MD_Dept_Aging

**Maryland Department of Aging Continuous Quality Improvement (CQI)**

**Semi-Annual Self-Assessment**

**Stanford Self-Management Programs**

**Time Period for this assessment:**

**april 1 to sept 30 year**

**oct 1 to mar 30 year**

**Instructions**

**Please print and fill in your answers. If you have any questions, please email Shannon O’Connor (**[**soconnor@ooa.state.md.us**](mailto:soconnor@ooa.state.md.us)**) for assistance. Thank you!**

|  |  |
| --- | --- |
| Self-Assessment Date: |  |
| Program Coordinator: |  |
| Organization: |  |
| Address: |  |
| City/State/Zip: |  |
| Phone Number: |  |
| Email: |  |

There are five major components to *MDoA CQI Semi-Annual Self-Assessment* that together illustrate the key indicators of a sustainable system. Included are:

1. Program Resources (Adoption)
2. Workforce Capacity and Quality (Maintenance)
3. Participant and Leader Recruitment (Reach)
4. Workshop Quality Measures (Implementation)
5. Data collection and management (Cross-cutting)

*(Each section will be rated on a scale of 1-10. A score of 7 or higher in each section will meet the current performance indicator.)*

**Section 1: Program Resources (Adoption)**

**Trainings: Please skip questions 1 and 2 if your organization has not hosted any Leader trainings yet.**

1. How many **LEADER TRAININGS** have you conducted during this 6-month period?
2. How many people signed up for the classes? 
   1. How many of those trainees successfully passed as Peer Leaders?
3. How many **WORKSHOPS** were ***planned*** (advertised, scheduled) for this 6-month period?
4. How many **WORKSHOPS** were ***actually held*** ***and completed*** during this 6-month period?
5. Please indicate the amounts, if any, that your organization pays or plans to pay individual lay leaders to deliver the workshop:
   1. Stipend: $
   2. Source of stipend funding:

**Section 2: Workforce Capacity and Quality (Maintenance)**

**Program Coordinator Requirements**

Although it is not a requirement for Program Coordinators (PC) to be trained in one of the Stanford Self-Management Programs (SMPs), it is helpful. If PC is not trained as a workshop Leader or Master Trainer, he/she should observe a workshop and leader training.

**1.** Is the Program Coordinator for your organization’s SMPs trained as a Stanford Self-Management Program Peer Leader or Master Trainer?

Yes No

**If Yes**, please indicate for which programs he/she is trained as a Peer Leader (PL) or Master Trainer (MT). Select all that apply.

**PL MT Program**

Chronic Disease Self-Management Program (CDSMP)

Diabetes Self-Management Program (DSMP)

Chronic Pain Self-Management Programs (CPSMP)

Arthritis Self-Management Program (ASMP)

Tomando Control de su Salud (CDSMP-Spanish)

Diabetes Self-Management Program Spanish (DSMP-Spanish)

Positive Self-Management Program (PSMP)

**If No,** has the Program Coordinator observed a workshop and/or leader training?

Yes  No

**2.** Is the Program Coordinator for your organization’s SMPs trained as a Stanford Self-Management Program Peer Leader or Master Trainer in the **2012 CDSMP**?

Yes  No

**If No,** has the Program Coordinator observed a workshop and/or leader training in the **2012 CDSMP**?

Yes  No

**3.** Please check the response (Yes/No) that most accurately describes your SMP Program Coordinator.

| **Program Coordinator . . .** | **Yes** | **No** |
| --- | --- | --- |
| 1. Has dedicated time (20% FTE or more) to work with the Self-Management Program (e.g. coordinate workshop offerings, recruit participants, leaders and partners, provide logistical support, conduct fidelity monitoring activities, etc.) |  |  |
| 1. Has experience or aptitude with program management/administration |  |  |
| 1. Is familiar with the Stanford Program license, maintains an MDoA associate license certificate, and ensures that a copy is placed in all Leader Manuals |  |  |
| 1. Maintains a fidelity plan at the organization that the SMP program coordinator is trained to implement |  |  |
| Date of last review or update of the fidelity manual: | | |
| 1. Is familiar with ***Stanford Self-Management Programs: Program Fidelity Manual*** (SPERC, 2012) |  |  |
| 1. Is familiar with ***Stanford Self-Management Programs: Implementation Manual*** (SPERC, 2008) |  |  |
| 1. Has attended at least one regional meeting during this reporting period |  |  |
| 1. Ensures that inactive leaders have an opportunity to be retrained and lead workshops |  |  |

