Referral System Quality Improvement: 

Implementing a Quality Improvement Initiative with Multi-Sectoral Stakeholders

PRACTITIONER GUIDE
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acronyms

ART: Antiretroviral Therapy
ES: Economic Strengthening
ES/L/FS: Economic Strengthening, Livelihoods and Food Security
HTS: HIV Testing Service
LIFT: Livelihoods and Food Security Technical Assistance II
M&E: Monitoring and Evaluation
NACS: Nutrition Assessment, Counseling, and Support
NGO: Nongovernmental Organization
OHA: USAID Office of HIV/AIDS
OVC: Orphans and Vulnerable Children
PEPFAR: President’s Emergency Plan for AIDS Relief
PLHIV: People Living with HIV
QI: Quality Improvement
RN: Referral Network
SMART: Specific, Measurable, Assignable, Realistic & Time-bound
TA: Technical Assistance
UNAIDS: United Nations Programme on HIV/AIDS
USAID: United States Agency for International Development
USG: United States Government
acknowledgements

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foreword

Clients affected by HIV and AIDS require a holistic system of support that integrates clinical healthcare with other services that mitigate the impact of HIV and address structural barriers to care. A formalized network of clinical and community-based service providers is crucial for increasing access to a range of HIV, nutrition and economic strengthening, livelihoods and food security (ES/L/FS) services for this population that can increase their long-term retention in care and overall wellbeing. The Livelihoods and Food Security Technical Assistance II (LIFT) project has developed tools to support the establishment and effectiveness of such multi-sectoral referral networks.

Quality improvement (QI) is an established methodology to strengthen health service delivery and health systems\(^1\). However, there are currently no widely available QI tools or guidance documents that focus on increasing the quality and functionality of multi-sectoral networks. This guide describes the implementation of a quality improvement initiative with stakeholders from multiple sectors and provides relevant tools to adapt for use within a multi-sectoral referral network. The guide is intended for implementers, stakeholders and service providers who need guidance on quality improvement of referral networks serving vulnerable populations -- including people affected by

HIV and AIDS and orphans and vulnerable children, among others -- particularly networks focusing on connecting these populations with ES/L/FS or other community-based support. The tools included as annexes to this guide were developed for use under the LIFT project and can be modified as necessary. These tools have been tested and refined from experiences in Tanzania and Zambia. This guide will continue to be improved and refined as needed.

contact

Please send any feedback to lift@fhi360.org.
how to use this guide

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Text in green links to another element within this guide
introduction

The Livelihoods and Food Security Technical Assistance II (LIFT) project was initiated by the United States Agency for International Development (USAID) Office of HIV/AIDS (OHA) to provide technical assistance and strategic support to United States government (USG) agencies, their implementing partners, and other public, private and civil society partners to improve the food and livelihood security of vulnerable households, with a particular focus on people living with HIV and AIDS (PLHIV), orphans and vulnerable children (OVC) and their caregivers. As with the LIFT project overall, the focus of this guide is multi-sectoral, with an emphasis on economic strengthening, livelihoods and food security (ES/L/FS), HIV/AIDS and nutrition sectors.

Bi-directional clinic-to-community referrals work to improve the health and wellbeing of individuals and the communities in which they live. The President’s Emergency Plan for AIDS Relief (PEPFAR) 3.0 commitment to support the United Nations Programme on HIV/AIDS’ (UNAIDS) 90-90-90 global goals for sustainable control of the HIV epidemic increases the importance of referral systems that enable the health sector to function as part of a larger system of support for PLHIV. This integration has the potential to improve uptake of HIV testing services (HTS), promote linkage to care for those who are positive, and support adherence and retention in long-term HIV care and treatment by addressing common economic and structural barriers to care.

LIFT has worked with existing service providers to form referral networks (RNs) in 6 countries. Strengthening linkages between different kinds of services benefits vulnerable

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2 By 2020, 90% of PLHIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression.
populations, including those living with and affected by HIV and AIDS, who often have multiple interrelated needs. LIFT has developed a series of Practitioner Guides to assist other implementers in this process.

Once RNs are established and operational, quality improvement (QI) can be introduced. QI is a data-driven and participatory approach used to analyze performance and systematically make efforts to improve, with an emphasis on making continual improvements over time. High quality referral processes can increase satisfaction of clients and support their engagement in a range of important services while poor quality referral processes can damage the reputation of stakeholders, decrease retention of clients in need of multiple or long-term services, and ultimately undermine the longevity of a RN. From the perspective of RN stakeholders, the RN must meet the needs of its member organizations as the sustainability of the network also depends on the stakeholders' appreciation of the value the network adds to their organization. Therefore, LIFT utilizes a collaborative, locally-owned approach to capacitate RN stakeholders from all sectors to utilize QI approaches aimed at strengthening referral systems.
how is this guide intended to be used?

LIFT developed this document based on its experience providing referral TA to clinical facilities and community-based service providers, particularly ES/L/FS service providers that support vulnerable populations such as PLHIV and OVC. This is intended as a practical guide for project staff, implementing partners and stakeholders seeking to implement a QI initiative with independent service providers that have come together as part of a referral network. The guide includes six components to lead its user through the implementation of a QI initiative: 1) introduction to key QI concepts & tools, 2) QI initiative launch workshop, 3) ongoing quarterly QI workshops, 4) final QI workshop, 5) implementing QI activities between workshops and 6) tracking & reporting QI progress. It is meant to guide users step-by-step through quarterly collaborative QI workshop planning, preparation and facilitation, as well as how to support RN members to implement QI activities between QI workshops with the goal of making RNs more efficient, productive and effective.

This practitioner guide highlights unique considerations for QI within a multi-sectoral stakeholder environment. It also provides an array of tools which can be utilized and adapted by new and existing RNs. The material contained in this guide was developed from the experiences and lessons learned by the LIFT project, primarily through its QI work in two sub-Saharan African countries: Tanzania and Zambia. This guide is not intended to be a rigid instruction manual for QI initiative implementation; rather, it provides tools and guidance that can, and should, be adapted to best fit each context. Using the guide as a reference, we hope that stakeholders will develop new ideas to inform future revisions of this document.
how is this guide set up?

**Component 1:** introduces **key QI concepts** and tools that lay the knowledge foundation for implementing a QI initiative in a **multi-sectoral environment**.

**Component 2:** provides guidance on **planning and hosting a collaborative QI initiative launch workshop** for RN members.

**Component 3:** provides an explanation of how to **prepare for and facilitate ongoing quarterly QI workshops** following the QI initiative launch, to use QI data presented as time series charts to **critically assess progress** made toward QI aim achievement, revise change packages accordingly and collectively discuss and address all QI issues identified.

**Component 4:** describes the steps involved in **hosting a final QI workshop** with RN members, including development of a QI action plan.

**Component 5:** explains the QI activities for facilitators and RN stakeholders that occur **between QI workshops**.

**Component 6:** provides guidance on how to **track and communicate QI progress** for multi-sectoral RNs.
component 1: introduction to key quality improvement concepts & tools

This section introduces the key concepts and tools that lay the knowledge foundation for implementing a QI initiative in a multi-sectoral environment.

QI is traditionally used in the healthcare setting to make deliberate improvements to health facility operations, the experience of patients or patient outcomes. In the LIFT context, QI is used to strengthen the performance of networks made up of clinical and community-based service providers who utilize standard tools to facilitate client referrals in a systematic way. Given that achieving high-quality referral services is critical to the experience of both clients and service providers, LIFT provides QI training and technical assistance to each of the RNs actively supported by the project. The LIFT QI initiative is designed to be implemented over a minimum of nine months, punctuated by quarterly collaborative workshops, as illustrated in figure 1 below.

**Figure 1.** LIFT QI initiative summary

Since QI is a new concept for many RN stakeholders, the QI launch workshop is essential to lay the knowledge foundation of QI concepts and methods, including: QI aims, change concepts and change packages, QI teams, the PDSA cycle, and data collection and analysis. This first workshop initiates QI work and involves participants collectively developing QI aims that the RN members commit to working together to achieve in a specified time frame. Ongoing collaborative QI workshops are held on a quarterly basis after the QI launch, to review progress over the prior QI quarters, discuss QI challenges as a RN and develop shared solutions. These progress review meetings are data-
Driven, using information the stakeholders are contributing through their routine referral activities to demonstrate the RN’s progress against the agreed aims. Due to project timelines and available budget, LIFT holds two ongoing QI workshops between the QI launch workshop and the final QI workshop. This is the minimum recommended number of ongoing QI workshops and additional ongoing QI workshops, allowing for multiple PDSA cycles to take place, are encouraged if time and budget allow. To conclude active technical support to the QI initiative, a final QI workshop is held. This workshop serves as a capstone to LIFT’s QI support at a RN site and results in a QI action plan to guide the continuation of QI work by RN members themselves. Between QI workshops, QI work is driven forward by RN stakeholders by 1) testing process change concepts agreed upon during the prior workshop, 2) holding QI team meetings, and 3) hosting LIFT staff and RN leadership on periodic QI coaching visits. Each of the quarterly collaborative workshops and interim QI activities are discussed in more detail in their respective sections of this Practitioner Guide.

QI AIMS: QI aims are targets or goals stakeholders choose to prioritize after analyzing where they are against where they hope to be. QI aims are clear statements outlining what the RN is trying to achieve. They must be important to individuals involved in the RN, or else RN stakeholders will not expend the effort required to work toward the aim and the activity will be unsuccessful. Through the QI process, LIFT supports RN members to design QI aims together that target system weaknesses and gaps.

Good QI aims are SMART:

- Specific
- Measurable
- Assignable
- Realistic
- Time-bound

An example of a SMART RN-related QI aim is:

‘Every month, from [QI start month] to [QI end month] 100% of all referrals made will be completed’
**CHANGE PACKAGE:** To achieve each QI aim, a series of changes in the way RN members operate – called change concepts – are needed. The set of specific change concepts tied to an individual QI aim is known as a **change package**. RN members work together during the QI launch workshop to design change concepts for each QI aim that are then incorporated into their routine work processes. For example, for the SMART aim above on increasing referral completion, two change concepts might be:

1. At the time of making a referral, the referring service provider will reference the network service directory, and then also call the receiving service provider to 1) make sure the needed service is available, and 2) let them know to expect the client; if the service is not available, an alternate referral will be made to the client.

2. For clients that do not complete a referral within one week, the referring service provider will try calling the client, or following-up in person, to remind them of the benefit of completing their referral by accessing the service.

If the above changes are appropriately and consistently applied to routine referral processes, we assume that the likelihood of clients completing referrals and receiving the intended service will increase. Once these change concepts are tested and it is established that they result in the expected improvements, the concepts can then be included in the change package.

**QI TEAM:** A **QI team** is a collaborative group of individuals that take ownership of, and work on, specific QI efforts. QI teams are comprised of diverse individuals who can each provide an informed perspective on the QI effort, with one member designated as the ‘champion’ or team leader. This individual is crucial for ensuring that the QI team maintains focus and commitment to testing their change concepts. QI teams meet regularly to review performance data, plan how best to work together with other QI team members to help the wider RN achieve their QI aim, and delegate specific responsibilities to one another.

**lessons learned: multi-sectoral QI teams**

QI teams made up of members from multiple sectors add value by bringing various perspectives and experiences to QI discussions. This is unique as QI teams are traditionally co-located within a single health facility or organization, though this model is not viable for QI with RNs. For RNs the composition of QI teams should be carefully considered to maximize the collaborative value while minimizing barriers to regular meetings. If geographic proximity is a major barrier to QI team meetings, QI teams can be created based on RN member location. Alternatively, if RN member proximity is not a barrier, QI teams can be formed based on expected contribution to, or interest in, a particular QI aim.
when implementing the agreed plan. At LIFT sites, a QI team is formed and assigned to each QI aim. QI teams may include a mixture of clinical/health and non-health service providers, depending upon the QI aims and the way the RN chooses to organize its members.

