



# NQC Training on Coaching Basics Guide

Facilitator Manual to Guide HIV Providers on Quality Management

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

# NQC Training on Coaching Basics Guide

Facilitator Manual to Guide HIV Providers  
on Quality Management

New York State Department of Health  
AIDS Institute

Health Resources and Services Administration  
HIV/AIDS Bureau

Developed by the New York State Department of Health AIDS Institute  
National Quality Center

For the U.S. Department of Health and Human Services  
Health Resources and Services Administration HIV/AIDS Bureau

January 2012

This publication was supported by grant number  
U28HA04132 from the HIV/AIDS Bureau, Health  
Resources and Services Administration. Its contents  
are solely the responsibility of the authors and do not  
necessarily represent the official views of the Health  
Resources and Services Administration.



---

# Table of Contents

5	<b>INTRODUCTION</b>
6	Overview of the NQC TCB Program
9	Frequently Asked Questions
14	<b>PRE-WORK</b>
17	Pre-Work Conference Call I
20	Pre-Work Conference Call II
23	<b>POST-WORK</b>
26	Quality Management Assessment Tools
53	<b>AGENDA</b>
61	<b>DAY 1</b>
62	Module 1: Welcome & Introduction
64	Module 2: The Zin Obelisk Game
68	Module 3: Framework for Coaching Quality Improvement Work
78	Module 4: Coaching Self-Assessment and Learning Plan
84	Module 5: Public Goods Game
85	Module 6: Building Leadership Commitment for Quality Improvement
92	Module 7: 10 Rules to Become a Catalyst
93	Module 8: Mini-Presentations
94	Module 9: Aha! Moments & Day 1 Evaluations
95	<b>DAY 2</b>
96	Module 10: Welcome to Day 2
97	Module 11: Marshmallow Challenge
99	Module 12: Quality Improvement Resources
113	Module 13: Developing a Plan to Build Quality Improvement Capacity

## Table of Contents (cont.)

123	Module 14: Study Groups
126	Module 15: Coaching an Organizational Assessment
135	Module 16: Open Space
136	Module 17: Mini-Presentations
137	Module 18: Aha! Moments & Day 2 Evaluations
138	<b>DAY 3</b>
139	Module 19: Welcome to Day 3
140	Module 20: Card Game “Winning Hand”
141	Module 21: The Coach as Strategic Planner
147	Module 22: Data Reports: How Coaches Use Data to Drive Improvements
151	Module 23: Game – Crime Story
152	Module 24: Study Groups II
153	Module 25: Setting Your Coaching Agenda
155	<b>APPENDIX</b>
156	Definitions of Quality Terms
160	Glossary of Acronyms
161	Quality Improvement Resources

# Introduction

## Overview of the NQC TCB Program

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 was enacted by Congress to address the need to reduce the unmet health needs of persons living with HIV. Often referred to as the “payer of last resort,” it provides primary health care and support services to those who cannot access them on their own or through other social programs.

Congress reauthorized the Act and added an emphasis on quality improvement. It was evident that there was a need for quality improvement activities and capacity building of HIV services nationwide. The Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention sponsored an investigation by the Institute of Medicine to examine how various aspects of the Ryan White Program impact funding allocations, program planning, and efforts to improve access to care and the quality of service received by people living with HIV.

The Institute of Medicine report, “*Measuring What Matters*,” which focuses on the allocation, planning, and quality assessment of the Ryan White Program, was released in 2003. It recognized HRSA HIV/AIDS Bureau’s efforts in the area of quality management, and noted that Ryan White Program-funded agencies were, in some ways, more sophisticated than general medical facilities in their approach to quality management. However, it went on to state that more could be done to measure and improve the quality of care provided by Ryan White Program grantees. While noting that quality management programs have been developed

and that many providers are assessing their attempts to improve care, the report recommended that more effort should be made to assess the level of patient satisfaction with the care they receive and to measure quality at a broader population level.

With these goals in mind, the HRSA HIV/AIDS Bureau created the National Quality Center (NQC) in 2004. The National Quality Center has emerged as a source of innovation, leadership and support in quality improvement for these grantees and in HIV care nationwide.

NQC has learned that grantees face many challenges in developing quality management programs, including unfamiliarity with quality improvement concepts, lack of staff resources, and organizational barriers. The NQC Training on Coaching Basics (TCB) Program targets existing quality managers who have the capacity and responsibility to provide quality improvement guidance to other HIV providers.

Grantees of the Ryan White HIV/AIDS Program are required to establish an effective quality management infrastructure to improve the quality of HIV care in their institutions. In response, many grantees have hired quality improvement coordinators to manage agency-wide quality management programs and, in the case of HIV provider networks, to effectively coordinate the quality management infrastructure across multiple HIV providers. However, significant challenges remain for grantees to meet HIV/

AIDS Bureau quality expectations.

The TCB Program aims to build the individual capacity of quality coaches and to nationally increase the pool of competent improvement coaches across all Parts of Ryan White funding.

This Program helps the National Quality Center meet its goal of expanding the capacity for quality improvement among those who lead quality-related activities and of building regional and grantee-wide capacity for quality improvement. NQC hopes to enrich the work of participants by linking them with quality improvement experts and peers facing similar challenges.

Designed with the demands of HIV providers in mind, a significant portion of the TCB Program has been organized into “Pre-Work,” a format that allows participants the flexibility to determine when they do their assignments. It includes online learning, readings of available quality publications, and conference calls, which amount to approximately six hours in total. It is our hope that the Pre-Work will ensure that all TCB participants enter their trainings with similar levels of knowledge and expectations for the depth and utility of the TCB session.

As the purpose of the TCB Program aims to build specific coaching skills, NQC expects participants to continue to utilize these skills following the training through a “Post-work” phase. This portion of the training will include both brief and monthly online assignments completed within a study group, to be convened by telephone or email exchange.

Furthermore, the TCB Program aims to create a network among individuals working in quality management in Ryan White Program-funded environments. Participants have the opportunity to network extensively with other peers and draw on the knowledge of a larger body of experience through their participation in this Program.

NQC hopes that the materials provided in this NQC TCB Guide will provide the reader with a conceptual framework

of how to best facilitate quality improvement activities and how to effectively lead quality management activities.

## Program Goals

The TCB aims to:

- Increase the pool of competent improvement coaches across all Ryan White Program Parts
- Build national, regional and grantee-wide capacity for quality improvement, ultimately leading to better HIV care across the entire Ryan White care continuum
- Close the education gap of quality managers
- Increase quality improvement competencies
- Effectively guide other HIV providers in order to meet Ryan White quality expectations
- Provide peer learning and networking opportunities to share best practices

## Guide Use

This Guide is designed as a tool for those who participate in the TCB Program and for those who strive to lead activities to improve HIV care. It contains detailed descriptions of all Pre-Work activities and assignments, Post-Work activities and faculty notes for each module during the 3-day TCB session, and links to available quality improvement resources.

## Acknowledgments

The National Quality Center gratefully acknowledges the help of the following individuals for their efforts in developing and shaping this Guide and Program: Kathleen Clanon, Katherine Reller, Nancy Halloran, Ebony Wardlaw, Caitlin Newhouse, Samee Sulaiman, and Krystal Cantos.

## Copyright

The National Quality Center has developed this TCB Guide and encourages you to use these resources. If you choose



to distribute and/or present sections of this Guide, please maintain the citation of the original source or use the following citation: distribute and/or present sections of this Guide, please maintain the citation of the original source or use the following citation:

*NQC Training on Coaching Basics Program: Facilitator Manual to Guide HIV Providers on Quality Management* (2011). Developed by the New York State Department of Health AIDS Institute National Quality Center. Funded through a cooperative agreement with the Health Resources and Services Administration HIV/AIDS Bureau.

# Frequently Asked Questions

## What is the National Quality Center?

The National Quality Center (NQC) provides state-of-the-art technical assistance on quality management to Ryan White Program grantees in order to nationally advance the quality of care and services for all people living with HIV. NQC is funded through a cooperative agreement with the HRSA HIV/AIDS Bureau and managed by the New York State Department of Health AIDS Institute.

## Why has NQC developed this Program?

Those who coach quality management activities face many challenges to effectively establishing effective quality management infrastructures, including unfamiliarity with quality improvement concepts, staff resistance to engage in quality improvement projects, and lack of team facilitation skills. NQC aims to build the individual capacity of quality leaders to coach other HIV providers and increase improvement competencies in order to meet Ryan White quality expectations.

## What are the TCB Program's learning objectives?

NQC intends that participants who successfully complete the TCB Program reach the following training objectives:

- Increased mastery of effectively coaching HIV providers and/or groups of HIV providers to establish and sustain effective quality management programs and quality improvement teams
- Enhanced ability to conduct organizational assessments, provide constructive feedback, and develop effective action plans based on assessment findings
- Improved confidence to understand behaviors and interventions that promote a systems approach to quality management using partnerships and shared vision, and to address resistance and conflict of individuals and groups to achieve agreed objectives
- Improved self awareness of individual coaching style and of personal working style and limitations that may contribute to interpersonal tensions
- Increased understanding of different approaches to maintain team motivation while building self-reliance
- Increased sophistication in addressing the tension between contract monitoring and coaching to improve HIV care; these functions often reside in the same office

## What is the time commitment to participate in this program and related follow-up activities?

The time associated with this Program is roughly 68 hours.

This includes:

- A Pre-Work of 5-6 hours comprised of two one-hour TCB Pre-Work conference calls, 2-3 hours for TCB materials review and Pre-Work assignments, and one hour for completing a self-assessment and scoring
- 46+ hours for a three-day face-to-face training session (including travel to and from the session)
- Two hours of coaching partnerships
- 16 hours of Post-Work over the course of six months

## Who should participate in the TCB Program?

NQC will periodically offer TCB sessions to individuals who are instrumental in managing existing quality management programs and are charged in assisting other agencies within their HIV/AIDS network with advancing their quality management programs and quality improvement activities. The TCB Program is designed for those individuals who:

- Are interested in improving HIV care
- Are currently working in Ryan White Program-funded grantee agency
- Have a fundamental knowledge of quality improvement principles and a familiarity with the HRSA HIV/AIDS Bureau quality mandate
- Have successful prior coaching experience
- Are required as part of their job responsibility to play a quality management role across multiple HIV agencies
- Are responsible for building capacity for quality improvement among HIV providers and for supporting them in building sustainable quality management programs
- Have successfully graduated from the TOT and TQL Programs
- Are able to fully participate in all TCB activities, including Pre-Work, TCB sessions, and ongoing TCB support activities

NQC will screen all applicants for their qualifications and to ensure appropriate geographic and Part-specific representation. Specifically, this Program will target representatives of Ryan White grantees who are:

- Leaders of quality management programs, including medical directors and/or public health senior officials
- Quality managers of Ryan White-funded grantees
- Quality managers of larger health care systems (City and State Departments of Health) or networks of HIV ambulatory care clinics who are direct grantees under the Ryan White Program

Prospective participants are qualitatively and quantitatively assessed based on their quality improvement literacy, using standardized assessment tools and future potential of implementing key TCB content areas.

## Who will conduct the face-to-face TCB session?

The TCB faculty is comprised of NQC staff and consultants. Our NQC consultants are physicians, nurses, or specialists with proven expertise in teaching and practicing quality improvement in HIV care.

## How is the TCB session structured?

The face-to-face TCB session is a rigorous three-day consecutively scheduled learning experience. The schedule for Day 1 and Day 2 is 8:00am to 6:00pm with Day 3 running from 8:00am to 3:00pm. Breaks are scheduled throughout the day with a 60 minute lunch. Each day is a blend of small and large group discussions, group activities, individual activities, role plays, short lecturettes, demonstrations, and presentations. Each participant receives a facilitator guide, a flashdrive containing all TCB PowerPoint slides, and a certificate of successful participation.

---

## How do I enroll in the TCB Program?

For each TCB session, NQC will enroll a maximum of 40 participants. Those who successfully complete this full course will receive a TCB certificate from NQC.

Those who wish to enroll in the TCB Program need to complete the registration request form available from NQC. The online application form can be accessed at [NationalQualityCenter.org/TCB](http://NationalQualityCenter.org/TCB). NQC will screen nominations for their potential to fulfill the expectations of this Program and to ensure appropriate geographic and Part-specific representation. If enrollment is oversubscribed, additional applicants will be placed on a waiting list in case of cancellations.

## How many people at my organization can take the course?

Registration for the TCB Program will initially be limited to two participants per grantee. Additional participants can apply and join the NQC waiting list.

## Where can I get more information about the TCB Program?

Please contact the National Quality Center for more information:

National Quality Center  
New York State Department of Health  
90 Church Street, 13th floor  
New York, NY 10007-2919  
Work: 212.417.4730  
Fax: 212.417.4684  
Email: [Info@NationalQualityCenter.org](mailto:Info@NationalQualityCenter.org)



# Pre-Work

# Pre-Work

## Overview

The aim of the NQC Training on Coaching Basics (TCB) Program is to close the educational gap of quality managers, increase quality improvement competencies, effectively guide other HIV providers in order to meet the Ryan White quality expectations, and to provide peer learning and networking opportunities to share best practices. The TCB Program is divided in the following three distinct learning phases:

- **Pre-Work Phase:** Potential participants are asked to complete standardized screening tools, a self-assessment and a peer assessment by their colleagues, to assess their coaching skills, prior coaching experiences, project management, QI knowledge, and participation in NQC-sponsored TOT/TQL Programs. The results of these assessments are used to tailor their individual improvement goals.
- **TCB Session:** Participants attend a 3-day interactive workshop session focused on the skills and behaviors of being a successful improvement coach. The session provides hands-on, real-world exercises for effectively coaching individuals and teams in order to improve HIV patient care. Additionally, each participant will build on results of their Pre-Work assessment, identify their strengths and challenges in coaching others, and identify peers to form a study group for skill feedback and post-training support to achieve their Personal Improvement Plan (PIP).

- **Post-Work Phase:** After successful completion of the face-to-face TCB session, participants are expected to begin improving their individual coaching skills, convene on the telephone or by email with their Study Group partners and work on monthly coaching assignments. These assignments will be based upon the Coaching Framework and build upon the concepts presented during the training.

## Pre-Work Activities

- **Reading Assignments:** Each TCB participant will be asked to read selected articles, which will be assigned at the first Pre-Work conference call and expected to be completed by and discussed at the second Pre-Work conference call. The articles are “The Science of Spread” by Bodenheimer and “Testing, Testing” by Gawande.
- **Self-Assessment:** An online self-assessment will be completed by each participant prior to the second Pre-Work conference call. Each participant will be asked to honestly assess his/her skills and abilities as a coach in quality improvement. An analysis of the assessment will be printed and provided to each participant at the first day of the three-day face-to-face TCB session.
- **360 Degree Coaching Assessment:** An online 360 degree coaching assessment will be completed by five people able to review the participant’s skills and abilities as a coach in quality improvement. The assessment is not meant to be evaluative or appraising, but

---

instead will be utilized as a tool for improvement for the participant throughout the process of the training. The analysis of the assessment will be openly shared with the participant at the face-to-face TCB session and will provide him/her with an opportunity to identify his/her strengths and areas for improvement or focus during this training.

- **Organizational Assessment:** Each participant should bring with them to the face-to-face training a copy of an organizational assessment which they have completed within the past twelve months.
- **Completion of Quality Academy Modules:** Depending on each participant's level of skill and knowledge in quality improvement basics, Quality Academy Tutorials will be recommended for review prior to attendance at the face-to-face TCB session. These modules should be selected and viewed after the second conference call but before the face-to-face meeting takes place so that the participant is fully prepared to broach new coaching material with a firm foundation in quality improvement.
- **Two Pre-Work Conference Calls:** There will be two Pre-Work conference calls taking place prior to the three-day face-to-face training session. These calls will serve to clarify logistics as well as to review Pre-Work course material. Please review the agenda and faculty notes for each call on the following pages,



## Pre-Work Conference Call I Agenda

WHEN	WHAT
Call length: 60 min	<p>Call participants: faculty, NQC staff, and participants in the upcoming TCB session</p> <ol style="list-style-type: none"><li>1. Opening Comments and Welcome</li><li>2. Agenda Overview</li><li>3. Introductions of Faculty and Participants</li><li>4. Highlight TCB Objectives</li><li>5. Review Pre-Work Assignments</li><li>6. Reinforce Program Logistics</li><li>7. Q &amp; A</li><li>8. Wrap-up/Conclusion</li></ol>

# Pre-Work Conference Call I – Facilitator Notes

## Length of Conference Call:

60 min

## Materials Needed:

Pre-Work Conference Call I Agenda; contact list of participants; TCB objectives; TCB Pre-Work study guide

## Overview of Activity – 60 min:

- Opening Comments and Welcome
- Agenda Overview
- Introductions of Faculty and Participants
- Highlight TCB Objectives and expectations
- Review Pre-Work Assignments
- Reinforce Program Logistics
- Q & A
- Wrap-up and Conclusion

## Purpose and Key Lessons Learned:

- Familiarize the participants with TCB objectives and fellow participants
- Introduce and clarify Pre-Work assignments and TCB logistics
- Respond to participants' questions
- Introduce seven coaching roles

## Detailed Instructions:

### *Opening Comments and Welcome*

1. Project an enthusiastic and warm welcome to participants as they sign onto the conference call; let par-

ticipants know that the call moderator will facilitate a self-introduction by all participants after everyone has joined in and has reviewed the objectives and agenda for the call; explain you will briefly introduce the faculty and welcome latecomers as they join in

### *Agenda Overview*

2. Thank participants for joining the first of two TCB Pre-Work calls; briefly review the purpose and goals of this call
3. Quickly review the agenda for this call

### *Introductions of Faculty and Participants*

4. Introduce call facilitator and other faculty or support persons involved in the TCB Program; explain each role throughout the TCB process
5. Facilitate participant self-introductions; stress to quickly state the participant's name and organization, and one reason why he/she applied for this Program; monitor time appropriately

### *Highlight TCB Objectives and Expectations*

6. Review overall TCB Program objectives as stated in the TCB Guide; highlight their role in making this a successful experience and emphasize peer learning opportunities
  - a. Review Course Audience
  - b. Review structure of the Program: Pre-Work, three-day course, Post-Work

- c. Objectives
- d. Seven coaching roles as described in concept paper

*Review Pre-Work Assignments*

- 7. Confirm that participants have received the Program Pre-Work information; walk through the general Pre-Work responsibilities
- 8. Introduce and clarify the specific assignments; introduce self-assessment process
- 9. Introduce Open Space Technology

*Reinforce Program Logistics*

- 10. Clarify any meeting logistics, such as location and times; lodging and travel arrangements
- 11. Mention appropriate contact persons if participants have questions or concerns
- 12. Remind participants about the dates for the next Pre-Work call, and commitments for the three-day training and post-course work
- 13. Solicit two volunteers as discussants for the 2 articles in Pre-Work Call II

*Wrap-up and Conclusion*

- 14. Ask participants if they have any remaining questions
- 15. Thank participants for their time

## Pre-Work Conference Call II Agenda

WHEN	WHAT
Call length: 60 min	<p>Call participants: faculty, NQC staff, and participants in the upcoming TCB session</p> <ol style="list-style-type: none"><li>1. Opening Comments and Welcome</li><li>2. Agenda Overview</li><li>3. Review of Logistics, Pre-Work, and Post-Work</li><li>4. Review of Self-Assessment</li><li>5. Discuss Journal Club Articles</li><li>6. Wrap-up, Conclusion &amp; Final Preparation for TCB Session</li></ol>

# Pre-Work Conference Call II – Facilitator Notes

## Length of Conference Call:

60 min

## Materials Needed:

Pre-Work Conference Call II Agenda; contact list of participants; Pre-Work study guide and related materials; assigned readings; copy of Pre-Work self-assessment

## Overview of Activity – 60 min:

- Opening Comments and Welcome
- Agenda Overview
- TCB Expectations and Content
- Review of Logistics, Pre-Work, and Post-Work
- In-Depth Review of Self-Assessment
- Wrap-up and Conclusion

## Purpose and Key Lessons Learned:

- Familiarize participants with Program expectations, content, and logistics
- Review Pre-Work materials and assignments
- Preview Post-Work materials and assignments
- Increase participant confidence in coaching for quality improvement

## Detailed Instructions:

### *Opening Comments and Welcome*

1. Welcome participants as they sign onto the conference call; let participants know that the call moderator will

facilitate a self-introduction by all participants after everyone has joined in and has reviewed the objectives and agenda for the call

### *Agenda Overview*

2. Thank participants for joining the call; briefly review the purpose and goals of the call
3. Quickly review the agenda for this call

### *Review of Logistics, Pre-Work, and Post-Work*

4. Clarify any last-minute meeting logistics, such as meeting location and times; lodging and travel arrangements
5. Mention appropriate contact persons if participants have questions or concerns
6. Reiterate and preview the Post-Work assignments that participants will be expected to complete in the months following the three-day face-to-face session
7. Overview the Pre-Work assignments that participants were asked to complete prior to Conference Call II

### *In-Depth Review of Self-Assessment*

8. Ask participants to give feedback regarding the self-assessment that they completed for Conference Call II; field comments, questions and concerns
9. Ask discussants to begin by mentioning which portion of their article was surprising, or what they disagreed with; open discussion to the other participants; switch to article #2 after 15 minutes

*Wrap-Up and Conclusion*

10. Ask participants if they have any remaining questions regarding the TCB Session
11. Assign volunteers for day one mini-presentations
12. Wish everyone a safe trip and bring the call to a close



# Post-Work



# TCB Post-Work

## Overview

The aim of the NQC Training on Coaching Basics (TCB) Program is to close the educational gap of quality managers, increase quality improvement competencies, effectively guide other HIV providers in order to meet the Ryan White quality expectations, and provide peer learning and networking opportunities to share best practices. The TCB Program is divided into the following three distinct learning phases:

- **Pre-Work Phase:** Potential participants are asked to complete standardized screening tools, a self-assessment and a peer assessment by their colleagues, to assess their coaching skills, prior coaching experiences, project management, QI knowledge, and participation in NQC-sponsored TOT/TQL Programs. The results of these assessments are used to tailor their individual improvement goals.
- **TCB Session:** Participants attend a 3-day interactive workshop session focused on the skills and behaviors of being a successful improvement coach. The session provides hands-on, real-world exercises for effectively coaching individuals and teams in order to improve HIV patient care. Additionally, participants will build on results of their Pre-Work assessment, identify strengths and challenges in coaching others, and identify peers to form a study group for skill feedback and post-training support to achieve their Personal Improvement Plan (PIP).

- **Post-Work Phase:** After successful completion of the face-to-face TCB session, participants are expected to begin improving their individual coaching skills, convene on the telephone or by email with their Study Group partners and work on monthly coaching assignments. These assignments will be based upon the Coaching Framework and build upon the concepts presented during the training.

## Post-Work Activities

- **Monthly Assignments:** Assignments for the Study Groups are sent electronically to participants by NQC on a monthly basis. The TCB graduates are expected to complete each assignment individually and meet with their Study Group to discuss their findings. Each month, the Study Group will post an update for faculty review on the TCB ProjectSpace.
- **Re-Assessment:** At the three-month post-TCB session mark, all TCB graduates are asked to re-take the initial self-assessment and learn from its comparisons over time. Assessment findings should be shared with others in the Study Group for further feedback. In response, the Personal Improvement Plans (PIP) should be updated.
- **Conference/Webcasting Calls:** At the four-month post-TCB session mark, all TCB graduates are invited to join this conference call. The call is facilitated by TCB faculty and allows participants to follow-up and share

their ongoing coaching experiences, including barriers and successes. After this call, quarterly conference calls will be held.

- **Access to TCB Faculty:** A group email will be set up to allow Study Groups to access TCB faculty via email and to receive guidance on pressing quality issues. The routine conference calls provide additional forums.

