

**Assuring Program Quality:  
An Introduction**

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**Creating a Quality Assurance Plan for  
your Evidence-based Health Promotion  
Programming**

Assuring Program Quality: An Introduction

Slide notes: Welcome to this brief introduction about quality assurance. It is designed to introduce you to planning a quality assurance system for your evidence-based health promotion programs, and for using the RE-AIM framework to help guide your thinking.

This module is intended to be viewed in conjunction with Modules 3, 4 and 5 in this series which will provide you with strategies and tools specific to the RE-AIM framework.

Please type your name in the box on screen and click the submit button. At the end of the module, you'll have an opportunity to print out a certificate of completion, and your name will appear on the certificate.

Text Captions: This module contains audio. If you do not hear the audio, please check your speakers.

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## Module Objectives

In this module, you'll learn about

- A sustainable evidence-based prevention program delivery system
- Definitions for quality assurance (QA), continuous quality improvement (CQI) and fidelity
- Components and processes to include in an ideal quality assurance plan
- Using the RE-AIM framework to specify quality assurance performance indicators
- Examples and resources

### Module Objectives

Slide notes: In this module, you'll learn about

A sustainable evidence-based prevention program delivery system that includes quality assurance

Definitions for quality assurance, continuous quality improvement and fidelity

Components and processes of an ideal quality assurance plan

How to use the RE-AIM framework as a guide for specifying your quality assurance performance indicators

And examples and resources for creating or improving your quality assurance plan

## Principles to Keep in Mind

- Be proactive and strategic
- Build with sustainability in mind
- Integrate into referral and service systems



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### Principles to Keep in Mind

Slide notes: To begin, when you're thinking about creating a sustainable delivery system for your evidence-based prevention programming, here's some key guiding principles:

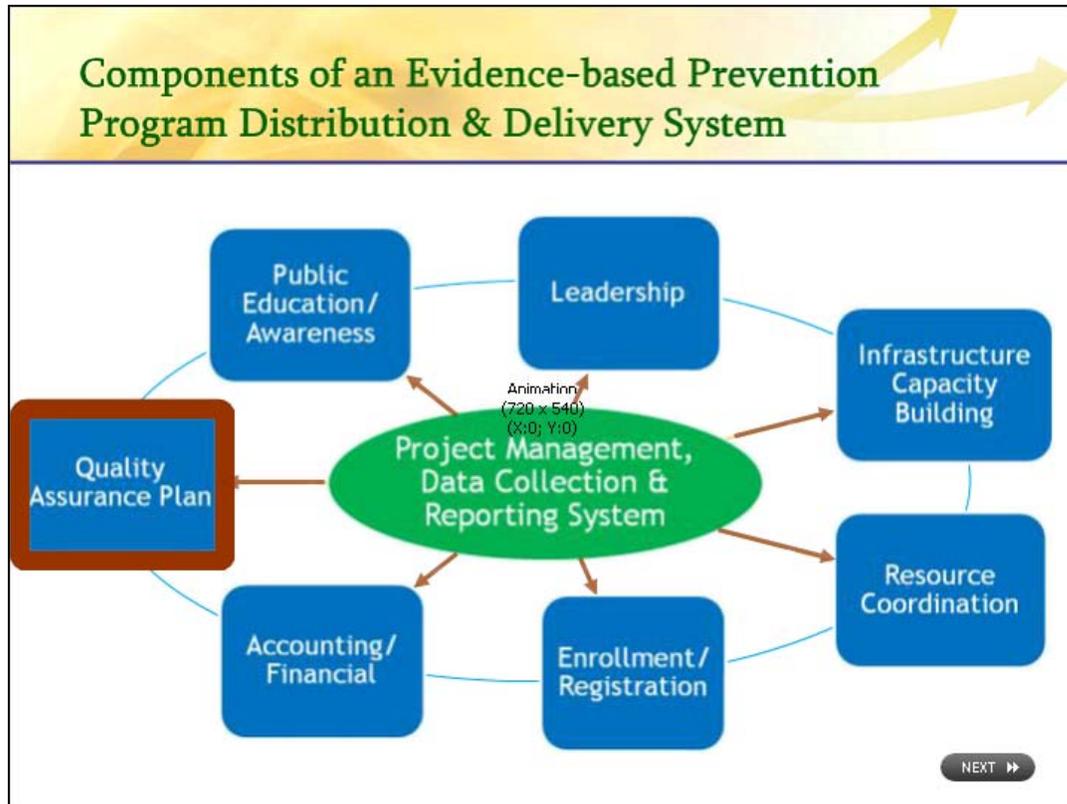
- Be proactive and strategic. This means assuring your programs will become as easily accessible as prescription medications. It also means continuously building your distribution and delivery system as you expand the population you serve statewide.
- Build with sustainability in mind — this means addressing the needs for an adequate workforce infrastructure to keep up with program demand, partnering with organizations that can extend your infrastructure and reach, and building financial sustainability
- Integrate your health promotion programming into your referral and service delivery systems. In current practice, evidence-based prevention programs are largely dependent on grant funding. Ideally, the goal is for these programs to become a key element permanently embedded within a state's health and long term person-centered support systems. For example, in states with an Aging and Disability Resource Center system, prevention programs like CDSMP would become an integral part of the referral and service delivery within multiple agencies. This way, persons who approach those systems would be directed into prevention programming when appropriate.

Text Captions: Evidence-based prevention programs

State systems

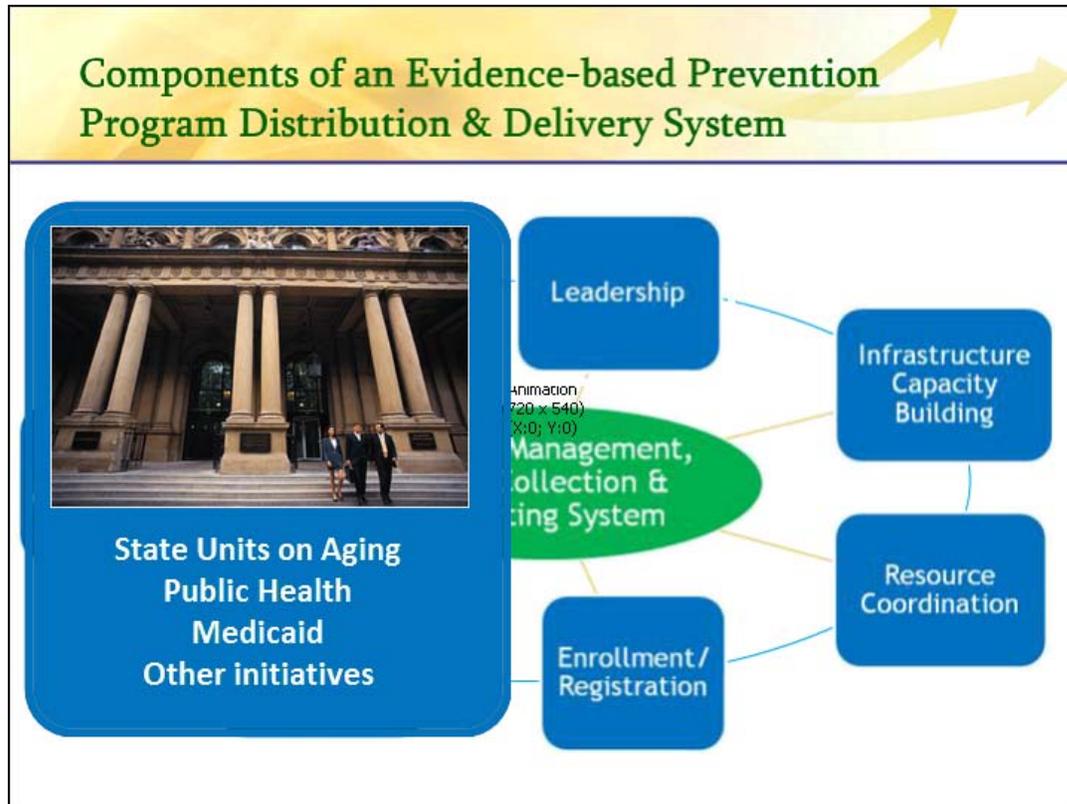
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Aging & Disability Resource Center  
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CDSMP



#### Components of an Evidence Based Prevention Program Distribution & Delivery System

Slide notes: Here you see the components of an effective evidence-based prevention program distribution and delivery system as envisioned by the Administration on Aging. Note that a quality assurance plan is part of the larger system and -- as you'll see -- several components of the system feed into the quality assurance plan. At the center of the system is the project management, data collection and reporting system. Each of the other system components are interconnected with this central core.



b. Components of an Evidence Based Prevention Program Distribution & Delivery System

Slide notes: The leadership component is the partnership between the state units on Aging, public health and Medicaid. It also includes connections to other programs under the Patient Protection and Affordable Care Act and other federal initiatives.

Infrastructure capacity building has several components. One component is a workforce that is well-trained and sufficient to offer the evidence-based programs needed by your state's older population. In addition to monitoring whether there is a sufficient workforce, the project management also needs to know where those trainers and leaders are located and if there are any gaps in coverage within geographic sectors of the state. Some states use geo-mapping to identify where the greatest health needs are, where workshops are located, and whether the characteristics of the participants match the characteristics of the geographic area. This helps to evaluate whether there are gaps in outreach and service. Here's a slide presentation from the Michigan Partners on the Path program featuring their use of geomapping. You can click on the link on screen now to download a copy of this example.

