



QI Organizational Readiness Assessment

The T1D Exchange developed this QI Organizational Readiness Assessment tool (by adapting other evidence based similar tools) for sites caring for patients with Type 1 diabetes to measure and track improvements in organization-wide QI capacity.

There are four categories and each category has five components. Teams score between 0-5 for each category; the maximum final score is 20 points. Each “yes” response corresponds to one point.

Categories:

1. QI Team Structure
2. QI Foundation
3. QI Capacity
4. QI Success

For questions about this assessment and the T1D Learning Collaborative, please contact Alyssa Cabrera at acabrera@t1dexchange.org

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SUPPLEMENTARY DATA

1. QI Team Structure

Component	Yes	No	Do not know
<p>1.1 The QI core team members have relevant representation (roles) and meet at least monthly</p> <p><u>Example for a “yes” response:</u></p> <p>At the minimum, the following are represented on the core QI team: a clinical champion, a QI specialist/data analyst, a site coordinator (i.e. research coordinator, RN, or CDE), and a patient/parent representative.</p>			
<p>1.2 The Physician Champion/Leader is engaged and participates in the T1D improvement project</p> <p><u>Example for a “yes” response:</u></p> <p>The Physician Champion/Leader attends at least two calls a month (can be a Collaborative or Intervention call).</p>			
<p>1.3 T1D patient(s)/parent(s) are engaged in the improvement project</p> <p><u>Example for a “yes” response:</u></p> <p>A T1D patient/parent (beyond clinic members with T1D) attends internal clinical meetings at least on a monthly basis and actively contributes ideas to improvement projects.</p>			
<p>1.4 The Department Senior leader(s) is engaged in the T1D improvement project</p> <p><u>Example for a “yes” response:</u></p> <p>The Department Senior Leader (or division chief) attends at least one meeting per month and expresses interest in achieving network goals/aims.</p>			
<p>1.5 The IT department is available and willing to implement technical changes</p> <p><u>Example for a “yes” response:</u></p> <p>The clinic team has approached (i.e. have had meetings internally or calls with T1D Exchange’s IT team) their IT team already in regard to upcoming data pulls for the QI IT portal.</p>			

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Comments on any responses for domain #1:

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2) QI Foundation

Component	Yes	No	Do not know
<p>2.1 Our team has a pool of potential test ideas to improve T1D outcomes and Collaborative process interventions</p> <p><u>Example for a “yes” response:</u></p> <p>Your team has brainstormed potential test ideas/change concepts to test for one of your interventions.</p>			
<p>2.2. The team monitors quality T1D processes and more than one outcome measure</p> <p><u>Example for a “yes” response:</u></p> <p>This can be demonstrated through monthly report submissions. Your team is able to track process measures related to the interventions and at least one outcome measure.</p>			
<p>2.3 Improving T1D clinical outcomes is closely aligned with your organizational priorities</p> <p><u>Example for a “yes” response:</u></p> <p>Your organization routinely tracks metrics tied to clinical outcomes and it’s possible to match our work with your organization’s priorities.</p>			
<p>2.4 We collect T1D patient reported outcomes (PROs) or patient reported experiences (PREs)</p> <p><u>Example for a “yes” response:</u></p>			

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This may be on an intake form, a survey, or a question asked during the visit.			
<p>2.5 Your team has a system to facilitate the collection and capture of PROs and PREs mentioned above in 2.4.</p> <p><u>Example for a “yes” response:</u></p> <p>Your team has a mechanism to collect PROs (can be manually on paper) and has approached your IT team already to build PROs into the EMR.</p>			

Comments on any responses for domain #2:

3) QI Capacity

Component	Yes	No	Do not know
<p>3.1 At least one of our team members is proficient in QI methodology</p> <p><u>Example for a “yes” response:</u></p> <p>At least one member of your team has completed a basic QI training on the model of improvement, LEAN or Six Sigma.</p>			
<p>3.2 The team is adept at updating run charts</p> <p><u>Example for a “yes” response:</u></p> <p>At a minimum your team is able to develop a run chart on Excel and annotate it appropriately (also submits them monthly to T1D Exchange).</p>			
<p>3.3 The team can map current processes, analyze contributing factors, root causes and use basic QI tools</p> <p><u>Example for a “yes” response:</u></p>			