# Monthly Homework Assignments

Here is an overview of the monthly assignments TCB graduates and Study Groups must complete:

- Month 1 – Self-Reflection Exercise
- Month 2 – Development of an Agency-Wide Capacity Building Plan
- Month 3 – Self-Assessment and Update of Personal Improvement Plan (PIP)
- Month 4 – Journal Club
- Month 5 – Organizational Assessment
- Month 6 – Leadership Engagement Exercise

## Month 1 – Self-Reflection Exercise

Rationale:

- to allow individuals to reflect on their coaching learnings in response to the TCB session

Details:

- provide detailed questions for graduates to respond to
- emphasize self-reflection and insight into own personal working style and limitations
- reporting is optional

## Month 2 – Development of an Agency-Wide Capacity Building Plan

Rationale:

- to develop a written, HIV program-specific plan to detail the capacity building activities and to apply the

learnings to the TCB graduate HIV agency

Details:

- use the same format as used in the TCB session
- share the plans with others at the next Study Group meeting for feedback
- emphasize the actual implementation of this tool
- report completed form on ProjectSpace

## Month 3 – Second Self-Assessment and Update of Personal Improvement Plan (PIP)

Rationale:

- to allow individuals to measure progress over time regarding their coaching advances

Details:

- provide same self-assessment tool as used in TCB session
- compare scoring trends over time
- share findings with others at the next Study Group meeting
- report scores on ProjectSpace

## Month 4 – Journal Club

Rationale:

- to advance the understanding of QI and/or coaching

Details:

- provide several articles on QI and coaching and share a review tool

- 
- discuss these articles in each Study Group
  - share lessons learned on ProjectSpace

## Month 5 – Organizational Assessment (OA)

Rationale:

- to improve administration of an organizational assessment

Details:

- identify an organization/subcontractor to conduct an organizational assessment using standardized OA tools
- interview agency staff and provide written recommendations
- share findings with others at the next Study Group meeting
- report on OA findings and experience conducting the assessment

## Month 6 – Leadership Engagement Exercise

Rationale:

- to practically apply the learnings from the TCB session of how to engage the agency senior leaders

Details:

- identify a senior leader within his/her agency
- contact this individual to engage in quality improvement activities
- share findings with others at the next Study Group meeting
- report on ProjectSpace

# Detailed Monthly TCB Post-Work Assignments

This Post-Work Study Guide provides TCB graduates the information and materials they need to successfully complete the TCB Post-Work.

POST-TCB	ASSIGNMENT	WHAT	MIN
Month 1	Individual Self-Reflection Exercise	<p>Self-reflection provides an opportunity for gaining insight into your own personal working style, including potential limitations. Recall the TCB session you recently attended and your most memorable coaching experience, and answer the following questions. Write down your responses.</p> <p>Thinking back about the TCB session:</p> <ul style="list-style-type: none"> <li>• What were your most significant and personal realizations that would help you to become a better improvement coach?</li> <li>• What did you learn about yourself that you did not know before?</li> <li>• Did you set any personal goals? If yes, what?</li> </ul> <p>Thinking back upon your most memorable coaching experience:</p> <ul style="list-style-type: none"> <li>• How did you promote quality and push the team toward their quality goals?</li> <li>• How did you create a personal connection with your team?</li> <li>• Based on your personal strengths identified from your Personal Improvement Plan, what can you bring to your sub-agencies in terms of coaching?</li> </ul>	60 min
	Study Group	<p>As a Group, share your above answers and determine:</p> <ul style="list-style-type: none"> <li>• What are the similarities and differences across your Study Group members?</li> <li>• What coaching tools/resources from your Group members could you use during your next coaching experience?</li> </ul> <p>Submit to ProjectSpace and indicate your monthly meeting schedule</p>	60 min
Month 2	Development of an Agency-Wide Capacity Building Plan	<p>Thinking back about the TCB session – M13:</p> <ul style="list-style-type: none"> <li>• Use the M13 Capacity Building Worksheet and develop a Capacity Building Plan for your HIV agency</li> <li>• Aim to be as realistic as possible</li> </ul>	60 min
	Study Group	<p>As a Group, share your Capacity Building Plans:</p> <ul style="list-style-type: none"> <li>• Present your plans to the Study Group</li> <li>• Review and give feedback to each other</li> </ul> <p>Submit the Capacity Building Plans to ProjectSpace</p>	60 min

## Detailed Monthly TCB Post-Work Assignments...Continued

POST-TCB	ASSIGNMENT	WHAT	MIN
Month 3	Coaching Self-Assessment and Update of Personal Improvement Plan (PIP)	<p>Self-assess your coaching skills using the TCB Self-Assessment Tool:</p> <ul style="list-style-type: none"> <li>• Complete the self-assessment tool as used in the TCB session</li> <li>• Compare scoring trends over time</li> <li>• Update your Personal Improvement Plan (PIP)</li> </ul>	60 min
	Study Group	<p>As a Group, share your Personal Improvement Plans (PIP):</p> <ul style="list-style-type: none"> <li>• Reflect on the individual re-assessments and updates of the PIPs</li> <li>• Review common changes over times in your Study Group</li> <li>• Review and give feedback to each other</li> </ul> <p>Submit the PIPs to ProjectSpace</p>	60 min
Month 4	Article Review for Journal Club	<p>Prepare your Study Group for the upcoming Journal Club:</p> <ul style="list-style-type: none"> <li>• Each participant should choose one article to review from the three provided on QI and coaching</li> <li>• Ensure that each Study Group member has chosen different articles for review</li> </ul>	60 min
	Study Group	<p>Discuss the three articles in your Study Group and keep the following structure in mind:</p> <ul style="list-style-type: none"> <li>• Brief overview – Summarize and discuss main points of the article</li> <li>• Key Findings – What are the implications of the main concepts to the field of coaching?</li> <li>• Potential Applications – How might each team member apply the theories/concepts discussed?</li> </ul>	60 min
Month 5	Post-Training Organizational Assessment (OA)	<p>Conduct an Organizational Assessment (OA):</p> <ul style="list-style-type: none"> <li>• Identify an organization/subcontractor to conduct an Organizational Assessment using standardized OA tools</li> <li>• Interview agency staff and identify recommendations</li> </ul>	60 min
	Study Group	<p>Discuss the findings of your OA in your Study Group and report the OA findings and experiences conducting the assessment:</p> <ul style="list-style-type: none"> <li>• What were the agency's strengths?</li> <li>• What areas did you identify for improvement?</li> <li>• What is your plan in presenting this information to the agency and moving forward with improvement activities?</li> </ul> <p>Submit the OA scores to ProjectSpace</p>	60 min

## Detailed Monthly TCB Post-Work Assignments...Continued

POST-TCB	ASSIGNMENT	WHAT	MIN
Month 6	Leadership Engagement	Engage one leader in your organization: <ul style="list-style-type: none"> <li>• Identify a senior leader within his/her agency that you have not worked with before</li> <li>• Contact this individual to engage in quality improvement activities</li> <li>• Complete the M6 Senior Organizational Leader Engagement Worksheet</li> </ul>	60 min
	Study Group	Share your findings in your Study Group: <ul style="list-style-type: none"> <li>• Share your engagement experiences</li> <li>• Discuss similarities and differences among Study Group members</li> <li>• Provide feedback and encouragement</li> </ul> Submit the Senior Organizational Leader Engagement Planning	60 min

# Part A Quality Management Program Assessment Tool

## A] QUALITY MANAGEMENT PLAN

A.1. Is a comprehensive HIV-specific, EMA-wide quality management plan in place with clear definitions of leadership, Part A roles, resources and accountability?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part A program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations.				
SCORE 1	Part A program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations.				
SCORE 2					
SCORE 3	A written EMA-wide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present.				
SCORE 4					
SCORE 5	A comprehensive and detailed HIV-specific, citywide quality management plan is developed/refined, with a clear indication of responsibilities and accountability, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other department representatives is described; quality plan fits within the framework of other citywide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan.				
COMMENTS:					

A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze EMA performance data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No appropriate performance or outcome measures are selected; methods to collect and analyze EMA-wide performance data are not outlined.				
SCORE 1	Only those indicators are selected that are minimally required; no process takes place to annually review and update indicators and its definitions; methods to collect data are not described.				
SCORE 2					
SCORE 3	Selection of indicators is based on results of past performance data and some input of Part A representatives; indicators include appropriate clinical or support service measures; indicators reflect accepted standards of care; indicator information is shared with EMA staff and providers; processes are outlined to measure and analyze EMA-wide performance data.				



## Part A Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Portfolio includes clinical and support service indicators with written indicator descriptions; measures are annually reviewed, prioritized and aligned with EMA quality goals; all indicators are operationally defined, and augmented with specific targets or target ranges, including desired health outcome; EMA performance measurement activities include partnering with other data sources such as Medicaid and Epidemiology data; Program Assessment Rating Tool (PART) measures and unmet need are integrated; statewide data collection plans are clearly outlined and strategies to analyze data are detailed.
COMMENTS:	

A.3. Does the work plan specify timelines and accountabilities for the implementation of the EMA-wide quality of care program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No work plan is specified for the implementation of the Title I quality of care program.				
SCORE 1	A work plan is only loosely outlined; no specific timelines for the implementation of the quality of care program are established; no formal process to assign timelines and responsibilities; follow-up of quality issues only as needed.				
SCORE 2					
SCORE 3	A written, annual work plan which outlines the implementation is in place; timetable is shared with appropriate staff; updates in the work plan are discussed in quality committee(s); quality activities are planned before execution.				
SCORE 4					
SCORE 5	A process to assign timelines and responsibilities for quality activities is in place and clearly described; annual plan for resources is established; EMA staff are aware of timelines and responsibilities; quality committees are routinely updated and consulted on the implementation of the EMA-wide quality program.				
COMMENTS:					

### B) ORGANIZATIONAL INFRASTRUCTURE

B.1. Does the Part A program have an organizational structure in place to oversee planning, assessment and communication about quality?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No quality structure is in place to oversee planning, assessment and communication about quality.				

# Part A Quality Management Program Assessment Tool...Continued

SCORE 1	Only a loose quality structure is in place; a few representatives are involved; knowledge of quality structure among staff is limited.
SCORE 2	
SCORE 3	Senior EMA representative heads the HIV quality program; provider representatives are represented in the HIV quality structure; findings and performance data results are shared; staff for the quality program are identified; resources for the quality program are made available.
SCORE 4	
SCORE 5	Senior leaders actively support the program infrastructure and planned activities; key staff are identified and supported with adequate resources to initiate and sustain quality improvement activities at the EMA program as well as the provider level; Part A staff are routinely trained on quality improvement tools and methodologies; findings and performance data results are frequently shared internally and externally.
COMMENTS:	

B.2. Is a quality management committee with appropriate membership established to solicit quality priorities and recommendations for quality activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No Part A quality management committee is established to solicit quality priorities and recommendations for quality activities.				
SCORE 1	Quality meetings are held with only a few EMA representatives and/or provider representatives; ad hoc meetings are only used to discuss immediate issues.				
SCORE 2					
SCORE 3	Quality committee is established that engages various representatives; routine quality committee meetings are held to solicit quality priorities and recommendations for quality activities; reporting of committee updates in place.				
SCORE 4					
SCORE 5	Senior leader, key Part A providers and consumer representatives are actively involved in quality committee(s) to establish priorities and solicit recommendations for current and future quality activities; membership is reviewed and updated annually; HIV quality meetings include written minutes and reporting mechanisms.				
COMMENTS:					

## Part A Quality Management Program Assessment Tool...Continued

B.3. Does the Part A quality program involve providers, consumers and representatives from other Ryan White Program Parts?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part A quality program does not involve providers, consumers and representatives from other Ryan White Program Parts.				
SCORE 1	Part A quality program includes only internal EMA staff, with limited input from other groups; neither Part A providers nor consumers are involved.				
SCORE 2					
SCORE 3	Part A providers and at least one consumer representative are participating in quality committee meetings; other Ryan White Parts are involved.				
SCORE 4					
SCORE 5	Part A providers and consumers are actively engaged in the EMA-wide quality of care; representatives from other Ryan White Parts are structurally integrated in the quality program.				
COMMENTS:					

B.4. Are processes established to evaluate, assess and follow up on HIV quality findings and data being used to identify gaps?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Processes are not established to evaluate, assess and follow up on HIV quality findings.				
SCORE 1	No processes are established to evaluate the HIV quality program; quality infrastructure and its activities are only reviewed only if necessary; when establishing/updating the annual work plan, past performance is not considered; quality of care program does not learn from past successes and failures.				
SCORE 2					
SCORE 3	Review process is in place to evaluate the Part A quality infrastructure, and assess the performance data; findings are generated for follow up and used to plan ahead; summary of findings are documented.				
SCORE 4					
SCORE 5	Process to annually assess effectiveness of HIV quality program; data findings are used to identify gaps in care and service delivery; staff are actively involved; assessments and follow ups are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; findings and past performance scores are used to facilitate and shape Part A quality program.				

# Part A Quality Management Program Assessment Tool...Continued

COMMENTS:	
-----------	--

## C) IMPLEMENTATION OF QUALITY PLAN AND CAPACITY PLANNING

C.1. Are appropriate performance data collected to assess the quality of HIV care and services EMA-wide?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No performance data are collected to assess the quality of HIV care and services EMA-wide.				
SCORE 1	Basic performance measurement systems are in place; only utilization data are collected; no process established to share data or only used for punitive purposes; data are not collected EMA-wide.				
SCORE 2					
SCORE 3	A system to measure key quality aspects among Part A providers is established; data are collected, analyzed and routinely disseminated to providers; data are collected from most providers in the EMA.				
SCORE 4					
SCORE 5	The quality, including clinical and support services across the EMA, is measured by selected process and include outcome measures; organizational assessments of Part A provider quality infrastructures are conducted; results and findings are routinely shared with providers to inform and foster quality improvement activities; data are collected from all Part A providers.				

COMMENTS:	
-----------	--

C. 2. Does the Part A quality program conduct quality improvement projects to improve systems and/or quality of care issues?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The Part A quality program does not conduct quality improvement projects to improve internal systems and/or quality of care issues.				
SCORE 1	Quality improvement activities focus on individual cases or incidents only; projects are primarily used for inspection; selection of quality activities is done by single person.				
SCORE 2					
SCORE 3	A few staff members have input in the selection of quality projects; quality improvement activities focus on issues related to structures and processes only; at least one quality project was conducted in the last 12 months to improve systems and/or quality of care issues; internal Part A quality improvement activities are tracked.				

## Part A Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Structured process of selection and prioritization of quality projects is in place; quality improvement projects are informed by the data and are outcome related; staff is involved in quality improvement projects; findings are routinely shared with entire staff, presented to the quality committee, and used to inform subsequent projects.
COMMENTS:	

C.3. Does HIV quality program offer QI training and technical assistance on quality improvement to Part A providers?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The quality program does not offer QI training and/or technical assistance on quality improvement to Part A providers.				
SCORE 1	No structured process in place to train Part A providers on quality improvement; limited technical assistance resources available for Part A providers to build capacity for quality improvement.				
SCORE 2					
SCORE 3	Capacity to train Part A providers and provide technical assistance on quality improvement is available; process in place to triage TA requests from individual providers; some resources are available and mostly used in response to TA requests.				
SCORE 4					
SCORE 5	A quality workshop program is established to routinely train clinical and service providers on quality improvement priorities, tools and methodologies; an annual training schedule is developed with quality topics based on needs assessment including input by providers; trainings are well attended and evaluations are routinely kept and analyzed and used to improve future training; technical assistance is provided to clinical and service providers through on-site visits by quality experts.				
COMMENTS:					

# Part B Quality Management Program Assessment Tool

## A) Quality Management Plan

A.1. Is a comprehensive HIV-specific, statewide quality management plan in place with clear definitions of leadership, Part B roles, resources and accountability?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part B program has no or minimal written quality plan in place; if any in existence, written plan does not reflect current day-to-day operations.				
SCORE 1	Part B program has only loosely outlined a quality management plan; written plan reflects only in part current day-to-day operations.				
SCORE 2					
SCORE 3	A written statewide quality management plan is developed describing the quality infrastructure, frequency of meetings, indication of leadership and objectives; the quality plan is shared with staff; the quality plan is reviewed and revised at least annually; some areas of detail and integration are not present.				
SCORE 4					
SCORE 5	A comprehensive and detailed HIV-specific, statewide quality management plan is developed/refined, with a clear indication of responsibilities and accountability across DOH, quality committee infrastructure, outline of performance measurement strategies, and elaboration of processes for ongoing evaluation and assessment; engagement of other DOH department representatives is described; quality plan fits within the framework of other statewide QI/QA activities; staff and providers are aware of the plan and are involved in reviewing and updating the plan.				
COMMENTS:					

A.2. Are appropriate performance and outcome measures selected, and methods outlined to collect and analyze statewide performance data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No appropriate performance or outcome measures are selected; methods to collect and analyze statewide performance data are not outlined.				
SCORE 1	Only those indicators are selected that are minimally required; no process takes place to annually review and update indicators and its definitions; methods to collect data are not described.				
SCORE 2					
SCORE 3	Selection of indicators is based on results of past performance data and some input of Part B representatives; indicators include appropriate clinical or support service measures; indicators reflect accepted standards of care; indicator information is shared with DOH staff; processes are outlined to measure and analyze statewide performance data.				

# Part B Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Portfolio includes clinical and support service indicators with written indicator descriptions; measures are annually reviewed, prioritized and aligned with DOH quality goals; all indicators are operationally defined, and augmented with specific targets or target ranges, including desired health outcome; DOH performance measurement activities include partnering with other data sources such as Medicaid and Epidemiology data; Program Assessment Rating Tool (PART) measures and unmet need are integrated; statewide data collection plans are clearly outlined and strategies to analyze data are detailed.
COMMENTS:	

A.3. Does the work plan specify timelines and accountabilities for the implementation of the statewide quality of care program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No work plan is specified for the implementation of the statewide quality of care program.				
SCORE 1	A work plan is only loosely outlined; no specific timelines for the implementation of the statewide quality of care program are established; no formal process to assign timelines and responsibilities; follow-up of quality issues only as needed.				
SCORE 2					
SCORE 3	A written, annual work plan which outlines the implementation is in place; timetable is shared with appropriate DOH staff; updates in the work plan are discussed in quality committee(s); quality activities are planned before execution.				
SCORE 4					
SCORE 5	A process to assign timelines and responsibilities for quality activities is in place and clearly described; annual plan for resources is established; DOH staff are aware of timelines and responsibilities; quality committees are routinely updated and consulted on the implementation of the statewide quality program.				
COMMENTS:					

## B) Organizational Infrastructure

B.1. Does the Part B program have an organizational structure in place to oversee planning, assessment and communication about quality?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No quality structure is in place to oversee planning, assessment and communication about quality.				

# Part B Quality Management Program Assessment Tool...Continued

SCORE 1	Only a loose quality structure is in place; a few DOH representatives are involved; knowledge of quality structure among staff is limited.
SCORE 2	
SCORE 3	Senior DOH representative heads the HIV quality program; DOH representatives from some internal departments are represented in the HIV quality structure; findings and performance data results are shared; staff for the quality program are identified; resources for the quality program are made available.
SCORE 4	
SCORE 5	Senior DOH leaders actively support the program infrastructure and planned activities; key staff are identified and supported with adequate resources to initiate and sustain quality improvement activities at the DOH program as well as the provider level; Part B staff are routinely trained on quality improvement tools and methodologies; findings and performance data results are frequently shared internally and externally.
COMMENTS:	

B.2. Is a quality management committee with appropriate membership established to solicit quality priorities and recommendations for quality activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No Part B quality management committee is established to solicit quality priorities and recommendations for quality activities.				
SCORE 1	Quality meetings are held with only a few DOH representatives and/or provider representatives; ad hoc meetings are only used to discuss immediate issues.				
SCORE 2					
SCORE 3	Quality committee is established that engages various representatives; routine quality committee meetings are held to solicit quality priorities and recommendations for quality activities; reporting of committee updates in place.				
SCORE 4					
SCORE 5	Senior DOH leader, key Part B providers and consumer representatives are actively involved in quality committee(s) to establish priorities and solicit recommendations for current and future quality activities; membership is reviewed and updated annually; HIV quality meetings include written minutes and reporting mechanisms.				
COMMENTS:					



## Part B Quality Management Program Assessment Tool...Continued

B.3. Does the Part B quality program involve providers, consumers and representatives, such as ADAP, Medicaid, Epidemiology and from other Ryan White Program Parts?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Part B quality program does not involve providers, consumers and representatives, such as ADAP, Medicaid Epidemiology and from other Ryan White Program Parts.				
SCORE 1	Part B quality program includes only internal DOH staff, with limited input from other departments; neither Part B providers nor consumers are involved.				
SCORE 2					
SCORE 3	Representatives from a few DOH departments, Part B providers and at least one consumer representative are participating in quality committee meetings; other Ryan White Parts are involved.				
SCORE 4					
SCORE 5	Representatives from all appropriate internal DOH offices, including ADAP, Medicaid, and Epidemiology; Part B providers and consumers are actively engaged in the statewide quality of care; representatives from other Ryan White Parts are structurally integrated in the quality program.				
COMMENTS:					

B.4. Are processes established to evaluate, assess and follow up on HIV quality findings and data being used to identify gaps?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Processes are not established to evaluate, assess and follow up on HIV quality findings.				
SCORE 1	No processes are established to evaluate the HIV quality program; quality infrastructure and its activities are reviewed only if necessary; when establishing/updating the annual work plan, past performance is not considered; quality of care program does not learn from past successes and failures.				
SCORE 2					
SCORE 3	Review process is in place to evaluate the Part B quality infrastructure, and assess the performance data; findings are generated for follow up and used to plan ahead; summary of findings are documented.				
SCORE 4					
SCORE 5	Process to annually assess effectiveness of HIV quality program; data findings are used to identify gaps in care and service delivery; DOH staff are actively involved; assessments and follow ups are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; findings and past performance scores are used to facilitate and shape Part B quality program.				
COMMENTS:					

# Part B Quality Management Program Assessment Tool...Continued

## C) IMPLEMENTATION OF QUALITY PLAN AND CAPACITY PLANNING

C.1. Are appropriate performance data collected to assess the quality of HIV care and services statewide?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No performance data are collected to assess the quality of HIV care and services statewide.				
SCORE 1	Basic performance measurement systems are in place; only utilization data are collected; no process established to share data or only used for punitive purposes; data are not collected statewide.				
SCORE 2					
SCORE 3	A system to measure key quality aspects among Part B providers is established; data are collected, analyzed and routinely disseminated to providers; data are collected from most providers around the state.				
SCORE 4					
SCORE 5	The quality, including clinical and support services across the state, is measured by selected process and include outcome measures; organizational assessments of Part B provider quality infrastructures are conducted; results and findings are routinely shared with providers to inform and foster quality improvement activities; data are collected from the entire state.				
COMMENTS:					

C. 2. Does the Part B quality program conduct quality improvement projects to improve DOH systems and/or quality of care issues?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The Part B quality program does not conduct quality improvement projects to improve DOH systems and/or quality of care issues.				
SCORE 1	Quality improvement activities focus on individual cases or incidents only; projects are primarily used for inspection; selection of quality activities is done by single person.				
SCORE 2					
SCORE 3	A few DOH staff members have input in the selection of quality projects; quality improvement activities focus on issues related to structures and processes only; at least one quality project was conducted in the last 12 months to improve DOH systems and/or quality of care issues; DOH internal Part B quality improvement activities are tracked.				
SCORE 4					
SCORE 5	Structured process of selection and prioritization of quality projects is in place; quality improvement projects are informed by the data and are outcome related; DOH staff across several departments is involved in quality improvement projects; findings are routinely shared with entire DOH staff, presented to the quality committee, and used to inform subsequent projects.				
COMMENTS:					

## Part B Quality Management Program Assessment Tool...Continued

C.3. Does HIV quality program offer QI training and technical assistance on quality improvement to Part B providers?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	The quality program does not offer QI training and/or technical assistance on quality improvement to Part B providers.				
SCORE 1	No structured process in place to train Part B providers on quality improvement; limited technical assistance resources available for Part B providers to build capacity for quality improvement.				
SCORE 2					
SCORE 3	Capacity to train Part B providers and provide technical assistance on quality improvement is available; process in place to triage TA requests from individual providers; some resources are available and mostly used in response to TA requests.				
SCORE 4					
SCORE 5	A quality workshop program is established to routinely train clinical and service providers on quality improvement priorities, tools and methodologies; an annual training schedule is developed with quality topics based on needs assessment including input by providers; trainings are well attended and evaluations are routinely kept and analyzed and used to improve future training; technical assistance is provided to clinical and service providers through on-site visits by quality experts.				
COMMENTS:					

# Part C and Part D Quality Management Program Assessment Tool

## A] QUALITY STRUCTURE

A.1. Does the HIV program have an organizational structure in place to plan, assess and improve the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No structure in place				
SCORE 1	Quality structure is only loosely in place; a few quality meetings of some HIV staff; knowledge of quality structure is limited to only a few people in HIV program; meetings are only used to discuss individual cases or problems.				
SCORE 2					
SCORE 3	Senior HIV clinician/manager leads the HIV quality committee; at least 4 quality meetings a year; multidisciplinary team members are represented in HIV quality structure; routine reporting to external governing body; staff knows about quality committee meetings; minutes are kept; some links to external stakeholders.				
SCORE 4					
SCORE 5	Senior HIV medical clinician/senior management is actively involved in quality committees; HIV quality meetings include written minutes and written follow-up; understanding of entire staff about quality structure and reporting mechanism; active support by overall agency; strong links to external stakeholders; structured input from consumers or consumer advisory board.				
COMMENTS:					

A.2. Have adequate resources been committed to fully support the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No resources are committed.				
SCORE 1	Only senior HIV clinician or designated quality coordinator is responsible to coordinate quality efforts; quality is not part of staff's job expectations; quality work is done in addition to daily work loads; little resources have been made available for information systems.				
SCORE 2					
SCORE 3	Key staff members have time allotted for quality activities; half-time position is available for quality manager; moderate resources for information systems.				
SCORE 4					
SCORE 5	Most staff members have quality in their job descriptions and expectations; Full-time position of quality manager is available; resources are committed for information systems; MIS staff is responsive to program's needs or requests for assistance.				

