



GETTING TO OUTCOMES®
CONTINUOUS QUALITY
IMPROVEMENT (CQI)
WORKSHEETS 1-8

RAND TTACB GTO WEBINAR
NOVEMBER/DECEMBER 2013



CQI WORKSHEET 1 – PROGRAM DELIVERY WORKSHEET (PDW)



Program/Contact Person: _____ / _____ Date: ____/____/____

The purpose of this worksheet is to help you identify whether you met your program’s delivery objectives (e.g. your program’s process or plan is “on track”; the program is delivering an adequate number of services to the targeted number of participants). You will need to know your program’s delivery objectives and information about the population your program served to complete this worksheet.

A. PROGRAM NEEDS AND DELIVERY OBJECTIVES



A. What are the problems/needs your program addresses?

1.

2.

3.

4.



B. What are your program delivery objectives?

1.

2.

3.

4.

B. DESCRIBE PROGRAM DELIVERY



C. What time period are you reporting on? _____



D. Who did you plan to reach with your program?

1. Number: _____

2. Age/Grade: _____

Other Relevant Characteristics: _____



E. How many attended your program even once? _____



F. In general, did you offer all of the program's content (for example, curriculum) during this time period?

Yes No Not Applicable



↓
If no, what percent or how much of the program was delivered (for example, how many sessions were delivered?)

C. MEETING PROGRAM DELIVERY OBJECTIVES?



G. My Program Delivery Objective #1: (see page 1)

| Measure(s): What you are measuring to figure out whether you are meeting the program delivery objective? | Benchmark(s): The standard or requirement your program is expecting to reach | My Program's # | Met Objectives? | Action Needed? |
|--|--|-----------------------|--|---|
| | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |



H. My Program Delivery Objective #2: (see page 1):

| Measure(s) | Benchmark(s) | My Program's # | Met Objectives? | Action Needed? |
|-------------------|---------------------|-----------------------|--|--|
| | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |



I. My Program Delivery Objective #3: (see page 1)

| Measure(s) | Benchmark(s) | My Program's # | Met Objectives? | Action Needed? |
|-------------------|---------------------|-----------------------|--|--|
| | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |



CQI WORKSHEET 2 – PROGRAM OUTCOMES WORKSHEET (POW)



Program/Contact Person: _____ / _____ Date: ____/____/____

The purpose of this worksheet is to help you identify what difference your program made (whether your program is having an impact or effect on program participants). For example, does the program improve communication skills, reduce stress, improve resilience, etc.? You will need to have the results for pre-post evaluation data to complete this worksheet.

A. PROGRAM NEEDS AND OBJECTIVES



A. What are the problems/needs your program addresses?



B. What are your program outcome objectives?

1.

1.

2.

2.

3.

3.

4.

4.

B. DESCRIBE THE PROGRAM'S OUTCOME EVALUATION



C. What time period are you reporting on?

D. How many did you plan to reach with your program?

Number:

E. How many attended your program even once?



F. How many people participated in evaluation?:

a. % of target:
= (F/D *100)

b. % of served:
= (F/E*100)



G. Who took part in the evaluation?:

- Program completers
- Regular attenders
- Everyone who ever attended
- Others



H. How well does your evaluation represent the population you serve? (check one)

1

Not at all well

2

Somewhat well

3

4

5

Very well

C. MEETING PROGRAM OUTCOME OBJECTIVES?



I. My Program Outcome Objective #1: (see page 4)

| <i>Measure(s)</i> | <i>Pre</i> | <i>Post</i> | <i>Difference/Change</i> | <i>Met Objective?</i> | <i>Action Needed?</i> |
|-------------------|------------|-------------|--------------------------|--|--|
| | | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |



J. My Program Outcome Objective #2: (see page 4)

| <i>Measure(s)</i> | <i>Pre</i> | <i>Post</i> | <i>Difference/Change</i> | <i>Met Objective?</i> | <i>Action Needed?</i> |
|-------------------|------------|-------------|--------------------------|--|--|
| | | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |



