**Preparing Community Health Workers to Help with Quality Improvement**

**Module 1.** **What is quality improvement?**

**Prepared for:** The American Diabetes Association

**Prepared by:** LA Net Community Health Resource Network

**Prepared by:**

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**Module 1. An Introduction to Quality Improvement for Community Health Workers**

**Instructor’s Guide**

**TIME**

* Pre-session preparation for trainer: 30 minutes
* Session: 120 minutes

**OBJECTIVES**

**After completing this module, learners will be able to:**

### Describe ways CHWs can help the practices where they work with quality improvement

### Use the QI journey map to describe the first two steps of the quality improvement process

### Identify a quality issue and create an improvement goal

### Explain what a process is and create a process map

**EXERCISE AND ACTIVITIES TO COMPLETE BEFORE AND DURING THE SESSION**

**For the Trainer - Pre-session Preparation:**

1. DETERMINE LOCATION: Determine if training is in-person or virtual and make preparations re: room set-up or platform
2. SET-UP ROOM/VIDEO PLATFORM:

A. Room:

* Chairs in a semi-circle
* Screen to project video and slides
* Snacks and beverages
* Cue up the video and PPT for the session

B. Platform:

* Orientation to participants - how to change their name, raise their hand, use emojis
* Note-taking/whiteboard function
* Cue up the video and PPT for the session

1. REVIEW CONTENT OF MODULE
   1. You can use the narrative for this module as a “script” or as a guide/set of suggestions.
   2. The corresponding slide for each section of the narrative is provided in parentheses next to the header for that section.
2. PREPARE MATERIALS
3. Download the accompanying PPT and make any modifications you want for your session
4. Prepare printed (or an online location for download by learners) copies of:
   1. “The QI Journey”
   2. The QI goal worksheet
   3. The Process map worksheet
   4. The QI Project Homework Packet

**For the Trainer - During the session**

1. Respect, recognize, and engage the expertise of your CHW learners
2. Incorporate adult learning methods in your delivery of the modules:

* adults are internally motivated and self-directed and adult education should focus on creating empowered, perpetual learners;
* bring life experience and knowledge to learning;
* are goal-oriented;
* are relevancy-oriented;
* are practical;
* like to be respected;
* adult learning is a collaborative activity -the teacher does not need to be the “expert” with all the answers, leadership roles can be assumed by different people at different times, and content and sequence negotiated among the learners.

**Optional discussion, reflection, and action questions for the end of the session**

1. What were 3 take-homes for you today?
2. What surprised you about what you learned today?
3. What do you think you will use in the next 7 days from today? Why?

**Supplemental resources for Learners**

Simple QI

<https://www.aafp.org/family-physician/practice-and-career/managing-your-practice/quality-improvement-basics.html>

**MODULE 1 OUTLINE**

[Introduction to Quality Improvement for CHWs (Slide 1) 6](#_Toc159949261)

[**About these modules (Slide 2)** 6](#_Toc159949262)

[Introduction from Dr. Kevin Peterson, Director of Primary Care for the American Diabetes Association (Slide 3) 6](#_Toc159949263)

[Overview of the 3 introductory modules for CHWs (Slide 4) 7](#_Toc159949264)

[Learning Objectives for Module 1 (Slide 5) 7](#_Toc159949265)

[1. Describe ways CHWs can help the practices where they work with quality improvement 7](#_Toc159949266)

[2. Use the QI journey map to describe the first two steps of the quality improvement process 7](#_Toc159949267)

[3. Identify a quality issue and create an improvement goal 7](#_Toc159949268)

[4. Explain what a process is and create a process map 7](#_Toc159949269)

[What is Quality? (Slide 6) 7](#_Toc159949270)

[**Good Quality Shoes** 8](#_Toc159949271)

[**Poor Quality Shoes** 8](#_Toc159949272)

[**Mixed good and poor quality (Slide 7)** 8](#_Toc159949273)

[Good and Poor Quality in Organizations (Slide 8) 9](#_Toc159949274)

[**What does “good quality” look like in an organization look like?** 9](#_Toc159949275)

[**What does “bad quality” look like?** 9](#_Toc159949276)

[CHWs working in Primary Care Practices (Slide 9) 10](#_Toc159949277)

