PHPM561
Introduction to Health Care Quality and Safety
Syllabus – Fall 2020

Instructor
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Pronouns: She, Her, Hers
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Office Hours: By Appointment

Course Description
Rising costs, accessibility, overuse, underuse, fraud, and medical errors are well-recognized problems in our current health care system and have been the subject of much public and legislative attention in recent years. The still contentious Patient Protection and Affordable Care Act (ACA) is showing promise in reducing the numbers of uninsured, improving the quality of care, and controlling health care costs. And, the health care community is increasingly focused on improving health care quality and reducing costs. All health professionals – including clinical staff and public health professionals with their training in epidemiology, biostatistics, and population health – have important roles to play in these efforts. Health care administrators, attorneys, and many others are important participants.

Education theory indicates that practical experience is essential to learning. Research has indicated that adult learners like to understand the practical application of knowledge, skills and abilities. They have a need to see how the new knowledge can be incorporated into their existing knowledge and like to have “real world” experiences utilizing this knowledge. This course provides an overview of health care quality and safety. Students will learn quality improvement concepts and techniques and will practice the techniques in teams to plan interventions to improve safety in health care. Assigned readings, video talks and lectures, online discussions, individual writing assignments, small group activities, and team projects applying the theories learned will enrich learning.

Course Prerequisites:
None

Learning Objectives

- After taking this class, students will be able to:
  - Identify social determinants of health and their relationship to quality.
  - Describe the impact of poor quality in health care on the public’s health.
Describes
o Describe the health care quality and safety movement and its impact on health care delivery and the public’s health.
o Describe the importance of the health professional’s role in quality improvement.
o Identify common health care-related quality and safety problems, their causes, effects, and potential interventions.
o Use common quality improvement methods and tools to analyze and improve health care quality and safety problems.

**MPH Competencies Covered**

This course covers the following MEZCOPH MPH program competencies:

*Public Health Policy and Management Competencies Covered:*

- Analyze quality improvement practices as a means to improve health outcomes.

**Analytical Skills**

- Define a problem
- Determine appropriate uses and limitations of data
- Evaluate the integrity and comparability of data and identifies gaps in data sources
- Make relevant inferences from data

**Communication Skills**

- Communicate effectively both in writing and orally (unless a handicap precludes one of these forms of communication)
- Solicit input from individuals and organizations
- Lead and participating in groups to address specific issues, including ability to work in teams, span organizational boundaries, and cross systems
- Demonstrate cultural competency in all of the above and community development

**Policy Development/Program Planning Skills**

- Assess and interpret information to develop relevant policy options
- States policy options and writes clear and concise policy statements
- Translates policy into organizational plans, structures, and programs

**Cultural Skills**

- Interact competently, respectfully, and professionally with persons from diverse backgrounds

**Financial Planning and Management Skills**

- Develop strategies for determining priorities
- Apply basic human relations skills to the management of organizations and the resolution of conflicts

Describe the theory of organizational structure and its relation to professional practice
Required Texts/Readings

- Additional readings as assigned and specified in this syllabus and on D2L.
- Selected learning modules at Institute for Health Improvement (IHI) Open School (http://www.ihi.org/offerings/IHIOpenSchool/Courses)

Course Notes

You are expected to take your own notes if needed as you read or view the required materials, distill major themes, learn terms and definitions, and identify relationships between topics, themes, and concepts.

Course Requirements

- **Introduction** – Quality improvement and this course are iterative processes – i.e., there is purposeful repetition with the goal of constantly refining knowledge and outcomes. You will find that the reading assignments can be heavy and that the readings may overlap, using different terms to describe what seem like very similar concepts and processes. We are expecting you to read for understanding, not memorization, and to demonstrate that understanding in your postings, your weekly reflections and the accomplishment of your team project. Repetition, team-based learning, active learning, and reflection are powerful learning methods. We are confident that if you participate fully, you will leave with valuable knowledge, ideas, tools, and experience!

- **Overview** – This is a structured, self-directed course with readings, activities, discussions, and assignments. You are expected to complete all assigned readings and other course materials, keep notes as required, participate in discussions, as well as complete all assignments and projects. An overview of each module’s activities will be posted for you to review. The overview will contain that module’s learning objectives, topics, readings, and assignments. Any non-text readings will be posted (or links will be provided). Due dates for
assignments will be posted online. Changes and other information about the class will be emailed to your University of Arizona e-mail address and/or posted on Announcements.

• **Teamwork** – Some assignments and your semester-long team project will require that you work together as a team. At the beginning of the semester, students will be assigned to small (~4-5 people) teams based on education, background, and experience – with the goal of creating diverse teams. Students will work on the same team throughout the semester. The instructors will consider options if a team’s membership falls to fewer than four members – e.g., no change, transfers to other teams, or merging two teams. Contact information for your teammates and classmates will be available on D2L. We have found that successful teams plan real-time meetings by phone or online meeting apps at least once a week, and we strongly encourage you to schedule regular meetings with your team starting early in the semester rather than attempting to complete team assignments asynchronously.

• **Team project** - Each team will develop an improvement plan for a healthcare quality and safety concern and write a paper describing the project. The paper will describe the QI tools and process used to develop a sequenced implementation plan containing appropriate interventions and monitoring tools. We allow a little time at the end of the semester for teams to complete their projects. However, starting early will ensure that there is time for all team members to contribute as well as enable time for feedback from course instructors. Please plan to work on your team project throughout the course and to ask questions of each other and instructors as you develop and refine it.

• **Discussions** – This online course uses learner-centered teaching. Rather than taking quizzes or exams, you will be asked to explore topics and teach each other through regular online discussions. Students will use D2L Discussions for teaching each other. All students are expected to complete and post their assignments by the deadlines. Your postings should be responsive to the questions posed and demonstrate that you have read, viewed, and understood the resources – and are able to meaningfully apply and extrapolate from the knowledge you’ve gained. You are encouraged to share relevant readings that were not assigned as well as relevant knowledge and work experience. All posts—whether original posts or comments to others’ original posts—should help others learn more about the subject. Citations and references are expected in both original posts and replies. To help further a discussion, you might consider ending your posts with a question for others to ponder and address. All posted discussion will be reviewed and graded by the instructor. **To avoid losing points, unless otherwise indicated, you are required to respond individually to at least one other individual student posting or, as a team, to at least one other team posting; and to respond to individuals or teams who pose questions in response to your postings.** For team posts, be sure to indicate your team number in the Subject Line of all original posts and responses. Finally, Instructors may
post questions or comments over the course of a discussion to which you will be expected to respond. See Appendix E for online etiquette tips.

- **Individual Reflections** – At the end of each week, first revisit the Overview and review the learning objectives covered under the topics and provide brief feedback on whether you think they were met. Then, briefly reflect on your experience during past week. Here are some examples of what you might explain in a reflection:
  - Anything that you found particularly meaningful
  - Any important underlying beliefs or values that were affirmed or violated
  - Some part of what you read, saw, heard, or experienced that was especially relatable to your work and/or life experience
  - Anything you might do differently in the future due to what you read, saw, heard, or experienced
  - Anything you plan to apply now or in the very near future

Post your weekly reflections in the Assignments folder. They may be in written, audio, or video format. Written reflections are often 1-2 pages double-spaced, but there is no set word count. Work from written notes when recording audio or video reflections. Limit recordings to no more than two minutes, and re-record (just as you would edit a written document) to ensure a professional recording. Citations and references are not required for reflections, but you are welcome to include them where appropriate.
Course Evaluation and Grading

In this course, you are expected to participate and interact with your classmates, and a significant portion of your final grade will be based on that participation – team project, discussion postings, and peer evaluation. In addition to your own original postings, you will be asked to comment on your classmates’ postings. Your postings may be brief, but need to substantively contribute to the topic under discussion and reflect the quality of discourse characteristic of a professional level seminar. All of your postings should be well informed, respectful, and original. All your individual discussion and reflection postings will be graded by the instructor.

- A well-informed posting requires that you have: (1) completed all readings and viewed all media; (2) conducted all necessary independent research; (3) carefully reviewed and considered the discussion questions/issues before making your original posting; and (4) carefully read other students’ postings before making comments.

- A well-informed posting responds to the question(s) asked; demonstrates understanding of the questions(s), materials, concepts, tools, and previous postings; discusses relevant issues; asks intelligent questions; and introduces cited information from credible new sources. Wikipedia and similar sources will not be counted as references. Use peer-reviewed journals; books; national newspapers or magazines; data and information from national, state or local public health agencies; national non-governmental public health agencies and foundations; etc.

- Respectful means that you avoid rude, condescending, disparaging, or obscene communication.

- Original means that you are: (1) expressing your own ideas in your own words, (2) appropriately crediting original sources when you are not, and (3) adhering to the University Code of Academic Integrity.

The following rubric will be used for grading postings:

- Content – Postings are 150-500 words each unless otherwise specified. All content contributes to an original idea, comment, or critique in your own words. It demonstrates your understanding of the assignment, is responsive to question/issues, relevant to topic and topic development, and asks interesting questions. Points may be taken off for the overuse of direct quotations. We want to see your own thoughts and ideas about the material you have studied.

- Ideas/Organization – Thoughts, ideas and recommendations are clear, interesting, and persuasive; and they help advance the conversation. Ideas are supported by available information and scientific evidence from the primary literature. Content is organized in a manner that allows the reader to easily follow and understand the conversation.

- Format and Conventions – Each post adheres to writing conventions and is free of errors in spelling, grammar, and punctuation, capitalization, and paragraphing. All quoted and paraphrased material is cited. Citations and reference lists use proper iCMJE/JAMA.
format. All original posts and replies from teams must identify the team number in the Subject Line. Papers submitted must be in MS Word format.

- **Replies** – At least one reply is posted to another individual or team, unless otherwise instructed. Comments or replies to other postings must be substantive. Remarks like "I really liked chapter 4" or "I agree with what Julio wrote" are not sufficient and will likely receive a zero grade. Similarly, poor grammar, spelling errors, lack of etiquette, insensitivity, rudeness, etc., will adversely affect your grade.