K. My Program Outcome Objective #3: (see page 4)

| <i>Measure(s)</i> | <i>Pre</i> | <i>Post</i> | <i>Difference/Change</i> | <i>Met Objective?</i> | <i>Action Needed?</i> |
|-------------------|------------|-------------|--------------------------|--|--|
| | | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded What is the trend? <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse | <input type="checkbox"/> Yes <input type="checkbox"/> No |



CQI WORKSHEET 3 – PROGRAM ANALYSIS WORKSHEET (PAW)



Program/Contact Person: _____ / _____ / _____ Date: ____ / ____ / ____

The purpose of this worksheet is to document strengths and weaknesses of the different program phases (i.e., referral, intake, delivery, and outcomes).

Specify CQI Action: _____

| A. Referrals |
|------------------|
| <u>Strengths</u> |
| |
| |
| |

| B. Intake to Program |
|----------------------|
| <u>Strengths</u> |
| |
| |
| |

| C. Service Delivery |
|---------------------|
| <u>Strengths</u> |
| |
| |
| |

| D. Outcomes |
|------------------|
| <u>Strengths</u> |
| |
| |
| |



- | A. Referrals |
|--|
| <ul style="list-style-type: none"> • Marketing materials/efforts used (culturally appropriate)? • Funding fit? • Reaching intended population? • Program perceived valuable? • Is process user- friendly? • Personal relationships? • Coordination with related programs? • Other? |

- | B. Intake to Program |
|--|
| <ul style="list-style-type: none"> • Schedule meets clients' need? • Adequate numbers/waiting list? • Resources? • Follow up with referral/client? • Assessment process? • Coordination/cross referral? • Evaluation of intake process? • Other? |

- | C. Service Delivery |
|---|
| <ul style="list-style-type: none"> • Evidence base? • Adaptation/Fidelity/Compliance? • Attendance/completion/retention? • Adequate/quality materials? • Client satisfaction? • Serving intended population? • Resources (staff training, curriculum)? • Follow-up? • Other? |

- | D. Outcomes |
|---|
| <ul style="list-style-type: none"> • Objectives met/missed/exceeded? • Grant objectives realistic? • Evaluation method problems? • Resources? • Other? |



| <u>Weaknesses</u> |
|-------------------|
| |
| |
| |

| <u>Weaknesses</u> |
|-------------------|
| |
| |
| |

| <u>Weaknesses</u> |
|-------------------|
| |
| |
| |

| <u>Weaknesses</u> |
|-------------------|
| |
| |
| |



CQI WORKSHEET 4 – CQI ACTION IDENTIFICATION WORKSHEET



Program/Contact Person: _____ / _____ Date: ____/____/____

The purpose of this worksheet is to help you assess your program, prioritize it and identify what to focus on for CQI.

| 1. Program Components | 2. My Program's Performance | 3. Known challenges | 4. Setting Priorities | 5. Rationale for Priority |
|-----------------------|---|---------------------|--|---------------------------|
| A. Referral | Compared to prior, what's the trend? (e.g., semester, last quarter, or last year)?: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse Compared to national standards or program benchmarks: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse My program objectives were: <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded | | Is this a priority area? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | |
| B. Intake | Compared to prior period: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse Compared to national standards or program benchmarks: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse My program objectives were: <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded | | Is this a priority area? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | |
| C. Services | Compared to prior period: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse Compared to national standards or program benchmarks: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse My program objectives were: <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded | | Is this a priority area? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | |
| D. Outcomes | Compared to prior period: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse Compared to national standards or program benchmarks: <input type="checkbox"/> Better <input type="checkbox"/> Same <input type="checkbox"/> Worse My program objectives were: <input type="checkbox"/> Met <input type="checkbox"/> Missed <input type="checkbox"/> Exceeded | | Is this a priority area? <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | |

6. Describe CQI action (select one high priority area and develop action):



CQI WORKSHEET 5 – PLANNING CQI



Program/Contact Person: _____ / _____ Date: ____/____/____

The purpose of this worksheet is to document your plans for launching and implementing your CQI Action.

