

Comprehensive and Team-Based Care Community of Practice (CoP)

Quality Improvement Training – Part One:
Wednesday October 29th, 2025

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

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- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
 - “Meaghan Angers CHCI”

1
After launching the Zoom meeting, click on the "Participants" icon at the bottom of the window.

2
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3
Type in the display name you'd like to appear in the meeting and click on "OK".

Quality Improvement Training Part 1 Agenda

1:00-1:05pm	Welcome
1:05-1:25pm	Foundation for Effective Meetings
1:25-1:40pm	Introduction to Stages of Improvement Ramp
1:40-2:05pm	Step 1: Define the Team and How to Make Your Team Work
2:05-2:10pm	Break
2:10-2:35pm	Step 2: How to Use Data to Improve Practice
2:35-2:45pm	Step 3: Global Aim Statement
2:45-2:55pm	Activity – Draft a Global Aim Statement
2:50-3:00pm	Questions, Next Steps, and Evaluation

Quality Improvement Trainers

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National Institute for Medical Assistant Advancement

An accredited educational institution that trains medical assistants for a career in team-based care environments.

The Weitzman Institute

A center for innovative research, education, and policy.

Center for Key Populations

A health program with international reach, focused on the most vulnerable among us.

Locations & Service Sites



Overview

- Founded: May 1, 1972
- Staff: 1,400
- Active Patients: 150,000
- Patients CY: 107,225
- SBHCs across CT: 152

Year	2022	2023	2024
Patients Seen	102,275	104,917	107,225



National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides **free** training and technical assistance to federally funded health centers and look-alikes across the nation through webinars, activity sessions, communities of practice, trainings, publications, and more!

To learn more, please visit <https://www.weitzmaninstitute.org/nca>.

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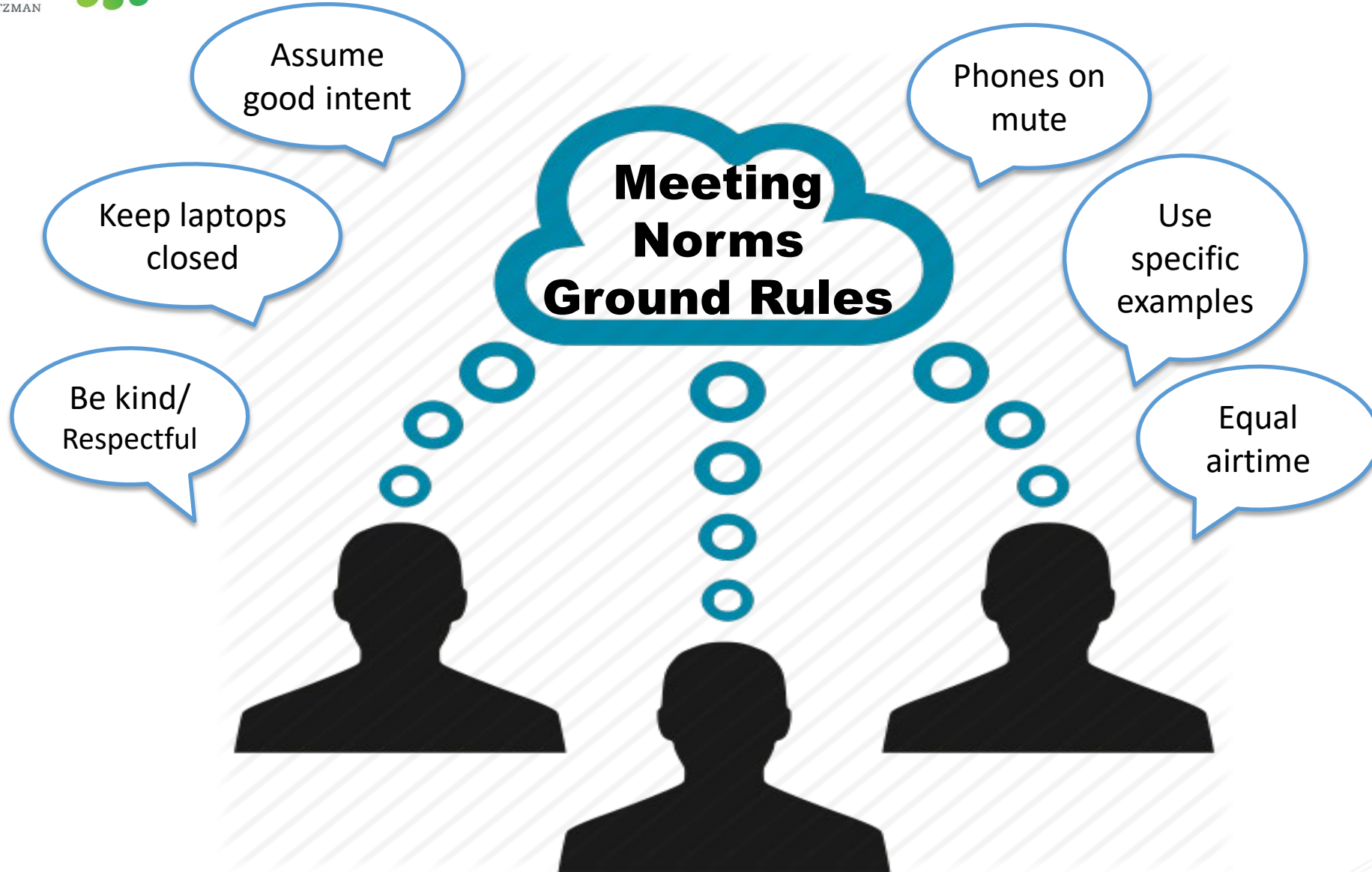
Foundation for Effective Meetings



Discussion Question

What are some common frustrations you've experienced during a group meeting?

Insert answer in the chat or unmute yourself



Meeting Roles

- **Facilitator**
- **Time Keeper**
- **Recorder**
- **Leader**



Knowing the Difference

What
Topics
Agenda
Outcomes



How
Tools
Flow
Interaction

Questions to ask yourself **BEFORE** every meeting:

- ✓ What do I need from this meeting?
- ✓ What do I already know about this topic?
- ✓ What do I expect I/we can do/have after the meeting that I cannot do/have now?
- ✓ What do I need from other members from this team?
- ✓ What can I personally contribute to this team/project?

Questions to ask yourself **AFTER** every meeting:

- ✓ My expectations were met by...
- ✓ These are the things I can improve for the next meeting...
- ✓ I was surprised to discover...
- ✓ I commit to improving these skills...
- ✓ My personal action items to improve future meetings...

Agenda

Department:

Time of Meeting:

Meeting Location:

Participants:

Aim of Team or Project:

Time	Item	Aim/Action
	Clarify objectives	Leader reviews objectives
	Confirm meeting roles	Use meeting role cards to assist each member on expectation of that role
	Review agenda	Leader quickly reviews agenda items. Time keeper tracks time for each item. Recorder tracks action items.
	Work through each agenda item	Track action steps for each item to be completed (use action planning template)
	Review meeting record and action plan	Recorder reviews with team
	Plan next agenda	Leader and/or facilitator helps group create agenda items based on action plan and next steps
	Team assigns meeting roles for next meeting	Team members decide on which roles they will take on for next meeting

Start Strength



<p style="text-align: center;">Purpose</p> <ul style="list-style-type: none"> - Why we are meeting - These are our expected outcomes 	<p style="text-align: center;">Process</p> <ul style="list-style-type: none"> - How we will approach the topic - These are some of the tools we can/will use
<p style="text-align: center;">Time</p> <p>How long the meeting/session will be</p>	<p style="text-align: center;">Start Strong</p>

Other Helpful Tools

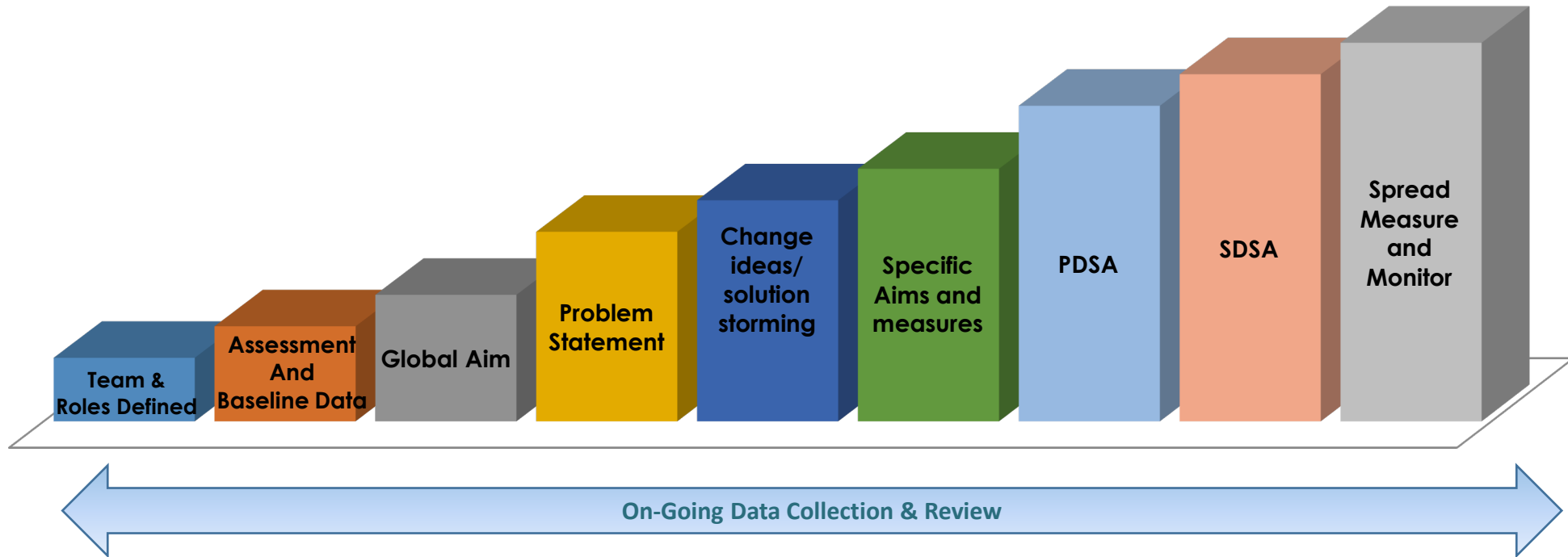
Parking Lot
process of ordering new forms
Editing of form - Dental insurance.
Excel spreadsheet - edit issues
"Employer" (school name) - if
school not on drop down - NO process.
Medical Record # added.
Enfield scanning issue!