- **Late Assignments** – Assignments delivered after their due dates will be considered late and subject to a 10% deduction for every 24-hour period past due. (Exceptions may be made for sufficiently compelling extenuating circumstances.)

**Grading Norms:**
- Maximum 12 points per topic discussion entry (See Appendix D)
- Maximum 12 points per team discussion or document (Appendix D)
- Maximum 12 points per reflection

**Grading Scale**

<table>
<thead>
<tr>
<th>Percent</th>
<th>Grade</th>
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<tbody>
<tr>
<td>90+</td>
<td>A</td>
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<tr>
<td>80-89</td>
<td>B</td>
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<td>70-79</td>
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<tr>
<td>60-69</td>
<td>D</td>
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<tr>
<td>&lt;60</td>
<td>E</td>
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**Grading Categories**

<table>
<thead>
<tr>
<th>Individual Performance</th>
<th>Percentage Total Grade</th>
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<tbody>
<tr>
<td>Individual discussions</td>
<td>30%</td>
</tr>
<tr>
<td>Individual reflections</td>
<td>10%</td>
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<tr>
<td>Individual participation</td>
<td>10%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Team Performance</th>
<th>Percentage Total Grade</th>
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</thead>
<tbody>
<tr>
<td>Team Activities</td>
<td>10%</td>
</tr>
<tr>
<td>Team Project</td>
<td>25%</td>
</tr>
<tr>
<td>Midterm Peer Evaluation</td>
<td>5%</td>
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<tr>
<td>Final Peer Evaluation</td>
<td>10%</td>
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</tbody>
</table>

TOTAL 100%
**Instructors’ Feedback:** Instructors will review all postings and comment where appropriate. Comments may reflect a response to the overall discussion or highlight for a very interesting idea for the class. Sometimes, we will may ask you to clarify or provide more supporting information. So, please review our instructors’ postings and as many of your classmates’ postings as you can. You will learn from both! Instructors will communicate with students individually via e-mail and/or telephone as needed. Grades will be posted with 1-2 weeks of the assignment completion date. If you fail to receive a grade by that time, please contact your instructor.

Note that the online course management system has a feature that can give us statistics on your online activity, including which parts of the class you visited and for how long.

**Peer Evaluation:** In this course, many assignments are performed by teams. Everyone on the team will receive the same grade for these items. Because the instructors do not participate in team meetings and discussion, you will be asked to evaluate your teammates’ teamwork mid-semester and at the end of the semester. Your mid-semester review will include comments, but the final peer evaluation will not.

The mid-semester peer evaluation counts 5% of the overall course grade, and the final peer evaluation counts 10% of the overall course grade. If your team mates award the top scores in each category, resulting in 100%, you will receive full points for these items. Appendix B contains details. Be sure to also read the posted handout, **Making Feedback Helpful**, before writing any comments, which are required for the mid-semester evaluation. Not completing peer reviews per the instructions will adversely affect your grade because you will only get the points awarded by your team mates if you also evaluate their performance.

**Course Schedule:**

<table>
<thead>
<tr>
<th>Module</th>
<th>Start</th>
<th>End</th>
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<tbody>
<tr>
<td>1</td>
<td>Monday 10/26/2020</td>
<td>Sunday 11/1/2020</td>
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<tr>
<td>2</td>
<td>Monday 11/2/2020</td>
<td>Sunday 11/8/2020</td>
</tr>
<tr>
<td>3</td>
<td>Monday 11/9/2020</td>
<td>Sunday 11/15/2020</td>
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<tr>
<td>4</td>
<td>Monday 11/16/2020</td>
<td>Sunday 11/22/2020</td>
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<tr>
<td>6</td>
<td>Monday 11/30/2019</td>
<td>Sunday 12/6/2020</td>
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<tr>
<td>7</td>
<td>Monday 12/7/2020</td>
<td>Sunday 12/13/2020</td>
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<tr>
<td>8</td>
<td>Monday 12/14/2020</td>
<td>Sunday 12/21/2020</td>
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<table>
<thead>
<tr>
<th>Module</th>
<th>Item</th>
<th>Due</th>
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<tbody>
<tr>
<td>1</td>
<td>Brief Bios</td>
<td>10/30/2020</td>
</tr>
<tr>
<td>1</td>
<td>Syllabus Quiz</td>
<td>11/3/2020 (Must achieve 100% to allow D2L Module 2 to open)</td>
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<tr>
<td>1</td>
<td>Reflections—Individual</td>
<td>11/3/2209</td>
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<tr>
<td>1</td>
<td>Discussions 1, 2, 3</td>
<td>Day 4 of the week* Original Posts Day 7 of the week* Replies</td>
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<td>2</td>
<td>Reflections—Individual</td>
<td>11/10/20</td>
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<td>2</td>
<td>Discussions</td>
<td>Day 4 of the week* Original Posts Day 7 of the week* Replies</td>
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<td>2</td>
<td>Assignments</td>
<td>11/10/20</td>
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<tr>
<td>3</td>
<td>Reflections—Individual</td>
<td>11/17/20</td>
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<tr>
<td>3</td>
<td>Discussions</td>
<td>Day 4 of the week* Original Day 7 of the week* Replies</td>
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<td>3</td>
<td>Assignments</td>
<td>11/17/20</td>
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<td>3</td>
<td>Midterm Peer Evaluations</td>
<td>11/17/20</td>
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<tr>
<td>4</td>
<td>Reflections—Individual</td>
<td>11/24/20</td>
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<tr>
<td>4</td>
<td>Discussions</td>
<td>Day 4 of the week* Original Posts Day 7 of the week* Replies</td>
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<td>4</td>
<td>Assignments</td>
<td>11/24/20</td>
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<tr>
<td>5</td>
<td>Reflections—Individual</td>
<td>12/1/20</td>
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<tr>
<td>5</td>
<td>Discussions</td>
<td>Day 4 of the week* Original Posts Day 7 of the week* Replies</td>
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<td>5</td>
<td>Assignments</td>
<td>12/1/20</td>
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<tr>
<td>6</td>
<td>Reflections—Individual</td>
<td>12/8/20</td>
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<tr>
<td>6</td>
<td>Discussions</td>
<td>Day 4 of the week* Original Posts Day 7 of the week* Replies</td>
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<td>6</td>
<td>Assignments</td>
<td>12/8/20</td>
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<tr>
<td>7</td>
<td>Reflections—Individual</td>
<td>12/15/20</td>
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<td>7</td>
<td>Discussions</td>
<td>Day 4 of the week* Original Posts Day 7 of the week* Replies</td>
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<td>7</td>
<td>Assignments</td>
<td>12/15/20</td>
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<tr>
<td>8</td>
<td>Reflections—Individual</td>
<td>12/22/20</td>
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<tr>
<td>8</td>
<td>Reflections—Team</td>
<td>12/22/20</td>
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<tr>
<td>8</td>
<td>Assignments</td>
<td>12/22/20</td>
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<tr>
<td>8</td>
<td>Final Peer Evaluations</td>
<td>12/22/20</td>
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</table>

*Most posts must be submitted much earlier than these final due dates to create discussions.*
Academic Policies

Grievance Policy:
College of Public Health students who believe they have been subjected to unfair treatment in the administration of academic policies may seek resolution of their complaints through the Graduate College found at: https://grad.arizona.edu/policies/academic-policies/grievance-policy

Grade Appeal Policy: http://catalog.arizona.edu/2012-13/policies/gradappeal.htm

Academic Integrity
Students must abide by the University Of Arizona Code Of Academic Integrity found at: http://deanofstudents.arizona.edu/sites/deanofstudents.arizona.edu/files/code_of_academic_integrity.pdf.

Class Attendance/Participation:
It is expected that students will check the class website every day for announcements and updates related to the class.

Classroom Behavior (Statement of expected behavior and respectful exchange of ideas)
Students are expected to be familiar with the UA Policy on Disruptive Behavior in an Instructional Setting found at: http://policy.arizona.edu/education-and-student-affairs/disruptive-behavior-instructional-setting and the Policy on Threatening Behavior by Students found at: http://policy.arizona.edu/education-and-student-affairs/threatening-behavior-students

Communications:
You are responsible for reading emails sent to your UA account from your professor and the announcements that are placed on the course web site. Information about readings, news events, your grades, assignments and other course related topics will be communicated to you with these electronic methods. The official policy can be found at: http://www.registrar.arizona.edu/personal-information/official-student-email-policy-use-email-official-correspondence-students

Plagiarism:
Plagiarism will not be tolerated. All assignments will be evaluated through Turn It In, which will capture the degree to which content in an assignment has been copied and from what sources. We are able to see what original content is and what is not. If an assignment is plagiarized, the student will either receive an automatic zero, or will be reported to the Dean of Students, depending on severity. Here are some examples of what counts as plagiarism:
  o Copying and pasting information from a web site or another source, and then revising it so that it sounds like your original idea.
Doing an assignment/essay/take home test with a friend and then handing in separate assignments that contain the same ideas, language, phrases, etc.

- Quoting a passage without quotation marks or citations, so that it looks like your own.
- Paraphrasing a passage without citing it, so that it looks like your own.
- Hiring another person to do your work for you or purchasing a paper through any of the on- or off-line sources.

For more information, visit: http://www.library.arizona.edu/help/tutorials/plagiarism

Disability Accommodation:
Students who are registered with the Disability Resource Center must submit appropriate documentation to the instructor if they are requesting reasonable accommodations: http://drc.arizona.edu/students

Syllabus Changes:
Information contained in the course syllabus, other than the grade and absence policies, may be subject to change with reasonable advance notice, as deemed appropriate.
Module 1: Working in Teams & Making the Business Case for Quality

INTRODUCTION

Until recently, we have experienced rapid increases in public and private healthcare, spending a portion of our nation’s gross domestic product (GDP) and our federal and state budgets. Although, over the past several years, Medicare costs have fallen on a per-person basis, about 10,000 “boomers” turn 65 every day. Thus, there is likely to be continued pressure from healthcare spending on federal and state budgets for the foreseeable future. This puts advocates for improving healthcare quality under pressure to make a “business case” for doing so. In this topic, we look at what making a "business case" means and some obstacles to, and recommendations for, achieving it.

