

Quality Assurance Plan

Training

Goal/Indicators	Rationale	Agency Responsibilities	FHN Responsibilities	Resources/Tools Required
<p>Goal I: Training program planning is based on network needs and programmatic fidelity.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. Quarterly Training Calendar is based on semi-annual/annual Agency's needs assessment 2. Trainings have the number of trainees specified in program requirements. 3. Trainings are delivered by active MTs. 	<p>Effectiveness of programs is based on fidelity to program requirements.</p> <p>Achieve better use of resources and capacity building.</p>	<p>Report training needs (expected number of trained coaches) on the Agency's annual work plan.</p> <p>Submit a training request form to notify FHN of training needs on a quarterly basis or as often as needed.</p> <p>Submit the trainee registration form, once the minimum number of trainees is met, and all trainees' application and commitment forms.</p> <p>After the training, submit training attendance log, training evaluations and MT cross-evaluation acknowledgment forms.</p>	<p>Prepare a statewide training needs dashboard based on ADRC's work plans.</p> <p>Develop quarterly training calendar with network.</p> <p>Verify that MTs listed on request form are active.</p> <p>Verify minimum number of trainees is met per each training.</p> <p>Verify all application and commitment forms were received and input trainees' data in the Leader Registry.</p> <p>Ship training manuals upon receipt of trainee registration list.</p>	<p>ADRC's annual work plans</p> <p>Training request form</p> <p>Trainee registration list</p> <p>Trainee application and commitment form</p> <p>Training attendance log</p> <p>Training evaluations</p> <p>MT cross-evaluation acknowledgment forms</p> <p>Leader Registry</p> <p>Leader Manuals</p>

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<p>Goal II: Community health educators (coaches, instructors, counselors, etc.) are trained according to fidelity requirements.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. MT manual is followed and content covered at all trainings. 2. Supervising/ mentoring of trainees is done by MTs associated with each agency. 3. CCHW should complete CEUs required for renewal of certification 	<p>Ensure properly trained community health educators (coaches, instructors, counselors, etc.).</p> <p>Ensure properly trained CCHW who comply with FCB's certification requirements.</p>	<p>MTs evaluate each other at the end of training and provide evidence of cross-evaluation by submitting acknowledgment form to FHN.</p> <p>Submit to FHN training attendance log, training evaluations and MT cross-evaluation acknowledgment forms.</p> <p>Agency's Program Coordinator informs MTs about their roles and coordinates monitoring of new trainees.</p> <p>Agency's Program Coordinator sends information about FCB's Approved List of Providers for CEUs to CCHW and monitors they complete the 10 CEUs per year needed for their 2-year certification period.</p>	<p>Maintain a record of MT paperwork.</p> <p>Maintain participant records (attendance log, applications/commitment forms and evaluations).</p> <p>Enter trainees' data in the Leader Registry.</p> <p>Prepare a summary report of training evaluations with recommendations and send to PSA for their review and record.</p> <p>Updates Agency about FCB's Approved List of Providers for CEUs and requests Agency's Coordinator for a report on status of CEUS on a 6-month basis.</p>	<p>MTs cross-evaluation acknowledgement form</p> <p>MTs contact information form</p> <p>Trainee application and commitment form</p> <p>Training attendance log</p> <p>Training evaluations</p> <p>MT cross-evaluation acknowledgment forms</p> <p>PSA's Leader and MT Registry (database)</p> <p>Summary report of training evaluations</p> <p>CCHW CEU's tracking registry</p>

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<p>Goal III: Community health educators (instructors, counselors) maintain active status and are observed.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. Newly trained leaders/counselors deliver first community workshop within 6 - 12 months of training as part of the official certification process or counselors enroll first client within the first 2 – 3 months after training. 2. Certified community health educators deliver at least two community workshops on a yearly basis. 3. Certified community health educators who were not able to deliver a workshop within a year, complete a refresher training (under new SRMC certification guidelines). 	<p>Maintain teaching skills</p>	<p>Add the names of the Leaders on the Workshop Cover Sheet.</p> <p>Coordinate scheduling of workshops and referral of PERALS clients to new leaders/counselors in a timely manner to meet the delivery requirements.</p> <p>Agency invites certified community health workers to attend a refresher training provided by FHN and PSA, as needed and requested by PSAs, if majority of leaders did not become active.</p>	<p>Keep track of active status and annual refresher due dates on the Leader Registry.</p> <p>Keep a registry, track and flag counselors and instructors who have not met delivery requirements and notify the Agency.</p> <p>Schedule and support a yearly refresher training, as needed and requested by PSAs, if majority of leaders did not become active.</p>	<p>Workshop Cover Sheet</p> <p>Leader registry (PSA and FHN database)</p>

