Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the Q&A session you may press star one on your touch-tone phone if you would like to ask a question. Today’s conference is being recorded. If you have any objections you may disconnect at this time. Now I would like to turn the meeting over to Miss Jacquelyn McCain. Miss McCain, you may begin.

Jacquelyn McCain: Thank you, (Sybil). Good afternoon, everybody. My name is Jackie McCain. I am a project officer here in the office of adolescent health, and I welcome you to today’s Webinar on maximizing your program’s results by using continuous quality improvement. I will give you a couple of housekeeping items before I introduce our guest speaker. The first thing I would like to relay to you, if you look on your screen up at the top towards the left hand side, on the banner you see Q&A. If you click on that there’ll be a little magic box that pops up. You may at any time during this Webinar feel free to write in your questions. We will answer your questions towards the end of today’s session.
Also we’ll be taking calls in, questions towards the end and you’ll get some information about that when we get to that point. I would like to also invite you outside the top banner on the right side, you’ll see a little icon with three pieces of paper. If you click on that you’ll see that there is a link to get the slide presentation for today, so that’s there available for you right now.

We will also be providing this entire recorded Webinar within a few days after today. It’ll be made available online and you’ll get an email notification of that. Also you will receive an emailed survey towards the - within a few days after this Webinar and we really, really would appreciate you providing feedback on today’s session. That’s good for the housekeeping items.

It’s my pleasure to introduce to you our speaker for today, (Dr. Valerie Tibizzi). She is a senior program manager with the healthy teen network. (Valerie) has worked for over 20 years in the adolescent sexual reproductive health field. In her current role, she provides training and technical assistance for federal grantees and project management of the cooperative agreement with the centers for disease control and prevention (unintelligible) adolescent and school health.

She designs and implements in person trainings and distance learning opportunities on a wide variety of topics including program selections, evidence based interventions, and continuous quality improvement. While completing her PhD in population and family health at John Hopkins University and School of Public Health, (Valerie) designed and implemented research studies on sexual health services to teens.

In her early work with the healthy teen network, (Valerie) designed and implemented a national level evaluation of eight diverse adolescent pregnancy
prevention programs. With that, I welcome you again, and I’m turning it over to you, (Dr. Valerie). Thank you.

(Dr. Valerie Tibizzi): Thank you so much, Jackie. I’m delighted to be here and to talk about continuous quality improvement, one of my favorite subjects. Today we’re going to focus on what continuous quality improvement or CQI is all about, and hopefully we’ll convince you that it’s of value to your organization, and we’ll help you learn a little bit about how it can be used to help ensure that your program stands the best chance of success.

So specifically our objectives are for you to be able to define and describe the benefits of using CQI in monitoring program implementation. We would like you to be able to identify the processes that you need to use to conduct CQI, and we’d like you to be able to list at least three ways that you can conduct CQI for program monitoring.

So we have a few interactive features of the Webinar which I believe Jackie already covered. We will be conducting a couple of polls as well and you know about the Q&A feature, and there’s also a feedback button. If you look at the top on the right hand side of your screen there’s a little - it says feedback and there’s a little green square.

If you click on the little arrow next to that, if you are having trouble with hearing or if you think I need to slow down, there are a few choices there that you can identify. And we also will have some time for questions and comments at the end, but like Jackie said, please type in your questions as they occur to you. I’d really appreciate your questions, comments, or thoughts.
They don’t have to be questions and we’ll make time to discuss those at the end. There should be plenty of time. So with that let me just take one minute and let you know about healthy teen network, for those of you who are not familiar with us. We are a national membership organization. We’re focused on preventing teen pregnancy and also supporting young families.

And besides providing training and technical assistance, we have a lot of resources we offer to the field as well as networking opportunities. We are probably best known for our annual conference which this year will be in Austin, Texas, on October 21st to the 24th. If you’d like more information I would encourage you to visit our web site and please consider joining us at this event.

So now to the subject at hand, we’re going to talk about CQI, but before we move ahead, I would like to learn a little bit about your familiarity with CQI. So I’m just going to open up a poll and ask you to respond and tell me how familiar you are with CQI. I’ll give you a few minutes to just click on one of the little circles and it looks like we have about 13 responses so far. That’s good.