Stages of the Improvement Ramp



The Stages of Improvement



1. TEAM AND ROLES DEFINED

Coach Assigned, Identify Core and Extended Team Members, Define Roles, Schedule Team Meetings, Communication Plan

TOOLS/SKILLS/PROCESS:

Effective Meeting Tools
Forming/Storming/Norming/
Performing

2. ASSESSMENT AND BASELINE DATA

What is our current state? Describe population of interest, Identify data sources, Drill down to specific areas of focus. Related to other projects?

TOOLS/SKILLS/PROCESS:

Tick & Tally & other data collection
Process Mapping
Role Assessment
Team Practice Assessment

3. GLOBAL AIM

What is our overall goal for advancing TBC Model? Theme, Name process, location, Start/End of Process, Benefits/Imperatives

TOOLS/SKILLS/PROCESS:

Build Consensus
Fishbone Diagram (cause & effect diagram)

4. PROBLEM STATEMENT/THEME

Problem Statement, Importance, Goals/
Objectives, Deliverables, KPIs

TOOLS/SKILLS/PROCESS:

QI Charters as agenda items
Brainstorming/ Brain writing
Multi-Voting
Impact/ Effort Grid
Fishbone Diagram
Five Whys
Process Map
Build consensus

5. SPECIFIC AIMS and MEASURES

What do we want to accomplish in days and weeks? What will change, by how much & when, How will we know that we accomplished it?

TOOLS/SKILLS/PROCESS:

Specific Aim Tool
Build Consensus
Fishbone Diagram (cause & effect)
Tick & Tally & other data collection

6. SOLUTION STORMING for CHANGE IDEA

What could we try?

Realistic ideas, Manager | Leader involvement.

TOOLS/SKILLS/PROCESS:

Idea Tree
Parking Lot
Force Field Analysis
Impact Effort
Multi-Voting

7. PDSA

Aim, test, who, when, where.

PLAN Tasks: How will we do it? What, Who, When, Where. Predictions, Measures

DO: Lets try it out. Results

STUDY: How is it working out? **ACT:** Lets try it again with modifications?

TOOLS/SKILLS/PROCESS:

PDSA Template
Keep test SMALL
Only one PDSA at a time
Measures

8. SDSA

Standardize the test that was successful. Will it work the same in every day routine? Document.

TOOLS/SKILLS/PROCESS:

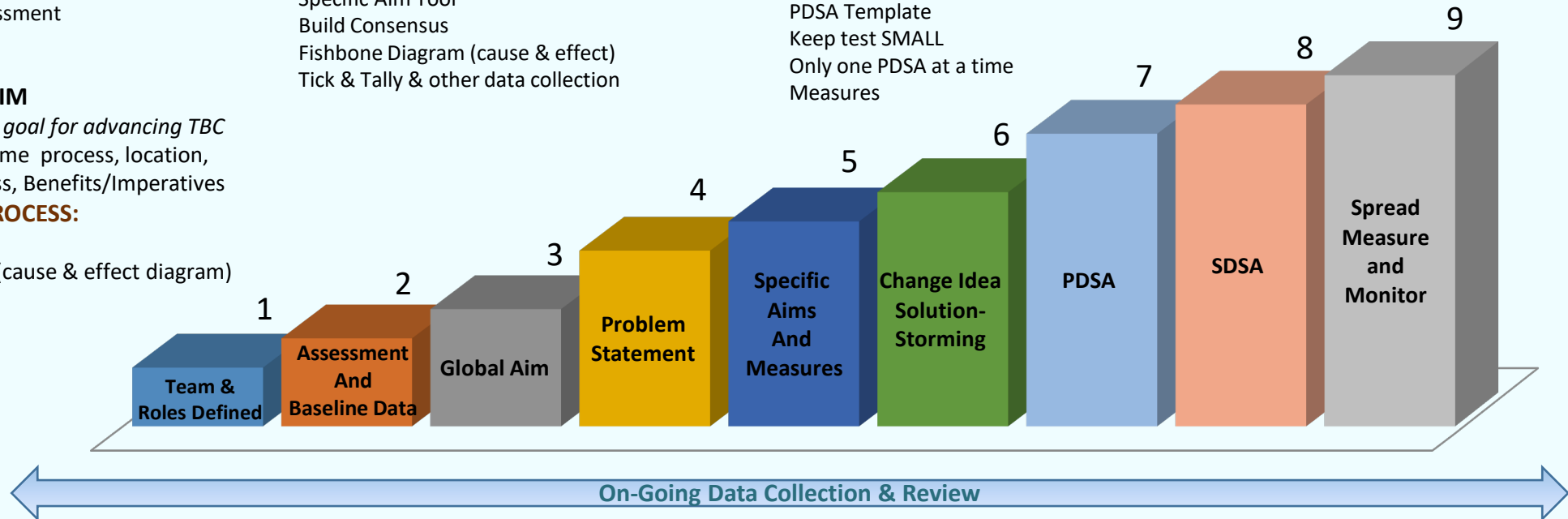
Involve all team members
Communication Plan
Playbook – Influence Spread

9. SPREAD, MEASURE & MONITOR

Implement spread strategy and track how it is working.

TOOLS/SKILLS/PROCESS:

- Communication Skills
- Spread Strategy
- Big Picture View
- Connecting the dots
- QI Process



About the Improvement Ramp

- Adapted from Clinical Microsystems and IHI
- A systematic organized approach to improvement that relies on data
- Not truly a linear process: often need to step back to get more data or clarify aims before moving forward again
- Number 1 mistake: Skipping steps 1-5!!
- Everybody has a good idea for how to fix something before understanding why it is happening in the first place.

So You Want to Improve Your Practice...?

- You did some QI training and got a group together to talk about an idea you have for change. Options:
 - Everyone a) nods in approval because you're the boss so.... b) wonders what they're supposed to do exactly....c) wonders when they will have time to do it....d) wonders why they are there....e) feels overburdened by constant change.
 - Someone says "We did that already, didn't work" and everyone nods in agreement.
 - The group breaks down. Some are complaining, some are suggesting other solutions, some are watching the clock.
 - You leave the meeting and wonder how long it will take to get everyone to buy-in.
 - By the 3rd or 4th meeting, attendance is dwindling.

Sound Familiar?

Mistake #1: You tried to sell them an idea and they didn't "buy it".

- Better: Build the change together and they will own it.

Mistake #2: You're the boss telling them how to do their work, you've already made the decision.

- Better: let them tell you how they do their work and decide how to do it better.

Mistake # 3: They don't know what is expected of them.

- Better: Work together to clarify roles and goals.

Sound Familiar?

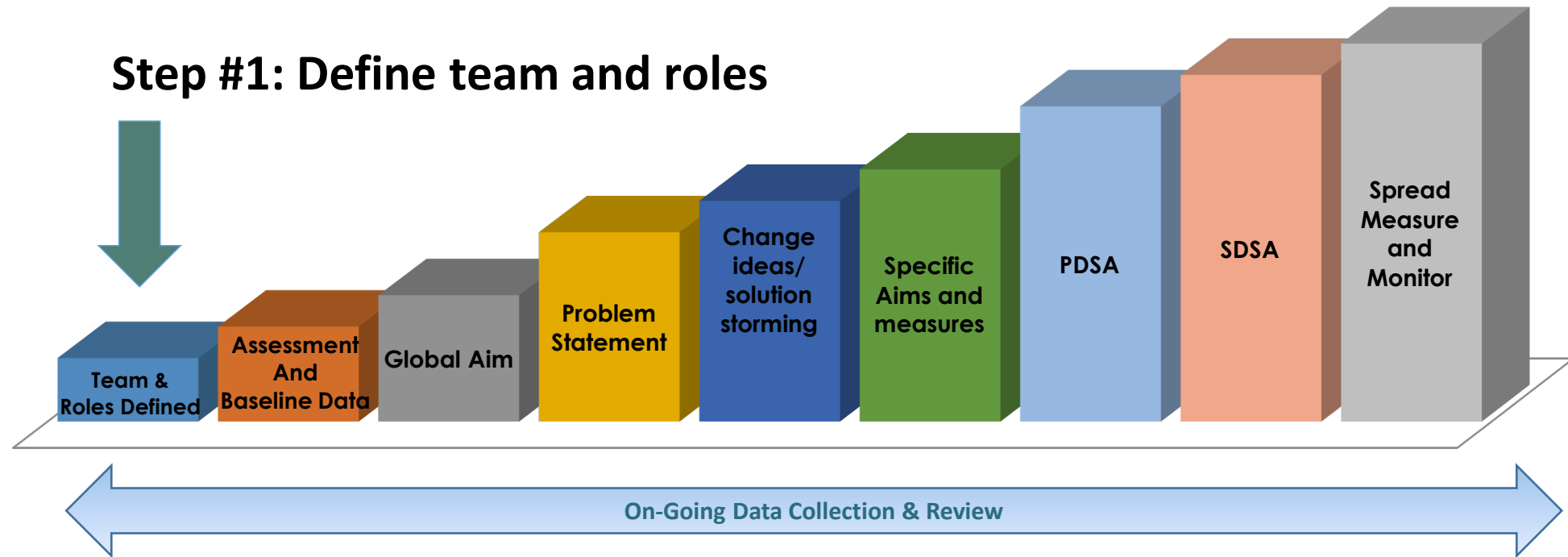
Mistake #4: There is no clear process for how this change is supposed to happen.

