

Introduction to Quality Improvement for Community Health Care Workers: Module 1

The QI Journey, identifying a quality issue and setting QI goals, and gathering data using process mapping.

Prepared for: The American Diabetes Association® (ADA)

Prepared by: LA Net Community Health Resource Network

Primary Authors: Lyndee Knox, PhD

INSTRUCTOR'S GUIDE

TIME

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

OBJECTIVES

After completing this module, learners will be able to:

1. Describe ways CHWs can help the practices where they work with QI.
2. Use the QI journey map to describe the first two steps of the QI process.
3. Identify a quality issue and create an improvement goal.
4. Explain what a process is and create a process map.

EXERCISE AND ACTIVITIES TO COMPLETE BEFORE AND DURING THE SESSION

Pre-session preparation for trainer:

1. **DETERMINE LOCATION:** Determine if training is in person or virtual and prepare for the room or platform.
2. **SET UP ROOM/VIDEO PLATFORM:**
 - A. Room:
 - Set chairs in a semi-circle
 - Prepare the screen to project video and slides
 - Prepare snacks and beverages

- Cue up the video and PPT for the session

B. Platform:

- Deliver the orientation to participants, including how to change their name, raise their hand, and use emojis
- Utilize the notetaking/whiteboard function
- Cue up the video and PPT for the session

3. REVIEW CONMTENT OF MODULE:

- A. You can use the narrative for this module as a “script” or as a guide/set of suggestions.
- B. The corresponding slide for each section of the narrative is provided in parentheses next to the header for that section.

4. PREPARE MATERIALS

- A. Download the accompanying PPT and make any modifications you want for your session
- B. Prepare printed (or an online location for download by learners) copies of:
- a. The QI journey
 - b. The QI goal worksheet
 - c. The process map worksheet
 - d. The QI project homework packet
- C. Prepare any job aids or handouts for learners to take home via printed copy, email, or text message

During the session

1. Present concepts from the module along with PPT. Read the text directly or use it as a guide
2. Respect, recognize, and engage the expertise of your CHW learners
3. Incorporate participation and adult learning methods in your delivery of the modules (see companion PF module). Adult learners:

- 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, relevancy-oriented, practical, and collaborative. The teacher does not need to be the “expert” with all the answers and leadership roles can be assumed by different people at different times, and content and sequence negotiated among the learners.
- Like to be respected.

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

1. What were three takeaways for you today?
2. What surprised you about what you learned today?
3. What do you think you will use in the next seven days? Why?

Supplemental resources for learners:

- Basics of Quality Improvement

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

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Module 1

Introduction to QI for CHWs (Slide 1)

Community health workers (CHWs) are experts on the local community, the work of being a patient, and on patient experiences within their organization or primary care practice.

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

However, CHWs may not feel comfortable participating in quality improvement (QI) 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 QI and to help them begin to build the self-efficacy and comfort they need to be able to participate in QI at their practices.

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

Introduction from Dr. Kevin Peterson, Vice President of Primary Care and Quality Improvement, The American Diabetes Association® (Slide 3)

Dr. Peterson 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 Three Introductory Modules for CHWs (Slide 4)

In the first module, you will learn about the QI journey, how to create a QI goal, and how to collect data to understand and solve a quality issue. 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 learn from the American Diabetes Association® and the American Heart Association® to improve care for people 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:

1. Describe ways CHWs can help the practices where they work with QI.
2. Use the QI journey map to describe the first two steps of the QI process.
3. Identify a quality issue and create an improvement goal.
4. Explain what a process is and create a process map.

What Is Quality? (Slide 6)

To learn how to improve quality at the places we work - to “do” quality improvement - first, we need to understand what quality is. Let’s do a quick exercise to begin to figure this out.

So first, what is quality?

Good Quality Shoes

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

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
- 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 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 these shoes are poor quality. What does Maria mean when she says this?

Some things 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 on the board or e-board and add ones that are not mentioned.

Mixed Quality (Slide 7)

Things can be a mix of good and poor quality. Some things work well and others don't.

Even though Maria thinks the shoes are overall poor quality, she says she *does* like the soles because they are really strong and flexible.

Good and Poor Quality in Organizations (Slide 8)

Now let's talk about the quality in your organization you will be helping to improve.

- 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 another place?

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?

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 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 QI in primary care practices because you bring a unique experience and point of view.

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

As a **CHW**, you may also live in the **practice's community** (or a similar community), so you have a **deep understanding of the community's needs**—the way the 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 may not be aware of.

You work very closely with patients at the practice and hear their stories, such as their experiences managing their health, getting and 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 than 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 A1C and lipids
- They taught him how to measure his glucose so he can do it at home
- They help him get his medications

- They teach him how to take care of his health at home, including what to eat, how to exercise, etc.
- They help him get the medications and resources he needs to take care of his 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 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 said it was not 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 he could understand
- He couldn't afford the medications, 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 on the board or e-board and add ones that are not mentioned.

So, then, what is quality improvement or QI? (Slide 12)

Now that we've talked about what is "good quality", what is "bad quality," and what is "mixed quality," let's talk about quality improvement, also called QI.

What is QI?

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

QI is ALSO about finding what works best and sharing those successful practices 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 QI every day—even in our homes.