All of the links and resources mentioned throughout this module are also available in the tools section of the menu at the top of the screen.

Text Captions: State Units on Aging

Public Health

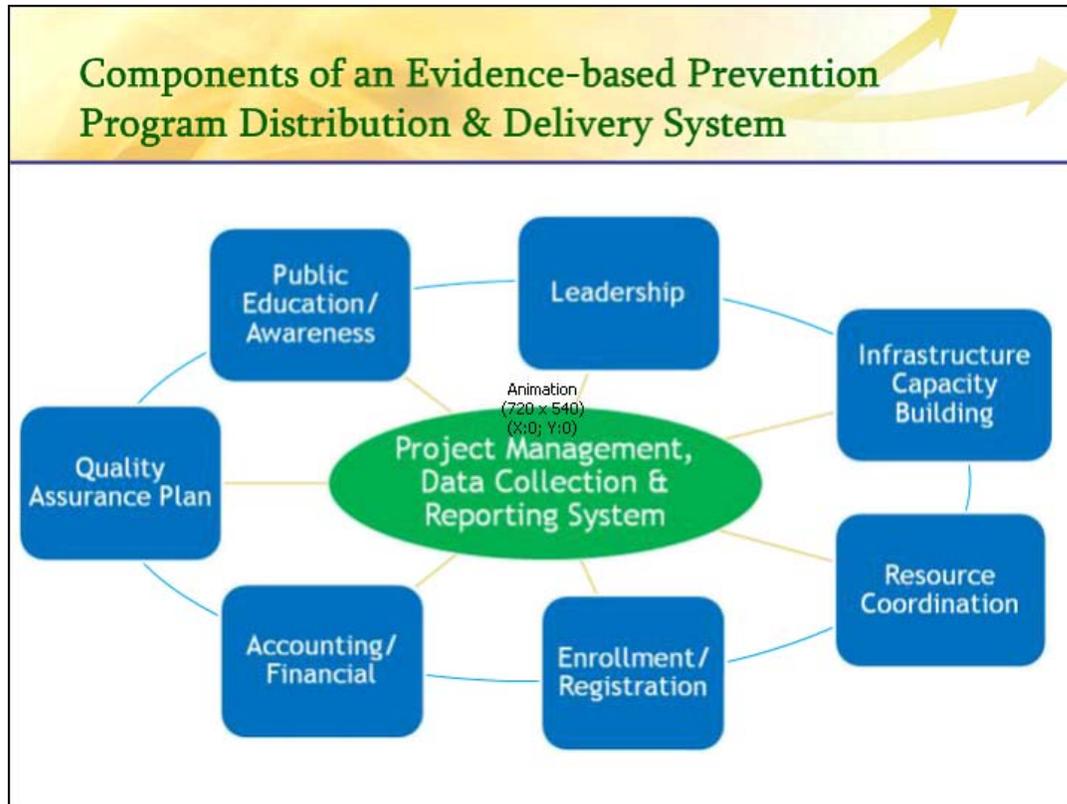
Medicaid

Other initiatives

Sufficient Workforce

Geographic Coverage

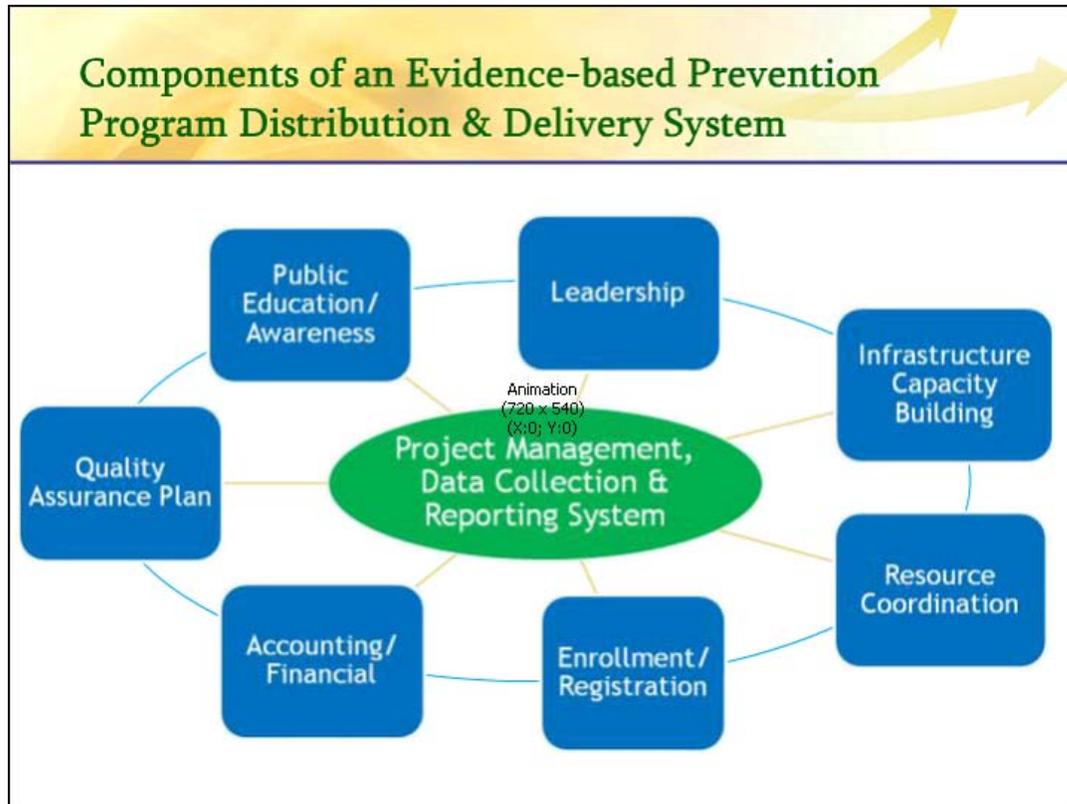
Click the image above to download the example



d. Components of an Evidence Based Prevention Program Distribution & Delivery System

Slide notes: An enrollment and registration system enables anyone in the state to be able to locate and easily enroll in a prevention program. Some states use a toll-free number and others use a website for registration. On screen now is a web-based example from North Carolina. The map graphic makes it easy for individuals to locate a program in the county or region in which they reside. Click the link on screen now to explore the website. Another example is this one from Maine's Healthy Choices website. It's designed for professionals, consumers and volunteers and contains information about the evidence-based programs that are offered, where they're located, as well as an interactive calendar where program partners can post programs and volunteer training opportunities.

Text Captions: Enrollment & Registration

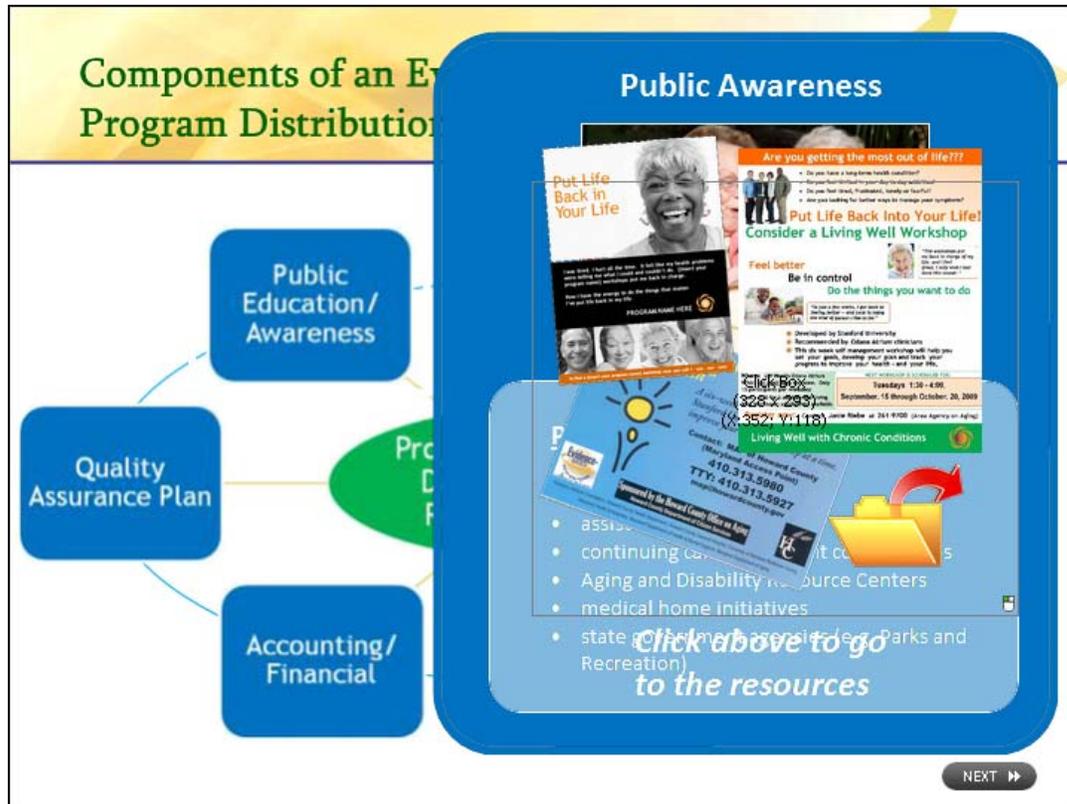


e. Components of an Evidence Based Prevention Program Distribution & Delivery System

Slide notes: To maintain evidence-based programs, Accounting and Financial systems are needed to document program expenses and demonstrate capacity to fund programs after their grant funding ends. A key partner, the State Medicaid agency, should be knowledgeable about and integrated into the state's prevention program delivery system as both a referral and a funding source. If you are interested in learning more about creating sustainable funding, you can review module 9 titled, "Creating a Business Plan for Your Evidence Based Health Promotion Programs" which is available from the modules main menu. If you'd like to pause now to take time to view that module, click the link on screen now which will open in a new browser window or tab. Click the next button when you're ready to move on in this module.