**PDSA Cycle:** The plan, do, study, act (PDSA) cycle is a method used to evaluate progress towards achieving an aim. The **PDSA cycle** systematically tests and evaluates intermediate results from the QI process to inform ongoing QI decisions. This approach typically involves multiple PDSA cycles that are implemented over a short timeframe to rapidly test changes. However, owing to logistic constraints, LIFT’s approach adopts an extended timeframe comprised of a single PDSA cycle over a period of 9 months. This QI schedule is punctuated by quarterly QI workshops which support all aspects of the PDSA cycle. RN members ‘plan’ the QI work at the QI launch, ‘do’ the QI work between QI workshops, then gather at ongoing QI workshops to ‘study’ the results and make decisions as a RN to ‘act’ on their learning. Within the PDSA cycle there is continual measurement, learning and implementation which culminates in a final QI workshop where planning for additional QI activities, such as a second PDSA cycle, begin.

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**implementation tip: using the PDSA cycle vs other performance analysis methods**

Some stakeholders may already be familiar with a performance analysis method, such as the PDSA cycle, and may have developed a preference or comfort for working with one method over another. Although LIFT has used the PDSA cycle as a guide for participants in its QI initiatives, other implementers may choose to use a different method in their QI initiatives, such as the performance improvement method, depending on the familiarity of facilitators with other methods or the preference of stakeholders.
**Data Collection & Analysis:** Data collection is critical to test whether a change successfully improves a system – QI will not be effective if RN members do not know whether the changes they made lead to desired outcomes. However, it is not enough to simply collect data. The data must then be analyzed and discussed within the QI team and the larger RN so that all stakeholders understand the rationale for making changes, the effect the changes are having and what future developments are needed.

There are three different types of measures that can be used in QI -- outcome, process and balancing. Outcome and process measures are often used for creating targets within QI aims, while balancing measures can assist the RN to monitor for impacts in other parts of the system made by implementing the change concepts. The three types of QI measures are explained in more detail in the table below.

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Outcome</th>
<th>Process</th>
<th>Balancing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions it addresses</td>
<td>How does the referral system impact our clients and service providers? Are the changes we are testing resulting in improvement?</td>
<td>Are we doing the right things to get there? Is our system performing as we plan for it to?</td>
<td>Are changes we've made to one part of our system causing problems in another part of the system?</td>
</tr>
<tr>
<td>Use in QI</td>
<td>QI data are used to assess the extent to which an RN is making progress towards the QI aims</td>
<td>Change concepts are discussed and analyzed to understand whether and how changes are leading to results</td>
<td>Workshop discussions on the QI data should seek to identify and address any unintended adverse effects of the QI process</td>
</tr>
<tr>
<td>Example Measure</td>
<td>HIV care and treatment defaulting rates among RN clients</td>
<td>Referral completion rates</td>
<td>Wait times at a health facility after increased client volume due to referrals</td>
</tr>
</tbody>
</table>
Time series charts are an effective way to present QI data so that progress can be visualized against the target laid out in the QI aim (figure 2) and can be easily programmed into a QI data tracker that is used to input, analyze and track data for each QI aim over time. QI data collection, analysis, QI data trackers and reporting are discussed in detail under component 6 of this guide.

Figure 2: A sample run chart illustrating the actual referral completion rate versus the QI target of achieving 100% referral completion from April-December 2016
component 2: quality improvement initiative launch workshop

This section provides guidance on planning and hosting a collaborative QI initiative launch workshop for RN members.

The QI launch workshop is key to laying the foundation of QI knowledge and establishing a collaborative QI culture. To ensure adequate time to learn, practice and implement QI tools, LIFT-facilitated QI launch workshops take place over two days (See tool a for suggested workshop agendas). The time allotted to the QI launch allows for further relationship building among RN stakeholders who do not normally coordinate activities beyond routine referral work.

Participants
At least one representative from all stakeholders who either 1) play a role in the provision of referral services or 2) provide implementation support to the RN, should be invited to attend the QI launch and all subsequent QI workshops. This may include community-based service providers, health facility staff, local government officials & local project partners. Ideally more than one representative from each service provider should attend but this is dependent on budget, the geographic spread of the RN members and the availability of additional representatives.

Preparation
A presentation should be prepared as a teaching tool that covers key points in each session; a PowerPoint presentation template for the QI launch workshop can be found here. Facilitators should also review tool b, which provides workshop facilitation tips to assist with preparation for the QI launch workshop and the following QI workshops.

what are the objectives of the QI launch workshop?

By the end of the first QI workshop, participants will:
1. Learn what QI is and how it can be used to systematically address challenges
2. Understand how QI can be applied to the RN
3. Work together to establish QI aims, and formalize change concepts for each QI aim
4. Carefully form multi-sectoral QI teams to lead QI efforts and ensure they can easily meet
5. Present participants with example QI data to prepare them for subsequent meetings.
Facilitators must ensure the required materials are available and familiarize themselves with all workshop content and activities, with a focus on:

- Understanding SMART QI aims and what makes an aim easy to measure (for example, having a target that is 100%)
- Developing examples of process-related QI aims related to the multi-sectoral work that can be used to guide participants during the workshop
- Thinking through how QI teams should be organized for maximum effectiveness

**Baseline Referral Data Analysis**

Additionally, data for a selection of key RN indicators must be analyzed prior to the workshop to assess the current and past performance of the RN systems and processes, inform discussions about priority areas for change desired by all stakeholders, and provide a baseline for likely QI target areas. These indicators should be driven by the nature of the multi-sectoral work of each RN—for LIFT this meant linking PLHIV and OVC to community based services, resulting in the following suggested indicators:

- Number of referrals made per month, disaggregated by HIV status & sex
- Percentage of referrals completed per month, disaggregated by HIV status & sex
- Number of referrals made to specific service types per month, such as savings groups or OVC services

A diagram illustrating the data collection process for routine referral data should also be prepared to inform participants about their role in data collection. See component 6 of this guide for more information and tips on QI monitoring and reporting which will help in the preparation of data and materials for all QI workshops.

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*Figure 3: Participants gathered for day 1 of the QI launch workshop at a LIFT site. Photo credit: Allie Hughey*
Workshop Sessions – Day 1

Introduction to Quality
To build the foundation for the QI work, it is important to first establish a shared understanding of the meaning of quality. The first session focuses on defining quality and coming to a clear, shared understanding of the term in the context of referrals while highlighting that individuals may have different perceptions of quality.

Understanding & Visualizing a System
The next session focuses on the concept of a system and how the system perspective influences the understanding of a RN. A system is defined as an assembly of procedures, resources and routines to carry out a specific activity. RN members exist within a system that involves many interacting components: clients interfacing with service providers; procedures such as making and receiving referrals; and resources such as referral tools for tracking and documentation. Before changes can be made to a system for QI purposes, participants must first understand the system and how it works to know what to change. LIFT uses a mapping tool called a fishbone diagram to visualize a system and identify weaknesses or gaps that can be targeted for improvement (figure 4). A fishbone diagram is a visual depiction of an effect or problem and its causes. The ‘head’ of the fish is represented by the problem, while the ‘skeleton’ or ‘bones of the fish depict the causes of the problem. The large bones illustrate categories of causes with the smaller bones showing primary and secondary causes within each category.

implementation tip: workshop materials checklist
The following items are needed to facilitate the QI launch workshop:

- Flip chart paper
- Markers
- Computer, projector and extension cord(s)
- PowerPoint presentation
- Stationery for participants
- Paper airplane construction materials such as: scrap paper, newspapers, paper clips, staples, tape, scissors
- Measuring device for paper airplane activity -- this can be a measuring tape, meter ruler, or simply a string that is measured to be 1 meter
- Print materials: participant agendas, activity instructions, required administrative forms
Introduction of QI Aim Statements, QI Teams, Change Concepts and Change Packages

After essential foundations of quality and a system perspective have been established, basic QI concepts are introduced to participants beginning with a QI aim statement. A QI aim is a clear description of what you are trying to achieve by making specific changes and provides focus-areas for improvement. Participants are first walked through a sample aim statement about the everyday activity of making a hot cup of tea, such as, “Each morning, I will make 90°C hot cup of tea.” Participants are also instructed on how the sample an aim statement is SMART because it is:

- Specific because it clearly states the activity and target,
- Measurable because it provides a temperature that the tea must be,
- Assignable because it states that the speaker will be making the tea,
- Realistic because it is feasible for an individual to make a cup of tea to that temperature each morning, and
- Time-related because it gives a time where the aim will be achieved – each morning
Figure 4: A fishbone diagram is used to map the primary and secondary causes of an issue. In this fishbone diagram template, the categories of causes relate to a RN.
Facilitators are encouraged to do continuous ‘knowledge checks’ throughout this session by asking participants to share their own SMART QI aim statements that can be evaluated and improved, if necessary, with the group as a learning opportunity for all participants. In day 2 of the QI launch workshop, participants can develop and share their own RN-specific aim statements.

Next, the concept of QI teams is introduced and described as collaborative groups of individuals who are responsible for carrying out QI efforts. The importance of involving people with different perspectives in each QI team should be stressed as the diversity of experience from multiple sectors can enhance knowledge of the issues being evaluated and ensure the solutions developed are applicable to a broad range of stakeholders. Additionally, participants can be informed that QI teams:

- Are groups that work on specific QI efforts
- Should meet regularly to review QI data for the assigned QI aim, discuss the strengths and weaknesses of the changes made to reach the aim and generate recommendations for the referral network on how to accelerate progress towards reaching that aim
- Delegate specific responsibilities to one another when implementing the agreed plan
- Should understand the change concepts and study whether the concepts are leading to the desired results
- Should have a “champion” or team leader who is responsible for coordination among the team members

Additional QI team meeting guidance, discussion points and a reporting template for keeping minutes is included in tool g.

Activity | Making Fishbone Diagrams

To understand a system, the facilitator explains how to use the fishbone diagram participant handout to map contributing factors to an everyday problem familiar to participants, such as a cold cup of tea (figure 5). After creating a fishbone diagram for an everyday issue, participants are then divided into small groups and instructed to use a fishbone diagram to explore a process issue related to the RN, such as improper referral form completion, again mapping the specific contributing factors to that problem. This first small group activity of the workshop is also an initial opportunity for the facilitator to create blended working groups with stakeholders from multiple sectors to begin relationship building among participants.
Before the session ends, change packages are introduced and defined as the set of specific changes to existing systems/processes which are necessary to achieve each aim. Basic techniques to teach participants how to identify possible changes concepts to include in a change package are:

- **Critical thinking:** use flow charts and fishbone diagrams to ‘visualize’ the system that is being improved
- **Creative thinking:** put yourself in your client’s shoes by thinking about what you would want to see done differently if you were a referral client
- **Benchmarking:** identify and assess best practices from a similar referral system or process somewhere else that can be implemented locally

Additionally, typical types of change concepts that might be considered for change packages are:

- **Eliminating waste** – do you have things that do not add value?
- **Streamlining work** – are there bottlenecks or unnecessary process loops within your network?
- **Optimizing inventory** – are resources disorganized?
- **Adapting work environments** – does the existing work culture impede change?
- **Managing time** – can tasks be distributed more efficiently?
- **Checking for errors** – are there ways you could implement quality control to reduce the frequency of mistakes, such as incomplete referral forms?

![Diagram of a fishbone diagram illustrating possible causes of a cold cup of tea.](image)
The communication activity aims to enhance and improve communication about multi-step processes. To conduct the activity, the facilitator reads aloud two sets of drawing instructions, one for Drawing A and another for Drawing B. The instructions for drawing A are non-specific while the instructions for drawing B include the same shapes as those in drawing A, but with specific instructions for the size and position of the shapes. At the end of the verbal instructions for both drawings, each participant has their own drawing A and B to compare with their neighbors. The activity is concluded with a brief guided discussion about the participants’ experiences with the activity including which set of drawing instructions produced more similar results among participants and why (see tool d for full activity instructions). The discussion also highlights that the same elements of effective communication that made this activity successful or not, directly apply to RN processes and the QI work.