Teams and teamwork play an increasingly important role in today's workplaces including healthcare. In fact, increasingly, healthcare experts are calling for training healthcare professionals to operate as well-coordinated interprofessional teams to enhance patient safety and reduce medical errors. This week includes an introduction to the Healthcare Quality and Safety team project, which should help you understand what is expected of you for the team project.

LEARNING OBJECTIVES: By the end of this module, you will be able to:

- Evaluate the rationale behind the call for teamwork to address complex issues in the healthcare system and in education.
- Explore the competencies necessary for effective teamwork in healthcare settings.
- Examine the evidence supporting the effectiveness of teamwork in healthcare settings.
- Describe what “making a business case” for quality means. Differentiate it from “making an economic case” or “making a societal case.”
- Identify and explain some of the major obstacles to “making a business case” in our current healthcare environment.
- Critically evaluate different quality improvement practices.
- Formulate recommendations for making quality-of-care make business sense.

READINGS & CONTENT:

In this week, and in future weeks, unless otherwise specified, close reading is not necessary. We do not test you on the details. Instead, read for the big picture. Some of these may be useful reference material as you progress through your academic and public health or healthcare career.

Read the following:

- Syllabus (read closely) (in Course Resources)
  a. Foreword
  b. Introduction
  c. Appendix, especially pp. 150-163.
- PHPM 561 Team project & examples (in Course Resources)
- Introduction to QI Presentation (4 video files)
- Achieving better chronic care at lower costs across the health care continuum for older Americans, The Engelberg Center for Health Care Reform at Brookings, October 2010.

**ACTIVITIES:**

1. **Individual Discussion 1.1: Introducing ourselves (Icebreaker)**
   - Let's begin our course with an icebreaker... Briefly describe one positive and one challenging experience you encountered this past year and one important goal or anticipated milestone you have planned for the future. Use good judgment. Please avoid posting any experiences that are best not publicly shared!
   - As a minimum requirement, create a 100-word initial post by Thursday at 11:59 p.m. and respond to at least two of your classmates with at least 50 words by Sunday at 11:59 p.m.

2. **Individual Assignment 1.1: Complete and upload a brief bio (one page or less) in Word or PDF to the “Brief Bios” folder. We will use these to assign students to interdisciplinary teams to work together for the rest of the course. In particular, each team will use QI tools and methods to develop an improvement plan. Briefly cover in one page:**
   - Academic program in which you are currently enrolled and campus
   - Previously earned undergraduate/graduate degrees
   - Any health care experience
   - Any quality and safety experience
   - Any current work/volunteer activities
   - Your career aspirations
   - If you are comfortable discussing it, how your cultural background and experiences have influenced your choices

3. **Quiz:** Read the syllabus and take the syllabus quiz. You may take it multiple times, but you must achieve 100%.

4. **IHI: Register for the Institute of Healthcare Improvement’s Open School,** [http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/default.aspx](http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/default.aspx) (You will use this site in future weeks, but for now, simply establish a student account.)

5. **Intro to QI:** Watch the Introduction to QI presentation (4 videos and other files in Content).

6. **Individual Discussion 1.2: Working in Teams**
   - Describe your experience(s) working in teams. Include a detailed description of your most memorable team experience, e.g., setting, purpose, functioning, duration, management (or instructor) support, outcomes (measurable or not?), satisfaction, etc. Take a systems' perspective. In other words, instead of focusing on individuals, tell us about the organization's processes and policies that may have contributed to what you observed. Do not include names or other information that might enable identification of the individuals involved. Reference concepts from one or more of the assigned readings in your description.
   - As a minimum requirement, create a 150–250 word initial post by Thursday at 11:59 p.m. and respond to at least two of your classmates with 50–150 words by Sunday at 11:59 p.m. Cite your reference(s) in ICMJE/AMA format.
7. **Individual Discussion 1.3: Making the Business Case for Quality**
   - Review at least 3 models of quality improvement policies, programs or strategies
   - Choose one of the model policies/programs/strategies to improve quality and lower costs discussed in your readings or find another promising strategy on your own! Do independent research on the program/policy. Include the following information:
     - Description of the policy or program's purpose and its underlying hypothesis
     - How/where/when it's being operationalized
     - Its current scope (e.g., national, state, local, or organizational) and any factors limiting wider application
     - Evidence of its effectiveness in improving outcomes
     - Evidence supporting an economic case, a business case, or a social case for it
     - Other examples of policies/programs that are more or less accomplishing the same thing
     - Your thoughts on any greater program and policy implications
   - As a minimum requirement, create a 150–250 word initial post by **Thursday at 11:59 p.m.** and respond to at least two of your classmates with 50–150 words by **Sunday at 11:59 p.m.** Cite your reference(s) in ICMJE/AMA format.

8. **Reflection:** Complete a Reflection and upload to Assignments.
   - By Sunday at 11:59pm at the end of the module, briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
     - Was there anything that you found particularly meaningful and why?
     - Were any important underlying beliefs or values affirmed or violated, and why?
     - Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
     - As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
     - How do you plan to apply something you’ve learned?
   - If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
Module 2: Health Care Quality, CAHPS Measures, & Risk Management

INTRODUCTION:
Medical errors and safety, risk management, and transparency are complex, rapidly evolving, and interrelated issues. This week, we focus on the consumer perspective of quality and safety. We also look at some of the controversies and progress in these areas. Do they help you better understand the implications of a program in which you’ve been involved? If you work in a healthcare organization, what is its approach to medical errors—transparency and “just culture” or something very different? If not, what changes might you expect to see if it adopted these approaches?

You will notice an emphasis on risk management in this week’s readings. From our perspective, it is a broad and fascinating area of study. In addition to patient-related issues, risk management typically addresses other concerns of a healthcare organization and its environment, such as regulatory compliance, visitor safety, investments, and insurance. In addition, special circumstances, such as mergers and acquisitions, can create risk management concerns, including potential stakeholder litigation. Thus, risk management provides fertile ground for quality improvement project ideas that may not directly involve clinical processes.

Teamwork: High functioning teams make explicit their expectations of each other. One way to accomplish this is through creating and achieving consensus on a team charter (or team working agreements). In this module, you work with your team to create a team charter. These agreements should be reexamined and revised as needed throughout the semester.

Healthcare Quality: Many public and private organizations are involved in advocating for and measuring health care quality. In its “Essential Guide to Health Care Quality”, the National Committee for Quality Assurance (NCQA) provides a good primer for those new to quality. And, in its “National Healthcare Quality Report (2013)”, the federal Agency for Healthcare Research and Quality (AHRQ) provides a health care quality report card including the effects of health disparities. AHRQ’s Consumer Assessment of Health Providers and Systems (CAHPS) provides a consumer perspective of quality and safety. Given the Institute of Medicine (IOM) goal of patient-centered care, the consumer perspective is central to achieving quality and safety in health care.

LEARNING OBJECTIVES: By the end of this module, you will be able to:
• Examine the quality of healthcare and the issues surrounding it
• Examine the current state of healthcare quality and disparities
• Identify private and public organizations involved in healthcare quality
• Describe the activities of organizations seeking to improve healthcare quality
• Describe AHRQ’s CAHPS national reporting system
• Contrast consumer and provider perspectives on healthcare quality and safety
• Develop an understanding of basic concepts underlying patient safety and the patient safety movement
• Identify areas of progress and controversy in risk management, patient safety, medical malpractice, and transparency
• Analyze the interrelationship between the areas of risk management, patient safety, transparency, and medical malpractice

READINGS & CONTENT:
• 2016 National healthcare quality & disparities report, AHRQ. Downloaded 8/31/17.
ACTIVITIES:

1. **Individual Discussion 2.1:** Organizations involved in quality measurement and reporting
   - Search the web for at least six organizations/agencies that address overall healthcare quality across multiple (i.e., global) settings, such as hospitals, clinics, long-term care, behavioral health, etc. One example that you may wish to use is The Joint Commission (https://jointcommission.org). Please identify the type of quality organization/agency, its full name (and acronym), its web address, and its purpose/activities.
   - Then, search the web for at least two organizations/agencies that address quality in your current or a chosen work setting. For example, if you are a nurse (or a nursing student) and you work (or want to work) in a hospital, find at least two organizations that are concerned with measuring and/or reporting on quality in hospitals. Or, if you are just interested in laboratory quality control, search for organizations addressing that. Note: You may find global quality reporting organizations addressing quality in your area of interest.
   - Please enter the organizations and their descriptions in a MS Word table and post. If you want, you may use the provided template (see D2L Content) or may create a simpler table of your own design.
   - For this individual discussion, you do not need to reply to another student, but feel free to do so.

2. **Individual Discussion 2.2:** IHI Patient Safety Modules
   - If you have not already, register at the Institute of Healthcare Improvement's Open School. http://www.ihi.org/education/IHIOpenSchool/Pages/default.aspx Scroll down to the Patient Safety section.
   - Complete any two of the following modules in Patient Safety (PS 101, PS 102, PS 103, PS 104, PS 105, and PS 202).
   - Comment on which modules you’ve taken, what you’ve learned, and share your perspective regarding their effectiveness. Please list the IHI Module number in the Subject line of your post.

3. **Team Assignment 2.1:** Team Charter
   - One of the most basic but often overlooked elements necessary for team success is a team charter. A well thought-out team charter can help a team save time, avoid unnecessary diversion and conflict, reduce uncertainty, and help productivity.
   - In your teams, discuss and collaborate to complete your Team Charters. You may use the attached template or another format, as long as you submit it in MS Word format.
   - When complete, select one member to upload your team charter for grading.
As with all papers, list team members (full names), team number, and something to identify the assignment.

NOTE: The Team Workspace in Discussions is optional. It is there for your use if you find it convenient, but you may use other tools for online discussion and collaboration instead.

