Quality Improvement for Peer Support Programs
OVERVIEW OF QUALITY IMPROVEMENT (QI)
### Who Benefits from QI?

<table>
<thead>
<tr>
<th>Peer Supportee</th>
<th>Peer Supporter</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Receive better services</td>
<td>Provide better services</td>
<td>More cost-effective</td>
</tr>
<tr>
<td>Better access to services</td>
<td>More efficient work processes</td>
<td>Improved services</td>
</tr>
<tr>
<td>Expectations met</td>
<td>Stronger bond with supportee</td>
<td>Improved funding</td>
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Defining Quality Improvement

“Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement” (HRSA)

“Quality improvement is a continuous and ongoing effort to achieve measurable improvements in the efficiency, performance, accountability, outcomes, and other indicators of quality... to achieve equity and improve the health of the community” (NNPHI)
3 Key Characteristics of QI

**Systematic**: methodical, with a purpose

**Continuous**: cyclical, occurs over and over again

**Measurable**: able to concretely observe a change
Why QI is Important

QI=Process-driven, person-centered, dynamic, & rapid

Peer support is dynamic and ongoing. Rapid response and troubleshooting through QI can lead to improved results.

QI can make existing community health services more effective and better able to achieve goals.
## QI vs Monitoring & Evaluation

### Similarities

- Both investigate if programs are being implemented as intended
- Both have the ultimate goal of improving certain health outcomes
- Both examine if programs are meeting certain requirements

### Differences

- **QI:** “real-time” data
- **M&E:** set times
- **QI:** small, incremental changes with rapid feedback of results to improve efficiency
- **M&E:** broader questions of program design, implementation, and effectiveness

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Evaluation is Linear: What are the results?

1. What are outcomes of interest
2. Develop ways to measure the outcomes
3. Collect all measures of interest
4. Analyze data to determine outcomes

Evaluation tells you whether outcomes are good or bad, but not what to do with the results

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QI is Cyclical: What actions will improve the program?

QI is narrow in scope; focuses on the way certain things are done to be more streamlined and effective.
When to Use QI?

• A problem arises or presents itself
• What you’re doing is not resulting in the desired outcomes
• External sources ask you to (funders, the community)
• Work processes need to be streamlined
General Methodology of QI

1. Identify prioritized problem
2. Determine how to measure change
3. Identify change(s) to make
4. Implement the change(s)
5. Evaluate if the problem improved
QI for Healthcare

- In healthcare, the Institute for Healthcare Improvement’s (IHI) Model for Improvement is commonly used.
- The MFI has been used to improve a variety of outcomes in: diabetes, HIV, maternal and child health, hospital readmissions, etc.

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
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<tbody>
<tr>
<td>How will we know that a change is an improvement?</td>
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<tr>
<td>What change can we make that will result in an improvement?</td>
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</tbody>
</table>

[Diagram of the Plan-Do-Study-Act cycle]

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## Scope of QI Projects Vary

<table>
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<tr>
<th>Topic</th>
<th>Program or Unit QI</th>
<th>Individual QI</th>
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</thead>
<tbody>
<tr>
<td>Improvement</td>
<td>Project focus</td>
<td>Daily work</td>
</tr>
<tr>
<td>QI Planning</td>
<td>Program-level plan</td>
<td>Performance plan</td>
</tr>
<tr>
<td>Processes</td>
<td>Program activities</td>
<td>Daily activities</td>
</tr>
<tr>
<td>Goals</td>
<td>Program plan</td>
<td>Individual goals</td>
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Source: Public Health Foundation
Individual QI Example

• Peer supporters are required to conduct bi-weekly face-to-face meetings at the clinic with their supportees during the first 3 months starting from an introduction

• An overall 40% of contact rate reported by the 5 peer supporters during month 1.

• How to use Model for Improvement to improve meeting rates?
Action Steps 1-3

What are we trying to accomplish?

- Increase the reach of peer supporter to 60% during month 2

How will we know that a change is an improvement?

- Peer supporters will report more successful contacts

What change can we make that will result in an improvement?

- Calling instead of face-to-face meeting, meeting in different places, shorter meeting times, etc.
Plan Step

• Narrow down all the possible changes to ONE you/peer supporters think will be best
  – Peer supporters suggest flexible meeting places instead of the clinic (e.g., coffee shop)

• Determine when and how you will notify peer supporters of the change
  – Make announcement at weekly team meeting that the change will start the next day for another month

• Determine how you will know if/how frequently peer supporters used the change (monitoring)
  – Add a column of meeting locations to current contact note
Do Step

• Carry out the plan
  – Have peer supporters suggest a different meeting place for one month
  – Make sure peer supporters collect the necessary data by using the revised contact note (e.g. how many attempts, how many times met, meeting locations)
• Study: did this improve?
  – Compare how many times peer supporters were able to meet before and after the change
  – Summarize what happened and what was learned
  – Look at available monitoring data i.e., peer supporter contact notes, to see if change was used by peer supporters
  – Talk to peer supporters to see what they thought of the change
Act Step

• Plan the next step
  – If changing location did not improve meeting rates, and you’re certain peer supporters used this change→ Try other changes that were thought of in “Plan” phase
  – Talk with peer supporters: do they have ideas for how to improve reach rates? Were there other issues that were brought up that could be improved?
  – If change worked, institutionalize it by changing the intervention protocols to allow flexible meeting locations
QI MODEL APPLICATION

Program- or Unit-level QI
USAID CHW AIM Toolkit

- Organizations may already have QI tools and forms that call for QI initiatives for peer support programs such as the USAID Community Health Worker Assessment and Improvement Matrix (CHW AIM) (Crigler et al., 2013)
• CHW AIM is a guided self-assessment through a workshop: 15 programs components are scored on 4 levels of functionality, then action plans for weaknesses are made based on results

• Toolkit lays out 4 steps: adapt, plan, conduct, and follow up

• Tools are structured in a way that can prompt periodic assessments and establish organizational benchmarks for quality improvement initiatives.
When using tools like the CHW AIM Toolkit...

