Building a Successful Quality Improvement Initiative

A Toolkit of Guidance and Resources

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Table of Contents

Executive Summary ... 3
Introduction ... 4
How to Use This Toolkit ... 5
Plan-Do-Study-Act (PDSA) Model ... 6
Step 1: Identify Your Opportunity ... 7
- Review Results of Assessments ... 7
- Review Data ... 7
- Interview Staff ... 7
- Complete a Root Cause Analysis ... 7
- Select Your Initiative ... 7
- Map Your Team Members ... 8
- Write Your Goal Statement ... 8

Step 2: Build Your Foundation ... 9
- Schedule a Kickoff Meeting ... 9
- Complete a Before Action Review (BAR) ... 9
- Gather Baseline Data ... 9
- Complete a New RCA ... 9
- Process Map Areas of Concern ... 10

Step 3: Develop Your Plan ... 11
- Complete an Action Plan ... 11
- Prepare for PDSA Testing ... 11

Step 4: Implement Your Initiative ... 12
- Test Changes Using PDSA ... 12
- Study Results and Adjust as Needed ... 12

Step 5: Sustain Your Initiative ... 13
- Create a Sustainability Plan ... 13
- Monitor and Maintain Improvements ... 13

Appendix ... 14

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Executive Summary

The table below offers a high-level overview of the quality improvement process, including each step's purpose, key actions, and the tools included in this toolkit to support your work. Revised from a resource created by Superior Health Quality Alliance (Superior Health).

Section	Purpose	Key Actions	Helpful Resources
Introduction	Overview of Quality Improvement (QI) and toolkit goals	Understand the value of QI and how the toolkit supports improvement	MetaStar overview
Step 1: Identify Your Opportunity	Select a focus area for improvement	Review any relevant assessments, data, staff input, and root causes	Brainstorming, Five Whys Tool for Root Cause Analysis, Mapping of Team Members, Organizing Sentence
Step 2: Build Your Foundation	Assemble your team and prepare for launch	Schedule kickoff, complete Before Action Review (BAR), gather baseline data	Kickoff Meeting Starter Kit, BAR Tool, Process Mapping Guide
Step 3: Develop Your Plan	Create a SMART goal and action plan	Define goals, map processes, plan interventions	SMART Goal Worksheet, PDSA Worksheet
Step 4: Implement Your Initiative	Test and refine changes using PDSA cycles	Conduct small tests, monitor progress, hold check-ins	Milestone Tracker
Step 5: Sustain Your Initiative	Ensure long-term success and value	Develop sustainability strategies and review outcomes regularly	Sustainability Decision Guide
Appendix	Access additional learning and support resources	Explore deeper QI concepts and tools	Fix the Flow, Quality 101, Milestone Tracker (Excel)

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

Introduction

Who We Are

MetaStar is a quality improvement organization with over 50 years of experience working with communities, providers, and insurers to improve the quality of care for all. Guided by our mission to effect positive change in health and healthcare, we support system-wide improvement through practical, evidence-based approaches that help organizations strengthen care delivery, improve outcomes, and build sustainable improvement capacity. This toolkit was developed by MetaStar, drawing on our work supporting behavioral health organizations through initiatives such as Behavioral Health (BH) Connect, which provides quality improvement and health information technology (IT) support to Wisconsin Medicaid-enrolled providers.

This toolkit was made possible through funding from the Wisconsin Department of Health Services (DHS), Division of Medicaid Services (DMS).

The Why

Quality Improvement (QI) helps ensure your organization can deliver the best possible care to the people you serve. Whether you are a small clinic with limited resources or a large organization with an established QI team, improvement efforts help you spot what is working, identify challenges, and make meaningful changes that improve client outcomes, staff satisfaction, and system efficiency.

This toolkit is designed to support you in choosing an area to focus on and taking small, manageable steps toward real improvement. You are not expected to be an expert; just to be curious, collaborative, and willing to try new things. With the right tools and support, even small changes can lead to a lasting impact.

How to Use This Toolkit

This toolkit is meant to be a flexible, step-by-step guide to help you plan, launch, and sustain a QI initiative from start to finish. Each section includes simple explanations, examples, and ready-to-use tools to make the process easier, no matter the level of QI experience among your team.

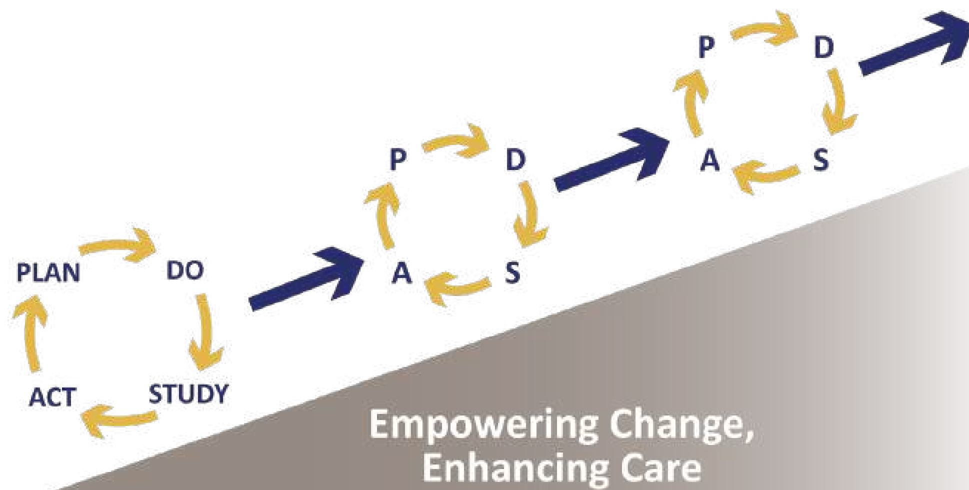
Start by identifying an area you would like to improve, then follow the steps to map your team, collect data, plan changes, and test them using the Plan-Do-Study-Act (PDSA) cycle.

The steps are intended to guide your work, not limit it, and teams may revisit or adjust steps as they learn through testing and data review.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

Plan-Do-Study-Act (PDSA) Model

Quality improvement is an ongoing, cyclical process. The steps in this toolkit align with the PDSA model shown below.