4. Team Assignment 2.2: Quality Organizations

- Create a comprehensive matrix of quality organizations by combining the tables you completed individually in Discussion 2.1. Be sure to
  - Resolve any conflicting information
  - Fill in any missing information
  - Correct any grammatical errors and formatting inconsistencies

5. Reflection: Complete a Reflection and upload to Assignments.

- By Sunday at 11:59pm at the end of the module, briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
  - Was there anything that you found particularly meaningful and why?
  - Were any important underlying beliefs or values affirmed or violated, and why?
  - Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
  - As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
  - How do you plan to apply something you’ve learned?

- If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
Module 3: Preventing Common Medical and Medication Errors, Medication Reconciliation, and Mid-Course Peer Evaluation

INTRODUCTION
The Centers for Disease Control and Prevention labels adverse drug events (ADEs) a public health problem causing more than 700,000 emergency department patient visits each year; with nearly 120,000 of those patients needing to be hospitalized for further treatment. In addition, older adults (65 years or older), who typically take more medicines, are twice as likely as others to come to emergency departments for adverse drug events (more than 177,000 visits each year) and nearly seven times more likely to be hospitalized after an emergency visit. In this week, we will look more closely at the causes of common hospital-acquired conditions including local, regional, and national efforts at prevention.

Every time a patient moves from one healthcare provider or setting to another, a care transition occurs. With every care transition, there is an increased risk of medication error. Almost one in five Medicare patients are readmitted to the hospital within 30 days after discharge, at an estimated annual cost of more than $26 billion. In response, the Community-based Care Transitions Program (CCTP) was funded through Section 3026 of the Affordable Care Act to test models for improving care transitions for high-risk Medicare beneficiaries. This week, you examine some of the medical reconciliation models as well as propose one of your own, to prevent medication errors.

Teamwork this week: As we progress through the course, a greater proportion of work takes place in teams. As a result, establishing and maintaining functional teams becomes ever more important. Helpful feedback can make an important contribution to teamwork. Be sure to read the handout, Making Feedback Helpful, carefully and use it as a model for your review comments.

LEARNING OBJECTIVES: By the end of this module, you will be able to:

- Identify the most common hospital-acquired conditions
- Research and describe one of the most common hospital-acquired conditions
- Describe the relationship between adverse medical errors, adverse drug events, and the different types of adverse drug events
- Use the IHI Global Trigger Tool for Measuring Adverse Event
- Explain the connection between ADEs and medication reconciliation
- Describe the importance of medication reconciliation and the errors/problems it prevents
- Compare the strengths and weaknesses of different medication reconciliation methods

READINGS & CONTENT:

- Medical errors: A report by the staff of U.S. Senator Barbara Boxer.
- Resar, IHI Outpatient Trigger Tool Kit, v4.
• How-to guide: Prevent adverse drug events by implementing medication reconciliation. Cambridge, MA: Institute for Healthcare Improvement; 2011. (Note: In 2006, IHI launched the 5 Million Lives Campaign to improve hospital care in the United States, by reducing morbidity and mortality from adverse drug events and surgical complications. The goal was for participating hospitals to prevent five million incidents of medical harm over a period of two years from 12/12/2006 through 12/9/2008. IHI developed evidence-based how-to guides, including the preceding one, for common adverse events to support the initiative. If you’re interested, you can find additional information on the now completed initiatives on the IHI Website.)


• Terri L. Warholak, PhD, RPh; Matthew McCulloch, PharmD; Alysson Baumgart, PharmD; Mindy Smith, BSPharm; William Fink, BSPharm; and William Fritz, MS. An Exploratory comparison of medication lists at hospital admission with administrative database records, Journal of Managed Care Pharmacy. Vol. 15, No. 9 November/December 2009. www.amcp.org.

• Centers for Medicare and Medicaid Services (CMS) Community-based Care Transitions Program. https://innovation.cms.gov/initiatives/CCTP/


ACTIVITIES:

1. Individual Discussion 3.1: Medical Errors and Safety
   o In July 2013, the Partnership for Patients—public-private partnership funded through the Affordable Care Act—released a list of the nine most common hospital-acquired conditions:
     ▪ Adverse Drug Events
     ▪ Catheter-Associated Urinary Tract Infections
     ▪ Central Line-Associated Bloodstream Infections
     ▪ Injuries from Falls and Immobility
     ▪ Obstetrical Adverse Events
     ▪ Pressure Ulcers (Bedsores)
     ▪ Surgical Site Infections
     ▪ Venous Thromboembolism (Blood Clots), and
     ▪ Ventilator-Associated Pneumonia.
   o Choose one of the nine most common preventable "hospital-acquired conditions." Research it, starting with the Centers for Disease Control and Prevention Morbidity and Mortality Week Report (MMWR) as a first reference.
   o Then, for the chosen condition, discuss the following:
     ▪ Causes
     ▪ Incidence and prevalence
     ▪ Presence of health disparities
     ▪ Costs in dollars and human suffering
   o Also, highlight at least a few of the national, regional, and/or local programs, guidelines, protocols, and/or strategies being used for prevention.
   o As a minimum requirement, create a 100-word initial post by Thursday at 11:59 p.m. and respond to at least two of your classmates with at least 50 words by Sunday at 11:59 p.m.
2. **Individual Discussion 3.2: Preventing the Most Common Medication Errors**
   - The Centers for Disease Control and Prevention labels adverse drug events (ADEs) a public health problem causing over 700,000 emergency department patient visits each year; with nearly 120,000 of those patients needing to be hospitalized for further treatment. In addition, older adults (65 years or older), who typically take more medicines, are twice as likely as others to come to emergency departments for adverse drug events (over 177,000 visits each year) and nearly seven times more likely to be hospitalized after an emergency visit.
   - The IHI Global Trigger Tool White Paper presents some in-hospital medication triggers. One or more might be applicable in an ambulatory care setting. What other medication triggers do you think might be useful to look at in an ambulatory setting? For example... consider the concerns about the inappropriate prescribing of antibiotics, the over-prescribing of narcotic pain medication, etc. Or, the importance of a current listing of a patient’s medications or medication allergies. Or the potential interactions of non-prescription supplements with prescription medications. **Identify and briefly describe two new medication triggers that could be used in an ambulatory care setting.**
   - As a minimum requirement, create a 100-word initial post by Thursday at 11:59 p.m. and respond to at least two of your classmates with at least 50 words by Sunday at 11:59 p.m.

3. **Team Assignment 3.1: Medication Reconciliation**
   - Review some of the care transitions models being tested on the Centers for Medicare and Medicaid Services (CMS) Community-based Care Transitions Program website.
   - Based on what you’ve read and know about medication reconciliation, propose a model of your own. Make sure to include several transitions of care (e.g., hospital admission, transfer between services in the hospital, discharge to a nursing home/hospice/community provider, etc.). Note the role each health profession might play in your proposed model. Discuss why you chose your model. Elaborate on the connection between ADEs and medication reconciliation.
   - Each team member should contribute in a substantial way because this activity in particular will inform team members’ Mid-Course and Final Peer evaluations.
   - When complete, select one member to upload your team assignment for grading.

4. **Individual Assignment: Mid-Course Peer Evaluation**
   - As we progress through the course, a greater proportion of work takes place in teams. As a result, establishing and maintaining functional teams becomes ever more important. Helpful feedback can make an important contribution to teamwork. Be sure to read the handout, Making Feedback Helpful, carefully and use it as a model for your review comments.
   - Complete Mid-Course Peer Evaluation, carefully and sequentially following all instructions in the Excel Peer Evaluation template, and upload to this assignment dropbox.
   - The template and instructions must be followed exactly. If you have any questions about filling out the required fields, please contact an instructor. The instructors will spend considerable time to compile anonymous feedback from your peers for you to consider as you complete your team project. We do this to assist teams in improving their performance. Your Mid-Course Peer evaluation counts for 5% of your final grade, and the final peer evaluation counts for 10% of your final grade.

5. **Reflection: Complete a Reflection and upload to Assignments.**
   - By Sunday at 11:59pm at the end of the module, briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
     - Was there anything that you found particularly meaningful and why?
     - Were any important underlying beliefs or values affirmed or violated, and why?
     - Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
     - As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
How do you plan to apply something you’ve learned?

- If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
Module 4: Defining Quality and QI; Problem Statements, Improving the Quality Improvement Process with Technology

INTRODUCTION
So far in this course, we have looked at the need to improve quality and some areas in which safety and quality must be addressed. In recent years, addressing quality and safety concerns in health care organizations has evolved, often following the lead of manufacturing industries, such as aerospace or automobile production. Quality indicators, including safety metrics, measure an organization’s success in achieving quality as defined by customers. They are snapshots that indicate achievements in the recent past. Quality Improvement (QI) efforts, on the other hand, are ongoing activities to ensure quality processes, products, and services. This week’s material includes background and examples of QI efforts.

Problem Statements: Please study the slides on Problem Statements carefully. As a first step, QI teams develop a problem statement that succinctly describes the current situation and two or three negative outcomes of the situation. QI is a team effort, and team meetings during the planning phase emphasize collecting all team members’ thoughts about causes and potential interventions. In particular, do not include causes or interventions in the problem statement, as those are researched and identified by the team using QI tools in team meetings.

Technology for Teams: QI usually involves collaboration among representatives from multiple departments, programs, or organizations. Traditionally, team members needed to coordinate schedules to meet in person to discuss and solve problems, but today many teams can do much of their work online. Online tools can connect people from multiple organizations and diverse locations and offer a wide range of functions for computers, smart phones, and tablets. The field is changing rapidly, and reviews of the new technology are often out-of-date almost as soon as they are published. The use of technology may change how your team works together. After reviewing the “Technology for Teams” PPT file, review the “Instructions for Team Project” and your “Team Charter.” In your teams, determine if any revisions are needed to your team charter to ensure the closer collaboration required by the team project. For example, you may wish to list the dates and times for synchronous meetings, and you might want to specify an online meeting management tool.

Teamwork this week: We will be evaluating both individual and team performance – both process and end-product – for this project. We are interested in seeing how you work together, how you dialogue, how you respond to feedback, how you teach each other and encourage good teamwork, and how you integrate new learning into your projects. We anticipate that you will revisit and revise some early assumptions and conclusions as your project progresses and you learn more, which may cause you to update your problem statements, your project narratives, your QI tools, and your final recommendations. Remember, we will also be evaluating the end-product – i.e., your team quality improvement project plan. Our expectations for the quality improvement plan are described in the Instructions for Team Project handout.