Text Captions: Accounting

Module 9: Creating a Business Plan



f. Components of an Evidence Based Prevention Program Distribution & Delivery System

Slide notes: Not only is it important to maintain ongoing program delivery, it's also important to spend time building demand through Public Awareness. Messages about the health conditions you're targeting and the programs offered need to be tailored to multiple audiences of participants, partners and referral agents. Making connections with "feeder" agencies, such as religious and civic groups, nursing homes, assisted living facilities, continuing care retirement communities, Aging and Disability Resource Centers, medical home initiatives, and other state government agencies like Parks and Recreation, can help with raising awareness, marketing and referrals to your program.

If you're looking for examples of marketing and recruitment materials, the Center for Healthy Aging at the National Council on Aging (NCOA) has designed and tested a wide array of materials to create awareness and encourage older adults to register for a CDSMP workshop session. Click the link on screen now to explore these resources.

Text Captions: Public Awareness

Potential sources of referrals

religious and civic groups

nursing homes

assisted living facilities

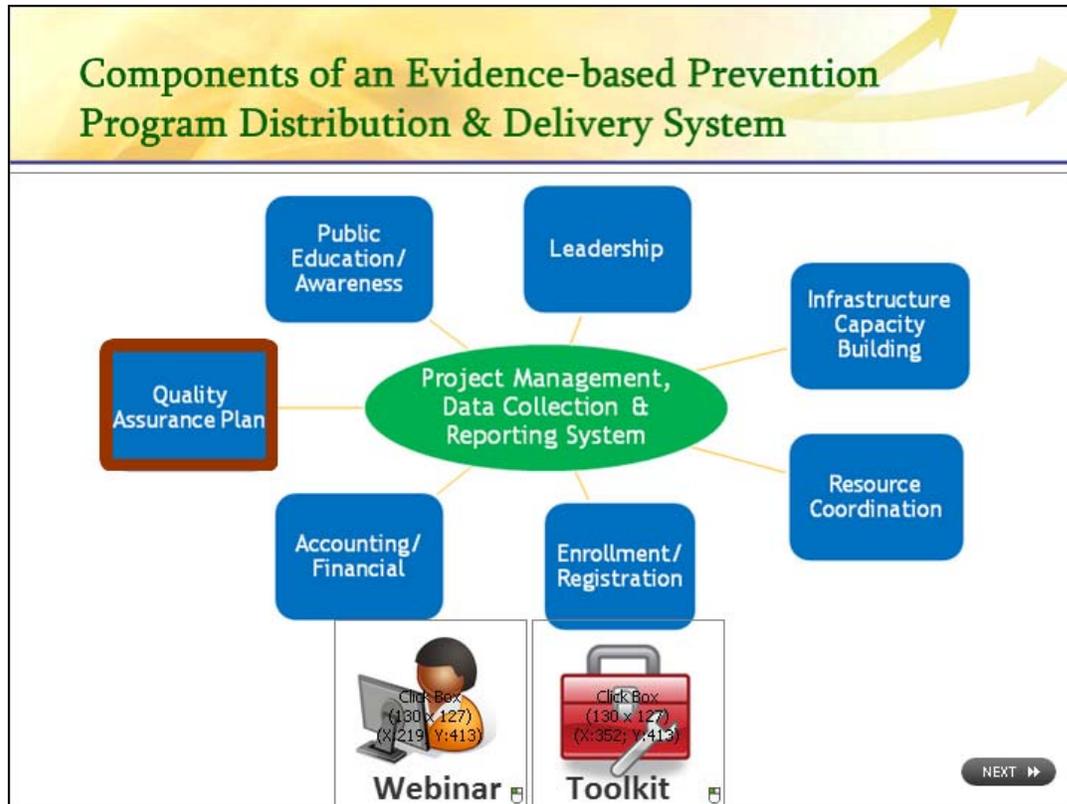
continuing care retirement communities

Aging and Disability Resource Centers

medical home initiatives

state government agencies (e.g. Parks and Recreation)

Click above to go to the resources



g. Components of an Evidence Based Prevention Program Distribution & Delivery System

Slide notes: The Administration on Aging (AoA) has a webinar that describes this vision of a sustainable distribution and delivery system and also how grantees from Massachusetts, Maryland, and Wisconsin have undertaken activities to develop various aspects of their systems.

The AoA has also produced a "Sustainable Infrastructure and Delivery System Self-Assessment" tool that is designed to help you evaluate your progress in building a sustainable infrastructure for evidence-based programs. If you'd like to view the webinar or download the tool, use the links on screen.

For the rest of this module, we'll focus on the quality assurance plan component of this system. And along the way, you'll see how these system elements interrelate with it.

Text Captions: Webinar

Toolkit

## What is Quality Assurance?

- Describing, measuring, and evaluating program delivery
- Team decision-making and problem-solving
- Provides evidence
- Two purposes

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What is Quality Assurance?

Slide notes: Let's now define some important terms

What is Quality Assurance? Quality assurance is defined as an ongoing system for describing, measuring, and evaluating program delivery to ensure that participants receive effective, quality services and grant goals are met. It is a data-driven process for team decision-making and problem-solving.

In Module 2, "What is evidence-based health promotion?", we described 3 types of evidence – evidence that a health problem exists and something needs to be done, evidence that a particular health promotion program can address the health problem, and evidence of how the program works. QA produces this third type of evidence that provides proof that the program is working.

Quality Assurance systems can be used for two purposes. Internally, it can be used to provide a step by step focus for your organizational monitoring and management. Externally, it can be used to provide documentation for funders and other stakeholders about your program's progress in meeting its goals and about the mechanisms you have in place to assure quality programming. A quality assurance plan is an important part of your credibility with stakeholders and funders and can help you build the case that your programs and delivery system are a worthwhile and successful investment.

Text Captions: Evidence that a health problem exists and something needs to be done

Evidence that a particular program can address the health problem

Evidence of how the program works

Quality Assurance

## The Value of QA Plans

- Expanding, supporting and sustaining
- Effectiveness of approaches and models
- Development and ongoing training
- Host sites and implementation sites
- Data and feedback to improve programming
- Best practices and lessons learned

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### The Value of QA Plans

Slide notes: Recently, a sample of Administration on Aging grantee states were queried about their actual formal and informal uses for quality assurance plans for their chronic disease self-management programming – Their responses underscored that quality assurance plans are valuable in a range of ways, including:

- Expanding, supporting and sustaining the program
- Using components for comparative effectiveness of approaches and delivery models
- Supporting development and ongoing training of peer leaders and master trainers
- Setting expectations and supporting development of host sites and implementation sites
- Using outcome data and participant feedback to improve programming – and -
- Tracking best practices and lessons learned

## The Ideal Quality Assurance Plan Addresses...

- Continuous Quality Improvement (CQI)
- Program Fidelity

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The Ideal Quality Assurance Plan Addresses...

Slide notes: The ideal Quality Assurance plan addresses two things: 1) Continuous Quality Improvement – or CQI -- and 2) Program Fidelity. We'll now look at these terms in more detail.



What is Continuous Quality Improvement (CQI)?

Slide notes: Continuous quality improvement or CQI is a cyclical process that includes planning, monitoring, evaluating, and making corrective changes. The planning process includes activities such as setting performance objectives and mechanisms to monitor program delivery and grant goals. The monitoring phase includes obtaining ongoing partner and participant input, and collecting program data to inform decision-making. Evaluating involves team analysis of what is or is not working, and problem-solving. Finally, the last phase is making corrective changes as needed based on the previous steps. The aim is to improve overall performance and enhance participant satisfaction.

A quality assurance plan should be both highly participatory and ongoing - that is, the project management routinely seeks team input into laying out and revising program delivery plans, monitoring program delivery, problem solving, and taking corrective actions to enhance program quality. Therefore, it's important to include in your plan a schedule of how often you will conduct these activities and with whom.