## Part C and Part D Quality Management Program Assessment Tool...Continued

COMMENTS:					
A.3. Did the HIV leadership support the HIV quality program?					
SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No leadership support.				
SCORE 1	HIV program leadership reviews quality data; support for QI is not consistent and regularized; involvement is only active if needed; HIV leadership has limited experience in QI activities; link to institution's overall quality program is only by reporting data.				
SCORE 2					
SCORE 3	HIV program leadership supports QI and sees quality improvement as a priority; HIV leadership has established program commitment to quality; HIV leadership supports staff and quality activities if needed; HIV leadership involved in setting quality priorities; institution's overall quality program encourages interdepartmental cooperation.				
SCORE 4					
SCORE 5	HIV program leadership stresses being proactive; quality and patient focus are build into new programs and initiatives; HIV program leadership advocates for QI with the rest of the organization; HIV leadership is actively involved in ongoing education about quality; HIV leadership uses every opportunity to promote quality improvement; quality and improvement issues are discussed at top staff meetings at overall organization.				
COMMENTS:					
<b>B) QUALITY PLANNING</b>					
B.1. Does the HIV program have a comprehensive quality improvement/management plan?					
SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No QI/QM plan in place.				
SCORE 1	HIV quality program has only a loosely outline of a structured quality plan; a written plan does not reflect current day-to-day operations; goals for the quality program are not established.				
SCORE 2					
SCORE 3	The quality plan is reviewed and updated annually; the quality plan describes the quality committee structure and its frequency of meetings; key quality principles and objectives are outlined; annual goals have been discussed and agreed on by HIV quality committee; the quality plan is shared with staff.				

# Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	The written quality infrastructure includes a multidisciplinary membership and its reporting mechanism; the link to the institution's overall quality program is described; the quality committee oversees and provides feedback to quality improvement projects; staff is aware of the plan; staff is actively involved in review and update of the quality plan; annual goals are actively communicated and understood by staff; selection and prioritization process is clearly defined; staff is actively involved in selection process.
COMMENTS:	

B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No roles are described.				
SCORE 1	Roles and responsibilities are not described for quality structure; staff has vague idea about involvement in quality program; no written documentation.				
SCORE 2					
SCORE 3	Key roles for quality program are clearly described; leadership and governance is established; staff is informed about different roles; QI team roles are described; follow-up for quality activities are unclear.				
SCORE 4					
SCORE 5	The staffs' roles and responsibilities are clearly described regarding involvement in HIV committee structure, performance measurements, and quality activities; description of accountability is routinely reviewed and updated at least annually; staff is involved in design of roles and responsibilities; structure in place to monitor progress of quality activities.				
COMMENTS:					

B.3. Does the work plan specify timelines and accountabilities for the implementation of the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No work plan exists.				
SCORE 1	No specific timelines and accountabilities have been established; no formal process to assign timelines for quality projects; follow-up of quality findings only as needed.				
SCORE 2					

## Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 3	Quality activities are somewhat planned for the near future; workplan specified annual cycle of review for goal statements; quality committee is aware of timetable; findings of quality activities are routinely discussed in quality committee; staff is not assigned to be accountable for the implementation of certain quality activities.
SCORE 4	
SCORE 5	Process to assign timelines for all quality reviews and improvement projects is clearly described; annual plan for resources is established; most of staff are aware of timelines; structure to discuss update of all quality activities at each quality committee meeting; staff members have clearly assigned roles and expectations for projects; staff are held accountable.
COMMENTS:	

### C] QUALITY PERFORMANCE MEASUREMENT

C.1. Are appropriate outcome and process quality indicators selected in the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No indicators are selected.				
SCORE 1	Only those indicators have been selected that were required; no process takes place to annually review and update indicators; selection of indicators was done by senior HIV clinician or by quality coordinator.				
SCORE 2					
SCORE 3	Selection of indicators was based on results of internal quality initiatives and external audits; indicators have written definitions and frequencies of review; staff is aware of indicators; indicators reflect standards of care.				
SCORE 4					
SCORE 5	Annual process to update indicators; required and non-required outcome and process indicators have been selected; all indicators definitions include outcome and steps for follow-up; staff is involved in development of indicators; most staff knows indicators and their definitions.				
COMMENTS:					

C.2. Does the HIV program regularly measure the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	Quality of HIV care is not measured.				

# Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 1	Program measures only what is required; only few staff members are involved in measurement process; no description of review process.
SCORE 2	
SCORE 3	Process in place to measure performance; performance reviews and implementation steps have defined timetables; most staff is involved in measurement process; results are reviewed in quality committee.
SCORE 4	
SCORE 5	Process to evaluate and measure performance clearly described; monthly performance reviews; quality results are regularly reviewed by the organization's leadership and action is taken on the results; HIV staff is actively involved in measurement process; staff is trained in review process.
COMMENTS:	

C.3. Are processes established to evaluate, assess and follow up on HIV quality data?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No process in place to follow-up on quality data.				
SCORE 1	Only senior leadership receives quality reports. Results are not shared with other staff routinely, unless there is a problem. Reporting of quality outcomes and results often feels punitive. Sporadic reporting of results and no process in place to respond to results.				
SCORE 2					
SCORE 3	Quality reports are shared with senior leadership team and quality committee. Periodic quality changes and interventions attempted. No consistent process to act on results; no routine follow-up on all quality data reports; some staff receive the information.				
SCORE 4					
SCORE 5	All staff receive appropriate quality reports and results. Quality results are regularly reviewed by staff and action is taken on the results; HIV staff is actively involved in staff meetings in discussing results and proposing improvement activities; staff is trained on how to use results to initiate improvement activities and how to communicate with quality committee. Innovation, within a clearly defined quality planning process, is encouraged and rewarded.				
COMMENTS:					



## Part C and Part D Quality Management Program Assessment Tool...Continued

### D) Quality Improvement Activities

D.1. Does the HIV program conduct specific quality activities and projects to improve the quality of care?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No quality activities are taking place.				
SCORE 1	Quality improvement activities focused on individual cases without any analysis of underlying cause; reviews are primarily used for inspection/compliance; selection of project is done by single person.				
SCORE 2					
SCORE 3	A few staff members have input in selection of quality initiatives; quality improvement activities focused on processes; projects are conducted based on performance data results; findings are presented to quality committee; QI principles (consumer focus, staff involvement, teams) were applied.				
SCORE 4					
SCORE 5	Structured process of selection and prioritization; routine identification of customer needs and input in quality improvements; majority of staff involved in quality improvement projects; findings are shared with entire HIV staff.				
COMMENTS:					

D.2. Are quality improvement teams formed for specific projects?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No teams are formed.				
SCORE 1	A group of staff meets to discuss improvements; mostly the same staff members are involved; methodologies for quality improvement teams are not used.				
SCORE 2					
SCORE 3	One or two QI teams had been introduced; basic staff knowledge about QI team; multidisciplinary team approach; QI approach is used to address quality projects; results are presented at quality committee; QI teams use established methodologies.				
SCORE 4					
SCORE 5	One or two QI teams had been introduced; basic staff knowledge about QI team; multidisciplinary team approach; QI approach is used to address quality projects; results are presented at quality committee; QI teams use established methodologies.				

# Part C and Part D Quality Management Program Assessment Tool...Continued

COMMENTS:	
-----------	--

D.3. Are systems in place to sustain quality improvements?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No systems to sustain QI in place.
SCORE 1	Quality improvement activities result in minimal change in delivery system; no training for staff is required; only some providers are impacted; efforts to improve the health of patients has only minimal impact; improvements are only short-term; minimal involvement by staff.
SCORE 2	
SCORE 3	Some short and long-term benefits for some clients; process in place to continue to monitor change; some staff educated about changes; some job descriptions are altered.
SCORE 4	
SCORE 5	Quality improvement activities result in a fundamental change of delivery system; improvements require staff to be trained; impact is measured and related to improved outcome; sustainable success for all intended clients; HIV program demonstrated culture of support of learning and improvement; staff is actively involved in process.

COMMENTS:	
-----------	--

## E) STAFF INVOLVEMENT

E.1. Is the staff routinely educated about the HIV program's quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No staff training in place.
SCORE 1	Only a few people have access to training opportunities; one or two journals or books are available about quality; no additional resources for quality training are available.
SCORE 2	
SCORE 3	No formal process in place to train all HIV staff routinely about quality principles; some HIV staff members can attend external quality training; some HIV staff can order books and journals about quality.

## Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 4	
SCORE 5	Almost all HIV staff members attend an annual quality training; staff knows about QI principles; quality articles are routinely shared and forwarded among staff; many journals and books are available for HIV staff; content of quality conferences and recent developments are routinely communicated among staff.
COMMENTS:	

E.2. Does the HIV program routinely engage all levels of staff in quality program activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No involvement of different staff levels.
SCORE 1	Results of quality activities are not routinely shared with HIV staff; feedback is limited; staff can list only one quality indicators of HIV program; no formal process in place.
SCORE 2	
SCORE 3	Findings of quality activities are routinely shared with HIV staff; staff can list some quality indicators of HIV program; HIV staff knows some findings of HIV quality reviews; updates about quality initiatives are given to committee members and key staff.
SCORE 4	
SCORE 5	Process in place to update staff about results of quality activities; staff is well aware of HIV quality program goals; entire staff meets to discuss updates about quality improvement activities; staff is actively involved; results of quality activities are communicated with patients and key stake holders.
COMMENTS:	

E.3. Are consumers involved in quality-related activities?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5

SCORE 0	No consumers are involved in quality-related activities.
SCORE 1	Client concerns are only discussed as they arise; clients' satisfaction is not measured routinely; no structure in place to gather patients' feedback.
SCORE 2	

# Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 3	Client needs and/or satisfaction are assessed; feedback of clients is discussed in quality committees; a client centered quality activity is launched.
SCORE 4	
SCORE 5	Findings of consumer assessments are routinely integrated into the quality program; structured input from consumers such as clients, family members, advocates, etc.; consumer advisory board in place; consumer feedback is incorporated in setting quality goals; results of quality activities are routinely communicated with clients and other consumers.
COMMENTS:	

## F) EVALUATION OF QUALITY PROGRAM

F.1. Is a process in place to evaluate the HIV quality program?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No process in place.				
SCORE 1	No formal process is established to evaluate the HIV quality program; quality activities are only reviewed if necessary; no review of quality workplan; no annual review of quality goals and infrastructure.				
SCORE 2					
SCORE 3	Review of ongoing quality activities by HIV quality committee; quality committee routinely evaluates improvements achieved by quality improvement team(s); some evaluations are used to internally and externally (success stories, etc.) promote the HIV quality program.				
SCORE 4					
SCORE 5	Process to assess effectiveness of HIV quality program including workplan, goals, and infrastructure; HIV staff is actively involved; assessments are documented; HIV leadership is well aware and involved in evaluation of HIV quality program; quality awards for HIV staff are given based on evaluations.				
COMMENTS:					

F.2. Does the quality program integrate findings into future planning?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No integration of findings into future planning.				

## Part C and Part D Quality Management Program Assessment Tool...Continued

SCORE 1	Program does not learn from past successes and failures; when annual work plan is established, past performance is not really considered.
SCORE 2	
SCORE 3	Results from evaluations are somewhat used to plan ahead; summary of findings are documented.
SCORE 4	
SCORE 5	Structure in place to use evaluations to facilitate future planning for quality, including identification of improvement opportunities; past performance of performance measurements is used to update work plan, annual goals, and timelines; HIV staff is involved in process; evaluations are used to annually review the quality infrastructure; improvements are spread into wider system, if indicated.
COMMENTS:	

F.3. Does the HIV program have an information/data system in place to track patient care and measure quality indicators?

SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	SCORE 5
SCORE 0	No information system in place.				
SCORE 1	Has no information system to track patient care; no or very basic medical/client record system.				
SCORE 2	Has basic information system to track client care but no specific HIV program information; limited capacity to expand to meet HIV program needs.				
SCORE 3	Has functional information system to track client care, and some (not all) minimal components of HIV program information system, but no specific quality information.				
SCORE 4	Has fully functional information system to track client care as well as track all minimal components of HIV program information; limited capacity to easily manage quality with system.				
SCORE 5	Has fully functional information system to track client care, track core components of HIV program, and produce useful quality of care information.				
COMMENTS:					

# Agenda

## TCB Agenda – Day 1

TIME	MODULE	AGENDA ITEM	COACHING FUNCTION
8:00 – 8:45	1	Welcome and Introduction Day 1	
8:45 – 9:15	2	The Zin Obelisk Game	Facilitator
9:15 – 10:45	3	Framework for Coaching Quality Improvement	All
10:45 – 11:15		Break	
11:15 – 12:30	4	Coaching Self-Assessment and Learning Plan	Objective Assessor
12:30 – 1:30		Lunch	
1:30 – 2:00	5	Public Goods Game	
2:00 – 3:30	6	Building Leadership Commitment for Quality Improvement	Quality Improvement Catalyst, Collaboration Builder
3:30 – 4:00		Break	
4:00 – 5:00	7	10 Rules to Become a Catalyst to improve HIV care	QI Catalyst
5:00 – 5:30	8	Mini-Presentations	
5:30 – 6:00	9	Aha! Moments & Evaluations	

## TCB Agenda – Day 2

TIME	MODULE	AGENDA ITEM	COACHING FUNCTION
8:00 – 8:15	10	Welcome Day 2	
8:15 – 8:45	11	Marshmallow Challenge	
8:45 – 9:30	12	Quality Improvement Resources	Capacity Builder
9:30 – 10:00		Break	
10:00 – 11:45	13	Developing a Plan to Build Quality Improvement Capacity	Capacity Builder
11:45 – 12:30	14	Study Groups	Collaboration Builder
12:30 – 1:30		Lunch	
1:30 – 3:00	15	Coaching an Organizational Assessment	Objective Assessor
3:00 – 3:30		Break	
3:30 – 5:00	16	Open Space	
5:00 – 5:30	17	Mini-Presentations	Objective Assessor
5:30 – 6:00	18	Aha! Moments & Evaluations	



## TCB Agenda – Day 3

TIME	MODULE	AGENDA ITEM	COACHING FUNCTION
8:00 – 8:15	19	Welcome Day 3	
8:15 – 8:30	20	“Winning Hand” Card Game	Collaboration Builder
8:30 – 9:45	21	The Coach as Strategic Planner	Strategic Thinker
9:45 – 10:15		Break	
10:15 – 11:30	22	Data Reports: How Coaches Use Data to Drive Improvements	Measurement Advocate
11:30 – 11:45	23	Crime Story Game	Collaboration Builder
11:45 – 12:30	24	Study Groups II	Collaboration Builder
12:30 – 1:00		Lunch	
1:30 – 2:00	25	Setting Your Coaching Agenda	
2:00 – 3:00	26	Aha! Moments, Evaluations, and Celebration	

## TCB Agenda – Detailed

TIME	MODULE	AGENDA ITEM	LEARNING OBJECTIVE	COACHING FUNCTION
<b>Day 1</b>				
8:00 – 8:45	1	Welcome, Introductions and Brainstorming about Individual TCB Goals for Becoming an Effective Coach	Participants will have opportunity to share potential topics for discussion related to “coaching” during the TCB Program	
8:45 – 9:15	2	Game: The Zin Obelisk	Participants get to know each other and draw some general lessons for the TCB Program	Facilitator
9:15 – 10:45	3	Frameworks for Coaching Quality Improvement Work	Participants learn the NQC conceptual framework for coaching, key skills and knowledge individuals need to be a successful coach Participants learn how to apply this concept in real-world examples	All
10:45 – 11:15		Break		
11:15 – 12:30	4	Coaching Self-Assessment and Learning Plan	Participants identify opportunities for improvement in the skills required to be an effective coach and develop an improvement plan for the next 8-12 months	Objective Assessor
12:30 – 1:30		Lunch		
1:30 – 2:00	5	Game: Public Goods	Participants learn that to advance individual performance one must advance everyone’s performance	
	6	Building Leadership Commitment for Quality Improvement	Participants understand the role a coach plays in engaging organizational leaders to actively support the quality management program Participants apply their skills to case studies and learn from feedback	Quality Improvement Catalyst, Collaboration Builder
2:00 – 3:30		Break		
3:30 – 4:00	7	10 Rules to Become a Catalyst to Improve HIV Care	Participants will have practice at recognizing and intervening with dysfunctional team behaviors, provide feedback to improve outcome	QI Catalyst

## TCB Agenda – Detailed...Continued

TIME	MODULE	AGENDA ITEM	LEARNING OBJECTIVE	COACHING FUNCTION
8:00 – 8:45	8	Mini-Presentations	Participants share prior coaching experiences and lessons learned	
8:45 – 9:15	9	Aha! Moments and Evaluations	Eureka's and insights are shared	
<b>Day 2</b>				
8:00-8:15	10	Welcome to Day 2	Participants ask any questions from previous day and Faculty address any open issues from the Parking Lot	
8:15-8:45	11	Game: Marshmallow Challenge	Participants learn about the importance of working together and the elements of good team work	
8:45-9:30	12	QI Resources	There will be an increased awareness and understanding of the QI resources available to the grantee coaches	Capacity Builder
9:30-10:00		Break		
10:00-11:45	13	Developing a Plan to Build QI Capacity	Participants will learn how to assess and build capacity with educational planning	Capacity Builder
11:45-12:30	14	Study Groups	Introduce the concept of Study Groups and form Study Groups that work together over 6 months after the TCB	Collaboration Builder
12:30-1:30		Lunch		
1:30-3:00	15	Conducting an Organizational Assessment	Participants understand key steps to successfully complete organizational assessments in the coaching role	Objective Assessor
3:00-3:30		Break		
3:30-5:00	16	Open Space	Participants identify common barriers and their interventions to becoming and effective improvement coach	
5:00-5:30	17	Mini-Presentations	Participants share prior capacity building/training experiences and lessons learned	Objective Assessor
5:30-6:00	18	Aha! Moments & Evaluations	Eureka's and insights are shared	

## TCB Agenda – Detailed...Continued

TIME	MODULE	AGENDA ITEM	LEARNING OBJECTIVE	COACHING FUNCTION
<b>Day 3</b>				
8:00-8:15	19	Welcome	Participants ask any questions from previous day	
8:15-8:30	20	Game: Winning Hand	To illustrate the interconnectivity of individuals and groups (Card Game)	Collaboration Builder
8:30-9:45	21	The Coach as a Strategic Planner: Supporting HIV Providers through QI Action Plans	Participants will develop a Quality Action plan that drives grantees to recommended outcomes	Strategic Thinker
9:45-10:15		Break		
10:15-11:30	22	Data Reports: How Coaches Use Data to Drive Improvements	Participants gain higher level of understanding regarding use of data such as benchmark reports and importance of linking data to performance	Measurement Advocate
11:30-11:45	23	Game: Crime Story	Game to highlight the importance of attention to details	Collaboration Builder
11:45-12:30	24	Study Groups II	Allow time for future Study Group planning	Collaboration Builder
12:30-1:30		Lunch		
1:30-2:00	25	Setting Your Coaching Agenda	Plan and share individual plans	
2:00-3:00	26	Aha! Moments, Evaluation & Celebration	Participants reflect on the past 3 days	
3:00		Adjourn		

## Facilitator Biographies

**Clemens Steinböck, MBA**, has close to twenty years of national and international experience in the field of quality improvement (QI), centering on improving the quality of HIV care. Mr. Steinböck is currently the Director of Quality Initiatives at the New York State Department of Health AIDS Institute. In this capacity, he oversees the statewide Quality of Care Program to ensure the development of effective adult & pediatric quality programs in more than 200 primary care sites. Since 2004, Mr. Steinböck has served as the National Quality Center (NQC) Director, and has led NQC to become the premiere technical assistance resource to advance the quality of HIV care. In the last five years, Mr. Steinböck has worked extensively internationally to build and support national quality management (QM) programs through HEALTHQUAL, including Nigeria, Botswana, Namibia, Mozambique, and other countries. Mr. Steinböck is an expert in quality improvement with regular teaching and speaking assignments, both nationally and internationally, has served as faculty member in many QI collaboratives, and has authored over ten books in addition to the development of numerous QI training curricula.

**Kathleen Clanon, MD, FACP**, has worked since 1988 as an HIV clinician, educator, program director, and QI leader specializing in improving care of low-income people with HIV. She is the Clinical Director of the Pacific AIDS Education and Training Center (AETC) since 2001 with responsibility for developing and delivering curricula for clinicians on HIV care and on QM. She has extensive hands-on experience with Ryan White Program (RWP) grantees, having established and maintained multidisciplinary HIV prevention and care programs serving thousands of people in Alameda County, CA. Since 1992, she has designed and led QM programs for multi-service RWP-funded programs including Part A, C, and D networks, and has consulted on QM for NQC and HIVQUAL, including assisting many clinical sites, and more recently, the Health Ministries of Thailand, Haiti, and Guyana.

# Day 1

# Module 1: Welcome and Introduction to Training on Coaching Basics Program

## Day One:

8:00 – 8:45 am (45 min)

## Type of Activity:

Presentation with PowerPoint slides, Introductions

## Materials Needed:

Presentation slides ('M1 Welcome and Introduction to TCB Program'), flipchart and markers, tape, slide advancer with laser pointer, NQC remotes, post-it notes

## Overview of Activity – 45 min:

- 05 min: Goals and Expectations
- 05 min: Agenda Overview
- 05 min: Self-Assessment Pretest
- 10 min: Faculty Introductions
- 05 min: Participant Introductions
- 15 min: Four Corners Exercise

## Purpose and Key Lessons Learned:

- Orient participants to TCB Program, agenda, faculty and each other to be ready to engage in learning activities
- Learn key strengths and gaps of participants as indicated in the Pre-Work assignment
- Establish a safe learning environment and encourage participants to be open and reflective during the training

## Detailed Instructions:

### Preparation

- a. Before beginning the TCB session:
  - a. Place TCB Guides on participants' table
  - b. Make sure name tents are available
  - c. Prepare flipchart instructions: Four Corners Exercise
    - i. What is your professional role?
      - Clinical Provider (MD/PA/NP)
      - Nursing
      - Quality Managers
      - Administration/Other
    - ii. What kind of system are you coaching?
      - Network
      - All clinics
      - Mixed services
      - Hospital/Large Clinic/University
      - Small Clinic/CHC
    - iii. What is your current coaching experience?
      - Beginner
      - Intermediate
      - Advanced
      - Highly Proficient
  - d. Create an Open Space flipchart (blank)
  - e. Create a Parking Lot flipchart (blank)
  - f. Test equipment, sound system and NQC remotes
  - g. Draw a line on the floor using a tape for the M3 Group Exercise 'Who Will Cross the Line First?'
  - h. Create flipchart for Study Group assignments for M15
- b. Begin the session promptly at the start time out of respect for those ready to begin

*Goals and Expectations – 5 min*

1. Welcome participants enthusiastically and present appropriate slides ('M1 Welcome and Introduction'); emphasize, at the beginning, the benefits of the Program for participants and organizations
2. Review the goals of the TCB Program, following the corresponding slides in the presentation
3. Familiarize participants with what is expected from them during and after the course of the Program, and with what they should contribute and take from the Program

*Agenda Overview – 5 min*

4. Outline a detailed agenda for Day 1 of the TCB Program for the participants
5. Give an overview of highlighted activities for Days 2 and 3
6. Review a list of additional "details," including processes and concepts that participants will need to be familiar with during the Program
7. Introduce the Parking Lot and Open Space concepts
8. Ask for the volunteers for the mini-presentations

*Self Assessment Pre-Test – 5 min*

9. Prompt the participants with three questions, which will be asked again later in the training, regarding their knowledge, skills and confidence in coaching
10. Allow participants to respond using remote response technology

*Faculty Introductions – 10 min*

11. Introduce faculty

*Participant Introductions – 5 min*

12. Have participants introduce themselves; ask them to provide the following:
  - a. Name
  - b. Agency they work in
  - c. City they work in
13. Ask participants to form groups with their tables and to share their hopes and concerns for the TCB session

*Four Corners Exercise – 15 min*

14. Ensure that the four sets of posters are up, each set containing one poster from each category (e.g., Ryan White Program Part, job function within the participant's organization, quality improvement level of expertise, etc.)
15. Choose 4 volunteers to display the posters as directed by the facilitator; the facilitator will direct which category is to be held up by the volunteers
16. Instruct the participants to move to the corner with the category that most closely pertains to them; have the participants introduce themselves to each other
17. Each category should be given no more than 3 minutes, and then the facilitator should move on to the next category until the exercise is completed
18. Wish the participants well for the upcoming training



## Module 2: The Zin Obelisk Game

### Day One:

8:45 – 9:15 am (30 min)

### Type of Activity:

Game, Icebreaker

### Materials Needed:

Copies of ‘M2 Zin Obelisk Game – Coach Handout’ (one copy per team), Presentation slides (‘M2 Zin Obelisk Game’), envelopes with one copy per team of the participant handout cut into one slip of paper

### Overview of Activity – 30 min:

- 05 min: Explanation and Set-up
- 20 min: Game Activity
- 05 min: Debriefing

### Purpose and Key Lessons Learned:

- Teach participants to work as a team to develop hypotheses, test solutions and solve problems
- Show participants how to develop better knowledge as they go through multiple cycles of hypothesis, development, and testing
- Help teams understand leadership, cooperation, and conflict issues in team problem solving
- Better understand the function and importance of a coach in solving complex group tasks

### Detailed Instructions:

#### *Explanation and Set-up - 5 min*

1. Transition to this activity by saying, “Let’s use a game activity to learn more about systems and cooperation”
2. Divide your group into teams of 5 to 8 participants and review the Zin Obelisk game
3. Ask one team member to be the coach for this exercise
4. After giving members time to understand the instructions, distribute a Zin Obelisk envelope to each team and ask them to pass the envelope around, have each team member take one slip of paper until all are gone
5. Hand out the ‘M2 Zin Obelisk Game – Coach Handout’ to the coaches and strongly emphasize the competitive nature of the game

#### *Game Activity – 20 min*

6. Maintain a brisk pace throughout the activity
7. Continue to repeat to the coaches the importance of finishing first

#### *Debriefing – 5 min*

8. The suggested debrief from the *NQC Game Guide*; stress the following key points:
  - a. Working in a team to form hypotheses and to solve problems
  - b. Improving knowledge through hypotheses cycles
  - c. Understanding leadership, conflict, and cooperation in team problem solving
  - d. Understand the function of coaching for team success

## Module 2 Tool: Zin Obelisk Game – Participant Handout

1. The basic measurement of time in Atlantis is a day.
2. An Atlantian day is divided into schlibs and ponks.
3. The length of the zin is 50 feet.
4. The height of the zin is 100 feet.
5. The width of the zin is 10 feet
6. The zin is built of stone blocks.
7. Each block is 1 cubic foot.
8. Day 1 in the Atlantian week is called Aquaday.
9. Day 2 in the Atlantian week is called Neptiminus.
10. Day 3 in the Atlantian week is called Sharkday.
11. Day 4 in the Atlantian week is called Mermaidday.
12. Day 5 in the Atlantian week is called Daydoldrum.
13. There are five days in an Atlantian week.
14. The working day has 9 schlibs.
15. Each worker takes rest periods during the working day totaling 16 ponks.
16. There are 8 ponks in a schlib.
17. Workers each lay 150 blocks per schlib.
18. At any time when work is taking place there is a gang of 9 people on site.
19. One member of each gang has religious duties and does not lay blocks.
20. No work takes place on Daydoldrum.
21. A cubitt is a cube, all sides of which measure 1 megalithic yard.
22. There are 3 1/2 feet in a megalithic yard.
23. The zin is made up of green blocks.
24. Green has special religious significance on Mermaidday.
25. Work starts at daybreak on Aquaday.
26. Only one gang is working on the construction of the zin.
27. There are eight gold scales in a gold fin.