[**CHWs can be powerful QI partners (Slide 10)** 10](#_Toc159949278)

[Good & Poor Quality in Primary Care Practices (Slide 11) 10](#_Toc159949279)

[**Good quality at a Primary Care Clinic** 10](#_Toc159949280)

[**Poor Quality at a Primary Care Practice** 11](#_Toc159949281)

[What is Quality Improvement or “QI”? (Slide 12) 11](#_Toc159949282)

[**We all do QI in our daily lives (Slide 13)** 12](#_Toc159949283)

[**The Quality Improvement Journey (Slide 14)** 12](#_Toc159949284)

[Stop 1 on the QI journey: Identify the quality issue and create a goal (Slide 15) 13](#_Toc159949285)

[**You can create a QI goal by answering these questions (Slide 16)** 13](#_Toc159949286)

[**Creating a QI goal for a primary care practice (Slide 17)** 13](#_Toc159949287)

[**Creating a QI goal for a primary care practice: the impact of CHW stories (Slide 18)** 14](#_Toc159949288)

[**Creating a QI goal for a primary care practice using 5 questions (Slide 19)** 14](#_Toc159949289)

[**Exercise: Make a QI goal for something you do for your organization (Slide 20)** 14](#_Toc159949290)

[Stop 2 on the QI journey: Gather data to understand the quality issue (Slide 21) 15](#_Toc159949291)

[Organizations use 3 types of data in QI (Slide 22) 15](#_Toc159949292)

[Numbers 16](#_Toc159949293)

[**Satisfaction Surveys (Slide 23)** 16](#_Toc159949294)

[**The CAHPS** 16](#_Toc159949295)

[**Example of a QI report on patient satisfaction (Slide 24)** 17](#_Toc159949296)

[**HEDIS measures (for primary care practices only) (Slide 25)** 17](#_Toc159949297)

[Stories (Slide 26) 17](#_Toc159949298)

[Process Maps (Slide 27) 18](#_Toc159949299)

[**What is a process?** 18](#_Toc159949300)

[**What is a process map?** 18](#_Toc159949301)

[**Example of a process map: Elodia’s garden (Slide 28)** 19](#_Toc159949302)

[**Mapping Elodia’s garden-watering process (Slide 29)** 19](#_Toc159949303)

[**Create a map of Elodia’s process (Slides 30 - 34)** 19](#_Toc159949304)

[**Help Elodia improve her process (Slide 34-35)** 20](#_Toc159949305)

[**Exercise: Create a map of Making a cellphone call “real-time” (Slide 36)** 20](#_Toc159949306)

[**Rules for making process maps (Slide 37)** 21](#_Toc159949307)

[Your Homework for Next Session (Slides 38-39) 21](#_Toc159949308)

[Reflection. Did we achieve the learning objectives (Slide 40) 21](#_Toc159949309)

[**Learning Objective 1.** 22](#_Toc159949310)

[**Review: CHWs are powerful QI partners (Slide 41)** 22](#_Toc159949311)

[**Learning Objective 2 (Slide 42)** 22](#_Toc159949312)

[**Review: The Quality Improvement Journey (Slide 43)** 22](#_Toc159949313)

[**Learning Objective 3 (Slide 44)** 22](#_Toc159949314)

[**Review: Create a QI goal by answering these questions (Slide 45)** 22](#_Toc159949315)

[**Learning Objective 4 (Slide 46)** 22](#_Toc159949316)

[**Review: Create a process map to use in QI (Slide 47)** 22](#_Toc159949317)

[Evaluation (Slide 48) 22](#_Toc159949318)

[Evaluation (Slide 49) 23](#_Toc159949319)

**Module 1.**

# **Introduction to Quality Improvement for CHWs (Slide 1)**

Community Health Workers (CHWs) are experts – experts on the local community, on the work of being a patient, and on patient experiences with their organization or primary care practice.

CHWs, are a bridge between organizations and their community, primary care practices, and their community, and can contribute a great deal to improving the quality of services the organizations where they work provide.

However, CHWs may not feel comfortable participating in quality improvement at their organization or practice.

And other staff or clinicians may not be sure how to engage CHWs as partners in QI.

### **About these modules (Slide 2)**

We created these training modules to introduce CHWs to the basic concepts of quality improvement, and to help them begin to build the self-efficacy and comfort they need to be able to participate in quality improvement at their practices.