So what this is showing me is that we’re kind of all over the place, so we have about 30% of you say that you are familiar with CQI and you are using it. Another third, a little more than a third, is - are saying that you are familiar but you’re not - and just under a quarter of you say that you don’t know much about CQI and just one of you says they have not heard of CQI before they signed up for the Webinar.

So it looks like we’re a little bit all over the place, which is just fine, and we will keep this information in mind as we move along with the Webinar. So for those of you who are not familiar with CQI or even those of you who are
familiar, it’s good to get on the same page and get clear about what we mean when we say CQI. To put it very simply, CQI is just the collection and use of information to make improvements to a program.

CQI has been used by businesses for a long time and it’s now being adopted by the non-profit world increasingly and many of us really conduct or see CQI in action without even realizing it. For example, anybody who’s witnessed someone coaching a sports team has seen CQI in action, since coaches work to help teams constantly improve their performance.

People who do fitness training or practice an instrument often use CQI as a way to track their progress and uncover areas that need to be improved. CQI is just one of many models of quality improvement that have been used by various organizations. Some others that you might have heard of that are similar include the FADE model, which stands for focus, analyze, develop, execute, and evaluate, or the PSDA model, which stands for plan, do, study, act.

Regardless of what you call the model, all of these focus on making improvements to a program in a systematic way. So for CQI to work well it needs to be oriented towards results, and it also needs to use input from all levels of staff and stakeholders. Other important elements are teamwork and the continuous review of progress and there also needs to be a focus on making changes in time to avoid a crisis.

So to be done well CQI needs to be thought of as a process which helps you answer the questions, what did we do in our program? Did it work? What changes should we make to our program? Then you make a plan to modify the program as needed and then you document those changes as you go back to that initial question, which is what did we do, so it’s a cycle.
And in a few moments we’re going to talk about this process in more detail. So there are two main types of CQI, mid-course and strategic. What’s the difference? Well mid-course CQI involves a series of activities for making program improvements as the program unfolds or in the ongoing operations of the program. Mid-course CQI is conducted multiple times while the program is running.

And the data is used to make changes while there is still time to change program outcomes for the current participants. It involves people who use the services as well as people who provide the services or conduct the programs. Strategic CQI is a big picture approach to program improvement. It’s done at specific times in the life cycle of the project and especially at the end of a project.

Strategic CQI usually brings in people at higher levels of leadership, so how do these fit together? This illustration shows that multiple mid-course CQI results can feed into the process for conducting strategic CQI, so this is also meant to show that while it’s called mid-course CQI, it doesn’t mean that it should only be done once while the program is running.

Depending on the stage that your program is in, you might have daily, weekly, semi-monthly or monthly mid-course CQI sessions by the time you are ready for a strategic CQI session. In this Webinar we are going to focus on mid-course CQI because this type of CQI is the foundation for strategic CQI, and once you learn how to conduct mid-course CQI, the same principles can be translated into strategic CQI when your organization is ready.

So why? Why should you consider incorporating CQI into your program? It has direct benefits for program managers, program staff, as well as your target
population. CQI helps managers with program monitoring. It contributes to staff satisfaction, and it helps build staff skills. In addition to building skills, CQI helps staff work more efficiently and get their needs addressed, and for the target population CQI helps ensure that the program meets the needs, meets their needs, and is sustainable and it addressed some barriers to achieving outcomes.

So I’m going to talk about each of these a little bit more specifically. So CQI helps program managers work more efficiently and more effectively. When you use CQI you make use of opportunities for improvements as they come up rather than waiting until problems are massive or until your sources have already been fully spent.

The use of CQI also gives you a more systematic way to monitor your program so that you can make the best use of the time allocated for this activity. And by conducting CQI you also collect information that can be used to write success stories or explain unexpected findings. CQI meetings also give you a chance to show your staff and other stakeholders how you are using the feedback they provide, which helps to build trust and relationships with these groups.

And CQI meetings can also be an excellent way to uncover staff needs for professional development and other forms of support. So the use of CQI can also be energizing for staff because it offers them an opportunity to contribute to program improvement efforts. People want to do a good job and to make contributions. CQI can also help increase staff motivations to collect data because they can see the purpose and they see how that data will be used in a meaningful way.
And practicing CQI helps build skills among your staff who are learning to
then become more attuned to collecting information that will inform future
CQI activities. And implementing CQI can help staff use their time more
efficiently, because by catching problems early and preventing other
problems, staff will spend less time putting out fires.