## Module 2 Tool: Zin Obelisk Game – Coach Handout

Scenario: In the ancient city of Atlantis, a solid, rectangular obelisk, called a zin, was built in honor of the goddess Tina. The structure took less than two weeks to complete. On which day of the Atlantean week was the obelisk completed?

Assignment: Coach the team to complete this task as quickly as possible.

Correct Answer: Neptiminius

Rationale:

1. The dimensions of the zin indicate that it contains 50,000 cubic feet of stone blocks.
2. The blocks are 1 cubic foot each, therefore, 50,000 blocks are required.
3. Each worker works 7 schlibs in a day (2 schlibs are devoted to rest).
4. Each worker lays 150 blocks per schlib, therefore each worker lays 1050 blocks per day.
5. There are 8 workers per day, therefore 8,400 blocks are laid per working day.
6. The 50,000th block, therefore, is laid on the sixth working day.
7. Since work does not take place on Dayoldrum, the sixth working day is Neptiminius.

The following information is shared with participants in your group:

1. The basic measurement of time in Atlantis is a day.

2. An Atlantian day is divided into schlibs and ponks.
3. The length of the zin is 50 feet.
4. The height of the zin is 100 feet.
5. The width of the zin is 10 feet
6. The zin is built of stone blocks.
7. Each block is 1 cubic foot.
8. Day 1 in the Atlantian week is called Aquaday.
9. Day 2 in the Atlantian week is called Neptiminius.
10. Day 3 in the Atlantian week is called Sharkday.
11. Day 4 in the Atlantian week is called Mermaidday.
12. Day 5 in the Atlantian week is called Dayoldrum.
13. There are five days in an Atlantian week.
14. The working day has 9 schlibs.
15. Each worker takes rest periods during the working day totaling 16 ponks.
16. There are 8 ponks in a schlib.
17. Workers each lay 150 blocks per schlib.
18. At any time when work is taking place there is a gang of 9 people on site.
19. One member of each gang has religious duties and does not lay blocks.
20. No work takes place on Dayoldrum.
21. A cubitt is a cube, all sides of which measure 1 megalithic yard.
22. There are 3 1/2 feet in a megalithic yard.
23. The zin is made up of green blocks.
24. Green has special religious significance on Mermaidday.
25. Work starts at daybreak on Aquaday.

26. Only one gang is working on the construction of the zin.
27. There are eight gold scales in a gold fin.

# Module 3: Framework for Coaching Quality Improvement Work

## Day One:

9:15 – 10:45 am (90 min)

## Type of Activity:

Lecture with Slides, Small Group Exercise, Large Group Debrief

## Materials Needed:

Presentation Slides ('M3 Presentation of Coaching Functions'), copies of Case Study Worksheet ('M3 Practice Coaching Scenarios'), Functions Handout ('M3 Functions of Improvement Coaches') and Diagnose Tool ('M3 Coaching Function Diagnose Tool'), flipchart

## Overview of Activity – 90 min:

- 40 min: Introduction and Instructions
- 30 min: Small Group Exercise – 'Coaching Functions in Action'
- 15 min: Report Back and Document Key Lessons Learned
- 05 min: Feedback to Group Facilitators

## Purpose and Key Lessons Learned:

- Familiarize participants with the 7 functions of an improvement coach, key skills and knowledge individuals need to be successful
- Understand and recognize these functions and skills in day-to-day work activities

- Provide an opportunity to strengthen participants' ability to work in teams

## Detailed Instructions:

### *Preparation*

- a. Draw a line on the floor using a tape for the Group Exercise 'Who Will Cross the Line First?' in advance of the start of the module

### *Introduction and Instructions - 40 min*

1. Introduce this module by saying, "Our next module will introduce the key functions and skills of an improvement coach and give you a chance to practice identifying them in life-like scenarios"
2. Present slides 'M3 Presentation of Coaching Functions'
3. Throughout the presentation illustrate each function with concrete, real life examples; best to prepare these in advance
4. Refer participants to the 'M3 Functions of Improvement Coaches' handout for further description of each coaching function
5. Tell participants that upcoming modules will focus on specific coaching functions

### *Small Group Exercise – 'Coaching Functions in Action' – 30 min*

6. Direct participants to the 'M3 Practice Coaching Scenarios' and 'M3 Coaching Function Diagnose Tool'

7. Assign 1-2 case studies per table
8. Ask each group to choose a facilitator; introduce the exercise and let each table group discuss the case studies and identify the key coaching functions and skills to help approach this situation

*Feedback to Group Facilitator – 5 min*

13. Ask each group to spend 3-5 minutes giving feedback to the group member who facilitated the group discussion

*Reporting Back and Document Key Lessons Learned - 15 min*

9. Ask for a volunteer group to report their discussion on each of the scenarios
10. During each report back, ask the other groups “Does this analysis match your understanding of this function?”; encourage them to ask questions or elaborate
11. Document on flipchart paper
12. Suggest other possible interpretations:

*Case Study 1:*

Diversify source of ideas. Use small successes to boost morale. Train team in simple QI tools such as fishbone or flow-charts. Create a whole training plan. Functions: Facilitator, QI Catalyst, Capacity Builder.

*Case Study 2:*

Do an OA. Explore what improvements the team is seeking. Suggest small steps towards desired outcome. Rapid cycle improvements. Field trip to an agency with strong program. Functions: Collaboration Builder, QI Catalyst, Measurement Advocate, Objective Assessor.

*Case Study 3:*

Make sure that all opinions are being heard. Create a yearly plan and a quality work plan to guide the committee. Help members develop more experience with quality principles. Create better defined leadership. Functions: Collaboration Builder, Facilitator, Strategic Thinker.

*Case Study 4:*

Reduce indicator and QI projects. Survey with providers about specific goals for improvement. Engage QI manager and help him/her delegate. Share burden of performance reviews. Functions: Strategic Thinker, Objective Assessor.

# Module 3 Tool: Behavior Style Inventory Form

- 1. Quality Improvement Catalyst** – to promote quality improvement activities and assist organizations to maintain momentum toward their quality improvement goals.
  - Provides an improvement framework for advancing HIV care in the context of an organization and its objectives
  - Helps organizations to identify and prioritize the opportunities for improvements
  - Reinforces the need to change and support organizations and individuals in generating enthusiasm for change and enables providers to achieve their quality improvement goals
  - Creatively seeks opportunities for testing improvements by using rapid cycle testing
  - Promotes the development of an organization-wide infrastructure for quality management
  - Enables quality improvement teams to reach their goals by ensuring key stakeholders are on teams and a consumer voice is included when key decisions are made
- 2. Collaboration Builder** – to work collaboratively and to help providers build collaborative partnerships with individuals and groups of health care providers to achieve their improvement goals.
  - Builds trusting work relationship with individuals and groups by listening to concerns, sharing openly and being inclusive in conversations
  - Builds team consensus around common goals by ensuring key stakeholders have the information required to understand their decision-making options
  - Collaborates with organizations to ensure stakeholder involvement in improvement opportunities
  - Recognizes team roles and utilizes the diversity of functions and competencies to accomplish team goals by ensuring appropriate staff and other stakeholders are represented on improvement projects
  - Engages organizational leaders in quality improvement by soliciting their input and participation during QI projects
  - Effectively negotiates group consensus and problem resolution for those with divergent views and highly complex needs
- 3. Strategic Thinker** – to strategically develop an organization-wide quality management program and assist providers in doing the same within their networks and agencies.
  - Understands the complexities of health care organizations and recognizes the importance of a system's approach to improve HIV care
  - Assists providers in strategically developing an organization-wide quality management vision utilizing multiple perspectives
  - Develops, or assists providers to develop, a written quality management plan, including a master implementation work plan with detailed milestones

and roles/responsibilities

- Identifies and engages internal and external stakeholders who are instrumental for successfully sustaining the quality management program
- 4. Capacity Builder** – to train HIV providers to build their capacity for quality improvement.
- Builds the quality improvement capacity of HIV providers using different training modalities, such as face-to-face trainings, online technology, peer exchange, and article readings
  - Feels confident identifying training needs, writing learning outcomes and selecting effective teaching strategies to meet the needs of a diverse group of providers
  - Develops educational plans that outline training activities, target audiences and corresponding time-tables
  - Develops education/training curricula and quality improvement content relevant to targeted audiences
  - Is comfortable developing and presenting quality improvement content in group settings, such as workshops
  - Easily identifies and shares effective practices, worthy of spread to other organizations in a manner that can be easily adopted
- 5. Facilitator** – to guide individuals and teams through group processes.
- Is comfortable dealing with teams that struggle with cohesiveness and team dynamics
  - Manages meeting logistics, including agenda development
  - Is comfortable providing individual and group feedback regarding team process, role effectiveness and opportunities for improvement
  - Is comfortable mentoring individuals to reach their potential in QI groups or organizations
- 6. Measurement Advocate** – to develop system-wide performance measurement system reflective of the internal and external needs.
- Articulates the framework for an organization-wide performance measurement system and helps individual providers to do the same
- Helps organizations and networks define key indicators to effectively measure HIV quality of care
  - Assists organizations to develop performance measurement systems to routinely produce performance data reports
  - Analyzes quality performance data and prepares data reports
  - Is comfortable sharing data reports and presenting them to internal and external stakeholders
  - Advocates with organizational leaders and providers so that performance data drive quality improvement activities
- 7. Objective Assessor** – to assess individual and organizational performance, give formative feedback and track progress over time.
- Assesses the organizational quality management program using standardized assessment tools
  - Is comfortable summarizing and providing oral and written recommendations based on key review findings
  - Is comfortable developing action plans that outline upcoming milestones, roles and responsibilities
  - Routinely tracks and documents the progress towards achieving agreed objectives
  - Re-adjusts the action plan when milestones are not met or implementation delays are anticipated
  - Provides feedback to leaders within the organization regarding action plan progress, delays, timelines, action items and successes

**Skill Set of Improvement Coaches:** The following skills are prerequisites for effective improvement coaching prior to the coaching engagement:

**Quality Improvement Expertise** - proficiency of quality improvement methodologies and tools; access to state-of-the-art quality improvement resources, such as websites or publications; knowledgeable about pivotal practices from peers with similar quality improvement needs; first-hand knowledge of quality improvement applications in HIV care; ability to transfer recent advances in qual-



ity improvement research into practical applications for front-line providers

**Communication Skills** - effective listening skills; ability to assess verbal and non-verbal clues; non-judgmental communication style; able to assess and provide motivating interactions with teams and individuals; can read non-verbal cue and intervene appropriately; effectively elicit and summarize information, both oral and written; effectively deliver quality improvement presentations using a variety of communication channels, such as in person, conference call, virtual, etc.

**Operational Skills** - proficient in developing action plans relative to the agreed goals; track progress over time; aware of next steps and plan accordingly; maintain clear and accurate documentation; basic understanding of data analyses and graphing of data; hold individuals and groups accountable for moving forward; demonstrate a respectful attitude and professionalism

**Self-Awareness** - aware of own knowledge, strengths, and content expertise; demonstrate insight into knowledge limitations; able to assess strengths and opportunities for improvements and develop personal improvement plans; aware of personal working style and limitations; aware of how others perceive oneself in one-on-one and group settings; recognize own role in group settings to effectively meet the overall objectives; recognize one's own biases and limitations that may contribute to interpersonal tensions

**Adaptive** - demonstrate an empowering approach; adapt to changing needs; pursue mastery of domains of expertise over time; use multiple approaches to achieve the same goal; familiarity with different learning styles and teaching formats; identify and respect team values, including boundaries and cultural issues

## Module 3 Tool: Practice Coaching Scenarios

### Case Study #1

You are the quality coordinator for the Family Care Network and are attending a quality improvement meeting at the Women's Choice clinic, one of the contracted agencies in your Part D Network. They are discussing results of a consumer input survey that shows problems with getting the phone answered. Everyone agrees that this needs to be improved, and the team leader makes multiple suggestions for possible fixes, but she is having trouble engaging the rest of the team in problem solving -- they laugh, they shoot down every idea, they say "we tried that 5 years ago." A potential solution to the problem is eventually agreed upon, and a plan is made to try it and discuss whether it worked or not at next month's meeting. On the way out, you hear a comment that 'QI is the flavor of the month.'

After the meeting you debrief with the team leader. She is frustrated and feels like they never get anywhere. She thinks the agreed changes are going to get stalled.

What are the underlying quality program issues highlighted in this Case Study?

---



---



---



---

What coaching functions might be most useful in addressing the issues you identified?

---



---



---



---

### Case Study #2

You are the contract monitor for a case management program that serves 250 women and teens. The staff are very proud of their agency and its work and, although they acknowledge there are likely some deficits in their documentation, they think they are doing the best they can with their current resources. One program administrator said to you "We know we are doing great work. Why do we have to spend time on this QI busywork?"

The agency has weekly 2-hour case conference meetings that they think of as their quality improvement time. They discuss clients and do one-by-one problem solving. Once a year they look together at the RDR data, but do not make specific action plans regarding those data. They tell you they don't have a way to get clinical data from the 2 medical providers who work with their patients. They have never done an organizational assessment of their quality management program.

What are the underlying quality program issues highlighted in this Case Study?

---



---



---

What coaching functions might be most useful in addressing the issues you identified?

---



---



---

### Case Study #3

The Quality Committee for the Acme City Cross-Part Quality Forum has received their first data report and is reviewing the performance data at a meeting. You are the quality coordinator for the City and are there to support and coach the Committee. Three of the members, who represent medical providers, question the data and report that their colleagues back at their agencies will likely reject the results. They are vehemently against producing a report with agency names. They don't think the Committee should pick any improvement priorities yet. They think no action should be taken until "a believable data report is available." The City Health Department representative and representatives from mental health and case management partners think the committee should go ahead to make improvement plans. The two consumer members are quiet. There is not a vote, but the Chair tables the issues until the next meeting.

What are the underlying quality program issues highlighted in this Case Study?

---



---



---

What coaching functions might be most useful in addressing the issues you identified?

---



---



---

### Case Study #3

You recently have been assigned as a coach for the Better HIV Living Program, a large academic center. You have been invited by the Medical Director to participate as a guest at the upcoming Quality Workgroup. In advance of the meeting, the quality manager shares the recent organizational assessment findings, which indicate high scores across many domains. The quality manager, a seasoned QI expert, dominates the meeting and asks each department to report their QI project updates. You noticed that all performance reviews are done by the quality manager on a monthly basis; over 25 indicators are used. Many QI projects report low activity levels. While there is minimal leadership support, the general acceptance among providers for QI is good. The Better HIV Living Program is contemplating submitting an application for an NQC Quality Award.

What are the underlying quality program issues highlighted in this Case Study?

---



---



---

What coaching functions might be most useful in addressing the issues you identified?

---



---



---

# Module 3 Tool: Coaching Function

## Diagnose Tool

DIAGNOSES / SYMPTOMS	COACH FUNCTION	TOOLS, QUESTIONS & APPROACHES
<ul style="list-style-type: none"> <li>• lack of momentum to improve</li> <li>• self-satisfaction, complacency, no drive to improve</li> <li>• stuck in hopelessness, learned helplessness</li> <li>• haven't tried changes, or have failed and stopped</li> <li>• "quality baggage," history of failed QI efforts</li> <li>• lack of experience with QI, no opportunities to learn</li> </ul>	<b>1. QI CATALYST</b>	<p><i>Coach the leader / team to...</i></p> <ul style="list-style-type: none"> <li>• Provide an improvement framework for advancing HIV care in the context of an organization and its objectives</li> <li>• Help organizations to identify and prioritize the opportunities for improvements</li> <li>• Reinforce the need to change, support organizations and individuals in generating enthusiasm for change, and enable providers to achieve their quality improvement goals</li> <li>• Creatively seek opportunities for testing improvements by using rapid cycle testing</li> <li>• Promote the development of an organization-wide infrastructure for quality management</li> <li>• Enable quality improvement teams to reach their goals by ensuring key stakeholders are on teams and a consumer voice is included when key decisions are made</li> </ul>
<ul style="list-style-type: none"> <li>• program does not have any QI projects with its partners</li> <li>• no regular communication with major stakeholders</li> <li>• organization operates in isolation, doesn't get feedback from stakeholders</li> <li>• participants tend to point fingers at partners rather than engaging in joint problem-solving</li> <li>• QI roles are not clear and contribute to confusion</li> <li>• recent conflicts during QM committee or QI team meetings</li> </ul>	<b>2. COLLABORATION BUILDER</b>	<p><i>Coach the leader / team to...</i></p> <ul style="list-style-type: none"> <li>• Build trusting work relationship with individuals and groups by listening to concerns, sharing openly and being inclusive in conversations</li> <li>• Build team consensus around common goals by ensuring key stakeholders have the information required and understand their decision-making options</li> <li>• Collaborate with organizations to ensure stakeholder involvement in improvement opportunities</li> <li>• Recognize team roles and utilize the diversity of functions and competencies to accomplish team goals by ensuring appropriate staff and other stakeholders are represented on improvement projects</li> <li>• Engage organizational leaders in quality improvement by soliciting their input and participation during QI projects</li> <li>• Effectively negotiate group consensus and problem resolution for those with divergent views and highly complex needs</li> </ul>
<ul style="list-style-type: none"> <li>• quality is done one project at a time, not big picture</li> <li>• no sense of direction or aim to quality work</li> <li>• HIV quality team is siloed, not engaged with regular organizational processes</li> <li>• no stakeholders involved, just immediate staff</li> <li>• a few people do all the work</li> </ul>	<b>3. STRATEGIC THINKER</b>	<p><i>Coach the leader / team to...</i></p> <ul style="list-style-type: none"> <li>• Understand the complexities of health care organizations and recognize the importance of a system's approach to improve HIV care</li> <li>• Assist providers in strategically developing an organization-wide quality management vision utilizing multiple perspectives</li> <li>• Develop or assist providers to develop a written quality management plan, including a master implementation work plan with detailed milestones and roles/responsibilities</li> <li>• Identify and engage internal and external stakeholders who are instrumental for successfully sustaining the quality management program</li> </ul>

## Module 3 Tool: Coaching Function Diagnose Tool...Continued

DIAGNOSES / SYMPTOMS	COACH FUNCTION	TOOLS, QUESTIONS & APPROACHES
<ul style="list-style-type: none"> <li>• participants do not know quality concepts &amp; don't share language to discuss QI</li> <li>• no recent training on quality</li> <li>• no regular training on quality is scheduled</li> <li>• key staff have turned over</li> </ul>	<b>4. CAPACITY BUILDER</b>	<p><i>Coach the leader / team to...</i></p> <ul style="list-style-type: none"> <li>• Build the quality improvement capacity of HIV providers using different training modalities, such as face-to-face trainings, online technology, peer exchange, and article readings</li> <li>• Feel confident identifying training needs, writing learning outcomes and selecting effective teaching strategies to meet the needs of a diverse group of providers</li> <li>• Develop educational plans that outline training activities, target audiences and corresponding timetables</li> <li>• Develop education/training curricula and quality improvement content relevant to targeted audiences</li> <li>• Be comfortable developing and presenting quality improvement content in group settings, such as workshops</li> <li>• Easily identify and share effective practices, worthy of spread to other organizations in a manner that can be easily adopted</li> </ul>
<ul style="list-style-type: none"> <li>• meetings drag on without accomplishing anything</li> <li>• staff do not attend or are silent during meetings and other activities</li> <li>• staff make snide comments &amp; snicker at the idea that improvement is possible</li> <li>• 'bad' meeting habits</li> <li>• conflicts in meetings</li> </ul>	<b>5. FACILITATOR</b>	<p><i>Coach the leader / team to...</i></p> <ul style="list-style-type: none"> <li>• Be comfortable dealing with teams that struggle with cohesiveness and team dynamics</li> <li>• Manage meeting logistics, including agenda development</li> <li>• Be comfortable providing individual and group feedback regarding team process, role effectiveness and opportunities for improvement</li> <li>• Be comfortable mentoring individuals to reach their potential in QI groups or organizations</li> </ul>
<ul style="list-style-type: none"> <li>• no regular review of performance data</li> <li>• distrust &amp; rejection of data, with no plan for data improvement</li> <li>• low understanding of quality indicator definitions</li> <li>• suboptimal performance measurement systems</li> <li>• data are not used for improvement</li> </ul>	<b>6. MEASUREMENT ADVOCATE</b>	<p><i>Coach the leader / team to...</i></p> <ul style="list-style-type: none"> <li>• Articulate the framework for an organization-wide performance measurement system and help individual providers to do the same</li> <li>• Help organizations and networks define key indicators to effectively measure HIV quality of care</li> <li>• Assist organizations to develop performance measurement systems to routinely produce performance data reports</li> <li>• Analyze quality performance data and prepare data reports</li> <li>• Be comfortable sharing data reports and presenting them to internal and external stakeholders</li> <li>• Advocate with organizational leaders and providers so that performance data drive quality improvement activities</li> </ul>

## Module 3 Tool: Coaching Function Diagnose Tool...Continued

DIAGNOSES / SYMPTOMS	COACH FUNCTION	TOOLS, QUESTIONS & APPROACHES
<ul style="list-style-type: none"> <li>• team gets stuck, does not make progress, tends to go in circles</li> <li>• people are frustrated with lack of progress, and feel QI is a waste of time</li> <li>• team is uncertain what to do next</li> <li>• no recent organizational assessment</li> </ul>	<p><b>7. OBJECTIVE ASSESSOR</b></p>	<p><i>Coach the leader / team to...</i></p> <ul style="list-style-type: none"> <li>• Assess the organizational quality management program using standardized assessment tools</li> <li>• Be comfortable summarizing and providing oral and written recommendations based on key review findings</li> <li>• Be comfortable developing action plans which outline upcoming milestones, roles and responsibilities</li> <li>• Routinely track and document the progress towards achieving agreed objectives</li> <li>• Re-adjust the action plan when milestones are not met or implementation delays are anticipated</li> <li>• Provide feedback to leaders within the organization regarding action plan progress, delays, timelines, action items and successes</li> </ul>