	PLAN	DO	STUDY	ACT
ALL TEAM MEMBERS	• Identify improvement opportunity • Set attainable goals • Build your team and make assignments • Design approach using collected data	• Test approaches using PDSA cycles • Continuously collect data as implementation occurs	• Monitor outcomes over time of implementation cycle • Create recommendations as to how to proceed	• Decide to adopt, adapt, or abandon • Modify plan until approach is successful and adopted • Standardize all adopted successful practices

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

Step 1: Identify Your Opportunity

The goal of this step is to identify one clear, focused area for improvement that is meaningful, achievable, and appropriate for your organization's current capacity.

Select an area of improvement:

☐ **Review Results of Assessments**
Review the results from any relevant assessments, such as a recent Security Risk Assessment (SRA), patient satisfaction survey, or staff satisfaction survey. You may also choose to review these findings with your staff or an external team to explore potential areas for improvement.

☐ **Review Data**
You can also gather valuable information about where improvements may be needed by running various reports. Reports can be pulled from your:

- Internal Electronic Health Record (EHR) reporting.
- Quality dashboard metrics.
- Manual tracking (i.e., spreadsheets, Key Performance Indicators (KPI)).

☐ **Interview Staff**
Discuss what they feel has worked well and what has not. Ask about any barriers that have made it harder to complete their tasks successfully, and which systems or workflows have run smoothly in the past. Use tools such as:

- Brainstorming

☐ **Complete a Root Cause Analysis**
A root cause analysis (RCA) helps you find the underlying reason a problem is happening, not just the surface issue. This allows you to fix the problem in a lasting way. One simple method for doing an RCA is using the "5 Whys"–a tool that helps you dig deeper by repeatedly asking "why" something is occurring.

- Five Whys for RCA Tool

☐ **Select Your Initiative**
Review everything you have learned so far from assessing your clinical environment (such as past assessments, RCA, etc.) and decide which area(s) of improvement should be addressed first. **This will become your quality improvement initiative!** While multiple opportunities may be identified, starting with one targeted initiative allows teams to test changes effectively, learn from the process, and build momentum for future improvement work.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

☐ **Map Your Team Members**

Create a list of everyone who will be involved in the process you are improving. Mapping who is involved helps us understand what each group cares about, what they can contribute, and how we can work together toward a shared goal. Be sure to include all team members**.**

- When appropriate, **consider including patients or clients** on your team or gathering their feedback. They can offer valuable insights based on their lived experience and may help identify issues or solutions that staff might not see. Simple methods such as short surveys, informal conversations, or feedback forms can be effective.
- Mapping of Team Members
    - Names
    - Roles
    - Level of experience
    - Unique skills or experience
    - Key relationships (inside and outside the organization)

☐ **Write Your Goal Statement**

As a team, write an organizing sentence that encompasses all details necessary that is Specific, Measurable, Attainable, Relevant, and Timely (SMART). This sentence will be intentionally long so you can include all details, allowing for complete transparency and understanding for all teammates. Remember, all teammates may come from different cultures and vocational backgrounds, as well as different learning styles.

- Organizing Sentence Template

Now that you have identified your improvement opportunity and defined a clear goal, the next step is to build a strong foundation to support your work.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Step 2: Build Your Foundation

☐ **Schedule a Kickoff Meeting**
A kickoff meeting sets the tone for the initiative and brings your team and interests together for the official start of the initiative, and builds community. Be sure to invite all who will be involved in the initiative to this first meeting.

- Utilize the Kickoff Meeting Starter Kit

☐ **Complete a Before Action Review (BAR)**
A BAR is a short discussion held before starting a project or task. It helps the team get on the same page about the goal, consider what might affect the outcome, and apply lessons from past experiences. It also sets the stage for reviewing how things went after the initiative was implemented.

- BAR Tool

☐ **Gather Baseline Data**
Baseline data helps your team understand current performance before making changes. Collecting this information ensures you have a clear starting point and allows you to measure whether future changes lead to improvement. You do not need to collect all available data or create new reports unless they directly support your improvement goal.

- Every EHR is unique in how it generates reports or makes custom queries. Work with your data specialist, IT staff, or business manager to pull the report you need.
- Gathering baseline data does not always require an EHR or any technology, and it does not have to be complicated. Simple tools such as a pen, paper, and observation are often sufficient. For example, you can track correct form completion by checking it off on a simple checklist for one week.

☐ **Complete a New RCA**
Now that you have chosen your improvement area, a second RCA helps confirm that the team is addressing the true underlying cause before testing changes. This step allows teams to validate earlier assumptions and ensure planned actions align with your goals.

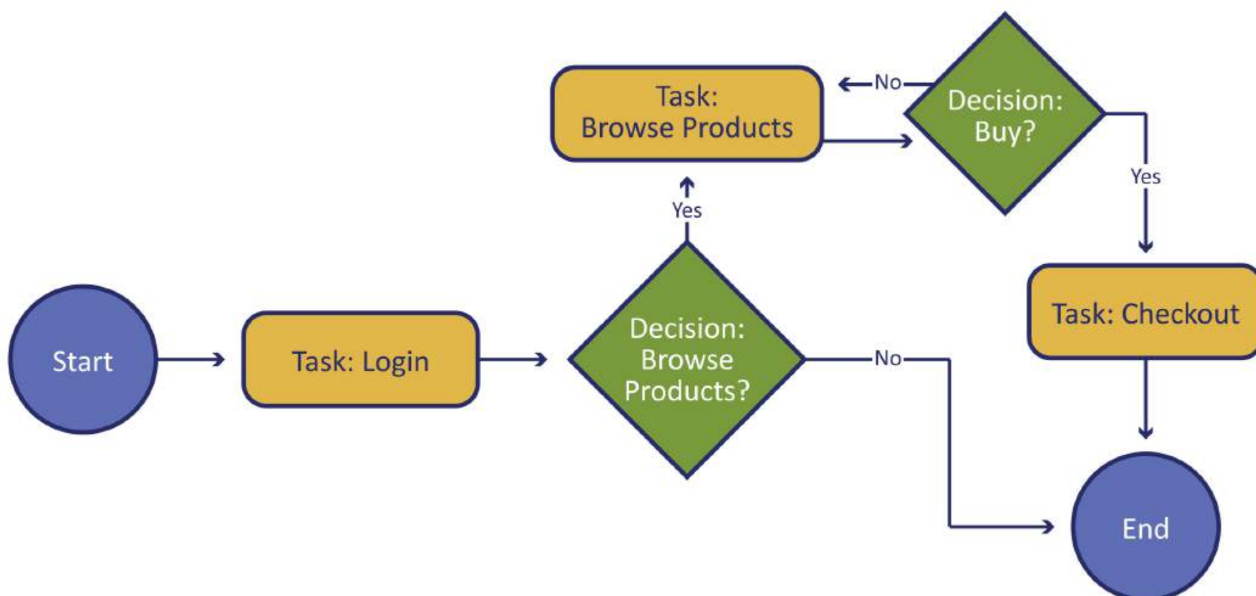
This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