And CQI also helps staff document more clearly any needs they might have
for additional resources or for professional development. Finally one of the
most important reasons to use CQI is that it has direct benefits for your target
population. CQI helps you ensure that your program stays relevant to your
target population. This is an increasingly important issue as the needs of
populations can shift rapidly.

CQI helps you fine-tune your program so that it’s meeting the needs of your
target population more effectively and efficiently, and CQI also helps you
uncover additional issues that you might need to address for your program to
achieve the outcomes that you are seeking to achieve. And most importantly
by keeping your program in line with the needs of your target population CQI
helps ensure that your program will maximize the chances of attracting
funding so that it can remain in place.

So how do you get started? First you’ ll need to take some time to secure
support, both from the leadership and from the staff. They need to understand
what CQI involves and they need to understand why it’s so important. You
also need to have the infrastructure to support CQI. This can include tangibles
like meeting space and access to data along with intangibles like time and
access to decision makers to enable the timely changes to be made.

You also need to have several specific processes in place to conduct CQI
effectively. Some of these more important processes would include being able
to gather information, a process for gathering information about your program, a process for ensuring that your staff actually meet to conduct CQI, and a process for asking the right questions systematically. We’re going to talk about these more in a minute.

Many of you will already have some of these processes in place at your organization. Incorporating CQI means checking to see that these processes are working efficiently and effectively. So going back to the first process, gathering information, what does that look like? Well you can start by listing all of the information that you currently gather about your program, and probably the most important pieces of information to start with are your work plan and your performance measures.

Other information you may want to gather includes - could include debriefing notes from interactions with the target population, participant feedback forms, pre and post tests from participants, focus group results, or minutes from staff meetings. And there may be many other sources of information that you have on your program. These are just some examples.

And as part of making sure that this system is both efficient and effective you need to check that these data are actually being collected and that those responsible have a plan in place for making sure this data is collected in a timely fashion. So once you’ve gathered this information what do you do with it? The person in charge of CQI will want to review and synthesize the information looking for patterns and trouble spots.

And you’ll also want to look at how these patterns might affect your performance measures. You want to make sure you have a plan to gather this information. You want to know who’s going to collect it, who’s going to get the information, and when is this information due. Then we talked about also
reviewing and synthesizing, looking for those patterns, and the trouble spots and comparing that data with your performance measures to see if you’re actually on target.

So the second process involves looking at your meeting schedule and deciding whether or not you will need to add meetings that are specifically dedicated to CQI. It’s important to look at some key points at which it will be most appropriate to meet, and this schedule might vary according to how long your organization has been implementing the programs.

For example if you are implementing a program for the first time and it has a 12-week cycle, you might choose to meet semi-monthly for the first month, then at 8 weeks, and finally again at 12 weeks. In subsequent program cycles you might not need to meet as frequently, but remembering - you would need to remember that frequent meetings help ensure that observations are fresh in the minds of service providers or facilitators.

And that can result in getting richer data about program challenges and successes. Now other organizations have ongoing services and might find it most useful to schedule monthly or quarterly meetings. It’s possible that if you offer a wide range of services, you might need to have different schedules for each type of service that you offer.

Also if you are holding any one-time events or workshops, you’ll want to make sure to schedule a debriefing meeting to take place within a few days of the conclusion of that event, and this is still considered to be mid-course CQI, although it is a one-time event. It’s also important to make sure you have the right people in the room who can inform the process and make the quick changes that are necessary to keep the program on track.
The staff might vary depending on the type of service offered or the event that took place. Usually you will want to include staff who are involved in implementation, including staff from partner organizations, staff who provide substantial administrative support for the service or the event, program evaluators, supervisors of staff involved in the CQI process, and you would also just include any other staff who will be responsible for making revisions to the program or writing up results.

So to address the third process you’re going to need to determine what needs to be discussed at these meetings. While that content can vary somewhat depending on the service or the event, it’s important that a structure be established so that you can ensure the process is thorough, so you can begin by developing a set of key questions.