# Module 4: Coaching Self-Assessment and Learning Plan

## Day One:

11:15 – 12:30 pm (75 min)

## Type of Activity:

Individual Assessment, Small Group Discussion, Individual Planning Exercise

## Materials Needed :

Copies of the 'M4 Self-Assessment' slides, individual participant self-assessment results, aggregated participant self-assessment and 360 coaching assessment results, individual participant 360 results, copies of the M4 Self-Assessment Insights Worksheet' handout, copies of 'M4 Personal Improvement Plan (PIP)' handout, copies of the M4 'Self-Assessment and 360 Assessment Questions'

## Overview of Activity – 75 min:

- 05 min: Introduction of Self-Assessment Module
- 45 min: Individual Exercise and Small Group Discussion
- 05 min: Slide Introduction of PIP activity
- 20 min: Individual Exercise: Personal Improvement Planning

## Purpose and Key Lessons Learned:

- Gain insight into skills required to be an effective coach
- Identify strengths and gaps in personal coaching skill set

- Identify which coaching skills are an individual's top priorities for improvement over next 6-12 months
- Develop tangible plan to improve individual coaching skill set

## Detailed Instructions:

### *Introduction of Self-Assessment Module – 5 min*

1. Transition to this module by reminding participants about the key skills of coaching discussed in the coaching model, as detailed in previous module
2. Ask participants to review the results of their self-assessment as the module is presented
3. Problem-solve with those who didn't receive their results by providing them with a self-assessment tool so they may follow along
4. Remind participants the goal is to identify opportunities for improvement and areas of strength in coaching skills

### *Individual Exercise and Small Group Discussion – 45 min*

1. Introduce this module by saying, "Our next module will introduce the key functions and skills of an improvement coach and give you a chance to practice identifying them in life-like scenarios"
2. Present the appropriate slides, named 'M3 Presentation of Coaching Functions'
3. Throughout the presentation illustrate each function with concrete, real life examples; best to prepare these in advance

4. Remind participants the goal is to identify opportunities for improvement and areas of strength in coaching skills

*Individual Exercise and Small Group Discussion – 45 min*

5. Transition to individual exercise; refer participants to 'M4 Self-Assessment Insights Worksheet' handout
6. Ensure everyone has a copy of handout and his or her self-assessment charts
7. Introduce the exercise, identify the objectives using the 'Self-Assessment Insights Worksheet'
8. Review the questions and ask individuals to answer questions on their own during the first part of the exercise; note to the participants that this information will be used during future exercises
9. Tell participants they may transition to small group discussion when their table group is ready
10. Ask participants to discuss with their table group their conclusions from the assessment; identify similarities and differences in strengths and gaps among the group

*Large Group Debrief – 5 min*

11. Debrief this activity and ask for personal or group reflections

*Individual Exercise: Improvement Planning - 20 min*

12. Reinforce this is just the start of planning and that there will be more time later; explain that they can keep this plan out during class and add to it as they hear pertinent content
13. Inform the participants that the exercise is an individual exercise, but it may be done in pairs if they find it helpful; ask them to listen to directions and expected outcome before they make a decision to complete exercise in pairs or alone
14. From their skills assessment feedback, each participant identifies the top coaching skills to work on for the next year; remind participants that the number of skills each member is working on will vary depending on his or her score



## Module 4 Tool: Self Assessment and 360 Degree Coaching Assessment Questions

- A Quality Improvement Catalyst
- B Collaboration Builder
- C Strategic Thinker
- D Capacity Builder
- E Facilitator
- F Measurement Advocate
- G Objective Assessor

A	1	Provides an improvement framework for advancing HIV care in the context of the organization and its objectives
A	2	Helps organizations to identify and prioritize the opportunities for improvements, including barriers to access and resources
A	3	Reinforces the need to change and supports organizations and individuals in generating enthusiasm for change, to enable providers to achieve their quality improvement goals
A	4	Creatively seeks opportunities for testing improvements with methods to support local adoption of improvement projects
A	5	Promotes the development of an organization-wide infrastructure for quality management
A	6	Enables the formation of quality improvement teams to reach specific quality improvement goals
B	7	Builds trusting work relationship with individuals and groups
B	8	Partners with all disciplines and builds consensus around common goals
B	9	Helps providers ensure all stakeholders and required decision makers are involved when needed
B	10	Recognizes team roles and utilizes the diversity of functions and competencies to accomplish team goals
B	11	Engages organizational leaders in the improvement process to lead improvement initiatives
B	12	Effectively negotiates group processes while balancing individual needs
C	13	Understands the complexities of health care organizations and recognizes the importance of a systems approach to improve HIV care

C	14	Assists providers in strategically developing an organization-wide quality management program utilizing multiple perspectives
C	15	Develops or assists providers to develop a written quality management plan, including a master implementation work plan with detailed milestones and roles/responsibilities
C	16	Identifies and engages internal and external stakeholders who are instrumental for successfully sustaining the quality management program
D	17	Builds the quality improvement capacity of HIV providers using different training modalities
D	18	Identifies training needs and desired learning outcomes and selects effective teaching strategies
D	19	Develops educational plans to outline training activities over time
D	20	Develops training curricula and training content relevant to the trainee audiences
D	21	Presents quality improvement content in group settings, such as workshops
D	22	Shares relevant pivotal examples from peer organizations to spread improvements
E	23	Manages team dynamics and recognizes barriers to team effectiveness
E	24	Manages meeting logistics, including agenda development
E	25	Evaluates team dynamics and group behaviors, and provides individual and group feedback
E	26	Mentors individuals to reach their potential in the group or organization
F	27	Articulates the framework for an organization-wide performance measurement system, and helps provider organizations do the same
F	28	Helps organizations and networks define key indicators to effectively measure the HIV quality of care
F	29	Assists performance measurement systems to routinely produce performance data reports
F	30	Analyzes and gives feedback on data reports and facilitates sharing them with internal and external stakeholders
F	31	Continuously advocates for linkage of data findings with quality improvement activities
G	32	Assesses the organizational quality management program using standardized assessment tools
G	33	Provides oral and written recommendations based on key review findings
G	34	Develops action plans which outline upcoming milestones, roles and responsibilities
G	35	Tracks the implementation over time and re-adjusts the action plan when needed
G	36	Provides feedback to organization regarding progress, delays, timelines, action items and successes
G	37	Routinely tracks the progress toward goal of agreed objectives

# Module 4 Tool: Self-Assessment Insights Worksheet

Based on the results from the Pre-Work Self-Assessment and 360 Degree Coaching Assessment, identify your individual strengths and opportunities for growth. Review and self-reflect on the following questions:

1. What are the coaching functions/skills that demonstrate your greatest strengths?

---

---

---

---

2. What coaching functions/skills indicate the greatest need for improvement?

---

---

---

---

3. What personal coaching goals do you identify for yourself?

---

---

---

---

4. What conditions or restraints are present in your day to day environment that may challenge you to meet the developmental needs you have identified?

---

---

---

---



# Module 5: Public Goods Game

## Day One:

1:30 – 2:00 pm (30 min)

## Type of Activity:

Game

## Materials Needed:

Presentation slides ('M5 Public Goods'), paper money (singles), flipchart, marker

## Overview of Activity – 30 min:

- 05 min: Explanation and Set-up
- 15 min: Game Activity
- 10 min: Debriefing

## Purpose and Key Lessons Learned:

- Demonstrate the effects of personal interest trumping collective interest
- Help participants experience self-interest
- Allow participants to discuss how to overcome individual interests to benefit all

## Detailed Instructions:

### *Explanation and Set-up - 5 min*

1. Transition to this activity by saying, "Let's use a game activity to learn more individual versus common interests."
2. Form teams of 4 to 6 participants and set a healthy competitive environment

3. Prepare a flipchart to note the 'value' of each team

### *Game Activity – 15 min*

4. Provide each team 10 single dollar notes
5. Set the goal of this game: each team is playing against all other teams to have the most money after 5 rounds
6. Establish the rules of the game:
  - a. Each team is given \$10
  - b. Each round, each team can put as much of their \$10 into the 'group pot'
  - c. The total \$ amount in the pot is doubled and evenly split by all teams (regardless how much money each team contributed)
  - d. The 'value' of each team is recorded after each round
7. Start the game and allow each time less than a minute to decide how much money they want to contribute to the 'group pot'
8. Record the cumulative 'value' of each team

### *Debrief of the Activity – 10 min*

9. Encourage participants to share their experiences
10. Discuss how this game is applicable to health care
11. Stress the following key points:
  - a. Self-interest and incentives are powerful forces
  - b. Be aware of your own interests versus common interests
  - c. Emphasize the benefits to the larger group to all participants

# Module 6: Building Leadership Commitment for Quality Improvement

## Day One:

2:00 - 3:30 pm (90 min)

## Type of Activity:

Game

## Materials Needed:

Presentation slides ('M6 Building Leadership Commitment for Quality Improvement'), Video coaching scenario, 'M6 Faculty Fishbowl Scenario – Acme Clinic Follow Up', 'M6 Video Review' Worksheet, 'M6 Leader Engagement' Worksheet

## Overview of Activity – 90 min:

- 10 min: Introduction
- 30 min: Table Groups Analyze Video Scenario and Large Group Debrief
- 20 min: Slide Presentation and Faculty Fishbowl Acting Scenario
- 25 min: Individual Action Planning and Pair Sharing
- 05 min: Wrap-Up

## Purpose and Key Lessons Learned:

- Identify role of leader in quality improvement work
- List barriers and strategies for (Use from M6 slide-set) leader engagement
- Plan next steps in leader engagement

## Detailed Instructions:

### *Introduction - 10 min*

1. Introduce this module by saying, “Our next module will develop strategies for engaging senior leadership in your quality effort”
2. Present slide set to introduce the different leadership types and challenges of coaching for leadership engagement

### *Table Groups Analyze Video Scenario and Large Group Debrief – 30 min*

3. Show video scenario, which depicts coaching of a skeptical, unsupportive HIV unit leader in a single agency hospital setting
4. Form table groups to review video scenario, (e.g. Part A or B); ask them to fill out the M6 Video Review Worksheet
5. Debrief table group work for 10 minutes

### *Slide Presentation and Faculty Fishbowl Acting Scenario – 20 min*

6. Framing ideas for leadership engagement, cover what we need leaders to do, what barriers to engagement there are and strategies for engaging senior organizational leaders
7. Faculty act out one-on-one leadership coaching interaction using the scenario of the M6 Faculty Fishbowl Scenario: “Medical Director” will challenge the coach

with a negative statement and the coach will respond.

8. After 2-3 other challenge statements, stop for large group debrief

*Individual Action Planning and Pair Sharing - 25 min*

9. Instruct participants to take out the “M6 Leader Engagement Worksheet;” ask them to develop a plan for the next 6 months to a year to get better engagement in quality work from their senior leaders
10. Ask participants to share their plan with one other person NOT at their table; remember to switch half way through

*Wrap-Up - 5 min*

11. Ask for reactions to and impressions of the process

---

# Module 6 Tool: Video Review Worksheet

After watching the video, discuss in your group the following questions and document them on this Worksheet.

1. What are the underlying issues related to leadership for the organization in the video?

---

---

---

---

2. What did the coach do to address the situation? Looking at the Coaching Framework, identify what coaching functions would be most useful in this situation?

---

---

---

---

3. What would you have done differently as an effective coach?

---

---

---

---



# Module 6 Tool: Leader Engagement Worksheet

Thinking about your own HIV program (or one you know well), create a Leadership Engagement Plan. You will share the plan with a partner to get feedback.

1. Who is/are the leaders who are responsible for the overall HIV program needs?

Leader # 1 \_\_\_\_\_

Leader # 2 \_\_\_\_\_

2. What could these leaders do differently to better support the quality management program?

---

---

---

---

---

---

3. What would they say are the barriers to their being fully engaged or supporting the HIV quality management program?

---

---

---

---

---

---

---

4. Identify strategies to build engagement and buy-in from these leaders.

---

---

---

---

---

---

5. Which of the coaching functions will you need to draw on to work with these leaders?

---

---

---

---

---

---

## Module 6 Tool: Faculty Fishbowl Scenario - Acme Clinic Follow-up

### Background:

One week after the initial meeting depicted in the previous video the coach has asked to meet one-on-one with the Medical Director to explore his resistance and to try to find a way forward. Watch the role play and consider the following questions:

- What are the strategies that the coach uses to work with the Medical Director?
- Do you suggest additional coaching strategies for this scenario? What are they?
- What concrete steps should be planned in the next 2-3 months to help get the program on track?

The coach and Medical Director are at a small table in front of the group, as if sitting across one another at a desk. The Medical Director has a folder of papers and a pen that he/she clicks in irritation at points throughout the interview.

The coach's goal is to get agreement on 2-3 specific next steps – no matter how small (e.g., do a chart review to check data, assign staff for one PDSA, visit another clinic for one hour).

### Roleplay:

Coach: *'Thanks for meeting with me, Dr. Bossy. I sensed at the meeting last week that you weren't completely on board and I wanted to check in with you about your thoughts on the quality work.'*

Medical Director: (irritated, clicking pen) *'We are all about quality here at ACC, we just don't have time to do this extra quality work that you are asking us to do. My staff and I are too busy for this bureaucratic stuff; in fact, I need to get going right now.'*

Coach: *'Really appreciate that you want and need for your time and your staff's time be used efficiently. Can you hang in with me for a few minutes so we can do some problem solving? We need your leadership; this clinic is important to care of PLWHA in our area and your leadership is critical both here and in the community. What would help to get you on board? Let me ask you; is there something in the clinic that is NOT going well or is inefficient that you would like to change? No shows? Lost to follow-ups? Maybe medication adherence support?'*

Medical Director: *'This QI stuff is taking time away from patient care.'*

Coach Responses:

- *Any existing meetings that could be morphed to include quality?*
- *Who would need to be on board for us to negotiate 30 minutes a week of staff time for improvement work?*
- *Can the hospital quality department help us out with some chart review time?*

---

Medical Director: *'These data are meaningless; I need decent data before I can get my folks to pay attention.'*

Coach Responses:

- *So, the data don't match your gut sense of what is happening?*
- *How about if we give you a list of the patients that fell out of the review, and you or someone you trust goes through it with me to see what's what? We want to be sure that the data we are giving you are useful to you.*
- *We definitely won't get better data if we don't do some problem solving together – I don't want to waste your time or ours on measuring something we can't use every month.*

Medical Director: *'I don't really know enough about this quality stuff myself and I'm not sure I believe in it.'*

Coach Responses:

- *You don't need to be an expert; you just need to be open to it.*
- *Let's try it out with a small project so you can get a sense of what it would be like.*

# Module 7: 10 Rules to Become a Catalyst

## Day One:

4:00 - 5:00 pm (60 min)

## Type of Activity:

Slide Presentation, Group Exercises

## Materials Needed:

Presentation slides ('M7 10 Rules to Become a Catalyst'), flipchart

## Overview of Activity – 60 min:

- 10 min: Introduction and Setting the Stage
- 40 min: Slide Presentation
- 10 min: Group De-brief

## Purpose and Key Lessons Learned:

- Inspire participants to become change agents in their HIV agency
- Understand the role and responsibility of catalysts to improve HIV care
- Illustrate how catalysts emphasize the need to change and to support organizations and individuals in generating enthusiasm for change

## Detailed Instructions:

### *Introduction and Setting the Stage - 10 min*

1. Set an enthusiastic and inspirational tone when introducing this module

2. Review the learning objectives
3. Ask participants to have paper and pencil available for personal exercises during this presentation
4. Illustrate that the upcoming module will focus on the QI catalyst coaching function

### *Slide Presentation – 40 min*

5. Review the presentation slides and use real-world examples to illustrate the key learning objectives
6. Engage the audience by encouraging them to ask questions throughout the presentation
7. When prompted, ask audience to make personal reflections and write them down; state that they will not be shared with others

### *Group De-brief – 10 min*

8. Review the major learning objectives of this module with the group and ask participants for their feedback and their key learnings

# Module 8: Mini-Presentations

## Day One:

5:00 – 5:30 pm (30 min)

## Type of Activity:

Presentations by Participants

## Materials Needed:

Presentations slides ('M8 Mini Presentations')

## Overview of Activity – 30 min:

- 05 min: Introduction of Module
- 25 min: Presentations by Participants

## Purpose and Key Lessons Learned:

- Create a forum for participants to reflect on and learn from their personal coaching experiences
- Reinforce understanding of coaching functions by linking to real life stories
- Increase awareness of the personal qualities of effective coaches to improve HIV care
- Increase the participants' confidence in presenting to large audiences

## Detailed Instructions:

### *Introduction of Module – 5 min*

1. Have all volunteers come to the front of the room
2. Introduce activity and thank participants for volunteering in the pre-TCB Work Conference Call

3. Ask the audience to be ready to provide reflections on how a participant's story matches or differs from their understanding of this coaching role

### *Presentations by Participants – 25 min*

4. Remind presenters to stay within their allotted five minutes and describe how you will give them a one-minute warning signal
5. Ask for the first volunteer to present
6. Solicit 1-2 reflections from audience

# Module 9: Showing of Aha! Moments @ Day 1 Evaluation

## Day One:

5:30 – 6:00 pm (30 min)

## Type of Activity:

Group Feedback

## Materials Needed:

Slides ('M9 Day 1 Evaluation'), NQC remotes, flipchart, markers

## Overview of Activity – 30 min:

- 10 min: Sharing of Aha! Moments
- 10 min: Day 1 Evaluation
- 10 min: Large Group Debrief

## Purpose and Key Lessons Learned:

- Identify concepts that created an impression in the minds of participants
- Receive constructive feedback and identify mid-course corrections, if any
- Assist with planning the next day

## Detailed Instructions:

### *Sharing of Aha! Moments – 10 min*

1. Transition to this segment by saying, "Let's spend a few minutes discussing some of your personal highlights or an Aha! from today's session. We'll hear from as many of you as we can in the next 10 minutes."

2. After two minutes, ask for a volunteer; listen to each contribution and simply thank each person for sharing

### *Day 1 Evaluation – 10 min*

3. Hand out NQC remotes
4. Present 'M9 Day 1 Evaluation' slides and collect the feedback using the remote feature
5. Discuss, if appropriate, any aggregate results

### *Debriefing – 10 min*

6. Once complete, divide a flipchart into two columns labeled "Went Well" and "Do Differently"
7. Ask the group to respond to two questions:
  - a. "What is one thing you thought went well today?"
  - b. "What one thing would you suggest we do differently next time?"
8. Remind group to post any last-minute Parking Lot items on the flipchart
9. Remind participants of 8 am start on Day 2
10. Select volunteers for Mini-Presentations which will be occurring on Day 2

---

# Day 2



## Module 10: Welcome to Day 2

### Day Two:

8:00 – 8:15 am (15 min)

### Type of Activity:

Group Discussion

### Materials Needed:

Slides ('M10 Welcome Day 2'), flipchart

### Overview of Activity – 15 min:

- 05 min: Review of Day 2 Agenda
- 10 min: Open Issues from Parking Lot

### Purpose and Key Lessons Learned:

- Clarify the aim for the day and how Day 2 fits into the overall context of the TCB Program
- Allow participants the opportunity to resolve concerns and questions from Day 1
- Discuss issues which were unable to be discussed previously during the training

### Detailed Instructions:

#### *Review of Day 2 Agenda – 5 min*

1. Welcome participants to Day 2
2. Present the 'M10 Welcome Day 2' slides to highlight the Day 2 activities and objectives
3. Review agenda and highlights for Day 2

#### *Open Issues from Parking Lot – 10 min*

4. Address issues which had come up in the training during sessions of Day 1, but which were unable to be dealt with at that time
5. Allow the group to discuss the issues
6. Provide appropriate advice and feedback when necessary

# Module 11: Marshmallow Challenge

## Day Two:

8:15 – 8:45 am (30 min)

## Type of Activity:

Game

## Materials Needed:

Presentation slides ('M11 Marshmallow Challenge'), box of spaghetti, tape, role of string, bag of marshmallows, scissors, prizes for the winning team

## Overview of Activity – 30 min:

- 02 min: Explanation and Set-up
- 18 min: Game Activity
- 10 min: Debriefing and Video

## Purpose and Key Lessons:

- Encourage participants to work together in a cooperative spirit and compete against other groups
- Help participants understand group dynamics
- Allow participants to exercise effective communication and negotiation strategies required in dynamic group settings

## Detailed Instructions:

*Explanation and Set-up - 2 min*

1. Prepare Marshmallow Challenge tool sets for each team which consists of:
  - a. 20 sticks of spaghetti
  - b. one yard tape
  - c. one yard role of string
  - d. one marshmallow
2. Transition to this activity by saying, "Let's use a game activity to learn more about group dynamics and how groups can work best together."
3. Form teams of 5 to 8 participants and set a healthy competitive environment

## *Game Activity – 18 min*

4. Provide each team a Marshmallow Challenge tool set
5. Set the goal of this game: build the largest free standing tower within 18 minutes
6. Establish the rules of the game:
  - a. Build the tallest freestanding structure (measured from the table top surface to the top of the marshmallow)
  - b. The entire marshmallow must be on top
  - c. Use as much or as little of the kit (no other items are allowed)
  - d. The challenge lasts 18 minutes (touching or supporting the structure at the end will lead to disqualification)

7. Keep track of the time, remind the teams about the rules and alert team when 2 minutes are left

*Debrief of the Activity – 10 min*

8. Encourage participants to share their experiences
9. Show a video to illustrate what can be learned from this challenge
10. Stress the following key points:
  - a. Success through teamwork
  - b. Every individual is an asset to the right type of group
  - c. Importance of action over planning

# Module 12: Quality Improvement Resources

## Day Two:

8:45 – 9:30 pm (45 min)

## Type of Activity:

Short Presentation, Small Group Exercise

## Materials Needed:

Presentation Slides ('M12 QI Resources'), copies of 'M12 HIV Quality Resources Overview,' 'M12 Quality Improvement Resources Cheat Sheet,' and 'M12 Group Exercise Handout,' copies of key quality improvement resources, flipchart

## Overview of Activity – 45 min:

- 20 min: Quality Improvement Resource Presentation
- 20 min: Small Group Exercise
- 05 min: Debriefing

## Purpose and Key Lessons Learned:

- Increase awareness of quality improvement resources available to quality improvement coaches
- Identify the appropriate quality improvement resources when faced with real world coaching examples
- Familiarize how peers have used available quality improvement resources

## Detailed Instructions:

### *Quality Improvement Resource Presentation - 20 min*

1. Transition to this module and provide a brief overview of this module's key lessons learned
2. Present the 'M12 QI Resources' slides; be sure to ask the audience for use of the presented resources in their HIV agencies

### *Small Group Exercise - 20 min*

3. Assign groups of 6-8 individuals and identify one facilitator for each group; clarify the role of the facilitator (to keep the group on task and to ensure participation by all)
4. Provide copies of the 'M12 Group Exercise Handout'
5. Ask the groups to review the presented coaching examples and to identify the most appropriate resources to address these scenarios
6. Ask group to be sure and page through any resources they are going to recommend

### *Debriefing – 5 min*

7. Debrief about the major discussion points

## I) Introduction to Quality Improvement

(■ = available at [www.hivguidelines.org](http://www.hivguidelines.org); ● = available at [NationalQualityCenter.org](http://NationalQualityCenter.org); ◆ = available in hardcopy)

## a) Quality Improvement 101

<input type="checkbox"/>	<b>Tutorial 2 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>HIVQUAL Workbook:</b> Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	●	◆
<input type="checkbox"/>	<b>Quality Improvement Technical Assistance Manual.</b> Rockville, MD: Health Resources and Services Administration; 2003. Available at <a href="http://hab.hrsa.gov">http://hab.hrsa.gov</a> .		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Regional Trainings.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/RegionalTrainings">http://NationalQualityCenter.org/RegionalTrainings</a>		●	
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●	

## b) HRSA HIV/AIDS Bureau Quality Expectations

<input type="checkbox"/>	<b>Tutorial 3 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>Quality Improvement Technical Assistance Manual.</b> Rockville, MD: Health Resources and Services Administration; 2003. Available at <a href="http://hab.hrsa.gov">http://hab.hrsa.gov</a> .		●	
<input type="checkbox"/>	<b>Developing an Effective Quality Management Program in Accordance with the Ryan White HIV/AIDS Treatment Modernization Act of 2006 - Frequently Asked Questions.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2006 and Revised January 2008.		●	
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Regional Trainings.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/RegionalTrainings">http://NationalQualityCenter.org/RegionalTrainings</a>		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●	

c) Overview of Quality Improvement Resources

<input type="checkbox"/>	<b>Tutorial 4 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>NQC Website.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/">http://NationalQualityCenter.org/</a> <b>HIVQUAL Website.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://HIVQUAL.org/">http://HIVQUAL.org/</a>		●	
<input type="checkbox"/>	<b>HRSA HIV/AIDS Website.</b> Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://hab.hrsa.gov">http://hab.hrsa.gov</a>		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●	