Activity | Designing a Change Package

To practice designing a change package, the example aim of drinking a hot cup of tea presented earlier is examined. Referencing the challenges outlined in the fishbone diagram (figure 5), the facilitator asks for and documents 4-5 suggestions from the participants about what changes, or actions, are required to achieve the aim of drinking a hot cup of tea. After the suggested changes are documented, the facilitator explains that the changes they proposed together make up the change package for that aim. The three concepts introduced in this session – QI aim statements, QI teams and QI change packages – are elaborated on further and implemented by participants on day 2 of the QI launch.
At LIFT sites, QI was a new process for most participants at the QI launch workshop. To make the QI concepts more relatable and therefore more easily learned, LIFT facilitators introduced a new QI concept by relating it to a familiar, everyday activity or issue before asking participants to apply that concept to the RN. A common and effective example was to have participants think through the problem of drinking a cold cup of tea. This example has been used to introduce and practice making a fishbone diagram, create QI aim statements and illustrate the concept of making changes to achieve an aim. For example, to illustrate the need for change to achieve an aim, participants were told that if you make a cup of tea that is not hot enough, you cannot expect the tea to become hotter without applying a change to the tea-making process, such as adding more boiling water or using hot milk instead of cold milk. Using familiar examples to anchor QI concepts allows knowledge to be more easily transferred to the RN QI work.
Workshop Sessions – Day 2

Referral Network Data Introduction

To set the stage for development of RN QI aims, day 2 begins with a presentation of data to inform participants about how the RN is currently positioned in terms of key indicators. Because QI is a data-driven approach, it is important for participants to be familiar with their context-specific data collection process so they understand 1) where data are coming from and 2) their own roles in collecting and managing the data. The workshop facilitator should guide participants through the ideal data collection process for routine referral data. It is helpful to use a diagram illustrating the role of all stakeholders involved, such as in the example shown from a LIFT site in Zambia in figure 6.

**Figure 6:** Data collection process diagram example from LIFT Zambia that shows the role of all stakeholders in monthly RN data collection.

![Data Collection Process Diagram](image-url)

For all outgoing referrals, HFs and SPs send client intake & consent forms to DATF (required by the 5th of each month)

1. Carefully enters data from all intake forms and referral forms into database
2. Analyzes data and sends reports to all network members
3. Completed referral forms are returned to referring organizations (during the collection of the next month’s forms; alternatively through network meetings)

For all incoming referrals, HFs and SPs send client referral forms (entire form including completed feedback) to DATF (required by the 5th of each month)

HF = Health Facility

SG = Savings Group

SP = Service Provider

FS = Field Supervisor

DATF = District AIDS Task Force

↑ = Monthly Reporting Forms
Additionally, in multi-sectoral stakeholder environments, there will likely be varying levels of comfort and understanding of data collection and analysis among participants. This introductory session to RN data presents an opportunity to begin increasing the data literacy of all participants to ensure they can fully utilize QI data for decision-making in future QI workshops and meetings.

**implementation tip: code of conduct & client confidentiality guidance for participants**

Some tips to share with participants about how to maintain client confidentiality during the ‘Protecting Client Confidentiality’ session of the workshop include:

- Upon joining a RN, each service provider should be asked to review and sign a [code of conduct](#) that includes stipulations about protection of client confidentiality.
- Do not share client information with individuals or organizations that do not need it -- this includes written information, electronic files and speaking to others in and outside of your organization
- Keep sensitive documents (such as referral forms) in a secure place like a locked drawer or locked filing cabinet

**Protecting Client Confidentiality**

In a RN with health sector service providers working alongside non-health service providers, the importance of protecting confidential information of clients must be stressed. When counseling clients on referral options, some RN service providers may justifiably have access to sensitive client information, including client HIV status or information on their economic status, while others do not need to know this information. The QI launch workshop provides an important opportunity to introduce or reemphasize why safeguarding the privacy of clients in all RN activities and interactions is critical. Participants who have well-established client privacy procedures in their work environments, such as clinical health providers, can share these with the RN and explain how they protect client confidentiality. This session should be contextualized to the RN, highlight the importance of proper data management and ethical use of information, and provide tips for maintaining confidentiality of their referral clients.

**Activity | Developing QI Aims**

QI aims for the RN are developed during this session using a four-part process. The four steps below are explained in-full to participants before beginning the QI aim development work, and then carried out as described in figure 7.
Figure 7: Participant steps for developing QI aims.

Step 1
Individual Work

- Participants work individually to document their own ideas for QI aims based on what they would like to see improve within the RN.

Step 2
Small Group Work

- Participants work in small groups and share their individual QI aim ideas and consolidate them into 4-5 QI aims for their small group.
- Facilitators review the group aims as they are being developed and provide guidance on how to make them SMART.

Step 3
Consolidation

- The QI aim lists from each of the small groups are consolidated into one set of QI aims for the RN.
- It is recommended that the facilitators review the group QI aims to identify commonalities among them and group them into 4 or 5 topic categories.
- Within each topic category, the QI aims should be consolidated into one QI aim statement by either selecting the best aim within the group or combining multiple aims.
- Alternatively, the aim consolidation process can happen through group discussion with all participants, if time allows.

Step 4
Finalization

- The final list of 4-5 QI aims are fine-tuned by the facilitators to ensure the aims are SMART and easy to calculate.
- Final QI aims are presented to participants for approval accompanied by the facilitator’s explanation of the consolidation method and refinement made along with acknowledgement of the work put forth by participants to develop the group QI aim lists.
implementation tip: fine-tuning QI aims

In LIFT QI launch workshops, because QI was a new concept to most participants, many of the QI aims that were initially developed were problematic to track over time (e.g. had absolute number increases not percentages or were only applicable for a single quarter). Therefore, the aims were modified by the LIFT team to be easily understood and measured with simple numerators and denominators, while ensuring that the underlying objective of the aim remained intact. When finalizing the QI aims, facilitators should make sure that:

- Each aim is SMART
- The time period of each aim applies for the duration of the QI initiative (not just the time period before the next QI meeting). For example, if the QI aim program will end in March 2017, the QI aims would read: ‘By March 2017...”. Where appropriate, monthly aims can be developed that will be relevant for an indefinite period and would read: “Every month...”. This will avoid the need to continually update aims throughout the QI initiative.
- Each aim is easy to calculate and where possible, has a simple target of 100%. For example, “between [launch time] and [anticipated end of QI work] 100% of referrals will be completed.” While it may be difficult to achieve 100% referral completion each month, it is a worthwhile aim. LIFT encourages RN members to only provide clients with referrals that they can complete since it would be unfair to refer a client to a service with a known barrier. Because of this, this QI Aim examines a process that should be completed all the time, therefore the 100% is reasonable and makes this aim easy to calculate and explain. Contrast this with a QI Aim that examines an increase in number (e.g. “between [launch time] and [anticipated end of QI work] completed referrals will increase from 2000 to 3000.”) which requires a baseline, but is also more challenging to calculate each month and ultimately reflects a one-time achievement rather than an improvement to ongoing work.
Activity | Creating QI Teams & Change Concepts

Before identifying change concepts for the new RN QI aims, participants should be organized into teams of 4-6 people, ideally with one QI team created for each aim, if the number of RN members allows. QI teams are created by the facilitator, with input from the participants, based on the geographic proximities of the RN organization to one another to facilitate easier interaction among the QI team members between QI workshops.

One QI aim is assigned to each QI team. From there, the QI teams use the rest of the session to identify change concepts for their assigned QI aim and document the data and data sources required to measure progress towards that aim, including the specific numerator and denominator that must be calculated (see component 6 for more details about monitoring QI). Some probing questions that the facilitator can use to help participants think through the feasibility of proposed changes and example SMART QI aims and change concepts are included in tool h.

Questions to consider when initially developing ideas for change concepts:

- Using the RN fishbone diagrams from day 1 as a guide, what gaps or weaknesses exist in the current RN processes that relate to this aim?
- Are there areas where the workflow of the RN can be optimized?
- Are there new standardized processes that are required to reach this aim? If so, why are these processes needed and what do they entail?
- Are there relationships or avenues of communication that need to be strengthened in the RN?

The guiding questions below can be used to help determine which proposed change concepts should be tested as part of the PDSA cycle:

- Does this change have the potential to impact our RN in a way that will lead to meaningful progress towards the QI aim in the specified QI time period?
- Can we measure this change to determine if it is impacting our QI aim?
• Is every RN member capable of implementing the change? If not, is it necessary for every RN member to implement the change, or does it apply to only a sub-set of RN members? For example, a change related to RN data entry will only apply to those RN members directly involved in data entry.

• Is this change similar to another change proposed?
  
  o If so, is one preferable over the other, can the two be combined; or are both necessary to achieve the aim?

• Are there barriers that we foresee to implementing this change? If so, how do we plan to overcome them?

There is no restriction on the number of changes concepts to include, but they should collectively be feasible for RN members to implement and measure. Too many changes could lead to people forgetting or being overwhelmed, which in turn could result in a lack of progress overall.
Activity | PDSA Quality Improvement Learning Activity

The plan, do, study, act (PDSA) cycle is a useful method for systematically testing and measuring a series of small changes to make improvements in an iterative manner. To practice using utilizing the PDSA cycle, and end the workshop with a fun activity, participants are engaged in an iterative QI learning activity which challenges them to create and improve a paper airplane in small groups with the objective of flying the farthest distance.

Four stations are set up around the workshop room for each stage of the cycle. At the ‘plan’ station, participants work together to design and make a paper airplane from a series of items -- paper of different sizes and thickness, paper clips, tape and staples. The ‘do’ station acts as the flight area where participants fly their paper airplane and measure the distance flown (figure 8). Next, participants move to the ‘study’ station where the groups analyze the distance their plane flew and discuss the outcome before proceeding to the ‘act’ station where they decide what changes should be made to their paper airplane (or decide if they will adopt, adapt or abandon the changes made in the previous cycle). The groups complete at least three rounds of the PDSA cycle, before commencing a group discussion about their experience. The discussion links this activity to the QI processes that will be used throughout the RN PDSA cycle, whereby change concepts for each QI aim will continually be implemented and analyzed to achieve set QI aims.

Next Steps for QI

The QI launch workshop is closed with a presentation of the next steps for QI work. Participants leave the workshops with a clear understanding of the QI schedule over the following 3 months and what is expected of them before the 2nd QI workshop. Responsibilities include: continuation of routine referral operations, meeting with QI team counterparts monthly, sharing the QI meeting learning and action items with others within their organization, and implementing change concepts. Guidance on QI team meetings with recommended discussion points and a template for documentation of meeting objectives and outcomes (tool f) are presented to the participants before the close of the QI launch workshop. See component 5 for further information about QI activities that should occur between quarterly QI workshops.
component 3: ongoing collaborative quality improvement workshops

This section provides explains how to prepare for and facilitate ongoing QI workshops to critically assess progress made towards QI aims following the QI initiative launch.

After the QI launch workshop, participants are re-convened each quarter to critically assess progress made towards achieving the RN QI aims by looking closely at QI data, taking stock of improvements, and adjusting change concepts, as necessary. A suggested agenda for the ongoing QI workshops can be found in tool a.

Preparation
QI data for the elapsed QI quarter(s) must be added to the QI data tracker (which is discussed further in component 6), which focuses on monitoring and reporting of QI progress. Facilitators should familiarize themselves with QI data that will be presented during the workshop to identify data trends and anomalies that should be discussed during the data review session for each QI aim. A presentation should be prepared that addresses key learning points in each session and includes the relevant QI data to be reviewed; a PowerPoint presentation template to be adapted for the ongoing QI workshops can be found here.

