# NQC Training of Consumers on Quality (TCQ)

Facilitator Manual to Build Capacity of People Living with HIV to Actively Participate in Quality Improvement Activities

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

**NATIONAL QUALITY CENTER**

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# Introduction

# Overview of the NQC TCQ Program

## Background

The Ryan White HIV/AIDS Program (RWHAP) was enacted by Congress 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.

In 2006, Congress reauthorized the Act and added an emphasis on clinical 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 RWHAP 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 RWHAP, was released in 2003. It recognized HRSA HIV/AIDS Bureau's efforts in the area of quality management, and noted that Ryan White HIV/AIDS 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 HIV/AIDS Program funded 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 efforts 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.

## Introduction to TCQ Program

NQC has learned that consumers of HIV care and their providers face many challenges working with each other as partners to facilitate high quality HIV care built on evidence and consumer feedback. In the National Quality Center (NQC) consumer involvement survey in 2009 (n=509), 87% of respondents stated that they had a process in place to systematically obtain feedback from people living with HIV for quality improvement activities, with satisfaction surveys (91%) and consumer representatives on an advisory/planning group or quality team (77%) being the most popular strategies. According to the same survey, however, only 48% of respondents indicated that they had an effective or very effective consumer advisory

board, 45% stated that they never or rarely had a consumer routinely participate in quality improvement activities over the last year, and 38% stated that they never had a consumer routinely represented on their quality management committee. Consumers are integral partners in improving HIV care. NQC aims to address these findings through the development of a training program.

The NQC Training of Consumers on Quality (TCQ) Program targets consumers who seek to be effective quality advocates for their communities with the goal of improving the quality of care. The purpose of the NQC TCQ Program is to build the capacity of HIV-infected patients to be active partners in the planning, implementation, and evaluation of quality improvement efforts at both the clinical and system levels. The direct outcome of this training program is to increase the number of people living with HIV who fully participate in ongoing agency-specific as well as regional quality improvement activities.

The TCQ Program Goals are:

- Increased understanding of the Ryan White HIV/AIDS Program and its quality requirements and expectations
- Increased understanding of basic vocabulary for quality improvement tools, methodologies, activities, and processes
- Increased competency to be a consumer champion in local and regional quality management committee activities
- Increased confidence in participating in quality improvement teams through an understanding of consensus decision-making, team roles, and processes to address specific aspects of HIV care
- Increased understanding of the various forms of individual and systematic consumer involvement, and identification of appropriate methods of involvement in clinical quality improvement activities
- Increased awareness of basic HIV care and treatment terminologies so that participants better understand basic indicator definitions and performance data reports

- Increased knowledge related to health numeracy and health literacy, and understanding of performance measurement processes terminology, including details of indicator development, data collection methodologies, and data reporting
- Exposure to other patients, consumer quality leaders, and peer experts in patient involvement who can provide community support and leadership

The TCQ Program is divided into the following phases from the perspective of the participants:

**TCQ Application:** Potential applicants to the TCQ Program are asked to complete an online application to share their contact information, personal demographic background, and past quality improvement experiences. Additionally, each applicant is asked to submit their resume, one letter of reference, and a letter of support from the Ryan White grantee sponsoring their participation indicating how the applicant will be incorporated into quality improvement activities post-TCQ. NQC screens applicants to determine the applicant's capacity, level of consumer involvement with their Ryan White care provider, and commitment to complete all TCQ activities.

**Pre-TCQ Work Phase:** TCQ participants are asked to complete the following activities prior to attending the face-to-face training session: a) complete a standardized skill assessment; b) participate in three pre-TCQ webinars; and c) complete pre-work assignments which include reviewing online tutorials and videos. The first webinar provides a welcome to participants as well as an overview of the mandates related to quality management in the Ryan White legislation. The second webinar is a discussion of two essays meant to demonstrate differing methods of involvement (agitation versus advocacy). The third webinar focuses on a video by a provider and his reflections on how to care for patients.

**TCQ Session:** The face-to-face opportunity for patients of

Ryan White services allows for networking and exchanging with peers and experts in peer involvement. The participants attend the rigorous 2-day TCQ session:

- Day One: Getting to know fellow TCQ participants, introductions to quality improvement principles, building health numeracy and literacy skills, and working in quality improvement teams.

- Day Two: Being a member of a quality management committee, learning about performance measurement details, developing individualized action plans, and evaluation of the TCQ session.

All TCQ participants are asked to complete a final TCQ knowledge assessment to ensure that the key content areas are covered and to allow for future adjustments of the TCQ Program. Persons who attend and complete the TCQ leave with a goal statement for post-TCQ activities to support increased patient involvement in their local jurisdictions and clinic, and to participate in their health care providers' quality management teams.

**Post-TCQ Phase:** After the successful completion of the face-to-face TCQ session, TCQ participants are expected to:

- Return to their local health care provider and implement their personalized action plans as members of local quality management committees or teams or regional quality improvement activities
- Establish and sustain collaborative relationships with a consumer quality mentor to support the participants in continuing development and application of new quality improvement skills and knowledge
- Participate in technical assistance calls aimed at sustaining the community of learners established during TCQ sessions
- Report back on outcomes of consumer involvement including a 3-month re-assessment of their post-TCQ knowledge retention and skill application using an online skill assessment tool, and testimonies from providers where participants are serving on QM teams/committees

## Guide Use

This Guide is designed as a tool for those who participate in the TCQ Program and for those trainees who seek to conduct this training with others. It contains detailed descriptions of all Pre-TCQ activities and assignments, Post-TCQ activities and faculty notes for each module during the 2-day TCQ session, and links to available quality improvement resources.

## Acknowledgments

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# 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 RWHAP 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?

Barriers to meaningful participation exist, which dissuade persons living with HIV from engaging in clinical quality improvement activities. While many providers possess advanced background in health-related fields, patients often have not had equal exposure and lack some basic foundational skills with which to participate on quality management committees and quality improvement teams.

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

NQC intends for participants who successfully complete the TCQ Program to reach the following training objectives:

- Increased understanding of the Ryan White HIV/AIDS Program and its quality requirements and expectations

- Increased understanding of basic vocabulary for quality improvement tools, methodologies, activities, and processes
- Increased competency to be a consumer champion in local and regional quality management committee activities
- Increased confidence in participating in quality improvement teams through an understanding of consensus decision-making, team roles, and processes to address specific aspects of HIV care
- Increased understanding of the various forms of individual and systematic consumer involvement, and identification of appropriate methods of involvement in clinical quality improvement activities
- Increased awareness of basic HIV care and treatment terminologies so that participants better understand basic indicator definitions and performance data reports
- Increased knowledge related to health numeracy and health literacy, and understanding of performance measurement processes terminology, including details of indicator development, data collection methodologies, and data reporting
- Exposure to other patients, consumer quality leaders, and peer experts in patient involvement who can provide community support and leadership

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

The estimated time associated with this Program is described below:

- 8-9 hours for three one-hour TCQ Pre-Work conference calls, review of TCQ materials and Pre-TCQ assignments, and one hour for completing a self-assessment and scoring
- 16 hours for a two-day face-to-face training session (excluding travel to and from the session)
- Two days of travel to and from the TCQ session
- 16 hours of Post-Work over the course of six months

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

The TCQ faculty is comprised of NQC staff and expert consultants. The TCQ faculty includes people living with HIV with proven expertise in teaching and practicing quality improvement in HIV care.

## How do I enroll in the TCQ Program?

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

Those who wish to enroll in the TCQ Program need to complete the registration request form available from NQC. The online application form can be accessed at NationalQualityCenter.org/TCQ.  NQC screens 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.

## Where can I get more information about the TCQ 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

# TCQ Pre-Work Guide

# TCQ Pre-Work Guide

## Purpose

The purpose of the NQC Training of Consumers on Quality (TCQ) Program is to build the capacity of HIV-infected individuals to be active partners in the planning, implementation, and evaluation of quality improvement efforts at both the clinical and regional levels. The direct outcome of this Program is to increase the number of people living with HIV who fully participate in ongoing agency-specific as well as regional quality improvement activities.

## Timetable

The TCQ Program is divided in the following phases:

- **TCQ Application:** Potential applicants to the TCQ Program are asked to complete an online application to share their contact information, personal demographic background, and past quality improvement experiences. Additionally, each applicant is asked to submit their resume, one letter of reference, a letter of support from their local Ryan White-funded HIV care services to support engagement in quality improvement activities upon completion of the TCQ Program. NQC screens applicants to determine the applicant's capacity, level of consumer involvement with their Ryan White care provider, and commitment to complete all TCQ activities.

- **Pre-TCQ Work Phase:** TCQ participants are asked to complete the following activities prior to attending the

face-to-face training session: a) complete a standardized skill assessment; b) participate in three pre-TCQ webinars; and c) complete pre-work assignments which include reviewing online tutorials and videos. The first webinar provides a welcome to participants as well as an overview of the mandates related to quality management in the Ryan White legislation. The second webinar is a discussion of two essays meant to demonstrate differing methods of involvement (agitation versus advocacy). The third webinar focuses on a video by a provider and his reflections on how to care for patients.

- **TCQ Session:** The face-to-face opportunity for patients of RWHAP services allows for networking and exchanging with peers and experts in peer involvement. The participants attend the rigorous 2-day TCQ session:
  - Day One: Getting to know fellow TCQ participants, introductions to quality improvement principles, building numeracy and health numeracy skills, and working in quality improvement teams.
  - Day Two:  Being a member of a quality management committee, learning about performance measurement details, developing individualized goal statements, and evaluation of the TCQ session.

All TCQ participants are asked to complete a final TCQ knowledge assessment to ensure that the key content areas are covered and to allow future adjustments of the TCQ Program. Patients who attend and complete

the TCQ leave with an individualized goal statement for post-TCQ activities to support increased patient involvement in the participants' local jurisdictions and clinic, and to participate in their health care providers' quality management teams.

- **Post-TCQ Phase:** After the successful completion of the face-to-face TCQ session, TCQ participants are expected to:
    - Return to their local health care provider and develop action plans based on their TCQ goal statements in partnership with their sponsoring grantee as members of local quality management committees or teams or regional quality improvement activities
    - Establish and sustain collaborative relationships with a consumer quality mentor to support the participants in continuing development and application of new quality improvement skills and knowledge
    - Participate in technical assistance calls aimed at sustaining the community of learners established during TCQ sessions
    - Report back on outcomes of consumer involvement including a 6-month re-assessment of their post-TCQ knowledge retention and skill application using an online skill assessment tool, and testimonies from providers where participants are serving on QM teams/committees

## Pre-Work Overview

| WHEN | WHAT | LENGTH |
|---|---|---|
| Before Pre-Work Call I | Pre-Work Assignments:<br><br>- Submit Pre-TCQ Skill Assessment to assess his/her capacity for quality improvement<br>- Review NQC Quality Academy Tutorial 3 on Ryan White HIV/AIDS Program (http://nationalqualitycenter.org/index.cfm/5908/15590)<br>- View Ryan White Voices: A Legacy of Care (https://www.youtube.com/watch?v=SOGD8dueHeI) | 1-2 hours |
| **Pre-Work Call I: Overview of Ryan White HIV/AIDS Program and its Quality Expectations**<br><br>(2 weeks before the TCQ session) | Agenda for Pre-Work Call I:<br><br>- Welcome of Participants and Supporting Organizations<br>- Review of the TCQ Program<br>- Introduction to Ryan White HIV/AIDS Program and its Quality Improvement Expectations<br>- Review of TCQ Logistics and Upcoming Face-to-Face Session | 1 hour |
| Before Pre-Work Call II | Pre-Work Assignments:<br><br>- Read Two Essays: Blacks Should Agitate for Civil Rights by W.E.B. DuBois and Blacks Should Not Agitate for Civil Rights by Booker T. Washington<br>- Complete the Pre-Work Tool: Methods of Involvement Essay Reflection<br>- Finalize Travel Arrangements | 1-2 hours |
| **Pre-Work Call II: Differing Methods of Involvement**<br><br>(1 week before the TCQ session) | Agenda for Pre-Work Call II:<br><br>- Welcome and Review of Pre-Work II Call Agenda<br>- Group Discussion of the Two Articles and Handout<br>- Review of TCQ Logistics | 1 hour |

## Pre-Work Overview (Cont.)

| WHEN | WHAT | LENGTH |
|---|---|---|
| Before Pre-Work Call III | Pre-Work Assignments:<br><br>- Review TED Talk, "A Doctor's Touch" by Dr. Verghese and complete Pre-Work III Tool: A Doctor's Touch Viewing Guide<br>Link for TED Talk:<br>http://www.ted.com/talks/abraham_verghese_a_doctor_s_touch.html<br>- Complete the Pre-Work III Tool: Individualized Consumer Involvement Goal Statement | 1-2 hours |
| **Pre-Work Call III: The Science of Our Care and Peer Mentorship**<br><br>[a few days before the TCQ session] | Agenda for Pre-Work Call III:<br><br>- Participant Welcome and Introduction of Pre-Work Call Topic<br>- Facilitated Discussion of TED Talk "A Doctor's Touch"<br>- Introduction of TCQ Mentorship: Peer Models and Expectations<br>- Q&A Regarding TCQ Logistics | 1 hour |

