



Connecticut Asthma Program

Individual Evaluation Plan:

Quality Improvement in School Based Health Centers

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Acknowledgements

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Introduction and Stakeholder Engagement

Evaluation Purpose

Evaluation is vital to program performance. Systematic examination of activities enables identification of weaknesses, strengths, successes, and unforeseen outcomes. The purpose of this individual evaluation plan is to lay out the processes involved in executing a retrospective evaluation of quality improvement (QI) in school based health centers (SBHCs) to be conducted by the Connecticut Asthma Program (CAP) from May, 1 2016 to December 31, 2016, with action planning occurring at the end of the evaluation and subsequent monitoring to take place until the end of Year Five. It is expected that CAP staff and the evaluation subcontractor, The Consultation Center, Inc. (TCC), will use this plan to guide evaluation activities. This evaluation plan will also serve as a resource for explaining to stakeholders what the CAP does to maintain alignment between its resources, activities, and goals.

This plan and subsequent evaluation report will be used as a guide for evaluation activities for QI in SBHCs during Years Two and Three of the current cooperative agreement. The plan will indicate the evaluation design, data collection and analysis methods, and strategy for communication of findings. The individual evaluation plan (IEP) will be reviewed by all CAP staff and IEP team members, at least two Strategic Evaluation Planning Team (SEPT) members, and relevant stakeholders.

Each evaluation project is an opportunity for the CAP to do an in-depth examination of a specific activity and identify the related challenges, unintended outcomes, and opportunities for change. IEP members, CAP staff, and the external evaluation team will review and interpret evaluation findings from the project to inform decision-making and resource allocation. By communicating and interpreting evaluation findings with our partners, the CAP can: tell its story; increase its credibility among stakeholders; and garner support for its efforts to improve performance.

Stakeholders

This individual evaluation plan was informed by stakeholders, CAP staff, and the State Asthma Plan. Stakeholders were recruited by the CAP Program Director in May of 2016, and are listed in [Table 1](#) alphabetically by last name.

Table 1. Stakeholder Assessment and Engagement Plan

Stakeholder Name and Affiliation	Stakeholder Category	Interest or Perspective	Role in Evaluation
Marie-Christine Bournaki Asthma Program Director, CAP	Primary	IEP Member, SEP Member, CAP leadership	Recruit IEP members. Attended first and second IEP meetings. Review IEPs and evaluation reports. Analyze data. Promote use of evaluation findings.
Joann Eaccarino Senior Director, School Based Programs	Secondary	IEP Member	Attend IEP meetings. Review IEPs and evaluation reports. Participate in the evaluation process of the SBHC.
Anna Goddard Coordinator of Medical Services for School-based Health Centers	Secondary	IEP Member	Attend IEP meetings. Review IEPs and evaluation reports. Participate in the evaluation process of the SBHC.
Eileen Lopaze Coordinator of Office Management, SBHC program	Secondary	IEP Member	Attend IEP meetings. Review IEPs and evaluation reports. Participate in the evaluation process of the SBHC.
Mukhtar Mohamed Epidemiologist, CAP	Primary	IEP Member, SEP Member, CAP data expertise	Attend IEP meetings. Review IEPs and evaluation reports. Analyze data. Promote use of evaluation findings.
Kathy Sinnett Co-team leader, NP at Regional Multicultural Magnet School SBCH	Secondary	IEP Member	Attended first and second IEP meetings. Participated in the evaluation design process of the SBHC. Recruited key informants for interviews.

The IEP team contributed to evaluation planning by: 1) gaining knowledge about evaluation; 2) learning about the QI in SBHCs project; 3) reviewing and discussing the proposed evaluation design from the Strategic Evaluation Plan (SEP); and 4) revising the evaluation questions and design to be implemented. Additionally, they contributed their time to participate in the IEP development process.

The intent of this individual evaluation process was to develop the evaluation design and implementation for the QI in SBHCs project. Facilitated by TCC, the IEP team has:

- Set ground rules for meeting participation;
- Established a model for decision-making;

- Reviewed the goals and activities of the Quality Improvement in School Based Health Centers projects;
- Reviewed and revised proposed evaluation questions and design from the Strategic Evaluation Plan; and
- Contributed their expertise.

The first in-person IEPT meeting was held at The Carriage House in New London on May 11, 2016. The TCC Evaluator discussed: the individual evaluation planning process and timeline; the project description for Quality Improvement in School Based Health Centers; and the proposed evaluation design and questions from the Strategic Evaluation Plan. An overview of the Quality Improvement project was presented by the CAP Director, and more detailed descriptions were provided by the IEP team members representing the SBHC being evaluated. The proposed evaluation design and questions were then discussed by attendees, and revisions were noted. The group agreed on a consensus model for making decisions and established ground rules for behavior during meetings.

The second in-person meeting took place on May 25, 2016 and was also held at The Carriage House in New London. The TCC Evaluator discussed: an overview of the IEP process and planning; a review of the initial evaluation profile including proposed questions and timing of evaluation; what types of data to gather from SBHC informants and how best to gather this data (interviews vs. focus groups). Key informant interview questions were reviewed and agreed upon with the group. A discussion of the logic model framework for the evaluation also took place and a consensus indicated that the group agreed with the framework outcomes.

The remaining in-person IEP meeting(s) are anticipated to discuss data analysis and communication of findings, respectively. The IEP team will be engaged by phone and electronic communication as needed throughout the evaluation process.

Cultural Competence

The stakeholders that comprise the IEP team represent a diverse collection of backgrounds from across the state of Connecticut. Stakeholders from four school based health centers in New London, Connecticut bring unique experiences and perspectives to the team. To ensure that perspectives from all IEP team members are successfully incorporated in the evaluation, ground rules for decision-making and behavior during meetings were established

during the first in-person meeting. Team members agreed to be conscientious of team members' backgrounds, maintain a level of honest transparency, ask for clarification when needed, and acknowledge issues with group decision-making. A complete list of the ground rules for meetings are further outlines in the notes from the first meeting ([Appendix B](#)).

Description of Quality Improvement Projects in School Based Health Centers

Need

The QI projects in SBHCs are aligned with the State Asthma Goals related to Clinical Services and Disease Management and Health Systems Change. The QI projects were designed to increase access to guideline-based care and to facilitate the introduction and establishment of decision support tools, use of Electronic Health Records (EHRs) for care coordination, and reporting asthma-related processes and outcomes measures.