Workshop Sessions

Review the Basics of QI
To refresh the knowledge of participants that were introduced to QI at the QI launch workshop and quickly bring new participants up to speed, the first few QI workshops following the QI launch workshop begin with a brief review of QI basics. The facilitator should reiterate the purpose of QI aims, change concepts and change packages and the responsibilities of QI teams, calling on participants present during the first meeting to

what are the objectives of the ongoing QI workshops?

At the QI workshops following the QI initiative launch, participants will:

1. Review the purpose of QI, QI aims, change concepts and change packages, and responsibilities of QI teams,
2. Examine QI data from the previous quarter(s) of QI work to visualize and discuss progress as a group,
3. Receive updates from QI teams about monthly QI team meeting outcomes
4. Revisit change concepts created or adapted at the last QI workshop,
5. Determine and commit to a QI plan for the upcoming quarter
share their understanding of these concepts as much as possible to ensure participatory learning. If additional quarterly QI workshops are held, it will likely not be necessary to continue reviewing the basics of QI and the agenda should be revised accordingly to allocate additional time to reviewing and critically assessing QI progress.

In-Depth Review of Each QI Aim
Because the QI workshops after the QI launch workshop focus on reviewing progress made toward achieving the QI aims, the majority of workshops sessions are dedicated to in-depth QI team updates for each QI aim, particularly examining and critically evaluating QI data and change concepts.

View & Discuss Data
Relevant QI data for each aim should be presented and explained by the facilitator. The data review component should be as interactive as possible with the facilitator probing the participants on their interpretation of the data, correcting interpretations where necessary. Both positive and negative data trends, as well as apparent anomalies, should be deliberated with insight garnered from participants who have the relevant on-the-ground experience to answer about the likely source of those trends. Insights about QI progress, challenges and remaining barriers for each aim should be extracted from the data and collectively discussed with the participants. If negative data trends are observed or QI challenges are brought up by participants, they should be examined and discussed as a group with solutions developed during the session, or action steps agreed upon to resolve the issue over time, if needed. A data discussion and interpretation example is provided in the box below and an additional data interpretation scenario can be found in component 6 along with further guidance on QI data preparation.
**Observation:** During the data discussion session for this aim, participants notice a 10% decrease in referral completion for female clients from August to September after making great progress between July and August. The facilitator probes the participants to understand the likely cause of the recent decrease in referral completion.

**Interpretation:** A participant explained that from August to September, some RN members shifted the focus of their attention to increasing the referral completion of male clients as it lagged behind that of females. In their experience, females are more likely than males to be open to receiving new services and therefore completing the referral so emphasis was placed on making and completing referrals for males. The attention shifts from females to males, likely explains the decrease in September seen in the chart above.
Receive Updates from QI Teams

At each QI workshop following the QI launch, every QI team provides an update to the rest of the participants. These updates are brief summaries of the QI team meetings that have been held, including the objectives of the meetings and any outcomes, along with challenges or recommendations. See component 5 for further information about QI team meetings.

Revise the Change Concepts

Participants gain comfort and experience with QI as time proceeds after the QI launch workshop. It is therefore important to revisit change concepts over the first QI quarter to ensure they are most effective at helping the RN reach their respective QI aims. The 1st ongoing QI workshop devotes time to revision of the change concepts for each QI aim with all participants providing input, guided by the facilitators and ensuring that each change:

- States the change that is to be made in a way that is as specific and easy to implement as possible
- Indicates the responsibilities of RN members so they all understand their roles and responsibilities
- Directly influences the RN system so improvements will be observed, if the change is effective

See the table below for examples of change concept revisions:

<table>
<thead>
<tr>
<th>Initial Change Concept</th>
<th>Revised Change Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure every person who is in the network has a good understanding how to fill in the form correctly</td>
<td>Review correct form completion and common form mistakes at each monthly referral network meeting</td>
</tr>
<tr>
<td>Assist them to correct the form if there is a mistake</td>
<td>Data focal person will review forms with each service provider at the time they are turning them in and provide coaching on identified issues</td>
</tr>
<tr>
<td>Be careful when filling in the forms for accuracy</td>
<td>Each RN member will double check their referral forms for complete and accurate information at the time they are filling them in</td>
</tr>
</tbody>
</table>

The 2nd ongoing QI workshop also presents an opportunity to fine tune the change concepts, if necessary, but further revisions to the change concepts should not occur beyond the 2nd ongoing QI workshop. The change concepts must remain stable so that the data
collected provide an evidence base that accurately supports the inclusion of a particular change concept in the final change package, or indicates that different change concepts are needed in a second PDSA cycle.

Next Steps for QI

After each QI aim and its change concepts are reviewed in depth, the 1st and 2nd ongoing QI workshops are closed with a presentation of the next steps for QI work including the upcoming QI workshop schedule and the QI-related activities RN stakeholders are meant to do between QI workshops. See component 5 for more information about the QI activities for facilitators and RN stakeholders that occur between quarterly QI workshops.

**added benefits of QI: utilizing QI to foster a collaborative working environment among multi-sectoral stakeholders**

Collaboration among RN stakeholders is a cornerstone of LIFT’s QI work. By engaging stakeholders from multiple sectors, LIFT-supported RNs can offer a range of health and ES/L/FS services to clients. Provision of a range of services through one RN is only possible if the stakeholders are working together to achieve this common goal and LIFT promotes collaboration among these diverse stakeholders. QI work provides many opportunities for cultivating and managing relationships among stakeholders to foster a culture of collaboration and sharing that values varied perspectives from multiple sectors:

- **Quarterly Collaborative Workshops:** By bringing stakeholders together at regular intervals they can build relationships and work face-to-face on QI issues with shared responsibilities for the QI work. Participants discuss QI successes and challenges they encounter in their own referral work while also building consensus about the improvement focal areas that the entire RN will address.
- **Shared Development of QI Aims and Change Packages:** RN members are responsible for identifying weaknesses in referral processes and designing QI aims to address them. This fosters ownership of the QI process and highlights the value each stakeholder adds.
- **QI Teams:** QI teams encourage monthly interaction among RN members as they continually collaborate to facilitate progress towards a QI aim outside of quarterly QI workshops.
component 4: final quality improvement workshop

This section is designed to assist implementers by describing the steps involved in hosting a final QI workshop with RN members including development of a QI action plan.

The previous QI workshops built the capacity of the stakeholders to establish QI aims, understand what changes are needed to reach those aims, and critically evaluate and interpret data to inform decisions about next steps. These skills can be utilized by the RN to continue working towards the already established QI aims and identify new priority areas for improvement beyond the duration of the initial QI initiative. The final QI workshop provides the setting for reviewing progress made in the prior quarters and collaboratively planning the way forward with QI for the RN. In some cases this would consist of beginning a new PDSA cycle with new QI aims and continued facilitation from the implementing partner supporting the QI work. Due to budget and time considerations, for LIFT the final QI workshop represents the end of active support to the RN by the implementing partner. In either scenario, the focus of the final workshop expands beyond performance review to the RN collaboratively planning how to productively continue QI, either through: 1) the development of a new PDSA cycle that will have active facilitation, or 2) the development of an action plan that more thoroughly transitions ownership of QI to RN members. Based on LIFT’s experience, this guide focuses on the latter approach, and at the end of the final workshop, the RN should have developed a QI action plan to guide the independent RN QI work into the future and be used as an accountability tool among its stakeholders to fulfil their QI commitments.

what are the objectives of the final QI workshop?

During the fourth and final QI workshop, participants will:

1. Critically examine QI data from the previous three quarters of QI work as a group to visualize and discuss progress and develop shared solutions to challenges
2. Receive updates from the QI teams about the proceedings of their monthly QI team meetings
3. Create a QI action plan as a RN to carry the QI work forward beyond the LIFT-supported QI initiative or plan to begin a new PDSA cycle
Preparation

QI data for the previous QI quarters must be added to the QI data tracker for each QI aim (see component 6 for details). Facilitators should familiarize themselves with the QI data that will be presented during the workshop to identify data trends and anomalies that need to be discussed during the data review session for each QI aim. A presentation should be prepared that includes an introduction to the QI action plan and updated QI progress data; a PowerPoint presentation template for the final QI workshop can be found here. Additionally, the purpose and required components of a QI action plan should be reviewed by the facilitators prior to the workshop.

Workshop Sessions

In-Depth Review of Each QI Aim

The final QI workshop begins with reviewing and analyzing progress made toward achieving the QI aims by visualizing QI data and receiving updates from QI teams, similar to the ongoing QI workshops after the QI initiative launch. The remaining workshop time is dedicated to developing the QI action plan.

View & Discuss Data

Relevant QI data for each aim is presented and explained by the facilitator. The data review component is increasingly interactive as participants gain experience over the course of the QI initiative with data review and interpretation. Both positive and negative data trends, as well as apparent anomalies, are deliberated with insight about the likely source of those trends garnered from participants who have the relevant on-the-ground experience (see component 6 for another example of data trend interpretation). Additionally, the facilitator asks participants to reflect on progress made for each aim over the previous QI quarters, particularly regarding what work is remaining to achieve the QI aim or maintain the progress in the event that the QI aim target has been met.

Receive Updates from QI Teams

QI teams will present brief summaries of the QI team meetings that have been held, including the objectives of the meetings, any outcomes realized, along with challenges or recommendations. Each QI team will also state whether they plan to continue meeting in the future.

Discuss Referral Network Priorities

In this final workshop, the data review session provides a platform for discussing RN priorities moving forward. After QI data have been reviewed and discussed for each QI aim, the facilitator holds an open discussion about priority areas for QI after facilitator support ends. The existing QI aims provide a jumping-off point whereby the facilitator starts the discussion by asking if the current QI aims will be carried forward and then asks about additional priority areas the RN would like to focus on.
Action Plan Introduction

An action plan is a document that clearly describes the steps needed to reach a specific goal. In the context of the LIFT QI initiative, the purpose of a QI action plan is to 1) document what QI activities the RN commits to beyond the initial QI initiative, 2) clarify what resources are needed to ensure those activities occur, and 3) create a timeline for when the activities will take place. This initial action plan session will introduce the purpose of an action plan, the value of creating an action plan, how the plan should be developed later in the workshop and the components required for each action or commitment in the plan, including:

<table>
<thead>
<tr>
<th>ACTION STEP OR COMMITMENT</th>
<th>What needs to be done? Can a new PDSA cycle be implemented? If not, what other actions will support QI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BY WHOM</td>
<td>What partner or type of RN member will do the action?</td>
</tr>
<tr>
<td>BY WHEN OR FREQUENCY</td>
<td>By what date or how frequently will the action be done?</td>
</tr>
<tr>
<td>RESOURCES OR SUPPORT AVAILABLE</td>
<td>What resources or support are already available (financial, human or other)?</td>
</tr>
<tr>
<td>RESOURCES OR SUPPORT NEEDED</td>
<td>What resources or support are needed to carry out the action?</td>
</tr>
<tr>
<td>POTENTIAL BARRIERS OR RESISTANCE</td>
<td>What issues might prevent this action from occurring?</td>
</tr>
<tr>
<td>COMMUNICATION PLAN</td>
<td>Who should be informed about/be involved with this action?</td>
</tr>
</tbody>
</table>

Brainstorm of QI Commitments

Before engaging the participants in a full group discussion about development of the QI action plan, participants are given time to think individually, or in pairs, about the commitments they or their organization are willing to make to QI, keeping in mind the RN priorities discussed previously and what will be needed to make progress in those priority areas. Participants should develop 3-4 realistic QI commitments each during this session and document them on notepads. Participants should be informed of any changes in the level of
funding or other support provided by TA partners toward this effort. Participants should determine collectively whether continued collaborative meetings will be maintained, which is recommended for sustainability.