- Better: Use a systematic approach to change that everyone can follow, like the Improvement Ramp.

Mistake #5: You started with a solution.

- Better: Start with Step #1: define team and how it will work.

The Stages of Improvement



Define Teams and Roles

- ✓ Who should be on the team?
- ✓ Establish meeting times and days
- ✓ Video or in-person?



Managing Teams while Managing Change



Approaches to change

- Engagement of stakeholders: Leadership, clinical and non-clinical personnel.
 - Who has influence and interest in your work and potential outcomes?
- Clarity of purpose
 - Why change? To what end?
- Who is the team making the change?
 - Have the right people with the right skills.
- Communication:
 - Have a consistent message, keep the right people in the loop at the right time, listen to and anticipate questions.
- Strategy/tools/resources
 - Have an agreed upon shared mental model for how you will proceed.
- Monitoring for revision and sustainability
 - The data tells the story.

Baseball Teams

- Know the roles of the pitcher, catcher, basemen, outfielders...and the umpire.
- They have a manager.
- They have a coach.
- Batters have studied how pitchers pitch; pitchers have studied how batters bat.
- They know their scores. And the scores of other teams.
- They know different ball parks and where the boundaries for a home run are.
- They know their fans.
- They practice....a lot.
- They stay in shape.



Normalizing Change: What We Know

Before you can change practice, you must change the individuals who work in the organization--that is, their values, attitudes, relationships, skills, and behavior. NOT a linear process!

- Start with changing their minds [values, attitudes] about the work ahead....*coherence*.
- Build relationships and ownership about how the work will be done....*cognitive participation*.
- Get into the weeds of the work together, develop new skills, try new ways of working....*collective action*.
- Track your progress and revise as needed....*reflexive appraisal*.

Establish *Coherence* About Work Ahead

- **Coherence** is about clarity of purpose, expectations, and value.
- *Why are we here? How is the community of practice (CoP) different from other projects?*
 - Be clear that the CoP is only a kick start to advancing team-based care.
This is a long term commitment!!! It will not end in 8 months.
- *Who is in charge?*
 - Differentiate between “meeting role leader” and “project leader” who is the person responsible for driving the work and reports to leadership.

Establish *Coherence* About Work Ahead

- *What is expected of us? Of me?*
 - Clarify expectations, explain meeting rules and role of coach, set regular time to meet, expect members to be at meetings and to contribute.
- *Is this worth my time?*
 - Build value. Create a vision. Earn trust.

Failure to build coherence from the start leads to conflict, and will make it impossible to move forward. People will stop coming to meetings.



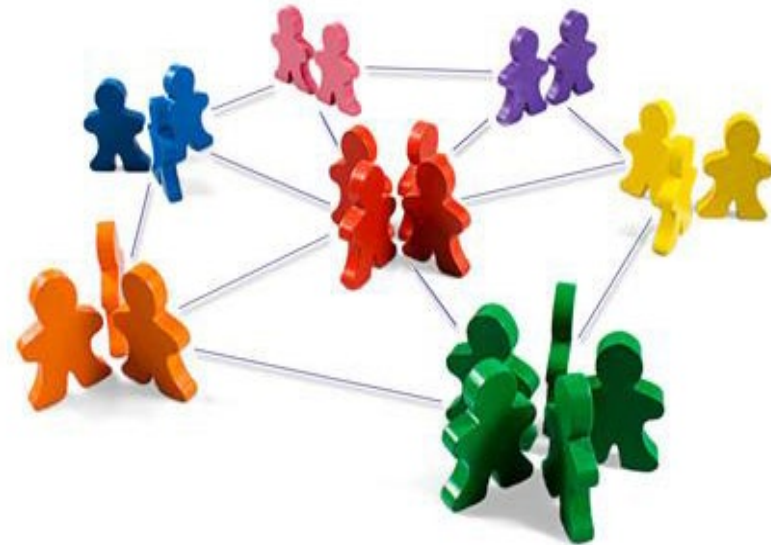
Promote *Cognitive Participation*

- **Cognitive participation** (really relational participation) is the relational work of team-work: *Do we have the right people? How do I fit in?*
- Develop **ownership** for doing the work of the CoP and for advancing team-based care, not “buy-in.” Looking for “buy-in” is to sell an idea people may not want to “buy.” *Do we all want the same thing?*
- **Everyone has something to offer** so be sure they do or help them develop new skills.

Promote *Cognitive Participation*

- Manage conflict in the meeting. No “hall meetings.”
- Use a **shared mental model** for how the work will be done: the Improvement Process is a highly effective systematic approach.
Are we on the same page?

Without ownership and a shared mental model for how to do the work, the team lacks direction and gets frustrated.
The loudest voice wins.



Engage in *Collective Action*

- **Collective action is the operational work of teams:** important to have a shared mental model, a systematic approach— Improvement Ramp!
- The team is delving into the work, “in the weeds” of change, which is always more detailed-oriented than people expect.
- *What does the data tell us? Is it valid? Is this the right specific aim?*
- Trust each other’s expertise, commitment, and remain accountable for assigned tasks. Progress is being made. *Is everyone engaged?*
- Split up the work as needed: *Are the right people doing the right tasks?*
- Develop new skills as needed. The team has access to resources: technology, time, data, key personnel (like IT) — managing up to get it.

Engage in *Collective Action*

If some people are doing all of the work, some are not doing their share, if the systematic approach isn't used, if resources are not available—trust erodes and work doesn't get done.

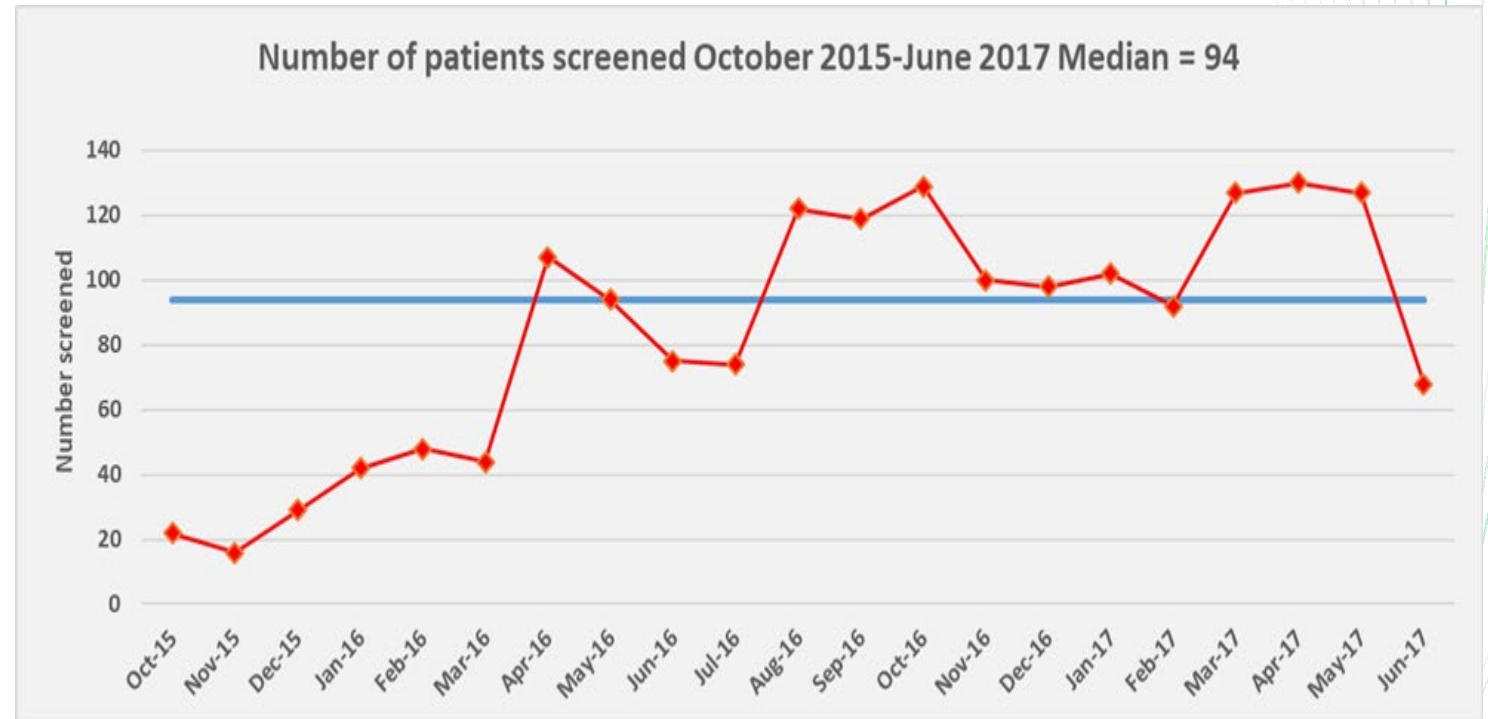


Practice *Reflexive Monitoring*

- **Reflexive Monitoring** is the **appraisal work** that people do to assess and understand how change is working. It does not end.
- The team measures and tracks results, talk about spread to other parts of the organization. *Is this working out?*
- As they evaluate the work, they may make changes to refine it, or to adapt it to other settings. *What fine-tuning do we need to do to make sure it is sustainable?*
- The appraisal is both personal as well as collective. Individuals may express personal pride in what they've learned, the team as a whole might feel good, and see growth in their ability to work as a team. Their efforts were worthwhile. *We make a good team. I got a lot out of this.*