# Pre-Work Conference Call I – Facilitator Notes

## Pre-Work Call I: Overview of Ryan White HIV/AIDS Program and Its Quality Expectations

### Duration:
60 min

### Type of Activity:
This Pre-Work Call can be conducted as a conference call, a webinar, or when possible, in person.

### Materials Needed:
Presentation slides ('PWI Welcome and Overview' — you can dowload the slides at www.NationalQualityCenter.org/TCQ), List of TCQ Participants and Supporting Organizations, Logistical Information: Pre-Work Calls and TCQ Session, TCQ Pre-Work Guide

### Overview of Activity – 60 min:
- 10 min: Welcome of Participants and Supporting Organizations
- 10 min: Review of the TCQ Program Expectations
- 30 min: Introduction to the Ryan White HIV/AIDS Program and Its Quality Improvement Expectations
- 10 min: Review of TCQ Logistics and Upcoming Face-to-Face Session

### Purpose and Key Lessons Learned:
- Welcome participants to the TCQ Program and set the welcoming tone for the upcoming training program
- Familiarize TCQ participants and their supporting organizations with the expectations for participation
- Provide an overview of the Ryan White HIV/AIDS Program and its quality expectations for grantees
- Answer any logistical questions regarding the upcoming face-to-face training session

### Audience for Pre-Work Call I:
- All TCQ participants who have completed the application process and have been selected to participate
- Provider representatives who support each TCQ participant
- TCQ faculty members, NQC staff and HIV/AIDS Bureau representatives when available

### Detailed Instructions:
*In Advance of the Pre-Work Call I*
- Send out invitational email to all TCQ participants and supporting organizations to inform them about the upcoming series of Pre-Work Calls
- Invite HIV/AIDS Bureau representative to make opening remarks about the importance of involving consumers in Ryan White HIV/AIDS Program-funded activities
- Set up the webinar platform, if available

- Invite all participants and supporting organizations to Pre-Work Call I
- Share Pre-Work Guide and all necessary Pre-Work resources with participants
- Ask all participants to complete the following Pre-Work activities prior to Pre-Work Call I:
    a. Submit Pre-TCQ Skill Assessment to assess capacity or participants for quality improvement
    b. Review NQC Quality Academy Tutorial 3 on Ryan White HIV/AIDS Program
    c. View Ryan White Voices: A Legacy of Care

### Welcome of Participants and Supporting Organizations - 10 min

1. Enthusiastically welcome participants and their supporting organizations to the TCQ Program
2. Introduce TCQ faculty (NQC representatives and HRSA representatives when available)
3. Allow participants to use the chat room to introduce themselves indicating their name, supporting organization, and where they are calling from
4. Thank all participants on the call for their willingness to take part in this important training and invite them to take advantage of this opportunity
5. Introduce the representatives from HRSA and NQC and ask them for their opening remarks

### Review of the TCQ Program Expectations – 10 min

6. Review the Pre-Work Agenda for this call
7. Review the TCQ Program expectations using the PWI presentation slide:
    a. Broad TCQ learning objectives
    b. Organizational support for TCQ participants
    c. Pre-Work calls
    d. Upcoming face-to-face session
    e. Post-Work activities overview
8. Provide an overview of all Pre-Work activities and expectations; refer participants to the Pre-Work Guide
9. Ensure that the provider representatives who support each TCQ participant are fully aware of their role in this

training program
10. Ask participants and provider representatives if they have any questions so far related to the expectations or goals of the TCQ Program
11. Thank provider representatives for their support and provide the option for them to sign-off this call if they are familiar with the Ryan White HIV/AIDS Program expectations for quality

### Introduction to the Ryan White HIV/AIDS Program and its Quality Improvement Expectations - 30 min

12. Provide a brief overview of the Ryan White HIV/AIDS Program, including the history and purpose of RWHAP using the PWI presentation slides; ensure that participants understand the Ryan White funding streams
13. Refer to the Ryan White Voices: A Legacy of Care that was part of the participants' Pre-Work assignment
14. Familiarize participants with the quality improvement expectations of the Ryan White HIV/AIDS Program-funded grantees
15. Outline the Ryan White expectations for consumer involvement
16. Ensure that the faculty is explaining any terminologies and acronyms
17. Ask participants if they have any questions related to the Ryan White HIV/AIDS Program and its quality improvement expectations

### *Review of TCQ Logistics and Upcoming Face-to-Face Session - 10 min*

18. Provide participants with final logistical information regarding the upcoming face-to-face TCQ session, including the following items:
    a.  Location of training
    b.  Dates and times of the training
    c.  Special requirements/requests from participants
    d.  Answer any questions regarding travel arrangements, if applicable

19. Review the upcoming Pre-Work activities in detail to be completed in advance of the Pre-Work Call II; ensure that all participant understand the expectations
    a.  Read Two Essays: Blacks Should Agitate for Civil Rights by W.E.B. Du Bois and Blacks Should Not Agitate for Civil Rights by Booker T. Washington
    b.  Complete the Pre-Work Tool: Methods of Involvement Essay Reflection
    c.  Finalize Travel Arrangements

20. Identify two volunteers to review and present the essays on Pre-Work Call II

21. Allow participants to ask any questions about the information delivered in the Pre-Work Call

22. Remind participants about the next Pre-Work Call date and time

23. Thank participants for attending this call

# Pre-Work Call II: Differing Methods of Involvement

## Duration:
60 min

## Type of Activity:
This Pre-Work Call can be conducted as a conference call, webinar, or when possible, in person.

## Materials Needed:
Presentation slides ('PWII Methods of Involvement'), List of TCQ Participants and Supporting Organizations, Logistical Information, TCQ Pre-Work Guide.

## Overview of Activity – 60 min:
- 10 min: Welcome and Review of Pre-Work II Call Agenda
- 40 min: Group Discussion of the Two Articles on Involvement
- 10 min: Review of TCQ Logistics

## Purpose and Key Lessons Learned:
- Reflect on two articles regarding differing methods of involvement (agitation versus advocacy)
- Engage the participants in a discussion to determine their personal reflections on consumer involvement
- Answer any logistical questions regarding the upcoming face-to-face TCQ session

## Audience for Pre-Work Call II:
- All TCQ participants who have completed the application process and have been selected to participate
- TCQ faculty members and NQC staff

## Detailed Instructions:
### Welcome and Review of Pre-Work Call Agenda - 10 min
1. Welcome participants to the Pre-Work Call II
2. Allow participants on this call to introduce themselves; ensure that those participants who missed the Pre-Work Call I are brought up to speed in terms of participation in the TCQ Program
3. Remind participants that this discussion is not about who is right or who is wrong but rather is an exploration of differing frameworks for consumer involvement

### Group Discussion of the Two Articles – 40 min
4. Ask the two assigned participant volunteers to provide a brief overview of each author's viewpoint on civic involvement
5. Using the PWIII presentation slides facilitate a discussion examining the PWII essays
6. Ask for volunteers to respond to each of the essay reflection questions and allow for a discussion amongst the participants
7. Before closing, remind participants that they will have more opportunities to further explore this topic during the TCQ session

*Review of TCQ Logistics - 10 min*

8.  Review with participants the upcoming Pre-Work activities to be completed before the next Pre-Work Call III
    a.  Review TED Talk, "A Doctor's Touch" by Dr. Verghese
    b.  Complete an Individualized Consumer Involvement Goal Statement

9.  Identify two volunteers to reflect on the TED Talk on the upcoming Pre-Work Call III

10. Share the date and time of the next Pre-Work Call and remind participants to participate

11. Review the TCQ logistics of the upcoming meeting

12. Ask participants if they have any questions related to the logistics of the Program

13. Thank everyone for attending this call

## Pre-Work Tool II: Methods of Involvement Essay Reflection

Please review the assigned articles by Washington and Du Bois and complete these questions in advance of the Pre-Work Call II.

1. What is each author seeking to do? What is the goal?

_____
_____
_____
_____
_____
_____

2. What does the author say about the partnerships or lack of partnerships in the process?

**Washington:**

_____
_____
_____
_____
_____

**Du Bois:**

_____
_____
_____
_____
_____

3. What is the framework proposed to reach the goal? Does this framework focus on individuals or systems?

**Washington:**

_____
_____
_____
_____
_____

**Du Bois:**

_____
_____
_____
_____
_____

# Pre-Work II Tool: Methods of Involvement Essay Reflection (Facilitator Guide for Discussion)

## Purpose:

- Prepare for TCQ Module 2 Quality Advocacy
- Explore two methods of involvement: Agitation and Advocacy
- Discussion skills building to diffuse potential barriers during TCQ

## Background:

Many communities throughout history have sought to empower themselves.  Most communities have used hybrid models of three distinct methods; agitation, activism, and advocacy.  Each method of involvement indicates different levels of engagement, styles of interaction, and varying degrees of partnerships to achieve community goals.

The Civil Rights Movement is an excellent example of how different pockets of the same community utilized different methods of involvement based on their collective experiences.  This Pre-Work discussion is not meant to be an analysis of the "correct" or "right" way to empowerment but rather simply to explore how specific factors led to the selection of particular involvement methods (e.g. presence of partnerships, the depth of those partnerships, and broader community goal).

## Facilitator:

- Focus on the framework of the argument not the argument itself (meaning this should be a discussion of types of involvement not a discussion of the merits of the historical choice).

## Discussion:

Do the authors perceive partners outside of their community?

Does the presence of perceived or actual partnerships affect the method of involvement?

What method(s) do the authors recommend for engagement?

1. What is each author seeking to do? What is the goal?

- Both Du Bois and Washington are arguing for what response the African-American community should make to the continued oppression and discrimination experienced at the turn of the 20th Century

- Each author lays out a framework for how the community should respond in order to achieve the greatest results

- Both authors seek full rights for African-Americans through different processes

2. What does the author say about the partnerships or lack of partnerships in the process?

**Washington:**

- Washington makes the argument that total peace may be difficult and uses the analogy of fingers on a hand to describe how social problems might be solved

- Washington is verbally building bridges in his choice of language to Whites

- Washington talks of relationships yet to be formed . . . new immigrants can align with the African-Americans

**Du Bois:**

- Du Bois presents a much more "loner model" than Washington; he states that anyone with a complaint must raise their voice for no one else will speak for them

- While careful to describe the state of affairs and not people as evil, his tone towards whites is clear

- It appears that Du Bois sees the role of African Americans to complain about lack of equality and Whites to fix it

3. What is the framework proposed to reach the goal? Does this framework focus on individuals or systems?

**Washington:**

- Washington recommends capacity, work, and collective change in the system to raise up everyone; the solution is to change the whole community not just the person

**Du Bois:**

- Du Bois recommends a person based approach where each individual must vocalize their grievance or be left with none; the white people must change

## Pre-Work Tool II: Methods of Involvement Essay Reflection
## (Key Quotations – Quality Concepts)

| TOPIC | WASHINGTON | DU BOIS |
|---|---|---|
| Next Tuesday | "... advocates a policy of accommodation on racial issues, urging Blacks to forego political and legal action in favor of vocational training and work in industry." | |
| First PDSA | "Ignorant and inexperienced, it is not strange that in the first years of our new life we began at the top instead of at the bottom." | |
| Sustainability | "No race can prosper till it learns that there is as much dignity in tilling a field as in writing a poem." | A man can't eat without working yet he can't work without eating. |
| Collaboration | "In all things that are purely social we can be as separate as the fingers, yet one as the hand in all things essential to mutual progress." | |
| All or Nothing? | "Nearly 16 millions of hands will aid you in pulling the load upward, or they will pull against you the load downward." | "So long as these things are true, then we are faced by this dilemma: either we must let the evil alone and refuse to hear of it or listen to it or we must try and right it." |
| Data | | "This complaint should be made with reason and with strict regard to the truth, but nevertheless it should be made." |
| Problem Identification | "The wisest among my race understand that the agitation of questions of social equality is the extremist folly..." | "If we remember the history of all great reform movements, we remember that they have been preceded by agitation." |
| Response | "In all things that are purely social we can be as separate as the fingers, yet one as the hand in all things essential to mutual progress." | "When a man does this he says to the world, 'Things are bad, but it is worthwhile to let the world know that things are bad in order that they may become better.' " |
| Effort | "It is important and right that all privileges of the law be ours, but it is vastly more important that we be prepared for the exercise of these privileges." | "We are confirmed in our belief that if a man stand up and tell the thing he wants and point out the evil around him, that this is the best way to get rid of it." |
| Method | Advocacy through capacity, sustainability, and patience. | Agitation through verbal and repeated announcements of the inequality. |

# Pre-Work II Tool: Consumer Involvement Goal Statement

Instructions: Please complete the following statement which outlines your personal goals for getting further involved in ongoing quality improvement activities, either in a local quality management committee, quality improvement team, or regional quality improvement activity.

What are your personal goal(s) over the next 12 months to become more involved in ongoing quality improvement activities?