LEARNING OBJECTIVES: By the end of this module, you will be able to:
1. Define health care quality and quality improvement.
2. Use quality measures to guide development of QI projects.
3. Write an effective QI Project Problem Statement.
4. Begin developing a QI project, including all of its components and tools.

READINGS & CONTENT:
   - Chapter 1, Creating Teams to Close the Quality Gap

PHPM561: Introduction to Health Care Quality and Safety
2. Chapter 3, Identifying a Focus for Improvement


4. AHRQ Quality Toolkit. Rockville MD: AHRQ; 2014. (Skim this to see examples of how to present Quality Indicators to leaders.)


6. Schyve PM. Prologue: Systems Thinking and Patient Safety. Rockville MD: Agency for Healthcare Research and Quality (US); 2005. (Systems thinking is important in health care quality improvement. When teams focus improvement efforts on systems and processes, they usually can improve quality in the most effective and efficient manner.)

7. Problem Statement Presentation (READ THIS CAREFULLY & FOLLOW EXACTLY!)

8. Technology for Teams Presentation

ACTIVITIES:

1. Individual Discussion 4.1: Quality and QI
   
   o Read the Overview and required readings then pick one of the following 3 discussions topics below.
   
   1. Each discussion topic is limited to (10) students. Therefore, if a topic has 10 student posts, you must select one of the other topics.
   
   2. If you want, you may reserve your topic before writing a full response. To do so, post an initial response placeholder using the subject line: Topic #. When ready to post your full response, click “reply” to your placeholder and submit your response.
   
   o Original posts must be 150 to 250 words and must include the Topic # in the subject line. Be sure to answer all questions and integrate material from this week and/or prior weeks in your response.
   
   o Reply to two other students who wrote about the other two topics (one reply for each of the other two topics).
   
   o Discussion Topics:
   
   1. Schyve said, “Even apparently ‘inconsequential’ changes in health care Microsystems and macrosystems will almost always produce unintended consequences.” From your own experience, give an example of one microsystem or one macrosystem that experienced an “inconsequential” change that produced unintended consequences. When and how were the consequences noticed? What happened in terms of resources (e.g., people, money, time etc.). How do you think the consequences could have been prevented? What did people do afterwards as a response to the consequences? Are there other ways that the issues could have been addressed? The examples you use may be from health care or any other field. Finally, pose a question about this topic for others to discuss in their replies to your post.

   2. The AHRQ Guide to Health Care Quality says that people define quality in different ways. The readings this week contain multiple definitions of quality and quality improvement. Which definition do you think is the best one? How is it better than the others? Are patients’ and health care organizations’ definitions of quality similar or different? When we consider safety, does our definition of quality need to change? Explain your answers and give examples. Finally, pose a question about this topic for others to discuss in their replies to your post.

   3. The readings this week include examples of quality improvement projects (which are often called process improvement projects to emphasize the system of processes, rather than an individual
quality metric). Many health care improvement projects involve safety. Using one of the models used by those organizations, tell us how you could improve safety in an everyday process. Pick a process you are very familiar with, such as laundry or semester planning or driving to school or (surprise us!). Tell us how you would follow the steps in the model you chose and how your actions would help improve safety. Finally, pose a question about this topic for others to discuss in their replies to your post.

2. Individual Discussion 4.2: Problem Statement
   - Individually write and post 1) a proposed project site/organization (use a fictitious name) and 2) a problem statement. You may have ideas from your readings and/or your experiences as healthcare workers, patients, or family members of patients. By now, we expect that you each have MANY ideas about things that could be improved.
   - Project Site/Organization: The proposed project must be focused on one site or department so that a fictitious QI team of 8 to 10 persons may solve the problem. For example, don’t try to fix the Affordable Care Act or eradicate a disease; such topics are much too broad to be solved by a QI team. We want you to identify a project site that offers a feasible scope of work. For this discussion, you should include a couple of sentences to describe the site. (For the team project, we expect a more detailed description of the organization.)
   - Problem Statement: Writing a good problem statement is an essential skill in conducting effective QI projects. The problem statement is normally written before the team first meets and is used to focus the team’s efforts. To earn full points, you must follow the procedure detailed in the Problem Statement slides.

3. Individual Discussion 4.3: Technology for Teams
   - Review the Technology for Teams Presentation.
   - Individually, explore an online tool that you haven’t used before. It could be one that is listed on the slides or one that you find on your own. Write a description of how it might be used by a QI team and include a link.
     1. What is the purpose of the tool?
     2. What platforms are supported (e.g., macs or PC’s, iOS or Android phones, iOS or Android tablets)?
     3. Is a free version available?
     4. What does the free version offer?
     5. Is this a tool that teams in this course should consider using? If not, why? If so, what team norms and project charter changes should be considered?
   - Posts should be 100 to 250 words and can be in bullet-points, rather than paragraphs. You might consider including screen prints or graphics to help colleagues visualize what you describe, but this is not required.

4. Team Assignment 4.1: Team Charter Revisions
   - The use of technology may change how your team works together.
   - Review the Instructions for Team Project and your Team Charter.
   - In your team workspace area, determine together if any revisions are needed to your team charter to ensure the closer collaboration required by the team project. For example, if synchronous team conference calls are desired, agree upon and list the dates and times for those meetings. Post any revisions to your team charter.
   - When complete, select one member to upload your team assignment for grading.

5. Team Assignment 4.2: Team Project Part 1
   - In your teams, 1) develop a problem statement for your team project, and 2) define the site/organization/scope. You may select or revise a problem statement that one of the team members wrote for Discussion 4.3, or you may create a completely new statement.
   - Make sure the scope is appropriate and the problem statement follows the instructions in the Problem Statement handout and the Instructions for Team Project handout.
When complete, select one member to upload your team assignment for grading.

6. **Reflection:** Complete a Reflection and upload to Assignments.
   - By Sunday at 11:59pm at the end of the module, briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
     1. Was there anything that you found particularly meaningful and why?
     2. Were any important underlying beliefs or values affirmed or violated, and why?
     3. Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
     4. As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
     5. How do you plan to apply something you’ve learned?
   - If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
INTRODUCTION
Early in the planning phase, after mapping key processes, Quality Improvement teams collect data about the processes that led to the result they intend to improve. A number of externally reported metrics may be used, and internal data is also collected. The data may be quantitative, such as clinical outcome measures, or it may be qualitative, such as results of interviews with persons involved in the processes. This week, we look at measurement in general and at two types of charts that may be useful for visually analyzing quantitative data: run charts and control charts.

Graphs are easier for people to quickly understand than pages of numbers. Run charts are used in many situations, and they are appropriate to post or report to a broad audience. No doubt you have seen run charts and have probably even created them. In spreadsheet applications, they are often referred to as line graphs. We look at ways to analyze run charts to provide input for QI projects.

Control charts are used less often, but they provide additional information. As Ogrinc et al. point out in chapter 6 (p.94), run charts are like radiographs, but control charts are like CT scans. Run charts are simpler and can be developed quickly, but they provide less information than control charts, which take a little more effort and training to develop and interpret. Although control charts are fairly simple to create and analyze, most people have not been trained to read/analyze them, and this may cause team members and other stakeholders to misinterpret them or to feel “left out.” Of course, this feeling of misunderstanding of data could hurt team dynamics and performance. Since QI projects involve diverse groups, it may be appropriate to handle control charts in one of two ways: 1) one team member could develop and analyze control charts and present the analysis to the entire group, or 2) the entire team could be trained to interpret control charts.

LEARNING OBJECTIVES: By the end of this module, you will be able to:
1. Identify established methods for organizing QI projects.
2. Create process maps to solve a healthcare problem.
3. Create and interpret graphs and run charts used in QI.

READINGS & CONTENT:
  - Chapter 7, Understanding and Making Changes in a System
  - Chapter 8, Spreading Improvements
  - Chapter 5, Measurement Part 1: Data Analysis for Decision Making in Health Care
  - Chapter 6, Measurement Part 2: Using Run Charts and Control Charts.

- Read about run charts, but just skim the information about control charts to get a basic understanding of them. Creating and interpreting control charts are beyond the scope of this introductory course, but it is important to know where to look for help when you encounter them.


National Quality Forum: Read about the NQF, and find their list of quality measures, which summarizes information collected by multiple organizations. Search for measures that interest you, and review the information available for a few of them. http://www.qualityforum.org/About_NQF/

QI Processes videos. (See Module 1.)

**ACTIVITIES:**

1. **Team Discussion 5.1: QI Project Management**
   a. The “Summary of QI Processes” table in the Module 1 Video Lecture lists some roadmaps for QI teams to follow. Chapter 1, Table 1-1 in the Ogrinc et al. textbook (p.17) shows another way to look at the process of improving healthcare systems as compared to patient diagnosis and treatment.
   b. In your teams, discuss which roadmap or improvement process (PDSA, Six Sigma, Lean etc.) you might follow in solving a problem and which tools you have learned this semester (or elsewhere) that may be appropriate as you proceed through that process. Then create a process map to show us how your team might proceed to solve a healthcare problem, focusing on developing, implementing, evaluating, and spreading healthcare safety interventions. (Please note that your team will update this project flowchart throughout the course as you learn additional tools.)
   c. Select one team member to post your team's QI project management method and process map in the discussion board for all teams to see and comment. Posts should be 100 to 250 words and can be in bullet points, rather than paragraphs. **IMPORTANT: To avoid losing points, be sure to identify your team # in the subject line of all team postings. (Add the team # to the subject line when replying to another team.)**
   d. As a team, choose another team's work/initial posting to discuss privately. Then, select one member to post a response to that team summarizing your private discussion/comments.
   e. In order to get the discussion flowing, post your initial response as early as you can and then be sure to revisit the discussion thread to answer questions and/or enhance your learning.