Text Captions: Setting objectives

Monitoring program delivery

Goals

Partner input

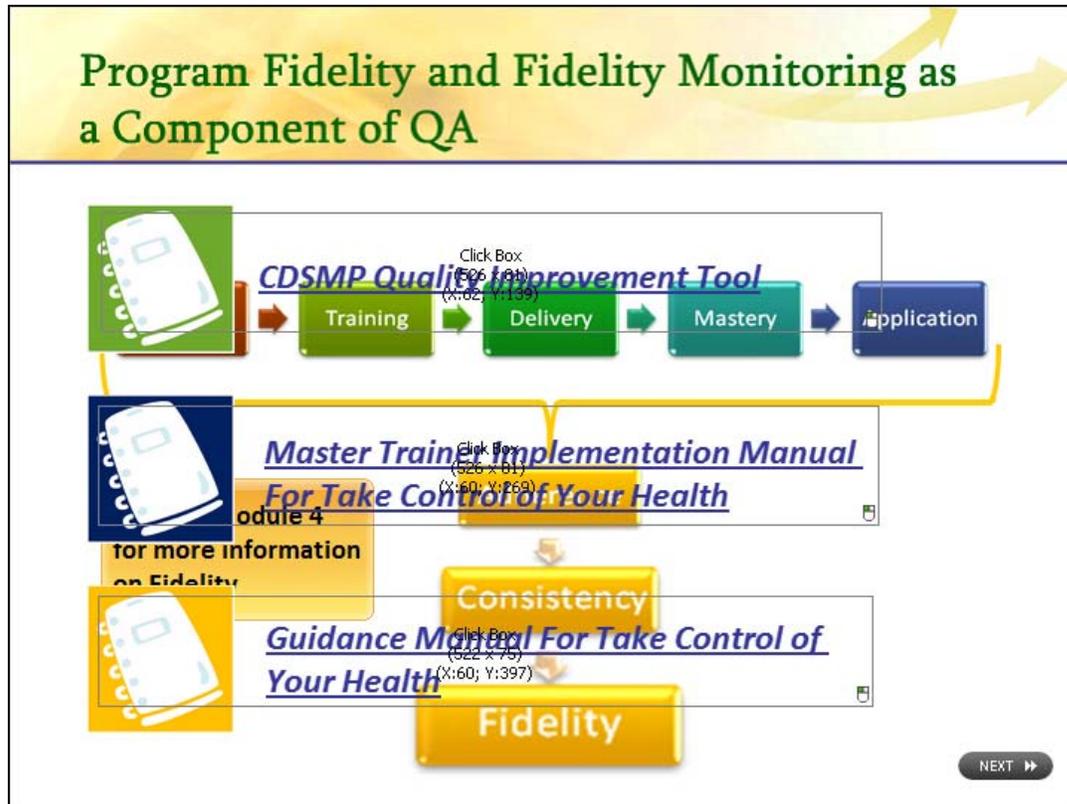
Participant input

Team analysis

Problem-solving

As needed

Based on previous steps



#### Program Fidelity and Fidelity Monitoring as a Component of QA

Slide notes: Program Fidelity is another aspect of quality assurance. In its broadest definition, fidelity is made up of 5 components that focus on program design, provider training, program delivery, participants' mastery of the program content and their ability to apply new knowledge and skills in their everyday life. We discuss these components in detail in Module 4.

For purposes of this module, we are addressing that part of fidelity that focuses specifically on adherence, or monitoring the extent to which an evidence-based program is delivered consistently by all program leaders across sites, according to program developers' intent and design. Maintaining Fidelity to the program's intended design and protocols is essential to ensuring that the outcomes or benefits your participants experience are consistent with the outcomes or benefits intended by the program developers.

If you would like to learn more about monitoring fidelity, we have some resources to recommend. First is an example from Missouri of a Quality Improvement Tool designed specifically to monitor fidelity for the Chronic Disease Self-Management Program. It's in the form of a checklist.

Some of the AoA grantee states have developed their own manuals with detailed procedures for assuring fidelity to CDSMP. Here are two examples from New Jersey's "Take Control of Your Health" program, including their Master Trainer Implementation Manual and their Guidance Manual for Peer Leaders.

This module will now pause to give you time to explore the resources. Click the links on screen and when you're finished please click the next button when you're ready to move on.

Text Captions: TIP: See Module 4 for more information on Fidelity

CDSMP Quality Improvement Tool

Master Trainer Implementation Manual For Take Control of Your Health

Guidance Manual For Take Control of Your Health



### Quality Assurance Plan Components

Slide notes: A comprehensive quality assurance plan includes a series of components and processes, as well as the specification of performance indicators to monitor whether your program is operating successfully. The performance indicators go beyond monitoring fidelity, and include monitoring other components of your program distribution and delivery system including program management, participant enrollment, partnerships, organizational infrastructure and capacity building, resource and program coordination -- and, if you collect such data, program outcomes.

We'll first explore key components and processes of a quality assurance plan. We'll then demonstrate how the RE-AIM framework is an important guide for selecting performance indicators that should be monitored.

So, to begin, the main components and processes of a quality assurance plan include:

- Specification of designated roles, responsibilities and timelines for quality assurance activities.
- Identification of performance indicators developed with input from key partners and other stakeholders.
- Orientation of the team, which may include program coordinators, host sites and partners, about the quality assurance plan and its components and processes.
- Mechanisms for periodic reviews by the team of the results of fidelity monitoring efforts and assessments of overall performance indicators; - and -
- Standardized protocols for making ongoing corrective actions when necessary and checking whether such actions are effective.

Text Captions: Roles

Responsibilities

Timelines

Reach

Capacity

Program delivery

Outcomes

Coordinators

Host sites

Partners

Fidelity Results

Performance Indicators



#### Quality Assurance Plan Components in the Real World

Slide notes: Recently, program coordinators representing several evidence-based health promotion programs shared their views on what constitutes an ideal quality assurance plan that, at the same time, would be feasible in real world practice. They identified elements that can be arrayed within the five components just described.

For example, related to the component of roles, responsibilities and timelines, the program coordinators indicated that an ideal plan should specifically:

- Designate the person or persons responsible for the plan at the state, regional and county levels
- Institute an overall plan for quality assurance activities, linking responsibilities with the time lines for plan implementation

With respect to performance indicators, the program coordinators indicated that the following be monitored:

- Types of targeted populations being reached
- Class size and completion rates
- Number of classes offered
- The number and type of partnerships involved in promoting program activities
- Whether a training infrastructure is in place
- Program leader performance
- Program challenges and recommended program adjustments
- Program outcomes, when appropriate
- And mechanisms for program sustainability

With respect to orientation, the program coordinators recommended that the following be implemented and documented:

- Specific training about quality assurance
- Discussions with program coordinators and others across the state about the plan – and-
- Planning for additional orientations or new training about the plan, as needed

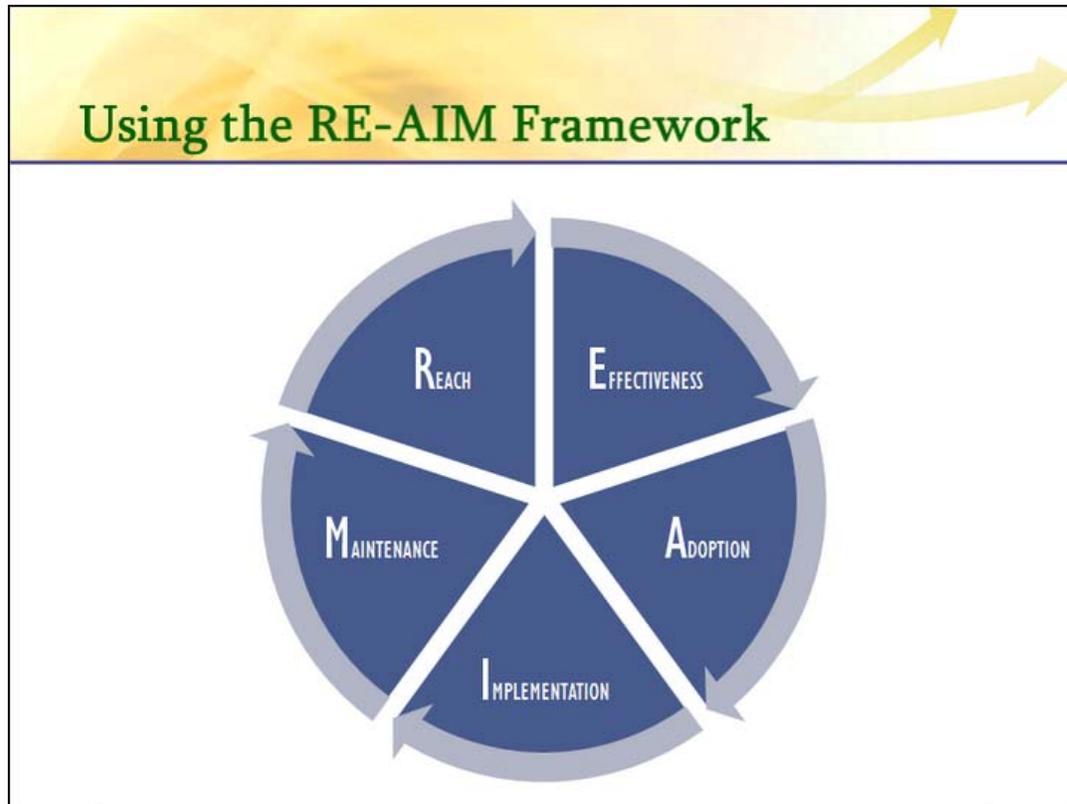
With respect to reviews, the program coordinators endorsed:

- Linking program indicators to RE-AIM elements
- Specifying procedures for reviewing data to assess different program components

- Standardizing protocols and routinizing opportunities to provide feedback to the core team, program coordinators and implementers.