List two to three individual goals or aspirations. (For example: In 12 months from today, I want to be an informed and active participating consumer representative on the clinic-wide quality management committee and actively solicit feedback from consumers in the clinic and present their feedback at routine committee meeting.)

_____
_____
_____
_____
_____
_____

List one to three concrete and measurable aims to assess the success of your efforts in 12 months.

(For example: In 12 months from today, I will have attended 80% of all clinic-wide quality management committee meetings and have conducted at least two focus groups with other consumers to solicit their input.)

_____
_____
_____
_____
_____
_____

# Pre-Work Call III: The Science of Our Care and Peer Mentorship

## Duration:
60 min

## Type of Activity:
This Pre-Work Call can be conducted as a conference call, a webinar, or when possible, in person. It is suggested to conduct this Pre-Work Call the day before the face-to-face TCQ session.

## Materials Needed:
Presentation slides ('PWIII The Science of Our Care and Peer Mentorship'), PWIII The Doctor's Touch Viewing Guide, PW II Tool: Consumer Involvement Goal Statement, List of all TCQ Participants and Supporting Organizations, TCQ Logistical Information, TCQ Pre-Work Guide

## Overview of Activity - 60 minutes:
- 10 min: Participant Welcome and Introduction of Pre-Work Call Topic
- 10 min: Consumer Involvement Goal Statements
- 25 min: Facilitated Discussion of TED Talk "A Doctor's Touch"
- 10 min: Introduction of TCQ Mentorship: Peer Models and Expectations
- 05 min: Q&A Regarding TCQ Logistics

## Purpose and Key Lessons Learned:
- Introduce the concepts of technical and experiential care
- Share personal reflections on the role of medical science and personal experiences in HIV care
- Share personal goals to become more involved in ongoing quality improvement activities
- Allow participants to become familiar with each other and form a community of learners

## Audience for the Pre-Work Call III:
- All TCQ participants who have completed the application process and have been selected to participate
- TCQ faculty members and NQC staff

## Detailed Instructions:
### Participant Welcome and Introduction of Pre-Work Topic – 10 min

1. Welcome participants to the Pre-Work III Call
2. All participants to briefly introduce themselves by name and location; ensure that those participants who missed Pre-Work Call I or II are brought up to speed in terms of participation in the TCQ Program
3. Introduce the concepts of technical and experiential care

*Consumer Involvement Goal Statements – 10 min*

4. Reflect back on the assignment to articulate personal goals for getting further involved in ongoing quality improvement activities

5. Ensure that you have at least 2-3 volunteers share their Consumer Involvement Goal Statements

6. Ask participants to bring the completed Consumer Involvement Goal Statements to the face-to-face TCQ session

*Facilitated Discussion of TED Talk*
*"A Doctor's Touch" – 25 min*

7. Set the stage for the discussion of the TED Talk "A Doctor's Touch" by Dr. Abram Verghese

8. Allow 2 pre-selected volunteer participants to recap the TED Talk and how it relates to patient-provider relationships and HIV care

9. Using the PWIII The Doctor's Touch Viewing Guide, facilitate a discussion on the relationship between provider and patient-experience perspectives

*Introduction of TCQ Mentorship: Peer Models*
*and Expectations – 10 min*

10. Introduce the TCQ Mentorship component in the TCQ Program and explain the mentorship purpose and process

11. Explain that each participant will need to identify a peer or buddy among the TCQ participants during the face-to-face TQC session

12. Answer any questions regarding the TCQ Mentorship

*Q&A Regarding TCQ Logistics – 5 min*

13. Review the TCQ logistics of the upcoming meeting

14. Remind participants of the date, location, and start time of the first TCQ session activity

15. Ask participants if they have any final questions regarding the TCQ Program

16. Express enthusiasm for the upcoming TCQ session and ensure participants have contact information in case of travel emergencies

## Pre-Work III Tool: A Doctor's Touch Viewing Guide

Instructions: Please watch the TED Talk by Dr. Abraham Verghese entitled, "A Doctor's Touch" (available via the TED Talk website and search for "Abraham Verghese"). As you watch the presentation please reflect on the following discussion points and be prepared to discuss them during Pre-Work III Call.

1.  Dr. Verghese states that by excluding the examination of the patient, a physician is short cutting the person, the diagnosis, and the ritual. In essence, the experience of the care. What aspects of our own care do we cut short thereby bypassing the ritual described in the presentation?

    _____
    _____
    _____
    _____
    _____

2.  The innovation of percussion to diagnose patients was transformative to medicine, particularly diagnosis. According to Dr. Verghese's presentation, where did this innovation originated from? How does this inform your viewpoint on sources of innovation for improvement of our care?

    _____
    _____
    _____
    _____
    _____

3.  Dr. Verghese discusses the famous painting, "The Doctor" and poses the challenge that perhaps we have lost something in medicine as a result of technology and yet medical outcomes are far more impressive now than in the time Verghese describes. How do we balance both the ritual of the experience and the demands of science-driven care?

    _____
    _____
    _____
    _____
    _____

4.  Dr. Verghese describes rituals as transformative and the patient-physician relationship as a "course towards wellness." How has your care been transformative? What aspects of that transformation started with physical wellness (e.g., the science)?

    _____
    _____
    _____
    _____
    _____

## Pre-Work III Tool: A Doctor's Touch Viewing Guide (Cont.)

5.  In the presentation, the lack of a comprehensive physical examination is presented as an event which, "bypassed on the opportunity to seal the physician-patient relationship."  What opportunities have we, as patients, missed to "seal" our relationships with our providers?

    _____
    _____
    _____
    _____
    _____
    _____

6.  Dr. Verghese ends his presentation by identifying the ultimate message delivered from physicians to their patients; he states, "I will never abandon you."  As a community which some medical providers have in the past abandoned, how do we heal as a community to be open to the trust and honesty required for the experience to integrate with the science to produce wellness?

    _____
    _____
    _____
    _____
    _____

7.  Dr. Verghese is challenging his peers to be more experiential in their understanding of their patients.  What might be the challenge to patients to improve the quality of the relationships on this course towards wellness?

    _____
    _____
    _____
    _____
    _____
    _____

# Pre-Work III Tool: A Doctor's Touch (Discussion Guide for Facilitator)

## Purpose:

- Prepare participants for the technical demands of the TCQ by issuing a challenge
- Explore how doctors are balancing the equation to give good care and how patients can also add value by enhancing personal skills and knowledge

## Background:

The Doctor's Touch is a TED Talk meant to help identify where each side of the care equation (provider and patient) could grow in terms of understanding the other. In the video, Dr. Verghese speaks of the need for doctors to become more personal in their care. He talks also of innovation in health care and how that innovation sometimes comes from outside the healthcare experience (ex: the two boys playing with sticks forming a stethoscope).

The purpose of showing the video is to issue the "Verghese Challenge" to patients. If doctors are to become more personal in their care then patients are to become more technical. By showing that doctors are challenging each other to grow in their skills the video helps set up the challenge for the Training of Consumers on Quality which is to understand not only how it feels to receive care, but also to know whether the care is good from a technical viewpoint (screenings administered, proper labs ordered, medical visits, etc).

## Facilitator:

- Identify the parallels between doctors seeking to be more experiential and patients seeking to be more technical
- Discuss the changing treatment needs and the importance of patient self-management
- Issue the "Verghese Challenge" to participants – for patients the parallel challenge would be learn more and understand the technical aspects of care
- Highlight the concept of the "ritual" and the importance of both patient and provider participation in the exchange

# TCQ Agenda

# TCQ Agenda

| Day 1 | |
|---|---|
| 30 MINS | M1. WELCOME AND INTRODUCTIONS |
| 30 MINS | M1. CONSUMER INVOLVEMENT BINGO |
| 60 MINS | M2. QUALITY ADVOCACY |
| 90 MINS | M3. QI PRINCIPLES AND TERMINOLOGIES |
| 60 MINS | LUNCH |
| 90 MINS | M4. BUILDING HEALTH NUMERACY SKILLS |
| 30 MINS | BREAK |
| 90 MINS | M5. PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT |
| 30 MINS | M6. DAY 1 AHA MOMENTS AND EVALUATIONS |
| Day 2 | |
| 30 MINS | M7. WELCOME DAY 2 |
| 60 MINS | M8. WORKING IN QI TEAMS |
| 15 MINS | BREAK |
| 120 MINS | M9. BEING A MEMBER OF A QUALITY COMMITTEE |
| 60 MINS | LUNCH |
| 30 MINS | M10. TCQ KNOWLEDGE ASSESSMENT |
| 75 MINS | M11. REFLECTION: GOAL STATEMENTS |
| 45 MINS | M12. WRAP-UP AND EVALUATIONS |

# Module 1: Welcome and Introductions

## Day One:
60 min

## Type of Activity:
Slide Presentation, Game

## Materials Needed:
Presentation slides ('M1 Welcome and Introductions'), M1 Tool Consumer Involvement Bingo Handout, small prizes, TCQ Guides and handouts, participant name cards and tents, contact list of all participants, flipchart, HAB Welcome Video (Dr. Cheever)

## Overview of Activity – 60 min:
- 10 min: Welcome and Opening Remarks
- 10 min: Participant and Facilitator Introductions
- 10 min: Introduction to TCQ Day 1
- 30 min: Game: Consumer Involvement Bingo

## Purpose and Key Lessons Learned:
- Familiarize participants with TCQ Program, including TCQ goals, agenda, and training materials
- Introduce participants to each other's diverse backgrounds and experiences
- Establish a safe learning environment and encourage participants to be open and reflective during the training

- Outline the expectation for participants and highlight the goal of the TCQ Program, which is to increase the number of people living with HIV on local quality management committees, quality improvement teams, and regional quality improvement efforts
- Discuss participants' previous involvement with quality improvement, advocacy, and patient self-management

## Detailed Instructions:
### Preparation in Advance of TCQ Training
1. Before beginning the training session:
   a. Test equipment to ensure that slides are properly shown, and check sound system and NQC remotes
   b. Set up room most appropriate for full participation by all participants
   c. Place TCQ Guides on participants' table
   d. Make sure name cards and name tents are available
   e. Create a Parking Lot flipchart (blank)
   f. Create a flipchart for Ground Rules (suggested rules are: "Start and end modules on time; Cell phones off or silent; When you speak up, always introduce yourself (name and where you are from); Embrace diversity of opinions; Promote peer learning - offer your talents; '45 second rule' - no monologues; Agree on what important words mean - ask for clarifications; Test assumptions - not individuals; Whole group enforces ground rules")

2. Begin the session promptly at the start time out of respect for those ready to begin

### *Welcome and Opening Remarks - 10 min*

3. Welcome participants enthusiastically and ensure that participants feel welcome. Engage the audience by encouraging them to ask questions throughout this training

4. Present the M1 Welcome and Introduction presentation slides and review the goals of the TCQ Program, including the overall objective to increase the number of people living with HIV on local quality management committees, quality improvement teams, and regional quality improvement efforts

5. Familiarize participants with what is expected from them during and after the course of the Program, and with what is anticipated that they will contribute and take from the Program

6. Extend introductory remarks from HRSA HIV/AIDS Bureau and NQC  - including HAB Welcome Video (Dr. Cheever)

### *Participant and Facilitator Introductions – 10 min*

7. Ask each participant to introduce themselves by stating their names, the name of their supporting organization, and announce their personal 'weather report' (using weather analogies to describe his/her today's mood, i.e., 'I am Tom Smith, I am currently a member of the St. Mary Hospital Quality Management Committee. I see blue skies with some clouds since a close family member was recently hospitalized'); give participants some time to think about their 'weather report'

8. Ask facilitators to go first and demonstrate the purpose of the introduction

### *Introduction to TCQ Day 1 - 10 min*

9. Review the major learning objectives of Day 1 using the M1 presentation slides

10. Review the various training materials and ensure that all participants have a full set

11. Answer any questions regarding the Day 1 objectives and agenda

12. Review the 'Ground Rules' for working together; suggest a few on the prepared flipchart and ask the group for both input and agreement to abide by them

13. Explain the 'Parking Lot' and its function as a holding area for issues or topics to be discussed at a later point

14. Handout a master contact list and ask individuals to review their contact information

15. Overview the mentor aspect of the TCQ Program

# Module 2: Quality Advocacy

## Day One:
60 min

## Type of Activity:
Slide Presentation, Discussion

## Materials Needed:
Presentation slides ('M2 Becoming an Advocate for Quality Improvement'), M2 Tool Partners in Quality Improvement Assessment Form, flipchart

## Overview of Activity – 60 min:
- 35 min: History of PLWH Involvement and Methods of Involvement
- 10 min: Large Group Discussion: Consumer Involvement
- 15 min: Large Group Discussion: Partners in HIV Care

## Purpose and Key Lessons Learned:
- Introduce concepts related to methods of civic engagement and involvement
- Introduce and demonstrate a framework for selecting appropriate methods of involvement to improve HIV care
- Learn the importance of evaluating partnerships and relationships as criteria for selecting method of involvement
- Allow individual self-reflection on how participants are currently involved in quality improvement activities

## Detailed Instructions:
### History of PLWH Involvement and Methods of Involvement – 35 min

1. Using the M2 presentation slides, ask one or two participants to share an example of how they have been involved in a community decision-making process
2. Ask participants for examples of how the PLWH community has been involved in the response to HIV or activities to improve HIV care
3. Introduce the concept of civic engagement in the context of the Ryan White HIV/AIDS Program; review the concepts of Agitation, Activism, and Advocacy; highlight an example from each category and deconstruct the involvement method and the reason for its use in each particular situation
4. Ask participants if they have any questions related to the methods of civic involvement

### Large Group Discussion: Consumer Involvement – 10 min

5. Ask participants to reflect on the following questions for discussion; elicit two or three responses per question, time permitting
   a. How does this framework of involvement help to better achieve community goals?
   b. Does our HIV community use all the methods appropriately and effectively?

     c.  How might this framework change our activities in relationship to improving HIV care through partnerships with providers?