2. **Team Discussion 5.2: Measurement**
   a. In your teams, research healthcare measures and select two that interest you. Create or copy run charts to display the metrics, and write descriptions of the metrics. Describe how, as a team, you selected the two metrics. Also describe the metric and how it might be used by healthcare organizations and stakeholders. Using what you have learned in the readings this week, interpret the two run charts.
   b. As a team, post your team’s work to the discussion board, read the other teams’ entries, and reply to at least one other team. As usual, to receive full points, you must identify your team in the Subject line of original posts and replies.

3. **Team Assignment 5.1: Team Project Part 2**
   a. Review the Instructions for Team Project.
   b. Continue developing your team project in a way that enables your teammates (and instructors) to follow everyone's thought process and contributions. By the end of the week, your project narrative will include:
      i. The Quality Improvement method your team has chosen to use and the steps it requires you to take. You may wish to begin organizing your project narrative so that it reflects the steps required by the quality improvement method you chose to get a head start on your final report.
      ii. Additional work with QI tools, such as process mapping and measurements. In this draft, even if the tools are not yet complete, at least introduce what will be used.
iii. A more detailed description of the specific setting for the project (e.g., a fictitious hospital, ambulatory care, or department) and any further refinements to your problem statement
c. The update submitted for each module should include previous work and answers to instructor questions and comments. Be sure to include a header on every submission to include the team number, team members’ complete names, date, and something to identify what is being submitted (e.g., “Module 5 Team Project Part 2”).

4. Reflection: Complete a Reflection and upload to Assignments.
a. By Sunday at 11:59pm at the end of the module, briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
   i. Was there anything that you found particularly meaningful and why?
   ii. Were any important underlying beliefs or values affirmed or violated, and why?
   iii. Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
   iv. As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
   v. How do you plan to apply something you’ve learned?
b. If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
Module 6: Root Cause Analysis, Failure Mode & Effects Analysis

INTRODUCTION

Quality improvement (QI) projects typically are prospective in focus; they look to improve the future. Improvement projects are often the result of strategic planning (prospective), but they also may result from the need to correct a systemic problem that resulted in a quality problem (retrospective). In either case, the QI project works to improve future outcomes. This week, we explore Root Cause Analysis (RCA), which is a retrospective QI method for finding the root cause(s) and developing interventions to correct a problem.

After completing the process map and the cause-and-effect diagram, we will develop interventions to address the root causes and state the interventions as S.M.A.R.T. aims (see chapter 4 in the textbook). Also, we will identify whether the interventions are easy to implement, which usually means they do not require extra resources. Needed interventions that require resources in the form of time or money, or that need additional analysis, may be included in future budgets and strategic plans.

RCA: RCA is sometimes referred to as Root Cause & Corrective Action (RCCA), to emphasize that the project is not merely to analyze causes, but also to develop and implement interventions. Sometimes RCA is referred to as Root Cause & Systems Analysis (RCSA), a name that emphasizes that most problems result from systemic processes, rather than from individual errors. RCA, RCCA, and RCSA are basically the same method. After developing a two-part problem statement as described earlier, the team is ready to conduct a Root Cause Analysis (RCA). When the causes of a problem are inherent in a system, as is usually the case in healthcare safety problems, one person can rarely describe the system and identify the root causes by herself/himself. Instead, the best analyses result from discussions among individual participants and stakeholders.

Here is a summary of RCA:
1. State the problem. (Write a two-part Problem Statement.)
2. Analyze causes of the problem to find the root cause(s).
3. Develop interventions.

IHI’s Open School offers an excellent online introduction to RCA, and that is one of this week’s required activities. In addition, each team will develop an RCA.

Cause-and-Effect Diagram: After completing process maps, brainstorm the causes of the problem. A simple tool for brainstorming at this stage is a cause-and-effect diagram, also known as a fishbone diagram or an Ishikawa diagram after the Toyota engineer who first used them to brainstorm causes of problems. Chapter 4 in the textbook includes a description of this tool. NOTES:
1. The problem statement goes in the head of the fish.
2. The branches are brainstorming aids and can be any categories that make sense. The IHI course suggests one group of categories that can be used by most teams. Another one commonly used in Lean Management is called the 6 Ms (but I add a 7th, so I call it 6 Ms plus 1): Man, Machine, Materials, Methods, Maintenance, and Mother Nature (plus I add Management). After labeling the branches of the diagram, the team brainstorms causes that fall under each of the categories listed on the branches.
3. You can hand-draw a diagram or use PowerPoint to draw it. (But don’t submit a photograph of a hand-drawn diagram. Instead, scan it or use a drawing app so the image is clear.) Several fishbone templates are available online. The posted template was used by previous classes, but you do not have to use it.
FMEA: In this week we also explore the Failure Mode and Effects Analysis (FMEA), which was developed by the military in 1949. FMEA was adopted by NASA in 1960 but was not widely used there until after the Challenger disaster. Within hours after the space shuttle Challenger exploded, the press reported that engineers had had concerns about an o-ring that failed and caused the explosion. Engineers also had concerns about other parts and subassemblies, but the shuttle was allowed to fly. So why was it allowed to take off? It turns out that considering the millions of parts and processes that eventually result in a complete space shuttle on a launch pad, engineers will never have sufficient evidence to prove that together, every part and every process, are 100% reliable. NASA looked for a way to quantify their experts’ opinions (“gut feelings”) in the absence of consensus on the data, and they began using the FMEA as a key tool in their QI efforts.

The FMEA requires a team to reach consensus on potential causes and effects of failure in a process, as well as potential interventions. Because each item may have multiple causes and effects, the team should decide how to select the subset they will analyze. For example, a team may start with 30 or 300 failure modes and decide to work on the top X% after they have rated the severity of the effects. The ASQ article describes FMEA further and provides an example. The Content tab in D2L also includes an example of an FMEA template with additional information on how to set one up.

After completing process maps, the Cause and Effect diagram, and part 1 of the FMEA, start on part 2. Part 2 of an FMEA is extremely important to the team’s success in solving the problem. In FMEA Part 2, develop interventions to address the root causes. State the interventions as S.M.A.R.T. aims (see chapter 3 in the textbook). Also identify whether the interventions are easy to implement, which usually means they do not require extra resources. Needed interventions that require resources in the form of time or money or that need additional analysis should be listed in the intervention with due dates 2 or 3 years from now because they may need to be included in future budgets and strategic plans. Even though the initial project team may not be the ones to implement these future interventions, the executive team and other stakeholders need to see that the team’s consensus is that they should consider finding the means to implement them in the future.

LEARNING OBJECTIVES: By the end of this module, you will be able to:
1. Develop a two-part problem statement
2. Discuss RCA within a group to understand the cause of healthcare safety problems within the system
3. Design and develop a cause-and-effect diagram (fishbone diagram)
4. Develop intervention strategies using the fishbone diagram
5. Create S.M.A.R.T. aims for intervention strategies
6. Identify how interventions will be implemented and the resources needed to do so
7. Discuss competently how FMEA works and its practice.

READINGS & CONTENT:
  - Chapter 3, Identifying a Focus for Improvement. (You reviewed this in Module 4 as well.)
  - Chapter 4, Process Literacy and Systems in Health Care.
  - https://psnet.ahrq.gov/primers/primer/10
- IHI course #PS201: Root Cause and Systems Analysis. Complete this course.
  - https://psnet.ahrq.gov/primers/primer/10
- Procedures for Performing a Failure Mode Effects and Criticality Analysis. USDoD, editor. Washington, D.C.; 1983. Scan through this for an overview of the original procedures; no need to read closely.
• Stalhandske, E., DeRosier, J., Wilson, R., & Murphy, J. Healthcare FMEA in the Veterans Health Administration. Patient Safety & Quality Healthcare. 2009; September/October: 30–3.

Please note that in this course, we are learning FMEA, not the modification adopted by the VA. In other words, you must perform both parts of the FMEA to show that you have analyzed not only the failure modes and causes, but also the proposed interventions.

• Failure Mode and Effects Analysis Template

ACTIVITIES:

1. **IHI Course**: Complete the IHI Open School online course #PS201: Root Cause and Systems Analysis.
   

2. **Team Discussion 6.1: RCA**
   
   • After each team member has individually completed the IHI module on RCA, conduct a team meeting to work through an RCA together.
   
   • Pick one of the scenarios, and state the problem. (Remember the problem statement has two parts and does not contain causes or interventions!)

   • Analyze causes. For this assignment, describe what happened by listing the steps that led to the problem or (preferably) draw a process map (i.e., flowchart). The description should include five to ten steps. Then create a cause-and-effect diagram (i.e., fishbone) to help brainstorm.

   • Develop interventions for the root cause(s). State them as S.M.A.R.T. aims.

   • Select one team member to post your team's response in the discussion board and include
     1. The scenario # in the subject line
     2. A 150–250 word description of your work so other teams understand the RCA
     3. The process description or map
     4. The Cause and Effect Analysis

   5. **IMPORTANT**: To avoid losing points, be sure to identify your team # in the subject line of all team postings. (Add the team # to the subject line when replying to another team.)

   • As a team, reply to one other team that wrote about a different scenario. In your original post and the reply to another team, be sure to put your team # in the Subject line.

   • SCENARIOS: No more than one team may pick each scenario and, after that, teams must select another one. If you want, you may reserve your scenario by putting a placeholder post with the scenario # in the subject line. Then “reply” to your team’s placeholder post to submit your discussion.

     1. Marta was late to her Saturday morning volleyball game last weekend.
     2. Tommy didn’t turn in his homework last week.
     3. Sally’s horse was found running down the road a mile away from her house.
     4. Taylor discovered that the water dispenser was empty, and the storeroom had no refills.
     5. Mercedes walked into her apartment and immediately saw piles of cotton, fabric, and foam all over the floor and every surface in the room. Her poodle puppy ran to greet her, smiling and wagging.
     6. Ahmed’s baseball team arrived at the park and found another team already playing his team’s scheduled opponent team.

   NOTE: You need to brainstorm as a team to describe the scenario and the steps that led to the result. In work settings, often an undesirable result is where we start; we initially may have no idea what led to it. For this activity, please have fun creating the backstory and moving through the RCA process!

