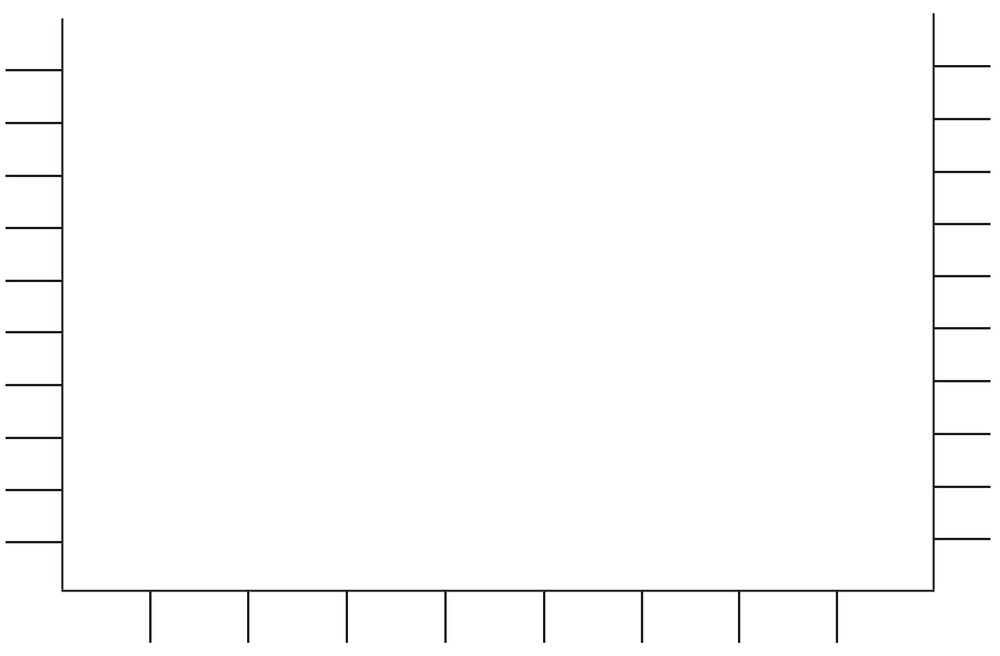


Data Presentation: Learning Transfer Worksheet

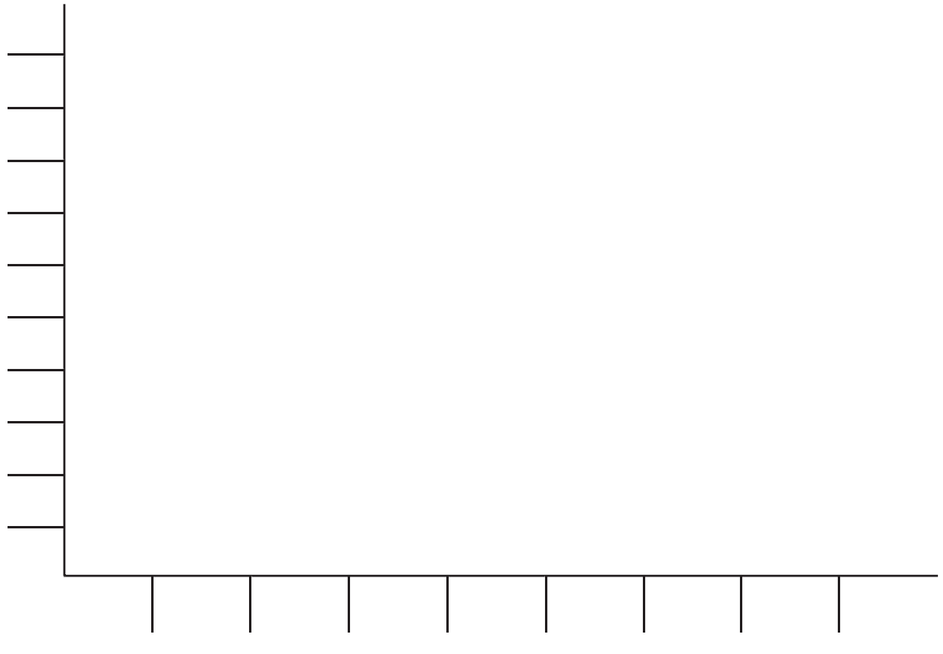
Instructions:

Think of an improvement project in your facility that is currently underway or was recently completed and consider how the project data could be graphically depicted using a Pareto Chart and Run Chart. Begin constructing the charts by filling in the title and labeling the horizontal and vertical axes provided below.

Pareto Chart:

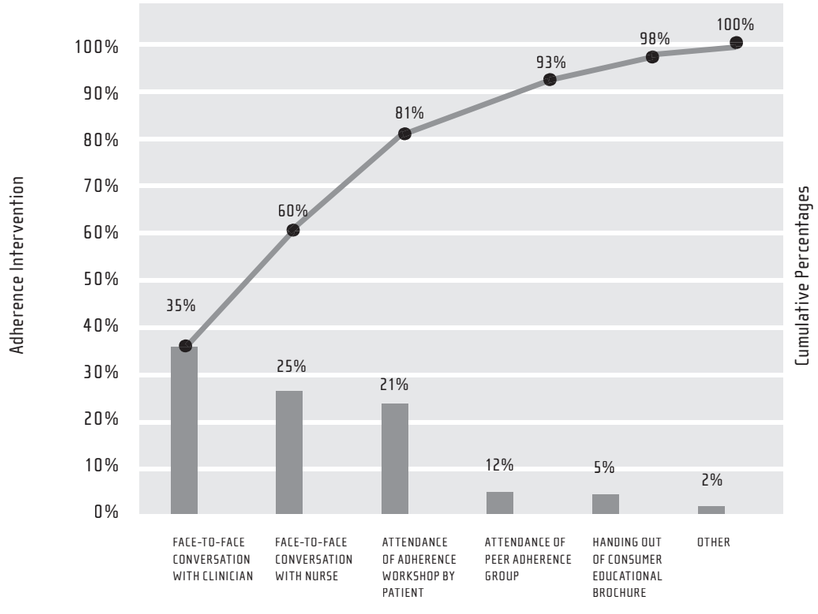


Run Chart:

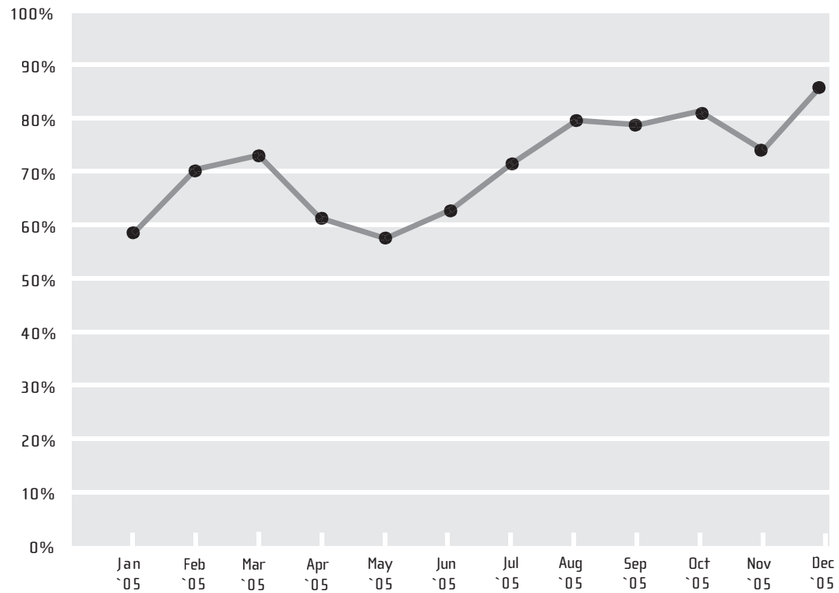


Data Presentation: Answer Key

Pareto Chart: Which Adherence Interventions Work?



Run Chart: Annual PPD Rate



Systematize Improvements

Participant training objectives:

- To understand basic strategies for sustaining the improvements achieved during QI projects
- To consider the tasks required to sustain quality gains

Target audience:

QI committee members, HIV program leaders, QI team members, and staff involved in incorporating project-related changes into daily work processes

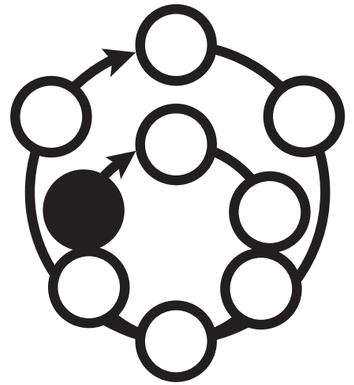
Type of exercise:

Case study; individual and group exercise, 60 minutes

Key concepts:

In order to sustain the gains achieved during quality improvement projects, team members must:

- Incorporate changes into existing systems
- Assign responsibilities
- Continue to measure performance
- Educate staff



The Big Picture:

Quality improvement team members work to sustain project-related improvements during Step 6 of the HIVQUAL model: Systematize change. Without a concerted effort to incorporate project changes into existing work processes, the gains for which team members have invested significant time and resources are likely to recede over time.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Strategies for Sustaining Improvements	Facilitator	10 minutes
3. Group Exerciese: Case Study	Participants	20 minutes
4. Learning Transfer: Worksheet	Participants	20 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Case Study
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Case Study, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Tear off flipchart paper and make sure you have enough markers for the group(s) to use during the exercise.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Systematize Improvements: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand basic strategies for sustaining the gains achieved during QI projects
- Consider the tasks required to sustain quality gains

Agenda

Provide a brief description of the session's primary components:

- Group exercise on developing interventions to sustain quality improvement gains
- Presentation of basic strategies to sustain improvements
- Learning transfer worksheet to consider the tasks required to sustain improvements

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Introduce basic strategies for sustaining the gains achieved during quality improvement projects:

Incorporate changes into existing systems. Procedures and job descriptions should be updated to reflect any process changes.