Practice *Reflexive Monitoring*

Without reflexive monitoring, the work cannot spread, be sustained, or be revised/improved as needed.



Sources of Conflict

Lack of Coherence

- I don't know who is in charge. I don't understand the purpose. I don't know what is expected. I don't value this.

Lack of Relational Work/Cognitive Participation

- No ownership. Not on the same page. No shared mental model of how to do the work. Jumping to solutions before determining what the issue is. No direction. Too many loud voices. I don't know where I fit in. Insecurity about being a team member.

Sources of Conflict

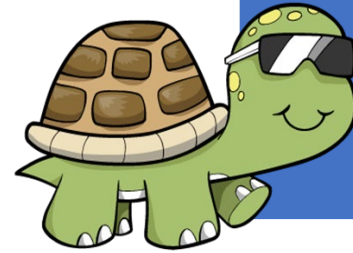
Lack of Collective Action

- Insufficient resources and administrative support. Failure to use shared mental model/systematic approach. Wrong set of skills/won't develop new ones. Slackers and the overworked. Lack of engagement.

Lack of Reflexive Monitoring

- No tracking. Pilot becomes policy without testing spread. No sense of accomplishment —I wasted my time.

Understanding Conflict Management Styles



Avoiding

Accommodating



Collaborating

Competing



Compromising

Thomas-Kilmann Conflict Mode Instrument

<https://kilmanniagnostics.com/overview-thomas-kilmann-conflict-mode-instrument-tki/>

Exercise

- Go on mute and use the following link to complete the ‘What Conflict Animal Are You?’ quiz:

<https://www.tryinteract.com/quiz/what-conflict-animal-are-you/>

- The quiz takes about 2 minutes to complete. After you take the quiz, come back to the zoom screen and complete the ***POLLING QUESTION***.

Descriptions

Collaborate	Gets people working together to find the best solution	Preferred approach. Work through issues whenever possible to reach solutions everyone can live with.
Compromise	Helps people find the middle ground	Meets others in the middle when faced with polarized positions to create a hybrid approach
Accommodate	Helps smooth things over & keeps the peace	Give in when keeping the peace is more important than finding the solution
Avoid	Doesn't deal with the issues & often damages relationships	Walk away in those situations when issues can't be resolved or to buy time when emotions are running high
Compete	Divides the groups and creates win/lose	Fight only to defend against violence when there is no other choice. Competing has no place at work

Developing the Skills

Natural Instincts:

- Jump in immediately to shut it down
- Take a side
- Get defensive
- Shut down or walk away
- Shout over the disagreement
- Ignore / Avoid it



The Skills:

- Problem Solving
- Remain relaxed and focused
- Stay centered and in control
- Embrace and acknowledge feelings of anger, sadness or fear
- Recognize what people are NOT saying
- Improve non-verbal communication
- Root cause analysis – Be curious
- Use humor / Playful for challenges

Positive Reaction

- “Can you say more about that?”
- "Is that the way it usually happens?"
 - *Restate what you have heard to assure what has been understood so far*

Reflect feelings and be as clear as possible

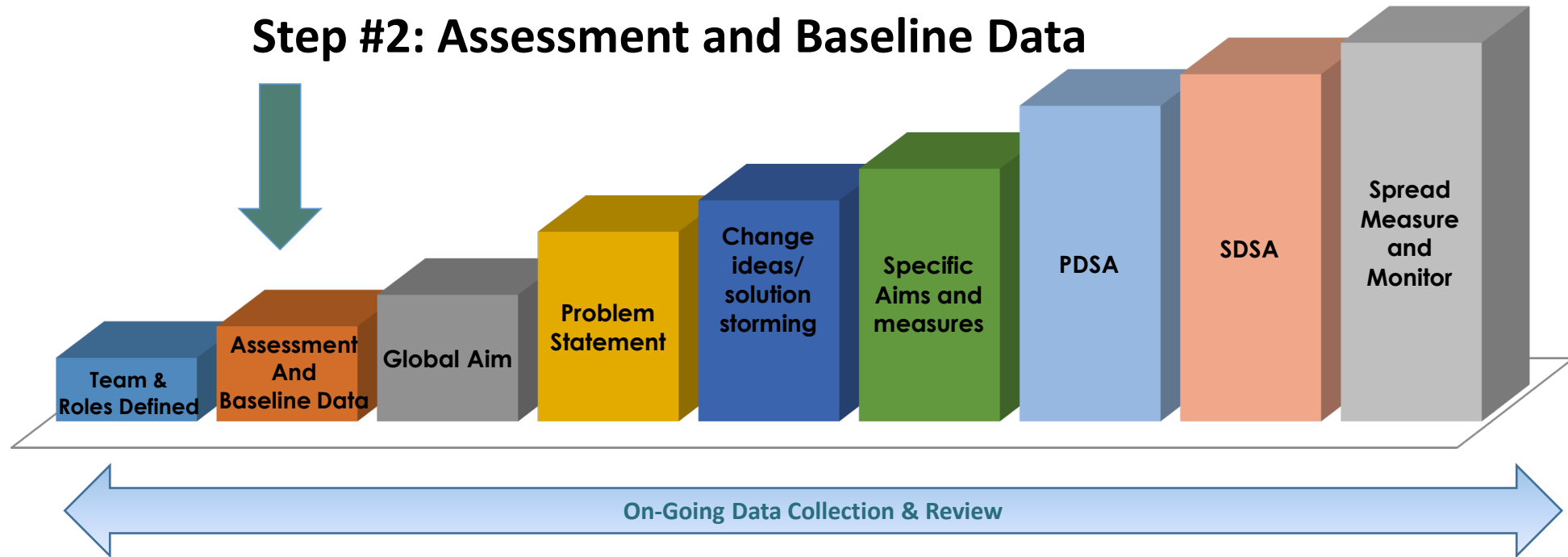
5 minute
break!



How to Measure, Interpret, & Display Data



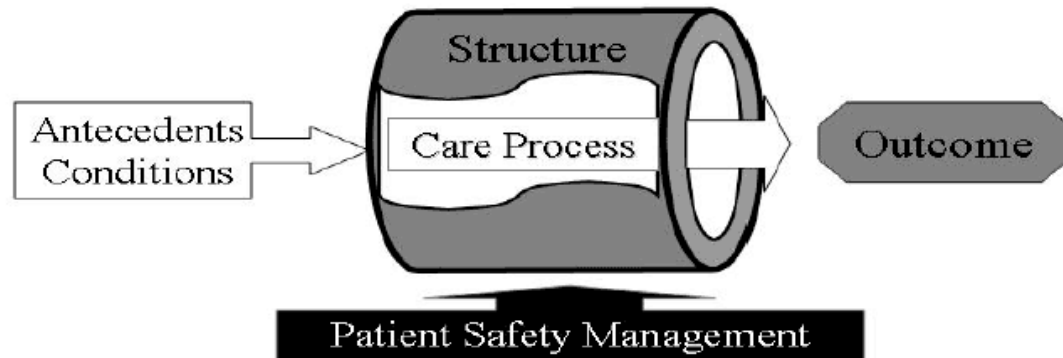
The Stages of Improvement



Polling Question

How comfortable are you with using data?

Types of Practice Data: Donabedian



Your aims usually address a clinical care process with a beginning and an end over which you have some control that leads to a measurable outcome

Structure

- Physical and organizational characteristics of where health care occurs
- Capacity and systems in place to provide care

Process

- How care is delivered to patients; workflows
- What staff do to ensure care is delivered

Outcomes

- Effects of health care on the status of patients and patient populations
- What patients do

Sources of Practice Assessment Data

Staff/Structure Measures

- ❖ Staffing ratios
- ❖ Panel size
- ❖ Pods, core teams
- ❖ EMR

Process Measures

- ❖ UDS screening rates
- ❖ Cycle time
- ❖ No show rates

Patient Outcome Measures

- ❖ UDS measures: diabetes, hypertension
- ❖ Satisfaction surveys

Types of Outcomes Data: Yes, they are the same thing

Staff/Structure Measures

- ❖ Staffing ratios
- ❖ Panel size
- ❖ Pods, core teams
- ❖ EMR

Process Outcomes Measures

- ❖ UDS screening rates
- ❖ Cycle time
- ❖ No show rates

Patient Outcome Measures

- ❖ UDS measures:
diabetes, hypertension
- ❖ Satisfaction surveys



Change a process you can control.