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<p>Goal IV: Community health educators (instructors, counselors, etc.) have a high level of satisfaction with training support provided by Agency and FHN</p> <p>Indicator: 1. Community health workers report satisfaction with training and level of confidence in teaching after training.</p>	<p>Ensure that training is delivered effectively and meets expectations</p>	<p>Distribute to MTs training evaluations for each coach/instructor/leader training.</p> <p>Submit to FHN the completed surveys.</p>	<p>Prepare a summary report of training evaluations and send to PSA for their review and record.</p> <p>Analyze results and develop quality improvement measures in collaboration with statewide MTs and respective PSA.</p>	<p>Training evaluation for each evidence-based program</p> <p>FHN training support satisfaction survey (once per year)</p>

Quality of Delivery/CHEs

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<p>Goal I : Monitoring of program delivery is done across FHN with approved protocols</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. 100% of new CHEs (leaders, coaches, instructors) will be observed during the first workshop they teach using an FHN checklist. 2. 30% of experienced CHEs will be observed every year using an FHN checklist (randomly selected). 3. 100% of evidence-based programs are delivered by certified coaches/ instructors/leaders/counselors. 4. PEARLS and EW counselors deliver sessions within program structure and timing. 5. PEARLS counselors with active clients participate in clinical supervision and TA conference calls and EW counselors participate in TA conference call. 	<p>Ensure consistent quality of delivery.</p> <p>Ensure that essential content is delivered.</p> <p>Provide basis for mentoring and identify individuals who need to be retrained.</p>	<p>Agency coordinates and schedules a Master Trainer/staff to conduct fidelity observations.</p> <p>Agency maintains a record of new and existing instructors and tracks their observations.</p> <p>Agency submits report listing names and observation dates of leaders who were observed to FHN on the quarterly CQI Self-Assessment.</p> <p>Agency staff/MT discusses observation's results with coaches/ instructors/ leaders for quality improvement.</p>	<p>Updates record of new and existing leaders' observations on the database with information submitted by PSAs.</p> <p>Check registry and training record for each instructor registered to deliver a program and clarify any concerns with agency.</p> <p>Review data in WellWare (program structure, completion of questionnaires, and timing of sessions).</p> <p>Track and flag counselors who have not met delivery requirements and notify the Agency.</p>	<p>Fidelity checklists</p> <p>Instructor observation logs</p> <p>PSA report on fidelity monitoring</p> <p>Leader registry (PSA and FHN database)</p> <p>Clinical supervision tracking log</p>

Program Implementation

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<p>Goal I: Evidence-based wellness and prevention programs are accessible across Florida.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. CHEs are trained to deliver EB programs and registered in the FHN registry. 2. CHEs will start the FCB's CHW certification based on needs. 3. 100% of areas with high concentration of Medicare beneficiaries have a hub for dissemination. 	<p>Build capacity for delivering evidence-based programs.</p> <p>Ensure that coaches are available in areas where program referrals are needed.</p>	<p>Recruit, train, and retain coaches/CHEs in areas where programs are needed.</p> <p>Provide workshop address in the program cover sheet.</p> <p>Provide geographical area in which the PEARLS/EW counselors are delivering.</p>	<p>Track number trained.</p> <p>Inform agencies if instructors and coaches are not in the registry.</p> <p>If requested, at new trainings, the MT provides trainees with the CCHW application form.</p> <p>Update workshop sites to monitor network capacity and gaps in each PSA using Google maps.</p>	<p>FHN CHW registry</p> <p>CHW profile template</p> <p>GIS maps/gap analysis</p> <p>FHN Dashboard</p>

Reach/Effectiveness and Data

Goal/Indicator	Rationale	Agency Responsibilities	FHN Responsibilities	Resources/Tools Required
<p>Goal I: FHN will meet reach goals and completion rates for selected EB programs.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. Meet CDSME program reach goal based on contractual agreement. 2. Minimum 76% completion rate in for MOB and Stanford group programs. Completion rate for PEARLS/EW. 3. Required data is collected and submitted to FHN for group workshops and entered in Wellware for PEARLS/EW. 	<p>Provide needed services to improve health and demonstrate feasibility.</p> <p>Ensure that participants receive minimum effective dose of the program.</p> <p>High quality data is necessary to meet grant requirements, demonstrate outcomes, and provide information to negotiate with health organizations.</p>	<p>Recruit participants and partner with health system for referrals. Enroll participants in workshops.</p> <p>Implement strategies to encourage participant retention.</p> <p>Report attendance data to FHN.</p> <p>Use correct data forms and submit complete forms to FHN in a timely manner.</p> <p>Complete the CQI self-assessment sent by FHN.</p>	<p>Enter attendance data and provide monthly reports to inform PSAs of progress towards reach and completion goals (send 15th of each month).</p> <p>Monitor incoming forms for completeness and communicate issues with agencies.</p> <p>Monitor WellWare data for enrollment, active participants, dropouts and completers.</p> <p>Monitor reach and completion by PSA using the database and information submitted by the PSAs on the semi-annual CQI Self-Assessment.</p>	<p>Attendance log</p> <p>Database</p> <p>Reports</p> <p>FHN data quality checklists</p> <p>FHN Dashboard</p>