Context

The Connecticut Public Health Quality Improvement Learning Collaborative is a collaboration between the CAP and the Office of Public Health Systems Improvement (PHSI). The PHSI provided funding for consultation from the New Hampshire Community Health Institute, an establishment of John Snow, Inc. (JSI) Research & Training Institute, to deliver training, coaching, and technical assistance to four SBHCs: Bennie Dover Jackson Middle School, New London High School, Regional Multicultural Magnet School, Winthrop Elementary. Activities to support quality improvement included the following: enhancing effectiveness of community coalitions, improving communication among health care providers, and increasing the use of best practices for individuals with asthma.

Through an eight-month process, each SBHC was instructed to define objectives and targeted areas for improvement, identify barriers and resources, implement the quality improvement project, and report on lessons learned.

Target Population

The quality improvement activities at the SBHCs were intended to correctly identify and serve child and adolescent asthmatic patients in public and magnet schools in New London Connecticut.

The target population for the evaluation of the quality improvement process includes the QI team that implemented the project.

Stage of Development

Resources

Resources include the following: 1) funding from the Centers for Diseases Control and Prevention (CDC); 2) partnerships with SBHCs at Bennie Dover Jackson Middle School, New London High School, Regional Multicultural Magnet School, and Winthrop Elementary, the Individual Evaluation Planning (IEP) team, and the evaluation team; and 3) data from the SBHC dataset.

Activities

The CAP program activities include: 1) working with SBHCs to develop and implement QI initiatives aimed at increasing access to guidelines-based care; and 2) facilitating collaboration between partnering SBHCs, federally qualified health centers (FQHCs), and home-based asthma education program (HBAEP) activities. Concurrently, the evaluation team activities include evaluating SBHC QI program effectiveness by: 1) developing the evaluation design; 2) conducting key informant interviews; and 3) analyzing the collected data. The evaluation data will then be used by CAP leadership to develop, implement, and monitor action planning for current and future projects.

Outputs

The corresponding outputs of CAP program activities consist of the following: 1) number of SBHCs contracted with and proportion of SBHCs participating in QI initiatives; and 2) number of collaborative efforts conducted (i.e. meetings, phone calls, e-mail exchanges). The evaluation team activities parallel the following outputs: 1) design developed; 2) number of interviews conducted; 3) data analysis plan; and 4) action plan created.

Outcomes

The desired, long-term outcomes of QI activities in SBHCs are: 1) improved quality of life for persons with asthma, 2) reduced asthma-related ED visits, and 3) more children graduating

from school. The short-term outcomes that are anticipated while working towards these goals include: 1) increased QI capacity at partner agencies, 2) enhanced monitoring of evaluation activities at partner sites, 3) increased use of evaluation data to inform program improvement, and 4) increased use of QI at partner agencies. The expected, intermediate outcomes of these activities are: 1) increased access to guidelines-based care for persons with asthma, 2) increased link between public health and healthcare services, 3) reduced loss of student instructional time (seat time).

Logic Model

A logic model for SBHC QI Program Evaluation is available in [Appendix C](#). The logic model outlines the resources, activities, and outcomes as previously described.

Evaluation Design

Stakeholder Needs

The findings from this evaluation will be used to inform future quality improvement projects at SBHCs throughout the State of Connecticut. From this evaluation, stakeholders will learn about the QI training process, how their organization will benefit by implementing QI projects, potential challenges to be expected, and sustainability of QI efforts. New QI teams, the QI trainers from John Snow, and the CAP staff at DPH will use the evaluation findings to support future QI projects. The intended users will view recommendations drawn from narratives among staff previously involved in the QI training process and implementation to be credible and valuable information as they move forward in developing their own QI projects. Additionally, the IEP team intends to create tracking tools to monitor essential activities and outcomes for the next group of QI projects, which will be practical instruments for stakeholders.

Evaluation Questions

[Table 2](#) provides a list of evaluation questions that were originally developed by members of the SEP, then revisions and additions were made by the IEP team.

Evaluation Design

The current project is a retrospective evaluation of prior QI activities in four SBHCs in the State of Connecticut. This will be a formative evaluation intended to describe the QI process, as well as successes, challenges, and lessons learned. The information will be gathered primarily through key informant interviews and will be used for program improvement and expansion, in addition to advising implementation of future QI initiatives in other SBHCs. The retrospective nature of the evaluation is due to the fact that the first wave of QI activities has already been implemented, and the goal is to establish recommendations for future QI projects.

Gather Credible Evidence

Data Collection Methods

Primary data will be collected to address the proposed evaluation questions mainly through key informant interviews. The interviews will be conducted by the TCC evaluation team among SBHCs staff at Bennie Dover Jackson Middle School, New London High School, Regional Multicultural Magnet School, and Winthrop Elementary, and with the QI training consultants at JSI. The sample of informants was identified and selected by Kathy Sinnett, APRN and nurse practitioner at the Regional Multicultural Magnet SBHC. It was determined that six staff members who contributed to the QI project at the SBHCs will be interviewed, as well as the two JSI training consultants who co-facilitated training sessions. Interview questions were drafted to align directly with the overarching evaluation questions, and adapted as necessary to appropriately suit interview format. The questions were then discussed among the IEP team to assess suitability, validity, and cultural appropriateness. See [Appendix D](#) for a list of JSI interview questions and [Appendix E](#) for SBHC interview questions. Additionally, documentation of QI materials provided to SBHC sites will be reviewed to supplement what is gained through key informant interviews.

Conducting key informant interviews at SBHC sites that implemented QI projects will acquire first-hand perspectives and experiences from a diverse group of staff involved in the process. Each of the evaluation questions will be addressed through the interviews to produce constructive data on the successes and challenges experienced by the SBHCs, as well as

accounts of sustainability and lessons learned. Furthermore, interviews with the JSI consultants will provide valuable insight on readiness factors and barriers for selecting new QI sites. Documentation review will serve as a means to provide background and supporting information about the QI training process and implementation of QI projects in SBHCs. [Table 2](#) presents which data collection methods and sources will be used to address each evaluation question.

Table 2. Evaluation Questions and Associated Data Collection Methods

Evaluation Question	Data Collection Method	Source of Data
1) What are signs that organizations are ready to take on Quality Improvement projects?	Key informant interviews	JSI consultants
2) What are some of the things that get in the way/barriers to moving this work forward?	Key informant interviews	JSI consultants
3) What are the lessons learned from this first wave of training and consultation?	Key informant interviews	JSI consultants
4) Was the Quality Improvement training sufficient for participants to identify their targeted areas for improvement? How was the experience participating in the QI process for staff?	Key informant interviews	Staff of SBHCs
	Documentation review	Supporting documents of QI projects
5) What are the benefits or successes of the Quality Improvement projects at each SBHC?	Key informant interviews	Staff of SBHCs and JSI consultants
6) What challenges were experienced by the SBHCs when implementing the Quality Improvement projects? And what was done to overcome those challenges? What are some barriers to moving QI work forward?		
7) How have the SBHCs been able to sustain the work from the Quality Improvement projects? And if not sustained, why?		
8) What lessons learned can be shared with agencies about to implement similar projects? What are lessons learned from the first wave of training and consultation?		