**QI Action Plan Development**

If the RN will not be starting a 2nd PDSA cycle, a primary outcome of the final QI workshop is a complete QI action plan for the RN. During this session, the facilitators will begin a guided discussion among participants to complete the QI action plan template. It is important that this session be as interactive as possible with contributions and agreement on every action item and its corresponding information/data obtained from every stakeholder represented. Although it can be tedious to gain consensus among stakeholders with varying experiences and interests, the sustainability and usability of the action plan is dependent upon input and buy-in from all. Each RN stakeholder is provided a copy of the QI action plan for their reference. One stakeholder should be chosen by participants to be QI action plan manager -- this could be the existing RN lead, if acceptable to the RN members. The QI action plan manager will be responsible for maintaining the master QI action plan for future revisions, and checking in on action item progress during routine RN review meetings. For additional information about routine RN review meetings, please see the LIFT Clinic to Community Referrals Practitioner Guide.

**QI Initiative Closing**

The final QI workshop is closed with a review of the newly developed QI action plan, including the activities and timelines of the commitments made by all stakeholders. Participants are encouraged to review and revise the QI action plan periodically, such as every quarter, to ensure it is meeting the needs of the RN over time and remains current. At the end of the workshop, facilitators congratulate the participants for the progress made over the entire QI initiative and urge them to continue QI work moving forward to create an enduring culture of QI in the RN.

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3 The QI Action Plan template was adapted from the Community Toolbox Action Plan Form.
component 5: implementing quality improvement activities between workshops

This section explains QI activities that occur between QI workshops, including monthly QI team meetings and on-site QI coaching visits by facilitators.

QI workshops are key for capacitating RN stakeholders to advance QI work, but the vitality of a QI initiative depends upon on-the-ground implementation of QI work by RN stakeholders between QI workshops. If RN stakeholders do not apply the principles and implement the changes agreed to at the workshops, improvement will not be realized. QI must happen on a regular basis through day-to-day implementation of change concepts, participation in QI team meetings, and contributing to ongoing data collection through routine referral activities. QI initiative facilitators also play a key support role between QI workshops by conducting periodic QI coaching visits on-site with service providers.

Implementing Change Concepts

As participants learned in the QI launch workshop, improvement cannot be achieved if changes to the system are not made. RN stakeholders must be dedicated to carrying out the changes outlined during QI launch and revised at subsequent QI workshops. Change concepts are designed to be integrated into routine referral activities and thus, are implemented by relevant service providers consistently between QI workshops.

Monthly QI Team Meetings

QI teams are encouraged to meet monthly, or more regularly if possible, to review progress towards their aim(s). The objective of each QI team meeting is to review QI data for the assigned QI aim, discuss the strengths and weaknesses of the changes made to reach the aim and generate recommendations for the referral network on how to accelerate progress towards reaching that aim. A QI team meeting should not last longer than one hour. A targeted and documented discussion of the change concepts should be guided by the following discussion points:
1. Review each of the changes concepts:
   a. What part(s) of the change concept are working well?
      i. Is there a way those changes can be improved further?
   b. What part(s) of the change concept are not working well?
      i. Why are these changes not working?
      ii. How can they be improved to help reach the aim?

2. Are there other gaps or weaknesses in the referral processes we should address to reach our QI aim that are not reflected in the current change concepts?
   a. If yes, discuss new change concept(s) that should be added.

To encourage teams to meet regularly, LIFT guides QI teams to pick a single convenient location for all meetings, and to set a fixed day and time for meetings, so that team members can remember the meeting and work it into their schedule. LIFT also promotes rotational leadership in the QI teams, whereby the chair and the secretary rotate monthly so that each and every member has an opportunity to lead meetings. This has fostered ownership and encouraged members to attend meetings to have the opportunity to lead, as well as to learn from others on how to chair meetings.

Between QI workshops, RN review meetings provide a venue for discussing QI-related topics, providing QI team updates and proposing change concept revisions, when necessary.

**QI Coaching Visits**

At least once per QI quarter, QI initiative facilitators should conduct on-site QI coaching visits with RN service providers. These coaching visits allow for customized one-on-one mentorship to service providers.

**Planning & Logistics**

The number of days required for QI coaching visits per quarter is dependent upon the number and geographic proximity of service providers within the RN. It is advised that facilitators dedicate at least 5 working days per quarter to QI coaching. Three days prior to the visit, each service provider is contacted to inform them of the upcoming visit and encourage them to have their referral materials.

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**implementation tip: QI coaching visit duration**

In LIFT’s experience, QI facilitators could visit 4-6 unique service provider locations a day within a 15km radius. This schedule allowed for approximately 30 minutes with each individual service provider, with up to three service providers at each visit location.
forms, referral registers, etc. – ready for review and discussion. When contacting the service provider, the facilitator should communicate that this is not a performance review, but rather a mentorship session to assist the service provider. If the RN has service providers from multiple nearby community groups, the service providers can be asked to meet at one centralized location to reduce the time required for the facilitators to travel between service providers, thus allowing more time for QI coaching. If conducting QI coaching visits outside of a service providers’ office, make sure to instruct each organization to bring all relevant referral materials with them to the agreed meeting location.

**QI Coaching Points**

On the day of the QI coaching visit, the facilitators meet with the service provider and provide specialized QI-related coaching. The following discussion points can be used as guidance for conducting coaching visits, tailored to the QI aims and change concepts of the RN:

- Review all referral materials in the possession of the service provider to ensure they are correctly completed
- Ask the service provider about any QI team meetings they have been invited to and attended, including a summary of discussions during the meeting; if no QI team meetings have occurred, inquire about why they have not been held
- Ask the service provider about any issues, concerns or challenges they are experiencing with implementing the QI change concepts or with making or receiving referrals; work with the service provider to develop solutions, or a way forward if an immediate solution is not possible, for each challenge during the visit
- Ask whether they have data related to the QI aims relevant to that organization; review the data and discuss whether and to what extent they may be contributing to the achievement of the aims; discuss challenges and identify possible solutions

**QI Coaching Visit Scenarios**

The scenarios below provide examples of specific QI coaching visit activities that have occurred at LIFT sites. Some issues are simple to address by reminding a client of the appropriate process to use and reviewing a few examples, while others require more in depth discussion and problem solving.
<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
<th>Scenario 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QI Aim</strong></td>
<td>Each month, 100% of referral forms received will be correct and have correct client IDs.</td>
<td>Each month, all RN members will refer at least 10 clients per month.</td>
</tr>
<tr>
<td><strong>Issue Identified</strong></td>
<td>5 of 22 referrals forms are missing responses and have blank response fields</td>
<td>The date component of the client IDs in the referral register is incorrectly formatted</td>
</tr>
<tr>
<td><strong>Coaching Guidance</strong></td>
<td>During the coaching visit the facilitator reviews each referral form in detail to identify mistakes or omissions and provide mentorship on how to address any issues identified, working with the service provider to correct them on-site and ensure they possess the knowledge to prevent the same issue in the future</td>
<td>The facilitator teaches her to utilize the Service Provider Directory to find nearby service providers and review the services they offer to make referrals there based on client need in the future.</td>
</tr>
<tr>
<td></td>
<td>The facilitator reviews every instance of a client ID on the referral forms and registers to confirm they are written correctly. If incorrect IDs are found, the service provider corrects each ID with guidance from the facilitator who reiterates the correct ID format.</td>
<td></td>
</tr>
</tbody>
</table>
component 6: monitoring & reporting quality improvement progress

This section provides guidance around how to monitor and communicate QI progress for multi-sectoral clinic-to-community RNs.

QI is a data-driven activity. Data is required to track progress toward achieving QI aims, enlighten stakeholders about target areas for improvement, and inform discussions about what changes may or may not be beneficial. Several important tools are used to track and analyze QI data, and data visualizations are valuable for sharing and supporting meaningful understanding of QI data by the network and other stakeholders.

Because QI is inherently data-based, building the capacity of stakeholders with skills to analyze and interpret data will allow them to continue the QI work beyond the period of technical assistance from the supporting partner. Therefore, increasing the data literacy of stakeholders through learning opportunities within each workshop is a key goal of facilitators throughout the duration of the QI initiative. Participants should learn to see data as a powerful and informative tool for measuring progress rather than an instrument for drawing attention to issues in a negative or judgmental manner.

Collecting QI data

Data to track QI aim progress will likely already be collected through routine monitoring structures of the RN, such as client enrolment and referral forms. If additional data need to be collected to track the QI aims, it is important to establish a data collection plan for the new indicators that describes what primary data will be collected, how, by whom and when. The recommended frequency of data capture is monthly to allow visualization of data trends from month-to-month during quarterly collaborative QI workshops. Furthermore, the data collection procedure for all data required to complete the QI data tracker each month should be captured in a QI data collection plan.

implementation tip: making data approachable

During LIFT QI workshops, it was found that participants had varying degrees of comfort with data ranging from feelings of intimidation at the sight of run charts to experience with advanced statistical packages. It is critical to increase the data literacy of all participants at least to a basic level for effective QI data interpretation. To do this, data should be included in the QI workshops from the time of the QI launch to increase exposure of participants to run charts and allow for more teaching opportunities about data collection and interpretation. Whenever possible, facilitators should encourage participants to offer their own interpretations of the QI data trends and provide constructive corrections to their interpretations, when necessary.
QI data tracker

All QI data are tracked in one spreadsheet called a QI data tracker. Within a QI data tracker, one sheet is dedicated to each QI aim and includes information about the QI aim, its change concepts, and the QI team members assigned to that QI aim. Additionally, the QI data tracker contains baseline data, monthly data and time series charts for each QI aim. A sample QI data tracker sheet is shown in tool j.

Baseline data

Baseline data show the performance of the RN before QI activities begin. If the QI initiative is introduced at the time of the RN launch, baseline data will not be available unless a baseline survey is performed. If a baseline survey has been done or the QI initiative is introduced after the RN is operational, baseline data for existing key RN indicators should be shown to participants as a general picture of where the RN stands in terms of key performance indicators at the QI launch workshop. This could include monthly indicators related to the number of referrals made, number of referrals completed, number of referrals for target populations such as OVC or PLHIV, number of referrals to or from particular services/providers of interest, or any other indicators that are important to the RN. After the QI aims and measurements are generated during the QI launch, the appropriate baseline data for the specific QI aim can be added to the QI data tracker.

Monthly QI data

Data for each QI aim is collected and input into the QI data tracker monthly. Progress towards QI aims is calculated by dividing the numerator by the denominator (determined in the QI launch workshop), which yields the percent achievement for that month. For example, a QI aim related to referral completion would require the following data to be captured each month for the numerator and denominator:

\[
\text{Monthly Referral Completion Rate} = \frac{\text{number of referral completed each month}}{\text{total number of referrals made each month}}
\]

If 200 referrals were made in a particular month and 180 were completed the formula would be:

\[
\text{Monthly Referral Completion Rate} = \frac{180}{200} = 90\%
\]
Any percentage calculations required for reporting QI aim progress can be programmed into the respective QI data tracker sheets to be used in a data display, such as a time series chart.

**Time series charts**
Because improvement takes time, it is important to use a data display method that allows for observing QI data trends over time. As described and illustrated in previous sections, a time series chart is a line graph or bar chart of data plotted at different time intervals. Time series charts are typically easy to understand for participants who are not familiar with viewing data charts or interpreting data trends and are therefore the recommended data display method for this QI initiative. Time series charts are also effective at enabling teams to see whether the changes being implemented are resulting in improvements. For example, if a new change concept is implemented in March and the time series chart shows improvement in the QI aim over the subsequent months, we can assume that the change concept is having a positive impact. A time series chart can easily be programmed into a QI data tracker or dashboard to automatically update as new data are entered.