Assessing Your Practice

- Data tells you how you are performing as a team, as an organization (remember the baseball players!).
- Data is team sensitive—the outcome of team roles (activities and responsibilities), workflows and clarity of purpose.
- Start with your data and work backward to identify how team roles, workflows, purpose, lead to your outcomes.
- Then you can change the team roles, workflows, purpose, etc. to achieve greater efficiency, clarity, and effectiveness and your data will tell you if your change efforts worked.
- **You need good data in order to practice team-based care.**

Health Center Program Uniform | x +

data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS00159

Clinical Data	2016	2017	2018	2019	2020	Adjusted Quartile Ranking
	2020 ⁺					
Quality of Care Measures						
Perinatal Health						
Early Entry into Prenatal Care (first visit in first trimester)	89.68 %	85.99 %	88.32 %	88.48 %	97.61 %	1
Number of Access to Prenatal Care (First Prenatal Visit in 1st Trimester)	1,051	976	991	937	1,060	
% Low and Very Low Birth Weight	7.30 %	8.51 %	8.48 %	8.11 %	4.95 %	1
Number of Newborns with Low Birth Weight	47	52	54	43	27	
Preventive Health Screening & Services						
Cervical Cancer Screening ⁺	69.09 %	69.58 %	72.04 %	70.06 %	61.62 %	1
Number of Cervical Cancer Screening Patients ⁺	14,854	15,394	15,810	16,476	16,433	
Breast Cancer Screening					61.16 %	1

Type here to search | 54°F | 5:11 PM 10/25/2021

<https://data.hrsa.gov/topics/healthcenters/uds/overview>

Types of Quantitative Data: Ratio and Interval

- Ratio data are raw numbers with a natural zero, and so can be multiplied and divided. Percent is ratio data.
 - You can have “zero” patients screened.
 - 10 patients screened is two times 5 patients screened.
- Interval data are raw numbers without a natural zero (no multiplying), but there is equal distance between two data points. Temperature is interval data.
 - You cannot have “no temperature.”
 - 90° F is 45° degrees more than 45° F, but you cannot quite say that 90° F is two times hotter than 45° F.

This is important because it determines the types of statistical analyses you can use.

Counting vs. Measuring: Quantitative Data

- When counting, you use whole numbers: you can't count $\frac{1}{2}$ a patient.
- When measuring, you can have fractions: $\frac{1}{2}$ cup.
- Technically, time is measured, not counted. You can have $1 \frac{1}{2}$ minutes which is half of 3 minutes.
 - But because time is not measured in base 10 (there are not 100 minutes in an hour), calculations in excel or other statistical tests require different formulas than most ratio data.
 - This is important because it determines the types of statistical analyses you can use.

What kind of data do you have?

- Most of your data, such as UDS measures, involve counting patients or counting events in clearly defined groups/categories. It is ratio data. Here are some common types of data that our teams work with:
 - No show data: *What is our no show rate?*
 - Screening data: *What is our screening rate for mammograms?*
 - Chronic disease measures: *What percent of our patients with hypertension are in good control?*

Important: Define Your Groups

- Groups can be patients, events (no shows), things (syringes).
- **Example: Definition of UDS Measure:** *Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period.*
- **Denominator is the Population:** includes all eligible patients
 - Definition of population: *Women 51-74 years of age with a visit during the measurement period.*
- **Numerator is the Subset of Population of Interest,** and is mutually exclusive, that is, screened (A1) or not screened (A2).
 - Definition A1 patients screened: *Women 51-74 years of age with a visit during the measurement period who had one or more mammograms to screen for breast cancer in the 27 months prior to the end of the measurement period. (as documented in EMR)*

Define Your Groups

- **Formula:** $\text{Subset A1/Population A} = \text{percentage of population screened}$
- *Note there can be multiple mutually exclusive subsets in a population depending on the measure: A1, A2, A3...An Example:*
- **Denominator** is the Population A, that is all people who qualify based on your definition: “Women who had a pregnancy confirmed for the first time during an office visit in the past 12 months.”
- **Numerator** is the subset of the population of interest
 - A1: # of women in Population A referred to internal OB/GYN providers
 - A2: # of women in Population A referred to OB/GYN providers at another clinic
 - A3: # of women in Population A not referred at all
- Beware of small denominators! $5/6=83\%$ $5/10=50\%$ $5/16=31.2\%$
- **Defining your groups will not be as easy as you think!!!**

Key Points

- Define your measure using standardized measures if possible.
 - *UDS screening rate for cervical cancer is defined as.....*
- Define your population using standardized measures if possible
 - *Population A is defined as women ages.....*
- Define the subset of interest (A1 or A2 or A3...)
 - *Subset A1 is defined as.....*
- **If you can't define it, you can't measure it.**

Percent vs. Percentage Point

- *Know your baseline in order to set your target.*
- *We aim to increase screening rate for cervical cancer in eligible female patients **by 15%** from January to March.*
 - What is the baseline?
 - If baseline is 22%, increase of 15% is: $22\% * 1.15 = \text{Target } 25.3\%$
- *We aim to increase screening rate for cervical cancer in eligible female patients **by 15 percentage points** from our baseline of 22% as of January 1 to 37% by March 31.*
 - Baseline and target are more clear
 - Baseline 22% + 15 points = Target 37%

Good Measurement

A good aims states:

What do I want to accomplish and how will I know it when I do? Or don't?

- A good specific aim is based on baseline data.
- A good specific aim has measures that are clearly defined:
 - Who or what is being measured.
 - When or within what time frame will it be measured
 - Where will it be measured
 - Uses standardized definitions to define the population and subsets.
- A good specific aim measures something that matters.
- A good specific aim is achievable. That is, you can get the data and change the process that results in the data.

Good Data Collection Plan

- ✓ Aim
- ✓ Baseline data
- ✓ Target
- ✓ Definition
 - Numerator
 - Denominator
- ✓ Tool
- ✓ How collected?
- ✓ When/how often collected: daily or weekly?
- ✓ Who collects it?
- ✓ Who aggregates it and reports it?
- ✓ When report is due?

Data Collection Plan

We aim to increase screening rate for breast cancer in eligible female patients* ages 50-74 from 22% as of December 31, 2024 to 37% by March 31, 2025.

Name of measure	Definition: Numerator	Definition: Denominator	Dates of interest	How to get the data
Breast cancer screening	# female patients ages 50-74 who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period and who have the results of the mammogram documented in their chart	Total # number female patients ages 50-74 who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period	January, February, March 2025 (First quarter)	Colonel Mustard will get the data from the electronic record as it is available for each month and give it to Ms. Peacock who is leading this initiative. She will review it with the team.

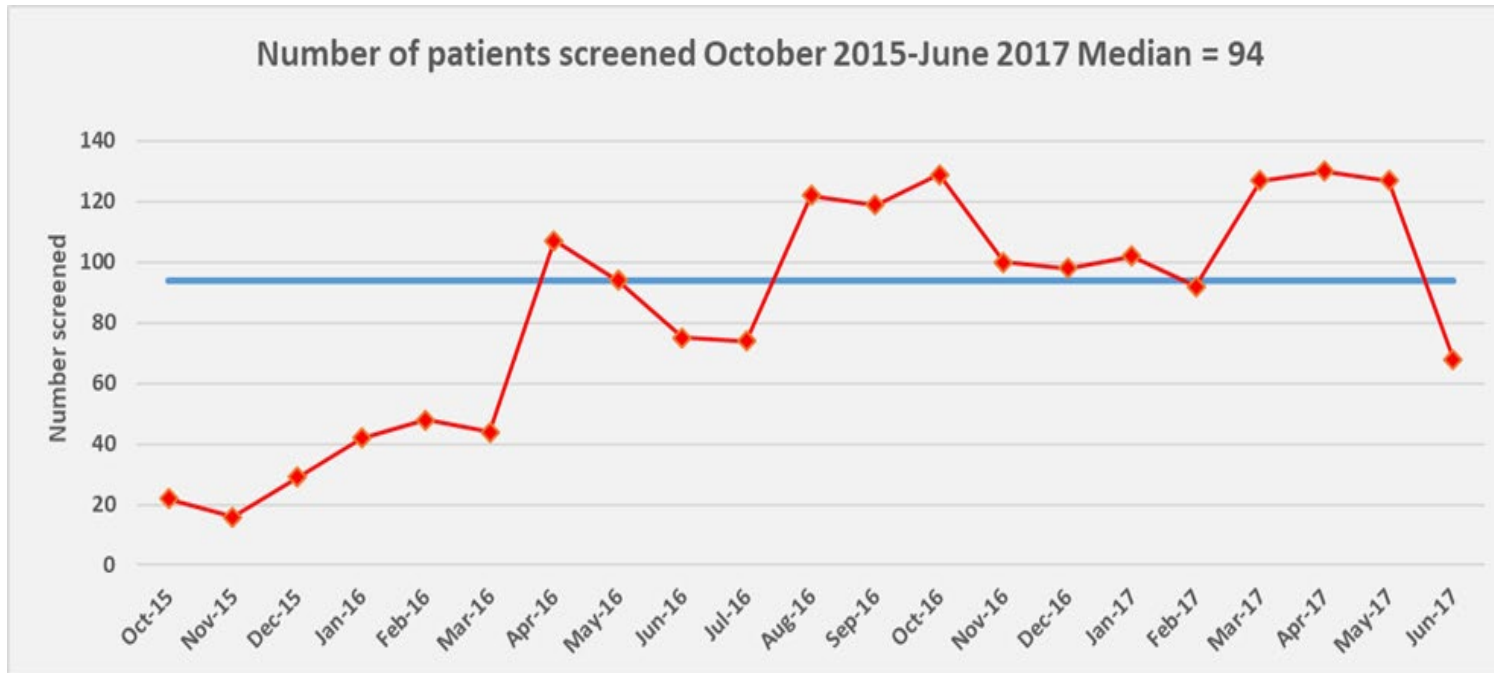
Good Data Display

- Good title: Tells uninformed persons what they are looking at—what (% completed cervical cancer screening), when (Jan-March), where (Clinic A), female patients aged 23-64
- Good labels: time, numbers, percentages, locations
- X-axis and Y-axis that correspond:
- When comparing two graphs, make sure the Y axes have the same intervals and range.