***Large Group Discussion: Partners in HIV Care – 15 min***

6.  Summarize the highlights of this activity and focus on the importance of communication, access, and partnerships

7.  Close the module by asking participants the following questions, processing one to two comments per question:

     a.  Does engagement and involvement in your care produce a transformation in us?

     b.  What can we learn about ourselves by participating in group decision-making processes?

     c.  What can we learn about others by participating in group decision-making processes?

8.  Handout M2 Tool Partners in Quality Improvement Assessment Form and explain to participants that this is a tool they can use to help plan for engagement of key stakeholders in quality improvement activities

9.  Ask participants to complete the M2 Tool Partners in Quality Improvement Assessment Form as homework and instruct participants to bring the completed tool with them for the second day

## Module 2 Tool: Partners in Quality Improvement Assessment Form

Instructions: Think about your own individual situation to become engaged in or strengthen quality improvement activities at your sponsoring organization, and assess the current status-quo. Use this Tool as a guide to help get you started thinking about how to assess and improve partnerships.

Partners

1.  Which key stakeholders at your sponsoring organization play the greatest role in your involvement with clinic-wide quality improvement activities? *(For example: physician, nurse, administrator, receptionist, other consumers)*

    - _____
    - _____
    - _____
    - _____
    - _____

2.  Describe the current partnerships with each of the above stakeholder groups. *(For example: physician – I have a good working relationship with my physician in the clinic, we respect each other and can work towards a common goal)*

    - _____
    - _____
    - _____
    - _____
    - _____

3.  What is one concrete action you can do to engage these partners in improving the level of consumer involvement at your sponsoring organization? *(For example: I want to propose to the medical director to conduct a focus group with others consumers to brainstorm about ideas to retain more patients in care and present the findings at the next quality management committee meeting)*

    - _____
    - _____
    - _____
    - _____
    - _____

## Module 2 Tool: Partners in Quality Improvement Assessment Form (Cont,)

Capacity

1.  What do you need to learn in order to become an effective partner in quality improvement activities?  *(For example: I need to know more about quality improvement models used in clinical quality management programs)*

- _____
- _____
- _____
- _____
- _____

2.  What is the best way for you to build your own capacity for quality improvement? Think about individuals or resources that could help you achieve the goal of improving consumer involvement in quality improvement activities? *(For example: I learn best when I can talk with other people about ideas -  I have a good relationship with my medical case manager and he has helped me in the past to navigate the clinical systems; I learn best when I can read through materials first and then ask questions; I can look at the online resources and then try to connect with my doctor about it because she has always tried to get me more involved)*

- _____
- _____
- _____
- _____
- _____

# Module 3: Quality Improvement Principles and Terminologies

## Day One:
90 min

## Type of Activity:
Slide Presentation, Group Discussion, Small Group Activity

## Materials Needed:
Presentation slides ('M3 QI Principles and Terminologies'), QI Dictionaries, M3 Tool Quality Improvement Principles Scenario Handout, flipchart

## Overview of Activity – 90 min:
- 30 min: Defining Quality
- 30 min: Quality Improvement Principles and Applicability in HIV Care
- 25 min: Group Exercise: Advocacy to Improve HIV Care Scenarios
- 05 min: Handout QI Dictionaries

## Purpose and Key Lessons Learned:
- Personalize the concept of quality improvement and recognize the different definitions of 'quality,' including the provider quality lens
- Allow networking among participants and provide an opportunity to share personal stories
- Link advocacy for better HIV care to provider-driven quality improvement activities

- Introduce participants to quality improvement principles and understand the underlying concepts
- Familiarize participants with basic quality improvement terminologies

## Detailed Instructions:
### Defining Quality – 30 min

1. Using the M3 presentation slides, ask participants to divide into groups of three
2. Ask participants to reflect on the phrase, "quality of care," by considering the following questions:
   a. What comes to mind when you think quality of care?
   b. Do you think about quality of care when making health and health care decisions?
   c. How do you think your quality of care could be improved?
3. Ask participants to share with each other their reflections on "quality of care"
4. After 15 minutes ask participants to return to their individual seats
5. Process the activity by asking for a couple volunteers to share their reflections
6. Using the M3 QI Principles and Terminologies, present the Institute of Medicine's definition of "Quality of Care"
7. Ask for a few volunteers to share their reactions to this definition

*Quality Improvement Principles and Applicability in*
*HIV Care – 30 min*

8. Introduce the key quality improvement principles and
   use examples or stories to exemplify each principle

9. After each principle, solicit an example from the audi-
   ence about how each principle is relevant and applicable
   to HIV care

*Group Exercise: Advocacy to Improve HIV*
*Care Scenarios – 25 min*

10. Share the M3 Tool Quality Improvement Principles
    Scenario Handout with each participant

11. Establish table groups of 5-7 participants and ask each
    table to identify a facilitator and a note taker

12. Assign each table two scenarios to work on

13. Introduce the exercise and ask each group to identify
    which quality improvement principle is most needed in
    each assigned scenario

14. After 10-15 min, facilitate a report back

15. Suggested Answers for the scenarios:
    a. Scenario One: Measured data
    b. Scenario Two: Process, not people
    c. Scenario Three: Don't reinvent the wheel
    d. Scenario Four: Small incremental changes

16. If participants suggest other principles and make a rea-
    soned argument for an appropriate use of the principle
    in the presented scenario, affirm the response, and ask if
    anyone else came up with a different answer

*Quality Improvement Dictionaries – 05 min*

17. Handout the QI Dictionaries so that each participant
    has one copy and explain that this a basic QI Dictionary
    they can use when in meetings pertaining to QI activi-
    ties

# Module 3 Tool: Quality Improvement Principles Scenario Handout

Scenario One:

You think that young gay black kids in your community are not getting the kind of care they need to thrive. You told your provider and she asked you why you thought this? You tell her that you just know that a lot of the kids you know aren't making it and you have a hunch that it might be because they are all young black gay kids. She says, well I thank you for your opinion and I can let my colleagues know to watch out for them. You feel like you could have made a better argument, but how?

QI Principle:

_____

Scenario Two:

Every time you go to the clinic, it feels like you have to wait forever. And every time you are there, you notice that the receptionist doesn't seem to be doing anything you think is important. As you wait, you get more and more frustrated and watching the receptionist just adds fuel to the fire.

QI Principle:

_____

Scenario Three:

You just joined your clinic's quality management team and you have a lot of ideas that you think could improve your clinic's care. In fact, you think that it has been a long time coming for someone to ask you how to do this so you are really gung-ho to finally make some change. The clinic director asks that before the meeting you review the past minutes so you can get a sense of how the team operates, what has been tried, what has not worked, and what did improve care. Well, you feel your ideas merit a new look at old issues and think they should let you try it your way first.

QI Principle:

_____

Scenario Four:

You have long been an advocate for increased federal response to the AIDS epidemic and have a long history of making change to improve the health of you and your community. You have just joined the quality management team at your clinic and are excited about the opportunity to address the immediate crisis facing people dying of AIDS. This is your clinic's first quality improvement effort and a lot of the people at the table seem to be thinking too small, big changes are needed to make this work. You continually advocate for immediate clinic-wide changes to ensure no one dies from AIDS 'under your watch.' Your ideas keep getting shot down and you don't understand why.

QI Principle:

_____

# Module 3 Tool: TCQ Quality Improvement Dictionary

| | |
|---|---|
| Algorithm | Description of an ordered sequence of steps. Algorithms can be used to display a decision tree for certain care conditions. |
| Baseline Data | Data collected at the beginning of an improvement project. They are compared with future data collected on the same system to measure any changes in the data, especially improvements. |
| 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 an industry 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. For a 95% Confidence Interval, if many samples are collected and the Confidence interval computed, in the long run about 95% of these intervals would contain the true performance score. |
| 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). |
| Denominator | That number in a fraction that is below the line that is used to divide the number above the line (the numerator). |
| 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 based on authoritative sources, including clinical literature and expert consensus. |
| Histogram | 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. |

## Module 3 Tool: TCQ Quality Improvement Dictionary (Cont.)

| | |
|---|---|
| Indicator | A measurement tool or operational definition of one specific quality characteristic that can be measured (e.g., retention, viral load suppression) conforming to guidelines or standards of care. They are often categorized as either outcome or process indicator. It can also be called a measure. |
| 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 given set of numbers. |
| Model for Improvement | An approach to process improvement, developed by Associates in Process Improvement, which helps teams accelerate the adoption of proven and effective changes. |
| Numerator | The number in a fraction that is above the line and that is divided by the number below the line (the denominator). |
| Outcome | The results achieved through the performance of a process or function. |
| Pareto Chart | A Pareto Chart or Diagram is a simple bar chart, which ranks related categories (e.g., barriers to retention) in decreasing order of occurrence. It can be used to analyze causes, study results, or plan for improvements. |
| 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; it is a component of the Model for Improvement |
| 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) and Total Quality Management (TQM). |

## Module 3 Tool: TCQ Quality Improvement Dictionary (Cont.)

| | |
|---|---|
| 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. |

# Module 4: Building Health Numeracy Skills

## Day One:
90 min

## Type of Activity:
Slide Presentation, Skills Practice, Game, Group Discussion

## Materials Needed:
Presentation slides ('M4 Building Health Numeracy Skills'), several bags filled with Starbursts or Jolly Ranchers, calculators, M3 Tool Percent Formula and M3 Tool Rate Formula, M4 Tool Bag of Data Handout, M4 Tools Small Group Handout I & II, flipchart

## Overview of Activity – 90 min:
- 30 min: Introduction to Data as an Assessment Tool
- 30 min: Game: Bag of Data
- 30 min: Introduction to the Concept of Percent and Ratio

## Purpose and Key Lessons Learned:
- Introduce definition and concept of 'data'
- Familiarize participants with the scientific method as a tool for producing data
- Understand the objectivity of quantitative data and the subjectivity of qualitative data
- Familiarize participants with the concepts of rate and percent and apply the concepts to quality improvement data reports

## Detailed Instructions:

### *Introduction to Data as an Assessment Tool - 30 min*

1. Welcome participants back and ask for reflections regarding the morning sessions before beginning the module

2. Using the M4 Building Health Numeracy Skills presentation slides, introduce the concept of 'data' and the scientific method as a process for guiding data collection, production, interpretation, and evaluation

3. Introduce the concepts of quantitative and qualitative data, and link each to objectivity and subjectivity of data

### *Game: Bag of Data – 30 min*

4. In advance of this game, identify the number of participating tables and prepare a bag for each table; half the tables should have bags with Starburst and the other half of the tables should have Jolly Ranchers.

5. Handout the following items to each table: one Bag and copies of the M4 Bag of Data Handout

6. Introduce the Bag of Data Game and its purpose to illustrate the differences between quantitative and qualitative data

7. Proceed by asking the following questions:
   a. What can you say about your bag of data quantitatively? What about qualitatively?
   b. How did your small group decide what data were important?
   c. Is one kind of data more subjective?

    d.  Why might a clinic just starting out in quality management want to use quantitative data?