Assign responsibilities. One staff member should have the responsibility to routinely revisit the improvements gains and its implementation, thereby gaining ownership of the improved process.

Continue to measure performance. The process should be re-measured routinely to ensure that gains have been kept.

Educate staff. Special training sessions should be scheduled to provide staff members, particularly those who are impacted by the improvement, with the knowledge and skills they need to make the change a permanent one.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Case Study

Group Exercise

Distribute the case study and assign each team member a strategy for sustaining improvements. If there are more than 4 participants on a given team, ask members to work in pairs.

Provide directions for completing the exercise:

- Assign each team member one sustainability strategy (i.e. Incorporate changes into existing systems; Educate staff; Assign responsibilities; or Continue to measure performance.)
- Read the case study individually and list 3 interventions that would help the community care center implement your assigned strategy for sustaining improvements. (10 minutes)
- Regroup and report your interventions to one another.
- Discuss which of the team's actions are most likely to help sustain the improvements in the case study. List the top 5 interventions from all sustain-ability strategy categories on flipchart paper. (10 minutes)

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and ask one representative from each team to summarize the group's interventions. At the end, add any points from the answer key that the teams have not addressed.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 10 minutes to complete it.

Debrief

Ask participants to individually share a task related to one strategy and to provide the next steps in completing that task.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand basic strategies for sustaining the gains achieved during QI projects
- To consider the tasks required to sustain quality gains

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Systematize Improvements: Group Exercise

Instructions:

First fill out your assigned strategy in the lower part of the form. Next, read the case study, and brainstorm individually about 2 interventions that would help the community care center implement your assigned strategy for sustaining improvements. Next, report your interventions to the team. Of the entire list of the group's interventions, discuss which are most likely to help sustain the improvements in the case study and prioritize the top 5 interventions on flipchart paper.

Case Study

At a large urban community care center, a QI team has just completed a project to increase the rate of patients who return for HIV test results and counseling. Over the past 12 months, the return rate decreased from 85% to 62%. The team's aim was to return to the original performance level of 85% and to simultaneously use the opportunity to look for strategies to increase the rate beyond that point.

After analyzing their system for providing HIV counseling and testing, team members piloted two solutions over a period of three weeks:

1. Patient incentive—coupons donated by the local fast food chain are given to those patients who return for HIV test results and counseling.
2. More convenient location—because many patients also receive methadone on a daily basis, HIV counseling and testing is offered at the methadone clinic.

For the three weeks the solutions were piloted, the return rate went up to 87% and the decision was made to incorporate the solutions into the system.

How can you sustain the high return rate for post-test counseling at the community care center within the scope of your assigned strategy?

Strategy: _____

_____

_____

1. _____

_____

_____

2. _____

_____

_____

Systematize Improvements: Learning Transfer Worksheet

Instructions:

Pick one project in your HIV program that has produced an improvement. Then, for each strategy in the table below, write down one task required to achieve the strategic aim and the steps required to complete it within the context of the chosen project. Be sure to include a timeline for each step.

STRATEGY	TASK	NEXT STEPS	TIMELINE
INCORPORATE CHANGES INTO EXISTING			
ASSIGN RESPONSIBILITIES			
CONTINUE TO MEASURE PERFORMANCE			
EDUCATE STAFF			

Systematize Improvements: Answer Key

The sample response provides 5 interventions related to the 4 strategies for sustaining improvements. It does not describe how the facility should or would sustain the improvements, but rather one way that the strategies could be implemented.

Strategy: Incorporate changes into existing systems

1. Establish policies to routinely provide post-test counseling at the methadone clinic for the patients seen there
2. Negotiate with the fast food chain to continue the incentives on a permanent basis

Strategy: Assign responsibilities

3. Assign one representative of the QI team to monitor the progress of post-test counseling and report routinely to quality committee

Strategy: Continue to measure performance

4. Generate a report to measure post-test counseling rates at both sites, initially on a monthly basis

Strategy: Educate staff

5. Train staff at the Methadone Clinic to provide post-test counseling

Team Self Evaluation

Participant training objectives:

- To understand the importance of post-improvement project team evaluation
- To be able to use a self evaluation tool to assess team performance
- To be able to make improvement recommendations for future team projects

Target audience:

Quality improvement (QI) team and committee members involved in the HIV program's QI projects

Type of exercise:

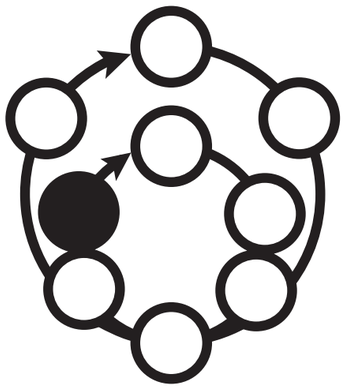
Role Play; group exercise, 60 minutes

Key concepts:

Team self evaluation and feedback are important aspects when a team concludes its improvement activity. Basic rules for feedback include:

- Recognize the need for feedback
- Use concrete examples to make your point
- Communicate your own views
- Be constructive
- Listen carefully

Note: The Brainstorming Exercise should be completed before the Team Self Evaluation Exercise.



The Big Picture:

Team members seek closure during Step 6 of the project cycle. While the primary focus of this step is to incorporate project-related changes into daily work processes, it is also an important opportunity for teams to discuss the positive aspects of their group interactions along with the areas that need improvement. In this way, team members help to build a "template" for success for future team projects.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. Group Exercise: Role Play	Facilitator	10 minutes
3. QI Background: Basic Feedback Guidelines	Participants	30 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Example
  - Role playing note cards
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Example, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.
- Draw the evaluation grid shown in the answer key on flipchart paper, enough so that each team has one grid on which to record their responses.

Prepare the training room:

- Tape the evaluation grids to the wall for use during the exercise.
- Make sure you have enough markers for each team.
- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Create the role playing note cards as described in the section that follows.

Role Playing Note Cards

Create one set of role-playing cards per team by printing out the roles below and taping them to 4 x 6 note cards (one role per card), or simply copying the information onto note cards.

If your team(s) has fewer than 5 members, begin with the 3 most essential roles (marked with an asterisk) and then complete the set with roles of your choice. A sixth person could be the recorder for the group.

*ROLE:DOCTOR/TEAM LEADER

Job:	Medical Director of HIV Clinic
Background:	Was assigned to be a team leader by the CEO Has worked at the clinic for the last 3 years Has received HIVQUAL training on team roles
Personality:	Pushy but fair; very busy; patient oriented
Key Remarks:	"My schedule is extremely tight, so it was frustrating when everyone wasn't here on time for our meetings." "It seems like I had to explain medical terms too often." "Sometimes I couldn't attend our meetings because patients were scheduled at the same time."

*ROLE: NURSE/TEAM FACILITATOR

Job:	Nurse in HIV Program
Background:	Of the team members, has worked in the clinic the longest Knows staff and patients really well
Personality:	Warm and well-respected; engaging personality; helps everybody; good relationship with patients
Key Remarks:	"The ideas we generated using the flowchart were creative and fun." "At times I felt like the group reached consensus too fast." "I think all of the team members had a good understanding of the team goal and purpose."

*ROLE: CLERK/TEAM MEMBER

Job:	Clerk who schedules patients
Background:	Chosen to participate for knowledge of the clinic and its processes
Personality:	Friendly; very accommodating; wants to help out
Key Remarks:	"We heard many anecdotes during our meetings, but the team leader always brought us back to the big picture." "Sometimes I didn't say what I wanted because I felt that my opinions weren't as important as other members'." "Although we decided to sustain our improvements, I'm not sure who will re-measure the PPD once the group is dissolved."

ROLE: ADMINISTRATOR/TEAM MEMBER

Job:	Administrator for HIV Program
Background:	New to HIV Program Not familiar with most processes Was asked to participate in this team
Personality:	Numbers oriented; focused on efficient use of time and resources
Key Remarks:	"We used our time well. I was initially worried to commit all the resources for the process." "We were able to reach the goal for PPD, but we were often unclear about which resources we could commit and use to achieve the goal." "The meeting with staff to explain the new policy worked really well and was well-received by all participants."

ROLE: PATIENT/TEAM MEMBER

Job:	Patient in HIV Program
Background:	Familiar with clinic Was included to directly hear the voice of patients
Personality:	Somewhat insecure; not sure what needs to be done; asks many questions
Key Remarks:	"I learned a lot about the clinic process and I am thankful for the many medical explanations I was given." "The fellow patients, I think, are much more aware of the PPD policy due to the posters in the waiting room and all the educational seminars given." "I was grateful to have participated in this team process—it was fun!"