**Data Interpretation**
Data interpretation is the act of determining the significance and implications of data to draw conclusions about the data. Interpretation of baseline data and QI data trends is a cornerstone of any QI initiative and is therefore integrated into each of the four QI workshops. It is through interpretation of data that participants, with guidance from facilitators, can understand gaps that exist in current RN processes, design appropriate QI aims and change concepts to address the gaps, then monitor QI performance compared to targets and adjust change packages based on the QI data until an aim is achieved. Capacitating RN stakeholders to confidently understand and interpret data is required to garner insight from stakeholders about the actual application of QI change concepts or special events that impact the data trend interpretation. Building the capacity of stakeholders also allows them to carry QI work forward independently beyond the duration of the QI initiative.
Data Interpretation Example

Figure 9 depicts the time series chart for a QI aim related to increasing correct referral form completion, showing progress from the QI launch in April through the 3rd workshop held in October. The time series chart was presented and the facilitator probed the participants to understand what contributed to the sustained improvement in the past quarter by asking for their interpretation of the positive results, particularly from July through September. One participant stated that following the 2nd QI workshop in July, there was great improvement because there was a session specifically on referral form mistakes and omissions that was provided in the local language and therefore easy to understand. The service providers could apply that new knowledge easily following the workshop. Service providers were also mentored about referral form mistakes when submitting their forms during a community event in August. Additionally, a participant noted that the on-site QI coaching visits in early September helped maintain the progress made.
Reporting

Each QI workshop should be documented in a report that summarizes the proceedings and outputs of the meeting, specific areas of participant input and next steps for QI. Special attention should be paid to include the QI data tracker time series charts with a brief description of the trends, relevant insight from the participants and any conclusions drawn about the data during the workshop. LIFT recommends producing a document that includes data charts, pictures of the workshop and participant quotes. A list of workshop participants should be captured in a separate annex along with QI team member lists if the QI teams were created or modified during the workshop. A report template example is included in tool k.

lessons learned: two-page summary reports

Although a full report is helpful for detailing the complete proceedings of a workshop, some stakeholders prefer summary reports. LIFT has produced brief two-page reports about QI workshops, in addition to the full report. For LIFT, these summary reports have been translated into the local language to facilitate communication of QI progress to local stakeholders, such as local government authorities.
annex: QI workshop practitioner toolkit

- tool a: QI workshop agendas
- tool b: workshop facilitation tips
- tool c: fishbone diagram activity handouts
- tool d: communication activity instructions for QI launch workshop
- tool e: referral network member code of conduct form
- tool f: iterative QI learning activity instructions for QI launch workshop
- tool g: QI team meeting guidance & meeting minute template
- tool h: example referral network QI aims & change packages
- tool i: QI action plan template
- tool j: sample QI data tracker & time series chart
- tool k: report template example
- tool l: back to back drawing activity
## tool a: QI workshop agendas

### QI launch workshop agenda | day 1

**Objectives:**

1. Learn what QI is and how it can be used to systematically address challenges
2. Understand how QI can be applied to the RN
3. Work together to establish QI aims, and formalize change concepts for each QI aim
4. Carefully form multi-sectoral QI teams to lead QI efforts and ensure they can easily meet
5. Present participants with example QI data to prepare them for subsequent meetings.

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:15</td>
<td>Registration</td>
<td>Participants must sign attendance sheet</td>
</tr>
<tr>
<td>8:15 – 8:45</td>
<td>Introductions</td>
<td>Participants and facilitators should introduce themselves</td>
</tr>
<tr>
<td>8:45 – 9:30</td>
<td>Introduction to Quality and Quality Improvement</td>
<td>Learn about quality and discuss different perceptions of quality</td>
</tr>
<tr>
<td>9:30 – 9:45</td>
<td>Introduction to “Fishbone” Diagrams</td>
<td>Create a fishbone diagram of a simple system</td>
</tr>
<tr>
<td>9:30 – 9:45</td>
<td>Introduction to Quality Improvement</td>
<td>Participants will learn:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- How QI strengthens referral work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- QI identifies problems/gaps in service and aims to fix them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The concept of QI aim statements, change concepts and change packages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The PDSA cycle</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Morning Tea Break</td>
<td>Tea</td>
</tr>
<tr>
<td>10:45 – 12:00</td>
<td>Discuss Referral Process and Create a Fishbone Diagram</td>
<td>Discuss the referral system and general understanding of how the process should work and then work in groups to create a fishbone diagram</td>
</tr>
</tbody>
</table>
### 12:00 – 13:00
**Discuss Quality, and How to Measure Improvement**
Participants will prepare for the second half of the day by brainstorming the following questions:
- What is a “quality” referral?
- How can we measure the quality of a referral?
- What data do you need to assess “quality”?
- What process do you recommend?

### 13:00 – 14:00
**Lunch**

### 14:00 – 14:45
**QI Aim Statements**
Learn the concept of a QI aim statement and relate the QI aim statement to their first fishbone diagram

### 14:45 – 15:00
**QI Teams and Change Packages**
Learn the other QI components of QI teams and change packages

### 15:00 – 15:45
**Back-to-Back Drawing Activity**
Take part in an activity to illustrate the importance of clear communication to enact change as desired

### 15:45 – 16:00
**Afternoon Tea Break**

### 16:00 – 16:30
**Closing Remarks and Administrative Procedures**
- Hear a summary of the day, and an overview of Day 2
- Have a chance to ask questions and hear updates
- Address administrative needs for the workshop

---

**QI launch workshop agenda | day 2**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:15</td>
<td>Registration</td>
<td>Arrive and sign attendance sheet</td>
</tr>
<tr>
<td>8:15 – 8:45</td>
<td>Review and Preparation</td>
<td>Review of Day 1 topics, Day 2 objectives and RN processes</td>
</tr>
<tr>
<td>8:45 – 9:15</td>
<td>Referral Network Data Introduction</td>
<td>Participants will review referral network data to inform QI aim development</td>
</tr>
<tr>
<td>9:15 – 10:30</td>
<td>Writing QI Aims Related to Referrals</td>
<td>• Develop QI aims for the RN individually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Work together to identify their top QI concerns as teams</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Morning Tea Break</td>
<td>Tea</td>
</tr>
<tr>
<td>10:45 – 12:00</td>
<td>Finalizing the Top 4 (or 5) QI Aims</td>
<td>• Work in groups to develop 4-5 group QI aims</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>12:00 – 12:30</td>
<td>Protecting Client Confidentiality</td>
<td>Learn about the responsibilities of working with health and non-health data and ensuring client privacy</td>
</tr>
<tr>
<td>12:30 – 13:00</td>
<td>Explain the PDSA Cycle</td>
<td>Learn the scientific PDSA cycle, which stands for Plan, Do, Study, Act</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
</tbody>
</table>
| 14:00 – 15:00 | Plan for QI                                   | • If not already finalized, complete the top 4 (or 5) QI aims for the network  
  • Form QI teams  
  • Document change concepts and a measurement plan with their QI team |
| 15:00 – 16:00 | PDSA Cycle Learning Activity                  | Practice using the PDSA cycle in a group activity                            |
| 16:00 – 16:15 | Afternoon Tea Break                          | Tea                                                                        |
| 16:15 – 16:45 | Act on QI Learning and Closing of Workshop    | • Summarize the two-day meeting  
  • Know the date of the next collaborative meeting  
  • Complete administrative requirements |
ongoing QI workshop agenda

_note: this agenda should be adapted for each ongoing quarterly QI workshop following the QI workshop launch_

Objectives:

1. To review the purpose of QI and the components of QI aims, change packages and responsibilities of QI teams,
2. To examine QI data from the previous quarter of QI work as a group to visualize and discuss progress,
3. To receive updates from the QI teams about the proceedings of their monthly QI team meetings
4. To revisit the change concepts identified during the QI launch,
5. And to learn the QI plan for the upcoming quarter and the way forward

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 – 9:00</td>
<td>Registration</td>
<td>Participants must sign attendance sheet</td>
</tr>
<tr>
<td>9:00 – 9:45</td>
<td>Introductions and review of QI basics</td>
<td>Introductions &amp; review the importance of quality to the RN and basic QI concepts including aims, change concepts, change packages and QI teams</td>
</tr>
<tr>
<td>9:45 – 10:15</td>
<td>Review QI aims</td>
<td>Review the QI Aims for the RN</td>
</tr>
<tr>
<td>10:15 – 10:30</td>
<td>Tea Break</td>
<td>Tea</td>
</tr>
<tr>
<td>10:30 – 11:15</td>
<td>QI Aim 1 Review &amp; Discussion</td>
<td>• Review and discuss data for aim 1&lt;br&gt;• Receive update from QI Team 1&lt;br&gt;• Revise change concepts for QI aim 1 together</td>
</tr>
<tr>
<td>11:15 – 12:15</td>
<td>QI Aim 2 Review &amp; Discussion</td>
<td>• Review and discuss referral data for aim 2&lt;br&gt;• Receive update from QI Team 2&lt;br&gt;• Revise change concepts for QI aim 2 together</td>
</tr>
<tr>
<td>12:15 – 13:00</td>
<td>QI Aim 3 Review &amp; Discussion</td>
<td>• Review and discuss referral data for aim 3&lt;br&gt;• Receive update from QI Team 3&lt;br&gt;• Revise change concepts for QI aim 3 together</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch Break</td>
<td>Lunch</td>
</tr>
<tr>
<td>Time</td>
<td>Session Title</td>
<td>Activities</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14:00 – 14:45</td>
<td>QI Aim 4 Review &amp; Discussion</td>
<td>- Review and discuss referral data for aim 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Receive update from QI Team 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Revise change concepts for QI aim 4 together</td>
</tr>
<tr>
<td>14:45 – 15:30</td>
<td>QI Aim 5 Review &amp; Discussion</td>
<td>- Review and discuss referral data for aim 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Receive update from QI Team 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Revise change concepts for QI aim 5 together</td>
</tr>
<tr>
<td>15:30 – 15:45</td>
<td>Afternoon Tea Break</td>
<td>Tea</td>
</tr>
<tr>
<td>15:45 – 16:30</td>
<td>Next steps for QI and workshop closing</td>
<td>- Understand what work we need to do between now and the next QI workshop</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Answer any final questions &amp; review today's discussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Administrative needs</td>
</tr>
</tbody>
</table>
final QI workshop agenda

Objectives:

1. Critically examine QI data from the previous three quarters of QI work as a group to visualize and discuss progress and develop shared solutions to challenges
2. Receive updates from the QI teams about the proceedings of their monthly QI team meetings
3. Create a QI action plan as a RN to carry the QI work forward or plan the start of a new PDSA cycle

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 – 9:00</td>
<td>Registration</td>
<td>Participants must sign attendance sheet</td>
</tr>
<tr>
<td>9:00 – 9:30</td>
<td>QI Aim 1 Review &amp; Discussion</td>
<td>• Review and discuss data for aim 1 from past 3 quarters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receive update from QI Team 1</td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td>QI Aim 2 Review and Discussion</td>
<td>• Review and discuss data for aim 2 from past 3 quarters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receive update from QI Team 2</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>QI Aim 3 Review and Discussion</td>
<td>• Review and discuss data for aim 3 from past 3 quarters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receive update from QI Team 3</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td>Morning Tea Break</td>
<td>Tea</td>
</tr>
<tr>
<td>10:45 – 11:15</td>
<td>QI Aim 4 Review and Discussion</td>
<td>• Review and discuss data for aim 4 from past 3 quarters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receive update from QI Team 4</td>
</tr>
<tr>
<td>11:15 -- 11:45</td>
<td>QI Aim 5 Review and Discussion</td>
<td>• Review and discuss data for aim 5 from past 3 quarters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Receive update from QI Team 5</td>
</tr>
<tr>
<td></td>
<td>Discuss RN Priorities</td>
<td>Discuss RN priority areas for improvement in the future</td>
</tr>
<tr>
<td>11:45 – 12:30</td>
<td>Action Plan Introduction</td>
<td>Introduce the objective and components of an action plan to carry the QI work forward</td>
</tr>
<tr>
<td>12:30 – 13:00</td>
<td>Brainstorm of QI Commitments</td>
<td>Work individually or with a partner to brainstorm ideas for QI commitments to be included in the QI action plan</td>
</tr>
<tr>
<td>Time</td>
<td>Event Description</td>
<td></td>
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<td>--------------</td>
<td>---------------------------------</td>
<td></td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch Break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>14:00 – 16:00</td>
<td>QI Action Plan Development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work together as a RN to develop the QI action plan</td>
<td></td>
</tr>
<tr>
<td>16:00 – 16:15</td>
<td>Afternoon Tea Break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tea</td>
<td></td>
</tr>
<tr>
<td>16:15 – 16:45</td>
<td>Workshop/QI initiative Closing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Answer any final questions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review today’s discussion and the QI action plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Administrative needs</td>
<td></td>
</tr>
</tbody>
</table>
tool b: workshop facilitation tips

Determine preferred language of communication

It is important to know the preferred language of communication of your participants. In previous presentations of these materials in different countries, it was noted that while some of the workshop can be facilitated in English, the QI concepts were best understood when presented in the native language of the participants. The concepts will be new to participants so removing the potential language barrier by presenting the concepts in a language they are more comfortable with can help to increase understanding and can achieve the objectives of the workshop more easily.