II) Performance Measurement

(■ = available at [www.hivguidelines.org](http://www.hivguidelines.org); ● = available at [NationalQualityCenter.org](http://NationalQualityCenter.org); ◆ = available in hardcopy)

a) Introduction to Performance Measurement

<input type="checkbox"/>	<b>Tutorial 7 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>Measuring Clinical Performance: A Guide for HIV Health Care Providers.</b> New York State Department of Health AIDS Institute. April 2002 and Revised September 2006.	■	●	◆
<input type="checkbox"/>	<b>HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 57-60, 142-156.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	●	◆
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●	

b) Indicator Development

<input type="checkbox"/>	<b>Tutorial 8 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>Measuring Clinical Performance: A Guide for HIV Health Care Providers: Pages 15-20.</b> New York State Department of Health AIDS Institute. April 2002 and Revised September 2006.	■	●	◆
<input type="checkbox"/>	<b>HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 57-60, 142-156.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	●	◆
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●	
<input type="checkbox"/>	<b>Quality Improvement Technical Assistance Manual.</b> Rockville, MD: Health Resources and Services Administration; 2003. Available at <a href="http://hab.hrsa.gov">http://hab.hrsa.gov</a> .		●	

c) Overview of Quality Improvement Resources			
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●
<input type="checkbox"/>	<b>HIVQUAL Indicators.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://HIVQUAL.org/HABQualityIndicators">http://HIVQUAL.org/HABQualityIndicators</a> . Rockville, MD: Health Resources and Services Administration. Available at <a href="http://hab.hrsa.gov/special/habmeasures.htm">http://hab.hrsa.gov/special/habmeasures.htm</a>	■	● ◆
<input type="checkbox"/>	<b>HAB Quality Indicators.</b> Rockville, MD: Health Resources and Services Administration. Available at <a href="http://hab.hrsa.gov/special/habmeasures.htm">http://hab.hrsa.gov/special/habmeasures.htm</a>		●
c) Data Collection			
<input type="checkbox"/>	<b>Tutorial 9 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●
<input type="checkbox"/>	<b>Measuring Clinical Performance: A Guide for HIV Health Care Providers: Pages 21-29.</b> New York State Department of Health AIDS Institute. April 2002 and Revised September 2006.	■	● ◆
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●
<input type="checkbox"/>	<b>Quality Improvement Technical Assistance Manual.</b> Rockville, MD: Health Resources and Services Administration; 2003. Available at <a href="http://hab.hrsa.gov">http://hab.hrsa.gov</a> .		●
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●
<input type="checkbox"/>	<b>HIVQUAL Project.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://HIVQUAL.org/">http://HIVQUAL.org/</a>	■	● ◆
III) Quality Improvement Activity			
(■ = available at <a href="http://www.hivguidelines.org">www.hivguidelines.org</a> ; ● = available at <a href="http://NationalQualityCenter.org">NationalQualityCenter.org</a> ; ◆ = available in hardcopy)			
a) Methodology/Approach			
<input type="checkbox"/>	<b>Tutorial 10, 12, 13 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●
<input type="checkbox"/>	<b>HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 116-126.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	● ◆
<input type="checkbox"/>	<b>Quality Improvement Technical Assistance Manual.</b> Rockville, MD: Health Resources and Services Administration; 2003. Available at <a href="http://hab.hrsa.gov">http://hab.hrsa.gov</a> .		●
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●

<input type="checkbox"/>	<b>Presentation Slides – NQC Regional Trainings.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/RegionalTrainings">http://NationalQualityCenter.org/RegionalTrainings</a>		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●	
<b>b) Quality Improvement Tools</b>				
<input type="checkbox"/>	<b>Tutorial 14 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 102, 108, 110, 113.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	●	◆
<input type="checkbox"/>	<b>HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2002 and Revised September 2006.	■	●	◆
<b>c) Quality Improvement Activity</b>				
<input type="checkbox"/>	<b>Tutorial 11 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 61-68, 82-102.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	●	◆
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●	
<input type="checkbox"/>	<b>NQC Action Planning Guide.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. October 2008		●	
<b>IV) Quality Management Infrastructure</b>				
(■ = available at <a href="http://www.hivguidelines.org">www.hivguidelines.org</a> ; ● = available at <a href="http://NationalQualityCenter.org">NationalQualityCenter.org</a> ; ◆ = available in hardcopy)				
<b>a) Quality Management Program</b>				
<input type="checkbox"/>	<b>Tutorial 6 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 30-37.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	●	◆
<input type="checkbox"/>	<b>Quality Management Program Assessment Tools.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/14480">http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/14480</a>		●	



<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●	
<input type="checkbox"/>	<b>Capacity of Statewide Quality Management Programs.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2008.		●	◆
<b>b) Quality Management Plan</b>				
<input type="checkbox"/>	<b>Tutorial 5 - NQC Quality Academy.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <a href="http://NationalQualityCenter.org/QualityAcademy">http://NationalQualityCenter.org/QualityAcademy</a>		●	
<input type="checkbox"/>	<b>HIVQUAL Workbook: Guide for Quality Improvement in HIV Care: Pages 38-54.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.	■	●	◆
<input type="checkbox"/>	<b>Quality Management Plan Checklist.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/15139">http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/15139</a>		●	
<input type="checkbox"/>	<b>NQC Action Planning Guide.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. October 2008		●	◆
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●	
<input type="checkbox"/>	<b>Presentation Slides – NQC Training-of-Trainers (TOT) Program.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TOT">http://NationalQualityCenter.org/TOT</a>		●	
<b>V) Consumer Involvement</b>				
(■ = available at <a href="http://www.hivguidelines.org">www.hivguidelines.org</a> ; ● = available at <a href="http://NationalQualityCenter.org">NationalQualityCenter.org</a> ; ◆ = available in hardcopy)				
<input type="checkbox"/>	<b>A Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. August 2006.	■	●	◆
<input type="checkbox"/>	<b>Making Sure Your HIV Care is the Best It Can Be.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. June 2002 and Revised August 2006. English and Spanish.	■	●	◆
<input type="checkbox"/>	<b>Patient Satisfaction Survey for HIV Ambulatory Care.</b> New York State Department of Health AIDS Institute. March 2002.	■	●	◆
<input type="checkbox"/>	<b>Choosing Health for Life: Your Health Journal.</b> New York State Department of Health AIDS Institute. February 2005 and Revised September 2006. English and Spanish.		●	◆
<input type="checkbox"/>	<b>Making Sure HIV Patient Self-Management Works.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. January 2008.		●	◆

<input type="checkbox"/>	<b>A Guide to Addressing Cultural Competence as a Quality Improvement Issue.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. November 2007.		●	
<input type="checkbox"/>	<b>Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls.</b> New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <a href="http://NationalQualityCenter.org/TACalls">http://NationalQualityCenter.org/TACalls</a>		●	
<b>VI) Capacity Building and Training Resources</b>				
(■ = available at <a href="http://www.hivguidelines.org">www.hivguidelines.org</a> ; ● = available at <a href="http://NationalQualityCenter.org">NationalQualityCenter.org</a> ; ◆ = available in hardcopy)				
	NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007.		●	
<input type="checkbox"/>	HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2002 and Revised September 2006.	■	●	◆
<input type="checkbox"/>	NQC Game Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. August 2006.		●	◆
	NQC Training-of-Trainer Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. January 2007.		●	◆
<input type="checkbox"/>	Planning and Implementing a Successful Learning Collaborative. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2008		●	◆

# Module 12 Tool: Group Exercise Handout

## Case Study #1

Review the following findings from the organizational assessment for Better Care (BC), a rural Part C program that serves about 250 HIV-infected individuals (0 = low score, 5 = high score):

MOST RECENT ORGANIZATIONAL ASSESSMENT	0	1	2	3	4	5
A.1. Does the HIV program have an organizational structure to assess and improve the quality of care?		X				
A.2. Were appropriate resources committed to support the HIV quality program?		X				
A.3. Did the HIV leadership support the HIV quality program?			X			
A.4. Does the HIV quality program have a comprehensive quality plan?	X					
B.1. Were annual goals established for the HIV quality program?			X			
B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?		X				
B.3. Is there a document in place (i.e., workplan) to specify timelines for the implementation of the HIV quality program?	X					
C.1. Were appropriate quality indicators selected in the HIV quality program?			X			
C.2. Did the HIV program routinely measure the quality of care?			X			
D.1. Did the HIV program conduct quality projects to improve the quality of care?		X				
D.2. Was a team approach utilized to improve specific quality aspects?		X				
E.1. Does the HIV program routinely engage staff in quality program activities?			X			
F.1. Are consumers involved in quality-related activities?				X		
G.1. Is a process in place to evaluate the HIV quality program?		X				
H.1. Does the HIV program have an information system in place to track patient care and measure quality?		X				

---

What are the major findings from the Organizational Assessment?

- BC has routinely submitted annual HIVQUAL performance data
- BC participates in a regional quality collaborative focusing on access to care
- a rudimentary quality program was presented, lacking an HIV-specific quality management infrastructure
- staff commitment to quality is present
- personal highlights about BC program: evening hours for GYN care, manual data collection form in chart, CEO meets routinely with consumers, routine form is manually created to indicate the patients' names and missing tests and/or services

What are the key recommendations? What are specific improvement goals for the upcoming year?

- creation of an HIV-specific quality management committee is suggested to routinely discuss the pertinent care issues related to those HIV patients who are seen in the BC clinic
- conduct a quality improvement project related to an HIV-specific care issue focusing on the quality of care (not necessarily the quantity of services)
- suggestion to conduct more routine performance measurement reviews in addition to the annual HIVQUAL submission

## Group Exercise

What are the key quality improvement resources that your group is recommending based on Case Study #1?

---



---



---

## Case Study #2

Review the following findings from the organizational assessment for Better Care (BC), a rural Part C program that serves about 250 HIV-infected individuals (0 = low score, 5 = high score):

QM PLAN ELEMENT	COMMENT	RECOMMENDATION
<b>Quality Statement</b>	Well-written introduction of the QM plan; well-referenced QM expectations; establishment of cross-Part approach; statement of overarching quality goals and shared vision for the quality program	none
<b>Quality Infrastructure</b>	the QM plan clearly states the intention and the history of how stakeholders, including consumers, are included; preliminary plans for a workgroup are mentioned	no mention of an existing QM infrastructure (QM meeting structure, roles and responsibilities of the QM program) – a section needs to be added to detail who is part of the QM program, who leads these efforts, and details of a QM committee (membership, frequency of meetings, meeting goals, etc.)
<b>Performance Measurement</b>	clear indication of the development of quality improvement indicators; well-defined indicators with detailed data collection plan and chart review tools	no mention of how performance measurement results will be used to link with quality improvement activities – detail steps on who will review the data and how to best disseminate findings with providers; limited quality indicators – expand existing quality indicators and include additional HIV care measures are indicated; include non-clinical quality measures
<b>Annual Quality Goals</b>	overarching goals are mentioned	no mention of specific measurable goals – list a few measurable and realistic goals annually; establish thresholds at the beginning of each year
<b>Participation of Stakeholders</b>	clear indication of how providers, consumers and internal DOH representatives have been included in the development of the QM program	no mention of formal and ongoing involvement – specify how stakeholders are integrated in the QM infrastructure
<b>Capacity Building</b>	none	no mention of a formal technical assistance approach – detail how the needs of providers are met through training and technical assistance; expand activities to build capacity among sub-grantees through training and on-site technical assistance
<b>QM Plan Implementation</b>	next steps are mentioned to provide a sense of an implementation strategy	none

---

## Group Exercise

What are the key quality improvement resources that your group is recommending based on Case Study #1?

---


---

---

---

# Module 12 Tool: Quality Improvement Resources Cheat Sheet

	HIVQUAL Workbook	Measuring Clinical Performance	Patient Satisfaction for HIV Ambulatory Care	Guideline-based Quality Indicators for HIV Care	Building Capacity of Statewide Quality Management Programs	Strategies for Implementing Your HIV Quality Improvement Activities
Starting to Learn about Quality Improvement						
Measuring Quality of HIV Care Measurement						
Setting up a QM Infrastructure						
Writing a Quality Management Plan						
Conducting Quality Improvement Activities						

	HIVQUAL Group Learning Guide	The Game Guide	NQC Training of Quality Leaders Guide	NQC Training-of-Trainers Guide	Planning and Implementing a Successful Collaborative	Making Sure Your HIV Care is the Best It Can be
Teaching Quality Improvement Fundamentals						
Teaching Performance Measurement						
Teaching QM Infrastructure						
Teaching Quality Improvement Activities						
Teaching Patients on Quality						



	Patient Satisfaction Survey for Ambulatory	A Guide to Consumer Involvement	Making Sure Your HIV Care is the Best it Can Be	Choosing Health for Life – Patient Health Journal	Choosing Health for Life – Patient Health Journal (Spanish)	Making Sure Patient Self-Management Works
Soliciting Patient Feedback						
Empowering Patients to Partner with their Health Care Providers						
Maintaining a Patient Health Record						
Best Practices for Consumer Involvement						
Teaching Providers about Patient Self-Management						

# Module 13: Developing a Plan to Build Quality Improvement Capacity

## Day Two:

10:00 –11:45 am (105 min)

## Type of Activity:

Slide presentation, Study Group Exercise, Feedback

## Materials Needed:

Presentation Slides ('M13 Developing a Plan to Build QI Capacity'), copies of 'M13 Options for Capacity Building,' 'M13 Quality Improvement Needs,' Assessment Survey Template, 'M13 Capacity Building Case Study,' 'M13 Capacity Building Worksheet,' M13 Capacity Building Completed Worksheet, flipchart, OA done as part of Pre-Work.

## Overview of Activity – 105 min:

- 30 min: Slide Presentation and Large Group Discussion
- 15 min: Development of Individual Plans
- 45 min: Coaching and Feedback in Dyads
- 15 min: Large Group Debriefing

## Purpose and Key Lessons Learned:

- Assess an organization's quality learning needs
- Develop an education/capacity building plan for sites you are supporting
- Expand ideas for learning beyond classroom training
- Coach a colleague through an organizational education plan

## Detailed Instructions:

*Slide Presentation and Large Group Discussion – 30 min*

1. Introduce this module by saying, "In this module we will focus on the coaching roles of capacity builder. You will have an opportunity to develop a quality training plan for the organizations you support"
2. Present slides; should cover educational needs assessment, options for capacity building, how to think about audience, stage of QI program development, resources needed, content and practical considerations like time, space and computers

*Individual Plan Development – 15 min*

3. Orient group to the planning tool they will use
4. Ask participants to complete the 'M13 Capacity Building Worksheet' for their own organization or one they are coaching; participants should use their recently completed Organizational Assessment to help with needs assessment; if a participant doesn't have an appropriate organization to plan for, invite those participants to use the 'M13 Case Study,' which is included in the module

*Dyad Coaching – 45 min*

5. Participants will come together in pairs with a partner working in a similar program
6. Each participant will coach his/her partner and give feedback on the capacity development plan

*Large Group Debrief – 15 min*

7. Ask participants for any comments or feedback to be shared on the tool and the process of coaching the assessment

# Module 13 Tool: Options for Capacity Building

## Organizational Development

- Concurrent workshops
- Local learning champions
- Distance learning seminars
- Peer exchange summits
- Case studies

## Group Development

- Event debriefing
- Emailed QI stories
- Serving on a committee, especially one that crosses departments
- Field trips
- Communities of practice/learning
- Brown bags and lunch learns
- Reading circles
- Taking classes, workshops, or pursuing other shared learning experience together

## Self-Development/Career Development:

- Stretch assignments
- Renewal leave
- Research
- Writing case studies and articles
- Networking
- Teaching
- Professional associations

- Mentoring
- Soliciting feedback
- Job shadowing
- Workshops, conferences and seminars
- Career reflection and planning

## Personal Development

- Volunteer activities
- Coaching
- Reading
- Travel
- Blogs
- Take a day or two and go through all the journals you've been meaning to for ages!
- Discussion boards
- Self study
- Journaling
- Special projects

Adapted from Professional Development Framework, *I-TECH* 2010



# Module 13: Quality Improvement Needs Assessment Survey Template

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one response for each item listed	<b><i>I do not know what this is</i></b>	<b><i>I know what this is</i></b>	<b><i>I can apply this in identified situations</i></b>	<b><i>I know how, when and where to use this</i></b>	<b><i>I can adapt and explain this</i></b>	<b><i>I integrate this into my work regularly</i></b>
Quality Improvement Concepts						
Plan-Do-Study-Act (PDSA)						
Model for Improvement						
Designing Tests of Change						
Implementing Tests of Change						
Spread and Scale-up of Changes						
Quality Improvement Processes						
Brainstorming						
Prioritization & Ranking						
Developing an Aim Statement						
Use of an Aim Statement						
Quality Improvement Tools						
Cause and Effect/ Fishbone Diagram						
Flow Chart						
Decision Support Tools						

Please check one response for each item listed	<i>I do not know what this is</i>	<i>I know what this is</i>	<i>I know what this is</i>	<i>I know what this is</i>	<i>I know what this is</i>	<i>I know what this is</i>
Data						
Run Chart						
Pareto Chart						
Frequency Plot						
Scatter Plot						
Dashboard						
Benchmarking						
Performance Measurement						
How to Define Measures						
Process Measures						
Outcome Measures						
Using Data for QI						

<b>Quality Improvement Opinions</b> Please check one response for each statement	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral (do not agree or disagree)</b>	<b>Agree</b>	<b>Strongly Agree</b>
Quality is important to me					
Quality improvement projects are helpful					
I can help align the quality goals with the needs of patients					
I can assist my HIV agency in strengthening its QM program					
I can assist my HIV agency in conducting QI projects					
I can assist my HIV agency in performance measurement					
There is buy-in for quality improvement among providers					
The agency's leadership cares about quality					

Adapted from Sources: PHF QI Pre & Post Test, National Quality Center's Training of Trainers Skill Assessment, National Quality Center's Training of Quality Leaders Skill Assessment, Wales Quality Improvement Academy Competency Assessment

# Module 13 Tool: Capacity Building Case Study

Review the following case study, Best HIV Care, and complete the M13 Capacity Building Worksheet:

## *Best HIV Care Overview*

- Program receives Part D funding from HAB
- Serves 220 HIV+ adolescents (active caseload: 50% male, 20% perinatally infected); 20 new referrals a year
- Staffing: 2 providers, 3 nurses, 2 case managers, quality manager (50% FTE), administrator, 3 volunteers
- Services provided: medical care, case management services, nutrition, women's health, counseling and testing, own lab
- Electronic medical record system is being introduced; all patients have been entered

## *Quality Program*

- Respectable quality program with strong leadership and staff involvement
- Integration into larger academic center and adult HIV clinic
- Monthly review of charts based on key indicators, including CD4, Pap test, immunization; manual review currently – transition to EMR; annual HIVQUAL review
- Routine quality management committee meeting (as part of the routine management meetings), active Adolescent Advisory Committee
- No HIV-specific quality improvement project
- Leaders are not fully aware of QM program; case

managers are not trained on QI; one medical provider is resistant

## *Key Recommendations*

- Staff are not routinely trained on quality management principles and tools; suggestion to conduct these trainings annually with all staff, including clinical, non-clinical and support staff
- Development of internal capacity to train staff on quality improvement
- Stronger focus on quality improvement activities balancing the available resources between performance measurement and improvement efforts
- Share quality findings routinely with all staff and consumer, e.g., share data reports with consumer advisory committee to solicit suggestions for improvement
- When expanding the medical information system, ensure the availability of quality reports and the ability to customize these reports

ORGANIZATIONAL ASSESSMENT	0	1	2	3	4	5
A.1. Does the HIV program have an organizational structure to assess and improve the quality of care?					X	
A.2. Were appropriate resources committed to support the HIV quality program?					X	
A.3. Did the HIV leadership support the HIV quality program?					X	
A.4. Does the HIV quality program have a comprehensive quality plan?		X				
B.1. Were annual goals established for the HIV quality program?	X					
B.2. Does the HIV program have clearly described roles and responsibilities for the HIV quality program?		X				
B.3. Is there a document in place (i.e., workplan) to specify timelines for the implementation of the HIV quality program?			X			
C.1. Were appropriate quality indicators selected in the HIV quality program?				X		
C.2. Did the HIV program routinely measure the quality of care?			X			
D.1. Did the HIV program conduct quality projects to improve the quality of care?					X	
D.2. Was a team approach utilized to improve specific quality aspects?						X
E.1. Does the HIV program routinely engage staff in quality program activities?					X	
F.1. Are consumers involved in quality-related activities?				X		
G.1. Is a process in place to evaluate the HIV quality program?			X			
H.1. Does the HIV program have an information system in place to track patient care and measure quality?		X				



# Module 13 Tool: Capacity Building Worksheet

Program Name: \_\_\_\_\_

What are the program's objectives for developing capacity for quality improvement this year? (based on organizational assessment, staff surveys, other needs assessment inputs)

---



---



---



---

<b>Target Audience(s)</b> <i>(Who needs training?)</i>	<b>Detailed QI Training Needs</b> <i>(What do they need to know or be able to do?)</i>	<b>Training Outcome</b> <i>(How will we know we reached our goal?)</i>	<b>Training Setting/ Method</b> <i>(How will we reach the training goals?)</i>	<b>Timeline</b>

# Module 13 Tool: Capacity Building Worksheet – Completed Template

Program Name: Example Clinic

What are the program’s objectives for developing capacity for quality improvement this year? (based on organizational assessment, staff surveys, other needs assessment inputs)

More consistent use of root cause analysis

More robust tests of change when conducting quality improvement activities

Better consumer involvement in quality improvement activities

<b>Target Audience(s)</b> <i>(Who needs training?)</i>	<b>Detailed QI Training Needs</b> <i>(What do they need to know or be able to do?)</i>	<b>Training Outcome</b> <i>(How will we know we reached our goal?)</i>	<b>Training Setting/ Method</b> <i>(How will we reach the training goals?)</i>	<b>Timeline</b>
<ul style="list-style-type: none"> <li>• QM Committee members</li> <li>• Staff on QI project teams</li> </ul>	<ul style="list-style-type: none"> <li>• How to do fishbone</li> </ul>	<ul style="list-style-type: none"> <li>• Completed fishbone by QM Committee</li> <li>• Every QI project done this year includes a fishbone</li> </ul>	<ul style="list-style-type: none"> <li>• QM meetings – review Quality Academy tutorial</li> <li>• Brief review of QI tools at staff meetings</li> <li>• Detailed review in first QI project meetings</li> <li>• Copies of training materials for all staff</li> <li>• Post fishbones in hall</li> </ul>	<ul style="list-style-type: none"> <li>• First quarter</li> </ul>

Target Audience(s) ( <i>Who needs training?</i> )	Detailed QI Training Needs ( <i>What do they need to know or be able to do?</i> )	Training Outcome ( <i>How will we know we reached our goal?</i> )	Training Setting/ Method ( <i>How will we reach the training goals?</i> )	Timeline
<ul style="list-style-type: none"> <li>• QM Committee members</li> <li>• Staff on quality project teams</li> <li>• All staff</li> </ul>	<ul style="list-style-type: none"> <li>• Theory of small tests of change</li> <li>• When to use PDSA</li> <li>• How to plan and document a PDSA</li> </ul>	<ul style="list-style-type: none"> <li>• Every clinic staff member participates in planning and doing at least one formal PDSA this year</li> </ul>	<ul style="list-style-type: none"> <li>• All staff meeting – play tennis ball game</li> <li>• QM Committee meeting – review Quality Academy tutorial and discuss chapter from HIVQUAL Workbook</li> <li>• QM Committee meeting – conference call with peer clinic’s quality manager to hear about their last few PDSAs</li> </ul>	<ul style="list-style-type: none"> <li>• Second quarter</li> </ul>
<ul style="list-style-type: none"> <li>• QM Committee members</li> <li>• Clinic executive staff</li> <li>• Clinical providers</li> <li>• All staff</li> <li>• Clinic patients/consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Understand the potential roles/responsibilities of consumers in QI activities</li> <li>• How to prepare/support consumers in QI role</li> <li>• Importance of including consumers in QI efforts</li> <li>• For consumers – better understand QI, the agency QM infrastructure and recent QI activities</li> </ul>	<ul style="list-style-type: none"> <li>• Consumers participate in each QI project</li> <li>• At least one consumer consistently participates in QM Committee meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Field trip to nearby city to see consumer council in action</li> <li>• QM Committee members read and discuss “Making Sure your HIV Care is the Best it Can Be” curriculum for consumers</li> <li>• Staff meeting – conduct Satisfaction Continuum and have consumer panel describe their experiences in clinic</li> <li>• Sharing of QI projects and routine performance data during upcoming consumer advisory committee meetings</li> <li>• Conduct a training for consumers to better understand QI and recent QI activities</li> </ul>	<ul style="list-style-type: none"> <li>• Third quarter</li> </ul>