**Master Trainer Current Capacity**

**Master Trainer and Peer Leader Information**

MDoA collects information about each organization’s Master Trainers and Peer Leaders. MDoA Partners are responsible for maintaining and updating this information. There is an “MDoA Workforce Tracking” Excel spreadsheet that you must complete, and return with this Self-Assessment report. There are two sheets in this Excel workbook, one to list your Peer Leaders and one to list your Master Trainers. You will have an opportunity to update this information semi-annually.

Data requested on this spreadsheet includes:

* Name, Email, Phone #, Address
* Gender, Race, Ethnicity

For each program they are trained in:

* Date Trained (**Last day** of training: m/dd/yy, Location-City)
* Trained as Master Trainer or Peer Leader (since they may be an Master Trainer in one SMP and a Peer Leader in another SMP)
* Date *Peer Leader Agreement* Signed
* Dates of ALL workshops co-led (Workshop **Start** Dates: mm/dd/yy); Please do not include workshops the Leader co-led as a substitute for another Leader)

For Master Trainers ONLY:

* Certification Date (Date Dr. Lorig signed Stanford “*Master Trainer Agreement and Certification*” form; we may request a copy of this document from them)
* Date of last peer leader training Master Trainer co-led
* Date of last six-week series of community workshops Master Trainer led

Please complete the “MDoA Workforce Tracking” Excel spreadsheet for all Master Trainers and return it with this report.

**4.** How many Master Trainers working with your organization have a [Master Trainer Agreement and Certification Form](http://patienteducation.stanford.edu/licensing/CDSMPMT_auth.pdf) **signed by Dr. Lorig** and have followed all SPERC requirements to retain\* their Master Trainer Certification?

\*Please review the [SPERC Certification Guidelines](http://patienteducation.stanford.edu/licensing/Certification_Guidelines_Jan2013.pdf) for obtaining and retaining Leader or Master Trainer Certification.

**Peer Leader Current Capacity**

Please complete the “MDoA Workforce Tracking” Excel spreadsheet for all Peer Leaders who are providing workshop sessions.

**5.** Currently, what is the total number of **active** Peer Leaders working under your Stanford license or MDoA associate license certificate?

An **active** Leader is one who has facilitated at least **one** community workshop in past 12 months.

**6. Peer Leader-Related Indicators**

Please rate each of the statements below for your organization on the following scale: No Leaders (meaning, none of your current leaders meet this standard) to All Leaders (all of your current leaders meet this standard).

|  | **No Leaders** | **Some Leaders** | **Most Leaders** | **All Leaders** |
| --- | --- | --- | --- | --- |
| 1. Program Coordinator has a signed *Peer Leader Agreement* on file for currently active peer leaders. |  |  |  |  |
| 1. Our peer leaders have signed a Confidentiality Assurance. |  |  |  |  |
| 1. Our Peer Leaders have a valid copy of the Stanford Self-Management Program license or an MDoA Associate License Certificate in the preface pages of their Leader’s manual for the program they are leading. |  |  |  |  |
| 1. Our Peer Leaders have each led **at least one** workshop in the last 12 months. |  |  |  |  |
| 1. Re-training was provided for Peer Leaders who were inactive for 12 months or more. |  |  |  |  |
| 1. Our Peer Leaders attend a locally-sponsored Peer Leader networking meeting (a.k.a., refresher or recognition meeting) **at least once a year**. |  |  |  |  |
| 1. Our Peer Leaders are familiar with and follow MDoA Workshop Packet procedures, including:  * How to request a MDoA Workshop Packet for each workshop series they facilitate; * How to administer the *Participant Information Survey* at the first or second workshop session; * How to accurately complete the workshop participant Attendance Log at each session, using the same name the participant recorded on their *Participant Information Survey* in the “Participant Name” column (e.g. nicknames may be used); * To leave the room during the last session for a participant or Partner rep to administer the *Participant Satisfaction Survey*; * To promptly return MDoA Workshop Packet to the Program Coordinator. |  |  |  |  |