Notes

Team Self Evaluation: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand the importance of post-project team evaluation
- Be able to use a self evaluation tool to assess team performance
- Be able to make improvement recommendations for future project teams

Agenda

Provide a brief description of the session's primary components:

- Presentation of a team self evaluation tool
- Group exercise on identifying team strengths and weaknesses via role play
- Learning transfer worksheet to practice evaluating project team performance

Quality Improvement Background

Distribute the Example and a copy of the slides to each participant for note taking and/or future reference.

Begin by explaining that the process of team self evaluation allows team members to celebrate their successes, identify challenges, and make recommendations for improving the team process in the future—thereby bringing closure to one project while creating opportunities for future improvement.

Review basic rules for providing feedback, including:

- Recognize the need for feedback
- Use concrete examples to make your point
- Communicate your own views
- Be constructive
- Listen carefully

Example

Introduce the team self evaluation tool that can be used to evaluate team performance. To complete the evaluation, team members:

1. **Identify the subject of the evaluation.** In this case, the subject is team performance throughout the project cycle, as measured against the improvement project memo.

2. **Set up three columns on a flipchart.** Write "What Worked" above the left column for positive feedback; "What Needed Improvement" above the middle for areas needing improvement; and "How Do You Improve" above the right column for improvement recommendations.
3. **Brainstorm positive areas and areas needing improvement.** Some items could be both positive and negative feedback, depending on the circumstances.
4. **Discuss each item in the "What Needed Improvement" column to determine if there is consensus that improvement is needed.** While all feedback is valuable, not every improvement opportunity requires immediate follow-up. Team members should discuss each item in the middle column and collectively decide how, and if, to change the team process before the next project.
5. **Make recommendations for improvement.** The recommendation should describe the action required to make the necessary improvements.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Role Cards

Group Exercise

Within each group, randomly distribute one role playing card to each participant and ask that they not show their cards to one another. If there are more than 5 participants in a single group, ask the remaining member(s) to serve as team recorder.

Provide directions for completing the exercise:

- For the duration of the exercise, you are members of a PPD quality improvement team that has just finished a team cycle and successfully improved the PPD rate. Take 2 minutes to review your assigned role.
- For the next 10-15 minutes, you will discuss what went well during the process to improve PPD—and what needs improvement—using the Key Remarks section on your note card as a loose "script."
- During your discussion, one person should record remarks on the flipchart, using the 3-column for mat presented in the example.
- For the last 5 minutes, you will discuss recommendations for how to improve areas of difficulty.
- Remind participants that this is a role play and that they should "play" their assigned roles and have fun.

Begin the role playing portion of the exercise by temporarily assuming the role of hospital CEO. Read the following information to kick off the team discussions:

> "As the CEO of the hospital, I am very proud to thank the team and each member for their successful work in improving the PPD rate to 91%.= With the help of the HIV Program, we formed a team 3 months ago with the charge of improving the PPD rate for our HIV+ population. And you have succeeded. Thanks.
>
> Today, you will meet for the very last time to think about the team process and to let us know what we can improve for the future team project. I will ask the team leader to continue the group effort by using the team self evaluation tool. Thanks again."

Ask the teams to begin the role play and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time and ask one representative from each team to summarize the group's feedback and recommendations for improvement. At the end, add any points from the answer key that the teams have not addressed.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area that requires improvement along with the improvement recommendation.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the importance of post-project team evaluation
- To be able to use a self evaluation tool to assess team performance
- To be able to make improvement recommenda tions for future project teams

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Team Self Evaluation: Example

Self Evaluation Tool

WHAT WORKED	WHAT NEEDED IMPROVEMENT	HOW DO YOU IMPROVE
Positive feedback about the team process	Areas that posed a challenge to the team process	Recommendations for improvement

Team Self Evaluation: Learning Transfer Worksheet

Instructions:

Assess your HIV program's team performance in a recently completed quality improvement project. Using the information from today's session, complete the grid below.

WHAT WORKED	WHAT NEEDED IMPROVEMENT	HOW DO YOU IMPROVE

Team Self Evaluation: Answer Key

The sample response does not reflect how the facility necessarily should or would complete the grid, but rather one way the grid could be completed.

WHAT WORKED	WHAT NEEDED IMPROVEMENT	HOW DO YOU IMPROVE
Positive flowcharting experience	Tardiness for team meetings	Establish expectations for meeting promptness in improvement project memo
Shared understanding of team goal and purpose	Varying knowledge of medical terminology	Compile and distribute glossary of medical terms before the first team meeting
Strong leadership during team discussions	Scheduling conflicts between team meetings and appointments	Provide team meeting schedule to team as early as possible
Good use of time	Inadequate time spent reaching consensus	Train team facilitator on consensus building techniques
	Hesitancy to openly share opinions	Include encouragement for—and expectation of—open discussion in improvement project memo
	Unclear follow-up plan for PPD re-measurement and accountability	"Huddle" at the end of the meeting to create and assign follow-up tasks, particularly re-measurement
	Unclear authority to commit and use clinic resources to achieve goals	Ask the HIV quality committee to more clearly define resource allocation in the annual workplan

Putting it All Together: An Improvement Project Cycle

Participant training objectives:

- To review quality tools and concepts introduced in previous exercises
- To experience how quality tools and concepts may be integrated and applied during one project cycle

Target audience:

Quality committee members, quality team members, leaders, and staff involved in quality improvement projects, specifically in workplan development, process investigation, and pilot test selection.

Type of exercise:

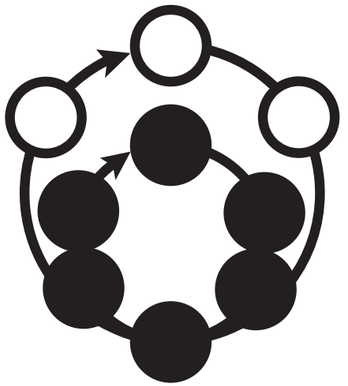
Scenario; series of 6 group exercises, 2.5 hours

Key concepts:

During a QI project, team members utilize a wide range of quality tools to help investigate quality problems and identify potential solutions, such as

- Improvement Project Memo
- Flowchart
- Brainstorming
- Cause-and-Effect Diagram
- Run Chart

Note: The following exercises should be completed before the Quality Tool Review Exercise: Improvement Project Memo Exercise, Brainstorming Exercise, Cause-and-Effect Diagram Exercise, Flowchart Exercise, and Data Presentation Exercise.



The Big Picture:

Quality tools provide a structured means to achieving the goals outlined in the improvement project memo. For example: Flowcharts help teams illustrate current process flow; Brainstorming helps team members generate ideas about the causes of, and solutions to, a particular quality problem; Cause-and-Effect Diagrams assist team members in mapping the potential causes of a quality problem; and Run Charts allow teams to visually track performance trends over time.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Review of Quality Tools and Concepts	Facilitator	15 minutes
3. Group Exercise: Quality Tools Scenario	Participants	2 hours
4. Wrap-up	Participants	10 minutes
		2 hours 30 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Quality Tools Scenario (Group Exercise 1-6)
  - Copy of slide presentation
- Flipchart paper and markers
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Quality Tool Scenario and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Tear off flipchart paper and make sure you have enough markers for the group(s) to use during the exercise.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Putting it All Together: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will have:

- Reviewed quality tools and concepts introduced in previous exercises
- Experienced how quality tools and concepts may be integrated and applied during one QI project cycle

Agenda

Provide a brief description of the session's primary components:

- Presentation to review key quality tools and concepts
- Group exercise designed to simulate the planning, investigation, and solution identification phases of a QI project cycle

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Introduce the concepts and tools that participants will apply during the exercise:

- Improvement Project Memo
- Flowchart
- Brainstorming
- Cause-and-Effect Diagram
- Run Chart

Review the concepts individually (see below). After each topic, pause to ask participants if they have any questions or need additional clarification.

Improvement Project Memo. Review that a QI memo is a project blueprint that includes the following elements:

- Problem statement
- Improvement goal
- Project team members
- Project timelines
- Meeting resources
- Operational guidelines

Note: The Improvement Project Memo Exercise explains these concepts in detail.

Flowchart. Review that a flowchart is a picture of any process, whether it involves a sequence of events, steps, activities, or tasks. Flowcharts are drawn with a standard set of symbols:

- Oval—shows the process' beginning and ending points.
- Rectangle—shows any single step in the process.
- Arrow—connects steps and shows direction of process flow.
- Diamond—indicates a decision point.

Note: The Flowchart Exercise illustrates how the symbols are used in greater detail.

Brainstorming. Review that brainstorming is a technique to freely and uninhibitedly generate ideas using a group approach. The brainstorming process includes the following steps:

1. Write the topic statement or question in a central location
2. Review general rules for brainstorming
   - Go for quantity
   - Build on previous ideas
   - Do not edit ideas or debate their merits
3. Establish a time limit (about 10 minutes)
4. Generate ideas with the group until time is up
5. Review and refine ideas

Note: The Brainstorming Exercise explains the process in detail.