8.  Debrief this exercise either at small tables or with the larger group, time permitting

9.  Ensure that participants clearly understand these concepts

### *Introduction to Concept of Percent and Ratio – 30 min*

10.  Introduce participants to the basic computational skills for producing and interpreting data reports; rate, percent, average

11.  Explain how rate and percent are used when reporting performance of HIV care and when identifying areas for improvement in quality improvement projects

12.  Introduce participants to the formulas for calculating rates and percentages

13.  Demonstrate two examples: once for calculating a rate and once for calculating a percent by utilizing HIV-specific quality improvement examples

14.  Assign participants homework of completing M4 Homework Handouts I and II

## Module 4 Tool: Percent Formula

### Percent Formula

Step 1

Numerator     ÷     Denominator     =     Number

Step 2

Number     ×     100     =     X

Answer

X     =     Percentage

## Module 4 Tool: Rate Formula

### Rate Formula

Step 1

Numerator     ÷     Denominator     =     Number

Step 2

Number     ×     100,000     =     X

Answer

X     =     Rate Per 100,000

## Module 4 Tool: Homework Handout I

Instructions: Calculate the percentage for each of the following performance measures.  Input your answers in the appropriate box.

| PERFORMANCE MEASURE (#)* | | TOTAL | |
| --- | --- | --- | --- |
| | NUM. | DENOM. | % |
| Medical Visits (#1) | 5670 | 8769 | 65% |
| Viral Load Monitoring (#2) | 4900 | 7653 | |
| Viral Load Suppression (#3) | 3256 | 6634 | |
| PCP Prophylaxis (#4) | 1300 | 1430 | |
| Syphilis Screening (#5) | 7865 | 8974 | |
| Oral Exam (#6) | 4300 | 8924 | |

\* Performance Measure Definitions:

1. Medical Visits - Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year

2. Viral Load Monitoring - Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load test performed at  least every six months during the measurement year

3. Viral Load Suppression - Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with viral load below 200 at last test during the measurement year

4. PCP Prophylaxis - Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm3  who were prescribed PCP prophylaxis

5. Syphilis Screening - Percentage of adult clients with HIV infection who had a test for syphilis performed within the measurement year

6. Oral Health - Percentage of clients with HIV infection who received an oral exam by a dentist at least once during the measurement year

## Module 4 Tool: Homework Handout II

Instructions: Calculate the AIDS prevalence rate for each of the following 12 cities. Input your answers and then re-rank the cities according to AIDS prevalence rates
(1 - highest prevalence rate, 12 - lowest prevalence rate).

| TOPIC | AIDS ESTIMATE* | POPULATION ESTIMATE** | RATE | RANK |
|---|---|---|---|---|
| 1. NYC, NY | 66,426 | 18,901,167 | 351 | |
| 2. Los Angeles, CA | 24,727 | 12,692,603 | | |
| 3. Washington, DC | 15,696 | 5,313,033 | | |
| 4. Chicago, IL | 14,175 | 9,451,936 | | |
| 5. Atlanta, GA | 13,105 | 5,267,527 | | |
| 6. Miami, FL | 12,732 | 5,465,183 | | |
| 7. Philadelphia, PA | 12,469 | 5,912,678 | | |
| 8. Houston, TX | 11,277 | 5,597,674 | | |
| 9. San Francisco, CA | 11,026 | 4,202,186 | | |
| 10. Baltimore, MD | 10,301 | 2,669,702 | | |
| 11. Dallas, TX | 7,993 | 6,156,652 | | |
| 12. San Juan, PR | 7,858 | 2,559,753 | | |

Data Sources:
* Data from the 12 Cities Project Fact Sheet available online
** Data taken from the 2007 US Census; they do not reflect population estimates used for the National HIV/AIDS Strategy

# Module 5: Performance Measurement and Quality Improvement

## Day One:
90 min

## Type of Activity:
Slide Presentation, Game, Group Discussion

## Materials Needed:
Presentation slides ('M5 Performance Measurement and Quality Improvement'), Presentation Slides ('QI Jeopardy'), M5 Tool Care Continuum Handout, M5 Tool Indicator Matrix, blank pages, TCQ Checklists, QI Dictionaries, flip-chart, NQC Resource Guideline Based Quality Indicators for HIV Care (or HRSA/HAB Measure Printouts)

## Overview of Activity – 90 min:
- 25 min: Introductions to Quality Indicators
- 25 min: Understanding Quality Improvement Data Reports
- 15 min: The Care Continuum
- 25 min: Quality Improvement Jeopardy

## Purpose and Key Lessons Learned:
- Familiarize participants with how indicators are developed and defined in HIV care
- Understand the basic concept of indicator definitions and underlying HIV terminologies
- Understand how to 'read' quality management data reports
- Reinforce quality terminology and concepts

## Detailed Instructions:

### *Introduction to Quality Indicators – 25 min*
1. Using the M5 presentation slides, introduce the concepts of indicators and performance measurement as it relates to the delivery of HIV care services
2. Review key terms related to indicators and performance measurement including:
   a. Indicator/Performance Measure
   b. Numerator/Denominator
   c. Exclusion Criteria
   d. Eligible Patient Population
   e. Benchmark
   f. Sampling
3. Familiarize participants with the HRSA HIV Measures and provide several examples
4. Give each participant a copy of the NQC Resource Guideline-based Quality Indicators for HIV Care or HRSA/HAB Measure Printouts
5. Encourage participants to ask questions if content is not familiar to them

*Understanding Quality Improvement*

*Data Reports – 10 min*

6. Introduce the participants to the concept of a quality improvement data reporting and show a brief video about the importance of data presentation

7. Using the M5 presentation slides, review the data charts with the large group by asking the following questions:

    a. What is this data report telling us?

    b. What questions do you have about the data?

    c. How might you suggest the clinic use these data?

8. Using the M5 presentation slides, review the list of indicators asking if the participants have any questions about how the indicator definitions are presented

9. Ask participants if they have questions

*The Care Continuum – 15 min*

10. Introduce participants to the Care Continuum and give each participant a copy of the M5 Tool Care Continuum Handout

11. Using the M5 Tool Care Continuum Handout walk the participants through each of the data visualizations and ask the following questions:

    a. What are the data telling us?

    b. What questions would you ask if presented with these data?

12. Ask participants how viewing data in this format might be helpful for systems improvement

*Quality Improvement Jeopardy – 25 min*

13. Introduce the following fun-filled game - Quality Improvement Jeopardy; try to act as a 'game show host' throughout this activity, maintain a fun learning environment

    a. Contestants need to pick a category and $ amount to select their question; questions can become increasingly harder with higher $ amounts

    b. The game show host reads out the question and ask those who know the answer to raise their hand

    c. Contestants need to answer in form of a question

    d. Contestants who have a correct answer get a small prize

    e. To increase the number of participants, call on as many participants as possible

14. Ask for a volunteer to pick the first category and $ amount

15. The participant who is able to answer the question correctly selects the next category and dollar amount

16. Aim to complete all questions across all categories within the allocated time

## Module 5 Tool: TCQ Checklist — Data Reporting

**Do you understand the indicator definition(s) for those indicators used in the data chart so that you can better interpret the results?**

☐ Ask for a definition of the indicator, ideally in writing
☐ Ask someone to sit down with you to explain the indicator definition(s)

**What are the key findings of the data charts? Do you understand them? Can you interpret what the data tell you?**

☐ Ask those who are presenting the data or handing out the data charts about the key data findings, if any
☐ Ask those who are presenting the data or handing out the data charts what actions they are proposing to respond to the data findings
☐ Ask someone to sit down with you to explain the data charts

**Does the data chart clearly state the number of records being used for each indicator score, particularly when percentages are used?**

☐ Ask for the sample size for those indicators
☐ Ask for the actual numbers for the denominator and numerator

**Does the data chart clearly state the timeframes for each indicator so that you understand whether the review captures data from the last month versus the last year?**
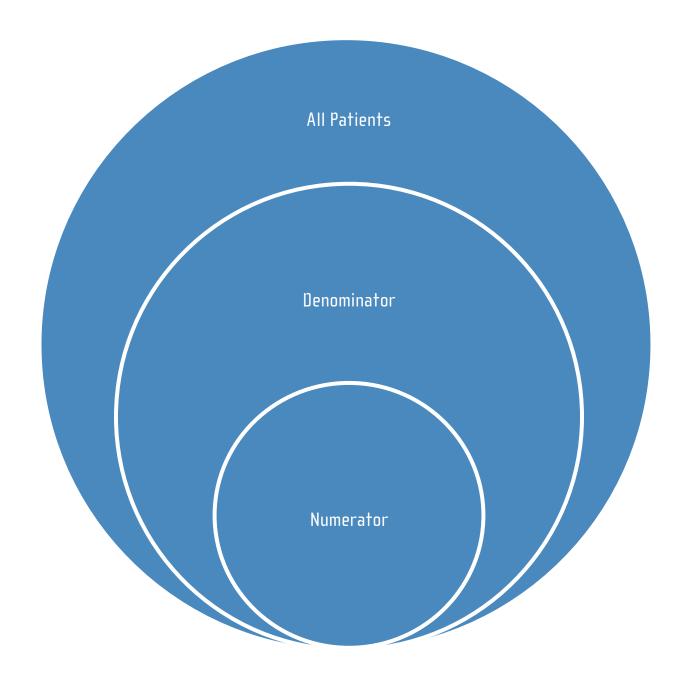
☐ Ask for the timeframes for each indicator

## Module 5 Tool: Quality Report Handout

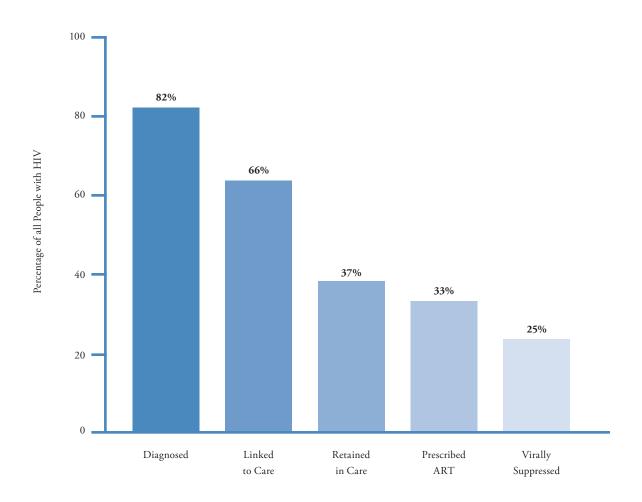| PERFORMANCE MEASURE (#)* | | TOTAL | |
|---|---|---|---|
| | NUM. | DENOM. | % |
| Medical Visits (#1) | 7542 | 8769 | 86% |
| Viral Load Monitoring (#2) | 6122 | 7653 | 80% |
| Viral Load Suppression (#3) | 3789 | 6634 | 57% |
| PCP Prophylaxis (#4) | 1303 | 1430 | 91% |
| Syphilis Screening (#5) | 6695 | 8974 | 75% |
| Oral Exam (#6) | 2147 | 8924 | 24% |

Performance Measure Definitions:

1. Medical Visits - Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year

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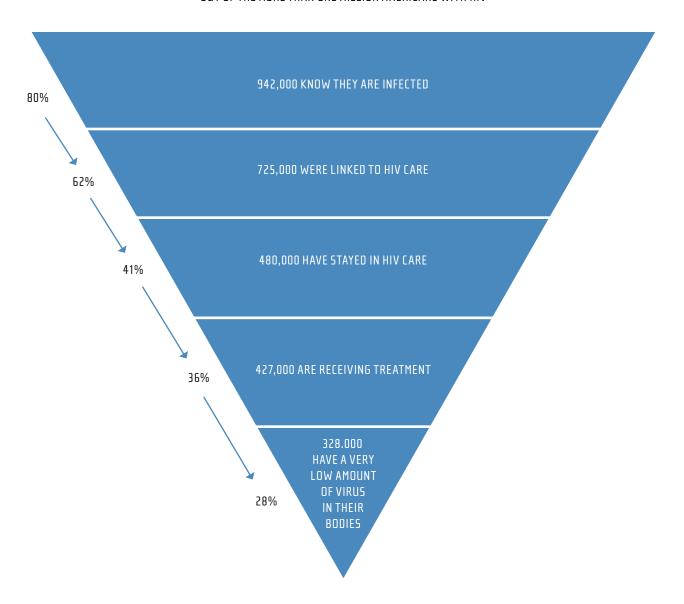
## Module 5 Tool: Tool Indicator Matrix

All Patients

Denominator

Numerator

## Module 5 Tool:  Care Continuum Handout

OF THE 1.1 MILLION AMERICANS LIVING WITH HIV, ONLY 25 PERCENT ARE VIRALLY SUPPRESSED

## Module 5 Tool:  Care Continuum Handout (Cont.)

OUT OF THE MORE THAN ONE MILLION AMERICANS WITH HIV

942,000 KNOW THEY ARE INFECTED

80%

725,000 WERE LINKED TO HIV CARE

62%

480,000 HAVE STAYED IN HIV CARE

41%

427,000 ARE RECEIVING TREATMENT

36%

328.000
HAVE A VERY
LOW AMOUNT
OF VIRUS
IN THEIR
BODIES

28%

Data Source:

*Centers for Disease Control and Prevention.*

*Viral Signs: HIV prevention through care and treatment --- United States. MMWR  2011;60(47):1621.*

# Module 6: Aha Moments and Evaluations

## Day One:
30 min

## Type of Activity:
Slide Presentation, Evaluation

## Materials Needed:
Evaluation slides ('M6 Day 1 Evaluation Slides'), M6 Tool TCQ Day One Evaluation Questions, flipchart

## Overview of Activity – 30 min:
- 10 min: Sharing of Aha! Moments
- 15 min: Day 1 Evaluations
- 05 min: Identification of Day 2 Presenters

## Purpose and Key Lessons Learned:
- Reflect on key topics and concepts that left an impression on the minds of participants
- Receive positive and constructive feedback and identify mid-course corrections, if any
- Identify any corrections or additional information needed for following day

## Detailed Instructions:
### *Sharing Aha! Moments - 10 min*

1.  Transition to this segment by saying, "Let's spend a few minutes discussing some of your personal highlights or Aha Moments from today's session. I'll give you two minutes to think about today and we'll begin with a volunteer. We'll hear from as many of you as we can in the next ten minutes."