We also developed these modules to help members of the practice - QI team members or practice facilitators, in particular, engage CHWs as members of QI teams and vital contributors to quality improvement work at their practice.

# **Introduction from Dr. Kevin Peterson, Director of Primary Care for the American Diabetes Association (Slide 3)**

Dr. Kevin Peterson, director of primary care for the ADA would like to share a quick message with you about these modules and the important role you play in improving the health of individuals living with diabetes.

*Play: Video: Kevin Peterson introduction*

# **Overview of the 3 introductory modules for CHWs (Slide 4)**

In the first module, you will learn about the QI Journey, and how to create a QI goal and collect data to understand a quality issue so you can solve it. You will also learn how to create a process map, which is one way of studying a QI issue and gathering data.

In the second module, you will learn how to find the “root cause” of your quality issue using the QI tool called the “5 Whys” QI and walk through the remaining steps of the QI journey.

In the third module, you will be introduced to the types of people you may work with on QI in your organization or clinic, and also learn about from the American Diabetes Association and the American Heart Association to improve care for patients with Type 2 Diabetes and/or heart disease.

# **Learning Objectives for Module 1 (Slide 5)**

After completing this first module you will be able to:

### Describe ways CHWs can help the practices where they work with quality improvement

### Use the QI journey map to describe the first two steps of the quality improvement process

### Identify a quality issue and create an improvement goal

### Explain what a process is and create a process map

# **What is Quality? (Slide 6)**

So first, what is quality?

To learn how to do quality improvement, first, we need to understand what quality is. Let’s do a quick exercise to begin to figure this out.

### **Good Quality Shoes**

Maria says she has a pair of shoes that have good quality. What does she mean when she says her shoes have good quality?

Examples of things people might say:

* *Made with good materials that don’t break or wear out easily*
* *Stitching is strong*
* *Sole is strong and sturdy*
* *Comfortable to wear*
* *Your feet don’t get tired*
* *Fits the environment: Keeps your feet warm if you are in a cold climate, stays dry if in a wet climate, cool if in a hot climate*

*>Write learner answers up on the board or e-board and add ones that are not mentioned.*

Now let’s try another one.

### **Poor Quality Shoes**

Maria has another pair of shoes and says that these shoes don’t have good quality. What does Maria mean when she says this?

Some things that people might say.

* *The leather is weak and tears*
* *The stitching falls apart*
* *They are uncomfortable*
* *The shoes don’t last*
* *They don’t hold up in bad weather*
* *The shoes don’t fit*

*>Write learner answers up on the board or e-board and add ones that are not mentioned.*

### **Mixed good and poor quality (Slide 7)**

Things can be a mix of good and poor quality. Some things work well, and some things don’t work well.

Even though Maria says the shoes are not of good quality, she says not everything is of poor quality. She says the soles of the shoes are really strong and flexible and she likes them.

# **Good and Poor Quality in Organizations (Slide 8)**

Now let’s talk about quality in an organization like the one you work in.

That’s where you will be helping to improve quality.

What type of organization do you work in?

Do you work for a Community-Based Organization? A non-profit that works in the community.

Do you work for a school?

Do you work for a primary care practice or similar health care setting?

Or someplace else?

Examples of answers people might give

*I work for a CBO*

*I work at a school*

*I work for a medical practice*

### **What does “good quality” look like in an organization look like?**

What does good quality look like in an organization like the one you work for?

Examples of things people might say

*Leadership provides a lot of training and support*

*It is clear what we are supposed to do*

*The organization provides us with the resources we need to do our job*

### **What does “bad quality” look like?**

What does “bad quality” look like?

***Examples of things people might say***

*People don’t meet or trust each other*

*People argue*

*People don’t have the resources they need*

# **CHWs working in Primary Care Practices (Slide 9)**

More and more frequently, primary care practices are including CHWs on their staff.

You may already be working with a primary care practice. Or if you are not right now, you may have the opportunity to work with them in the future.

### **CHWs can be powerful QI partners (Slide 10)**

CHWs have a very important role to play in quality improvement in primary care practices.

This is because you bring a very unique experience and point of view to the primary care practice.