☐ **Process Map Areas of Concern**
Process mapping helps you see each action in a workflow clearly, so you can spot where things are breaking down or causing delays.
- Process Mapping Guide

Process Mapping Example

Below is a simple example of a process map for online shopping.



With your team assembled, baseline data gathered, and key processes mapped, you are ready to develop a focused plan for testing change.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Step 3: Develop Your Plan

☐ **Complete an Action Plan**
Using what you have learned so far, create an action plan by setting clear goals. Use the SMART Goals Template to guide your planning.

- SMART Goals Template

☐ **Prepare for PDSA Testing**
Before implementation, confirm that your action plan can be tested using small, manageable PDSA cycles. This helps ensure changes are realistic, measurable, and feasible before the broader rollout.

- Break actions into testable steps.
- Identify what data will be collected during testing.
- PDSA Worksheet

Once your action plan and measures are defined, you can begin testing changes on a small scale using the PDSA cycle.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

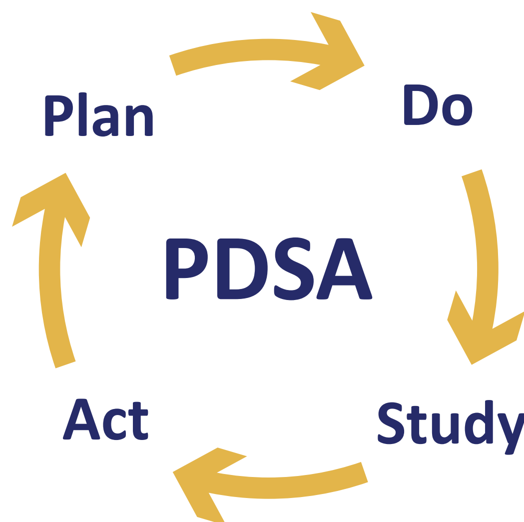
Step 4: Implement Your Initiative

☐ **Test Changes Using PDSA**
Once your goals and measures are set, begin testing changes through small, manageable PDSA cycles. This approach allows your team to try changes on a small scale, learn from the results, and refine your approach before the broader implementation.

- Use your SMART Goals Template from Step 3 to plan and document each test.
- Break into milestones or action steps.
- Track key process and outcome measures.
- Hold regular check-in meetings to review progress and learning.

☐ **Study Results and Adjust as Needed**
Review data and team feedback to understand what is working and what needs adjustment. Use what you learn to decide whether to adopt, adapt, or abandon each change.

- Review data at regular intervals (e.g., monthly or quarterly).
- Update action steps based on findings.



After identifying which changes are effective, the final step is to focus on sustaining improvements so they continue to provide value over time.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Step 5: Sustain Your Initiative

Sustained improvements should become "the way we do our work," not an added task.

☐ **Create a Sustainability Plan**
Once changes have been tested and refined through PDSA cycles, develop a plan to ensure successful improvements are maintained over time. Sustainability focuses on embedding changes into routine practices so they continue to create value for your clinic and community.

- Standardize successful changes (e.g., policies, procedures, workflows).
- Clarify roles and ownership for ongoing monitoring.
- Identify key measures to track over time.
- Plan for periodic review and adjustment.
- Sustainability Decision Guide.

☐ **Monitor and Maintain Improvements**
Continue to review performance data and gather feedback to ensure improvements are sustained and remain as conditions change.

- Review data at regular intervals (e.g., quarterly).
- Adjust processes as needed to maintain gains.

Quality improvement is an ongoing process, and the lessons learned through this initiative can be applied to future efforts across your organization.

Additional tools and learning resources to support ongoing improvement are available in the Appendix.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Appendix

Resources

The Appendix includes additional resources referenced throughout this toolkit, such as recorded webinars and learning materials, to support teams in building quality improvement knowledge and skills.

Brainstorming A-1

Five Whys Tool A-2

Mapping of Team Members A-4

Organizing Sentence A-5

Kickoff Meeting Starter Kit A-6

Before Action Review (BAR) A-13

Process Mapping Guide A-15

SMART Goals Template A-17

PDSA Worksheet A-20

Milestone Tracker A-24

Sustainability Decision Guide A-25

Additional Resources

The following two resources are recordings from live events associated with a previous project that is no longer available.

- ☐ **Fix the Flow: Solving Problems with Root Cause Analysis and Process Mapping**
  Watch this recorded session to learn how Root Cause Analysis and Process Mapping help healthcare teams address problems at their source, streamline workflows, and improve outcomes. *(18:16)*
- ☐ **Quality 101: Improving Patient Outcomes**
  Watch this recorded webinar to learn how Quality Improvement (QI) in behavioral health can improve patient outcomes and care efficiency. Explore QI basics, practical tools, and data-driven strategies. *(39:29)*
- ☐ **Milestone Tracker (Excel Document)**
  Use this tracker to stay organized and keep your QI work moving forward. It gives your team a clear view of each phase and helps you capture learning from each PDSA cycle so you can refine your approach as you go.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Brainstorming

Brainstorming is especially useful when you want to break out of stale, established patterns of thinking, so that you can develop new ways of looking at something. It often allows team members to build on each other's ideas. To conduct a brainstorming session:

1. Ask the question you want to answer or state the problem you want to address. Make sure that everyone participating understands and agrees upon the definition.
2. Proceed with one of the two main types of brainstorming: scribe ideas on a flip chart.
   - Structured, where each team member, in turn, provides an idea (or passes).
   - Unstructured, where ideas are given by everyone at any time as they come to mind.
3. Once the flow of new ideas stagnates, you can then start to evaluate the ideas by sorting them into groups, looking for common themes, or sorting by potential. The results from a brainstorming session will usually need to be further analyzed, but they can often be a good starting point for improvement efforts.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Five Whys Tool for Root Cause Analysis

Root cause analysis (RCA) is a structured team process that assists in identifying underlying factors or causes of an event, such as an adverse event or near-miss. Understanding the contributing factors or causes of a system failure can help develop actions that sustain corrections.