Sustainability and Network Management

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<p>Goal I:</p> <p>Partnerships and strategies are in place to ensure sustainability of programs.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. Contracts and Business Associate Agreements are in place for all network partners. 2. Outreach strategies are applied to promote partnerships between healthcare organizations and community-based organizations. 	<p>To ensure completion of deliverables, payment agreements, and HIPAA compliance.</p> <p>In order to obtain contracts with sustainable partners, outreach efforts are needed.</p>	<p>Meeting goals outlined in contracts and storing and transmitting data securely.</p> <p>Within PSA, agency staff engages sustainable partners.</p>	<p>Ensuring contracts and BAAs are signed before work begins, tracking progress on contracts, and ensuring HIPAA compliance.</p> <p>FHN provides technical assistance and creating outreach packets.</p> <p>If needed, FHN will meet with healthcare partners.</p>	<p>Subcontract templates, BAA templates, MOU templates</p> <p>Outreach packet by program targeting healthcare partners.</p>

<p>3. ADRCS are receiving referrals from healthcare partners.</p>	<p>Referrals are needed to establish relationships with healthcare partners and to determine the volume of participants referred and the type of participants being referred (e.g. Medicare, Medicare Advantage).</p>	<p>Identify healthcare partners and negotiate MOUs. Inform FHN of MOUs</p>	<p>Monitor progress on securing agreed upon number of MOUs and provide support to ADRCS. Five MOUs per partner for depression and two MOUs per partner for DSMP. Look at population type and determine the type of services that could be sustained with the population.</p>	<p>MOU template</p> <p>Section on monthly partner reports indicating details of any signed MOUs.</p> <p>Report of sustainable services based on analysis of referrals.</p>
<p>4. Two working collaboratives provide support and technical assistance to agencies seeking to establish sustainable hubs for the delivery of diabetes and depression management programs.</p>	<p>In order to disseminate the diabetes and depression management programs, delivery hubs must be established and community partners must have the necessary infrastructure in place to work with the current demands of healthcare partners.</p>	<p>Agencies participate actively in the collaboratives for the programs that they are focusing on scaling up to healthcare needs.</p>	<p>Lead the diabetes and depression management collaboratives and disseminate lessons learned to network partners and interested parties.</p>	<p>Annual in person meeting.</p> <p>Group conference calls.</p> <p>Personalized TA.</p>

<p>5. 12 Wellness Hubs will achieve AADE accreditation.</p>	<p>In order to sustain the diabetes management program, agencies must have an accredited program to receive CMS reimbursement.</p>	<p>Deliver accreditation workshop. Secure registered dietitian. Obtain diabetes referrals for the program. Make sure their PQI and leaders have the required CEU hours. Provide required documentation to FHN. Work with FHN on AADE procedures manual.</p>	<p>Provide individualized TA for workshop delivery and finalizing materials required for accreditation. Submit documents to AADE.</p>	<p>AADE procedures manual. Network management tracking sheet with AADE status and timeline.</p>
<p>6. PEARLS reimbursement model is tested based on new CPT codes.</p>	<p>New CPT codes could provide reimbursement for the delivery of PEARLS.</p>	<p>Identify potential healthcare partners for PEARLS reimbursement demonstration.</p>	<p>Develop model and customize it to meet the needs of each organization.</p>	<p>PEARLS curriculum, practice guidelines, and criteria for outcome evaluation.</p>

<p>Goal II. FHN provides high quality support and services and is responsive to partner needs.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. FHN evaluates internal processes. 	<p>Ensure cost effective practices. Ensure that FHN meets current needs of the network.</p>	<p>Agency provides feedback on CQI surveys and in conversations.</p>	<p>Weekly staff meetings. First week of the month is dedicated to evaluating current processes. The last week of the month is dedicated to reviewing progress on objectives and goals (review PSA progress reports). The other staff meetings are reserved for day to day issues.</p> <p>Maintain Excel sheet by organizations to document date of conversation, topic, next steps from FHN and next steps for organization.</p>	<p>PSA progress reports</p> <p>Network partners minute log</p> <p>Staff meeting Activities Log</p>
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<p>2. Evaluate support and TA provided to partners.</p>	<p>To strengthen partnerships and ensure that FHN is being responsive to partner needs.</p>	<p>Express needs in CQI survey and reach out to FHN with issues and requests.</p>	<p>FHN administers CQI survey with items to assess satisfaction with support and TA and space to indicate needs. FHN works one-on-one with partners and is responsive to requests.</p>	<p>CQI survey</p> <p>Partner minute log</p>
<p>3. Evaluate services provided to healthcare partners.</p>	<p>To strengthen healthcare partnerships and ensure that FHN is providing cost-effective and high quality services.</p>	<p>Provide feedback and communicate with FHN.</p>	<p>Provide reports of services delivered.</p> <p>Stay in constant contact with partners.</p> <p>Ensure that work is carried out in the time allotted.</p>	<p>Partner minute log</p> <p>Contract</p> <p>Implementation and outcome reports</p>