Finally, with respect to protocols, the program coordinators endorsed:

- Specifying mechanisms for periodic overall reviews to assess the performance indicators, make corrective actions, and update the quality



### Using the RE-AIM Framework

Slide notes: Now, let's review the RE-AIM framework and demonstrate its importance as a guide for specifying program indicators that are part of a quality assurance plan.

RE-AIM is an acronym that stands for five elements that together contribute to the overall impact of your health promotion program. The five elements of REAIM are shown here in the diagram. They are Reach, Effectiveness, Adoption, Implementation, and Maintenance.

**Why Monitoring REACH is Important**

*Are we reaching the targeted number of "completers"?*

**TIP: See Module 3 for more information on Reach**

NEXT →

The slide features a yellow header with the title 'Why Monitoring REACH is Important'. Below the title is a large green thought bubble containing the question 'Are we reaching the targeted number of "completers"?' and a white rectangular box. To the right of the thought bubble is a yellow tip box with the text 'TIP: See Module 3 for more information on Reach'. In the bottom right corner, there is a photograph of a woman in a business suit holding a pen to her chin, appearing to be in deep thought. A 'NEXT' button with a right-pointing arrow is located at the bottom center of the slide.

#### Why Monitoring REACH is Important

Slide notes: The first component of REAIM is REACH – which is the extent to which your health promotion program attracts its intended audience.

Monitoring REACH helps to determine if the target audience is participating in the program. This means tracking indicators such as participant characteristics, participant numbers, and the percentage of participant completion and attrition. Monitoring REACH also helps to assess the adequacy of marketing efforts and the recruitment and retention of participants. It also can help identify whether certain program sites are having problems with attendance.

Examples of questions that monitor REACH performance indicators are: Are we reaching the targeted number of "completers"? Are we reaching participants with the targeted demographic and health-related characteristics? We cover key questions to ask and strategies for REACH in more detail in Module 3 on REACH And ADOPTION

Text Captions: Are we reaching the targeted number of "completers"?

Are we reaching participants with the targeted characteristics?

TIP: See Module 3 for more information on Reach

## Why Monitoring EFFECTIVENESS is Important

*Are we having the intended impact?*

*Did we have any unanticipated or potentially negative effects?*

**TIP: See Modules 7 and 8 for more information**

NEXT >>

### Effectiveness

Slide notes: The second component of RE-AIM is EFFECTIVENESS – which assesses whether a program is achieving the same participant outcomes and having the same impact as in the original research design.

It may not be a requirement or possible for you to measure the effectiveness of your health promotion program, but such assessments of outcome indicators can help you:

- Demonstrate whether the program as delivered in your real-world setting is producing the same positive changes seen in the original research design; and it can help you
- Demonstrate program value and return on investment for key stakeholders.
- If your outcomes are not as favorable as those found in the original research, then the program delivery should be further assessed to determine if, and what type of, corrective actions are warranted. For example, less positive results may reflect that the program is attracting and enrolling the wrong participant and thus recruitment and screening activities need to be adjusted. Or it may mean that the program was not implemented with fidelity, thus requiring that leaders be more closely supervised to assure they understand fidelity, or that refresher training be provided.

Some examples of questions that monitor performance indicators of effectiveness are: Are we having the intended impact? Did we have any unanticipated or potentially negative effects?

If you are interested in learning more about program evaluation, and specifically outcome evaluation for health promotion programs, we recommend the Evaluation section on the NCOA Center for Healthy Aging website: Here you'll find basic evaluation manuals, tools and other resources. We cover the types of data or indicators used to describe and monitor program delivery and outcomes in Modules 7 and 8 in the series on Making Effective Presentations about your evidenced-based health promotion programs.

Text Captions: Are we having the intended impact?

Did we have any unanticipated or potentially negative effects?

TIP: See Modules 7 and 8 for more information

## Why is Monitoring ADOPTION important

*How many partners adopted the program?*

*How many implementation sites?*

*Do we have sufficient geographic coverage?*

*Do we have sufficient trained staff?*

**TIP: See Module 3 for more information on Adoption**

NEXT >>

### Adoption

Slide notes: The third component of RE-AIM is ADOPTION – it focuses on the extent to which your health promotion program generates organizational support from staff and from settings where the program is offered. Adoption also refers to the representativeness of the participating organizations – that is, the different types of organizations and staff who offer the program and the appropriateness of their characteristics to the population you’re aiming to reach.

It’s important to monitor ADOPTION indicators to help you determine:

- Whether you have enough partners and implementation sites who are committed to deliver the program to your target population.
- How well your partners are supporting the program and embedding it within their routine activities
- Whether the program is the type needed and accepted by the agencies you need to deliver the program
- Whether you are recruiting and retaining adequate numbers of quality personnel to deliver the program. High attrition rates might indicate the need to improve recruitment, screening, training and/or retention methods
- Whether you can go to “scale” with your program, offering it in all the places it needs to be offered.

Examples of questions that monitor performance indicators of ADOPTION are: How many partner organizations have adopted the program? How many implementation sites are delivering the program activities? To what extent are the implementation sites reaching all areas of the state? Are there sufficient trained staff and are there sufficient staff that share characteristics of the target population?

We cover key questions to ask and strategies to monitor ADOPTION in more detail in Module 3 of this series.

Text Captions: How many partners adopted the program?

How many implementation sites?

Do we have sufficient geographic coverage?

Do we have sufficient trained staff?

TIP: See Module 3 for more information on Adoption

**Why is Monitoring IMPLEMENTATION important**

*Are the trainings and programs being delivered with fidelity?*

*Have personnel met their teaching requirements?*

**TIP: See Module 4 for more information on Implementation**

NEXT ►

#### Implementation

Slide notes: The fourth component is IMPLEMENTATION – which is the extent to which your health promotion program is delivered consistently by staff across settings according to how it was laid out by the program developers. This concept of consistency in following program protocols is called fidelity.

Monitoring IMPLEMENTATION indicators helps you to:

- Ensure that the program is delivered with fidelity over time, no matter how often it is delivered, by whom and in what setting.
- Through fidelity monitoring, identify areas where personnel need to improve their performance of key training and program delivery tasks.
- Be more certain about what is really producing the program benefits – and monitoring IMPLEMENTATION can also help
- Identify where program changes may need to be made.

Examples of questions to ask to monitor implementation include: Are the trainings and programs being delivered with fidelity to essential program elements (that is, are staff meeting the specific requirements for the program length and number of sessions? are staff using the standardized curricula?) Have all personnel such as master trainers and leaders met their initial and annual teaching requirements? We cover key questions to ask and strategies for IMPLEMENTATION in more detail in Module 4 of this series.

Text Captions: Are the trainings and programs being delivered with fidelity?

Have personnel met their teaching requirements?

TIP: See Module 4 for more information on Implementation

**Why is Monitoring MAINTENANCE important**

*Offered 2+ workshops or for 1+ years?*

*Staff person with designated responsibility?*

*Increased financial sustainability?*

*Have referrals increased?*

**TIP: See Module 5 for more information on Maintenance**

NEXT ►►

#### Maintenance

Slide notes: And finally, the fifth component is MAINTENANCE – which is the extent to which your health promotion program can be institutionalized as an ongoing program offering and, at the individual level, the extent to which participants experience long-term benefits from program.

Activities to monitor maintenance help you to:

- Document any long-term benefits of the program. Under the current grant funding, AoA grantees are not expected to conduct long-term outcome assessments. But if you are considering doing so, it's recommended that you collaborate with external entities with the capacity and resources to coordinate such a study, such as university partners.
- Other important MAINTENANCE indicators focus on determining to what extent the program is embedded within organizations and within the state's evidence-based prevention program distribution and delivery system.

Examples of the kind of questions to ask to monitor maintenance performance indicators include: How many partners and implementation sites have offered at least two workshops or have offered the program for 1 year or more? How many partners have at least one staff person with designated responsibility to coordinate program activities? To what extent has the state-wide system increased its financial sustainability? To what extent have the referral sources and numbers of referrals into the program increased?

We cover key questions to ask and strategies to monitor MAINTENANCE in more detail in Module 5 of this series.

Text Captions: Offered 2+ workshops or for 1+ years?

Staff person with designated responsibility?

Increased financial sustainability?

Have referrals increased?

TIP: See Module 5 for more information on Maintenance

# REAIM in the Real World

**AoA**  
Administration on Aging

**Administration on Aging (AoA) Recommendations for Grantee Quality Assurance Programs**

The purpose of this document is to describe components of a quality assurance (QA) program for ambulatory health programs. This document provides suggested guidelines for grantee QA programs drawing upon the literature and current practice in the field.

**What is Quality Assurance?** Quality assurance is an ongoing system for describing, measuring, and evaluating program delivery to ensure that participants receive effective, safe services and program goals are met. QA is a data-driven process for team decision-making and problem-solving. QA systems provide an ability with families and other stakeholders and help build the case that your programs are a worthwhile and quality investment. The ideal QA plan addresses: (1) continuous quality improvement and (2) program fidelity.