**Leader Trainings**

* Did you submit to MDoA the following information for all peer leader trainings you held **during this reporting period**?
  + Dates of Peer Leader Training
  + Names of the two Master Trainers conducting the training
  + Names of ALL trainees (including non-completers) and whether or not they successfully passed the training. This may be tracked using the *Sample Peer Leader Training Roster*.
    - Updated “MDoA Workforce Tracking” Excel spreadsheet which includes new Leaders, along with all other active Leaders

**If NO, please submit promptly.**

***MDoA requires that each Leader signs a Confidentiality Assurance Peer Leader Agreement and maintains this agreement on file. We recommend that candidates sign a Peer Leader Agreement before being trained. Much of the information captured on the Peer Leader Agreement can be used by the organization to complete the “MDoA Workforce Tracking” Excel spreadsheet.***

**For the following questions (7 – 12), please refer to the *current reporting period only*.**

|  | **Yes** | **No** |
| --- | --- | --- |
| 1. Did you screen your peer leaders prior to their attendance at the 4-day Leader Training? |  |  |
| 1. If you hosted the training, did you register 12 to 18 trainees? |  |  |
| 1. Did you adhere to the recommended schedule for training? |  |  |
| 1. Prior to the training, did you have at least some workshops scheduled for your new Leaders to facilitate? |  |  |
| 1. Did you provide the trainees an opportunity to sign-up for workshop facilitation before or at training? |  |  |
| 1. Did your organization’s Program Coordinator or other authorized personnel observe some or all of the training? |  |  |

**Section 3: Participant and Leader Recruitment (Reach)**

**This section is based on information you reported to MDoA by means of the *Participant Information Survey* (part of the MDoA Workshop Packet)and gender/race/ethnicity sections of your MDoA Workforce Tracking spreadsheet. No further information is required on the Semi-Annual Self-Assessment. If MDoA has additional questions regarding the reach of your program they will be directed to the program coordinator.**

**Section 4: Workshop Quality Measures (Implementation)**

**Fidelity Observations**

**1.** How many Fidelity Observations DURING WORKSHOPS did your organization conduct during this reporting period?

**2.** What is the requirement according to your organization's Fidelity Manual for fidelity observations DURING WORKSHOPS?

If you chose “Other”, please describe here:

Please rate each of the below statements for your organization on the following scale: No Leaders (meaning, this standard is met for none of your current leaders) to All Leaders (this standard is met for all of your current leaders).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **No Leaders** | **Some Leaders** | **Most Leaders** | **All Leaders** |
| 1. Program Coordinator or other assigned person checks in with each Leader between the first and third session of every workshop either by phone or email, as preferred by each Leader. |  |  |  |  |
| 1. Program Coordinator or other assigned fidelity observation-trained person performs a *Fidelity Observation* during one of Sessions 2-5 on **new** Leader’s first workshop. |  |  |  |  |

**Section 5: Data collection and management (Cross-cutting)**

**This section reflects your data collection and transmission, as well as its quality and completeness for submission to MDoA using the MDoA Workshop Packet.**

**1.** Did you submit a complete MDoA *Workshop Packet* to MDoA for all of your workshops?

Yes  No

**a.** If **No**, what barriers did you encounter?

**2.** Do you collect the data according to the MDoA instruction and protocol?

Yes  No

Thank you for completing MDoA Self-Management Program CQI Semi-Annual Self-Assessment. If you have not already done so, please be sure to email us a complete Excel spreadsheet listing the Leaders working for your organization to deliver Self-Management workshops.