3. **Team Discussion 6.2: FMEA**

   1. Review the work submitted for Discussion 6.1.
2. Develop a FMEA for the process described in the RCA, using the process outlined in the FMEA Process Steps document.
3. Analyze 3 to 5 failure modes all the way through to recommended actions. Be sure to complete both Part 1 and Part 2 of the FMEA.
4. Develop at least 3 recommended actions that result in pRPN’s lower than the RPN’s.
5. Briefly describe the team’s findings and advice for teams working through an FMEA.
6. Select one member to post your team’s response to the discussion board. As usual, review other posts, and reply as a team.

4. Team Assignment 6.1: Team Project Part 3
   1. Review the “Instructions for Team Project”.
   2. Continue to add to your team project narrative/quality improvement project report in a way that enables us to follow your individual contributions as well as the synthesis of ideas that occurs in high functioning teams. By the end of the week, your project narrative will include:
      o The use of appropriate QI methods and tools to analyze the problem(s) under consideration.
      o Proposed intervention(s) to accomplish your desired goals and how the team developed them. (e.g., FMEA) Some possible interventions include reduce reliance on memory, simplify, standardize, use constraints or forcing functions, use protocols or checklists, improve access to information, decrease reliance on vigilance, reduce handoffs, differentiate or automate, but you must justify your selection of each by showing the FMEA Impact/Feasibility analyses from Part 2 of the FMEA. NOTE: The FMEA will require significant team discussions. This week report what you have done so far, and describe what you will do during the next module to complete the FMEA.
      o Proposed process and/or outcome measures necessary to determine that interventions are working as expected and goals are met.
      o What applicable data are likely already being collected and what applicable measures likely already exist.
      o Proposed collection methods (Hint: May choose from (a) Inspection points; (b) Focus groups; (c) Monitoring for markers; (d) Chart review; (e) Observation; and (f) Spontaneous report.)
      o Responses to any instructor feedback.

5. Reflection: Complete a Reflection and upload to Assignments.
   a. By Sunday at 11:59pm at the end of the module, briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
      i. Was there anything that you found particularly meaningful and why?
      ii. Were any important underlying beliefs or values affirmed or violated, and why?
      iii. Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
      iv. As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
      v. How do you plan to apply something you’ve learned?
   b. If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
Module 7: Visual Management

INTRODUCTION
Many quality improvement tools are graphics. When working in cross-functional teams and when people from different functional areas or institutions collaborate, visual depiction of data can help people quickly reach a common understanding. The use of such tools is sometimes called Visual Management, and it is a key approach used by those who practice Lean Management. Visual management includes the use of graphs, diagrams, photographs, color-coding, and other visuals.

5S Visual Management Tool: Toyota engineers implemented a visual management technique that is now called “5S” after the five Japanese keywords that begin with “S.” In English, these concepts may be called Sorting, Storing, Shining, Standardizing, and Sustaining. The 5S assessment is one of the simplest Lean tools to implement and achieve quick improvements. In a 5S assessment, the QI team agrees on a rubric to define the rating scale for each of the five assessment items. Then the team reviews a work area and assigns a score for each item. For example, if everything on desks is jumbled together (as it is on my desk!), the score for “Sorting” would be a 1, but if everything is organized in categories, the area might rate a 5. They share the results with people who work in the area, who ideally are on the team, and discuss ideas for improvements. Because what is measured and reported usually improves, many teams merely post the five scores in the area after the initial assessment and discussion and return periodically to reassess the area. This is a great way to ensure continuous improvement and because it is simple to implement and sustain, it is often one of the first tools used. One way to depict the results visually is a radar chart, with the lowest scores in the center:

![Radar Chart](image)

LEARNING OBJECTIVES: By the end of this module, you will be able to:
1. Identify and describe Visual Management techniques and tools used in healthcare.
2. Identify challenges in using certain Visual Management tools.
3. Describe the value of using Visual management tools.

READINGS & CONTENT:
1. Zlotowska K, Wise A. Polish Dialysis Center Employees Use Visual Management to Increase Safety, Improve Organization of Medical Facility. Milwaukee WI: ASQ; 2015. (This article describes 5S and other examples of visual management. It also contains a process map. Note that it would be hard for a team to discuss this process map because there are many steps, but they are not numbered. To discuss it, someone would have to read the entire contents of a step, and everyone would have to hunt around to find it. On the other hand, I really like that the
process steps name the actor(s) of each action step. This is a best practice, and in this example, it makes me want to see a facility floor plan with color-coded spaghetti trails showing this complex process.

2. Watch this video (18:13) about visual depiction of data. The journalist David McCandless shows ways to visually depict data and demonstrates that visual information can flow into the viewer’s consciousness with less work. [http://www.ted.com/talks/david_mccandless_the_beauty_of_data_visualization?language=en](http://www.ted.com/talks/david_mccandless_the_beauty_of_data_visualization?language=en)

**ACTIVITIES:**

1. **Team Discussion 7.1: Visual Management**
   - In your private team workspace develop a list of Visual Management tools you have seen in healthcare settings. Describe at least one tool per team member, and include a screenshot of the tool. Include what a team would need to do to implement such a tool and to ensure that it continues to accomplish its goal. Tell us how the team feels about how each tool can be used and describe challenges and other considerations for those who may wish to use such visual tools.
   - Select one team member to post your team’s response in the discussion board.
   - **IMPORTANT:** To avoid losing points, be sure to identify your team # in the subject line of all team postings. (Add the team # to the subject line when replying to another team.)

2. **Team Assignment 7.1: Team Project Part 4**
   - Review the “Instructions for Team Project”. By the end of the week, your narrative will include:
     - A breakdown of the project into sequential steps that reflect the QI method used with a discussion of practical considerations: e.g., who will be responsible for each step, when each will be done, how they will be coordinated, etc.
     - A preliminary timeline for the project.
     - Challenges to be addressed before the next meeting.
     - A discussion of the implications of the project.
     - Identification and discussion of any limitations in the project design.
     - Responses to any instructor feedback.
     - A completed final draft of your team quality improvement project report.

3. **Reflection:** Complete a Reflection and upload to Assignments.
   a. By Sunday at 11:59pm at the end of the module, briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
      i. Was there anything that you found particularly meaningful and why?
      ii. Were any important underlying beliefs or values affirmed or violated, and why?
      iii. Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
      iv. As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
      v. How do you plan to apply something you’ve learned?
   b. If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
Module 8: Team Project & Final Peer Evaluation

ACTIVITIES:

1. **Team Assignment 8.1: Team Project Part 5 Final Paper**
   - Review the “Instructions for Team Project”. By the end of the week, your narrative will include:
     - Responses to any instructor feedback.
     - A completed final report of your team quality improvement project.

2. **Final Peer Evaluation:**
   - To earn the grade your teammates assign to you, you must submit your own final peer evaluation of their teamwork on time and as instructed.
   - Do not include comments on the final peer evaluation. Comments will not be sent.

3. **Team Reflections:** Complete a Team Reflection
   - Reflect on what you have learned through your team activities.
   - Each teammate must contribute to this reflection.

4. **Individual Reflection:** Complete your final Reflection and upload to Assignments.
   a. Briefly reflect on your experience. This reflection may be in written, audio, or video format. For example, ask yourself:
      i. Was there anything that you found particularly meaningful and why?
      ii. Were any important underlying beliefs or values affirmed or violated, and why?
      iii. Was there anything that you read, saw, heard, or experienced that was especially relatable to your work and/or life experiences and why?
      iv. As a result of what you read, saw, heard, or experienced, will you do anything differently in the future and why?
      v. How do you plan to apply something you’ve learned?
   b. In this final assignment, please reflect on your overall experience in this course.
   c. If you decide to create your reflection in audio or video format, please work from written notes when recording audio or video reflections and re-record to tighten your delivery, just as you would edit a written document. These are not casual recordings like voice mail and should be professional, crisp, and well-developed audio or video files. Limit recordings to no more than two minutes.
### PHPM561 Discussion Grading Rubric

<table>
<thead>
<tr>
<th>Initial Post</th>
<th>Acceptable = 4-9</th>
<th>Good = 10-11</th>
<th>Excellent = 12</th>
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<tbody>
<tr>
<td><strong>Unsatisfactory = 0-3</strong></td>
<td>Demonstrated little to no critical thinking.</td>
<td>Demonstrated limited critical thinking.</td>
<td>Demonstrated clear, insightful, critical thinking.</td>
</tr>
<tr>
<td>Not submitted on time and/or did not answer the question or follow instructions.</td>
<td>Submitted on time.</td>
<td>Submitted on time and answered the questions/instructions.</td>
<td>Submitted on time.</td>
</tr>
<tr>
<td>Contained serious and persistent errors in spelling, punctuation, and grammar.</td>
<td>Contained several errors in spelling, punctuation, and grammar.</td>
<td>Contained only minor errors in spelling, punctuation, or grammar.</td>
<td>Contained no errors in spelling, punctuation, or grammar.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Replies to Other Students</th>
<th>Acceptable = 4-9</th>
<th>Good = 10-11</th>
<th>Excellent = 12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unsatisfactory = 0-3</strong></td>
<td>Demonstrated little to no critical analysis of other students’ posts (e.g., logic, facts, interpretations, consistency, references.)</td>
<td>Demonstrated limited critical analysis of other students’ posts (e.g., logic, facts, interpretations, consistency, references.)</td>
<td>Demonstrated clear, insightful, critical analysis of other students’ posts (e.g., logic, facts, interpretations, consistency, references.)</td>
</tr>
<tr>
<td>Minimum # of replies were not submitted on time.</td>
<td>Replies submitted on time.</td>
<td>Replies submitted on time.</td>
<td>Replies submitted on time.</td>
</tr>
<tr>
<td>Contained serious and persistent errors in spelling, punctuation, and grammar.</td>
<td>Contained several errors in spelling, punctuation, and grammar.</td>
<td>Contained only minor errors in spelling, punctuation, or grammar.</td>
<td>Contained no errors in spelling, punctuation, or grammar.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Asks questions to encourage further discussion. Replied to those who replied to original post.</td>
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Appendix A: Course Calendar

Assignments are due at 11:59 PM Phoenix, AZ, time on assigned due dates. Other sources of information include weekly course overviews, which will contain important instructions and links to websites.