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

>What are some examples of QI 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 easily
- Fixing my car
- Stopping the dog from barking and bothering the neighbors

The Quality Improvement Journey (Slide 14)

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

> Show an image of the QI journey map

1. Identify the quality issue and create an improvement goal
2. 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
3. Dig deeper into the problem to discover its roots so you can be sure the solution you come up with addresses those roots
4. Work alone or with others to come up with ideas to fix the quality issue
5. Pick a solution, test it, and refine it until it solves the problem
6. 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 five questions. Once you’ve done that, you will have a well-structured 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?
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.

Sam is a CHW at John's clinic. As part of Sam's role supporting the practice's patients with type 2 diabetes, he 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 can't stop to take 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 the doctor was in a hurry and told him to talk to the health educator. 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 Sam's story about John and his medicine, they were concerned.

Sam shared it wasn't just John, many of his patients had the same problem.

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

Creating a QI Goal for a Primary Care Practice Using 5 Questions (Slide 19)

They answered the five questions to create their goal:

1. What do you want to accomplish? "We want to make sure every patient with type 2 diabetes 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 type 2 diabetes visit also has an appointment for an in-person or virtual session with the health educator within 48 hours.”

3. **Is it possible?** “Yes, it's something we can do.”

4. **Why does it matter?** “It matters because it will help patients learn how to take their medications and help them feel more confident about managing their diabetes.”

5. **When will you finish?** “We'll finish it within the next eight 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 solve the problem, which wastes everyone's time, money, and energy.

Organizations Use Three 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.

- **Numbers:** For example, in a primary care practice, they might count how many people with diabetes get their blood glucose (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.
- **Stories:** Stories we hear from patients, staff, clinicians, and community members can help organizations identify quality issues and understand what may be causing the problem(s) so they can design better solutions.
- **Maps:** Process maps show step-by-step how something is done. Organizations create process maps so they can see how a task is completed, 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

The first type of data used by community organizations are numbers. Examples we will review include satisfaction surveys, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) and the Health Effectiveness and Data Information Set (HEDIS)

Satisfaction Surveys (Slide 23)

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

Most organizations collect satisfaction surveys so customers or clients can 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 U.S. government.

Primary care practices often use a survey created by the government called the Consumer Assessment of Healthcare Providers and Systems (CAHPS). <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/surveys-guidance/cg/adult-english-cg-3-1-2351a.pdf>

The CAHPS

You may have answered one of these in the past, either on paper or over the phone.

Who is willing to volunteer to answer a few of these questions about their last health care 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 two 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—HEDIS numbers or measures. HEDIS is an abbreviation for Health Effectiveness and Data Information Set. These numbers are used mainly with primary care practices, not other types of organizations.

HEDIS numbers are like “scores” that the federal government and other groups use to decide how well primary care practices are doing taking care of different types of patients.

There are special HEDIS metrics for caring for patients with type 2 diabetes. For example:

- How many patients with diabetes at the practice measured their A1C in the last six months?
- How many patients with diabetes have an A1C below 9%?

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

- Blood pressure
- Asthma
- Depression
- Cancer screening
- Many others

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

These numbers can be very important to primary care practices because their insurance companies 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 QI data because they help organizations, including primary care practices, “see” things that they often can’t in numbers.

Let’s think back to the story that the CHW, Sam, shared John’s experience at the practice with others.

Sam told the clinicians and staff about John not seeing the health educator and how he was not taking his insulin because he did not know what to do when he was at his construction job.

Sam’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 Sam 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, 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, the shoemaker uses a process to put the shoes together.

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 certain steps when you water your garden. Let's look at an example.

What is a process map?

In QI, we create drawings of processes so we can actually “see” and study them to find the areas where there is a problem or where mistakes are easily made.

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 which she waters twice a week using a garden hose attached to an outdoor faucet.

Unfortunately, Elodia frequently floods her garden when she waters it. This is causing root rot and her plants are starting to die. Elodia knows you are learning about QI and asks you 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 her process 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)

- You: “Elodia, what do you do first when you are watering the garden?”

- Elodia: “I get the hose from the closet and connect it to the outdoor faucet.”
- You: “Then what do you do?”
- Elodia: “I turn on the faucet and put the end of the hose in my garden.”
- You: “Then what do you do?”
- Elodia: “It takes a while, so I leave to do my laundry, so I don’t waste time.”
- You: “Then what do you do?”
- Elodia: “Once I get my laundry in the washer, I come back and check the water level in the garden and 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 watering her garden.

Help Elodia Improve Her Process (Slide 34-35)

You and Elodia look at the map you created.

Elodia realizes 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 in 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 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 and do them. Do not use your memory. Map what you do. (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:

1. It's important to try to map what you actually see happening, not from memory. That way, you won't miss steps and your map will be much more accurate.
2. It's important to have the person who is doing the process you take the lead in creating the map.

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 you'd like to improve?

- Dishes always pile up in the sink
- I forget to water the garden often
- The laundry takes too long
- I don't clean up, my room is always messy

>Handout 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 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 appreciate 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

Describe ways CHWs can help the practices where they work with QI.

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)

Use the QI journey map to describe the first two steps of the QI process.

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)

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

Learning Objective 3 (Slide 44)

Can you gather data to understand the quality issue?

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)

Can you create a QI Goal by answering these questions?

Review: Create a Process Map to Use in QI (Slide 47).

Can you create a process map?

Evaluation (Slide 48)

- A. How much did this session increase your knowledge about quality improvement or QI?
- B. How satisfied are you with this session today? Not at all, A little, Somewhat, A lot
- C. What was the most helpful part of the session for you today?
- D. What is one thing we can change to make this session more helpful next time?

Participant Evaluation (Slide 49)

Please use the QR code to open your participant evaluation