As a **CHW you may be living with a health condition, like Type 2 Diabetes,** that the practice is trying to improve care for. And so have **the lived experience of a patient.**

As a **CHW you may also live in the community near the practice**, or if not near it, similar to the community the primary care doctors and staff care for. And **so you have a deep understanding of the needs in the community,** the way community members may experience the practice, and factors that are barriers to a patient being able to manage their health well – that the clinicians and staff at the primary care practice may not know about.

As a CHW **you also work very closely with patients at the practice and hear their stories and see what happens**. Talking to them about their experiences managing their health, getting medications, taking medications, getting exercise, eating healthy, and many other things that go into the “work” of being a patient.

Patients may feel more comfortable sharing things with you about their experiences managing their health that they don’t feel comfortable telling the clinicians or staff at the practice.

# **Good & Poor Quality in Primary Care Practices (Slide 11)**

### **Good quality at a Primary Care Clinic**

John has Type 2 Diabetes and goes to Clinica Familiar for his health care. He says the quality of care he gets there is “good.”

What does John mean when he says he gets good quality care at his clinic?

Examples of things people might say

* *The doctor listened to him and asked questions*
* *He feels comfortable at the clinic and people are friendly*
* *It’s easy to get an appointment*
* *His care team explains things to him in a way he can understand*
* *They checked his feet and eyes*
* *They measure and keep track of his HbA1c and lipids and xxx.*
* *They taught him how to measure his glucose so he can do this at home*
* *They help him get his medicines*
* *They teach him how to take care of his health at home - with what to eat, exercise, etc.*

*How well they were able to help you get the medications and resources you need to take care of your health at home*

* *He can get an appointment easily and quickly*
* *Someone from the clinic calls to check in with him between visits*

*>Write learner answers up on the board or e-board and add ones that are not mentioned.*

### **Poor Quality at a Primary Care Practice**

John moved to another city and started going to a new clinic close to his new home.

After a recent visit to the clinic, he came out and said that the clinic did not have good quality. What does he mean by this?

Examples of things people might say

* *The doctor didn’t have time or patience to listen to him*
* *They didn’t explain what he needed to do at home in a way that he could understand*
* *He couldn’t afford the medicines, and no one helped him get them*
* *He felt rushed or uncomfortable and misunderstood during his visit*
* *Staff were rude to him*
* *He had to wait a long time to get an appointment*
* *He had to wait a long time once he got there and was late getting back to work*

*>Write learner answers up on the board or e-board and add ones that are not mentioned.*

# **What is Quality Improvement or “QI”? (Slide 12)**

Now that we’ve talked some about what is “good quality”, what is “bad quality” and what is “mixed good and bad quality,” let’s talk about quality improvement or “QI.”

What is quality improvement or QI?

Quality improvement is about making things work better. Quality improvement in healthcare or other places means looking at what's not working well, figuring out why, and making changes to make it work better.

Quality improvement is ALSO about finding what works best and sharing those successful ways with others.

It's like saying, 'Hey, this way of doing things is really good, and it can help a lot of people.

### **We all do QI in our daily lives (Slide 13)**

We all do quality improvement every day. We even do it in our homes.

You might make a change to a recipe that makes it better. Or find a faster better way to wash your dishes. Or something that makes your plants grow better. These ideas might come from you or someone in your family. Even your child.

*>What are some examples of quality improvement you’ve done in your own life?*

*At home? Cooking? Garden? Work?*

*Examples of what people might say about things they improve*

* *Getting up earlier*
* *Not running late*
* *Cleaning the dishes*
* *Fixing my car*
* *Stopping the dog from barking and bothering the neighbors*

### **The Quality Improvement Journey (Slide 14)**

You can think of quality improvement as a journey. Each QI project follows the same road.

*> Show an image of the QI journey map*

a) identifying the quality issue and creating an improvement goal;

b) next you gather information or data that helps you see and understand the problem so you can start to come up with ideas for how to fix it,

c) you dig deeper into the problem to discover its roots so you can be sure that the solution you come up with addresses those roots, next

d) you work alone or with others to come up with ideas to fix the quality issue, and

e) you pick a solution, test it, and refine it until it solves the problem, and

f) finally you implement the solution and keep it going long-term.

# **Stop 1 on the QI journey: Identify the quality issue and create a goal (Slide 15)**

The first step in the QI journey is to identify the quality issue you are concerned about and create an improvement goal.