The Five Whys is a simple problem-solving technique that helps to get to the root of a problem quickly. The Five Whys strategy involves looking at any problem and drilling down by asking "Why?" or "What caused this problem?" While you want clear and concise answers, you want to avoid answers that are too simple and overlook important details. Typically, the answer to the first "why" should prompt another "why," and the answer to the second "why" will prompt another, and so on; hence the name Five Whys. This technique can help you to quickly determine the root cause of a problem. It's simple and easy to learn and apply.

Directions

The team conducting this RCA does the following:

- Develops the problem statement. Be clear and specific.
- The team facilitator asks why the problem happened and records the team's response. To determine if the response is the root cause of the problem, the facilitator asks the team to consider, "If the most recent response were corrected, is it likely the problem would recur?" If the answer is yes, it is likely this is a contributing factor, not a root cause.
- If the answer provided is a contributing factor to the problem, the team keeps asking "Why?" until there is agreement from the team that the root cause has been identified.
- It often takes three to five whys, but it can take more than five! So keep going until the team agrees the root cause has been identified.

Tips

- Include people with personal knowledge of the processes and systems involved in the problem being discussed.
- Note that the Five Whys technique may not always help you to identify the root cause. Another technique you might consider is the fishbone diagram. The fishbone diagram forces you to think broadly across various categories that could be causing or contributing to the problem.

Disclaimer: This resource is a revised version of content originally accessed from the CMS Quality Assurance and Performance Improvement (QAPI) website.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Problem Statement	One sentence description of event or problem.
Why?	
Why?	
Why?	
Why?	
Why?	
Root Cause(s)	1. 2. 3. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

Example

Here is an everyday example of using the Five Whys to determine a root cause:

Problem statement: Your car gets a flat tire on your way to work.

1. Why did you get a flat tire?
    - You ran over nails in your garage.
2. Why were there nails on the garage floor?
    - The box of nails on the shelf was wet; the box fell apart, and nails fell from the box onto the floor.*
3. Why was the box of nails wet?
    - There was a leak in the roof, and it rained hard last night. (Root cause = leak in the roof)

**If you stopped here and "solved" the problem by sweeping up the nails, you would have missed the root cause of the problem.*

Disclaimer: This resource is a revised version of content originally accessed from the CMS Quality Assurance and Performance Improvement (QAPI) website.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Mapping of Team Members

Mapping of team members allows us to see the values, interests, resources, and power each unique team member or unit brings to the table to achieve the shared vision of areas that need improvement.

Tools needed for this exercise:

- Sticky notes
- Markers or pens
- Wall, board, flip chart paper

Provide each team member with a sticky note and a pen. Ask each person to put on the sticky note the following information:

- Name
- Department
- Title
- Level of experience
- Unique roles or tasks that are relevant to the area of improvement
- Unique skills or experience
- Key relationships (inside and outside the clinic)
- What part of the area of improvement do they have a barrier, concern, or issue with

Mapping Resources:

Begin organizing all the sticky notes onto the wall, board, or flipchart. Considering the following ideas, to what specific resource does each team member provide support for the area of improvement? Directly or indirectly. What decision-making power do they have?

Begin to see where each team member has power that may affect another team member's needs. Rearrange the team members as it seems logical to plan for the foundation of your teamwork ahead, which will support your initiative.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Organizing Sentence

Directions

Gather your team and define the key areas listed below to create your organizing sentence.

- **We are organizing (state all organization names):** ________________________
  (Who: constituency)
- **To:** ________________________
  (What: measurable aim)
- **By:** ________________________
  (How: turning resources into tactics)
- **In order to:** ________________________
  (Why: motivating vision)

Organizing Sentence Example

> We are organizing key stakeholders—MetaStar, Holy Family Memorial, and Wisconsin Institute for Health Aging—into a collaborative diabetes self-management education and support committee, to provide unified, ongoing support to patients in eastern Wisconsin who have concerns about or have diabetes, by building a referral process, sharing updates and information, in order to support clinicians as they reduce disparities in diabetes for their patients.

The above organizing sentence is intentionally long so you can include all details, allowing for complete transparency and understanding for all teammates. Remember, all teammates may come from different cultures and vocational backgrounds, as well as different learning styles.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Kickoff Meeting Starter Kit

Table of Contents

Coalition Charter

Agenda Template

Coalition Name Sign-in Sheet Template

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Coalition Charter

Sample — Mission

The mission of the Transition of Care (TOC) Steering Committee is to improve the quality of care for Medicare beneficiaries who transition among health care settings. This committee will work together to enhance care coordination for successful healthcare transitions across the State of Wisconsin. Committee members will identify the needs of all stakeholders, collaborate on efforts to meet these needs, and work to prevent the duplication of efforts. **The committee is committed to the Centers for Medicare & Medicaid Services (CMS) *Partnership for Patients* goal to reduce 30-day readmission rates by 20 percent over three years.**

Your Community Mission:

____

____

____

____

Sample — Vision

The TOC Steering Committee envisions that the transition of patients/clients/residents between health care settings and practitioners throughout Wisconsin will be well coordinated between all institutions, practitioners, and community service organizations, with the patient and caregiver as the center of care.

Your Community Vision:

____

____

____

____

Sample — Purpose

- To collaborate and cooperate to prevent duplication of effort and resources.
- To share and exchange data and analytics to drive the allocation of resources.
- To collaborate and encourage efforts and best practices of organizations with shared visions.
- To promote effective strategies to improve and ensure appropriate transitions of care.
- To advance policies that further the vision.