- Adaptation to reflect program goals, population needs, and local contexts is critical!
USAID 15 Components for Effective CHW Programs

<table>
<thead>
<tr>
<th>Recruitment</th>
<th>CHW Role</th>
<th>Initial Training</th>
<th>Continuing Training</th>
<th>Equipment &amp; Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision</td>
<td>Individual Performance Evaluation</td>
<td>Incentives</td>
<td>Community Involvement</td>
<td>Referral System</td>
</tr>
<tr>
<td>Opportunities for Advancement</td>
<td>Documentation &amp; Information Management</td>
<td>Linkages to Health Systems</td>
<td>Program Performance Evaluation</td>
<td>Country Ownership</td>
</tr>
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</table>
Adapt and Plan Steps

• Tailor organization’s QI tool to peer support program guidelines, local context through stakeholder meetings
  - Ex. Country ownership may not be applicable to your peer support program

• Assessments through site visits, and a workshop (the main approach)
Conduct Step: Identify your prioritized problem

Score program components based on functionality criteria. Calculate overall functionality of program to identify areas that need improvement (Ex. Recruitment)

Level of Functionality: 1 = non functional 2 = partially functional 3 = functional 4 = highly functional

Functionality criteria examples for recruitment:
1 – Community plays no role in recruitment
2 – Community only approves of final selection
3 – Community participates in final selection
4 – Community participates in entire recruitment process

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Conduct step: Determine how to see improvement

• Ex. Recruitment
  – Currently, the selection of peer supporters (CHWs) is based on clinicians’ recommendations. However, the recommendation/selection criteria are not commonly agreed. There is no standardized process in place.
  – Scored as Level 1: Non functional
  – Goal: 70% program-wide implementation rate for a new set of standardized selection criteria and process.
Conduct step: Identify a change(s) to make

• Develop an action plan
  - Establish a committee consisting of two providers and a peer supporter supervisor
  - Committee will develop a survey to collect feedback from providers, peer supporter supervisors, patients and peer supporters to identify selection criteria and process
  - Provider committee members will be the champions for implementing the new set of selection criteria and process.
  - Try for a month and then review the results
Follow-up step: Implement the change

- Implement the change planned for in the previous step
  - Selection criteria: Clinical status (e.g., A1C < 7.5%), willingness to help others, willingness to work with providers, and good communication and support skills
  - Process: 2 steps (Provider recommendations and then interview by the supervisor of peer supporters)
Follow-up step: Evaluate if the problem has improved

- Get needed data to see if change worked
  - Use a recommendation form and interview questionnaire to track implementation
  - Survey providers and supervisors of peer supporters again to get feedback
- Review and revise the action plan as necessary
- Scale up or institutionalize change if it worked.
- If it didn’t work, refine your change or try another strategy
## Model for Improvement vs USAID CHW AIM Toolkit

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<th>Model for Improvement</th>
<th>USAID CHW AIM Toolkit</th>
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<tbody>
<tr>
<td><strong>Target organizations</strong></td>
<td>Can be applied within any organization</td>
<td>Ministries of health, donors, NGOs, other organizations that manage CHW programs</td>
</tr>
<tr>
<td><strong>Target populations</strong></td>
<td>Any population</td>
<td>Global, underserved</td>
</tr>
<tr>
<td><strong>Target conditions</strong></td>
<td>Any condition</td>
<td>Primarily maternal, newborn, and child health, HIV, and TB. Can be adapted for others</td>
</tr>
<tr>
<td><strong>Special considerations</strong></td>
<td>Special attention should be given to the “Act” step, which can be forgotten</td>
<td>Identifies program improvement areas through workshop</td>
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KEYS TO EFFECTIVE QI FOR PEER SUPPORT PROGRAMS
What is Common to QI methods?

• Focus on improvement
• Acting, measuring, and evaluating to improve
• Requires strong leadership, creativity and innovation
• Involves employees and team members
• Effective team development
• Commitment to improvement
Many QI Models Exist

- Plan-do-check/study-act (PDCA/PDSA)
- FOCUS-PDSA
- FADE
- IMPROVE
- Lean
- Six Sigma
- Kaizen
- Total Quality Management
QI Tips

• Focus on general QI methodology
• Get ideas for changes from peer supporters
• Set clear and measurable goals with a timeline
• Choose QI projects with favorable impact vs effort in mind
• Measure what’s necessary; don’t get overwhelmed with measures
QI Tips Cont.

- Select a multi-disciplinary team with the necessary expertise
- Pay careful attention to data collection and quality
- Make sure changes are documented – key step that is frequently missed
- Discuss changes and results with team
- Have a back-up plan for unexpected results
Resources

• 5-SPICE [Framework for CHW Quality Improvement](#)
• Embracing Quality in Public Health: A Practitioner’s Quality Improvement [Guidebook](#)
• [Public Health Improvement Resource Center](#)
• National Network of Public Health Institute’s [Quality Improvement Section](#)
• [IHI’s Resources for Public Health Quality Improvement](#)
References


Questions or Suggestions?
Please contact peersforprogress@aafp.org

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