- **Continuous Quality Improvement (CQI)** is a continuous process that includes:
  1. planning (e.g. setting performance objectives and mechanisms to receive program delivery and grant goals)
  2. monitoring (e.g. obtaining ongoing partner and participant input and collecting program data to inform decision making)
  3. responding (e.g. team analysis and problem-solving and problem-solving)
  4. enabling (e.g. making program changes to enhance quality of care and performance and enhancing participant experience)
- **Program Fidelity** is one aspect of program quality assurance, in the extent to which an ambulatory health program is delivered as intended across sites, according to program developer intent and design. Maintaining fidelity to the program's intended design and protocols is essential to ensuring that your participant benefits are consistent with the intended benefits.

**Components of a Quality Assurance Program**

Whether your team already has a QA program or not, this document, together with the online learning module, "QA: Assuring Program Quality," located at <https://www.aoga.gov/qa> can give you and your team guidance in creating and implementing your program. The online module includes a checklist that can be used to ensure your program includes all critical QA program components, as well as state examples of various tools and resources that can be a part of a state QA program. A poster for QA program that incorporates CQI should include:

- Specification of designed roles, responsibilities and activities for QA activities
- Orientation of the team (program coordinators, staff and partners) about the QA plan and system
- Performance indicators including measures of participant needs, organizational capacity, and program delivery
- Mechanisms for periodic review to the team of the results of fidelity monitoring efforts and assessment of overall performance indicators.

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## REAIM

Slide notes: To help guide your development of a QA assurance plan, the Administration on Aging has produced a set of recommendations titled, AoA Recommendations for Grantee Quality Assurance Programs. Click the link on screen now to download it. When you're ready, click the next button to proceed.

Text Captions: REAIM in the Real World

## An Example of Putting it All Together:

*Click to download the file*

**Essential Program Components**

**Capacity for Delivering Programs**

**Implications for QA & Fidelity: Implications for Texas**

- Increase number of workshops and/or workshop size to meet state goals
- Partner with other communities (i.e. Houston) to disseminate program to other communities
- Stronger linkages with aging and public health sectors
- Movement toward a formal plan with inclusion of documentation and corrective feedback
- Identify needed infrastructures and funding mechanisms for program sustainability

NEXT ►►

An Example of Putting it All Together:

Slide notes: Here is an example of a quality assurance plan that puts together the concepts of quality assurance and continuous quality improvement that we just covered. The example is from the Texas Healthy Lifestyles program and is in the form of a Powerpoint slide file. The presentation contains their quality assurance plan components and processes, as well as the data they're documenting to track and improve their selected REACH, ADOPTION and IMPLEMENTATION performance indicators. At the end of the slides, they note next steps in their ongoing efforts to take corrective actions and improve and expand programming.

This slide will pause to give you time to explore the file. Click on the slide image if you would like to download the powerpoint file now. And then click the next button when you're ready to move on.

Text Captions: Click to download the file

**Selected Resources**

 [State Planning and Organization for Stanford Chronic Disease Self-Management Program](#)

 [Living Well Guidebook \(Oregon\)](#) alert: large file download

 [Overview of Sustainability Planning Process \(Illinois\)](#)

 [Sustainability Plan Tool \(Illinois\)](#)

NEXT →

#### Selected Resources

Slide notes: Here are some additional resources about quality assurance and fidelity monitoring that can be useful in helping you think through your planning:

The first is an NCOA Center for Healthy Aging Working Paper titled "State Planning and Organization for Stanford Chronic Disease Self-Management Program" – This resource describes specific actions needed when forming partnerships and planning for successful program delivery.

Next is an example from Oregon's Living Well program which is a manual they developed for implementing the CDSMP program and for assuring program quality.

Illinois has created two documents for its AAAs (Area Agencies on Aging) and their local partners focused on sustainability of the CDSMP program. The first document is an Overview of the Sustainability Planning Process. The second document provides a sample template for agencies to use to describe the details of their sustainability plan.

This slide will pause to give you time to explore the resources. Click on each title to download the file. Please click the next button when you're ready to move on.

Text Captions: State Planning and Organization for Stanford Chronic Disease Self-Management Program

Living Well Guidebook (Oregon) alert: large file download

Overview of Sustainability Planning Process (Illinois)

Sustainability Plan Tool (Illinois)

**RE-AIM Resources**

**RE-AIM**

RE-AIM

About RE-AIM | What we do | Who we are | Tools

**WELCOME!**

This site provides an explanation of and resources for those wanting to apply the RE-AIM framework.

Our overall goal is to enhance the quality, extent, and public health impact of efforts to translate research into practice.

Among the RE-AIM website features are:

- A "WHAT'S NEW" section on conferences and opportunities
- The "Most Popular Pages" section
- Frequently asked questions on RE-AIM and more!
- Tools and resources for researchers
- A comprehensive list of RE-AIM publications and presentations organized alphabetically by year
- PUBLICATIONS and PRESENTATIONS: Please send us your work RE-AIM related work for inclusion on the site to [edit@re-aim.org](mailto:edit@re-aim.org)

**WE NEED YOUR FEEDBACK!** Please send comments and suggestions to [edit@re-aim.org](mailto:edit@re-aim.org)

**RE-AIM NEWS:**

Michigan Talking Systems now includes Survey! Fully integrated Survey Editor allows access to all of the following capabilities of MTS Now!

The University of Michigan Center for Health Communications Research (CHCR) has released Version 3.0 of its free Michigan Talking Systems (MTS) software for environmental education and research purposes by noncommercial entities. MTS is the first publicly available software that allows writers to individually tailor health communication materials to their audience.

**RE-AIM for Program Planning: Overview and Applications**

Anir (720 x 128)

Click Box (216 x 273)

(X:338; Y:129)

if we want more evidence based practice, we need more practice based evidence.

**NEXT** >>

## RE-AIM Resources

Slide notes: If you'd like to learn more about the overall RE-AIM framework, you can visit the website: [www.re-aim.org](http://www.re-aim.org).

Also, we recommend this NCOA issue brief titled, "RE-AIM for Program Planning: Overview and Applications" as an example of how the RE-AIM framework can be used for planning the delivery of an evidence-based physical activity program.

This slide will pause to give you time to explore the resources. Please click the next button when you're ready to move on.

The screenshot displays the 'The Community Tool Box' website. The header features the logo and mission statement: 'The Community Tool Box Our Mission: Promoting community health and development by connecting people, ideas and resources.' Below the header is a navigation menu with options like 'About/Contact Us', 'Do the Work', 'Solve a Problem', 'Use Preexisting Approaches', 'Connect with Others', 'Courses', 'Webinars', and 'Sign Up'. The main content area is titled 'Chapter 40: Maintaining Quality Performance' and includes a 'Click Box' with three sections: 'Section 1. Achieving and Maintaining Quality Performance (427; X: 308)', 'Section 2. Implementing a Plan for Ensuring Quality (48; Y: 122)', and 'Section 3. Obtaining and Using Feedback from Participants'. A 'NEXT' button is located at the bottom right of the slide.

### Selected Resources

Slide notes: For a broader discussion of quality performance, you may find chapter 40 of the Community Tool Box, titled “Maintaining Quality Performance” to be useful. This resource describes the principles and planning cycles of a related concept called “total quality management”, or TQM, that focus on team participation, program design and delivery, and ultimately, consumer satisfaction. This chapter is formatted into 3 sections that include: achieving and maintaining quality performance, implementing a plan for ensuring quality, and obtaining and using feedback from participants. This slide will pause to give you time to explore the resource. Please click the next button when you're ready to move on.

## Module Objectives

In this module, you learned about

- A sustainable evidence-based prevention program delivery system
- Definitions for quality assurance (QA), continuous quality improvement (CQI) and fidelity
- Components and processes to include in an ideal quality assurance plan
- Using the RE-AIM framework to specify quality assurance performance indicators
- Examples and resources

### Module Objectives

Slide notes: We are at the end of this module. To summarize, you learned about

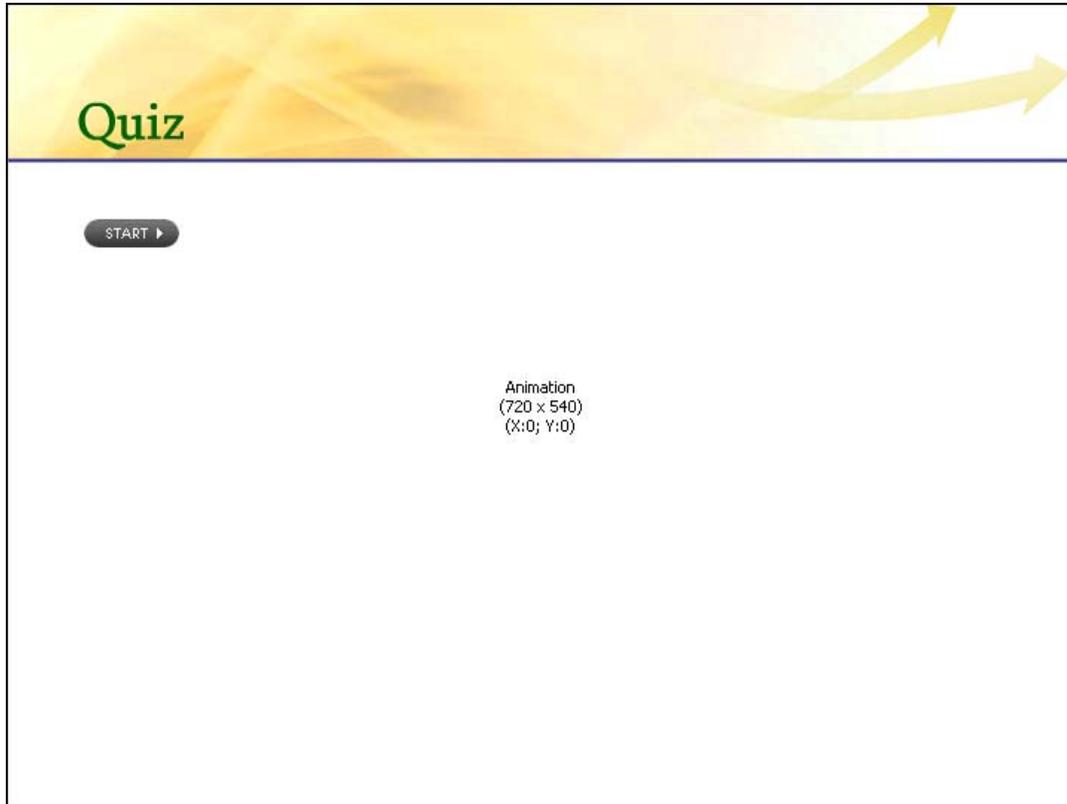
A sustainable evidence-based prevention program delivery system that includes quality assurance