Your Community Purpose:

____

____

____

____

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Sample — Coalition Participant Responsibilities

Collaboration

Participation in the TOC Steering Committee comprises organizations and individuals interested in fostering the vision by actively engaging in the planning and work of the committee. This collaborative effort includes a commitment as partners in the State of Wisconsin to share best practices, knowledge, and findings from ongoing monitoring of readmission drivers and to promote implementation of evidence-based interventions to improve transitions of care and decrease avoidable readmissions.

Your Community Coalition Participant Responsibilities:

____

____

____

____

Sample – Meeting Attendance

Committee members agree to actively participate and attend in-person committee meetings.

Ad Hoc committees may be formed at the discretion of the committee members.

Your Community Meeting Attendance:

____

____

____

____

Sample – Meetings

Meetings of the committee shall be held monthly and may be changed as found appropriate by the committee.

Your Community Meetings:

____

____

____

____

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Sample – Conflicts

No one may profit financially from membership in the committee by sales or solicitation at meetings or workshops. Participants will disclose any actual or potential conflicts of interest to the committee membership.

Your Community Conflicts:

____

____

____

____

Sample – Decision Making

In the spirit of the committee vision, all TOC Steering Committee business shall be conducted based on the philosophy of mutual respect. Simple majority rules will apply. Committee participants are entitled to one vote per member.

Your Community Decision Making:

____

____

____

____

Sample – Voting

Voting on the business of the committee may be conducted by those in attendance at the meeting. Proxy voting via email is permissible.

Your Community Voting:

____

____

____

____

Sample – Community Partnership Agreement Authorization

By my signature, I agree to be an active member of the TOC Steering Committee and agree to the responsibilities outlined in this agreement.

Your Community Partnership Agreement Authorization:

____

____

____

____

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

Signature	Organization

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Agenda

Insert Meeting Name

Location

Insert Date – Insert Time

I. **Subject Heading**

II. **Subject Heading**

   A. **Subject Sub-Heading**

   B. **Subject Sub-Heading**
      1. Sub-Heading Topic
      2. Sub-Heading Topic
      3. Sub-Heading Topic

   C. **Subject Sub-Heading**
      1. Sub-Heading Topic
      2. Sub-Heading Topic
         a. Topic Sub-Point
         b. Topic Sub-Point

III. **Subject Heading**

IV. **Next Meeting Date**

V. **Adjourn**

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Coalition Name

Sign-in Sheet

Location

Insert Date

Name	Company	Role	Email	Phone

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Before Action Review (BAR) Tool

While a Before Action Review (BAR) may take 10 minutes or two hours, the same basic steps apply. Use the instructions below and the template on the following page to complete your BAR.

Step 1: What is our intended result?

This may be as simple as reviewing the goals for an initiative launch or stakeholder meeting. Without a clear, shared resolve, it will be difficult to compare intent with actual results.

Step 2: What are our success measures?

In your BAR, you will use your success measures to compare intended versus actual results — a very important part of the learning conversation. Your measures may be quantitative (meeting deadlines, budgets, quality standards, receiving funding, performing to standard) or qualitative (having every voice heard, having a clear idea of who will do what by when, gaining stakeholder commitment). But the more concrete the metric, the easier it will be to compare intent and results in your after-action review.

Step 3: What challenges will we face?

Step 4: What did we learn from last time?

If any lessons exist from past activities conducted by this group, or from similar activities conducted by other organizations, this is the time to bring them into the conversation. The goal is not to exhaustively replicate every idea proposed by someone in the past, but to realistically plan for stumbling blocks you might face and to identify one good idea that you can try.

- Consider this step to be a requirement. In every organization we have worked with, the weak link in the learning process is between reflection and planning. Being rigorous about looking back helps to strengthen the link and ensure that you don't keep learning the same lessons over and over.

Step 5: What do we think will make us successful this time?

Taking Steps 1-4 into account, what is the one thing the group can do that you predict will make the biggest difference in its results? Create an experiment. Think through any additional plans it will take to try this out. Because you will be conducting an after-action review, you will have a perfect opportunity to ask yourself, "Did it work?"

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Before Action Review (BAR)

Organization or Team:

Framing Question:

Event or Activity:

Date:

What is our intended result?

What are our success measures?

What challenges will we face? (Predictions)

What did we learn from last time?

What do we think will make us successful this time? (Hypotheses and experiments)

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

Process Mapping Guide

Step 1: Define the Purpose
Clearly state why the process map is being created (e.g., documentation, improvement, training).

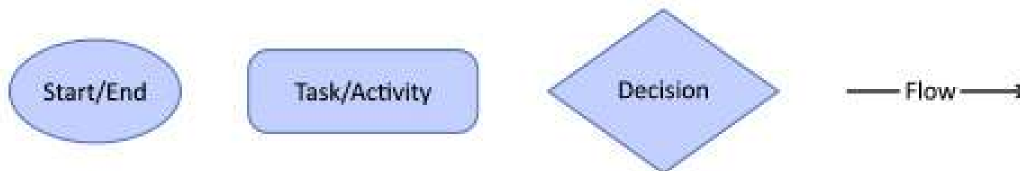
Step 2: Set the Scope
Identify clear start and end points to keep the process focused.

Step 3: Identify Participants
List roles, departments, systems, or tools involved in the process.

Step 4: List Major Steps
Document all actions in the order they occur, using verb-noun phrases.

Step 5: Identify Decision Points
Note each approval step or decision point and phrase them as yes/no questions.

Step 6: Use Standard Symbols
Apply common symbols such as ovals (start/end), rectangles (task/activity), diamonds (decision), and arrows (flow).



Step 7: Draw the Map
Sequence the steps visually using diagramming tools.

Step 8: Validate the Process
Review the map with people who perform the process and refine it.

Step 9: Finalize and Label
Add a title, date, and process owner.