Prepare in advance

Preparing for the workshop is essential to make sure the lessons are carried out as planned and the objectives of the workshop are met effectively. The facilitator will be presenting new QI concepts to participants and therefore must be familiar with the workshop content. It is estimated that the facilitator will require at least 2-4 hours of preparation time before each workshop to familiarize him/herself with the content of the presentations and other workshop materials in advance to smooth the delivery of the content. It is suggested that the facilitator practices presenting the PowerPoint slides to a teammate to ensure they are comfortable with the delivery of the content and identify any QI knowledge gaps that need to be addressed ahead of time.

There are also some activities which will require specific materials to conduct. Read through each activity guide fully prior to the workshop and ensure all materials necessary will be available on the day of the workshop.

Know and communicate the workshop objectives

Be familiar with the workshop objectives and understand how each lesson and activity works towards achieving that objective. State the objectives to participants at the beginning of the meeting and do not hesitate to refer to them throughout the workshop to reinforce the knowledge.
Adhere to the agenda and assign presenters

The agenda is your guiding document for successfully conducting the workshop. The RN has a lot to accomplish in a short amount of time and it is the facilitator's responsibility to keep the group focused to achieve all the objectives and agenda items. The facilitator should also confirm that each session has a relevant presenter assigned to it, if he/she is not presenting it.

Guide the group in presenting, discussing and experience sharing

Encourage all participants to contribute to discussions and share their experiences. There are often important lessons to be learned from other stakeholder's experiences or questions many participants may have but are hesitant to ask. Emphasize that the workshop is meant to be a collaborative and respectful environment to strengthen the RN and ultimately the care provided to those in the community.
tool c: fishbone diagram activity handouts

Below is a “fishbone” diagram. Can you guess what the first one is about? Try to guess the problem that will happen if you oversleep, get stuck in traffic, or take the wrong route to work, etc. and write the problem in the space provided.

Now let’s practice making our own fishbone diagram! Document an easy problem you are all familiar with, such as:

- A cold cup of tea or coffee
- Failing to meet a deadline, or
- Being unable to buy your favorite fruit in the market

Here’s an example:

Below is a “fishbone” diagram. Can you guess what the first one is about? Try to guess the problem that will happen if you oversleep, get stuck in traffic, or take the wrong route to work, etc. and write the problem in the space provided.

Now let’s practice making our own fishbone diagram! Document an easy problem you are all familiar with, such as:

- A cold cup of tea or coffee
- Failing to meet a deadline, or
- Being unable to buy your favorite fruit in the market
Use the empty diagram on the next page for your notes.

Category Ideas:
- People
- Environment
- Methods
- Materials

Structure & Process

Write an aim statement about your issue here:
tool d: communication activity instructions for QI launch workshop

Purpose
This activity emphasizes the importance of effective communication skills and giving clear and specific instructions when describing a process to others. Clearly dictating processes related to the RN is key to ensuring all network members are implementing the referral system correctly. Effective communication among network members will also assist with troubleshooting and process improvement.

Instructions
1. Explain that the participants will be required to make two small drawings, drawings A and B, using only the verbal instructions provided by the instructor, a pen and paper
2. First, the facilitator reads aloud the non-specific drawing instructions to participants without revealing the type of instructions they are being given (specific vs non-specific); the facilitator should repeat the instructions until all participant are confident they have completed the drawing per the instructions given
3. After the participants have finished the non-specific drawing, the facilitator then reads the specific drawing instructions, repeating the instructions until all participant are confident they have completed the drawing according to the instructions given
4. Ask participants to compare the two drawings they have made and begin the debrief using the discussion questions below

Drawing Instructions

<table>
<thead>
<tr>
<th>DRAWING A: NON-SPECIFIC INSTRUCTIONS</th>
<th>DRAWING B: SPECIFIC INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Draw a square</td>
<td>1. Draw a square in the middle of your paper that is 2cm by 2cm</td>
</tr>
<tr>
<td>2. Draw a circle</td>
<td>2. Draw a circle with a 1 cm diameter on top of the square so the bottom of the circle is touching the top of the square</td>
</tr>
<tr>
<td>3. Draw a line</td>
<td>3. Draw a line across the entire square so that the line cuts the square in half horizontally</td>
</tr>
<tr>
<td>4. Label this ‘drawing A’</td>
<td>4. Label this ‘drawing B’</td>
</tr>
</tbody>
</table>
Debrief

After both sets of drawing instructions have been provided, engage the participants for a debrief guided by the discussion questions below:

- How do your two drawings differ from one another? How are they similar?
- How do your drawings compare with your neighbor’s? Which drawing, A or B is more similar to your neighbor’s corresponding drawing?
- What was different about the two sets of drawing instructions provided by the facilitator?
- What do you think this activity shows us? How does that relate to the RN processes?
- How do you think communication is a factor in the functioning of the RN?

Points to highlight:

- Effective communication is essential to many aspects of the RN, particularly for communication of processes and how we talk about the RN
- We may think we are providing information to another stakeholder successfully but it may not be received in the way we think it is
- Poor or ineffective communication can slow progress of the network by not making issues known or not communicating or understanding standardized processes clearly
- To ensure the RN is functioning properly, it is important for stakeholders to communicate clearly and specifically about processes for making and receiving referrals, challenges and barriers that arise and working together to address them
tool e: Referral Network Member Code of Conduct Form

The code of conduct form below was used at LIFT RN sites. It should be adapted for the local context and needs of the RN.

REFERRAL NETWORK MEMBER CODE OF CONDUCT

This Code of Conduct serves as a guide for Referral Network Members, describing how they must conduct themselves as they provide services and work in the community.

1. Serving in as a member of the Referral Network is conditional upon following the highest standards of ethical and professional behavior.
2. Respecting the privacy of our clients is a core value of the Referral Network. All personal client information is confidential and should not be shared or discussed with anyone without the written approval of the client. Referral Network Members should not discuss private information with the client anywhere that they might be overheard, and must make sure that documents containing confidential information are not left in the open or accidentally shared.
3. Client HIV status is very sensitive information. Therefore, under no circumstance should a client’s HIV status be disclosed or discussed with anyone not permitted by the client to be disclosed to. Sharing a client’s HIV status without their written consent will be treated as a serious offence.
4. Referral Network Members should be good custodians of any materials and resources given to them.
5. Referral Network Members should maintain good relationships with clients and their household members. This includes treating all individuals with dignity, respect and compassion.
6. Referral Network Members are expected to be good role models in their community, including demonstrating HIV prevention behaviors and positive health behaviors in general.
7. No Referral Network Member shall discriminate against anyone based on age, race, gender, ethnicity, sexual orientation, religion, nationality, disability, or for any other reason.
8. Referral Network Members should report to their supervisors when a client appears to be a danger to themselves or others.
9. Referral Network Members shall not sexually harass clients in any way; this includes, but is not limited to, making unwelcome comments, gestures, or physical contact.
PROTECTION OF CHILDREN AND YOUTH

All Referral Network Members are expected to protect the rights of children and youth including, but not limited to, the following:

- Treat all children and youth with respect and dignity.
- Stop any interaction if a child says STOP, or if a child appears uncomfortable with the interaction.
- Photographs of children should not be taken on behalf of the Referral Network.
- Do not abuse children in any way, including sexually, psychologically, verbally, emotionally, or physically.
- You are always responsible for your behavior with a child, even when a child’s behavior can be interpreted as seductive.

While these particular behavior rules focus on children and youth, we expect your interactions with adults to show similar respect for culture and human rights.

DISCIPLINARY PROCEDURES

Referral Network Members who are not following the code of conduct will be called for discussions with the administrators of the Referral Network. Any breach of this code may result in the removal of the Referral Network Member’s affiliation with the Referral Network.

OATH

I agree that I will follow the standards of the Referral Network Member Code of Conduct honestly and faithfully, as given here today, to the best of my ability.

In order to bring greater honor to myself, my clients, and the Referral Network, I will strive to demonstrate the following characteristics:

- Honesty
- Dependability
- Strong work ethic
- Kindness, empathy, and compassion
- Patience
- Cooperation
- Positive attitudes
- Teamwork
- Acceptance of difference
- Respect of clients’ privacy and confidentiality
- Respect of others, myself, and personal property

I take this oath freely, without any reservations, and I promise to faithfully perform the duties of Referral Network Member to the best of my ability.

Name: 

Signature: Date:

Name of Supervisor: 

Signature: Date:

Name of Referral Network Administrator: 

Signature: Date:
tool f: iterative QI learning activity instructions for QI launch workshop

Description

This activity involves repeated cycles of paper airplane design to teach participants about implementing the PDSA cycle. The aim is to work as a team to design a paper airplane that flies further during each attempt.

Learning Objectives

Participants will learn the importance of planning cycles of changes and building upon knowledge learned in the previous attempts by using the PDSA cycle. It will show how incremental changes that are replicated and expanded through multiple cycles will lead to improvement.

Materials

1. For this activity, the following materials are required:
2. Four tables or stations (e.g. room corners) labeled ‘plan’, ‘do’, ‘study’ and ‘act’
3. Space for flying paper airplanes
4. Materials to construct paper airplanes such as scrap paper, paper clips, tape, scissors etc.
5. A tape measure or other measuring tool for each team (a string measured to be a meter can be used for this)

Introduction

As participants work to improve the RN, they need to be comfortable with the idea of starting out with a small-scale, pilot test of change that will be built on and scaled over time. Taking an incremental approach to improvement by implementing increasingly complex PDSA cycles will lead to a better change product because changes to the system are thoughtfully planned and assessed.

We will practice implementing the four steps of the PDSA cycle we just learned by working as teams to design paper airplanes. There are four stations around the room that together, represent one complete PDSA cycle-one at which teams will ‘plan’ the airplane, one at which you will ‘do’ the test flight, one at which you will ‘study’ the result of the flight and one at which you ‘act’ to determine the changes you will make to the airplane design in the next round.
Activity Instructions

1. Divide the participants into groups of 4-6 participants
2. Explain the task is to create a paper airplane and the goal is to have the plane that will fly the farthest
3. Teams begin the first PDSA cycle by moving from station to station from ‘plan’ through to ‘act’, designing and construction a paper airplane, putting it through a test flight, evaluating the results of the flight (how far did it go?) and acting on the results to prepare for the next cycle
   a. During the 2nd and 3rd cycles, it may be helpful for a facilitator to be stationed at the ‘Plan’ table to help participants generate ideas about changes that can be made to increase the flight distance
4. Facilitators will act as coaches to ensure teams flow through each PDSA step appropriately
5. Three PDSA cycles must be completed by each team and at the end of three cycles, all teams stop and re-convene as a large group to share results and debrief

Debrief

1. Ask each team to report their longest flight and ask the winning team to walk through its airplane designs. What did they learn from each cycle? How did they change the airplane each time?
2. Discuss in general the idea of multiple cycles of small change guided by the following questions:
   a. Did their experience in this game help them understand the approach?
   b. Do they think it is a valid approach to QI work? Why or why not?
   c. What aspects of the process did you find most helpful?
   d. How might you apply a system like this to improvement projects in the clinical setting?
3. Ask participants if they asked for assistance from other PDSA teams during the activity. If so, what did they learn and how did it effect their airplane? Emphasize that it is important for us to work together and learn from one another within the RN to address challenges and improve quality across the network.
4. Ask participants about improvements they have tried to make in their health facility or organization:
   a. Did they start with a small test of change? If so, did it work?
5. How might they have used PDSA cycles even more effectively? If not, do they think using PDSA cycles would have made this effort more successful?