Cause-and-Effect Diagram. Review that a Cause-and-Effect Diagram is used to map variables that may influence a problem, outcome, or effect. The process for constructing a Cause-and-Effect Diagram includes the following steps:

1. Draw the diagram's skeleton
2. Write the problem or desired outcome in the box at the end of the arrow
3. Brainstorm potential causes and subcategories to fill in the skeleton
4. Review and refine causes

Note: The Cause-and-Effect Diagram Exercise explains the process in detail.

Run Chart. Review that a Run Chart is a line graph of data plotted over time which includes the following elements:

- Horizontal axis—time increments
- Vertical axis—measurement increments
- Marked points—measurement or quantity observed at one point in time, connected to help display upward or downward trends in performance

Note: The Data Presentation Exercise discusses the Run Chart in greater detail.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Exercise

Group Exercise

Distribute Group Exercise 1 and provide directions for completing the exercise:

- For the duration of the exercise, you and your team are staff members at the Best-in-Town HIV Clinic charged with helping to improve the facility's quality of care.
- There are 6 parts to the exercise, each of which you will complete with your team members. In between the exercises, report back to the facilitator to discuss your findings and receive the next exercise.
- Begin with Group Exercise 1. Read the instructions, complete the exercise, and let the facilitator know when your group is finished.

Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

When team members signal that they have finished each step, walk over to the group and ask for a report, taking care not to disrupt the other teams. Listen to the response, then share any points from the answer key that have not been addressed.

At the end of each discussion, ask participants what they would do next to proceed with the project. Then distribute the next exercise in the sequence. Briefly introduce the exercise and its goals.

A general timeline for the exercises is as follows:

- Group Exercise 1: 10 minutes
- Group Exercise 2: 10 minutes
- Group Exercise 3: 15 minutes
- Group Exercise 4: 15 minutes
- Group Exercise 5: 15 minutes
- Group Exercise 6: 15 minutes

Be aware that each team's pace will vary. For example, one group may labor over project selection and the improvement project memo, but work quickly through the Flowchart and Cause-and-Effect Diagram. Another group may have the opposite experience. Based on your knowledge of the participants, allow teams to work over—or under—the recommended timelines within reason.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To review quality tools and concepts introduced in previous exercises
- To experience how quality tools and concepts may be integrated and applied during one QI project cycle

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Putting it All Together: Scenario

Group Exercise 1 (10 minutes)

Instructions:

Review the background information and quality data below, then choose one project that represents the clinic's top improvement priority and write it on flipchart paper.

Background

The Quality Committee at the Best-in-Town HIV Clinic routinely meets to review certain quality measures and discuss the findings. Several results of those reports are printed below.

Quality Data

WAITING TIME IN CLINIC	
MONTH-YEAR	TIME (IN MINUTES)
January-05	17
February-05	19
March-05	16
April-05	15
May-05	21
June-05	17
July-05	18
August-05	13
September-05	21
October-05	15
November-05	16
December-05	21
January-06	32

AVERAGE LENGTH OF STAY	
MONTH-YEAR	TIME (IN DAYS)
January-05	8.2
February-05	7.9
March-05	9.1
April-05	8.6
May-05	7.6
June-05	6.5
July-05	8.5
August-05	9.1
September-05	8.6
October-05	7.5
November-05	8.2
December-05	9.8
January-06	6.5

PATIENT SURVEY STATEMENT	PERCENTAGE OF PATIENTS		
	JANUARY-05	JULY-05	JANUARY-06
Doctors have time for me.	12%	16%	13%
Staff answers my questions.	15%	18%	16%
Waiting time is too long.	19%	18%	34%
Clerical staff is professional.	21%	21%	15%
Waiting area is clean.	15%	16%	14%
I received the information I need.	18%	11%	8%
Total	100%	100%	100%

STAFF SURVEY STATEMENT	PERCENTAGE OF STAFF MEMBERS		
	JANUARY-05	JULY-05	JANUARY-06
Supervisor sets clear goals.	17%	19%	18%
Staff meetings are effective.	17%	17%	17%
Working environment is clean.	15%	16%	16%
There are adequate training opportunities.	16%	18%	15%
Communication among staff is open.	18%	15%	19%
There are opportunities for job promotion.	17%	15%	15%
Total	100%	100%	100%

Report back to the facilitator and ask for the next exercise.

Group Exercise 2 (10 minutes)

Instructions: Complete an Improvement Project Memo for the "Patient Waiting Time" project selected by the quality committee.

Improvement Project Memo

Date: _____

Indicator: _____

Problem Statement: _____

_____

_____

Improvement Goal: _____

_____

_____

Team members: Clinician, primary care
Nurse, clinic
Administrator, clinic
Receptionist
Case Manager, clinic

Other: (resources, authority, frequency of reporting)

- Team will be given time to meet
- There's money for supplies or other similar expenses, but not for additional staff
- Team members will report back to the Quality Committee by August 31, 2006.

Report back to the facilitator and ask for the next exercise.

Group Exercise 3 (15 minutes)

Instructions: An interview is conducted to help team members better understand the patient sign-in process. Create a flowchart on flipchart paper using information from the interview dialogue, below. Make sure your flowchart reflects the process as it is presented in the interview. The chart should begin with the patient entering the room and end when the patient is seen by the physician.

Interview Dialogue

Clinic Manager: I would define the waiting time from the time a patient enters the clinic to the time until the patient is seen by the provider. First the patient's chart gets pulled.

Registration Clerk: No, not really. The first thing that we do is sign in the patient in the computer system. It takes only a few seconds if no other patients are at the counter.

Patient: Sometimes I come early to the clinic and I am not seen by the physician on time because he comes in late.

Staff Nurse: We do the vital signs and then put the charts back on the cart for the doctor to see the patient. Sometimes it takes quite a long time to get the charts in our cart.

Registration Clerk: I forgot to tell you that we also get the chart after the computer sign-in and place them on the cart for the nurses.

Staff Nurse: Sometimes we see the patients before the chart is prepped if we see the patient in the waiting room.

Clinic Manager: Does it happen that the provider does see the patient without a chart?

Staff Nurse: Sometimes and then they usually come and ask everyone where the chart is. It keeps us from taking the vital signs of patients.

Registration Clerk: At the end, the patient is seen by the physician and the physician places the chart for us in the sign-out area.

Report back to the facilitator and ask for the next exercise.

Group Exercise 4 (15 minutes)

As process investigation continues, a team member gathers waiting time data for each step in the admitting process:

PROCESS STEPS	TIME BETWEEN (IN MINUTES)	
	JANUARY-05	JANUARY-06
1. Patient enters—Clerk signs patient in.	1.9	2.4
2. Clerk signs patient in—Clerk puts chart in nursing cart.	3.1	4.2
3. Clerk puts chart in nursing cart—Nurse takes patient vital signs.	5.1	5.5
4. Nurse takes patient vital signs—Nurse returns chart to cart.	3.4	6.0
5. Nurse returns chart to cart—Physician sees patient.	3.5	13.9
Total	17.0	32.0

Instructions:

Brainstorm possible causes of the increased waiting time between the tasks in Step 5: Nurse returns chart to cart—Physician sees patient, and use them to create a Cause-and-Effect Diagram on flipchart paper.

Report back to the facilitator and ask for the next exercise.

Group Exercise 5 (15 minutes)

Instructions:

Create a Run Chart on flipchart paper using the September waiting-time data below. The data was collected to help team members focus on the wait time between nurses returning patient charts to the cart and physicians seeing their patients.

Report back to the facilitator and ask for the next exercise.

WAITING TIME IN CLINIC (between nurse returning patient chart to cart and physician seeing patient)	
DAY, MONTH/DAY/YEAR	TIME (IN MINUTES)
Monday, 9/3/05	41
Tuesday, 9/4/05	17
Wednesday, 9/5/05	18
Thursday, 9/6/05	23
Friday, 9/7/05	22
Monday, 9/10/05	39
Tuesday, 9/11/05	20
Wednesday, 9/12/05	23
Thursday, 9/13/05	18
Friday, 9/14/05	19
Monday, 9/17/05	45
Tuesday, 9/18/05	16
Wednesday, 9/19/05	20
Thursday, 9/20/05	20
Friday, 9/21/05	12
Monday, 9/24/05	42
Tuesday, 9/25/05	17
Wednesday, 9/26/05	25
Thursday, 9/27/05	32
Friday, 9/28/05	22

Group Exercise 6 (15 minutes)

The team collected the following data to examine what happened that may have contributed to the increased waiting time on Mondays in September:

EVENT	NUMBER OF OCCURRENCES	
	SEPTEMBER-05	SEPTEMBER-06
Staff member was on vacation.	5	12
Staff member was sick.	6	5
Provider came in late.	5	4
There was an electrical failure.	1	1
An exam room was being renovated.	1	2
Front desk staff did not sign a patient in.	3	2
The patient left and came back again.	1	3

Instructions:

Discuss the findings and select the event that is most likely to be a root cause of the problem. Brainstorm possible solutions to the problem on flipchart paper.

Report back to the facilitator.

Congratulations! You are finished with the exercise.

Putting it All Together: Answer Key

The sample response does not reflect how the facility necessarily should or would complete the project steps, but rather one way the steps could be completed.