Data Analysis and Interpretation

Analysis

Qualitative analysis will be conducted using the data collected from key informant interviews. The evaluation team at TCC will utilize the qualitative analysis software NVivo version 10 to code interview transcripts. A qualitative codebook will be created and thematic analysis will be conducted.

Documentation review will also be performed by the TCC evaluation team. Essential background and descriptive information of the QI in SBHCs projects will be extracted and summarized as it relates to the current evaluation.

Interpretation

All IEP team members will be involved in drawing and interpreting conclusions from the analysis of interview data. An in-person meeting will be dedicated to discussing analysis of the data and interpreting findings in preparation for making recommendations for future QI initiatives.

Use and Communication of Evaluation Findings

Use

The evaluation report will be composed in a manner that is comprehensible to a variety of audiences to maximize its utility. This report will be distributed to partner SBHCs throughout Connecticut that are established with CAP and its activities. Additionally, the evaluation findings will be shared with the Community Health Center Association of Connecticut (CHCACT) to illustrate organizational needs for defining and implementing similar QI projects. The objective is for SBHCs to use the evaluation findings to improve prior or existing QI activities, and to inform future QI initiatives among these organizations.

The IEP team members affiliated with the SBHCs involved in the current evaluation will distribute the evaluation report among their respective organizations. The CAP staff and Lead Evaluator will be responsible for sharing the evaluation findings and promoting use among additional SBHCs and for implementing evaluation recommendations.

Communication

Several stakeholders will be engaged to share evaluation findings. Staff members involved in the key informant interviews and the QI process itself will be informed through distribution of the final written evaluation report. Additionally, the staff will be engaged via in-person discussions/meetings with colleagues at their respective sites to collectively consider how their organization benefitted from QI activities and areas for improvement for future efforts. These discussions will be led by the IEP team members affiliated with each SBHC.

Providing the evaluation findings to staff at the involved SBHCs allows them the opportunity to reflect on how their efforts in the QI projects contributed to the aims of their organization and how they helped their patient population. A forum for discussion among staff will allow them to identify what they can do as a team to work towards common goals.

CAP staff will distribute the written evaluation report to additional SBHCs, some of which will be involved in future QI projects, and will provide assistance through email and phone calls as necessary. Sharing findings with other SBHCs will be useful as they plan and implement QI activities at their own organizations, helping them to anticipate potential challenges and how they would respond.

Evaluation Management

Evaluation Team

The evaluation will be implemented primarily by The Consultation Center team, comprised of a Senior Evaluation Consultant (Lead Evaluator) and two Research Assistants. The TCC evaluation team will be supported by two CAP staff; the Asthma Program Director and an Epidemiologist, who will aid in evaluation planning and management. See [Table 3](#) for a list of all evaluation team members and their responsibilities. In order to successfully conduct the evaluation, skills in designing and planning evaluations, interviewing key informants, analyzing and interpreting qualitative data, and constructing themes will be required. The evaluation team is well-qualified to carry out the proposed evaluation plan.

Table 3. Roles and Responsibilities of the Evaluation Team Members

Individual	Title	Responsibilities
Marie-Christine Bournaki (MB)	Asthma Program Director, CAP	Review qualitative data and assist with interpretation. Assist with the creation of phase two QI evaluation tools. Create an action plan for implementing and monitoring results.
Mukhtar Mohamed (MM)	Epidemiologist, CAP	Review qualitative data and assist with interpretation. Assist with the creation of phase two QI evaluation tools. Create an action plan for implementing and monitoring results.
Amy Griffin (AG)	Senior Evaluation Consultant (Lead Evaluator), The Consultation Center	Manage and implement the evaluation. Conduct key informant interviews. Code and analyze qualitative data. Contribute to the evaluation report. Promote use of evaluation findings. Facilitate action planning.
Erin Hoffman (EH)	Research Assistant, The Consultation Center	Conduct key informant interviews. Code and analyze qualitative data. Contribute to the evaluation report.

Data Collection Management

The data collection plan is outlined in [Table 4](#), and indicates the activities, responsible persons, and due dates for the two data collection methods (key informant interviews and documentation review) anticipated for this evaluation. Data to be collected from these methods include audio recordings of key informant interviews, and QI training and project materials to be reviewed. Activities needed to collect data from key informant interviews include the following: 1) developing interview questions to ask key informants; 2) identifying who should be interviewed; and 3) scheduling and conducting phone interviews with identified key informants. The phone interviews will be audio recorded, and the tapes will be stored in a safe and secure location when not in use by the evaluation team. To collect data for documentation review, all relevant QI materials utilized leading up to and during the training process at the SBHCs will be gathered and compiled into an electronic folder. The Lead Evaluator from the Evaluation Team will oversee the conduct of data collection activities to ensure that implementation is timely and appropriate.

Table 4. Data Collection Plan

Data Collection Method	Activities Needed	Person(s) Responsible	Due Date
Key Informant Interviews	Develop interview questions	AG, MB, MM, IEP members	May 2016
	Identify key informants	MB, KS	May 2016
	Schedule and conduct interviews	AG, EH	June- July 2016

Data Analysis Management and Interpretation

[Table 5](#) presents the data analysis plan, where analyses to be performed, data used, responsible persons, and due dates are identified. Interview transcription, coding, thematic analysis, and extraction of relevant information from documents are the major analysis steps planned for the evaluation, all of which will be conducted by the TCC evaluation team. IEP team members will be involved in interpreting the thematic analysis generated from the coded transcripts. Data collected from interview participants will be de-identified during the preparation and analysis process, and kept confidential. The tape recordings of the interviews will be kept in a locked storage unit when not in use. Transcripts will be stored in a secure electronic file with no identifying information.