For example, you can ask are we on target for meeting our performance measures? What’s going well? What were some of the factors that contributed to the successes we’ve had? What were some of the challenges to implementation, and what needs to be improved upon next time and why? And what specifically should be done to address the challenges and what resources or tools do we need to address these challenges?

This is often a question that gets skipped and that’s a very important part of CQI is actually getting to that planning phase of what you need to do. So you will also want to ask questions related to the information you’re collecting. For example, are there - is there any additional information that you need to collect or document the challenges and successes? Are you collecting any information that is actually not helpful to the process or is duplicative?

Do your data gathering tools need to be adapted to be more helpful to the CQI process. And do you need more time or funding to collect this information? So
you’ll also want to talk about next steps. What is the process for making changes? And who will be responsible? How will you know that those changes are successful? What data will you actually gather and from whom? And then when should you next review the changes that you are making?

It’s essential to have a point person in charge of making sure that these questions are addressed and that any resulting action items are complete. Now usually this person would be the project manager or coordinator, although staff members could and should be assigned tasks to complete so that everyone can feel that they are part of the process.

So sometimes when organizations hear more about CQI, they recognize that they are already doing some of this work although they might not be using the term CQI. Now I know some of you are already using CQI and some of you are familiar with it, but I’d like to ask again at this point now that you’ve heard a little bit more about it to what extent you actually, you know, think that you are really using CQI.

And I’m going to go to the poll slide next, so tell us what you think. Are you - to what extent are you actually using CQI or similar systems? It doesn’t have to be called CQI. I’ll give you just a few more seconds before we close the poll. Let’s see. I think we have about 13 responses, which I think is about right. So it looks like the vast majority of you, 69%, say that you are using CQI to some extent and find - you have - two of you are using it completely. Congratulations. And two of you are using it a little.

Very typical, I think these were really typical results, that people would say that they’re using CQI to some extent. Thanks for sharing that. So clearly not everybody is using CQI to the fullest, and one of the most common reasons why can be that they don’t necessarily feel they have enough support for using
it. So we’re going to talk a little bit about how you build support for that and how you build buy-in for the process.

While the ideal time to build buy-in is at the very beginning of a project, it’s better to begin any time than to wait until you start a brand new project. So the main way to build buy-in is to educate the staff about what CQI is and what value it will have to the organization and to them. You’ll also want to develop a sample or a draft of the CQI plan just to help demystify the process and help staff learn what they can expect if they participate in CQI.

Overlapping this plan with what you’re - with what’s currently being done will help the staff realize that they may be adding in less extra work than it might seem. And finally it’s really important to ask staff about their concerns at the outset, about their concerns about CQI and address those concerns explicitly. One very common concern that may not be articulated is that this process is meant to measure staff’s performance or single out program staff who may have had challenges implementing the program.

And it’s really important that you explain that the process is designed to make sure that all staff are growing as professionals and to discuss what’s going well and what might need to change. And it’s also a perfect opportunity to discuss anything that may have happened during implementation, including events that are outside staff control, that could affect the program’s outcome.

So CQI can feel like a long process and often organizations see it as a nice to do activity rather than a must do activity. So I’m going to share some talking points that you can use to build enthusiasm for CQI within your organization. In addition to those benefits we talked about earlier in this Webinar, you can share with them that this is part of the program implementation process that can make or break your program.
So here’s a few talking points. CQI can help your organization work smarter, not harder. It’s easier to make small changes than large ones and to fix problems before they become too large to manage. CQI can also help keep your program current for your participants. That means a greater likelihood of achieving results. CQI gives you a great way to use the data you collect and to help you make sure that you are actually using what you spend so much time to collect.

You can use this information to inform your key leaders and partners about what is happening with your project, and along those lines, CQI is a report writer’s best friend. It ensures that all the changes and the successes are documented moving forward, providing you with some valuable material you can use when it comes time to communicate with the funders.

And showing funders that your program is going through a fine-tuning process to continually meet the needs of your target population helps ensure that you’re at the top of the list when funding decisions are made, so for all of these reasons, CQI is a key process that helps ensure that programs are sustainable. So now we’re going to hear from another guest speaker, and she - her name is (Sally Swanson).