Group Exercise 1

Top improvement priority: Patient Waiting Time

Rationale: Of the data presented, patient waiting time shows the greatest variation—over 50% between January 2005 and January 2006—and registers the greatest percentage of patient complaints.

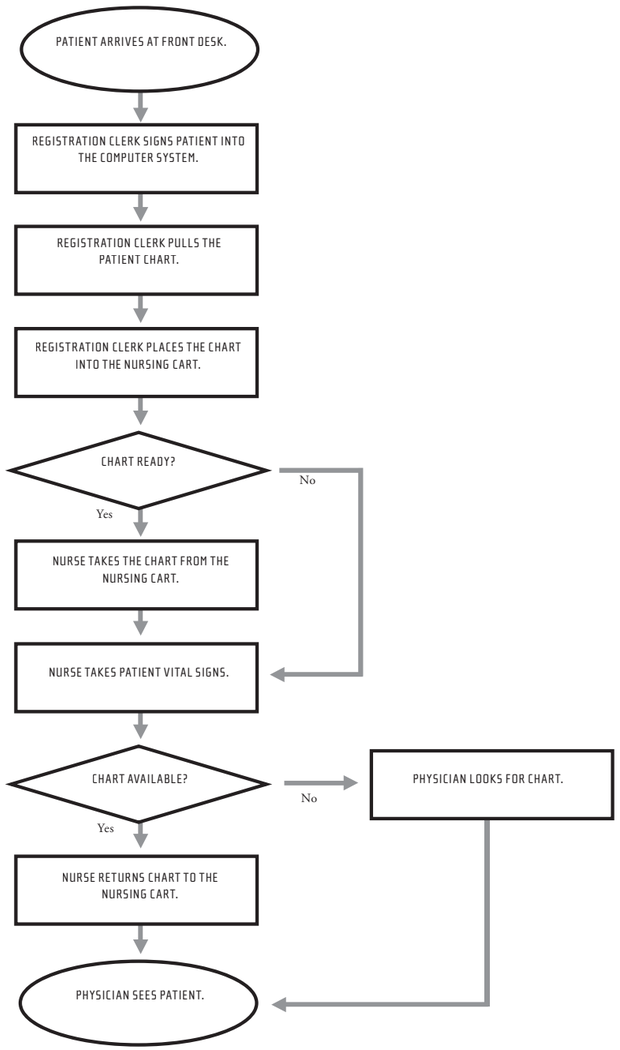
Group Exercise 2

Improvement Project Memo

- Indicator: Patient waiting time
- Problem statement: Currently, average patient waiting time is 32 minutes, an increase of 53% from this time last year.
- Improvement goal: The team will work to improve the clinic's performance on patient waiting time. The team should focus on decreasing the average time patients must wait between entering the clinic and seeing a physician. The team should aim to decrease the average waiting time to 17 minutes, a 53% reduction from current levels.

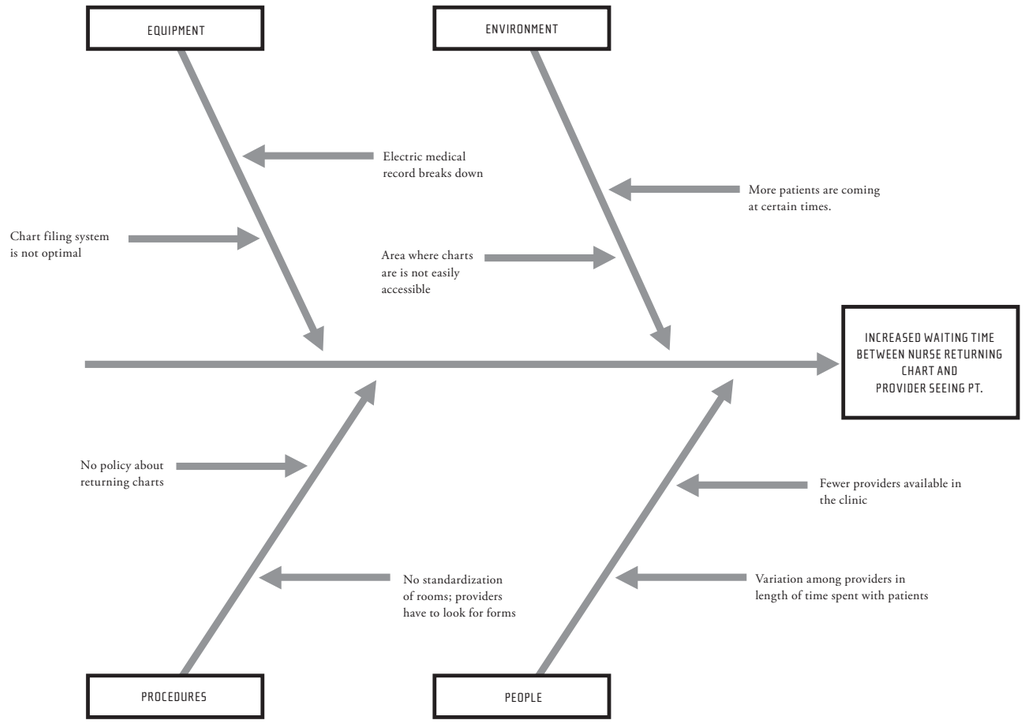
Group Exercise 3

Flowchart: Sign-In Process



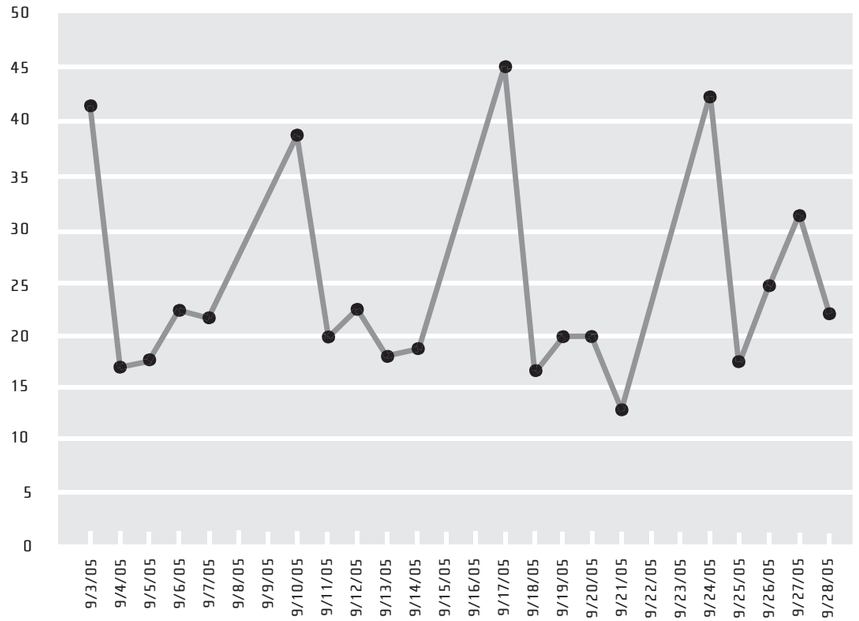
Group Exercise 4

Cause-and-Efect Diagram: Patient Sign-In Process



Group Exercise 5

Run Chart: Waiting Time



Group Exercise 6

Brainstorming: How can we eliminate the impact of staff vacation on patient waiting time?

- Jointly plan vacation time so that vacation days do not overlap
- Review policies for vacation approval
- Assign days of the week on which staff members may take vacation
- Organize a pool of temporary staff to use on high vacation days
- Reduce the number of patient appointments on high vacation days

Leadership for Quality: Actions Required

Participant training objectives:

- To understand how a leader's actions directly affect the quality program
- To identify effective ways for leaders to act

Target audience:

QI committee members, senior leaders, and other staff involved in planning and evaluating the quality program

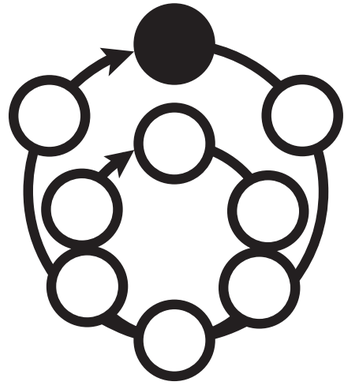
Type of exercise:

Roleplay; group exercise, 75 minutes

Key concepts:

Leaders need to send a consistent message of support for the quality program. In choosing what to do in a given situation, leaders need to select actions that will:

- Clarify the quality goals and keep a customer focus
- Support the use of data and a systematic approach to quality
- Involve staff, build staff morale and reward effective change



The Big Picture:

The HIVQUAL model shows leadership's prominent role in linking quality initiatives and overall strategic goals. Leaders also have an important, ongoing role in supporting teams of staff in their use of data to improve work processes. Leaders may be called on to answer questions or provide direction in a way that sends the responsibility and capability for improvement work back to the team level. In this direct way, leaders help their quality improvement project teams to succeed.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: What Leaders Need to Do	Participants	10 minutes
3. Group Exercise: Quiz and Report Bac	Participants	45 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		75 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Roleplay
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Preparation

To prepare for the group learning session, complete the following tasks:

- Familiarize yourself with the session's structure and content:
- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Roleplay, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display. Options:

- Photocopy the slides, or write the slide content, on transparencies.
- Write the slide content on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Leadership for Quality: Leadership Actions Roleplay

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand how a leader's actions can directly affect the quality program
- Be able to identify effective ways for leaders to act

Agenda

Provide a brief description of the session's primary components:

- Presentation of the principles for effective leadership action
- Group exercise in what a leader should do
- Learning transfer worksheet to help generate practical ideas for becoming a better quality leader on-the-job

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Supporting systemic approach to quality. Explain that one of the most difficult jobs facing quality leaders involves adapting their actual leadership actions to support data-centered, team-driven improvement work.