# Module 14: Study Groups

## Day Two:

11:45 am – 12:30 pm (45 min)

## Type of Activity:

Small Group Activity

## Materials Needed:

'M14 Study Group Presentation' slides, copies of 'M14 Study Group Exercise,' copies of 'M14 Study Group Planning Matrix,' flipchart

## Overview of Activity – 45 min:

- 05 min: Brief Topic Introduction
- 10 min: Study Group Presentation
- 20 min: Small Group Exercise
- 10 min: Debriefing

## Purpose and Key Lessons:

- Form 'Study Groups' to gain coaching skill development feedback
- Maintain network of coaching cohorts to problem solve coaching issues beyond the TCB
- Utilize team members as resources to achieve Personal Improvement Plan (PIP) goals and close gaps in coaching skill set

## Detailed Instructions:

### *Preparation*

1. Create flipcharts for each group and the appropriate number of members; include a space to write name and time zone

### *Brief Topic Introduction – 5 min*

2. Briefly introduce the module noting it will support the connectivity of individuals and teams

### *Study Group Presentation – 10 min*

3. Present the 'M14 Study Group Presentation' slides highlighting key role Study Groups will play for successfully advancing post-TCB outcomes
4. Highlight responsibility of Study Group members to each other
5. Instruct the group to complete the 'M14 Study Group Planning Matrix' (one per team, but each person should also have his or her own copy)
6. Explain that the goal of the exercise is to develop a Study Group plan with team goals; develop a comfortable network of colleagues to call on to provide support and feedback as they work on their coaching Personal Improvement Planning (PIP) and coaching skill development
7. Introduce Study Group cohort selection process as a part of the presentation; this would have ideally started as far back as Module 1 because the content from that

exercise is good for discussion here as well

8. Recommend that the teams be formed through a self-selection process in teams of 5-7 based on the number of chairs at each table; this ensures no table “friend” is left out if they are a part of the group; refer to flipchart (prepared in advance) which indicates the number of teams and the number of team members
  - c. Any specific strength they discovered within their group that gave them a “leg up to success” in staying connected either formally and /or informally
15. During and after teams have shared, highlight that each team’s experience will be different, and the experience is only as good as the effort you put into it

*Small Group Exercise and Study Group Planning Tool – 20 min*

9. Identify to the participants that the first part of the exercise will be an individual exercise to answer the individual questions in the exercise; this should only take 3-5 minutes; the group should reconvene when everyone has answered most of the questions
10. The second part of the exercise is the completion of the ‘M14 Study Group Planning Matrix’; this tool should be discussed by the team, each member should keep his or her own copy of the decisions, and a “team final copy” of the document should be turned in at the end of the exercise; be prepared to discuss your lessons learned
11. After the presentation, transition to the exercise and solicit questions or clarifications for the activity
12. Facilitate Study Group cohort selection process and identify exercise end time; post exercise end time on flip chart
13. After groups are selected, facilitate groups developing group goals and completing ‘M14 Study Group Planning Matrix’

*Debriefing – 10 min*

14. Ask small groups to report highlights of study group discussions including areas of common interest in skill group development, plans for meeting (formally, informally) or staying in contact, and resources they may have shared; ask the group to share
  - a. Challenges they anticipate to staying committed to each other
  - b. Barriers to keeping in contact and “picking up the phone and asking for advice”

# Module 14 Tool: Study Group Exercise

## Part I - Individual Exercise (5 min)

Review the following questions to stimulate your thinking in preparation of meeting your Study Group (not all of these questions need to be answered):

1. What coaching skill could you best share with others?

---

---

---

---

2. If this Study Group could help you with one area of improvement, what would that be?

---

---

---

---

3. What is the biggest struggle you have with coaching others?

---

---

---

---

## Part II - Group Exercise (25 min)

Share findings of the Individual Exercise (Part I) in the group and review the following questions (these will help you to complete the M14 Study Group Planning Matrix):

1. What are common coaching strengths across Study Group members? How can your group capitalize on these individual strengths?

---

---

# Module 15: Coaching an Organizational Assessment

## Day Two:

1:30 - 3:00 pm (90 min)

## Type of Activity:

Video Presentation and Discussion, Presentation of Slides, Individual Planning, Pair Coaching, Large Group Debrief

## Materials Needed:

Video 'Organizational Assessment at the St. Elsewhere Wellness Center,' presentation slides ('M15 Coaching the Organizational Assessment'), copies of 'M15 Organizational Assessment Participant Acting Scenario,' 'M15 Planning for the Organizational Assessment,' flipchart

## Overview of Activity – 90 min:

- 45 min: Introduction and Video Scenario
- 15 min: Slide Presentation and Summary
- 20 min: Table Group Acting Scenario
- 10 min: Individual Planning

## Purpose and Key Lessons Learned:

- Practice assisting an organization in assessing its quality management program
- Develop and get feedback on a coaching plan for a site they are supporting
- Get ideas for managing team and individual issues that arise during the organizational assessment process

## Detailed Instructions:

### *Introduction and Video Scenario – 45 min*

1. Introduce this module by saying, "In this module we will share approaches to helping the organizations you support make accurate and useful assessments of their quality programs"
2. Tell participants that they will be seeing a brief video depicting a typical organizational assessment process; they should watch the scenario and make notes about two issues: how they would score the program on the 'M15 Organizational Assessment Tool,' and what process challenges and issues the group is presenting to the coach (attitudes, evasion, interpersonal behavior, etc.)
3. Remind them that since the enactment is only a few minutes long, they are not seeing a whole organizational assessment; they will be doing a preliminary scoring, sharing their observations with their table group, and discussing results
4. Provide some background on the 10 minute scenario and then begin video; stop the scenario after the first minute, ask for a couple of observations in order to act as guiding examples on what kind of information they should be noting
5. Ask individuals to fill out the 'M15 Organizational Assessment Tool' for the group depicted in the scenario; remind them they may not have scores in some domains
6. Ask each table group to pick a facilitator, discuss their scores and their process notes, and develop a list of 3 or

ganizational assessment process issues that they observed and how they think the coach could approach those issues to get a more accurate and useful organizational assessment; use the 'M15 Video Group Feedback Form'

7. Ask for 1 or 2 tables to report on the process:
  - a. How close were people's scores?
  - b. What were some of the OA process issues they noticed?
  - c. What advice would they have for the coach?

*Slide Presentation and Summary – 15 min*

8. Short slide presentation on how to conduct an organizational assessment

*Table Group Acting Scenario – 20 min*

9. At each table, replay the scenario using role sheets and the 'M15 Organizational Assessment Scenario'
10. Debrief to discuss which tips can be incorporated from the discussion

*Individual Planning – 10 min*

11. Participants think of an organization assessment they will be assisting with in the next 3-6 months; they will be reporting on this in their study groups as a follow-up assignment
12. Fill out the individual action form describing what they imagine challenges might be and how they will overcome them
13. Wrap up by asking what situations people are likely to be doing organizational assessments in and what their concerns and issues are going forward



# Module 15 Tool: Organizational Assessment Video Tool

Based on the M15 Video you saw, how would you rate this clinic using the abbreviated Organizational Assessment Tool below? Use the scoring tools for details.

QUALITY STRUCTURE	0	1	2	3	4	5
A.1. Does the HIV program have an organizational structure to assess and improve the quality of care?						
A.2. Were appropriate resources committed to support the HIV quality program?						
A.3. Did the HIV leadership support the HIV quality program?						
A.4. Does the HIV quality program have a comprehensive quality plan?						

## SCORING DETAILS

A.1. Does the HIV program have an organizational structure to assess and improve the quality of care?	
Score 0	No quality structure in place; routine reporting to external governing body may exist but data are not utilized for quality activities
Score 1	Quality structure is only loosely in place; a few quality meetings of some HIV staff; knowledge of quality assessment structure is limited to only a few people in HIV program; meetings are only used to discuss individual cases
Score 2	
Score 3	Senior HIV clinician leads the HIV quality committee; at least 4 quality meetings a year; multidisciplinary team members are represented in HIV quality infrastructure; routine reporting to external governing body; staff knows about quality committee meetings; minutes are kept
Score 4	
Score 5	Senior HIV medical clinician is actively involved in quality committees; HIV quality meetings include written minutes with written follow-up activities; understanding of entire staff about quality structure and reporting mechanism; active support by overall institution; structured input from consumers or consumer advisory board

**A.2. Were appropriate resources committed to support the HIV quality program?**

Score 0	No designated resources are committed to support HIV quality program
Score 1	Only senior HIV clinician or designated quality coordinator was responsible to coordinate quality efforts; quality was not part of staff's job expectations; quality work was done in addition to daily work loads; little resources were made available for information systems
Score 2	
Score 3	Key staff members had time allotted for quality activities; half-time quality manager position was available at larger HIV programs; moderate resources for information systems
Score 4	
Score 5	Most staff members have quality in their job descriptions and expectations; full-time quality manager position was available at larger HIV programs; resources are committed for information systems; MIS staff is responsive to program's needs or requests for assistance

**A.3. Did the HIV leadership support the HIV quality program?**

Score 0	No evidence of leadership involvement in the quality of care program
Score 1	HIV program leadership reviewed some quality data; support for QI was not consistent and regularized; involvement was only active if needed; HIV leadership had limited experience in QI activities; link to institution's overall quality program was only by reporting data
Score 2	
Score 3	HIV program leadership supported QI and saw quality improvement as a priority; HIV leadership established program commitment to quality; HIV leadership supported staff and quality activities if needed; HIV leadership involved in setting quality priorities; institution's overall quality program encouraged interdepartmental cooperation
Score 4	
Score 5	HIV program leadership stressed being proactive; quality and patient focus was built into new programs and initiatives; HIV program leadership advocated for QI with the rest of the organization; HIV leadership was actively involved in ongoing education about quality; HIV leadership used frequent opportunities to promote quality improvement; quality and improvement issues were discussed at top staff meetings at overall organization

**A.4. Does the HIV quality program have a comprehensive quality plan?**

Score 0	No written plan in place
Score 1	HIV quality program has only a loose outline of a structured quality plan; written QM plan does not reflect current day-to-day operations
Score 2	
Score 3	The written QM plan is reviewed and updated annually; the quality plan describes the quality committee structure and its frequency of meetings; key quality principles and objectives are outlined; the quality plan is shared with staff
Score 4	
Score 5	The development of the written quality plan included the input of various staff; the final quality plan details the link to the institution's overall quality program, how quality activities are reported, and how the quality committee is actively overseeing quality improvement project activities; staff is aware of the plan; staff is actively involved in review and update of the quality plan

# Module 15 Tool: Scoring Discussion Questions

## I) Organizational Assessment Scores

As a group, compare the individual Organizational Assessment scores and answer the following questions.

- a) Which OA questions score most similarly across individual group members? Why?
- b) Which OA questions score most differently across individual group members? Why?

## II) Organizational Assessment Process

As a group, discuss the following questions regarding the process of conducting the Organizational Assessment, as shown in the M15 Video.

- a) What were the strengths of the coach to get accurate information about the HIV program?
- b) What were the weaknesses of the coach to get accurate information about the HIV program?
- c) What process recommendations do you have to better conduct this Organizational Assessment?

# Module 15 Tool: Organizational Assessment Participant Acting Scenario

## Organizational Assessment Scenario:

Coach Cora is the Part A quality coordinator visiting the Bestever Health Center to coach them through an OA. The whole team comes together to participate. Bestever has had a quality program in place for several years and is rightfully proud of it. They had a consumer come to two Quality Committee Meetings but he stopped coming. They are not sure what to do next about consumer advisory.

- This year they are working on improving retention in HIV care and oral care.
- The site conducts a yearly consumer experience survey and the QC looks at the results. Consumers' main complaints are waiting in the clinic and in the pharmacy. So far, the site has not yet taken on trying to improve those issues.

The Organization Assessment is going well and the group is ready to turn to the issue of consumer involvement.

## Characters:

**Cora** is conducting the assessment & leading the discussion  
**Dr. Nobel the medical director** is busy, distracted but friendly. S/he thinks that consumer involvement is a good thing, but that quality should focus on clinical issues—"we have enough work to do on those before we get to the cosmetic things like wait times"

**Carl the case manager** believes the quality program would be improved by adding consumers to the Committee

**Ed the health educator** is strongly in favor of increasing consumer input. He thinks it would help with this year's projects especially

**Nancy the nurse** is bored silly. She keeps looking at her watch and wants to leave. Says "are we done yet?" She doesn't feel strongly, thinks consumers might slow down the committee work

**Doris the data manager** is skeptical about consumer involvement. She thinks consumers don't usually get the performance measurement pieces and tend to pull the discussion off the important issues into small stuff

Take the group through 1 domain; consumer involvement.

## Module 15 Tool: Organization Assessment Acting Scenario

E) STAFF INVOLVEMENT	0	1	2	3	4	5
E.3. Are consumers involved in quality-related activities?						

### SCORING DETAILS

E.3. Are consumers involved in quality-related activities?	
Score 0	No consumers are involved in quality-related activities.
Score 1	Client concerns are only discussed as they arise; clients' satisfaction is not measured routinely; no structure in place to gather patients' feedback.
Score 2	
Score 3	Client needs and/or satisfaction are assessed; feedback of clients is discussed in quality committees; a client centered quality activity is launched.
Score 4	
Score 5	Findings of consumer assessments are routinely integrated into the quality management program; structured input from consumers such as clients, family members, advocates, etc.; consumer advisory board in place; consumer feedback is incorporated in setting quality goals; results of quality activities are routinely communicated with clients and other consumers.

# Module 15 Tool: Planning for the Organizational Assessment

Think of a situation in the next 6 months in which you will be coaching or assisting an organization in assessing its quality management program. Use this planning form to make notes about how you will approach the situation. You will have time to share your worksheet with a peer and get feedback.

a) What is the agency/organization or network you will be working with?

---

b) If you are already familiar with the organization, what do you think are the **programmatic issues** they are having the most trouble with? (Use the Organization Assessment domains; infrastructure, planning, staff involvement, etc.)

---

---

---

c) What **process or interpersonal issues** might make the process of the Organization Assessment challenging?

---

---

---

d) What can you do to make the Organization Assessment as useful and accurate as possible?

Pre-visit:

---

---

---

During the Organization Assessment visit:

---

---

---

Follow-up to the OA visit:

---

---

---

# Module 16: Open Space

## Overview:

3:30 – 5:00 pm (90 min)

## Type of Activity:

Group Brainstorming, Open Space Technology

## Materials Needed:

Open Space flipchart, post-it notes. Slides ‘M16 Open Space’

## Overview of Activities – 90 min:

- 05 min: Explanation of Open Space
- 75 min: Open Space Meetings
- 10 min: Debriefing

## Purpose and Key Lessons:

- Facilitate participant-driven learning sessions to improve coaching skills
- Reflect and brainstorm on topics of importance to participants
- Improve the facilitation skills of participants
- Give participants brainstorming and discussion tools that they can use in the field

## Detailed Instructions:

### *Explanation of Open Space – 5 min*

1. Explain the concept of Open Space to participants, emphasizing key points such as present-centered learn-

ing, everybody being the “right people” and allowing sessions to begin and end naturally

2. Ask participants to contribute potential workshop topics, refer to M1 brainstorming session
3. Introduce Open Space topics:
  - a. What are challenges to becoming an effective improvement coach?
  - b. What are the skills and competencies you want to improve as an improvement coach?
  - c. What are the most critical barriers for coaching other to improve HIV care within your HIV program or organization?
4. Solicit 3-4 volunteers to start the session
5. Provide a framework on how to get started

### *Open Space Meetings – 75 min*

6. Keep session and topical information updated on the agenda wall

### *Debriefing – 10 min*

7. Discuss the key themes of Open Space and ask participants to reflect on the following questions, based on their Open Space experiences:
  - a. What did they learn?
  - b. Would they use Open Space? Why or why not?



# Module 17: Mini-Presentations

## Overview:

5:00 – 5:30 pm (30 min)

## Type of Activity:

Participant Presentations

## Materials Needed:

Presentation slides ('M17 Mini Presentations')

## Overview of Activity – 30 min:

- 05 min: Introduction of Module
- 25 min: Presentations by Participants

## Purpose and Key Lessons Learned:

- Build participants' confidence for presenting to large audiences
- Reinforce concepts by exploring examples of successful and unsuccessful coaching experiences
- Facilitate peer learning and the power of learning from others

## Detailed Instructions:

### *Introduction of Module – 5 min*

1. Introduce activity
2. Ask the audience to be ready to provide reflections on participant stories

### *Presentations by Participants – 25 min*

3. Ask all presenters to come to the front of the room
4. Remind presenters to stay within their allotted five minutes and describe how you will give them a one-minute warning signal
5. Ask for the first volunteer to present
6. Solicit 1-2 reflections or comments from audience

# Module 18: Sharing of Aha! Moments & Day 2 Evaluation

## Day Two:

5:30 – 6:00 pm (30 min)

## Type of Activity:

Group Feedback

## Materials Needed:

Evaluation slides ('M18 Day 2 Evaluation'), NQC remotes, flipchart, markers

## Overview of Activity – 30 min:

- 10 min: Sharing of Aha! Moments
- 10 min: Day Two Evaluation
- 10 min: Large Group Debrief

## Purpose and Key Lessons Learned:

- Identify concepts that created an impression in the minds of participants
- Receive constructive feedback and identify mid-course corrections, if any
- Assist with planning the next day

## Detailed Instructions:

### *Sharing of Aha! Moments – 10 min*

1. Transition to this segment by saying, "Let's spend a few minutes discussing some of your personal highlights or

an Aha! from today's session. We'll hear from as many of you as we can in the next 10 minutes"

2. After two minutes, ask for a volunteer; listen to each contribution and simply thank each person for sharing

### *Day Two Evaluation – 10 min*

3. Hand out NQC remotes
4. Present 'Day 2 Evaluation Slides' and collect the feedback using the remote feature
5. Discuss, if appropriate, any aggregate results

### *Went Well/Do Differently – 10 min*

6. Once complete, divide a flipchart into two columns labeled "Went Well" and "Do Differently"
7. Ask the group to respond to two questions:
  - a. "What is one thing you thought went well today?"
  - b. "What one thing would you suggest we do differently next time?"
8. Remind group to post any last-minute Parking Lot items on the flipchart
9. Remind participants of 8 am start on Day 3

# Day 3

# Module 19: Welcome to Day 3

## Day Three:

8:00 – 8:15 am (15 min)

## Type of Activity:

Group Activity

## Materials Needed:

Presentation slides 'M19 Welcome Day 3 Slides', flipchart

## Overview of Activity – 15 min:

- 5 min: Review of Day 3 Agenda
- 10 min: Open Issues from Parking Lot

## Purpose and Key Lessons Learned:

- Clarify the aim for the day and how Day 3 fits into the overall context of the TCB session
- Allow participants the opportunity to resolve concerns and questions from Day 2
- Allow participants the opportunity to discuss issues which were unable to be discussed previously during the training

## Detailed Instructions:

*Review Day 3 Agenda – 5 min*

1. Welcome participant to Day 3
2. Present the 'M19 Welcome Day 3' slides to highlight the Day 3 activities and objectives
3. Review agenda for Day 3

*Open Issues from Parking Lot – 10 min*

4. Address issues which had come up in the training during sessions of Day 2, but which were unable to be dealt with at that time
5. Allow the group to discuss the issues
6. Provide appropriate advice and feedback when necessary

## Module 20: Card Game “Winning Hand”

### Day Two:

8:15 – 8:30 am (15 min)

### Type of Activity:

Game

### Materials Needed:

One deck of playing cards, copies of slides (‘M20 Card Game Winning Hand’)

### Overview of Activity – 15 min:

- 05 min: Explanation and Set-up
- 05 min: Game Activity
- 05 min: Debriefing

### Purpose and Key Lessons:

- Encourage participants to mingle and to begin working together in a cooperative, group-wide context
- Help participants identify and form productive connections in a chaotic milieu
- Allow participants to exercise effective communication and negotiation strategies required in dynamic group settings

### Detailed Instructions:

#### *Explanation and Set-up – 5 min*

1. Transition to this activity by saying, “Let’s use a game activity to learn more about systems and cooperation”

2. Give each participant a playing card
3. Explain the following basic rules:
  - a. Each participant should form the best possible poker hand with other participants
  - b. If you believe that enough people will not know the rules of good Poker hands, include instructions

#### Game Activity – 5 min

4. Maintain a brisk pace throughout the activity; variation: tell participants that no verbal communication may occur

#### Debrief of the Activity – 5 min

5. Encourage participants to share their experiences
6. Ask participants to debrief using the following questions:
  - a. What was difficult about the activity?
  - b. What came more easily?
  - c. Can you take away any key skills or concepts from the activity to apply in the field?
7. Stress the following key points:
  - a. Success through teamwork
  - b. Creating mutually beneficial connections within the context of individual/group circumstances and needs
  - c. Every individual is an asset to the right type of group

# Module 21: The Coach as Strategic Planner

## Day Three:

8:30 – 9:45 am (75 min)

## Type of Module:

Slide Presentation, Large Group Exercise

## Materials Needed:

Presentation slides ‘M21 The Coach as Strategic Planner,’ copies of handouts ‘M21 Strategic and Action Planning Definitions,’ ‘M21 Comparing Vision Statements,’ ‘M21 Best Community Clinic Case Study’

## Overview of Module – 75 min:

- 20 min: Content Presentation on Strategic Planning
- 20 min: Criteria for Effective Vision Statements
- 35 min: Group Exercise to Write a Vision Statement

## Purpose and Key Lessons:

- Gain insight into skills required to be an effective strategic thinker and planner
- Understand the differences between strategic planning and action planning
- Know the criteria for an effective vision statement and how to write one
- Learn from others and appreciate feedback from peers

## Detailed Instructions:

*Content Presentation on Strategic Planning – 20 min*

1. Introduce this module reminding the group “that this module will cover a key skill for successful coaching - strategic thinking”
2. Encourage participants to “consider how they scored in this skill and to use their self assessment results to focus their improvement planning”
3. Present presentation slides covering key aspects of critical success factors for strategic thinking and the link to making strategic decisions
4. Ask participants in their table groups to come up with quick and dirty definitions for each of the following items:
  - a. Strategic Plan: broadly-defined plan aims at creating a desired future, examines its current status in terms of its strengths and opportunities, sets long-term objectives and formulates short-term tactics to reach them
  - b. Work Plan: document that states what activities, jobs and tasks should be done to achieve identified goals with reference to available resources and time
  - c. Vision Statement: brief statement - aspirational description of what an organization/team would like to achieve or accomplish in the mid-term or long-term future; it is intended to serve as a clear guide for choosing current and future courses of action [note

the difference to a mission statement - short statement which reflects the core purpose, identity, values and principle aims; a vision is 'an image of the future we seek to create'; a mission is a 'purpose, reason for being to briefly define who we are and what we do']

*Criteria for Effective Vision Statements – 20 min*

5. Brainstorm with participants about critical criteria for effective vision statements; document them on flipchart and compare against those noted on presentation slides
6. Form table groups and encourage each group to select a facilitator for this activity
7. Ask each group to review the vision statements in M21 Comparing Vision Statements
8. Have groups rate the vision statements using the provided assessment tool
9. Debrief with group about the rating and brainstorm what improvement suggestions they have for each vision statement
10. Allow 2 minutes for feedback for facilitator

*Group Exercise to Write a Vision Statement – 35 min*

11. Introduce the next exercise; ask the groups to select a new facilitator
12. Review the case study handout, M21 Best Community Clinic Case Study
13. Give the groups enough time to write an effective Vision Statement for this clinic
14. Reconvene the groups when it appears most participants have completed the exercise
15. Ask for observations based on group process
  - a. What were your challenges with writing a vision statement?
  - b. How has or will this exercise help you as you return to your organization?
16. Allow 2 minutes for feedback for facilitator



## Module 21 Tool: Strategic and Action Planning Definitions

Discuss the following terms in your group and develop brief operational definitions for them:

a) Strategic Plan:

---

---

---

---

b) Work Plan:

---

---

---

---

c) Vision Statement:

---

---

---

---





# Module 21 Tool: Strategic and Action Planning Definitions

A) Review the following examples and rate them using the table below.

Example 1:

The Best State Part B Program aims to strengthen the regional capacity for collaboration across all Ryan White Parts and for alignment of quality management goals. The benefit of these collaborative efforts is to jointly meet the Ryan White legislative mandates, advance the quality of care for people living with HIV across constituencies, coordinate HIV services seamlessly across Parts and develop a unified, regional Cross-Part vision.

Example 2:

The Best Ever Part A Program is committed to promoting the quality of HIV clinical care and supportive services delivered to people with HIV in the Best Ever City. In collaboration with external stakeholders and impacted communities, the HIV Quality Program will improve the health and well-being of people living with HIV and AIDS, consistent with the mission of the overall DOH Program, external funding requirements and recognized standards of care, to accelerate measurable and continuous progress toward effective and consumer-centered services.