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<tr>
<td>Project 1: Update Charter; Brainstorm Project Ideas</td>
<td>Project 2: Decide Problem Statement; Setting, QI Method</td>
<td>Project 3: Tools, Data, Outcomes, Goals, Interventions</td>
<td>Project 4: Project Steps, Roles, Timeline, Challenges</td>
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Appendix B

Peer Evaluation

Read the posted handout, **Making Feedback Helpful**, before beginning. **Follow its guidance!** Although we will share comments and ratings with each team member without divulging the name of each rater, any comments about teammates deemed to be derogatory, insensitive, demeaning, inflammatory, etc., will not be shared with your teammates and may affect your final grade.

See the Excel workbook in D2L labeled “Peer Evaluation” in the Course Resources folder in Content. You’ll find instructions in the first tab, the mid-semester practice peer review form in the second tab, and the final peer evaluation form in the third tab. Upload completed files to the appropriate folders in D2L Assignments. Do not share the any parts of the completed forms with your classmates.

The mid-semester peer review will count as 5% of your final semester grade, and the final peer evaluation will count 10% of your final grade. In other words, your team mates will assign 15% of your semester grade. If they award you full points, you will receive the full 15%; anything less than full points will reduce the semester grade accordingly. **Note that to receive these points, you must submit evaluations of your team mates, and they must follow the instructions in the Excel workbook. If you do not submit evaluations, you will receive 0%.**

We encourage you to use weekly meetings to develop your team’s process early on to facilitate effective teamwork when significant deliverables must be met. In the past, those meetings and feedback from the mid-semester practice peer review allowed students and teams to work out problems interfering with team performance before they negatively affect final peer evaluations.

Below is a typical example of a completed mid-semester peer review (using fake names). Look carefully at the comments. Do you think they fit the guidance in Making Feedback Helpful? Were the comments clearly labeled as the reviewer’s opinion? Did the reviewer use “I” statements, starting sentences with phrases, e.g., “I was impressed with…, I was grateful for…, I agreed with…, I liked when…, I thought that…, I disagreed with…, I was surprised by…, I was pleased with…, I was upset by, I didn’t like when, etc.” Did the reviewer avoid making evaluations and judgments? We believe you can do a better job than this reviewer when making your comments:
**EXAMPLE: Mid-Semester Peer Review**

<table>
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<tr>
<th>Team Members' Names (List Alphabetically by Last Name)</th>
<th>Preparation</th>
<th>Contribution</th>
<th>Respect for Others' Ideas</th>
<th>Flexibility</th>
<th>TOTAL</th>
<th>Comments</th>
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<td>Zeng, Harry</td>
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<td>6</td>
<td>3</td>
<td>2</td>
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</table>

John contributes to our work, but he sometimes hasn't had the chance to read the material first.

Lupe is always prepared, and she starts every project. Perhaps she could give others a chance to jump in, but I really appreciate her attention to our deadlines!

Susan seems prepared, but she defers to others and allows the rest of us to do most of the work. It would help if she contributed more instead of just saying she agrees with one of us.

Harry seems to have read the material and has researched the topics, but he argues with two of the other team members too much. I think he thinks his ideas are the only ones that count, but others have good ideas, too. It would help if he would keep an open mind.
The quality of references is important. Peer reviewed articles and systematic reviews of research, newspaper articles, respected magazines, government and other reputable web sites are acceptable. Sources such as Wikipedia blogs, editorials or other opinion pieces, advocacy websites, conversations, lectures or anecdotes will not be accepted as valid references.

Below is a sample list of web resources that would be acceptable for you to use. This only a partial listing so please feel free to locate and cite other reputable sources.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Web Sites</th>
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<tbody>
<tr>
<td>Health policy</td>
<td>Health Affairs: <a href="http://www.healthaffairs.org">www.healthaffairs.org</a></td>
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<td>American Public Health Association: <a href="http://www.apha.org">www.apha.org</a></td>
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<td>The Urban Institute: <a href="http://www.urban.org">www.urban.org</a></td>
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<td>Families USA: <a href="http://www.familiesusa.org">www.familiesusa.org</a></td>
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<td>Center for Health Care Strategies: <a href="http://www.chcs.org">www.chcs.org</a></td>
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<td>National Academy for State Health Policy: <a href="http://www.nashp.org">www.nashp.org</a></td>
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<td>Network for Public Health Law: <a href="http://www.networkforphl.org/topics/resources/">https://www.networkforphl.org/topics/resources/</a></td>
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<td>Center on Budget &amp; Policy Priorities: <a href="http://www.cbpp.org">www.cbpp.org</a></td>
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<td>Kaiser Family Foundation: <a href="http://www.kff.org">www.kff.org</a></td>
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<td></td>
<td>Health Insurance: <a href="https://www.healthinsurance.org/arizona-medicaid/#waiver">https://www.healthinsurance.org/arizona-medicaid/#waiver</a></td>
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<tr>
<td>Mental health</td>
<td>National Institute of Mental Health: <a href="http://www.nimh.nih.gov">www.nimh.nih.gov</a></td>
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<td>Bazelon Center for MH Law: <a href="http://www.bazelon.org">www.bazelon.org</a></td>
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<td>Substance Abuse and Mental Health Services Administration (SAMHSA): <a href="http://www.samhsa.gov/">https://www.samhsa.gov/</a></td>
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<td>American Public Health Association: <a href="http://www.apha.org">www.apha.org</a></td>
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<td>Scientific American: <a href="http://www.scientificamerican.com">http://www.scientificamerican.com</a></td>
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<td>National Association of County and City Health Officials (NACCHO): <a href="https://www.naccho.org/">https://www.naccho.org/</a></td>
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<td>Community Toolbox (CTB): <a href="https://ctb.ku.edu/en">https://ctb.ku.edu/en</a></td>
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| Quality of health care | Institute for Healthcare Improvement (IHI) Open School: [http://www.ihi.org/education/ihiopenschool/courses/Pages/default.aspx](http://www.ihi.org/education/ihiopenschool/courses/Pages/default.aspx)  
National Academy of Medicine: [https://nam.edu/](https://nam.edu/)  
National Committee for Quality Assurance: [www.ncqa.org](http://www.ncqa.org)  
Joint Commission on Accreditation of Healthcare Orgs: [www.jcaho.org](http://www.jcaho.org)  
ASQ: [https://asq.org](https://asq.org)  
|-----------------------|--------------------------------------------------|
National Public Radio: [www.npr.org](http://www.npr.org)  
The Washington Post: [www.washingtonpost.com](http://www.washingtonpost.com)  
The Los Angeles Times: [www.latimes.com](http://www.latimes.com)  
Appendix D

Discussions & Team Project Policies

In this course, the Discussions and the team project provide important opportunities for you to share your experiences and knowledge, and to demonstrate mastery of the course materials. We expect that you will engage with the topics raised and with each other – asking relevant questions; bringing forward new insights and information; and challenging assumptions, theories, and strategies. It is expected that your comments will be supported by facts, logic, evidence, and experience and that relevant supporting documents will be cited.

Grading

You can earn up to 12 points for completing the learning activities in each module by: (1) completing your original entry(ies), (2) making any required commentary on other classmates’ entries, and (3) replying to comments on your original entry(ies). Please make sure that all entries are completed by the specified deadlines. (Unless otherwise specified, comment on at least one original post and reply to questions to your original post.)

Be sure to carefully review the instructions and due dates for all required activities. Due dates for the Discussions assignments and the team project are noted in this syllabus on the Calendar (Appendix A). Your response must add something new to the discussion and help move it forward. Remember, it is not sufficient to say, "I agree with Ameenah..." or to simply repeat what Tony wrote in his post.

Possible Areas for Point Deductions:

- Posts do not contribute an original idea/comment/critique
- Original idea/comment/critique is vaguely expressed
- Excessive spelling/grammar/punctuation errors
- Minor spelling/grammar/punctuation errors
- Posting is less than 100 words or greater than 500, unless otherwise specified.
- Only one post when multiple posts are required
- One or more posts are plagiarized. See UA Code of Academic Integrity. [http://deanofstudents.arizona.edu/policies-and-codes/code-academic-integrity](http://deanofstudents.arizona.edu/policies-and-codes/code-academic-integrity)

Additional Guidance

Please participate in online discussions as you would in face-to-face discussions, in a professional and courteous manner.
In an online class, your written words and submitted material are the primary way we know you. To be understood by the professors and fellow students, you must write well. For example:

- Remember that online communication lacks the non-verbal cues that provide much of the nuance and meaning in face-to-face conversations.
- Choose your words carefully, phrase your sentences clearly, and keep your sentences and paragraphs brief and well organized.
- State the main topic of your posting in the Subject line.
- Avoid errors in spelling, grammar, and punctuation. Use spellcheck and grammar check in Microsoft Word; similar apps are available for free online. Common errors include:
  - Run-on sentences.
  - Failing to spell out an acronym at its first use.
  - Capitalization errors.
  - Text-messaging lingo and abbreviations.
- Proofread what you post! You may want to use a word processor to draft what you intend to say, check your spelling and grammar, and then paste your text into the Message section of your posting.
- Some assignments will offer an option of submitting a short video or audio recording rather than a written post. To achieve full points:
  - Draft a written response to guide your recording.
  - Plan to re-record for best results. Just as you normally write a first draft and edit it at least once, expect to re-record to create a better recording.
  - For video, be aware of visual and audio distractions. For example, select a quiet area, check what is behind you, and avoid moving the camera.
Appendix E

Rules of Netiquette

While Appendix D touches on netiquette, many excellent sources for the rules of netiquette are available on the World Wide Web. Please review at least one of the suggested websites below:

1. **9 Netiquette Guidelines Online Students Need to Know**

2. **15 Rules of Netiquette for Online Discussion Boards**

3. **Netiquette Rules for Online Communication**
   [http://edtech2.boisestate.edu/frankm/573/netiquette.html](http://edtech2.boisestate.edu/frankm/573/netiquette.html)