Definitions for quality assurance, continuous quality improvement and fidelity

Components and processes of an ideal quality assurance plan

How to use the RE-AIM framework as a guide for specifying your quality assurance performance indicators

And examples and resources for creating or improving your quality assurance plan



Quiz

Slide notes: Please take this short quiz to test what you have learned during this module. There is no audio during the quiz. You will receive a score at the end of the quiz, and this score is for your own benefit only. It will not be stored or shared. Please click the "start quiz" button when you are ready to begin.

Quality assurance is: (check as many as apply)

A) An ongoing system for describing measuring and evaluating program delivery

B) Serves only an internal purpose for program management

C) Serves only an external purpose for documenting progress and quality for stakeholders

D) Includes monitoring program fidelity and making corrective actions

Animation (X:0; Y:0)

Correct - Click anywhere to continue

Incorrect. The correct choices are A and D.

You must answer the question before continuing

Review Area (326 x 86) (X:22; Y:374)

Question 1 of 6

Clear

Skip/Continue

Submit

Slide 31

Slide notes: Click to add notes for the selected slide

Text Captions: Quality assurance is: (check as many as apply)

A) An ongoing system for describing measuring and evaluating program delivery

B) Serves only an internal purpose for program management

C) Serves only an external purpose for documenting progress and quality for stakeholders

D) Includes monitoring program fidelity and making corrective actions

Correct - Click anywhere to continue

Incorrect. The correct choices are A and D.

You must answer the question before continuing

Question 1 of 6

Submit

Skip/Continue

Clear

Quality assurance plans are useful for: (check as many as apply)

- A) Setting expectations with partners
- B) Tracking best practices
- C) Supporting staff development
- D) Making program adjustments

Animation  
(720 x 540)  
(X:0; Y:0)

Correct - Click anywhere to continue

Incorrect. The correct choices are A, B, C and D.

You must answer the question before continuing

Review Area  
(326 x 86)  
(X:22; Y:374)

Question 2 of 6

Clear

Skip/Continue

Submit

Slide 32

Slide notes: Click to add notes for the selected slide

Text Captions: Quality assurance plans are useful for: (check as many as apply)

A) Setting expectations with partners

B) Tracking best practices

C) Supporting staff development

D) Making program adjustments

Correct - Click anywhere to continue

Incorrect. The correct choices are A, B, C and D.

You must answer the question before continuing

Question 2 of 6

Submit

Skip/Continue

Clear

Making corrective actions is part of the continuous quality improvement process. Decision-making around such actions should be handled by solely by the core management team.

A) True

B) False

Animation  
(720 x 540)  
(X:0; Y:0)

Correct - Click anywhere to continue

Incorrect. The correct answer is B, false.

You must answer the question before continuing

Review Area  
(326 x 86)  
(X:22; Y:374)

Question 3 of 6

Clear

Skip/Continue

Submit

Slide 33

Slide notes: Click to add notes for the selected slide

Text Captions: Making corrective actions is part of the continuous quality improvement process. Decision-making around such actions should be handled by solely by the core management team.

A) True

B) False

Correct - Click anywhere to continue

Incorrect. The correct answer is B, false.

You must answer the question before continuing

Question 3 of 6

Submit

Skip/Continue

Clear

Quality assurance and fidelity are synonymous terms.

A) True

B) False

Animation  
(720 x 540)  
(X:0; Y:0)

Correct - Click anywhere to continue

Incorrect. The correct answer is B, false.

You must answer the question before continuing

Review Area  
(326 x 86)  
(X:22; Y:374)

Question 4 of 6

Clear

Skip/Continue

Submit

Slide 34

Slide notes: Click to add notes for the selected slide

Text Captions: Quality assurance and fidelity are synonymous terms.

A) True

B) False

Correct - Click anywhere to continue

Incorrect. The correct answer is B, false.

You must answer the question before continuing

Question 4 of 6

Submit

Skip/Continue

Clear

Which of the following comprise a comprehensive quality assurance plan? (check as many as apply)

- A) Specification of designated roles, responsibilities and timelines for quality assurance activities.
- B) Identification of performance indicators developed with input from key partners and other stakeholders.
- C) Orientation of the team about the quality assurance plan and system.
- D) Mechanisms for periodic reviews by the team of the results of fidelity monitoring efforts and assessments of overall performance indicators.
- E) Standardized protocols for making ongoing corrective actions when necessary and checking whether such actions are effective.

Animation (326 x 86) (X:0; Y:0)

Correct - Click anywhere to continue

Incorrect. All of the choices should be selected.

Review Area (326 x 86) (X:22; Y:374)

You must answer the question before continuing

Question 5 of 6

Clear

Skip/Continue

Submit

Slide 35

Slide notes: Click to add notes for the selected slide

Text Captions: Which of the following comprise a comprehensive quality assurance plan? (check as many as apply)

A) Specification of designated roles, responsibilities and timelines for quality assurance activities.

B) Identification of performance indicators developed with input from key partners and other stakeholders.

C) Orientation of the team about the quality assurance plan and system.

D) Mechanisms for periodic reviews by the team of the results of fidelity monitoring efforts and assessments of overall performance indicators.

E) Standardized protocols for making ongoing corrective actions when necessary and checking whether such actions are effective.

Correct - Click anywhere to continue

Incorrect. All of the choices should be selected.

You must answer the question before continuing

Question 5 of 6

Submit

Skip/Continue

Clear

The acronym RE-AIM stands for:

- A) Retention, Effectiveness, Adoption, Implementation, Marketing
- B) Reach, Evaluation, Administration, Input, Maintenance
- C) Resources, Effectiveness, Assessment, Implementation, Management
- D) Reach, Effectiveness, Adoption, Implementation, Maintenance

Review Area  
(326 x 86)  
(X:22; Y:374)

Correct - Click anywhere to continue

Incorrect. The correct choice is D.

You must answer the question before continuing

Question 6 of 6   **Clear**   **Skip/Continue**   **Submit**

Slide 36

Slide notes: Click to add notes for the selected slide

Text Captions: The acronym RE-AIM stands for:

A) Retention, Effectiveness, Adoption, Implementation, Marketing

B) Reach, Evaluation, Administration, Input, Maintenance

C) Resources, Effectiveness, Assessment, Implementation, Management

D) Reach, Effectiveness, Adoption, Implementation, Maintenance

Correct - Click anywhere to continue

Incorrect. The correct choice is D.

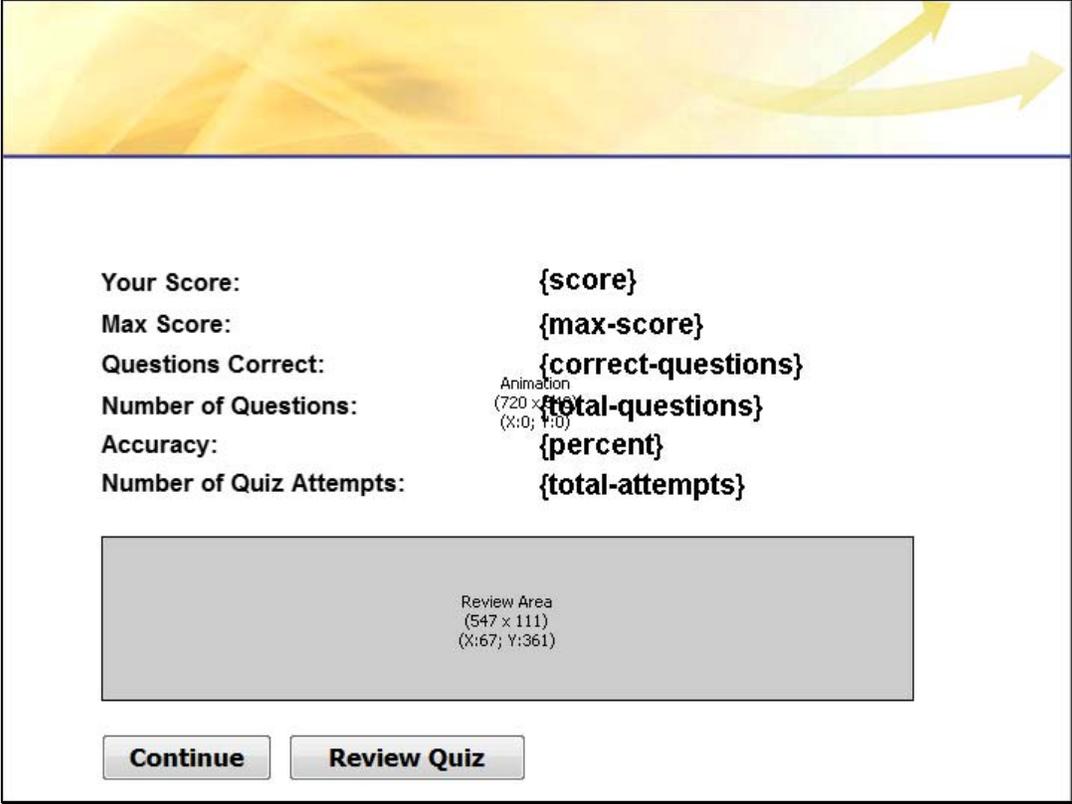
You must answer the question before continuing