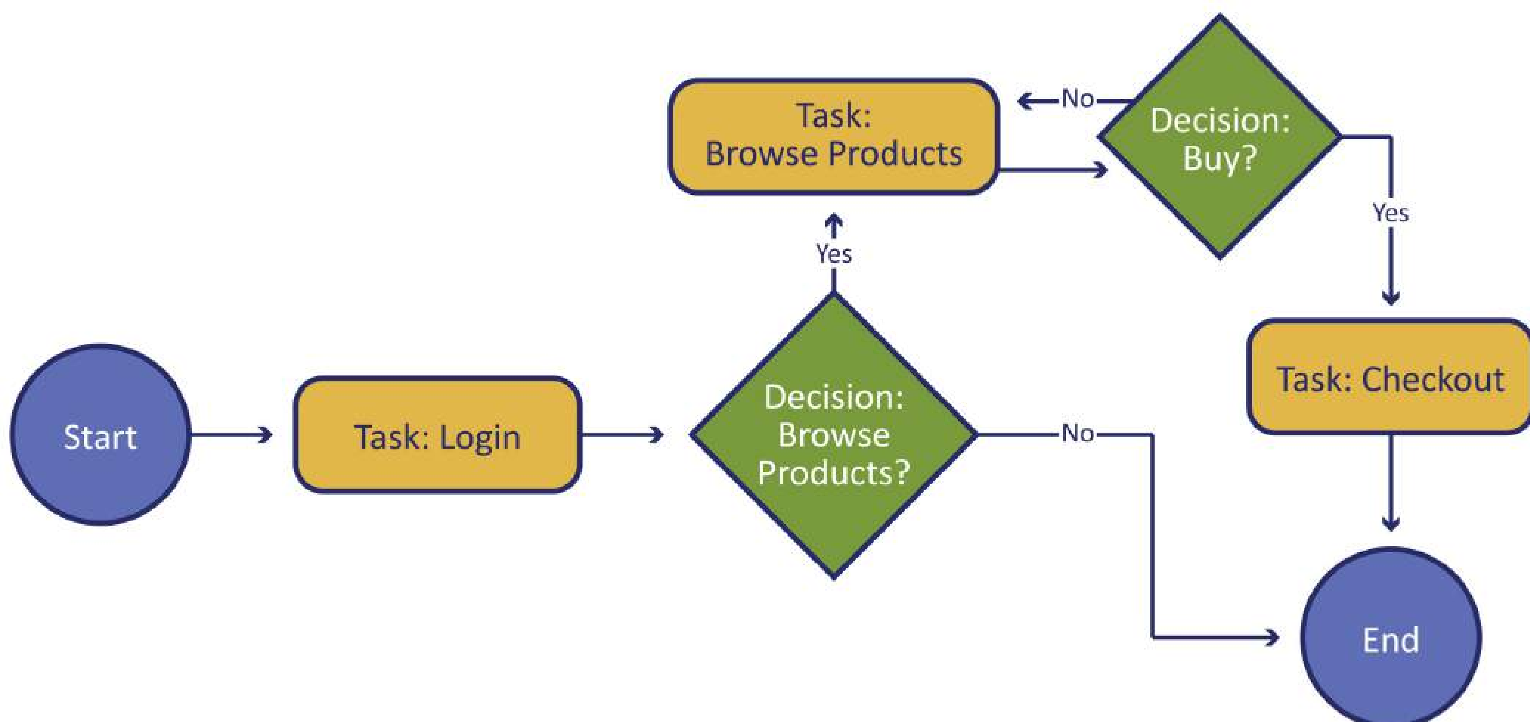
Step 10: Apply and Improve
Use the map for improvement, training, and standardization.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

Process Map Example

Online Shopping Process Map

This process map outlines the basic steps involved in an online shopping experience, from logging in to deciding whether to browse or make a purchase. Its purpose is to show how users move through the system and where key decisions occur, helping teams understand the workflow, identify gaps, and improve the overall shopping process.



This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

S

SPECIFIC
Specifically define what you expect the employee to do/deliver. Avoid generalities and use action verbs as much as possible.

M

MEASURABLE
You should be able to measure whether the outcomes are meeting the goals or not.

A

ACHIEVABLE
Make sure that accomplishing the goal is within the team's realm of authority and capabilities.

R

RELEVANT
Where appropriate, link the goal to a higher-level departmental or organizational goal, and ensure all team members understand how their goal and actions contribute to the attainment of the higher-level goal.

T

TIME-BOUND
Specify when the goal needs to be completed (e.g., by the end of Quarter 2, monthly).

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

SMART Goals Template

SMART	Comments
Initial Goal Write the goal you have in mind.	
Specific What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?	
Measurable How can you measure progress and know if you have successfully met your goal?	
Achievable Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve?	
Relevant Why am I setting this goal now? Is it aligned with the overall objectives?	
Time-bound What is the deadline, and is it realistic?	
SMART Goal Review what you have written, and craft a new goal statement based on the answers above.	

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar

SMART Goals Template Example

SMART	Comments
Initial Goal Write the goal you have in mind.	Educate patients about antibiotics.
Specific What do you want to accomplish? Who needs to be included? When do you want to do this? Why is this a goal?	Provide and teach clinic and pharmacy staff communication strategies through scripting on how to educate payments about when antibiotics are and are not needed, and document in the EHR that the topic was discussed.
Measurable How can you measure progress and know if you have successfully met your goal?	Monitor the staff education plans and attendance to ensure all clinic, MDs, PACs, NPs and housing staff have attended and completed the education. Monitor patient education through documentation in the EHR.
Achievable Do you have the skills required to achieve the goal? If not, can you obtain them? What is the motivation for this goal? Is the amount of effort required on par with what the goal will achieve?	We have the resources available to provide education and materials to staff: • Print and laminate scripts. • Include reasons in patient summary of visit. • Printed brochures on display in the exam room.
Relevant Why am I setting this goal now? Is it aligned with the overall objectives?	I am setting this goal now because cold and flu season will be upon us in the fall and it is necessary for my team to have the proper tools to educate patients.
Time-bound What is the deadline, and is it realistic?	• Education completed by August 31. • Support material in exam rooms by September 3. • Documentation report from EHR by September 15. • Entire process active by October 15.
SMART Goal Review what you have written, and craft a new goal statement based on the answers above.	Use effective communication strategies to educate patients about when antibiotics are and are not needed (e.g. provide information on methods to reduce symptoms if antibiotics are not appropriate, recommend contacting primary provider if antibiotics may be appropriate. Patient education on antibiotics will be provided 100% for all respiratory illness regardless if antibiotics are ordered.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

PDSA Cycle Template

Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of chartered performance improvement projects (PIPs). While the charter will have clearly established the goals, scope, timing, milestones, and team roles and responsibilities for a project, the PIP team asked to carry out the project will need to determine how to complete the work. This tool should be completed by the project leader/manager/coordinator with review and input by the project team. Answer the first two questions below for your PIP. Then, as you plan to test changes to meet your aim, answer question 3 below and plan, conduct, and document your PDSA cycles. Remember that a PIP will usually involve multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles.