Table 5. Data Analysis Plan

Analysis to be Performed	Data to be Analyzed	Person(s) Responsible	Due Date
Interview transcription	Audio recordings of key informant interviews	Transcription service	August- September 2016
Transcript coding	Interview transcripts, generated from the audio recordings	AG, EH	August- September 2016
Thematic analysis and interpretation	Coded transcripts	AG, EH, IEP members	October- November 2016

Communicating and Reporting Management

The targeted audiences for reporting progress and evaluation findings include the IEP team, CAP staff, the CDC officer, key informants (staff who participated in QI projects and JSI consultants), and other stakeholders who would use these recommendations to implement QI projects in additional SBHCs. [Table 6](#) summarizes how and when the information about the evaluation process and results will be communicated to selected audiences.

Table 6. Communication and Reporting Plan

Purpose of Communication	Audience(s)	Possible Formats	Timing/Dates
Include in decision making about evaluation design/activities	IEP team and CAP	In-person and phone meetings	October – December 2016
Inform about specific upcoming evaluation activities	IEP team and CAP	E-mail	Ongoing
Keep informed about progress of the evaluation	IEP team, CAP, and CDC officers	E-mail and phone meetings	Ongoing
Present initial/interim findings	IEP team and CAP	In-person meeting	October – December 2016
Present complete/final findings	IEP team, CAP, CDC officers, key informants, stakeholders	Presentation	December 2016
Document the evaluation and its findings	IEP team, CAP, CDC officers, key informants, stakeholders	Evaluation report; MS Word document	December 2016- February 2017
Document implementation of actions taken because of the evaluation	CAP, CDC officers	MS Word document	Monthly CDC Program Calls

Timeline

The evaluation of the SBHC is scheduled to be completed by December 31, 2016. [Table 7](#) shows the proposed timeline for evaluation activities by quarter (Q1– Quarter 1, September 1 to November 30; Q2– Quarter 2, December 1 to February 28; Q3– Quarter 3, March 1 to May 31; and Q4– Quarter 4, June 1 to August 31).

Table 7. Timeline for Evaluation of Quality Improvement in SBHCs (2015 – 2019)

	Activity	Year 1 2015 – 2016				Year 2 2016 – 2017				Year 3 2017 – 2018				Year 4 2018 – 2019			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Quality Improvement in SBHCs	Form IEP group			x													
	Review program materials and QI processes			x													
	Propose evaluation design and questions			x													
	Develop interview questions in collaboration with CAP leadership and IEP members				x												
	Identify key informants				x												
	SEPT review of evaluation design and evaluation questions				x												
	Create IEP				x												
	SEPT and key informant review of IEP					x											
	IEP refinement					x											
	Conduct evaluation activities: interviews; transcription; transcript verification; document review; and data abstraction					x											
	Preliminary data analysis					x											
	IEPT data review and interpretation					x											
	Draft evaluation report						x										
	Review of evaluation report by SEPT, key informants, and CAP leadership						x										
	Finalize evaluation report						x										
	Disseminate report with identified stakeholders						x										
	Create action plan to implement evaluation findings						x										
	Monitor implementation of action report based on evaluation findings							x	x	x	x	x	x	x	x	x	x

Evaluation Budget

The total budget for the design and implementation of the evaluation is \$50,000, as allocated through a contract with DPH.

Wrapping Up

At the conclusion of this evaluation, the efforts of IEP team members and others who contributed will be recognized by including their names on the final evaluation report either as authors or in an acknowledgements section. They will be personally thanked by the evaluation team for their time and contributions.

Throughout the implementation of the evaluation, the evaluation team will make note of any successes, challenges, and how they were handled. These experiences will be documented as lessons learned to be shared with stakeholders.

Relevant documents, instruments, and data will be archived in a secure server by the evaluation team at The Consultation Center. Documents and instruments will be shared with the CAP staff and IEP team, who may also choose to store the materials where they can be easily accessed for future projects.

Evaluation was implemented as planned

Changes were made to the plan (describe changes as well as the rationale for changes)

References

Connecticut Asthma Program. (2013). *A Collaborative Approach for Addressing Asthma in CT, 2013 – 2018*. Hartford, CT: State of Connecticut Department of Public Health.

Centers for Disease Control and Prevention. (2010). *Learning and Growing through Evaluation: State Asthma Program Evaluation Guide*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects, Air Pollution and Respiratory Health Branch.

Appendix A. Individual Evaluation Plan Team Meeting Materials

Meeting Date	Title	Resource Type	Description
<i>May 11, 2015 (in-person)</i>	<i>Evaluation Planning Meeting</i>	PowerPoint presentation	Explains the following about an IEP: 1) definition; 2) rationale; 3) process; 4) content; and 5) timeline
	<i>Evaluation 101 Review</i>	PowerPoint presentation	A brief introduction to program evaluation, including: definitions, types of evaluation, and qualitative vs. quantitative data. Group exercise of specific activity reviewed: 1) population served; 2) staffing; 3) rationale; 4) aspects to evaluate; and 5) which data are available or could be collected
	<i>Review of Quality Improvement Projects</i>	PowerPoint presentation	A brief overview of the QI learning collaborative and aims of SBHC projects
	<i>Review of SBHC SEP</i>	PowerPoint presentation	A brief overview of proposed design
	<i>Key Informant Interview Questions</i>	Handout	Draft of key informant interview questions
	<i>SBHC QI Program Evaluation Logic Model</i>	Logic Model	Presentation of program resources, activities, and outcomes
<i>May 25, 2015 (in-person)</i>	<i>SBHC QI Program Evaluation Logic Model</i>	Logic Model	Presentation of program resources, activities, and outcomes
	<i>Key Informant Interview Questions</i>	Handout	Draft of key informant interview questions
	<i>Individual Evaluation Planning Process</i>	Handout	Overview of the IEP process (six planning steps) and products associated with each step

*Source: *Learning and Growing through Evaluation*

Appendix B. Individual Evaluation Plan Team Meeting Minutes

Asthma Quality Improvement in School Based Health Centers Evaluation Planning Team Meeting #1 Wednesday, May 11, 2016

Location: Carriage House
75 Granite Street, New London

Attendees: Kathy Sinnett; Anna Goddard; Eileen Lopaze; Mary Robbenhaar-Fretz; Andrew Konesky; Vera Borkowski; Marque Setevage; Christin Kondash; JoAnn Eaccarino