ALL GRAPHIC DISPLAYS REQUIRE CONTEXT TO BE INTERPRETED.

Run Chart

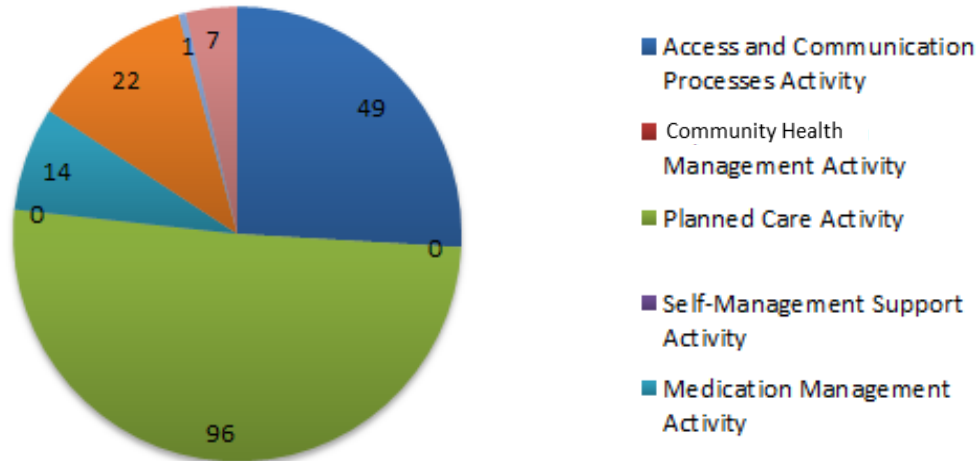
A run chart displays data (Y axis) over a period of time (X axis). The time periods are uniform and sequential, that is month to month, or quarter to quarter. The Y axis label matches the title: number of patients. The Y axis can be percentages as well.



In this chart, the red line is the number of patients screened, each dot represents the number screened in that month, and the blue line is the median (excel will do that for you). That is, the data is ratio data (has a natural zero). Run charts use a median, not a mean. Control charts use a mean.

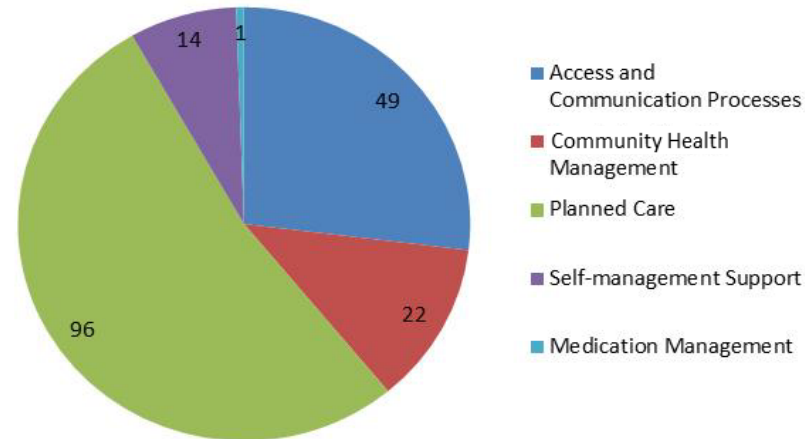
Pie Chart: Displaying the parts of a whole

Task Breakdown: Time (min, %)



Confusing display: Min? %? 0? Five activities listed but six pieces of pie.

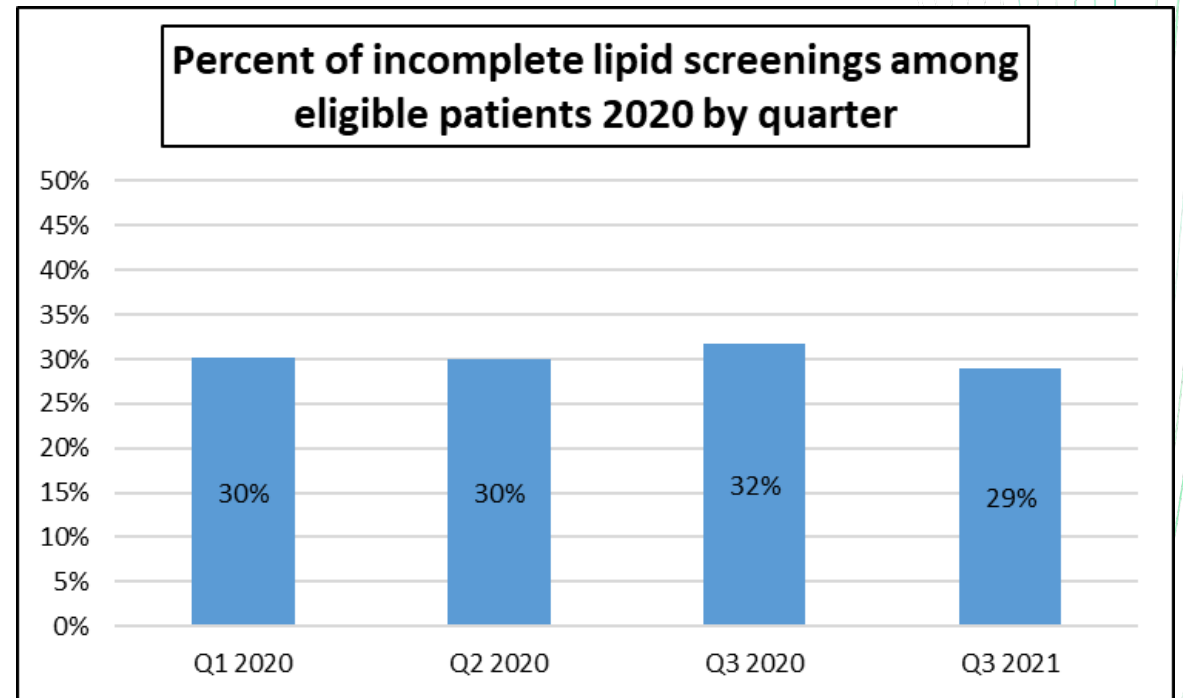
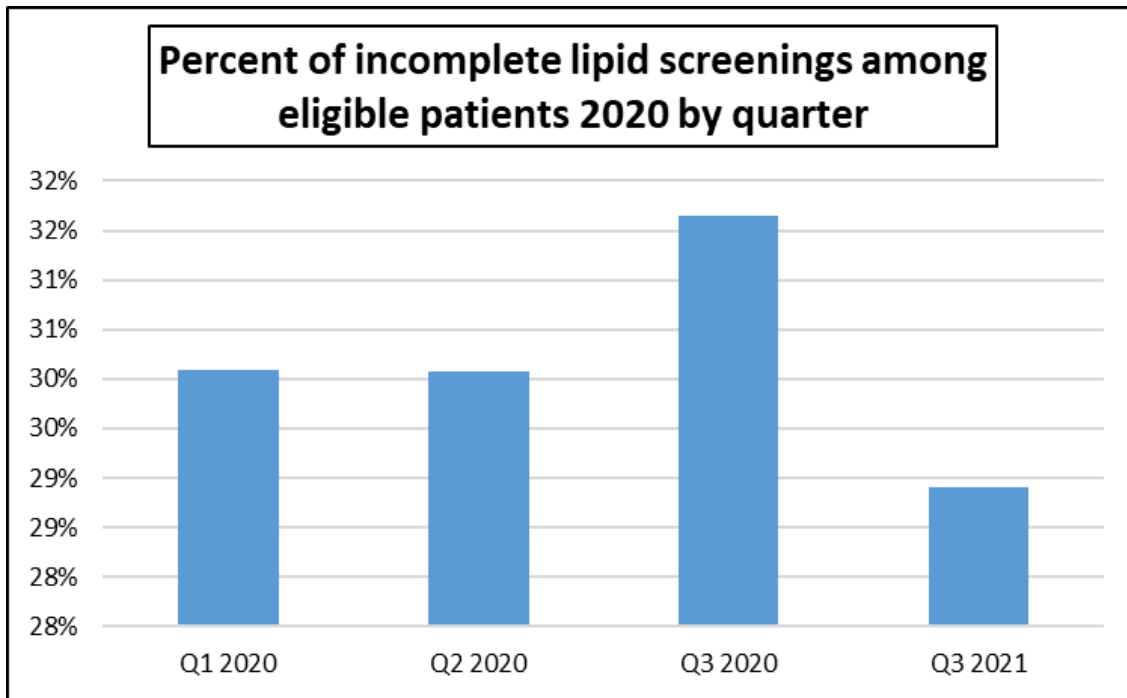
**Number of minutes per activity: MA
 Total 182 minutes**



Better: Could also label as percentages as long as they add up to 100%.