Model for Improvement: Three questions for improvement.

1. **What are we trying to accomplish (aim)?**
   State your aim (review your PIP charter – and include your bold aim that will improve health outcomes and quality of care).

2. **How will we know that change is an improvement (measures)?**
   Describe the measurable outcome(s) you want to see.

3. **What change can we make that will result in an improvement?**

   Define the processes currently in place; use process mapping or flow charting.

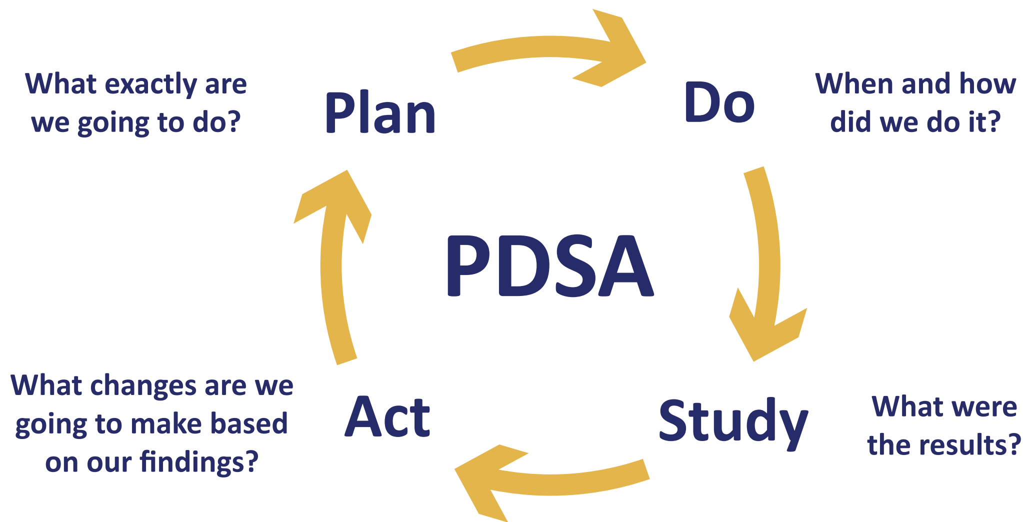
   Identify opportunities for improvement that exist (look for causes of problems that have occurred or identify potential problems before they occur):
   - Points where breakdowns occur
   - “Workarounds” that have been developed
   - Variation that occurs
   - Duplicate or unnecessary steps

   Decide what you will change in the process; determine your intervention based on your analysis:
   - Identify better ways to do things that address the root causes of the problem
   - Learn what has worked at other organizations (copy)
   - Review the best available evidence for what works (literature, studies, experts, guidelines)
   - Remember that the solution doesn’t have to be perfect the first time

Disclaimer: This resource is a revised version of content originally accessed from the CMS Quality Assurance and Performance Improvement (QAPI) website.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

MetaStar



Plan	
What change are you testing with the PDSA cycle(s)? What do you predict will happen and why? Who will be involved in this PDSA? (e.g., one staff member or resident, one shift?). Whenever feasible, it will be helpful to involve direct care staff. Plan a small test of change. How long will the change take to implement? What resources will they need? What data will be collected?	**List your action steps along with the person(s) responsible and timeline.**

Do	
Carry out the test on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage.	**Describe what actually happened when you ran the test.**

Disclaimer: This resource is a revised version of content originally accessed from the CMS Quality Assurance and Performance Improvement (QAPI) website.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Study

Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.	**Describe the measured results and how they compared to the predictions.**

Act

Based on what was learned from the test: Adapt – modify the changes and repeat the PDSA cycle. Adopt – consider expanding the changes in your organization to additional residents, staff, and units. Abandon – change your approach and repeat the PDSA cycle.	**Describe what modifications to the plan will be made for the next cycle from what you learned.**

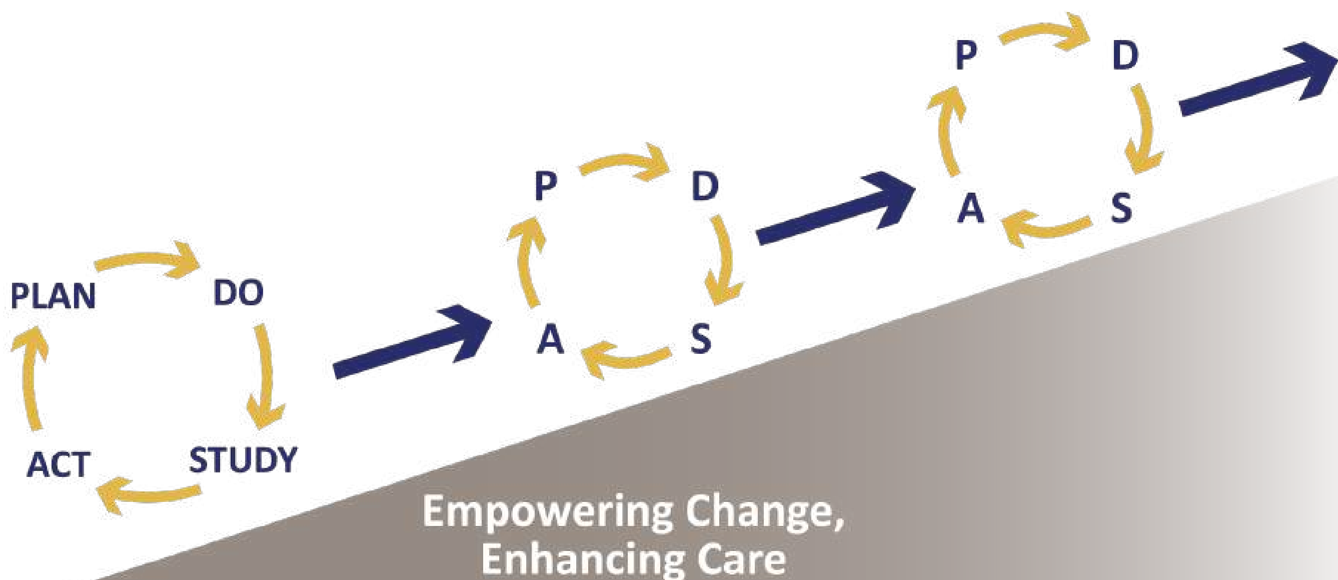
Disclaimer: This resource is a revised version of content originally accessed from the CMS Quality Assurance and Performance Improvement (QAPI) website.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