CT Asthma Program (CAP) Staff: Marie-Christine Bournaki; Mukhtar Mohamed

The Consultation Center: Amy Griffin (AG1); Morgan Pratte

Meeting Begins: 1:00 PM

Welcome & Introductions

- Goal to have a core team – participatory group
- Marie-Christine Bournaki (MB): asthma program coordinator at CAP; plans to have second cohort for QI in SBHCs; need to evaluate this first cohort to implement lessons learned
- Mukhtar Mohamed (MM): epidemiologist; assisting asthma program in relation to surveillance of data; school asthma surveillance system; oversee evaluation for asthma project
- Marque Setevage (MS)
- JoAnn Eaccarino (JE): Director of SBHC
- Vera Borkowski (VB): APRN
- Andrew Konesky (AK): NP
- Eileen Lopaze (EL): office coordinator for SBHC; administrative tasks
- Mary Robbenhaar-Fretz (MR): NP at Winthrop Elementary
- Anna Goddard (AG2): NP at school-based clinic; hoping to assist with what's next
- Kathy Sinnett (KS): NP Coordinator; other asthma projects; other QI project: Rapid Results project;
- Christin Kondash (CK): RN, nurse supervisor

Evaluation Planning

- Intention behind this process
- Focus attention on particular program component
- Participatory; want agreement on design and questions
- Learn about appropriate approach
- Identify resources
- CDC framework
- Sharing data with IEP team to analyze and make conclusions; information used for second phase
- Share findings of the evaluation; with CDC, DPH, other SBHCs
- Evaluation management
- IEP content

Evaluation Planning Team – Group Norms

- Often bringing people together from different areas
- Phones on vibrate; stick to meeting agenda and time
- Help yourself to drinks/snacks
- Level of transparency; being honest even if feedback is not always positive
- Feel free to ask for clarification
- Acknowledging issues with group decision making

Evaluation 101 Review

- How many familiar with evaluation? [a few group members raised hands]
- Involves research but more flexible; shared with community, academic institutions, etc.
- Quality assurance; cost analysis; storytelling
- Systematic application
- Begins at program development; continues with implementation to next phases
- Standards: utility, feasibility, propriety, accuracy
- Types of evaluation: process evaluation (focusing on the activities; this is what the team will be doing retrospectively); outcome evaluation (what did you expect the change? what does success look like?); impact evaluation (less absenteeism, improved health, etc.)
- May want to look at change at several levels (individual, organization, community, etc.)

Questions and Discussion

- Question from group: Is this project mixed methods?
- AG1: individual interviews with people who implemented the QI project; will be mostly qualitative; you have quantitative data that we may be able to look at; team decided what the focus of the QI project was; focus of evaluation is on **how** the project was implemented; what did you sustain from the consultation and training?
- This may not be important to us; what's important to us is to improve the vaccination among students
- We can share with other organizations; overall this will improve asthma among children
- Want to learn from your experiences to replicate in other organizations

Review of QI Projects

- MB: in 2014, asthma program received 5 year grant; CDC wanted to see systems strategies; how asthma program could promote use of QI to examine their practice and objective to improve implementation; approached different organizations, asked if they would be interested in working on QI project; organization chooses the project, QI consultants on board to coach along the way; 8 month process; meetings with QI consultants, JSI in New Hampshire; learned along the way through webinars, phone conferences, etc., had homework; identify barriers to project, and who would be supportive; learned the process and started implementation in the four schools identified; all teams have benefitted from these tools; QI is not static, it continues; examine what you're doing and what can be improved
- KS: planning process; timeline didn't align with school schedule; how to do better job to get flu vaccine to kids in general? Weren't targeting kids with asthma, they should be the priority; vaccine supply; revised paperwork, some was getting lost; extra round of follow up with families to stress importance of getting flu vaccine; CK was point of contact to see if kids got flu shot from PCP, verification; cover letter explaining process to PCPs, be sure kids with asthma get flu

shot; 11/12 providers responded; one place not hearing from is a large practice for kids on the margins of area covered by the organization; tripled number of kids with asthma with flu shot in computer system; less worried about kids who go to PCP to get flu shot, parents being proactive, more likely preventive; concerned about kids who never responded, can't reach providers, identified a group at risk; younger children, more likely to receive paperwork back; homework with QI consultants was **very** helpful; don't quite know if we're improving asthma in the community; can look at absenteeism; revised paperwork; good shape to do it again, but pieces we would like to adjust; take this information and apply it to other vaccines

- Getting specific population most concerned about; look up who needed Neb treatment over past year; had these labeled; pay attention to them first
- AK: work on standardized process; had asthma tracking sheet, anyone who came in, marked student names; knew kids to focus on for flu vaccine, made sure they had a form, called parents and encourage; then looked at list of kids with asthma; time consuming, side noting, but helpful; 3 nurses did it all different ways
- KS: asthma list was very long; asthma label sticks with young children; never seen them; they actually don't have asthma, take them off the list; went from about 278 to 222 students on the list; what's the asthma registry look like and how to identify who really does have asthma; updating records to have current data
- EL: 2014-2015 data, looked at kids with diagnosis; this year based on problem list; pinpoint from EMR which kids to focus on
- AK: have had children who said they don't have asthma, four months later find out they do have it; over diagnosis and sometimes we don't know
- Some kids just have seasonal asthma
- Very transient population; moving target, adds to the challenge
- Many parents didn't check yes/no for having asthma
- Stigma as a concern for parents, don't want children treated differently
- MS: we have asthma question on medical record: last time you used medication? Used within two weeks? If that could be updated
- KS: add some time frames; don't have on there now
- This could be a way to get them on/off list
- KS: alert/reminder for annual flu shot; if you order, turns off the alert
- EL: kids change schools over the summer; takes a long time to assign kids to schools; figuring out where they are
- Talking about rolling out to other SBHCs: have luxury to order private vaccine, but it is a pain; have to take a guess at how many you need; have to keep supply separate; if we could get flu vaccine covered for all children; results based accountability (RBA), did it prevent visit to ED/hospitalization? Confounding, flu vaccine was faulty, different strain not covered in that year; many questions come up
- MS: question for MM, found more kids sick with respiratory/ flu symptoms this year than usual; per CDC, flu vaccine was effective this year in comparison to last year; more sickness in the young population observed
- Can't blame people for wondering if flu vaccine is effective and useful
- KS: when we give kids vaccines at SBHC, they tend to come back to us
- MB: going back to JE's question, what is the outcome we want to look at? Flu and hospitalization? Look at education? Having data about standardized tests scores, how asthma is associated?
- Can we look at data from just New London?