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

3.  Transition to the evaluative section by saying, "Let's get some feedback from you on today's session so that we can assess the training so far"

### *Day 1 Evaluations – 15 min*

4.  Give each participant a copy of the M6 Tool TCQ Day One Evaluation Questions

5.  Present Day 1 evaluation slides ('M6 Day 1 Aha Moments and Evaluations') and collect feedback using the M6 Tool

6.  Divide a flipchart into two columns labeled 'Went Well' and 'Do Differently'

7.  Ask the group to respond to the two questions:
    a.  'What is one thing you thought went well today?'
    b.  'What is one think you would suggest we do differently?'

### *Identification of Day 2 Presenters – 05 min*

8.  Identify two volunteers for the Mini-Presentations on Day 2; ask these individuals to meet you after today's session and explain their assignment – "think about your experience in consumer involvement in quality management and give a five minute presentation to the group tomorrow on something successful about this experience."

9.  Remind participants of the starting time for Day 2

10. Meet briefly with the two volunteers and clarify any of their questions

# Module 6 Tool:  TCQ Day One Evaluation Questions

The way the course was delivered today was an effective way for me to learn.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

I had sufficient opportunity to participate today.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

The facilities, equipment, etc. were favorable to learning.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

The agenda and content for today was logically organized.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

Overall, I was satisfied with the session facilitator(s).
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

Materials were useful during the day.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

I will refer to or use the materials going forward.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

My knowledge and/or skills increased as a result of today.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

# Module 7: Welcome Day 2

## Day Two:

30 min

## Type of Activity:

Slide Presentation, Mini-Presentations, Group Discussion

## Materials Needed:

Presentation slides ('M7 Day 2 Welcome and Introductions'), flipchart

## Overview of Activity – 60 min:

- 05 min: Review Training Objectives for Day 2
- 15 min: Parking Lot Discussion and Homework Assignments
- 10 min: Mini-Presentations by Participants of Successful QI Involvement

## Purpose and Key Lessons Learned:

- Review goals and objectives for Day 2 and how they fit into the overall context of the training
- Respond to any 'Parking Lot' issues identified by participants
- Review homework assignments from Day One modules
- Hear two mini-presentations by participants who successfully participate in existing quality management committees

## Detailed Instructions:

### Review Training Objectives for Day 2 – 05 min

1. Welcome the group to the second day and set a welcoming tone
2. Prompt the audience with the following question, "Any quick questions from yesterday before we jump into the agenda for today?"
3. Review the Day 2 agenda and the training objectives for this day

### Parking Lot Discussion and Homework Assignments– 15 min

4. Review the 'Parking Lot' items and provide concrete answers; engage the group in this discussion
5. Ask participants if they had any questions from the two homework assignments (M4 Tools Homework Handouts I & II and M2 Tool Partners in Quality Improvement Assessment Form)
6. Review the correct answers with participants by asking for volunteers to share with the group their answers from the M4 Tools
7. Ask participants for one or two volunteers to share their M2 Tool Partners in Quality Improvement Assessment Form

*Mini-Presentations by Participants*
*of Successful QI Involvement – 10 min*

8.  Indicate that you will act as facilitator or assign a volunteer facilitator

9.  Ask individuals who volunteered on Day 1 to present in this module to self-identify and to come to the front of the room

10. Ask for a volunteer to go first

11. Ask one person from the group to serve as timekeeper; ask that person to give the presenter a warning at the one minute mark; working with the timekeeper, keep presentations on time with gentle reminders to the presenter

12. After each presentation, have the group show appreciation with a round of applause and invite one or two brief comments on lesson or tips that could be learned from the story

13. Thank all presenters for the courage to present their stories

# Module 8: Working in Quality Improvement Teams

## Day Two:

60 min

## Type of Activity:

Slide Presentation, Game, Group Discussion

## Materials Needed:

Presentation slides ('M8 Working in QI Teams'), M8 Tool Tennis Ball Game Time Log Handout, 4-6 tennis balls, stopwatches, small prizes, copies of TCQ Checklist, copies of M8 Decision-Making Model Activity Handout, M8 Tool Decision Making Models Handout, Jar of Materials (recommend a jar full of varied wrapped candies which can then be the prize or distributed among all participants), flipchart

## Overview of Activity – 60 min:

- 15 min: Tennis Ball Game
- 10 min: Introduction to the PDSA Model
- 10 min: Introduction to Quality Improvement Teams
- 15 min: Decision-Making Model Activity
- 10 min: Decision Making Models

## Purpose and Key Lessons Learned:

- Understand the concept of short cycles of change when initiating improvement activities
- Identify relevant quality improvement team roles and functions to improve specific aspects of HIV care
- Learn and demonstrate process for consensus decision-making

## Detailed Instructions:

### Tennis Ball Game - 15 min

1. In advance of the game, identify the total number of teams based on the total number of participants; each team should have 6-8 players and at least 3 teams
2. Form teams of 6-8 people by counting thru; ask people to remember their assigned number
3. Select one team to assist you in demonstrating the activity
4. Provide the initial instructions for the game and set a competitive tone:
   a. every team gets one tennis ball
   b. identify one official time keeper for each team; this individual needs a stopwatch to record the cycle time using the M8 Tool Tennis Ball Game Time Log
   c. all members of the team participants should form a circle, except for the team's time keeper
   d. establish a sequence of moving the ball from person to person that includes all members of the team in the circle (except the time keeper)
   e. the timekeeper should begin time when the ball is first thrown and end time when it returns back to the first person and record that time in the Cycle One Box in the M8 Tennis Ball Game Time Log
5. Demonstrate the first cycle technique with the team you asked to assist you by tossing the ball to someone in the circle and encouraging them to toss the ball to someone across from them who has not yet touched the ball, until everyone has touched the ball, and it has returned to the

first person – this is known as a cycle

6. Ask each team to conduct their initial cycle following the above guidance and instruct the time keepers to record the time

7. Publicly record the time for each team

8. Establish the following rules for the game:

    a. maintain the same sequence throughout the game

    b. no one drops the ball

    c. the ball starts and ends with the same person

    d. the team with the shortest cycle time wins

9. Encourage teams to reduce their cycle time following the above rules; every few minutes ask the time keeper for the best team time so far and record on the flipchart

10. Allow for at least 5-6 cycle times

11. Acknowledge the winning team and handout small prizes, if available

12. Wrap up the time and debrief the experience of this game by asking:

    a. What contributed to the improved cycle times?

    b. Was every change you tried an improvement? Why not?

    c. How important was the 'trial and error' approach to reduce the cycle time?

    d. How important was the measurement of cycle times to know whether new ideas yielded an improvement?

    e. How important were the contributions of team members?

### *Introduction to the PDSA Model – 10min*

13. Using the M8 presentation slides,  introduce the Model for Improvement and explain the PDSA Model

14. Provide real-world examples in HIV care and reference the Tennis Ball Game and its learnings when presenting the PDSA Model

15. Ensure that participants understand the underlying concepts that short cycles of change are critical when initiating improvement activities

### *Introduction to Quality Improvement Teams – 10 min*

16. Using the M8 presentation slides, introduce how QI Teams are used to improve specific aspects of HIV care; present the various roles on the QI Team

17. Reference the TCQ Checklist with key questions for consumers on QI Teams to ask

18. Brainstorm on the qualities of effective consumers on a QI Team

19. Provide hands-on scenarios of how consumers play an active role on the QI Team and how they can contribute to the success of the Team

### *Decision-Making Model Activity – 15 min*

20. In advance of this module, prepare jar of materials and know the correct amount of objects in the jar for use during the activity

21. Distribute the M8 Tool Decision-Making Model Activity Handout and explain the activity using the M8 presentation slides

22. Allow participants to complete step one in the activity and after two minutes call time and ask participants to partner with another person and complete step two; repeat until groups of eight have been formed

23. Process the activity by asking the following questions:

    a. In Round One when you made your initial estimate, what data did you collect and how did you analyze that data?

    b. During Round Two when you were partnered, what process did you use to make a decision on the new estimate?

    c. During Round Three and Four, how did your process change?

    d. As you moved from rounds one to four, did you find yourself more or less attached to your estimate? What about your process? Did you feel more ownership at the beginning or the end?

    e. What were the factors contributing to the development of your process towards your final round four estimate?

24. Close out the activity by discussing the difference in decision-making models and how this relates to decisions and decision-making bodies tasked with improving the quality of HIV care services; be sure to highlight the following key points:

   a. Groups regardless of size or make-up can decide to use any type of decision- making process

   b. Often groups use hybrid models which use various processes to reach the decision

   c. Any process towards a decision can be stalled or manipulated by negative intentions; to be successful teams must collaborate

   d. Being part of the process does not and should not guarantee your desired outcome; decisions by groups or teams should reflect the process and the team as a whole

### *Decision-Making Models – 10 min*

25. Tell participants that they will now have an opportunity to explore and demonstrate two common decision-making models found in quality management teams and programs

26. Give each participant a copy of the M8 Tool Decision-Making Models Handout

27. Review with participants both consensus and parliamentary style decision-making; be sure to highlight that small teams trend towards consensus models and larger planning bodies use parliamentary procedures

28. Explain to participants that often a hybrid of these models are used in order to reach decisions related to quality improvement activities

29. Review the pros and cons of each model

30. Facilitate a discussion on the merits of each model and how participants can use this knowledge to improve HIV care at their sponsoring organizations

## Module 8 Tool: Tennis Ball Game Time Log Handout

Instructions:  Timekeepers should use this log to record times for each of the cycles in the Tennis Ball Game Activity.  After each cycle record the time (whether improved or not!) in the appropriate box.

During your change discussions – log what changes you will make to improve your time!

| CYCLE | TIME |
|---|---|
| One* | |
| Two | |
| What change(s) will you make? | |
| Three | |
| Four | |
| What change(s) will you make? | |
| Five | |
| Six | |
| What change(s) will you make? | |
| Seven | |

* Cycle One can also be called your "baseline"

## Module 8 Tool: Decision-Making Models Handout

### CONSENSUS DECISION-MAKING

Key Points:

- Process towards decision is collaborative
- Environments of trust, team-attitudes, and relationships can best adapt this style
- Actively seeks the opinions of all persons in the decision-making process
- Engaging process that relies on series of votes in order to establish a majority and/or stand-aside minority votes
- Process can be easily undermined by malevolent use of block votes

### PARLIAMENTARY DECISION-MAKING

Key Points:

- Process towards decision is structured, documented, and consistent
- Utilizes a common set of procedural rules
- Debate-style framework which has mechanisms to ensure the minority viewpoints are heard
- Silence equals consent
- Can be adapted and simplified for less-complex procedural rules
- Members with greater capacity in procedural rules can manipulate the process

### THINGS TO CONSIDER WHEN SELECTING GROUP PROCESS FOR DECISION-MAKING

- How has this group traditionally made decisions? (Be aware that if you ask a current member you may need to ask them directly if they use consensus, parliamentary, or hybrid models so they understand your question)
- If the group uses a hybrid of the models, how do members move between the models? (i.e. how will you know when different models are being employed)
- What are the depth and characteristics of the relationships between the members? (Are the members closely aligned with similar values and a history of collaborating – if so they may trend consensus to avoid over-processing that prohibits huddle style quality engagements)
- What are the rules of each process?  How broadly or specifically will those rules be interpreted?

## Module 8 Tool: Decision-Making Activity Handout

Fill in the diagram on the next page with each person's and group's estimate.
Each time, take notes on how the decision was made at each stage of the activity.

1. Estimate the number of items in the jar and put that number in Box 1.

   **Take a few notes on how you came to your estimate.**

2. Find a partner in the room and make a pair.   Record your partner's estimate in your Box 2.  After recording your partner's estimate, make a decision, together, on a single estimate you can both agree on and record in Box A.

   **Take a few notes on how you came to your estimate.**

3. Then with your partner, find another pair.  Compare sheets and record your two new partner's estimates in your Boxes 3 and 4.  Then record their "A" estimate in your Box B.  Finally all four of you decide on an estimate together and put that guess in Box 4A.

   **Take a few notes on how you came to your estimate.**

4. Then as a foursome find another foursome.  Record the new foursome's individual answers in your Boxes 5, 6, 7, and 8.  Record their Box A and Box B in your Boxes C and D and finally their Box 4A estimate in your Box 4B.

5. Finally as a group of 8, decide on an estimate that the group of eight can agree on and input your Final Guess!

   **Take a few notes on how you came to your estimate.**

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. |

Step One Decision Notes:

_____

_____

| A | B | C | D |

Step Two Decision Notes:

_____

_____

| 4A | 4B |

Step Three Decision Notes:

_____

_____

FINAL

Final Decision Notes:

_____

_____

# Module 9: Being a Member of the Quality Committee

## Day Two:

120 min

## Type of Activity:

Slide Presentation, Group Activity, Group Discussion, Game

## Materials Needed:

Presentation slides ('M9 Being a Member of a Quality Committee'), ingredients for a peanut butter and jelly sandwich (bread, peanut butter, jelly, knife, paper towels), a pad of paper and pens for each team, TCQ Checklists, M9 Tool HIVQUAL Organizational Assessment Tool-Consumer Involvement Handout, M9 Tool Quality Management Committee Scenarios Handout, flipchart, 3 "Lifeline Cards" per table, Whiteboards, small prizes

## Overview of Activity – 120 min:

- 20 min: Game: Peanut Butter and Jelly
- 30 min: Functions of a Quality Management Committee
- 30 min: Group Exercise: Putting It All Together
- 20 min: Debrief
- 30 min: Game: Who Wants to be a Millionaire?