And she is the director of prevention programs at the adolescent pregnancy prevention campaign of North Carolina. She has worked in adolescent pregnancy prevention for the past eight years as the manager of two CDC projects promoting the use of evidence-based education programs and clinic services. And she and her team have used CQI extensively in their work with community partners and she’s going to share a little bit about her experience today. So (Sally), are you there with us?
(Sally Swanson): I am here.

(Dr. Valerie Tibizzi): Hello, (Sally).

(Sally Swanson): Hello.

(Dr. Valerie Tibizzi): Can you tell us - I’m going to ask you to just tell us a little bit about your project so that - I know I mentioned the you know, basically what you’re doing, but just a little bit more about your project so people know what you’re going to talk about.

(Sally Swanson): Sure. I manage one of the community wide initiatives. It’s a joint funding through OAH and CDC. It’s managed by CDC, and it’s called gas and youth connected, and essentially in that project we have a couple of main pillars of the work, and one of them is replicating evidence based programs with program partners who we provide funding to.

And the other is increasing linkages and best practices in a clinic setting. So I think mostly what I’ll talk about though is the work with the clinic, or with the program partners.

(Dr. Valerie Tibizzi): Okay, great. So how does your project use CQI in practice?

(Sally Swanson): Gosh, you know, it’s one of those things that I think is done all the time if you’re paying attention, but I mean, I know that I use it in project management, but more specifically with our project partners, we really use CQI as a tool of the TA relationship, because of the way we’re set up. We have a TA team that works closely with our funded program partners to really build capacity on any number of things, including improving their ability to do really deliberate program implementation, is what I call it, which I think
continuous quality improvement is a part of being really deliberate about program implementation.

We have program partners that kind of have come into our project with different levels of experience, and so you really kind of, at least in the TA relationship, you really kind of need to see where they are in terms of this really deliberate program implementation cycle and start working with them, you know, where they are, and introduce the idea of getting better and doing - I like the previous slide, the working smarter and not harder, and making it really clear how you’re going to put data to use.

We require - we have an MOA with all our program partners, so it’s really clear at the beginning. It also speaks to some of the things you just mentioned, what our expectations are and that we’ll work with them to really do good program work.

(Dr. Valerie Tibizzi): Okay, okay.

(Sally Swanson): One other thing I just want to mention is we - and one of the things that we require is pre-post testing and monitoring, fidelity monitoring, so we have a lot of materials to go back to when we’re looking at improvement. Yes.

(Dr. Valerie Tibizzi): Okay, okay. Did you have - you know, I’m sure that some people who have had experience with that might be thinking oh, I wonder how they got that - you know, people to collect that data, and I wonder if you had any initial, you know, I guess challenges, but how did you actually go about getting that buy-in for CQI from the beginning?

(Sally Swanson): Well, I think it’s a combination - I think it’s really the TA relationship, and we take that very seriously, so we really wanted to impress upon people that this
was all in service to the greater project, and we’re - you know, we’re in this together, and this TA relationship we really strengthened from the beginning. But you know, it’s also a requirement of the funding, and there’ve been some cases where if capacity is not rising or if there’s just some unwillingness to do the work, then you know, then we’ve had to sever some ties.

But most - I think by and large people want to do good work, and so just making it a partnership and saying these are some practical ways to do the work better, I think one of the other things that I’ve noticed in our - you know, as the program cycles through and then starts again, if you just make it - if you make it manageable, you know. I think sometimes the way you think about these things, like evaluation can kind of be scary.

And continuous quality improvement can kind of make it seem like - well, and they are very big concepts and very important concepts. But I think kind of getting them into some practical - some size that you can kind of tackle and then work on is helpful, you know?

(Dr. Valerie Tibizzi): Yes.

(Sally Swanson): Like it’s not a concept when you’re working on it. It’s more like okay, here’s what we did for recruitment, here’s what we did for retention last - or this past cycle. What can we do to make that better?

(Dr. Valerie Tibizzi): Right.

(Sally Swanson): What did you try last time? What can we try now? So we think about it in process. We look at process questions, you know, who are you reaching? How are you reaching them? How many?
(Dr. Valerie Tibizzi): Right, right. Okay.

(Sally Swanson): And then we’ll look at also the outcomes that we’re looking for, too, looking at the pre post test. You know, what do we want them to learn? And looking at what we just did, did they learn that? And what could we do to maybe tweak our even instructions to make sure that what we want to communicate is being communicated well?