- MM: yes, able to do that, we have data from across the state
- KS: nurses report to MB; nurses say what happens with the data? MB taking data and making a report of it; nurses need that feedback, how meaningful that data is to DPH and them individually
- MM: data cleaning, management, analysis, reporting; data is available online, objective is meeting requirement of legislation; have each education district; only publish by district so it's not identifiable; I am doing all the data, not something automatic, have to enter school records individually, there are 20,000; one person doing this work; needs manpower; happy to share the information with the group for 2015-2016 data
- AG1: remaining time reviewing what was proposed by SEPT

Review of SEP and Proposed Evaluation Questions

- Overarching questions
- Since already happened, proposing formative retrospective evaluation
- Want to interview staff individually for diversity of opinion; 10-15 minute interviews; look for themes across interviews
- Review documents provided
- Tracking forms for action planning; what can be automated? What works for everyone?
- Information used for expansion
- **Logic model review:** want to give starting point, took logic model from FQHC since you had a similar process; can change things here to fit your project
- Seem to be in a great position to replicate QI projects; [nodding from group] people feel they can go through this process again to other areas from what they learned and implemented for asthma; see value in what you did
- Continue on proposal of what to do
- **Key informant interview questions review:** two people attended JSI training; learn about their experiences (quality of training, time, technical assistance, etc.); is there anything we can do to improve it? Questions for those who did not experience the training; what are the benefits/successes of QI project (individual and organizational)? Challenges/barriers experienced (access to data, enough time, what's feasible)? How to sustain the work? Lessons learned, what would you share with a new cohort?
- Asking these questions from FQHC staff and JSI consultants; learning about success for implementation, are these people ready to take on a project? Maximizing resources to get things done
- **Timeline:** connect with you all in May before school ends; CDC interested in knowing there is ownership and participation from the IEP team; continuous monitoring

Questions and Discussion

- KS: where does implementation of changes fit in? Fall makes sense to start again
- AG1: things being done to help with readiness
- MB: can't wait for this process to finish in order to begin the next cohort
- What other issues did FQHCs look at?
- MB: one FQHC in Bridgeport looked at records/registry; had patients diagnosed with asthma, identified gaps in clinical practice (baseline); QI was to improve education for all providers, develop team involved with asthma patients; purchase spirometry machine; educational materials; how to inhale; designed a protocol
- Did anyone else focus on flu vax and asthma?

- MB: No, imposing our ideas would not be as useful. Doesn't mean you have to stick to it, can adjust things. QI is always moving, not static; leads to another project; opportunity as you work with other schools
- AG2: from our agency, in our hands to do things like this and disseminate with other organizations, and in the literature?
- MB: yes, part of it; presenting, writing an article
- KS: consultants encouraged to write an article
- AG2: a lot of reinvention of the wheel
- KS: would love to see vaccine registry be robust; there's duplication and missed opportunities; if it can all be in one place that would be great
- MM: immunization registry at DPH

Wrap Up

- Next time to meet
- Who should be at the meeting?
- Review materials: logic model, questions to ask for key informant interviews
- Discuss whether questions sufficient? Anything missing?
- Then decide who we should interview and how to get a hold of these people
- Time: late afternoon; Wednesday afternoons good
- **Date: May 25th from 12pm-2pm**
- Who: Kathy Sinnett, Anna Goddard, Eileen Lopaze, Christin Kondash
- In-person meeting, same place (Carriage house; 75 Granite Street, New London)

Meeting ends: 3:00 PM

**Asthma Quality Improvement in School Based Health Centers
Evaluation Planning Team Meeting #2
Wednesday, May 25, 2016**

Location: Carriage House
75 Granite Street, New London

Attendees: Kathy Sinnett (KS); Anna Goddard (AG2); Eileen Lopaze (EL)
CT Asthma Program (CAP) Staff: Marie-Christine Bournaki (MB); Mukhtar Mohamed (MM)
The Consultation Center: Amy Griffin (AG1); Morgan Pratte (MP)

Meeting Begins: 12:00 PM

Overview & Updates

- Designing an evaluation for a project that has already been completed; retrospective evaluation
- Information we gather will be very helpful moving forward for future QI projects
- Consultants from JSI have been interviewed and two from one FQHC so far
- Inform how to enhance QI projects for other FQHCs and SBHCs
- Agenda review
- **Overview of IEP Process & Planning (handout):** review of 6 steps; serves as guidelines for the report we will produce for the evaluation
- This team decides the evaluation focus
- Capture concerns & questions among the group during these meetings
- **Draft evaluation plan from SEP report (handout):** review of initial evaluation profile; proposed questions for evaluation; timing of evaluation (start Spring 2016); want to gather lessons learned; focusing on the processes/activities, how to replicate for other groups, see how things are progressing; monitoring of the program; data sources: interviews among those who have been involved in the program, identify who to interview; document reviews of materials used during the process of the QI project, shared as lessons learned for others
- Successfully met with IEP team twice in May; helpful to do initial planning before school ends
- Want interviews instead of focus groups to get individual perspectives; create themes; greater number of units for analysis
- Currently doing interviews for FQHC project; interviews about 15 minutes; flexible about time of day to conduct interviews
- Goal to create tracking materials for action planning; don't want this to be burdensome; create feasible tracking forms

Discussion

- **KS:** I just wrote list of participants; some may be difficult to reach due to their schedules
- **AG1:** I created draft email for FQHC participants; staff thought of it as spam, will this be an issue for your group?
- **AG2:** I don't think you'd have a problem with our staff thinking it's spam because they have all met you [KS & EL agree]; might have some issues reaching people because end of school is busy, but also some slow periods due to field trips, etc.
- **AG1:** we will review all materials, have everyone agree, then we can start contacting staff for interviews and do it as fast as possible
- **KS:** try to do within the next couple of weeks

- **AG2:** summer starts, people are busy, vacations; SBHC open for the summer but we are spread out in different locations; staff take vacation in the summer when kids aren't in school
- **KS:** summer call-in system
- **AG2:** make sure there is an NP available; kids without PCPs or insurance come in the summer for appointments
- **KS:** school entry exams at end of summer

Logic Model (handout)

- This is collaborative, not glued to the framework example for FQHC evaluation
- For data review we will remove identification of participants; want to share the data and analysis with you to gain your insight
- Not surprised by anything on here? [nods, agreement from IEP team]
- Intermediate and long-term outcomes not being assessed in this evaluation; focus on the short-term outcomes
- Questions/comments?