## Purpose and Key Lessons Learned:

- Introduce the concepts of a sound quality management infrastructure
- Outline the functions of a quality management committee
- Familiarize participants with key tools: written quality management (QM) plan and organizational assessment tools
- Familiarize participants with key HIV terminologies and concepts

## Detailed Instructions:

### *Game: Peanut Butter and Jelly - 20 min*

1. Divide participants into small groups (groups of 4-5 team members)
2. Tell each group to prepare, write down, and submit the process for making a peanut butter and jelly sandwich
3. After 5-7 min, reconvene as a large group
4. As the facilitator, demonstrate each set of instructions for making the sandwich; follow these instructions exactly as written – for example, if the instructions don't tell you to take the peanut butter out of the jar, don't take it out of the jar
5. Ask the group: Do we adopt, adapt, or abandon this process? (for each example)
6. Review results with the group
7. Ask the group to describe what happened:

a.  Aim for comments that instructions assume that people would know to determine things, even if they were not stated

b.  Ask if this situation has ever occurred in their work, their life, or as recipients of HIV care services

8.  Ask for feedback on your role as a sandwich maker:

a.  Did you follow the directions?

b.  Did your result reflect what the instructions contained (aim to get participants to see that the results perfectly matched the instructions)

c.  In response, what needed to be changed, to achieve the expected result? (the underlying way of doing work/the core instructions for making the sandwich)

9.  Discuss the application of what they have learned to their own experience as a consumer of Ryan White funded services:

a.  Is it important to have a team of persons when planning out a process?

b.  How can we apply the scientific method and our knowledge of data to improve this process?

c.  How do we assess whether our process is working without having to wait until the end?

d.  How should we view the outcomes of our process the first time we do it? Do these outcomes affect your decisions regarding scope of the implementation of this process the first time out?

10.  Thank your audience and congratulate them on their hard work and success

11.  Provide sandwiches to those who want them

### Functions of a Quality Management Committee – 30 min

12.  Introduce the concept of a quality management committee and its key functions and roles including:

a.  Routine reviewing of performance measurement data

b.  Developing plans to improve performance on low scoring measures

c.  Implementing activities to improve HIV care

d.  Evaluating improvement efforts

13.  Refer to the TCQ Checklists: Quality Management Plan and Quality Management Committee

14.  Introduce the concept and importance of a formalized

assessment; distribute a copy of the M9 Tool HIVQUAL Organizational Assessment Tool – Consumer Involvement Handout

15.  Review the assessment tool and explain how each of the questions relates to a structure or function of the QM committee

16.  Ask participants to complete the consumer portion of the Organizational Assessment Tool

17.  Tell participants that later in the program they will have an opportunity to utilize the organization assessment to inform a goal statement for post-session activities

### Group Exercise: Putting It All Together – 40 min

18.  Form table groups of 4-8 participants for the next group exercise and ask each table to identify a facilitator and note taker

19.  Distribute M9 Tool QM Committee Scenario Handout and assign each table 2 scenarios

20.  Introduce the scenarios which describes consumers getting involved in QM committees and ask each group to discuss and identify the most appropriate questions to ask in response to the assigned scenarios

21.  Avail the faculty in case questions arise

22.  After 30min, ask a volunteer group to start reflecting on the various scenarios

23.  Bring this exercise to a conclusion

### Game: Who Wants to Be a Millionaire? – 30 min

24.  Form table groups and ask each table to identify an official reporter to submit the final group answer

25.  Handout each group 3 Lifelines and explain that these can be handed in at any time during the game for a guaranteed advance; additionally, hand out a whiteboard to the official reporter to indicate the final answer

26.  Explain the general rules of this game:

a.   This is a team competition game among the participating tables

b.   After each question is presented each group has 15 seconds to submit the final group answer on the Whiteboard provided them – the official reporter has to write down the answer and show them to the game host when asked for

c.   For each correct answer, the group earned the amount associated with the question

d.   Record each group's score as you progress through the game on a flipchart

e.   Each group can use their three Lifelines during the game for a guaranteed advance but the group does not receive any points

27. Set a fun and relaxing tone for this game; the ultimate goal of this game is to allow folks to creatively learn the content that is being presented

28. Review the correct answer for each question; focus more time on those questions with incorrect answers or when the Lifelines are handed in

29. Give out small prizes for the winning team

## Module 9 Tool: TCQ Checklist — Quality Management Plan

**Have you seen the written Quality Management Plan?**

☐ Ask for a hardcopy of the written Quality Management Plan
☐ Highlight any sections of the plan that don't make sense to you or any terms that you don't understand
☐ Use your QI Dictionary, a regular dictionary, or even the internet to help understand something in the plan

**Do you understand the written Quality Management Plan?**

☐ As you read the plan, highlight any terms or acronyms that you do not understand and ask for clarification at the next meeting
☐ Ask someone to go thru the document with you so that you better understand the document
☐ Ask for the findings of a recent organizational assessment, if available
☐ Ask about the last assessment of consumer involvement, if available; ask about the last time quality of care was assessed by consumers

## Module 9 Tool: TCQ Checklist — Quality Management Committee

**Do you know who leads the Quality Management Committee? Do you know the roles and responsibilities of everyone, including yourself, on the Committee?**

☐ Ask for clarifications about the roles, in particular who chairs the Committee
☐ Ask for description of the Quality Management Committee; often the Committee is described in the Quality Management Plan
☐ Ask for a list of Committee members, their roles on the Committee and in the clinic
☐ Ask if at the next meeting they could schedule an activity for you to get acquainted with other members and for them to get to know a little more about you

**Are you aware of the meeting schedule of upcoming Quality Management Committee meetings to that you can better schedule your attendance?**

☐ Ask for a meeting schedule for the upcoming Committee meetings
☐ Share your updated contact information with those who organize the meetings
☐ Ask if you can conference call into meetings when you are not able to attend in person; ask about teleconferencing etiquette, since the rules are often different

**Do you understand the topics being discussed at the Quality Management Committee?**

☐ Ask for past Committee meeting minutes so that you can review the issues being discussed at the last meetings
☐ Ask for background information that can be made available to you
☐ Ask someone to sit down with you in advance of the next meeting to explain the topics to you

**Do you know how the Quality Management Committee communicates about upcoming meetings, information to be reviewed, or changes in agenda?**

☐ Ask to be included on any internal emails related to the Quality Management Committee and its activities
☐ Be sure to respond to communication so the other members are aware when you are available or not

## Module 9 Tool: HIVQUAL Organizational Assessment–Consumer Involvement

**E.1. To what extent are consumers effectively engaged and involved in the HIV quality management program?**

| GETTING STARTED | 0 | There is currently no process to involve consumers in HIV quality management program activities. |
|---|---|---|
| PLANNING AND INITIATION | 1 | Consumer involvement:<br>· Is occasionally addressed by soliciting consumer feedback, but no formal process is in place for ongoing and systematic participation in quality management program activities. |
| BEGINNING IMPLEMENTATION | 2 | Consumer involvement:<br>· Is addressed by soliciting consumer feedback, with development of a formal process for ongoing and systematic participation in quality management program activities. |
| IMPLEMENTATION (MEETS HAB REQUIREMENTS) | 3 | Consumer involvement:<br>· Includes engagement with consumers to solicit perspectives and experiences related to quality of care.<br>· Is formally part of HIV quality management program activities through a formal consumer advisory committee, satisfaction surveys, interviews, focus groups and/or consumer training/skills building. However, the extent to which consumers participate in quality management program activities is not documented or assessed. |

## Module 9 Tool: HIVQUAL Organizational Assessment–Consumer Involvement (Cont.)

| PROGRESS TOWARD SYSTEMATIC APPROACH TO QUALITY | 4 | Consumer involvement:<br><br>· Is part of a formal process for consumers to participate in HIV quality management program activities, including a formal consumer advisory committee, surveys, interviews, focus groups and/or consumer training/skills building.<br>· Improvement activities include three or more of the following:<br>  º sharing performance data and discussing quality during consumer advisory board meetings<br>  º membership on the internal quality management team or committee<br>  º training on quality management principles and methodologies<br>  º engagement to make recommendations based on performance data results<br>  º increasing documentation of recommendations by consumers to implement quality improvement projects.<br>· Information gathered through the above noted activities is documented and used to improve the quality of care.  However, staff does not review with consumers how their involvement contributes to refinements in quality improvement activities. |
|---|---|---|
| FULL SYSTEMATIC APPROACH TO QUALITY MANAGEMENT IN PLACE | 5 | Consumer involvement:<br><br>· Is part of a formal, well-documented process for consumers to participate in HIV quality management program activities, including a consumer advisory committee with regular meetings, consumer surveys, interviews, focus groups and consumer training/skills building.<br>· In quality improvement activities includes four or more of the items bulleted in E.1.- Score 4.<br>· Information gathered through the above noted activities is documented, assessed and used to drive QI projects and establish priorities for improvement.<br>· Includes work with program staff to review changes made based on recommendations received with opportunities to offer refinements for improvements. Information is gathered in this process and used to improve the quality of care.<br>· Involves at minimum, an annual review by the quality management team/committee of successes and challenges of consumer involvement in quality management program activities to foster and enhance collaboration between consumers and providers engaged in quality improvement. |

## Module 9 Tool: Quality Management Committee Scenarios Handout

Instructions: Identify a facilitator and note taker. Familiarize yourself with the assigned scenario(s) and discuss them in your group. Using TCQ Checklist — Quality Management Committee, identify several key questions you would specifically ask to become an effective member on the quality improvement committee or team. Be prepared to share your responses in a large group discussion.

Scenario One:
After spending some time on your consumer advisory board, you have found that you really enjoy quality improvement activities. You particularly find that the quality improvement projects are meaningful and can be a place where your particular expertise can be especially helpful. You want to approach someone in the clinic about your involvement on the quality management committee but do not know where to begin.

1._____?
2._____?
3._____?

Scenario Two:
The clinic you go to just hired a new Quality Manager who you approach after your next medical visit. You welcome him to the community and tell him that if he ever needs anything to just let you know. A few weeks later, he calls and asks if you would like to join this clinic's Quality Management Committee. You have never been on a Quality Management Committee before and are unsure about what are the expectations of membership?

1._____?
2._____?
3._____?

Scenario Three:
You have just completed the Training of Consumers on Quality. After your next medical visit you are approached by the clinic medical director, and she asks if you are attending the next Quality Management Committee meeting. You say yes and thank her for the opportunity. She says that she is looking forward to your input and states that she always thought consumer viewpoints were important. After leaving the clinic, you realize that you don't know any information about the team and what to do next.

1._____?
2._____?
3._____?

Scenario Four:
You have been a member of your clinic's quality management team and have now been invited to join the regional quality committee representing consumers from the entire region in quality improvement activities. It seems like a lot of the people on the committee know each other, and often a lot of important information and decisions are made at other meetings where you are not present. You don't necessarily have time or a desire to join other committees but you think maybe you are missing some key moments in decision-making processes that affect your project.

1._____?
2._____?
3._____?