Communicating priorities. Teams will look to leaders to guide them through conflicting priorities and to clarify, sometimes many times, the quality goals of the organization.

Educating staff. Teams will not always know what to do and will need the leader to act as a teacher, reinforcing the concepts of quality improvement and making sure teams apply them.

Facilitating innovation and learning. Quality improvement work will raise new issues about how staff members interact, especially as some staff adapt more readily than others to quality improvement work. The leader will need to support staff as they learn new skills and create a safe environment for learning.

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Roleplay

Group Exercise

Distribute the scenario sheet to each participant. In addition, prepare separate slips of paper containing the text of each "curve ball # 1" or "curve ball # 2." You should have enough slips to be able to provide one copy of each curve ball for each scenario to each team. Provide directions for completing the exercise:

- Select a team leader who reads the scenario out loud.
- Begin to discuss the issue.
- After a few minutes, the facilitator gives "curve ball # 1" for that scenario to a member of the team, who reads it aloud.
- After a few more minutes, the facilitator gives "curve ball # 2" for that scenario to a second team member, who reads it aloud.
- The team continues its discussion and develops its answer, writing it on a flip chart.
- The team then moves to the next scenario and the process is repeated. Allow 10 minutes for the team to discuss each scenario.

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time. Ask one team to present its answer for the first scenario. Ask other teams for comments, additions and questions. Discuss. Ask another team to present the second scenario, and another to present the third. Capture any key observations on a flip chart or overhead transparency.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to enhance program sustainability.

Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand how a leader's actions can directly affect the quality program.
- To be able to identify effective ways for leaders to act.

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Leadership for Quality: Roleplay

Instructions:

Work as a group to develop the best action for the leader to take in this situation.

Scenario A: "Your GYN Improvement Team Can't Agree on a Solution."

You visit a QI team charged with improving the performance of annual GYN exams. You sit in the background and listen to the members discuss potential solutions. After 45 minutes of discussion, the team is still unable to reach a consensus on a solution to test.

You_____.

Curve ball # 1

From the GYN Improvement Team Facilitator: "We really haven't finished identifying the root causes of the problems. We had to cancel that meeting and decided to move on to choosing a solution to stay on schedule."

Curve ball # 2

From the Nursing Supervisor: "The nurse participating in the GYN Improvement Team came to me with some concerns the other day. She feels the direction the team is taking would mean much more work for the nurses and medical assistants."

Response:

Redefine time frame for team and emphasize need for agreement on solution. Avoid the temptation to design their process, but be clear about your expectations.

Scenario B: "Should I change the system?"

On a monthly basis you review the quality reports of your HIV program. You see consistently an average low waiting time (less than 15min) within the last 6 monthly reports. However, when you walked through the waiting room last week, you spoke to two patients who complained bitterly about the long waiting time. The person responsible for measuring the waiting time ensures you that a representative sampling was used.

You_____.

Curve ball # 1

From consumer on the consumer advisory committee (CAB): "I know when talking to clients that waiting time is certainly one of the most important reasons in deciding which clinic to go for care. We should have the shortest waiting time of all clinics!"

Curve ball # 2

From the QI coordinator: "We spend nearly two full days assessing the waiting time in the clinic, and I am not sure how we can get an accurate measure without repeating a similar study – and if we do this too often, we won't be able to continue to measure other important quality indicators."

Response:

Don't be reactive; trust the data and help others to trust it.

Scenario C: "Competing Priorities: Quality vs. ?"

Your HIV program's lead physician is a great person - energetic, willing to pitch in and do anything, great with patients and other staff, you wish you could clone her. She's also doing some very interesting research on improving adherence to antiretroviral therapy. She comes to you and asks to be relieved from her role as head of the Quality Council for the next three-four months as she finishes her research and prepares to present it at a very high-profile international meeting of HIV experts - a presentation that will cover this clinic with glory as well as be great for her.

You_____.

Curve ball # 1

From your senior social worker: "I think I overheard Dr. X making an appointment for lunch with the head of Infectious Diseases at Large Prestigious Academic Medical Center."

Curve ball # 2

From the appointment clerk: "You know, I think the docs are finally getting on board with the QI work. It's taken forever but Dr. X has been such a consistent supporter and has really kept after the physicians - I think they're taking part because they respect her so much."

Response:

Your goal is to have a quality program that's so widely supported that it shouldn't depend only on one person to keep going. So moving Dr. X out of the spotlight might actually help you in the long run. Surely there are others who can chair the committee; and you can see if Dr. X is willing to continue schmoozing with the other docs on an informal basis to bolster their newfound support of QI. Any chance of others on your care team getting co-author status with Dr. X on that paper?

Leadership for Quality: Actions Required Learning Transfer Worksheet

Instructions:

Assess your actions as a leader in your facility's HIV program. Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
SUPPORTING SYSTEMIC APPROACH TO QUALITY		
COMMUNICATING PRIORITIES		
EDUCATING STAFF		
FACILITATING INNOVATION AND LEARNING		

Sustaining the Quality Program: Understanding the Organization as a System

Participant training objectives:

- To understand that thinking of your organization as a system is an essential step to developing a relevant and sustainable quality program.
- To know how to use the Deming System Diagram to define the parts of your system.

Target audience:

Organizational leadership and other staff directly involved in the HIV quality program.

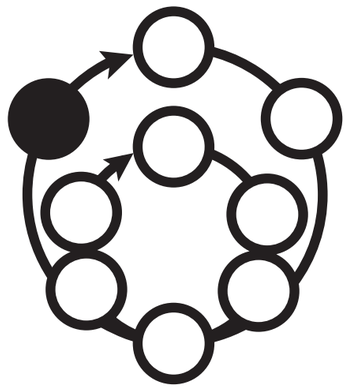
Type of exercise:

Group exercise, 60 minutes

Key concepts:

To sustain an organization's interest in quality, quality has to be linked to what really matters in the organization.

The Deming System Diagram is a tool that helps an organization align its quality program with its organizational purpose.



The Big Picture:

A sustainable quality program has staff who are fully invested in the program's overall focus and work together to implement, monitor and maintain improvements in quality across the facility. Definition of the quality program's focus is therefore very important. The annual evaluation of the quality program should include an assessment of this focus.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Using the Deming System Diagram	Facilitator	15 minutes
3. Group Exercise	Participants	25 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Diagram and Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Photocopy the Diagram, Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display. Options:

- Photocopy the slides, or write the slide content, on transparencies.
- Write the slide content on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Sustaining the Quality Program: Deming System Diagram Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand how thinking of their organization as a system is an essential step to developing a relevant and sustainable quality program.
- Know how to use the Deming System Diagram to define the parts of your system.

Agenda

Provide a brief description of the session's primary components:

- Presentation of what it means to think of your organization as a system and how to use the Deming System Diagram to help with this
- Group exercise to develop a Deming System Diagram for HIV Primary Care
- Learning transfer worksheet to guide the creation of a Deming System Diagram for your own organization

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Explain that the sustainability of a quality program depends on how well the program supports the core purpose of the organization. Staff will not commit to quality programs that they perceive to contain only "busywork" or to target unimportant functions.

One way to ensure your quality program focuses on important things is to clarify the key elements of your organization:

- what you produce
- who receives it (your customers)
- what community or social need you are meeting
- how your customers define the quality of your service

Traditional pictures of organizations (for example, tables of organization) do not show the inter-relationships of these elements. W. Edwards Deming, an expert in the quality field, developed a diagram of "The Organization as a System" that clarifies these interrelationships. Paul Batalden, a physician now at Dartmouth Medical School, developed a series of questions for health care providers to use to define their organization "as a system." Batalden's questions include:

- What product(s) do we make? What service(s) do we provide?
- Who uses or receives these products or services?
- What is the underlying, core need that those customers have for what you make?
- What measures or characteristics do customers use when they assess and judge the goodness or quality of what you make?

Getting Started:

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the Deming System Diagram template to each participant and provide directions for completing the exercise:

As a group, answer the following questions in order, as they apply to primary care for persons with HIV and AIDS. Fill out the answers in the appropriate place on the Deming System Diagram Template

- Products: What product(s) do we make? What service(s) do we provide?
- Customers: Who uses or receives these products or services?
- Community/Social Need: What is the underlying, core need that those customers have for what you make?
- Key Performance Characteristics: What measures or characteristics do customers use when they assess and judge the goodness or quality of what you make?

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time. Ask one team to present its list for "products." When the team is done, ask for any other contributions from other teams. Move to the next team for "customers," the next for "community/social need," and then "key performance characteristics," asking after each team's presentation for additional items other teams had included. Then have a general discussion on what the diagram shows you should be considered in the design of a quality program for primary care services for HIV and AIDS.

Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share their question/problem statement and the most innovative idea from their lists.

Wrap-up

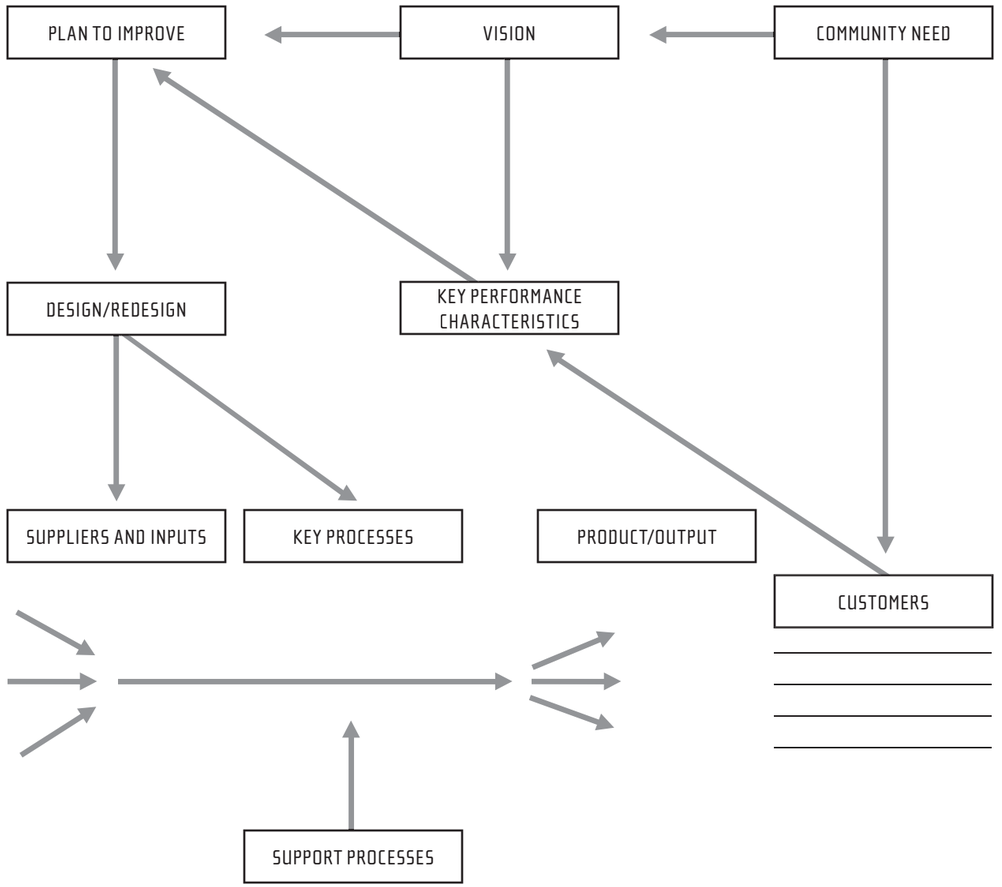
Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- Understand how thinking of their organization as a system is an essential step to developing a relevant and sustainable quality program.
- Know how to use the Deming System Diagram to define the parts of your system.

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

This Exercise is adapted from *"Organizing Hospital Care as a System, an Annotated Guide."* HCA Quality Resource Group, 1992.

Sustaining the Quality Program: Organization Viewed as a System



Sustaining the Quality Program: Learning Transfer Worksheet

Instructions:

Take a few minutes to jot down the results from the group exercise that you find most applicable to your own organization's HIV care program. Then note which of these are currently assessed by your quality program, and which are not. Identify two or three areas you will try to incorporate into your quality program.

QUESTION	ANSWER FOR MY ORGANIZATION
What product(s) do we make? What service(s) do we provide?	
Who uses or receives these products or services?	
What is the underlying, core need that those customers have for what you make?	
What measures or characteristics do customers use when they assess and judge the goodness or quality of what you make?	

What does our quality program currently capture?

What should we try to add?

1.

2.

3.

Sustaining the Quality Program: Understanding the Organization as a System: Answer Key

QUESTION	POSSIBLE ANSWERS (THERE MAY BE MORE)
What product(s) do we make? What service(s) do we provide?	• Primary health care services for people with HIV and AIDS • A physical environment in which care can take place • Information about HIV and its effective treatment • Referrals to other providers, social services
Who uses or receives these products or services?	• People with HIV and AIDS • Their families, partners and friends • Employees • Provider staff-in-training (e.g., medical residents, students in other disciplines) • Governmental funding agencies • Advocacy groups • Specialty care services and social services
What is the underlying, core need that those customers have for what you make?	• Reduction of the impact of HIV and AIDS on the lives of individuals with the diagnoses and on society as a whole
What measures or characteristics do customers use when they assess and judge the goodness or quality of what you make?	*People with HIV and AIDS:* • Effectiveness of care • Respect and compassion from caregivers • Clarity and relevance of information given • Ease of use of facility (friendliness of support staff, waiting time, cleanliness of facility, etc.) • Confidentiality of care *Families, partners and friends* • Same as above • Information targeted to specific needs of this group *Employees* • Adequate resources to provide effective, respectful, compassionate care • Safe environment • Respect for their contribution • Opportunities to grow and advance *Provider staff-in-training (e.g., medical residents, students in other disciplines)* • Accurate information • Good teaching • Opportunity to practice skills • State-of-the-art models to follow *Governmental funding agencies* • Health care services that meet governmental standards • Non-wasteful use of government funds *Advocacy groups* • Same as patients • Responsiveness to their requests for information, action *Specialty care services and social services* • Complete information on any patients referred

Evaluation of Quality Program: Using a Logic Model

Participant training objectives:

- To understand how Logic Models can help with the evaluation of your quality program
- To know how to create a Logic Model
- To decide whether a Logic Model would help your HIV quality program to assess its effectiveness

Target audience:

QI committee members, senior HIV leaders, and other staff involved in planning and evaluating the program's annual quality initiatives

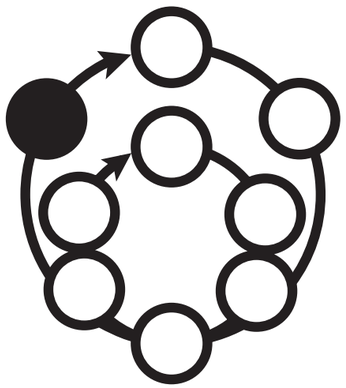
Type of exercise:

Scenario, group exercise, 60 minutes

Key concepts:

A Logic Model is a tool that helps you outline how your quality program will work and why you think it will succeed. In creating a Logic Model, an organization:

- Identifies the resources available to the quality program
- Clarifies the activities that will happen
- Predicts the results that the program will have



The Big Picture:

Quality program evaluation occurs at the end of a program cycle, but if the quality committee takes time at the beginning of the program cycle to lay out the "how" and the "why" of the program, its evaluation can be based on everyone's clear understanding of the expectations for that year. Logic Models therefore are helpful for planning a quality program as well as for their evaluation.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. QI Background: Elements of the Logic Model	Facilitator	15 minutes
3. Group Exercise: Scenario	Participants	25 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
  - Scenario
  - Learning Transfer Worksheet
  - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session's structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Photocopy the Scenario, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display. Options:

- Photocopy the slides, or write the slide content, on transparencies.
- Write the slide content on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Prepare the training room.

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Evaluation of Quality Program: Using a Logic Model: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Learning Objectives

Tell participants that by the end of the session they will:

- Understand how Logic Models can help with the evaluation of your quality program
- Know how to create a Logic Model
- Decide whether a Logic Model would help their HIV quality program to assess its effectiveness

Agenda

Provide a brief description of the session's primary components:

- Presentation of the elements of a Logic Model and its place in program evaluation
- Group exercise in developing a Logic Model
- Learning transfer worksheet to guide the creation of a Logic Model for your own organization

Quality Improvement Background

Distribute a copy of the slides to each participant for note taking and/or future reference.

Explain that a Logic Model is a way to lay out how and why you believe your program will work - what the relationship is among the resources you have to operate the program, the activities you plan to do and the changes or results you hope to achieve. To create a Logic Model, you list:

- Resources/Inputs: what you need (what you have) to carry out the activities you've planned
- Activities: what you do with the resources
- Outputs: what you hope the activities will produce
- Outcomes: what you expect to happen as a result of the outputs
- Impact: the fundamental change you are seeking (e.g., better health status among people with HIV or AIDS)

Then you do two more things:

- List the assumptions that are making in moving from resources to activities, activities to outputs, outputs to outcomes, and outcomes to impact.
- Identify measures you can use to assess your outputs, outcomes and impact.

Note: it may be helpful to show participants a completed logic model (page 5) and/or walk through a simple example as part of the explanation

Logic Models are useful for program evaluation because they:

- Identify up-front the assumptions that need to be tested as the program unfolds
- Let you know early on when things aren't going as planned
- Make clear the expected results, so we can know whether the program has been effective on its own terms
- Allow participants to tell the program's "story" to others: the organization's leaders, regulators, funders, consumers, etc.

Getting Started:

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.