Question 6 of 6

Submit

Skip/Continue

Clear



**Your Score:** {score}

**Max Score:** {max-score}

**Questions Correct:** {correct-questions}

**Number of Questions:** {total-questions}

**Accuracy:** {percent}

**Number of Quiz Attempts:** {total-attempts}

Review Area  
(547 x 111)  
(X:67; Y:361)

**Continue** **Review Quiz**

Animation  
(720 x 448)  
(X:0; Y:0)

Slide 37

Slide notes: Click to add notes for the selected slide

Text Captions: Your Score:

{score}

Max Score:

{max-score}

Questions Correct:

{correct-questions}

Number of Questions:

{total-questions}

Accuracy:

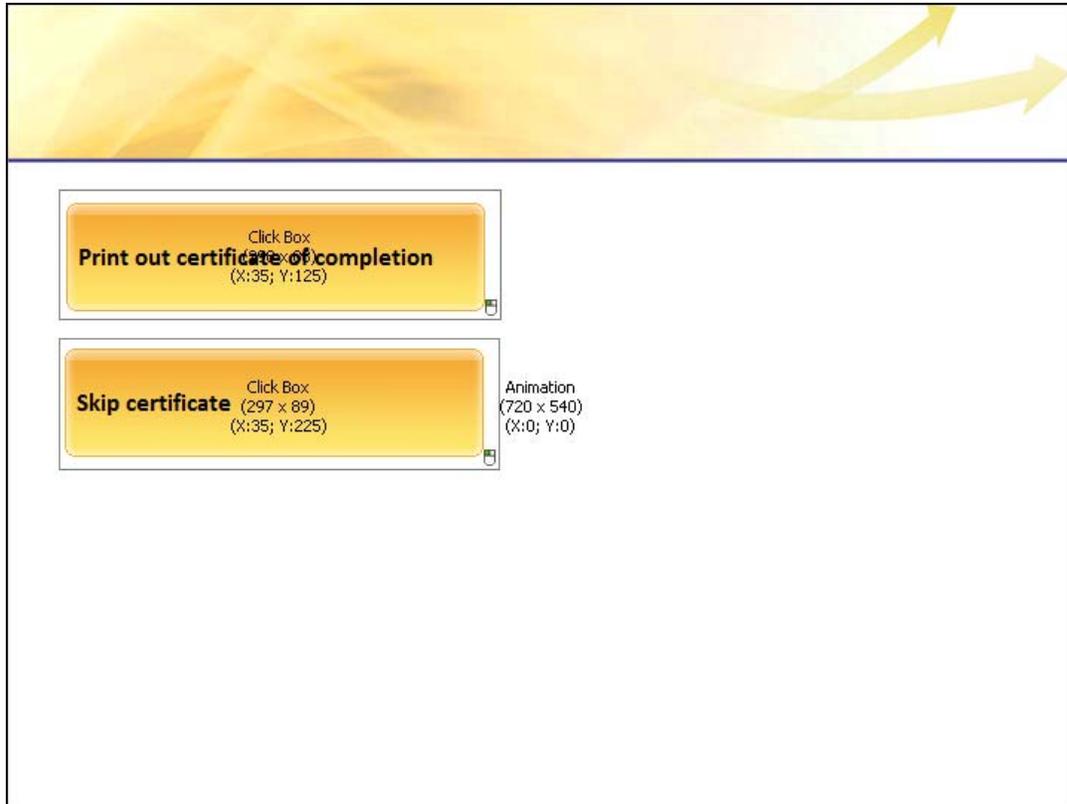
{percent}

Number of Quiz Attempts:

{total-attempts}

Continue

Review Quiz



Copy of Slide 35

Slide notes: Click to add notes for the selected slide

Text Captions: Print out certificate of completion

Skip certificate



Slide 39

Slide notes: Click to add notes for the selected slide

Text Captions: Assuring Program Quality: An Introduction

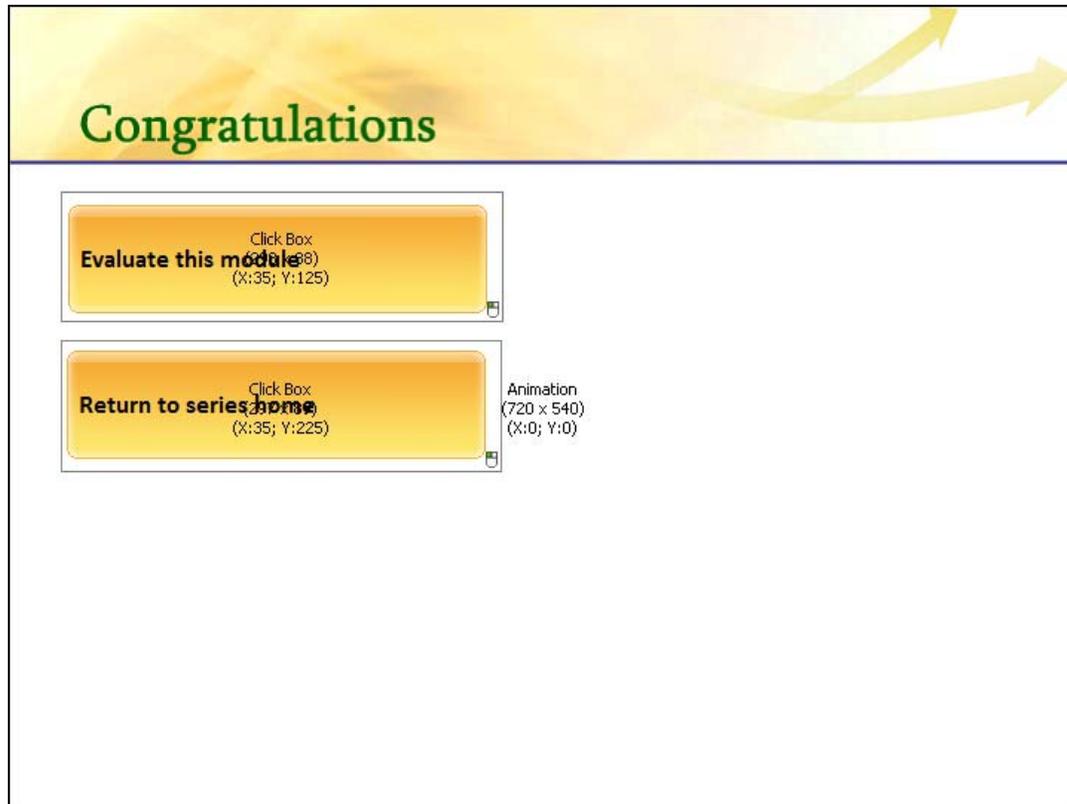
## Thanks to...

- Mary Altpeter and Danielle Borasky, UNC Institute on Aging
- Jane Tilly and Michele Boutaugh, US Administration on Aging
- State evidence-based health promotion programs
  - Serena Sanker, North Carolina *Living Well* program
  - Marcia Ory, Ashley Wilson, Lesley Salge, Jamie Calobrisi, Cheryl Nolting, *Texas Healthy Lifestyle* program
  - Jennifer Mead, Oregon *Living Well* program
  - Janet Tedesco, California Department on Aging
  - Bridget Bagley, Maine Department of Health and Human Services
  - Beth Richards, Missouri Department of Health
  - Rhonda Clancy, Illinois Department of Public Health
  - New Jersey *Take Control of Your Health* program
- National Council on Aging Center for Healthy Aging team

NEXT »

Thanks to...

Slide notes: We would like to thank the people listed here for their contributions to content of this module. We particularly thank the state evidence-based health promotion programs listed here for sharing their tools, guides and websites to use as illustrations.



#### Congratulations

Slide notes: Congratulations, you have completed this module. Please take a minute to provide us with your feedback. Follow the link to the evaluation form, which will open in a new browser window or tab depending on your browser settings.

If you would like to view any of the other NCOA learning modules in this series use the link to return to the main menu.

If you would like to exit the application, click on the exit button on the toolbar at the bottom of the screen.

Text Captions: Evaluate this module

Return to series home