Discussion

- **AG2:** your QI initiative, topic is QI involving asthma? All asthma-based?
- **MB:** yes, correct
- **AG2:** ultimately, want to see how QI is implemented in organizations for asthma?
- **KS:** JSI consultants were amazing; invaluable in learning QI process in clear and concise manner
- **MB:** your enthusiasm was great to see, eager to learn
- **KS:** doing the process in the order they taught, did homework, developing forms; helped us to clarify what our questions were; challenged us to think about what we were doing
- **AG2:** question; is this a DPH grant?
- **MB:** CDC
- **AG2:** how does it trickle down?
- **MB:** in 2014, there was an application for grants that we applied to; 23 grantees, CT as one of them; received a grant awarding from 2014-2019, 5 years; had specifications; one requirement was to develop QI project, relate to community health organizations; identified three FQHCs; when I came on board in the fall, some organizations said they could not commit, too busy; I then had to solicit other sites; Kathy and I had attended a conference together in fall of 2014, met and talked, Kathy said interested in asthma & worked at SBHC; I described the grant to her, match made; at DPH there was program developing, obtained grant for QI project with consultants; contacted agency (JSI) to do these projects, based in New Hampshire; connection happened, their grant was only for one year, established a contract with them; now can support another cohort
- **AG1:** DPH contracted with TCC for evaluation
- **MB:** asthma program now under-staffed; we can't do everything; reached out to TCC
- **MM:** nationwide, most evaluators are outside/external
- **AG2:** Amy, are you a consultant to DPH?
- **MB:** yes
- **AG2:** grant coming down from CDC to DPH?
- **MB:** yes, exactly; want to bring outside consultants for evaluation to avoid bias

- **AG1:** involve CAP staff in these meetings, but allow for a collaborative process among IEP team; this process is very prescribed from CDC
- **AG1:** Any questions on the logic model? [no questions from IEP team]

Key Informant Interview Questions (handout)

- These are questions being asked for FQHC interviews currently being conducted
- Consultants from JSI have been interviewed for FQHC evaluation, wanted to understand from their perspective if there are factors of readiness for selecting new sites; what we can communicate about processes
- **MB:** this was new for them, JSI had never done learning collaborative before
- **KS:** 6 groups involved altogether; some did not have focus on asthma; would have been better for just asthma focus
- **MB:** cohort two will just be asthma
- **KS:** helpful to learn from others looking at asthma projects
- **AG1:** can use the data collected from JSI consultants for the SBHC evaluation also, will directly transfer
- **KS:** hardest thing to get people out of clinic to attend training sessions

Review of KII Questions

- Ask overall question, then provide probes
- 1. Training Experience:**
 - **KS:** make sure people are clear about live training versus on the phone
 - Add: both face to face and phone calls
 - **AG1:** most people will not have participated in training; want to ask global questions; first see what they say globally, then ask probing questions for other areas
 - 2. Benefits:**
 - **KS:** also include “families/parents” under benefits to patients; connecting with PCPs
 - **MB:** these questions were designed for FQHCs, where they are PCPs; here it’s a different case
 - 3. Challenges:**

[No initial comments or changes, revisited]
 - 4. Sustainability:**

[No comments or changes]
 - 5. Lessons Learned:** what would you do different?

[No initial comments or changes, revisited]

Discussion

- **AG1:** hardest thing is to get a hold of people to do interviews; but going well and getting rich information from participants for FQHC evaluation
- **KS:** do you record them?
- **AG1:** yes, DPH does not have access to transcripts or tapes; TCC doesn’t have a stake in it, just see what we can learn from it

- **AG1:** what are your thoughts on this [KII Questions]?
- **AG2:** I think it's good; you'll get good responses
- **EL:** I think mine will be short; I just handled the data
- **AG1:** and that's fine; everyone's role is different
- **KS:** how we sort things; how to be proactive on database
- **AG1:** are we imposing too much structure from the evaluation? Having the framework alright? CDC wants you to feel empowered to design the evaluation. Anything different you want to do?
- **AG2:** if you wanted to tailor this more to SBHC, you could add a question on how you think this differs from SBHC vs. other clinic; a lot of differences in patients you see, your role, support you have; you'll be interviewing NPs who did this, who also have to do scheduling, administrative tasks, doing what a nurse would do, also NP role, sending letters home to parents, reaching out to PCPs; FQHC much different roles of staff, requirements are different; they might have to see 10-15 kids a day; we have to see 4-5 kids a day, and we have all of these other administrative tasks and tracking kids down in class, etc.; there's a whole other piece doing QI at SBHCs
- Add to "Challenges/Barriers" section: how are these challenges related to the context of SBHC?
- **KS:** burden of doing a QI project; need to do more work; going to see fewer patients; burden of doing any project
- **AG2:** include sub-question for challenges in implementing the QI project
- **AG1:** what challenges did you experience at your SBHC? Differentiating between roles; Kathy has two roles
- **MB:** did the training and the translating to your team
- **AG1:** hearing from FQHC, team composition; processes for implementation; when there's a change, nurses usually play this role
- **KS:** each person did things different in terms of prioritizing students to target
- **AG1:** team come together and share best practices; will have rich information on how the process went for individual providers
- **AG1:** what are your thoughts about this approach? [asking CAP staff, MB and MM]
- **MB:** I can imagine some of the things you're talking about; that would capture the information
- **MM:** you already interviewed JSI consultants?
- **AG1:** yes, asked about FQHC and SBHC; all information at once
- **KS:** add in working with JSI consultants under Question 1 (Training Experience); add in under "Lessons Learned", what's the takeaway? Would you recommend this to another program/organization?

Summary & Next Steps

- Tweaking some KII questions
- On board with interviewing
- KS has list of participants, will email list to AG1
- Timeline: ideal to contact and conduct interviews within a couple weeks