Good improvement goals are detailed – almost like a mini “plan” for the work you will do in QI.

### **You can create a QI goal by answering these questions (Slide 16)**

An easy way to create a good QI goal is to answer the following 5 questions. Once you’ve done that and put your answers together you will have a well-structured and thought out QI goal.

The questions are:

1. What Do We Want to Accomplish?

2. How Will we Know when it has been accomplished?

3. Is It Possible to Really Do?

4. Why Does It Matter?

5. When Will We Finish?

### **Creating a QI goal for a primary care practice (Slide 17)**

Let’s think back to the new primary care clinic John started going to after he moved.

As part of his role as the CHW supporting the practice’s patients with T2D, the CHW from the practice, Sam, had called John a few days after his visit to see how things were going for him.

John said he was not taking his insulin. He explained he works in construction and does not have a place to store it at work, and also can’t stop to administer the medication during his workday.

Sam was worried when he heard this. He asked if John had talked to his Primary Care Provider or the health educator Emily about this. John said he tried to talk to his doctor, but that the doctor was in a hurry and told him to talk to the health educator. And that he didn’t get to talk to Emily.

### **Creating a QI goal for a primary care practice: the impact of CHW stories (Slide 18)**

After the QI team at the practice heard the CHW, Sam’s, story about John and his medicine, they were concerned.

The CHW shared that it wasn’t just John, that many of his patients had had the same problem.

Based on this, the practice decided this was a serious problem and decided to create an improvement goal to address this.

### **Creating a QI goal for a primary care practice using 5 questions (Slide 19)**

They answered the 5 questions to create their goal:

1. What Do You Want to Accomplish? "We want to [make sure every patient with T2D meets with the health educator within 48 hours of their health care visit],

2. How Will You Know when it has been accomplished? We'll know we did this when [we can look at our schedule and see that every patient with a T2D visit also has an appointment for an in-person or virtual session with the health educator within 48 hours of their most recent T2D visit],

3. Is It Possible to Really Do? Yes, it's something we can do,

4. Why Does It Matter? it matters because [it will help patients know how to take their medications and also help them feel more confident about managing their diabetes], and

5. When Will You Finish? we'll finish it [within the next 8 weeks]."

### **Exercise: Make a QI goal for something you do for your organization (Slide 20)**

First, identify a quality issue you have with one of your work tasks

For example:

It takes me too long to document my discussions with patients

I forget the Tuesday meeting with my supervisor

My files are very disorganized

I cannot use Excel as well as I like

*>Use handout #1 and create an improvement goal for your work with your organization*

# **Stop 2 on the QI journey: Gather data to understand the quality issue (Slide 21)**

Once we have identified a quality issue and created a QI goal, we need to understand the problem we are trying to fix and what is causing it.

In the next step of the QI journey, you will gather information about the quality problem you are trying to fix.

We do this by collecting information – data- about the problem. Or if we are looking to scale and spread a strength, data about the strength.

We can’t fix what we don’t understand. If we don’t study the problem and get to know what is causing it, we can end up designing “solutions” that don’t work and don’t solve the problem.

Wasting everyone’s time, money, and energy.

## **Organizations use 3 types of data in QI (Slide 22)**

Community organizations typically use three different types of “data” to develop a better understanding of a quality issue they want to improve.

Specifically, they use numbers, stories, and maps.

They use **numbers**: They count things. For example, in a primary care practice, they might count how many people with diabetes get their blood sugar checked on time. If many people are not getting checked, it's a signal that something might need to change. So, they use numbers to see if things are on track.

They use **stories.** Stories we hear from patients, from staff, from clinicians, and from community members can help organizations identify quality issues, and also help them understand what may be causing the problem or problems so they can design better solutions.

Finally, they create process **“maps.”** Process maps show step-by-step “how” something is done. Organizations create process maps so they can “see” how a task is being done, areas where there may be problems and things that can be done to improve the process.

Now let’s do a deeper dive into each of these types of information an organization or primary care practice might collect for QI.

## **Numbers**

### **Satisfaction Surveys (Slide 23)**

The first type of numbers that organizations can use to understand a quality issue are satisfaction surveys.