6. Ask participants where we might use the PDSA cycle to improve quality within the RN
tool g: QI team meeting guidance & meeting minute template

QI TEAMS
- Are groups that work on specific QI efforts
- Meet to review collected data, plan how best to work together with other QI team members to help the wider network achieve their QI aim, and delegate specific responsibilities to one another when implementing the agreed plan
- Should understand the change concepts of their QI aim and study whether the concepts are leading to desired results
- Should have a “champion” or team leader

QI TEAM MEETING OBJECTIVE
To meet regularly to review QI data for the assigned QI aim, discuss the strengths and weaknesses of the changes made to reach the aim and generate recommendations for the RN on how to accelerate progress towards reaching that aim.

GUIDING POINTS
1. QI team meetings should happen at least once per month between quarterly QI workshops.
2. The QI team lead should select a time and location for the meeting so that everyone from the QI team can attend – if a member cannot attend, then someone present at the meeting should be tasked with contacting the other who was not present to fill them in and explain what is expected next.
3. Meetings should not be longer than one hour.
4. QI teams should assign a meeting chair and minute taker for each meeting; these responsibilities should be rotated between team members each month to allow everyone to gain experience leading a meeting and reporting.
5. Create a summary of your meeting discussion to present at the next monthly RN meeting. If you have suggested changes to the change concepts, they should be presented at the meeting for adoption by RN members.
6. Develop and document list of questions you may have for the RN, successes observed in prior month, challenges anticipated and how you think they can be overcome – share these as an update for all referral partners during the next monthly review meeting.
DISCUSSION POINTS

Use the discussion points below for each QI team meeting to discuss progress for your QI aim and the strengths and weaknesses of its change package.

1. Review each of the change concepts:
   a. What part(s) of the change concepts are working well?
      i. Is there a way those changes can be improved further?
   b. What part(s) of the change concepts are not working well?
      i. Why are these changes not working?
      ii. How can they be improved to help reach the aim?

2. Are there other gaps or weaknesses in the referral processes we should address to reach our QI aim that are not addressed by the current change concepts? If yes, discuss new change(s) that should be added. These gaps and suggested changes should be proposed to the RN at the next monthly RN meeting.
QI Team Meeting Minute Template

Date: ___ / ___ / _______  Venue: _______________  Chairperson: _______________  Secretary: _______________

Participants:

1.  3.  5.  7.

2.  4.  6.  8.

QI Aim:

<table>
<thead>
<tr>
<th>CHANGE CONCEPTS</th>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
<th>QUESTIONS/RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE 1</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>CHANGE 2</td>
<td></td>
<td></td>
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<td>CHANGE 3</td>
<td></td>
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<tr>
<td>CHANGE 4</td>
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<tr>
<td>CHANGE 5</td>
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</tbody>
</table>

Other Recommendations/Notes:

Next Meeting Date: _____ / _____ / _______
tool h: example referral network QI aims & change packages

During the first QI workshop at a site, LIFT guides RN members to develop QI aims. Participants are taught to design SMART aims that are **Specific, Measurable, Assignable, Realistic and Time-bound**. A sample of QI aims and change packages – comprised of change concepts – from a LIFT site are provided in the list below.

<table>
<thead>
<tr>
<th>AIM STATEMENT</th>
<th>CHANGE PACKAGE</th>
</tr>
</thead>
</table>
| **QI Aim #1** By October 2016, completed PLHIV referrals will increase from 101 to 202 (100%) | 1. Field Supervisors to increase time spent on follow-ups by 100% from 1 hour per week to 2 hours per week for clients that did not return their referral forms  
2. Scale up referrals for people accessing voluntary HIV testing and counselling services through sensitization, door to door campaigns and savings group meetings by Field Supervisors and Referral Volunteers  
3. Field Supervisors to sensitize clients accessing ART clinics on ART days on available referral services  
4. Referral Volunteers to work with health facility supervisors to incorporate the RN system into the integrated outreach at health facilities |
| **QI Aim #2** By October 2016, 100% of referral forms (part A & B) should be correctly filled | 1. Referral Volunteers & Field Supervisors making and receiving referrals should have a second person check both parts A and B of the referral form for complete information  
2. Referral Volunteers & Field Supervisors will avoid filling in the referral forms when occupied or doing something else to prevent mistakes  
3. Referral Volunteers & Field Supervisors will follow-up on Part B of the referral forms by contacting the service provider you referred a client to within one week after the referral is made |
| **QI Aim #3** By October 2016, the number of referrals for orphans and vulnerable children (OVC) will increase from 62 to 124 (100%) | 1. Referral Volunteers shall seek audience with the organizers of national events in the community to present and provide information about the RN at the event  
2. QI Team 3 shall come up with a social media page concerning referral availability  
3. QI Team 3 shall contact other QI teams 2x per month to discuss OVC referral data |
| QI Aim #4 | 1. A member of QI Team 4 will be responsible for sending an SMS/calling all RN members to remind them about the submission of forms 2 days before the submission date  
2. All Referral Volunteers & Field Supervisors will ‘beep’ LIFT site coordinator on the 30th of the month, who will then call the Referral Volunteer/Field Supervisor to confirm the forms will be ready for pick-up by the 4th of the month  
3. QI Team 4 members to confirm the contact numbers for the referral focal persons in the service directory  
4. A QI Team 4 member will communicate with the focal person to confirm about the referrals made |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>All RN members will submit their referral forms by the 4th of the month, each month between now and October 2016</td>
<td></td>
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</tbody>
</table>

| QI Aim #5 | 1. When making a referral, the Referral Volunteer will call the receiving service provider to make sure the service is currently available and ask them to complete part B; if not available, the Referral Volunteer will make a referral to an alternate service provider  
2. Referral Volunteers need to strengthen communication and make a specific day when to be meeting as well as a venue where the meeting will be held  
3. QI Team 5 will briefly present progress about referral completion and discuss the importance of filling part B of the referral form and how to do it during each monthly network review meeting  
4. QI Team Champions to communicate/remind each other a week before the time of submitting forms |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>By October 2016, 100% of all referrals made will be completed</td>
<td></td>
</tr>
</tbody>
</table>
tool i: QI action plan template

Quality Improvement Action Plan

Referral Network: __________________________  Lead Organization: __________________________

Date of Creation: ___ / ___ / ____ Date of Review: ___ / ___ / _____

<table>
<thead>
<tr>
<th>Action Step</th>
<th>By Whom</th>
<th>Frequency</th>
<th>Resources Available</th>
<th>Resources and Support Needed</th>
<th>Potential Barriers or Resistance</th>
<th>Who Needs to be Communicated With</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### QI Aim
From April 2016 to March 2017, 100% of clients given a referral will complete their referral.

### QI Team Members
- Member A
- Member B
- Member C
- Member D
- Member E

### QI Change Package
1. Make follow-ups to all referred clients so that they complete their referrals
2. Make follow-ups to referring organizations so that they provide the appropriate referrals per services available to SPs
3. Make sure a completed referral form is filled accurately
4. Make follow-up for all referral forms that are incomplete

### Data Collected

<table>
<thead>
<tr>
<th>Month</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # clients completing a referral each month</td>
<td>21</td>
<td>20</td>
<td>23</td>
<td>33</td>
<td>124</td>
<td>113</td>
<td>117</td>
<td>152</td>
<td>175</td>
</tr>
<tr>
<td>Total # clients referred each month</td>
<td>39</td>
<td>27</td>
<td>49</td>
<td>107</td>
<td>154</td>
<td>139</td>
<td>130</td>
<td>162</td>
<td>186</td>
</tr>
<tr>
<td>Referral Completion Rate</td>
<td>54%</td>
<td>74%</td>
<td>47%</td>
<td>31%</td>
<td>81%</td>
<td>81%</td>
<td>90%</td>
<td>94%</td>
<td>94%</td>
</tr>
</tbody>
</table>
Sample Run Chart

- Total # clients completing a referral each month
- Total # clients referred each month
- Completion Rate

- Apr-16: 21, 39
- May-16: 20, 27
- Jun-16: 23, 49
- Jul-16: 33, 107
- Aug-16: 124, 154
- Sep-16: 113, 139
- Oct-16: 117, 130
- Nov-16: 152, 62
- Dec-16: 175, 186

Completion Rate:
- Apr-16: 54%
- May-16: 74%
- Jun-16: 47%
- Jul-16: 31%
- Aug-16: 81%
- Sep-16: 81%
- Oct-16: 90%
- Nov-16: 94%
- Dec-16: 94%

% Referral Completion

# of Clients
tool k: report template example

The template below can be used as a starting point to create reports to capture the proceedings of each QI workshop. It will need to be tailored to portray each QI workshop faithfully as the content varies slightly from workshop to workshop.

- **Introduction**: provides background on the project and briefly introduces QI
- **Workshop session proceedings**: include a summary of the sessions of the workshop, including important areas of participant feedback and documentation of relevant questions and discussions from the audience, including:
  - A sample of fishbone diagrams produced by the participants *(QI launch)*
  - Images of QI data charts along with descriptions of the charts and trends seen within them *(QI workshops 2-4)*
  - QI aims and change concepts and any revisions that were discussed during the workshop
  - Pictures of the meeting and relevant participant quotes
- **Next steps**: summarizes the activities that will occur in the three months following the workshop in preparation for the next quarterly QI workshop
- **Workshop closing**: captures final questions from participants and lessons learned from the workshop
- **Annexes**: Relevant annexes, such as attendance lists and QI team membership, should be included where relevant
tool I: back-to-back drawing activity instructions

Purpose

This activity emphasizes the importance of effective communication skills and giving clear instructions when presenting ideas to others. Clearly dictating processes related to the RN is key to ensuring all network members are implementing the referral system correctly. Effective communication among network members will also assist with troubleshooting and process improvement.

Materials

Paper and pen for each participant & one individual shape drawing per participant (print and cut the shapes from the following page)

Instructions

5. Divide the group into pairs by instructing participants to pair with their neighbor. This can be done in groups of 3 in the event of an uneven number of participants.
6. Explain that the facilitator will be handing out small pieces of paper with shapes on them and ask the participants to NOT SHOW the shape to their neighbors.
7. Tell participants that one person in the pair will act as the ‘instructor’ and will describe the shape to their partner while the partner acts as the ‘artist’ and attempts to draw the shape using only the verbal instructions given.
8. After 2-3 minutes, tell participants to compare the drawing with the printed shape.
9. Allow pairs to switch and repeat the activity with the ‘instructor’ now acting as the ‘artist’ receiving the instructions from their partner.

Debrief

After each person in the pair has completed a round of drawing, engage the participants for a debrief guided by the discussion questions below:

- How did it feel to be the ‘instructor’/ ‘artist’? What was easy or challenging about instructing the artist and receiving instructions from the instructor?
- Did you experience any challenges with providing or receiving the information?
- What do you think this activity shows us?
- How do you think communication is a factor in the functioning of the RN?
Points to highlight:

- Effective communication is essential to many aspects of the RN
- We may think we are providing information to another stakeholder successfully but it may not be received in the way we think it is
- Poor or ineffective communication can slow progress of the network by not making issues known or not communicating or understanding standardized processes clearly
- There can be communication breakdowns with both sending or receiving information
- To ensure the RN is functioning properly, it is important for stakeholders to communicate clearly and effectively about processes for making and receiving referrals, challenges and barriers that arise and working together to address the
Shape Print Out for Back-to-Back Drawing Activity