PDSA Cycle



ALL TEAM MEMBERS	PLAN	DO	STUDY	ACT
	• Identify improvement opportunity • Set attainable goals • Build your team and make assignments • Design approach using collected data	• Test approaches using PDSA cycles • Continuously collect data as implementation occurs	• Monitor outcomes over time of implementation cycle • Create recommendations as to how to proceed	• Decide to adopt, adapt, or abandon • Modify plan until approach is successful and adopted • Standardize all adopted successful practices

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

MetaStar

Milestone Tracker

Phase	Key Activities	Sched. Start Date	Sched. End Date	Actual Start Date	Actual End Date	Responsible Person(s)	Status N = Not Started P = In Progress C = Completed	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Identify your Opportunity	Review assessments data													
	Staff Input													
	Root Cause Analysis													
	Other steps													
Build Your Foundation	Schedule Kickoff													
	Complete Before Action Review (BAR)													
	Gather baseline data													
Develop Your Plan	Define Goals													
	Map Process													
	Plan Interventions													
Implement Your Initiative	Conduct small tests													
	Monitor progress													
	Hold check-ins													
Run PDSA Cycle 1	Test small scale													
Run PDSA Cycle 2	Refine and retest													
Run PDSA Cycle 3	Test final adjustments													
Implement Changes	Full roll-out													
Monitor Outcomes	Track using Gantt Chart, Microsoft Planner, or other Milestone trackers													
Sustain Your Initiative	Develop sustainability strategies													
	Review outcomes regularly													

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

BEHAVIORAL HEALTH CONNECT

Sustainability Decision Guide

This is a resource to help leaders or teams determine if the interventions and changes they are making are sustainable. This guide will help identify why interventions may not be sustainable and, therefore, need to be reconsidered. Use this guide at any point during a Performance Improvement Project (PIP), ideally when strategies have been found that appear to be successful and consideration is being given to adopting them broadly within the organization. The more questions that can be answered as "yes," the higher the likelihood of sustainability.

Systems

☐ Has the change been defined in terms of how it fits with the overall organizational mission, vision, and strategic plan?

☐ Are there policies and procedures written in support of the change?

☐ Are those who need to carry out the new actions up to date with the information they need to be successful?

☐ Have the organization's systems been revised to encourage the new action? How are staff members reminded to carry out the new actions? Are you monitoring that the new actions are being carried out and that staff are being supported in their ability to carry out the new actions?

☐ Are there system barriers that prevent the new action from occurring? Are there certain identifiable parts of the system that pose a roadblock to doing things in the new way?

☐ Are there incentives or rewards for people who do not adopt the new action that need to be addressed or removed?

☐ Has the change been integrated into new employee orientation and training?

People

☐ Has strong leadership support for the change been established? Has the leadership communicated a clear and convincing message about the change and its purpose? Are multiple levels of leadership engaged (e.g., board of directors, administrator, and department managers)? Is the leadership vocal and visible in its support? How will the leadership continue to promote the change and encourage staff to stick with it over time?

☐ Have roles and responsibilities for carrying out new actions been clearly defined and assigned?

Disclaimer: This resource is a revised version of content originally accessed from the CMS Quality Assurance and Performance Improvement (QAPI) website.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.

☐ Are the people responsible for carrying out the change equipped to manage it? Do staff members have the appropriate skills and knowledge to successfully undertake any new actions required? Have training needs been addressed? Is additional or differently trained staff required?

☐ Are there champions for the change who are actively modeling the desired actions? Are there informal or natural leaders among the staff who could be encouraged to act as role models? Are there members of your staff exhibiting clear resistance to the change that should be addressed?

Environment

☐ Is the organization ready to take on this change? What issues in the workplace culture should be addressed before the change can be expected to become permanent? Is the reason given for the change in line with the values and attitudes of the staff?

☐ Has adequate funding (if applicable) been budgeted to support the change?

☐ Have resources (equipment, materials, staff time, information) been made available? What additional resources would help to encourage the new actions to take place?

☐ Are there things that can be done to the physical environment that make it unavoidable to do things in the new way (e.g., automation of processes; removal of certain objects necessary to do things the previous way)?

Measurement

☐ Has an ongoing periodic measurement and review been scheduled to ensure the new action has been adopted and is performed consistently?

☐ Are the indicators/measures chosen that tie directly to the new action? Can the indicator/measure distinguish the performance of different work groups (e.g., by unit department, shift)? Are some work units carrying out the change more successfully than others? Can lessons for success be learned from certain work units and shared with others?

☐ Can certain indicators/measures be reviewed more frequently (even daily) by staff to show incremental changes, which can serve as a reminder for the new action and provide engagement and reinforcement?

☐ Does the measurement point to any changes in procedure that should be made to help facilitate the change?

Disclaimer: This resource is a revised version of content originally accessed from the CMS Quality Assurance and Performance Improvement (QAPI) website.

This toolkit was developed through the Behavioral Health Connect project, an initiative of MetaStar, Inc., funded by the Wisconsin Department of Health Services, Division of Medicaid Services.