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Your team has created flow charts and fishbone diagrams to understand factors/root causes.			
<p>3.4 The team is proficient in completing PDSA cycles aligned with improving T1D process or outcome measures</p> <p><u>Example for a “yes” response:</u></p> <p>Your team meets at least twice a month and is able to document a PDSA cycle from start to finish.</p>			
<p>3.5 The team has scaled up more than one successful improvement ideas to other patient groups</p> <p><u>Example for a “yes” response:</u></p> <p>Your team has documented rationales for scaling up improvement projects. Can point to a run chart or PDSA worksheet to demonstrate more than one scale-up.</p>			

Comments on any responses for domain #3:

4) QI Success

Component	Yes	No	Do not know
<p>4.1 The team shares T1D data/results with key stakeholders to improve quality</p> <p><u>Example for a “yes” response:</u></p> <p>Your team shares QI project outcomes to key stakeholders at least quarterly.</p>			
<p>4.2 The team has demonstrated successes in at least one intervention/process measure (Pre-visit planning, depression screening etc.)</p> <p><u>Example for a “yes” response:</u></p> <p>“Success” means “adopting” a change tested during a PDSA cycle related to one of the interventions.</p>			

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<p>4.3 The team has demonstrated slight improvement in T1D clinical outcome measures (HbA1c, Time in Range, % of patients with HbA1c >9%)</p> <p><u>Example for a “yes” response:</u></p> <p>Your team can compare its baseline clinical outcome and see an overall improvement.</p>			
<p>4.4 The team has demonstrated significant improvement in one T1D clinical outcome measure (mean HbA1c, Time in Range, % of patients with HbA1c >9%)</p> <p><u>Example for a “yes” response:</u></p> <p>Your team can compare its baseline and demonstrate an overall improvement of at least 10% in one clinical outcome measure.</p>			
<p>4.5 The team has demonstrated significant improvement in more than one T1D clinical outcome measure</p> <p><u>Example for a “yes” response:</u></p> <p>Your team can compare its baseline and demonstrate an overall improvement of at least 10% in more than one clinical outcome measure.</p>			

Comments on any responses for domain #4:

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Score calculation for each domain:

Please calculate the points for each domain and put them in the domain boxes listed below. Your team will earn one point for every “yes” response. “No” or “Do not know” responses equal zero points.

Domain Name	Total Points
QI Team Structure	
QI Foundation	
QI Capacity	
QI Success	

Total Points	
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Interpretation of total points:

0-5: Your team scored low on the QI Organizational Readiness Assessment. Please make sure to review the change package to see if you can improve in targeted areas. Meet with other teams who scored higher in a category where your team did not. Learn from your peers about what change ideas/concepts can help your team progress.

6-10: Your team is on its' way to reaching QI organizational readiness, but isn't quite there yet. Please make sure to review the change package to see if you can improve in targeted areas. Meet with other teams who scored higher in a category where your team did not. Learn from your peers about what change ideas/concepts can help your team progress.

11-15: Your team has a basic QI foundation, but there is still room to improve. Please make sure to review the change package to see if you can improve in targeted areas. Meet with other teams who scored higher in a category where your team did not. Learn from your peers about what change ideas/concepts can help your team progress.

16-20: Your organization is ready to take on more QI projects! Your team, foundation, and capacity are all in a good place. Now try to focus your efforts on improving your overall outcome measures. Refer to the change package as reference, but keep doing the great work your site is doing.

Remember to take the time to celebrate this success!

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Appendix A: Filling Team Gaps and referring to the Change Package

If your team found itself scoring low in one area, please refer to the domain number and see what change concepts/ideas can be tested to improve in that domain.