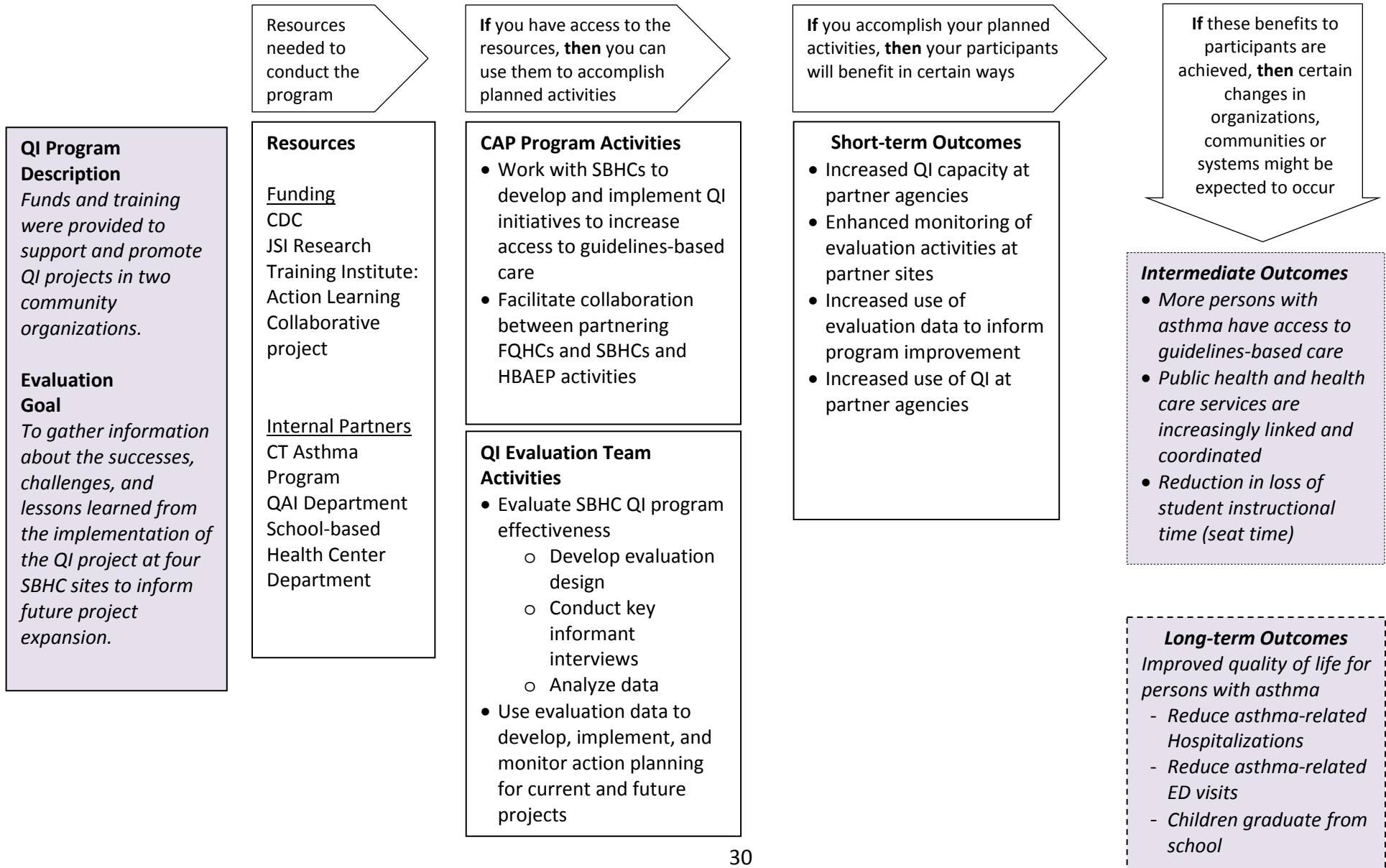
Discussion

- **KS:** will be helpful to expand to other sites
- **AG1:** themes identified to be shared with the team [at CFA]

- **AG2:** take this model and use it for HPV vaccine implementation in high schools
- **KS:** unique here, everyone at the same level; flexibility between clinics; next steps for our organization, collaboration with school nurses; align what we have to report with the school nurses; need help from DPH for this
- **AG1:** I'll draft introduction email for informants; send to Kathy; will also send minutes from today; attach revised logic model and KII questions; may not be until early fall when we gather to talk about themes
- **KS:** logic model, this is adult-focused; want kids graduating from high school and being next generation of healthy adults; look at absenteeism
- **MB:** absenteeism is difficult to collect; nurses cannot ask reason for illness if a parent calls in and says child is sick and will not be in; don't know the cause of absenteeism
- **AG2:** have to go to school nurse before they come to us
- **KS:** when we see them for asthma, check/report whether they go home, back to school, ER, or PCP; very few go to ER; identifying kids with asthma at school nurse, not enrolled with SBHC
- **MB:** distinguish between schools with and without SBHCs
- **AG2:** information to the state; our reporting is how many kids have an asthma action plan, rather than us providing asthma care; that's one of the outcome measures; don't ask how many kids go back to class rather than the ER
- **MB:** is that distinguished on a survey, does it come from SBHC?
- **MM:** only have school district information
- **AG2:** varies across districts, how many SBHCs
- **MB:** we can work on that on our end

Meeting ends: 2:00 PM

Appendix C. SBHC Program Evaluation Logic Model



Appendix D. JSI Key Informant Interview Questions

Questions for JSI Consultants

Quality Improvement Project at FHQCs & SBHCs

1. What are signs that organizations are ready to take on this QI work?

- a. Factors of readiness
 - i. Staffing?
 - ii. Resources?
 - iii. Processes?
 - iv. Other?
 - v. Understanding of relevancy to their work, Knowledge of expectations

2. What are some of the things that get in the way/barriers to moving this work forward?

3. What are the lessons learned from this first wave of training and consultation?

- a. Is there anything about the training and consultation format that could be tweaked?
 - i. Resources?
 - ii. Amount of time?
- b. What worked well?
- c. What could be improved?

Appendix E. SBHC Key Informant Interview Questions

School Based Health Center (SBHC) Quality Improvement Project Key Informant Questions

Did you attend the group trainings with John Snow Consultants?

1. We would like to learn about your experiences with the QI training (including the group trainings, webinars, phone calls and individual work/coaching with the consultants). Was the quality improvement training sufficient for participants to be able to identify their areas for improvement?
 - a. What about the training format/structure?
 - b. Resources?
 - c. Amount of training time?
 - d. Technical assistance?
 - e. Responsiveness of trainers?
 - f. What worked well?
 - g. What could be improved?

For non-training participants

- 1a. Please tell me about your experience participating in the quality improvement process at your school-based health center.

Benefits

2. What do you feel are the benefits or successes of the Quality Improvement project at your Center?
 - a. Benefits to patients and their families?
 - i. Improved control of asthma for patients?
 - ii. Increased patient satisfaction?
 - iii. With primary care provider or other providers?
 - b. Benefits to organization?
 - i. Cost benefits?
 - ii. Infrastructure changes?
 - iii. Increased partnerships?
 - iv. Accrediting agencies?
 - v. Collateral impacts (any processes or knowledge extended to other areas/other opportunities to use this information)?

Challenges/Barriers

3. What challenges did you experience implementing the Quality Improvement project your school-based health center? And what was done to overcome those challenges?
 - Challenges to day/routine/patient load?

Sustainability

4. In what ways has your agency been able to sustain the work from the Quality Improvement project?

Lessons Learned

5. What lessons learned do you have to share with those about to implement similar projects?
 - a. Staffing
 - b. Resources
 - c. Infrastructure
 - i. How does this differ from implementing this type of project in another organizational type