Example 3:

The High Quality Part C Program aims to become a recog-

nized leader, facilitator and resource for anyone wishing to improve the outcomes and support services of HIV health care for consumers, communities, and public health. The Program will be known for its expansive efforts, vitality, innovation, expertise and support to improve care and quality of life for people living with HIV throughout the region.

Example 4:

The Big Dog Part D Program will improve access to high quality HIV care and to advance the health outcomes of people living with HIV/AIDS targeting youth and young adults across the entire city while strengthening linkages to care and partnerships among all subcontracted providers.

B) Rate the above vision statements using the following scale (1-not effective; 5-very effective). Make 1-2 recommendations how to best improve these vision statements.

Rating Scale: 1-not effective; 5-very effective

	Example #1	Example #2	Example #3	Example #4
Inspiring and motivating				
Brief and clearly articulated				
Bold with long-term aims				
Positive and without jargon				
Demonstrating benefits to the larger community				

# Module 21 Tool: Best Community Clinic Case Study

Develop a brief vision statement and measurable objectives for Best Community Clinic (BCC).

Background:

You have been asked to be a coach for Dr. Al Star, Department Chair Infectious Disease, and HIV Medical Director at Best Community Clinic (BCC) in Jasper, Colorado.

BCC is located in a mostly urban community and after recognizing that a number of patients were traveling long distances to their clinic, they opened three satellite clinics approximately 1.5 hours away. Currently, they serve more than 500 HIV patients. Funding is provided by Part C, Part D and recently they have received additional Part A and B funding. The program has the following dedicated staff: a Medical Director, 3 clinical providers, program administrator, a nurse, a social worker, a peer volunteer and a quality manager who also functions as the data manager.

As a coach you have conducted an organizational assessment, informant interviews with the Medical Director and several providers, and participated in the last two quarterly Quality Management (QM) Committee meetings. During a recent planning session with the leadership, the team identified the following assessment findings that are presented to Dr. Al Star:

- Strong division between the urban center and the more rural satellite clinics; rural staff mentioned repeatedly that there are no quality measures regarding their patient population, such as transportation issues
- Quality manager spends most of her time on data col-

lection since they receive additional Part A and B funding; most indicators are not compatible due to lack of uniform indicator definitions and reporting cycles resulting in redundant data collection efforts

- Limited coordination with other Part C/D clinics in the state and lack of regional/national benchmarking data; no participation in the Part C/D HIVQUAL Regional Group
- Over the last year, the Part B program has invited BCC to participate in its statewide Cross-Part efforts but nobody from BCC was able to attend any of the meetings so far
- Program is well regarded by patients, community and funders
- Dr. Al Star states his goals to double the HIV caseload to 1000, add 2 more BCC satellites, increase research grants

Develop a brief vision statement for BCC and 2-4 measurable objectives for the next 2-3 years.

A) Vision Statement (not more than 2 paragraphs):

---

---

---

---

---

---

---

---

---

---

B) Objectives (2-4 objectives with measurable goals that are in line with the vision statement):

Objective #1: \_\_\_\_\_

---

---

---

Objective #2: \_\_\_\_\_

---

---

---

Objective #3: \_\_\_\_\_

---

---

---

Objective #4: \_\_\_\_\_

---

---

---

# Module 22: Data Reports: How Coaches Use Data to Drive Improvements

## Day Three:

8:15 – 11:30 am (75 min)

## Type of Activity:

Small and Large Group Discussions, Presentation

## Materials Needed:

Presentation Slides ('M22 Data Reports'), copies of 'M22 Data Reports Assessment' handout, flipchart

## Overview of Activity – 75 min:

- 05 min: Introduction of the Measurement Advocate Coaching Function
- 45 min: Data Report Presentation
- 25 min: Group Exercise

## Purpose and Key Lessons Learned:

- Illustrate the importance of effectively presenting data to drive improvements
- Demonstrate various examples of how data graphs can be presented and identify strong presentation elements
- Highlight key discussion points when showing data and graphs to various audiences

## Detailed Instructions:

*Introduction of the Measurement Advocate Coaching Function – 5 min*

1. Transition to this module and highlight the key func-

tions of the Measurement Advocate Function within the coaching model

2. Provide an overview for this module

### *Data Report Presentation – 45 min*

3. Before presenting the M22 Data Reports slides, remind participants to note the data slides that they would most likely use
4. Present the slides, M22 Data Reports
5. After the presentation, ask a few participants to share their most effective data slide, the reasons for choosing them and what they would use them for

### *Group Exercise - 25 Minutes*

6. Have participants select one of four topics:
  - a. Effectively sharing performance data with consumers
  - b. How to share “unblinded” performance data across agency, network or region
  - c. How to prioritize and take action based on performance data
  - d. How to effectively report performance data to senior leaders
7. Have participants move towards assigned meeting areas based on their choice of topic
8. Have each topic group assign a facilitator and a reporter
9. Discuss topic and develop recommendations in each group
10. Report back from groups and debrief about the major discussion points

## Module 22 Tool: Data Reports Assessment

Indicate on this handout the 3-5 data slides that you felt were the most effective data graphs for you and identify reasons for choosing them. In the last column, develop action steps for you to develop similar data slides.

Data Slide #	Why?	Steps to Develop Similar Data Graphs

# Module 22: Data Reports: How Coaches Use Data to Drive Improvements

## Day Three:

11:30 - 11:45 am (15 min)

## Type of Activity:

Interactive Game Activity

## Materials Needed:

Presentation slides ('M23 Crime Story'), copies of 'M23 Crime Story Questions' handout, flipchart

## Overview of Activity – 15 min:

- 10 min: Individual and Group Assessment of Crime Story
- 05 min: De-brief and Key Points

## Purpose and Key Lessons Learned:

- Reinforce that active listening is a critical skill when conducting an assessment
- Demonstrate that groups typically are more accurate than individuals when recalling information
- Illustrate group dynamics based on interactive exercise
- Practice hands-on facilitation, recorder and reporter skills

## Detailed Instructions:

### *Individual and Group Assessment of Crime Story - 10 min*

1. Introduce the game and set the context by explaining that the next activity is to illustrate the importance of listening when conducting an assessment and how

groups are often more accurate than individuals when recalling information

2. Tell the group that you will tell a story and that they should listen closely because you will only tell the story one time and not answer any questions
3. Read the following 'The Crime Story':

*"It was winter time, cold and dark. A businessman had just turned off the lights in the store when a man appeared and demanded money. The owner opened a cash register. The contents of the old cash register were scooped up, and the man sped away. A member of the police force was notified promptly."*

4. Distribute copies of the 'M23 Crime Story Questions' handout to each participant
5. Allow 2 – 3 minutes for participants to answer the questions (column 'Individual') and indicate whether the following statements about this story are:
  - true (T)
  - false (F)
  - you need more information (?)
6. Assign groups of 6-8 individuals and identify one facilitator for each group; clarify the role of the facilitator (to keep the group on task and to ensure participation by all) and the recorder (to keep the official group scoring)
7. Direct the groups to find consensus on each question and record the responses on the handout (column 'Group'); tell the group they will have 10 minutes for this group activity

*De-brief and Key Points - 5 min*

8. Provide the correct answers via slide and ask all participants to calculate the number of correct answers for individual and group responses
9. Compare individual and group rankings by asking all participants for a show of hands who has a higher group than individual score
10. Start the de-brief by asking the following questions
  - a. How many have more correct answers as a group?
  - b. What were the factors for higher accuracy?
11. Debrief about the team dynamics
  - a. How did the group work together?
  - b. Why did the group work well (or not)?
  - c. What were the group dynamics that positively contributed to a higher accuracy?
12. Close this activity with the following questions:
  - a. What are the lessons learned from this game?
  - b. What are the implications as a coach?
13. Ensure that the following points come out in group discussion:
  - a. Teams can often produce better results than individuals, especially when faced with complex situations
  - b. Healthy team dynamics are critical to team work and development; the role of the group leaders/facilitators is important
  - c. It is important to take the time to obtain all team members' views and perspectives
  - d. When conducting assessments it is critical to actively listen and not rely on assumptions

## Module 23 Tool: Crime Story Questions

**Directions:** After hearing the story, answer the following questions on your own. Indicate whether the statements about this story are true (T), false (F), or cannot be answered without more information (?). When all members of your group have finished, discuss your answers and agree on one group answer.

STATEMENTS ABOUT THIS STORY (T, F, ?):	YOUR ANSWER	GROUP ANSWER	CORRECT ANSWER
1. A man appeared after the owner had turned off his store lights.			
2. The robber was a man.			
3. The man did not demand money.			
4. The man who opened the cash register was the owner.			
5. The storeowner scooped up the contents of the cash register and ran away.			
6. Someone opened a cash register.			
7. After the man who demanded the money scooped up the contents of the cash register, he ran away.			
8. While the cash register contained money, the story does not state how much.			
9. The robber demanded money of the owner.			
10. The story contains a series of events in which only three persons are referred to: the owner of the store a man who demanded money, and a member of the police force.			
11. The following events in the story are true: someone demanded money, a cash register opened, its contents were scooped up, and a man dashed out of the store.			
12. The story occurred on a cold and dark winter night.			
13. The man appeared in the store just before it was dark in the store.			
14. The owner promptly notified a member of the police force.			
15. The cash register was old.			
<b>TOTAL OF CORRECT ANSWERS:</b>			



## Module 24: Study Groups II

### Day Three:

11:45 am – 12:30 pm (45 min)

### Type of Activity:

Group Planning Activity

### Materials Needed:

'M24 Study Group II Presentation' slides

### Overview of Activity – 45 min:

- 30 min: Study Groups Development
- 15 min: Presentations of Study Groups

### Purpose and Key Lessons Learned:

- Participants further strengthen Study Groups to gain coaching skill development feedback
- Maintain network of coaching cohorts to problem-solve coaching issues
- Utilize team members as resources to achieve Personal Improvement Plan (PIP) goals and close gaps in coaching skill set

### Detailed Instructions:

#### *Study Group Development – 30 min*

1. Re-accustom groups to the concept of 'Study Groups' and to their specific group
2. Ask study groups to continue with M14 Study Group Planning Matrix

#### *Presentations of Study Groups – 15 min*

3. Have each group present to the larger group for 2–3 minutes
4. Ask small groups to report highlights of study group discussions including areas of common interest in skill group development, plans for meeting (formally, informally) or staying in contact, and resources they may have shared; in addition, ask the group to share:
  - a. Challenges they anticipate to staying committed to each other
  - b. Barriers to keeping in contact and “picking up the phone and asking for advice”
  - c. Any specific strength they discovered within their group that gave them a “leg up to success” in staying connected either formally and/or informally
5. During and after teams have shared, highlight that each team's experience will be different, and the experience is only as good as the effort you put into it

# Module 25: Setting Your Coaching Agenda

## Day Three:

1:30 – 2:00 pm (30 min)

## Type of Activity:

Personal Skill-Building

## Materials Needed:

'M25 Setting Your Coaching Agenda' slides

## Overview of Activity – 30 min:

- 05 min: Introduction
- 25 min: Personal Improvement Plan Presentations

## Purpose and Key Lessons Learned:

- Reflect on past experiences in coaching as well as future goals in coaching
- Establish objectives and motivation for moving forward as a coach
- Share individual plans to become a successful quality improvement coach following the Program

## Detailed Instructions:

### *Introduction – 5 min*

1. Encourage participants to briefly review their PIP
2. Ask for volunteers to present to group

### *Personal Improvement Plan Presentations – 25 min*

3. Have participants present their Personal Improvement Plans to the larger group

4. When appropriate, give feedback to participants, and allow participants to give constructive feedback to one another

# Module 25: Setting Your Coaching Agenda

## Day Three:

2:00 – 3:00 pm (60 min)

## Type of Activity:

Group Activities

## Materials Needed:

Copies of 'M26 Day 3 Evaluation' slides, signed certificates for participants, NQC flashdrives with TCB resources, copies of updated contact list for participants, TCB music CD or mp3 player, NQC remotes, camera

## Overview of Activity – 60 min:

- 15 min: Aha! Moments
- 10 min: Session Evaluation
- 30 min: Closing Ceremony
- 05 min: Group Photo

## Purpose and Key Lessons Learned:

- Bring the session to a successful close
- Receive feedback from the audience about their experiences over the last three days
- Inspire/motivate participants going forward

## Detailed Instructions:

### *Aha! Moments – 15 min*

1. Facilitator asks participants to spend two minutes to reflect on the last three days of conversations, activities and presentations and to identify 1-2 Aha! Moments they experienced

2. After two minutes, facilitator asks each person to share one Aha! Moment; each participant provides one moment; repeat round if time permits

### *Session Evaluation – 10 min*

3. Hand out NQC remotes
4. Complete 'M26 Session Evaluation' using the automated response system
5. Distribute updated contact list of TCB participants
6. Remind participants about the availability of TCB resources on NQC website at [NationalQualityCenter.org](http://NationalQualityCenter.org)

### *Closing Ceremony – 30 min*

7. Faculty remarks & observations
8. Closing NQC remarks and thank the faculty for their contributions
9. Set up music
10. Award certificates to each participant and handout NQC flashdrives while playing music

### *Group Photo – 5 min*

11. Group assembles for a photo to memorialize the event

---

# Appendix

# Definitions of Quality Terms

NAME	DEFINITION
Algorithm	Description of an ordered sequence of steps in patient care under specified circumstances. Algorithms can be used to display a decision tree for certain care conditions (e.g. PPD placement and reading).
Audit	A systematic appraisal procedure that examines, evaluates, and verifies that appropriate procedures, requirements, and programs comply effectively with planned arrangements.
Baseline Data	Data collected at the beginning of an improvement project. It is compared with future data collected on the same system to measure improvement.
Benchmark, Benchmarking	A benchmark is a comparative measure for a particular indicator or performance goal; within the health care or non-health care field. The benchmarking process identifies the best performance in the industry (health care or non-health care) for a particular process or outcome, determines how that performance is achieved, and applies the lessons learned to improve performance.
Brainstorming	Brainstorming is a technique to freely and uninhibitedly generate ideas, problems, or opportunities using a group approach.
Cause-and-Effect Diagram	A Cause-and-Effect Diagram is a picture of various system elements and is used to identify possible variables influencing a problem, outcome, or effect. The diagram is sometimes call an Ishikawa diagram or a fishbone diagram because its resemblance to the skeleton of a fish.
Confidence Intervals (95%)	95% confidence intervals state that if all records of an organization were reviewed, the performance score attained would fall between the upper and lower confidence limits.
Cross-functional	Representation of members of different professional and functional backgrounds within a program (or from different departments within the overall organization) in quality committees or in Quality Improvement Teams (e.g. inclusion of professional disciplines other than healthcare workers). Synonym includes multidisciplinary teams (in medical setting usually refers to different departments or divisions or professional disciplines).
Customer	Anyone who receives health care services and/or products. Customers can be internal (e.g. patients) and external (e.g. other departments within organization) to the organization.
Flow Chart	A Flow Chart is a picture of any process, such as sequence of events, steps, activities, or tasks. Flow Charts are drawn with standard symbols that represent different types of activities or tasks.
Gantt Chart	A Gantt Chart is a list of all activities (including the roles and responsibilities) to accomplish a specific goal. It helps to highlight key components of a problem and sequence of tasks to be completed.

# Definitions of Quality Terms

NAME	DEFINITION
Guideline	Statements or standardized specifications for care to assist practitioners and patient about appropriate health care decisions for specific clinical circumstances. Guidelines are developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus. Guidelines may also be called clinical or practice guidelines.
Histo-	A Histogram is a bar graph representing the frequency of individual occurrences or classes of data. It provides basic information about the presented data set, such as central location (mean, median, and mode), width of spread (range or standard deviation), and the shape.
HIVQUAL	The National HIVQUAL Project, sponsored by the Ryan White Part C and Part D Program, is designed to build capacity and capability among Part C and D grantees to sustain quality improvement. The HIVQUAL Initiative promotes quality improvement activities and self-reporting of HIV performance data through HIVQUAL3.
HIVQUAL3	A specially designed software package in Microsoft Access, called 'HIVQUAL3'. The software incorporates HIV clinical indicators to measure care and provide reports for use in internal quality programs. The software is part of the national HIVQUAL Project, funded by Health Resources and Services Administration (HRSA).
Indica-	A measurement tool or operational definition of one specific quality characteristic that can be measured (e.g. GYN exam, PPD) conforming to guidelines or standards of care. They are often categorized as either outcome or process indicator. It can also be called measure.
Intermediate Outcome Indicator	The goal of quality improvement is to improve the outcome of care. If a valid correlation between the process and an improved outcome can be proven, process indicators can sometimes be called Intermediate Outcome Indicators.
Inter-rater Reliability	Inter-rater reliability is a process that compares different reviewers abstracting from the same information (e.g. patient chart) to ensure that they come to the same review conclusions.
Mean	The arithmetic average of a set of numbers.
Median	The median is the value that divides an ordered series of numbers so that there is an equal number of values on either side of the center (or median).
Mode	The mode is the most frequently occurring number in a group of values.
Outcome	The results achieved through the performance of a process or function.
Outcome Management	Approach that is focused on the outcome of health care interventions. It is designed to help patients, payors, and providers to make evidence based medical care-related decisions.

# Definitions of Quality Terms

NAME	DEFINITION
Pareto Chart	A Pareto Chart or Diagram is a simple bar chart, which ranks related categories (e.g. barriers to GYN exam) in decreasing order of occurrence. It can be used to analyze causes, study results, or plan for improvements.
Peer Review	Evaluation or review of the performance of colleagues by professionals with similar types and degrees of expertise (e.g., the evaluation of one physician's practice by another physician).
Plan-Do-Study-Act Cycle (PDSA)	A process to describe a quality improvement cycle using four-steps: Plan, Do, Study, and Act. It is sometimes referred to as the Shewart cycle (Walter A. Shewart) or as the Deming cycle (W. Edwards Deming). Also called Plan-Do-Check-Act (PDCA) Cycle.
Practitioner	The professional who provides health care services. Practitioners are usually required to be licensed as defined by law and include MD, NP, PA.
Process	An action, or series of actions, that transform inputs into outputs.
Provider	An institution, organization, or person that provides health care services.
Quality Assessment	A measurement activity that includes the review of a process, data analysis, and report of findings. To assess a care process is an important step in the quality improvement cycles.
Quality Assurance (QA)	A formal set of activities to review and to safeguard the quality of medical services provided. QA includes quality assessment and implementation of corrective actions to address deficiencies. It is focused on ensuring standards are adhered to, identifying problems, and solving single quality issues with problem resolution focused on the responsible individual. QA is used more in a regulatory environment.
Quality Improvement (QI)	Quality Improvement (QI) is defined as an organizational approach to improve quality of care and services using a specified set of principles and methodologies. Those principles include, but are not limited to, leadership commitment, staff involvement, cross-functional team approach, consumer orientation, and a continuing cycle of improvement activities and performance measurements. Synonyms include Continuous Quality Improvement (CQI), Performance Improvement (PI), and Total Quality Management (TQM).
Quality Management Plan (QM)	A written QM plan defines a process for ongoing evaluation and assessment to identify and improve the quality of care, and the infrastructure that clearly indicates responsibilities and accountability for the quality program.
Quality Improvement (QI) Team	A specially constituted working group to address one specific opportunity for improvement. QI Team consists of those people who have regular involvement in the process and have a leader and sometimes a facilitator. (e.g. QI Team to improve the patient adherence to antiretroviral therapy). Synonyms include CQI (Continuous Quality Improvement) Team.

## Definitions of Quality Terms

NAME	DEFINITION
Quality of Care	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.
Rapid Improvement	Rapid Improvement is a quality improvement methodology that uses shorter cycles of changes to accelerate the rate of improvement.
Run Chart	A Run Chart is a line graph of data plotted over time. The plotted data can be variables (measurements) or attributes (counts). The purpose of making a run chart is to look at a system's behavior over time. Run Charts can reveal trends or patterns of a system, if they exist.
Sampling	A statistical process for selecting the size and frequency of populations under study.
Scatter Diagram	A Scatter Diagram helps to evaluate the relationship between two factors. It is a graph showing the plotted values of two factors: each point on the graph represents a pair of measures. It is used to identify whether the two factors are related.
Standard Deviation	The standard deviation shows the dispersion of the data within the distribution. It measures the variation of the data around the mean.
Standard of Care	Preformed and agreed upon statements issued for the purpose of influencing decisions, about health interventions.
Structure	Inputs in the health care system that are used in the delivery of care process.



# Glossary of Acronyms

TERM	EXPLANATION
AI	AIDS Institute
ARV	Antiretroviral Therapy
CBO	Community Based Organization
CD4	T cell count
CFA	Continuing Funding Application
CQI	Continuous Quality Improvement
HAB	HRSA HIV/AIDS Bureau
HIVQUAL	National project to build capacity for QI in Part C and Part D sites
HRSA	Health Resources Services Administration
IHI	Institute of Healthcare Improvement
MAC	Mycobacterium avium complex infection
MBR	Multiple Drug Resistant
MH	Mental Health
MTB	Mycobacterium Tuberculosis
NIH	National Institute of Health
NQC	National Quality Center
PCAT	Primary Care Assessment Tool
PCP	a) Pneumocystis carinii Pneumonia b) Primary Care Provider

TERM	EXPLANATION
PDSA	Plan-Do-Study-Act Cycle
PPD	Preferred Protein Derivative (skin test for TB)
QA	Quality Assurance
QARR	Quality Assurance Reporting Requirement (managed care measure)
QI	Quality Improvement
RFA	Request for Applications
STD	Sexually Transmitted Diseases
SU	Substance Use
TA	Technical Assistance
TB	Tuberculosis
VDRL	Veneral Disease Research Lab
VL	Viral Load

# Quality Improvement Resources

## I) Introduction to Quality Improvement

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Quality Improvement Technical Assistance Manual. Rockville, MD: Health Resources and Services Administration; 2003. Available at <http://hab.hrsa.gov>.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- Developing an Effective Quality Management Program in Accordance with the Ryan White HIV/AIDS Treatment Modernization Act of 2006 - Frequently Asked Questions. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2006 and Revised January 2008.
- NQC Website. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/>

- HIVQUAL Website. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://HIVQUAL.org/>
- HRSA HIV/AIDS Website. Health Resources and Services Administration HIV/AIDS Bureau. <http://hab.hrsa.gov>

## II) Performance Measurement

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- Measuring Clinical Performance: A Guide for HIV Health Care Providers. New York State Department of Health AIDS Institute. April 2002 and Revised September 2006.
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- Quality Improvement Technical Assistance Manual. Rockville, MD: Health Resources and Services Admin-

istration; 2003. Available at <http://hab.hrsa.gov>.

- HIVQUAL Indicators. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://HIVQUAL.org/>
- HAB Quality Indicators. Rockville, MD: Health Resources and Services Administration. Available at <http://hab.hrsa.gov/special/habmeasures.htm>
- HIVQUAL Project. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://HIVQUAL.org/>

### III) Quality Improvement Activity

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Quality Improvement Technical Assistance Manual. Rockville, MD: Health Resources and Services Administration; 2003. Available at <http://hab.hrsa.gov>.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2002 and Revised September 2006.
- NQC Action Planning Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. October 2008.

### IV) Quality Management Infrastructure

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007. <http://NationalQualityCenter.org/QualityAcademy>
- HIVQUAL Workbook: Guide for Quality Improvement in HIV Care. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2006.
- Quality Management Program Assessment Tools. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/14480>
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- Capacity of Statewide Quality Management Programs. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2008.
- Quality Management Plan Checklist. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://www.nationalqualitycenter.org/home/quality-improvement-resources/establishing-a-quality-management-infrastructure.cfm/15139>
- NQC Action Planning Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. October 2008.

### V) Consumer Involvement

- Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. August 2006.

- Making Sure Your HIV Care Is the Best It Can Be. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. June 2002 and Revised August 2006. English and Spanish.
- Patient Satisfaction Survey for HIV Ambulatory Care. New York State Department of Health AIDS Institute. March 2002.
- Choosing Health for Life: Your Health Journal. New York State Department of Health AIDS Institute. February 2005 and Revised September 2006. English and Spanish.
- Making Sure HIV Patient Self-Management Works. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. January 2008.
- A Guide to Addressing Cultural Competence as a Quality Improvement Issue. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. November 2007.
- Audio Recordings and Presentation Slides – NQC National Technical Assistance Calls. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. <http://NationalQualityCenter.org/TACalls>
- NQC Training-of-Trainer Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. January 2007.
- Planning and Implementing a Successful Learning Collaborative. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. September 2008.

## VI) Capacity Building and Training Resources

- NQC Quality Academy. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. February 2007.
- HIVQUAL Group Learning Guide: Interactive Quality Improvement Exercises for HIV Health Care Providers. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. May 2002 and Revised September 2006.
- NQC Game Guide. New York State Department of Health AIDS Institute and the Health Resources and Services Administration HIV/AIDS Bureau. August 2006.