(Dr. Valerie Tibizzi): Okay.

(Sally Swanson): We - you know, we do site visits and observe facilitation, so some of our CQI conversations have happened after you know, those observations, so it’s really sprinkled in all of our TA work.

(Dr. Valerie Tibizzi): Okay, okay. I wonder if you might have an example that you could share of just a tangible benefit that might have you know, happened when you know, from doing CQI?

(Sally Swanson): Yes, you know, sometimes if you’re just starting a program, or when you’re just starting anything new frankly, there’s a lot you don’t know, and sort of understanding that you need to do it first to almost figure out what you don’t know and what you’ll need to work on. We had an example, one of our staff is working with the schools in implementing project AIM, which is an evidence based program in the schools. And so instead of like tackling all of the big questions right at - you know, right at the beginning, we laid it out as best we could, but you know that first implementation or those first couple of implementation cycles are really going to just help people get their legs, and then after that you know, there was some
concern about okay well how is this aligning with the classes that we’re going in and implementing project AIM in?

Some of the classes were health classes. Some were career technical education classes. And the counselors who were implementing the program really needed help in working with the classroom teacher to better align the objectives of the program with the standards of that particular class. So that’s one example and you know, to help, and that’s just an example of helping facilitate a relationship between a facilitator and a classroom teacher.

(Dr. Valerie Tibizzi): Okay.

(Sally Swanson): And also making sure it aligns with what everybody’s trying to accomplish, but that’s one example. I can think of a lot of other aha moments for some of our program partners when they - when we’re able to share the data collectively from project, or program reach from all of our program partners, it’s really I think so fortifying to see how many kids we’re reaching, what they’re learning, and really seeing some practical use of the data and building on that I think really strikes people well when they see it in action and they can really be a part of that, yes.

(Dr. Valerie Tibizzi): Sure, sure. Well so let me ask you about the - you know, the down side. Have there been any downsides or obstacles that you might have faced when you were - you know, in trying to incorporate CQI into the way you do things?

(Sally Swanson): I think maybe only in the sense that we have high expectations for program implementation, and there’ve just been a couple of instances where those expectations just haven’t been reached.
(Dr. Valerie Tibizzi): Okay.

(Sally Swanson): I think knowing - having sort of an arc for those expectations is important, and by that I mean it takes time. It takes time to adjust practices. It takes time to build capacity, and so I suppose that’s sort of a challenge but it’s one that we know about and therefore can sort of fit into our onus of our work, and we sort of know where the line is when you’re like, okay, well you probably should have been to this point by now.

(Dr. Valerie Tibizzi): Right.

(Sally Swanson): And if that doesn’t - you know, if that’s not working, then we’ll have to, you know, make another call.

(Dr. Valerie Tibizzi): Yes.

(Sally Swanson): But I think just recognizing that it takes time to build capacity is an important thing to know.

(Dr. Valerie Tibizzi): Okay, okay. Well you might have already covered this a little bit, but I just wonder if maybe you could kind of sum up by you know, sharing any tips that you might have for people who are maybe not you know, just new to CQI but haven’t really used it fully or maybe just you know, using it a little bit and want to expand what they’re doing.

(Sally Swanson): Yes, I might have mentioned it, but I would really just say keep it simple, and keep it sensible. If your main worry is recruitment, spend some time thinking about recruitment and try that. If your main concern is the knowledge that participants of programs indicate they gained by the program, you want that to
go up, then concentrate on that. I think just be constructing, you know, continuous quality improvement to a size that you know, that’s manageable.

(Dr. Valerie Tibizzi): Right. Yes.

(Sally Swanson): And it will come in cycles, and I think it was spot on, the talk about some things will come mid-course, you know? Sometimes you’ll see something’s not going right and you can change it right then.

(Dr. Valerie Tibizzi): Yes.

(Sally Swanson): And sometimes after a program cycle happens, you re-look at, you know, what happened and make some, you know, tweaks and things then.

(Dr. Valerie Tibizzi): Right.

(Sally Swanson): So I think just keeping it simple, kind of keeping on your toes about it, is what I would suggest.