# Module 10: TCQ Knowledge Assessment

## Day Two:

30 min

## Type of Activity:

Slide Presentation, Assessment

## Materials Needed:

Presentation slides ('M10 TCQ Test Assessment'), M10 Tool TCQ Knowledge Assessment Form, flipchart

## Overview of Activity – 30 min:

- 30 min: Individual TCQ Knowledge Assessment

## Purpose and Key Lessons Learned:

- Assess the advancement of the individual quality improvement knowledge of TCQ participants
- Allow for comparisons over time and across TCQ participants
- Identify individual opportunities for capacity building beyond the TCQ training session

## Detailed Instructions:

### *Individual TCQ Knowledge Assessment - 30 min*

1. Tell participants that the following assessments provides an opportunity to
   a. individually explore what participants have learned over the course of the TCQ Program
   b. show how well the faculty has done its jobs as facilitators and educators
2. Handout copies of the M10 Tool TCQ Knowledge Assessment Form and tell participants they will have about 25 minutes to complete this assessment
3. Collect the M10 Tool TCQ Knowledge Assessment Form

## Module 10 Tool: TCQ Knowledge Assessment Form

Name:_____

Date:_____

1) What does CQI stand for?
  1) Community Quality Initiative
  2) Case Management Quality Ideas
  3) Continuous Quality Improvement
  4) Circular Quantum Invention

2) What does 'PDSA' stand for?
  1) Plan Determine Specify Act
  2) Perpetual Doing Sustains Action
  3) Plan Do Study Act
  4) Providers Doing Sustainable Amelioration
  5) Provide Deliver Sustainable Access

3) True or false: PDSA cycles are best used for long-term QI activities.
  1) True
  2) False

4) What is the most important principle for quality improvement? Quality improvement focuses on…
  1) Individual performers
  2) Routine measurement of performance
  3) Training of providers
  4) Systems issues

5) The following performance data report is presented: weight monitoring 95%, prevention education 85%, and TB screening 55%. You advise the program to continue to measure…
  1) only TB screening
  2) TB screening and prevention education
  3) All three indicators

6) Fill in the blank: Those responsible for QI are _____.
  1) Only the members of the quality management committee
  2) Everyone in the program

7) All Ryan White grantees are required to have clinical quality management programs?
  1) Yes
  2) No

8) What is the difference between a quality management committee and a quality improvement team?
  1) A quality management committee guides all of the grantee's quality improvement aspects
  2) A quality improvement team aims to improve an specific aspect of HIV care
  3) Individuals could be on the quality management committee and a quality improvement team at the same time
  4) All of the above

## Module 10 Tool: TCQ Knowledge Assessment Form (Cont.)

9) Which term is described in the following definition - "… is a written document that outlines the program-wide HIV quality program, including a clear indication of responsibilities and accountability, performance measurement strategies and goals, and elaboration of processes for ongoing evaluation and assessment of the program"?
   1) Quality Management Program
   2) Quality Management Plan

10) What is the Quality Academy?
   1) A brochure made available to all HIV providers
   2) An online self-learning training course on quality management
   3) A CD-ROM that includes NQC trainings, contact information, and directions to our offices
   4) Regular conference calls with HIV providers interested in QI

11) What is the best method to collect quantitative data?
   1) Focus Group
   2) Informant Interviews
   3) Exit Interviews
   4) Chart Reviews

12) When calculating an indicator score, can the numerator be greater than the denominator?
   1) Yes
   2) No

13) When the numerator is 50 and the denominator 100, what is the percentage (%) rate?
   1) 0%
   2) 50%
   3) 75%
   4) 100%

14) Which set of measures has been developed by the HIV/AIDS Bureau?
   1) Core Medical
   2) Oral Health
   3) ADAP
   4) Medical Case Management
   5) All of the above

15) Who should collect performance data in the clinic?
   1) Clinical Provider
   2) QM Manager
   3) Data Manager
   4) Nursing Staff
   5) All of the above

## Module 10 Tool: TCQ Knowledge Assessment Form (Cont.)

16) What makes a sound indicator definition?
1) Relevance
2) Measurability
3) Accuracy
4) Improvability
5) 1 and 3 only
6) All of the above
7) None of the above

17) How would you best describe 'Mean'?
1) Mode
2) Average
3) Median
4) Rate

18) Which type of data chart displays data points over time?
1) Bar Graph
2) Histogram
3) Run Chart
4) Pie Chart

19) What type of data report displays the actual names of facilities?
1) Blinded Report
2) Unblinded Report
3) Scaled Report
4) Unscaled Report

20) What is a flowchart?
1) A picture that depicts a series of outcomes that occurs cyclically
2) A picture that depicts a process whose steps are cyclical in nature
3) A picture that depicts any process
4) A picture that depicts small events in the past

# Module 11: Reflection and Goal Statements

## Day Two:

75 min

## Type of Activity:

Slide Presentation, Individual Activity, Large Group Discussion

## Materials Needed:

Presentation slides ('M11 Reflection and Goal Statements), M11 Tool Reflection and Goal Statement Handout, copies of NQC Resources, flipchart

## Overview of Activity – 45 min:

- 20 min: Review of Quality Improvement Resources
- 25 min: Goal Statement Revisions
- 30 min: Sharing from Reflection and Goal Statement Revisions

## Purpose and Key Lessons Learned:

- Revise Individualized Consumer Goal Statements
- Familiarize participants about available quality improvement resources
- Inspire participants going forward

## Detailed Instructions:

### *Available Quality Improvement Resources - 20 min*

1. Using the M11 presentation slides, highlight several key quality improvement resources including:
    a. NQC publications
    b. NQC Quality Academy
    c. HRSA/HAB Website
2. Make these resources available during the training by handing out a few copies and draw on past experiences of participants using these tools

### *Goal Statement Revisions – 30 min*

3. Hand each participant a copy of the M11 Tool Reflection and Goal Statements Handout
4. Encourage participants to individually reflect on the following areas and revise their Consumer Goal Statement for becoming more active members of local or regional quality improvement activities:
    a. Personal capacity for quality improvement activities:
        a.i. What do I need to further learn to become an active participant in quality improvement activities?
        a.ii. What additional knowledge, information, or skills do I need?
        a.iii. How can I gain this capacity?
    b. Milestones working with my sponsor organization to improve HIV care through clinical quality improvement activities

       b.i. What is my future role(s) within the sponsoring organization to improve HIV care?

       b.ii. How can I best fulfill this role(s)?

       b.iii. What are my requests from the supporting organization? How can I work with my organization to accomplish this goal?

5. Remind participants to reflect on the various pre-work activities, the modules that were covered in the last two days, including personal results of the TCQ Assessment

6. Tell participants that the facilitators will be available should anyone have any questions during the reflection period

***Sharing from Reflection and***
***Goal Statement Revisions – 30 min***

7. Ask participants if anyone would like to share their revised goal statement for improving HIV care at their sponsoring entity through clinical quality improvement activities

## Module 11 Tool: Reflection and Goal Statement Revisions Handout

This Tool will help you to revise your Consumer Goal Statement and begin planning to become active members of local or regional quality improvement activities.

A) Reflections on Personal Capacity for Quality Improvement Activities:

What do I need to further learn to become an active participant in quality improvement activities? What additional knowledge, information, or skills do I need to acquire? How can I go about learning how to do this and gain this capacity?

_____
_____
_____
_____
_____

B) Consumer Goal Statement:

Based on what you have learned over the past two days and your reflections on personal capacity related to quality improvement revise your Consumer Goal Statement to reflect this new knowledge and reflections.

Be prepared to share your new Consumer Goal Statement with the larger group.

_____
_____
_____
_____
_____

# Module 12: Wrap-Up and Evaluations

## Day Two:

45 min

## Type of Activity:

Slide Presentation, Evaluation

## Materials Needed:

Evaluation slides ('M12 Wrap-Up and Evaluations'), M12 Tool TCQ Day Two Evaluation Questions, signed NQC certificates for participants, flash drives with all TCQ content, copies of updated contact list for participants, photo camera, TCQ music, music via sound system, flipchart

## Overview of Activity – 30 min:

- 10 min: Sharing of Aha! Moments
- 20 min: TCQ Session Evaluation
- 15 min: Closing Ceremony

## Purpose and Key Lessons Learned:

- Bring the TCQ session to a successful close
- Highlight key learnings by participants during the last 2 days
- Receive feedback from the audience about their experiences over the last 2 days
- Celebrate accomplishments of participants and inspire participants going forward

## Detailed Instructions:

### 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 Moment in the last 2 days. I'll give you two minutes to think about today and we'll begin with a volunteer. We'll hear from as many of you as we can in the next ten minutes"

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

### TCQ Session Evaluation – 20 min

3. Give each participant a copy of the M12 Tool TCQ Day Two Evaluation Questions

4. Using the M12 presentation slides, collect feedback using the M12 Tool

### Closing Ceremony – 15 min

5. Remind participants about upcoming TCQ activities, including webinars

6. Highlight key post-TCQ activities and invite participants to remain active participants in this learning process

7. Ask the faculty for their final remarks and personal observations in the last 2 days

8. Ask any representatives for their closing remarks and thank the TCQ faculty for their contributions

9. Award certificates and the NQC flash drive with all TCQ content to each participant while playing music

10. Invite all participants and faculty for a group photo

11. Officially close the TCQ session

## Module 12 Tool:  TCQ Day Two Evaluation Questions

The way the course was delivered today was an effective way for me to learn.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

I had sufficient opportunity to participate today.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

I will refer to or use the materials going forward.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

My knowledge and/or skills increased as a result of today.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

Today's session increased my ability to become involved in quality improvement activities.
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

Overall, I was satisfied with the session facilitator(s).
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

How do you rate the effectiveness of the Pre-Work Guide?
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

How do you rate the effectiveness of the TCQ Guide?
1. Strongly Disagree
2. Disagree
3. Somewhat Agree
4. Agree
5. Strongly Agree

# Appendix

## TCQ Checklists

The following TCQ Checklists assist TCQ graduates in their efforts to actively participate in quality improvement activities. The checklists point out critical issues that each TCQ graduate can use as a guide to support their increased involvement.

Data Charts:

- Do you understand the indicator definition(s) for those indicators used in the data chart so that you can better interpret the results?
  - ☐ Ask for a definition of the indicator, ideally in writing
  - ☐ Ask someone to sit down with you to explain the indicator definition(s)
  - ☐ Ask for clarification if the clinical terms have more familiar common synonyms (e.g., clinicians call them RPRs and in the community we talk about being screened for syphilis)
- What are the key findings of the data charts? Do you understand them? Can you interpret what the data tell you?
  - ☐ Ask those who are presenting the data or handing out the data charts about the key data findings, if any
  - ☐ Ask those who are presenting the data or handing out the data charts what actions they are proposing to respond to the data findings
  - ☐ Ask someone to sit down with you to explain the data charts
- Does the data chart clearly state the number of records being used for each indicator score, particularly when percentages are used?
  - ☐ Ask for the sample size for those indicators
  - ☐ Ask for the actual numbers for the denominator and numerator
- Does the data chart clearly state the timeframes for each indicator so that you understand whether the review captures data from the last month versus the last year?
  - ☐ Ask for the timeframes for each indicator


Quality Improvement Project:

- Do you know the reason for the Quality Improvement Project?
  - ☐ Ask for the aim statement or project memo, if available; some people may just have a large goal they are working towards, if in doubt, ask, "Why are we doing this?"
  - ☐ Ask for the purpose and aims/targets of the Project
  - ☐ Ask for a presentation at the next meeting to refresh everyone's mind about the progress of the project so far
- Do you know fully understand the Quality Improvement Project?
  - ☐ Ask for background information about the Project so that you can learn about the issue
  - ☐ Ask for any concrete Project materials, such as flowcharts, cause-and-effect diagrams
  - ☐ Ask someone to fill you in on the Project
  - ☐ Write down questions you have about the project as they come to your mind and then contact your NQC mentor
- Do you know who is involved in the Quality Improvement Team and what their roles are? Do you know your role on the Team?
  - ☐ Ask who is on the Quality Improvement Team and what their roles are; often the Team has the following roles: leader, facilitator, notetaker, those who collect the data, and consumers
  - ☐ Ask for clarification about your role on the Team; ask how the clinic envisions you can support the QI Project

## TCQ Checklists (Cont.)

- Are you aware of the meeting schedule of upcoming Quality Improvement Team meetings to that you can better schedule your attendance?
  - ☐ Ask for a meeting schedule for the upcoming Team meetings
  - ☐ Share your updated contact information with those who organize the meetings

Quality Management Plan:

- Have you seen the written Quality Management Plan?
  - ☐ Ask for a hardcopy of the written Quality Management Plan
  - ☐ Highlight any sections of the plan that don't make sense to you or any terms that you don't understand
  - ☐ Use your QI Dictionary, a regular dictionary, or even the internet to help understand something in the plan
- Do you understand the written Quality Management Plan?
  - ☐ As you read the plan, highlight any terms or acronyms that you do not understand and ask for clarification at the next meeting
  - ☐ Ask someone to go thru the document with you so that you better understand the document
  - ☐ Ask for the findings of a recent organizational assessment, if available
  - ☐ Ask about the last assessment of consumer involvement, if available; ask about the last time quality of care was assessed by consumers

Quality Management Committee:

- Do you know who leads the Quality Management Committee? Do you know the roles and responsibilities of everyone, including yourself, on the Committee?
  - ☐ Ask for clarifications about the roles, in particular who chairs the Committee
  - ☐ Ask for description of the Quality Management Committee; often the Committee is described in the Quality Management Plan
  - ☐ Ask for a list of Committee members, their roles on the Committee and in the clinic
  - ☐ Ask if at the next meeting they could schedule an activity for you to get acquainted with other members and for them to get to know a little more about you
- Are you aware of the meeting schedule of upcoming Quality Management Committee meetings to that you can better schedule your attendance?
  - ☐ Ask for a meeting schedule for the upcoming Committee meetings
  - ☐ Share your updated contact information with those who organize the meetings
  - ☐ Ask if you can conference call into meetings when you are not able to attend in person; ask about teleconferencing etiquette, since the rules are often different
- Do you understand the topics being discussed at the Quality Management Committee?
  - ☐ Ask for past Committee meeting minutes so that you can review the issues being discussed at the last meetings
  - ☐ Ask for background information that can be made available to you
  - ☐ Ask someone to sit down with you in advance of the next meeting to explain the topics to you

## TCQ Checklists (Cont.)

- Do you know how the Quality Management Committee communicates about upcoming meetings, information to be reviewed, or changes in agenda?
  - ☐ Ask to be included on any internal emails related to the Quality Management Committee and its activities
  - ☐ Be sure to respond to communication so the other members are aware when you are available or not