A. Specify CQI Action (from page 9): _____

| B. Define tasks to carry out your CQI Action | C. Designate lead for the task, other staff involved, and key task responsibilities | | D. Identify the tools and resources for the task | E. Identify timeline for task |
|---|--|--------------------------|--|--|
| Task #1 | Lead: Other Staff: | Responsibilities: | | Start date: End date: |
| Task #2 | Lead: Other Staff: | | | Start date: End date: |
| Task #3 | Lead: Other Staff: | | | Start date: End date: |



CQI WORKSHEET 6 – DOING CQI



| | MONTH OF WORK | | | | | | | | | | | |
|---------------------------------|---------------|---|---|---|---|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Important Program Dates: | | | | | | | | | | | | |
| Task #1: | | | | | | | | | | | | |
| Task #2: | | | | | | | | | | | | |
| Task #3: | | | | | | | | | | | | |
| CQI Meeting Schedule | | | | | | | | | | | | |



CQI WORKSHEET 7 – STUDYING CQI



Program/Contact Person: _____ / _____ / _____ Date: ____ / ____ / ____

The purpose of this worksheet is to document how you will study the impact of your CQI Action.

Specify CQI Action: _____

Part 1. How will you study the CQI Action tasks? (e.g., How will you know that the task happened? How will you know the outcome of the tasks?)

| Tasks: activities that will be needed to accomplish your CQI Action | Metric: a measure that would show you that the task was accomplished | Data Sources: where you will get the data that is the evidence that you have accomplished your task | Monitoring Schedule: how frequently you plan to review the data |
|---|--|---|---|
| Task #1 | | | |
| Task #2 | | | |
| Task #3 | | | |

Part 2. How will you know whether the CQI Action worked? (Did your CQI Action improve anything? How will you know?)

| | Metric: a measure that would show you that the CQI Action helped improve something | Data Sources: where you will get the data that is the evidence that your CQI Action succeeded | Monitoring Schedule: how frequently you plan to review the data |
|--|--|---|---|
| Give examples here of how you will study your CQI Action—what will you study, how, when | | | |



CQI WORKSHEET 8 – ACTING ON CQI RESULTS



Program/Contact Person: _____ / _____ Date: ____ / ____ / ____

The purpose of this worksheet is to document how you will study the impact of your CQI Action.

Specify CQI Action: _____

| | |
|--|--|
| 1) How did you study the impact of your CQI Action? (e.g., did you use surveys, look at databases, gather/make observations?) | |
| 2) What did you learn from the data, observations, or other feedback? (e.g., did the CQI Action work as planned/not work as planned; was the CQI Action effective/not effective?) | |
| 3) What accounts for this? Anything else? (e.g., did your CQI Action make a difference or did you end up learning something else about your program or organization?) | |
| 4) Were you able to tell whether your CQI Action made a difference? (Check one) | |
| <input type="checkbox"/> YES ↓ 5a) Given these results, what is your next step? Will you ... (Check one). <input type="checkbox"/> Adopt CQI Action – It worked! Plan to make CQI Action permanent. <input type="checkbox"/> Modify CQI Action – It may work, but didn't yet. Go back to "Planning CQI Worksheet" and make the necessary changes to redo the CQI Action. <input type="checkbox"/> Discontinue CQI Action – It did not work. Go back to the Program Analysis Worksheet and develop a new CQI Action. | <input type="checkbox"/> NO ↓ 5b) Did you ask the right questions/ capture the right information? <input type="checkbox"/> YES <input type="checkbox"/> NO → Revisit metrics, data sources, and monitoring ↓ 5c) Was your data accurate and credible? <input type="checkbox"/> YES <input type="checkbox"/> NO → Examine data for reporting errors/rethink data sources ↓ 5d) Is there any other reason for your findings? Go back to 5a. |