A pie chart shows the whole and its parts. Be clear about the size of the whole (182 min) and how many parts it is divided into in your legend.

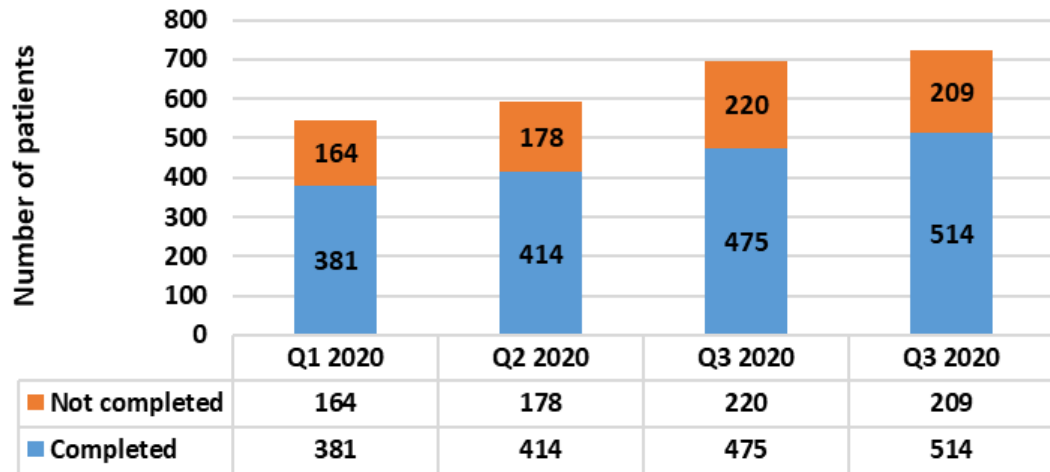
Single Bar Chart



This is the same data. On the left, the Y axis ranges from 28-32%, with intervals of one unit (barely). On the right, the range is from 0 to 50% with five unit intervals. Be careful about the scales for data ranges and intervals (see excel). The one on the left suggests a problem in Q3. In fact, the % incomplete is about the same across all quarters. When comparing two graphs, make sure the ranges and intervals are the same.

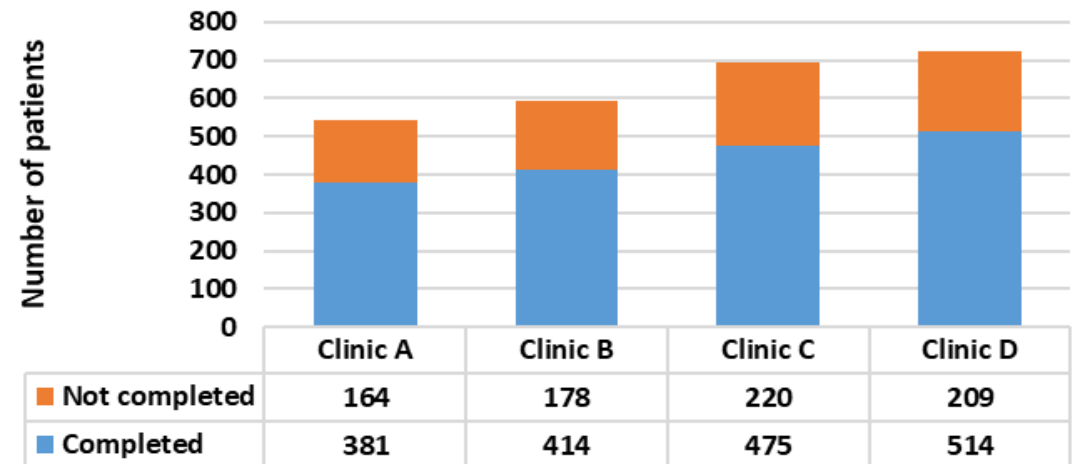
Stacked Bar Chart

Number of lipid screenings completed and not completed among eligible patients 2020 by quarter



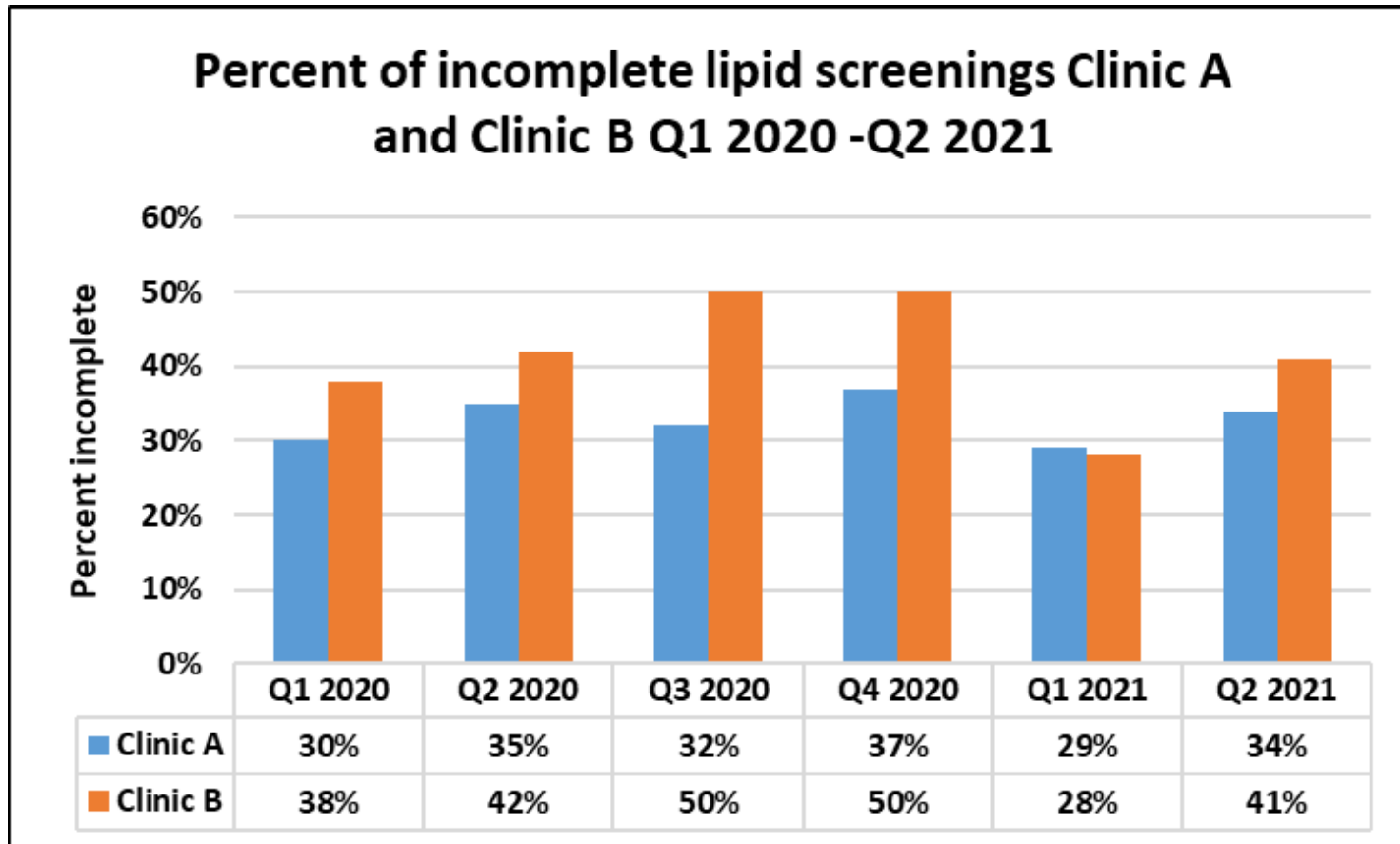
Like a pie chart, a stacked bar graph gives you the whole and its parts. But unlike the pie chart, the X axis can be time, locations, names, etc.

Number of lipid screenings completed and not completed among eligible patients Q1 2020 by Clinic



This is the same data but the one on the left uses time (quarters) for the X axis, the one on the right uses location and the time is noted in the title.