(Dr. Valerie Tibizzi): Okay. Okay, well that’s really great. Thank you so much for all those tips and tricks and for sharing your experiences. I would like to ask the operator to open up the phone lines and I would love for you to share some comments you might have, some questions for (Sally) or for me, any thoughts that you have about, you know, what you’ve heard, you know, if you’d like to tell us this, you know, does or doesn’t work. We’d love to hear all of that too, and I noticed we have one - let’s see, do we have any questions in the...?

Jacquelyn McCain: I don’t see any questions in the Q&A.

(Dr. Valerie Tibizzi): Okay.
Coordinator: And I have no questions either.

(Dr. Valerie Tibizzi): Okay, not yet, so don’t be shy. Please send us - either type in a question, or you can ask a question on the phone. Have we unmuted the lines?

Coordinator: Yes, if you would like to ask a question please press star one on your touch-tone phone and record your name.

(Dr. Valerie Tibizzi): Okay.

Coordinator: If you would like to withdraw your question, please press star two and I’ll check the queue for our first question. One moment. And at this time I have no questions in queue.

(Dr. Valerie Tibizzi): Okay, any thoughts or comments? We’re going to have one more poll in a moment.

Jacquelyn McCain: Okay, there’s no questions in the question box.

(Dr. Valerie Tibizzi): Okay, so let me ask you this. I would like to ask the participants who are with us here to tell us about some, you know, challenges that you might foresee in your own organizations. What are some of the challenges that you might face conducting CQI, and you know, what sort of supports are you going to need to be able to strengthen what you’re doing for CQI at your organization? How about that? Don’t be shy.

So we have a comment that it takes - that they - someone loves what the presenter said about it takes time to build capacity, and I would say that that is absolutely right. And I have another comment or a question about repeat, and
I’m not sure what that means. If you could type in a little bit more and clarify that would be great. Any other comments? Repeat the question.

So repeating the question is you know, what challenges do you foresee to strengthening or conducting CQI at your organization, and what sort of supports do you feel that you might need to conduct CQI at your organization? We have a comment here or a question, I am curious to know if there are materials or resources the presenter can recommend for further reading on this subject.

Yes, we do - I can - we can forward those to you and we’ll have - we’ll be in touch to the whole group about that, but thank you for letting me know. We will share some things related to that. I believe we have the tip sheet that we created that we can share, so I will make a note of that. Other thoughts or questions about - let’s see. So someone says the challenges could be actually addressing concerns or recommendations from the process in some agencies.

Yes, absolutely, that - sometimes it’s easy to identify what - you know, what the problems are or recommendations, but then actually putting those recommendations into place can sometimes be a challenge. Absolutely, and that’s, you know, to be expected. That is part of the process and that’s all about capacity building, and that is the reason why capacity building does take time. So are there any phone based comments or questions?

Coordinator: At this time I have - excuse me, I’m sorry. I have no questions in the queue. Let me go ahead and give the prompting again. If you would like to ask a question please press star one on your touchtone phone and record your name.

(Dr. Valerie Tibizzi): Right, if we have no more - no further questions in the queue, I’ll just take a moment here just to review what we had hoped to accomplish today. So we
had said that we would like to - you to be able to define and describe the benefits of using CQI in monitoring program implementation, to be able to identify the processes that you need to use to be able to conduct CQI, and to be able to list at least three ways to conduct CQI for program monitoring.

So I hope that you feel that these objectives have been met for you, and we will look forward to your feedback. And if there are any - I’ll just give a moment here to ask the moderator if there are any other questions in the queue, if there’s anyone waiting.

Coordinator: At this time I have no questions in this queue.

(Dr. Valerie Tibizzi): Okay.

Jacquelyn McCain: Okay, well let’s go ahead and...

(Dr. Valerie Tibizzi): Thank you very much and I will turn it back over to Jackie. Please just note the disclaimer.

Jacquelyn McCain: Okay, thank you, Dr. Valerie. I appreciate your presentation today and that of your guest speaker, (Sally Swanson). Okay, and ladies and gentlemen, again if you would like to get the slides right away, check the icon on the top right with the three little pieces of paper. You can have the slide presentation immediately, and also please be on the lookout for a survey on this Webinar in the next two or three days. Thank you so much and we hope you have a very good day.

Coordinator: This concludes today’s conference. I’ll move speakers into post-conference.