Scenario

Group Exercise

Distribute the scenario and logic model format sheet to each participant and provide directions for completing the exercise:

- Read the scenario individually (5 minutes)
- As a group, fill out the logic model format sheet, including assumptions and measures

Assist teams who have problems getting started or become stuck on a particular point. Alert participants when 5 minutes remain so that they are adequately prepared to report back.

Reporting Back

Call time. Ask one team to present its list for "resources." When the team is done, ask for any other contributions from other teams. Move to the next team for "activities," the next for "outputs," then "outcomes," and "impact," asking after each team's presentation for additional items other teams had included. At the end, have a general discussion of assumptions and measures.

Learning Transfer

Getting Started

Distribute the worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants t o individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to better define the facility's quality improvement management plan.

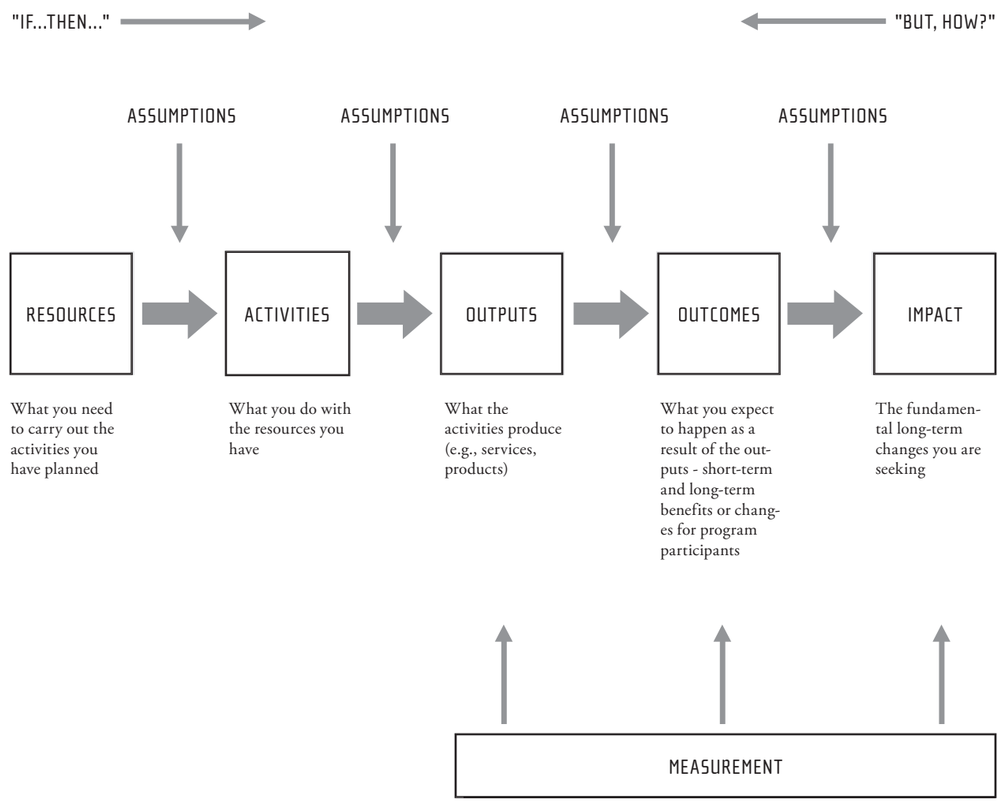
Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- Understand how Logic Models can help with the evaluation of your quality program.
- Know how to create a Logic Model.
- Decide whether a Logic Model would help your HIV quality program to assess its effectiveness.

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Evaluation of Quality Program: Logic Model Development



Source: Center for Health and Public Service Research, Robert F. Wagner Graduate School of Public Service, New York University

Evaluation of Quality Program: Using a Logic Model: Scenario

Instructions:

Complete a logic model for this organization's quality program, using the format sheet provided and the information given below.

- What resources does the Campus Care Center Have?
- What activities do they plan to do?
- What do they expect the activities to produce - their "outputs"?
- What outcomes - long or short-term benefits of the program?
- What impact do they expect?
- What assumptions are they making along the way?
- What measures can they use to assess their outputs, outcomes and impact?

The Campus Care Center, part of an academic hospital, is located on a large university campus. With over 250 HIV+ adults cared for in a new outpatient clinic, the facility has a staff of 12:

- 3 medical providers
- 2 nurses
- 2 case managers
- 1 nutritionist
- 1 peer counselor
- 3 support staff

Recently, the Campus Care Center received Ryan White Title III funding. The Medical Director subsequently scheduled a half-day meeting to develop an annual quality plan and asked a team of staff members to collect baseline data for 7 quality of care indicators, in preparation. The team reported the following results:

- GYN exam: 77%
- Viral load done within past 6 months: 91%
- PPD placed and read: 56%
- CD4 count done within past 6 months: 91%
- PCP prophylaxis for eligible patients: 95%
  HAART for eligible patients: 81%
- MAC prophylaxis for eligible patients: 100%

Based on this information and additional discussion during the meeting, the team developed the facility's annual quality plan:

Infrastructure

The overall responsibility and leadership for the HIV quality program lies with the Medical Director who authorizes the quality committee to plan, assess, measure, and implement performance improvements throughout the entire clinic.

The membership of the quality committee reflects the diversity of disciplines within the Campus Care Center associated with the processes being monitored. The members of the committee include the Medical Director (chairperson), 1 medical provider, 1 nurse, 1 case manger, 1 peer counselor, and 1 support staff member. The chairperson will report back to the overall committee responsible for hospital-wide quality activities. Membership will be approved by the Medical Director.

The Quality Committee should have at least 10 scheduled meetings per year, tentatively planned for the second Wednesday in each month from 8:30-10:30 a.m. The meeting schedule must be coordinated and approved by committee members. Additional meetings may be called, as needed.

Annual Quality Goals

The project goals listed below are based on the program statement and baseline performance data:

- To involve staff in a variety of quality improvement activities.
- To educate staff about quality improvement methodologies.
- To initiate a QI project team in order to improve the GYN rate to 90% or above.
- To initiate a QI project team in order to improve the PPD rate to 75% or above.

We will measure the following quality of care indicators on an annual basis: GYN, PPD, PCP, MAC, Viral load, CD4, and HAART.

Minutes of all quality committee meetings will be distributed to all committee members and to all necessary hospital-wide quality committees. Reports of the Campus Care Center's quality activities will be shared with all staff within one week of presentation to the QI Committee.

Based on the belief that staff should be actively involved in the HIV quality program and its activities, all current and new staff members will receive the hospital's quality manual of QI methodologies and review key chapters during biweekly staff meetings.In addition, staff will be provided with a 2-hour training session about quality improvement principles, and will receive the hospital's quarterly newsletter on quality tools and techniques. All new staff members will receive quality training.

Evaluation

At the end of the year, the annual quality plan will be evaluated and all QI projects will be assessed against goals.

Evaluation of Quality Program: Logic Model Template

ASSUMPTIONS:

MEASURES:

Evaluation of Quality Program: Using a Logic Model: Learning Transfer Worksheet

Instructions:

Plan for creating a logic model for your organization's quality program by answering the questions below:

Who needs to be part of designing the logic model?

When can we meet to design the logic model?

What will I need to have ready for this meeting?

What obstacles may we encounter as we design our logic model?

What can we do to anticipate and lessen these obstacles?

Evaluation of Quality Program: Using a Logic Model: Answer Key

RESOURCES	• Committee with interdisciplinary membership • Regular meeting time • Designated leader • Training resources • Baseline data
ASSUMPTIONS	• People will show up for meetings • Training money won't be cut • Leader will lead • Staff will not leave the organization, so we can build on experience
ACTIVITIES	• Committee meets regularly • GYN QI project • PPD QI project • Annual measurement of 7 indicators • Reports are shared with all staff • Publish Quality manual, Quality newsletter
ASSUMPTIONS	• The QI projects will get done, and will get done well • Measurement will be done, with results distributed and used by all staff • Everyone receives training and reads the background materials (manual, newsletter)
OUTPUTS	• GYN exam rate increases to over 90% • PPD test rate increases to over 75% • Fully educated staff • Fully involved staff • Performance report on 7 indicators

MEASURES	• GYN exam rate, PPD test rate • # of staff receiving quality training • # of staff participating in QI projects • # of months that performance reports are issued, on time
ASSUMPTIONS	• Getting people to exams leads to better overall GYN care and follow-up • People whose PPDs are positive get appropriate follow-up treatment • Education and participation in quality work leads to true interest and support for ongoing quality improvement efforts • Distribution of performance data leads to knowledge and action
OUTCOMES	• Comprehensive GYN care • Effective TB screening and prophylaxis • Engaged staff committed to quality • Knowledge of organizational performance across seven indicators
MEASURES	• % of HIV+ women with GYN conditions treated at an early stage • % of PPD+ patients receiving prophylaxis and completing medication course • # of new quality improvement projects initiated by staff • % of staff who, when asked, can describe the organization's performance in quantitative terms • Staff turnover rate
ASSUMPTIONS	• Improvement in these discrete areas combines to make an impact on overall care and community outreachPerformance report on 7 indicators
IMPACT	• Better HIV Care Offered to the Community
MEASURES	• # of new patients • % of patients who say they will recommend the center to friends, colleagues • Numerical ratings received from regulatory and accrediting agencies