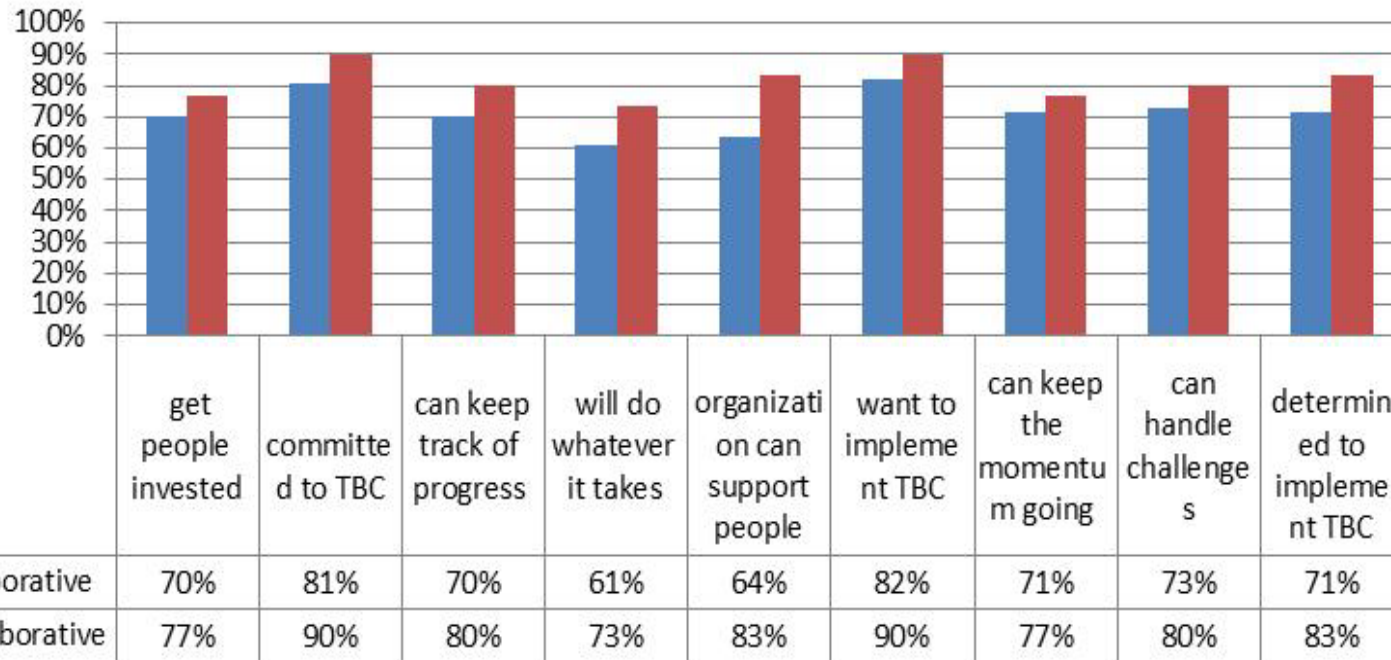
Side by side bar chart comparing two clinics



This is a side by side bar chart comparing incomplete screenings rates between two clinics over time. Beware of interpretation without context. We don't know the denominators.

Side by side bar chart comparing Pre and Post scores

Percent Agree/Strongly Agree ORIC Pre (N=50) and Post (N=35) Collaborative

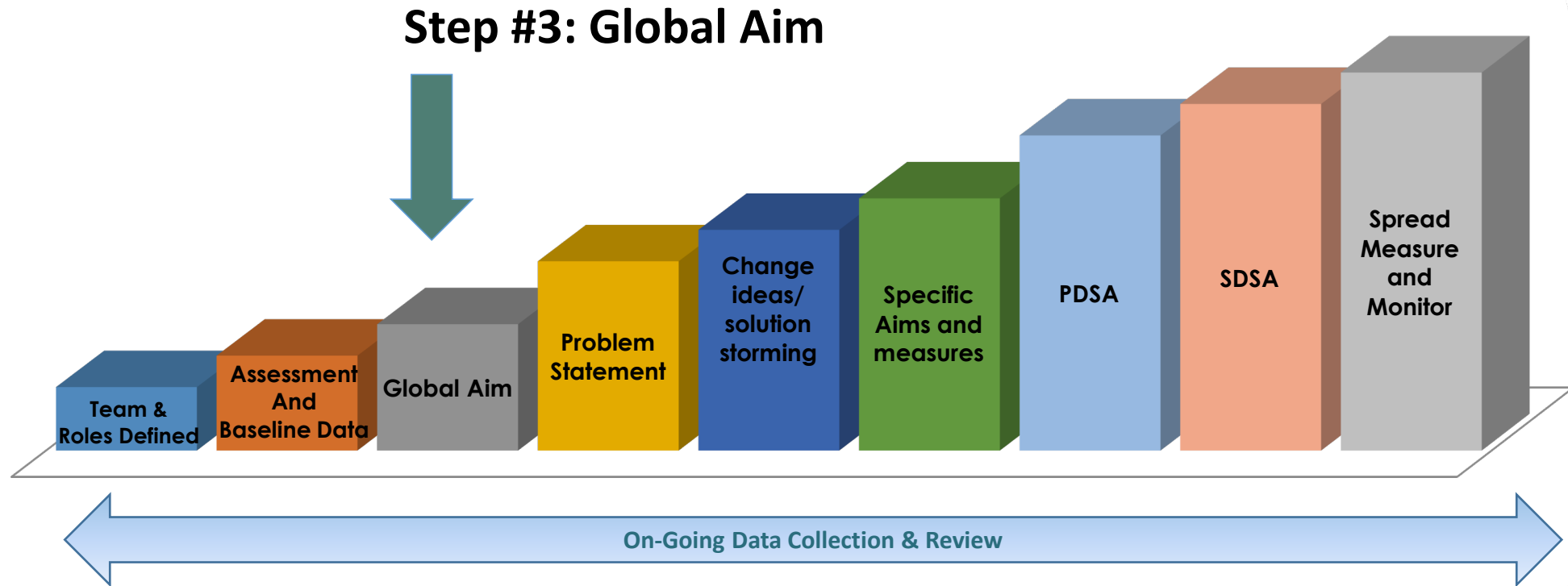


Side by side bar charts are a good way to compare Pre and Post scores. Note that the title gives the N for both Pre and Post. That is, the denominator is different.

Developing & Using a Global Aim Statement



The Stages of Improvement



The Global Aim is a documented statement of what you propose to improve in your focus area.

Global Aim Statement

- Based on what you found in your data:
What's the problem or general theme?
- States clearly where you want to start your work.
- Identifies where you want to focus the work.
- Identifies why it is important to work on the identified process.
- Creates an opportunity to build consensus for the team.



Writing a Structured Global Aim

- The aim is to improve the quality and value of...*(name the process)*.
- The process starts with...*(name start point)* and the process ends when...*(name end point)*.
- By working on this we expect to: *(Name better, hoped for results)*.
- It is important to work on this now because....*(list reasons)*

Example of a Global Aim Statement

- Theme for improvement: UDS measure for breast cancer screening.
- We aim to improve: the process for breast cancer screening.
- In: Dr. Smith's panel at the Main St. Clinic.
- The process begins with: identifying patients who are eligible for screening.
- The process ends with: documenting in the patient's health record that screening has occurred.
- By working on the process, we expect: to improve the UDS measure for breast cancer screening rate.
- It's important to work on this now because: our current rate for breast cancer screening is in the 3rd quartile so we can't take advantage of value-based reimbursements. Our rate has declined, but we have a lot of new staff and so have an opportunity to get a standardized workflow in place. We need to be better about making sure that our patients are being screened as the incidence of breast cancer in our population is higher than average. We're pretty good about ordering the mammograms, but we don't do mammograms at our clinic so we need to get better at having them documented in our records.

Statement is broad, but clear

- What: breast cancer screening
- Who: eligible women ages 50-74
- Where: at the Main St. Clinic
- Start: with identifying patients who are eligible for screening.
- End: with documenting in the patient's health record that screening has occurred.
- Why: better patient care, improved performance

Quality is Personal Activity

Global Aim

We aim to improve



- Improve the process of sorting and discarding of various forms of paper in the house.

In



- In my home

The process begins with



- Any form of paper is brought into the form

The process ends with



- The disposal or filing of papers

Working on this now we expect



- Create a streamlined process for managing papers,
- Make essential papers more accessible,
- Create more organization throughout the house, and
- Instills better habits in family, especially children.

It is important to work on this now because



- Clutter is contributing to a stressful home environment as there are delays in responding to and locating paperwork and the clutter decreases the amount of available storage space.

Questions?

Wrap-Up

Pre-Work: Introduction & Assessments

- **Prepare a brief introduction** (2 slides/2 min) about your team to present in Session 1. **Send slides to angersm@mwhs1.com by Friday October 31st**
- Review purpose of the CoP, syllabus, schedule, and Quality Improvement Workbook
- Read the introduction to the Quality Improvement Workbook and begin self-assessment deliverable under Step 2 of the Quality Improvement Workbook
- Obtain and review UDS Data
- Register for the [Weitzman Education Platform](#) if you wish to receive CME credit or participation hours

Weitzman Education Platform (WEP)

The **Weitzman Education Platform (WEP)** – this will serve as the platform to receive CME credits or participation hours for each learning session and access recordings/slide decks/resources:

- Register for the course here: <https://education.weitzmaninstitute.org/content/nttap-comprehensive-and-team-based-care-community-practice-cop-2025-2026>
- Access Code: TBC2025
- If you do not have an account, follow these instructions:
<https://education.weitzmaninstitute.org/user/register>
 - Choose a username, password (save it somewhere safe so you can continue to use it!), and fill out some basic user information.
 - Click Create New Account.
 - If you encounter any technical difficulties, please reach out to myself or submit a ticket.

Contact Information

For information on future webinars, activity sessions,
and communities of practice: please reach out to nca@chc1.com
or visit <https://www.chc1.com/nca>

Quality Improvement Training Part 2 is **Friday October 31st!**

REMINDER: Complete evaluation in the poll!

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