Most organizations collect satisfaction surveys where customers or clients tell them about their experiences with the organization and whether it was helpful.

Organizations may create their own satisfaction survey or use ones that are already published by another authoritative group like the government.

Primary care practices often use a survey created by the U.S. Government called the Consumer Assessment of Healthcare Providers and Systems or CAHPS.  (See Appendix 2)

### **The CAHPS**

You may have answered one of these in the past – either on paper or maybe someone called you and asked you these questions.

Here are a few questions. Who is willing to volunteer to answer a few of these questions about their last healthcare visit?

*>Great!*

*> Read questions 3-6 out loud and ask for volunteers to answer them.*

### **Example of a QI report on patient satisfaction (Slide 24)**

Here is an example of a QI report on 2 patient satisfaction questions that a practice asked 100 of its patients to answer.

### **HEDIS measures (for primary care practices only) (Slide 25)**

Next comes another type of number.

These are typically only for primary care practices -not for other types of organizations.

They are called “HEDIS” numbers or measures.

These are “scores” that the federal government and other groups have created for primary care practices to show how well they are doing taking care of certain types of patients.

There are special HEDIS metrics for caring for patients with T2D. For example:

how many patients with diabetes at the practice got their A1c labs done in the last 6 months, or

there is another one about how many patients with diabetes have A1c numbers below 9%.

Practices track and use many HEDIS measures for all types of things:

* blood pressure,
* asthma,
* depression,
* cancer screening
* and many others

Practices can use these numbers to track their improvement and also to compare themselves to other practices in the US to see how they stack up.

These numbers can be very important to practices also because insurance companies that pay the practices may use these numbers to determine how much money the practice will receive.

## **Stories (Slide 26)**

A second type of “data” is stories.

Stories are a very powerful type of Q.I. data. Stories help organizations including primary care practices “see” things that they often can’t see in numbers

Let’s think back to the story that the CHW, Sam, told about John’s experience at the practice.

Sam, the CHW told the clinicians and staff at the practice where he works about John not seeing the health educator, and how he was not taking his insulin because of this, because he did not know what to do when he was at work at his construction job.

The CHW’s story was very powerful.

When the practice looked at their “numbers” for patients seeing health educators they thought they were doing pretty well.

But after hearing Sam’s story, they realized they needed to do better.

If the CHW had not shared John’s story with them, they might have skipped over this quality issue – thinking *“It doesn’t matter if a few patients miss the health education appointment. It’s not THAT important.”*

When the practice heard the CHW’s story and the impact on John, they realized this was a very serious problem and decided improving on this was a PRIORITY!

## **Process Maps (Slide 27)**

A third type of information or data that we collect to understand a quality issue better is process maps.

### **What is a process?**

A process is the set of steps you follow to make something or get something done. For example, with Maria’s shoes, it’s the steps that the shoemaker goes through putting the shoes together and the things he or she uses.

You use lots of processes in your own life too. For example, every time you cook you follow the steps or process for the recipe. Or you follow steps or a process when you water your garden. Let’s look at an example.

### **What is a process map?**

In quality improvement, we create drawings of processes so we can actually “see “ them and study them to find the areas where there is a problem, or where they make it easy to make a mistake.

Next, we are going to do an exercise so you can learn how to make a process map.

First, let’s look at a quick example:

### **Example of a process map: Elodia’s garden (Slide 28)**

Elodia has a beautiful vegetable garden in her backyard. She gets fresh vegetables from it year-round. She waters the garden twice a week using a garden hose attached to an outdoor faucet.

Unfortunately, frequently when Elodia waters her garden she floods it. This is causing root rot and her plants are starting to die. She asks for your help.

Elodia knows you are learning about quality improvement so asks us to help her figure out how to fix this problem.

### **Mapping Elodia’s garden-watering process (Slide 29)**

You decide it will help to create a map of the process she is using so you and Elodia can “see” where the problem might be.

You ask Elodia to walk you through the steps she takes.

### **Create a map of Elodia’s process (Slides 30 - 34)**

Elodia what do you do first when you are watering the garden?

Elodia says “I get the hose from the closet and connect it to the outdoor faucet.

Next, you ask, “Then what do you do?”

She says I turn on the faucet.

You ask: “Then what do you do?”

She says: “I put the end of the hose in my garden.”