Domain 1: Team Structure

#	Change Concept	Change Idea	Tools/Evidence/Articles
1.1	Select and engage the right team	<ul style="list-style-type: none"> Map the patient flow and identify key roles to be invited to join the team Build games/interactive activities into team meetings Use a structured meeting agenda and follow up template Test different times of the week/day to host meetings 	<ul style="list-style-type: none"> Seven Steps to Running the Most Effective Meeting Possible: https://www.forbes.com/sites/forbesleadershipforum/2014/02/05/seven-steps-to-running-the-most-effective-meeting-possible/#1744c0b57a61
1.2	Select and engage the right team	<ul style="list-style-type: none"> Request protected time from leadership for team members Request improvement ideas from physicians Share performance result with the physician group using dashboards Tie participation in the improvement trainings and or meetings to CEUs 	<ul style="list-style-type: none"> 6 Proven Strategies for Engaging Physicians-- and 4 ways to fail: https://www.healthcatalyst.com/proven-physician-engagement-strategies
1.3	Engage Patients/ Parents	<ul style="list-style-type: none"> Invite patient/parents to participate in improvement team meeting Hold a project "office hour" drop in session for parents/patients Convene an advisory parent/patient group for the improvement intervention Post improvement dashboard publicly with contact details for follow up 	<ul style="list-style-type: none"> Tool-kit for setting up a PFAC: https://www.stepsforward.org/modules/pfac
1.4	Engage Leadership	<ul style="list-style-type: none"> Present at senior leadership meetings Share a one-page improvement update with the governing body Invite senior leadership to join improvement team meeting/brainstorming session Seek and share alignment between project and organizational priorities Share patient/parent stories during staff gathering and senior leadership meetings 	<ul style="list-style-type: none"> Stakeholder analysis matrix template- http://www.tools4dev.org/resources/stakeholder-analysis-matrix-template/ Aligning Leadership Across Systems and Organizations to Develop Strategic Climate to for Evidence-Based Practice Implementation: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4348088/
1.5	Engage the IT Team	<ul style="list-style-type: none"> Invite an IT member to join improvement team meeting/brainstorming session Seek and share alignment between project and IT priorities 	<ul style="list-style-type: none"> Using Health IT to support QI in Primary Care: https://pcmh.ahrq.gov/sites/default/files/attachments/Using%20Health%20IT%20Technology%20to%20Support%20QI.pdf

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Domain 2: QI Foundation

#	Change Concept	Change Idea	Tools/Evidence/Articles
2.1	Ability to generate test ideas	<ul style="list-style-type: none"> Involve patients/parents, providers, staff in process design Use different brainstorming techniques to generate ideas Test at least one improvement idea each month 	Brainstorming Tools <ul style="list-style-type: none"> Affinity Diagram Mind Map Brainwriting/6-3-5 method Starbursting Round-robin brainstorming
2.2	Choose and track the right outcomes	<ul style="list-style-type: none"> Measure validated clinical outcomes including A1c; TIR; QOF surveys; PROs; Patient satisfaction; provider satisfaction; Build run charts for key interventions 	<ul style="list-style-type: none"> Why Process Measures Are Often More Important Than Outcome Measures in Healthcare: https://www.healthcatalyst.com/process-vs-outcome-measures-healthcare Diabetes Performance Measures: Current Status and Future Directions: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120200/ Measuring the Quality of Diabetes Care: http://www.ajmc.com/journals/evidence-based-diabetes-management/2016/march-2016/measuring-the-quality-of-diabetes-care
2.3	Use proper measurements	<ul style="list-style-type: none"> Align operational definitions with network definitions and other accepted Diabetes definitions (ICD-10 codes, etc) 	<ul style="list-style-type: none"> Diabetes Performance Measures: Current Status and Future Directions: https://www.ncbi.nlm.nih.gov/pmc/article/PMC3120200/ Measuring the Quality of Diabetes Care: http://www.ajmc.com/journals/evidence-based-diabetes-management/2016/march-2016/measuring-the-quality-of-diabetes-care
2.4	Listen to patients	<ul style="list-style-type: none"> Implement a patient satisfaction survey tool (for example CG CAHPS) Ask patients questions before the visit so clinician can address needs during the visit 	<ul style="list-style-type: none"> CG CAHPS- https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html Consider questions like the ones U Penn asks before visits:

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			<ol style="list-style-type: none"> 1) What's the most important thing you'd like to discuss today? 2) What has gone well since your last visit with your endocrinologist? 3) What goals do you have for the next 3 months? 4) Any other questions or concerns?
2.5	Use automation Smooth Workflow	<ul style="list-style-type: none"> • Using automated registry data to track outcomes • Synchronize clinical data with peer network patient registries for example QI portal 	<ul style="list-style-type: none"> • A Digital Architecture for a Network-Based Learning Health System: Integrating Chronic Care Management, Quality Improvement, and Research: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4562738/

Domain 3: QI Capacity

#	Change Concept	Change Idea	Tools/Evidence/Articles
3.1	Train Core team on QI fundamentals	<ul style="list-style-type: none"> • Enroll staff in Basic Quality Improvement training for example IHI Improvement Coaching, QI essentials for managers etc. • Read "The Improvement Guide" and use it as a reference when planning a project 	<ul style="list-style-type: none"> • See a list of upcoming IHI trainings here: http://www.ihl.org/education/inpersontraining/Pages/default.aspx
3.2	Train Core team on QI fundamentals	<ul style="list-style-type: none"> • Assign team members to others that are proficient in QI for monthly one hour coaching sessions • Post run charts in a public area so all can see the progress of the improvement project • Annotate run charts with change ideas 	<ul style="list-style-type: none"> • Run Chart Templates on Trello: https://trello.com/c/aDhK98RP
3.3	Find and remove bottlenecks Move steps in the process closer together Minimize handoffs	<ul style="list-style-type: none"> • Map current workflow and identify bottlenecks to improving shared decision making, depression screening, or pre-visit planning • Use different tools as appropriate: Fishbone diagram, flowcharts, swim lane diagram, FMEA analysis, etc. 	<ul style="list-style-type: none"> • FMEA template tool on Trello: https://trello.com/c/eXmgjk0W • Access to QI Tool-kit: http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx?utm_campaign=QI-Toolkit-Promotion&utm_medium=rotating-feature-2&utm_source=ihl

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	Eliminate multiple entry		
3.4	Train Core team on QI fundamentals	<ul style="list-style-type: none"> Tools to run effective meetings, plan PDSA cycles, practice implementing a change project 	<ul style="list-style-type: none"> PDSA Worksheet: http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx
3.5	Scaling QI projects	<ul style="list-style-type: none"> Use a tree diagram for sequencing changes in a system Planning for a multiplicative scale-up Standardize process across the organization 	<ul style="list-style-type: none"> Pg 256-260 of the “Improvement Guide”

Domain 4: QI Success

#	Change Concept	Change Idea	Tools/Evidence/Articles
4.1	Share key findings with stakeholders	<ul style="list-style-type: none"> Present progress of QI project to your organization’s board or to key stakeholders Sharing findings at a steering committee meeting 	<ul style="list-style-type: none"> Module for disseminating research findings (still applicable to QI): http://www.who.int/tdr/publications/year/2014/participant-workbook5_030414.pdf
4.2	Test Interventions linked to Project Aim of improving T1D clinical outcomes	<ul style="list-style-type: none"> Refer to intervention-specific KDDs to see the drivers are and what areas can be tested to ensure success 	<ul style="list-style-type: none"> See Key Driver Diagrams on Trello here: https://trello.com/b/ifWR96vn
4.3	Systematically use evidenced-based guidelines and treatment protocols	<ul style="list-style-type: none"> Please contribute your own change ideas that you have tried locally 	<ul style="list-style-type: none"> Please share relevant articles/evidence on improving outcomes
4.4			
4.5			

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References

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