You ask: “Then what do you do?”

She says: “It takes a while so I leave to do my laundry so I don’t waste time.”

You ask: “Then what do you do?”

She says: “Once I get my laundry in the washer, I come back and check the water level in the garden.”

You ask: “Then what do you do?”

She says: “I turn off the faucet if it is full or wait until it is full and then turn it off.”

Here's what a process map would look like for Elodia’s garden watering:

### **Help Elodia improve her process (Slide 34-35)**

You and Elodia look at the map you created.

Elodia realizes that there is a problem in her process.

Sometimes when she leaves to put her laundry in, it takes longer than expected, and this is when her garden is getting flooded.

She says she wants to change the process so this can’t happen.

She decides to stay in the garden while the water runs, instead of going to start her laundry.

### **Exercise: Create a map of Making a cellphone call “real-time” (Slide 36)**

Now you are going to practice creating your own process map.

*>Divide into groups of 3.*

*>Once you are in your group of 3, assign roles: Phone user, process mapper, observer/helper*

Exercise 1. *Phone users work with the other two people in your group to create a map of how you make a phone call on your phone. Think about the last time you made a call, and then draw the map from memory so it looks like the one on the screen (5 minutes).*

Exercise 2. *Phone user, this time take out your phone and make a call to a friend. You do not have to actually call them but do all the steps until you push the final button to place the call.*

*Work with the other two people in your group to create a map of each step you take to make the call. Write down each step as you actually see them and do them. Do not use your memory. Map what you see.* *(10 minutes)*

*>Compare your two maps. What do you notice?*

Examples of things people might say

*The maps are different, the one we did in real-time has more steps and is more accurate*

*There are no differences*

### **Rules for making process maps (Slide 37)**

Congratulations! You just created your first process map.

You also learned two important rules about creating a process map:

First, it is important to try to map what you “see” actually happens, not do it from memory. That way you won’t miss steps and your map will be much more accurate.

Second, it is important to have the person who is “doing the process” you are mapping lead creating the map.

This is the only way you can real life rather than memory. QI people have a saying to help remember this, “ The person who “owns” the process holds the pencil.”

# **Your Homework for Next Session (Slides 38-39)**

*Between now and the next session, you are going practice what you learned today, in your own life.*

*Let’s pick it now. What is a problem you have with a chore or task at home that you’d like to improve?*

* *Dishes always pile up in the sink*
* *I forget to water the garden often*
* *The laundry takes too long to do*
* *I don’t clean up. My room is always messy*

*>Handout worksheet CHW QI Project Worksheet (see Appendix 1)*

Before our next session, use the CHW QI Project Worksheet to create your improvement goal for the chore, and collect some data about the issue that can help you understand it better and generate ideas to improve it.

# **Reflection. Did we achieve the learning objectives (Slide 40)**

In a quality culture, we are always improving. We’d like to improve this module too and would like your feedback on it.

Let’s take a few minutes before we close to reflect on and evaluate what you’ve learned and what we can do to improve the module.

First, let’s see if we met the learning objectives for this module.

### **Learning objective 1.**

Learning objective 1. Can you describe ways CHWs can help the practices where they work with quality improvement?

### **Review: CHWs are powerful QI partners (Slide 41)**

Can you describe ways CHWs can help the practices where they work with quality improvement?

### **Learning Objective 2 (Slide 42)**

Learning objective 2 -Are you able to Use the QI journey map to describe the first two steps of the quality improvement process

### **Review: The Quality Improvement Journey (Slide 43)**

Are you able to Use the QI journey map to describe the first two steps of the quality improvement process?

### **Learning Objective 3 (Slide 44)**

Learning objective 3 - Identify a quality issue and create an improvement goal

### **Review: Create a QI goal by answering these questions (Slide 45)**

Can you Identify a quality issue and create an improvement goal?

### **Learning Objective 4 (Slide 46)**

Learning objective 4 - Explain what a process is and create a process map

### **Review: Create a process map to use in QI (Slide 47)**

Can you create a process map?

# **Evaluation (Slide 48)**

1. How much do you feel this session increased your quality knowledge?
2. How satisfied are you with this session today?

# **Evaluation (Slide 49)**

1. What was the most helpful part of the session for you today?
2. What is one thing we can change to make this session more helpful next time?