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

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

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

Continuous quality improvement (CQI) is a continuous process that includes:

- *planning* (e.g. setting performance objectives/indicators based on grant goals and work plan objectives and mechanisms to monitor program delivery and grant goals)
- *performance monitoring* (e.g. obtaining ongoing partner and participant input and collecting program data to inform decision-making)
- *evaluating* (e.g. team analysis of what is or is not working and problem-solving),
- *making corrective changes* as needed with the aim of improving overall performance and enhancing participant (consumer) satisfaction

Program fidelity is one aspect of QA that focuses specifically on adherence, or the extent to which an evidence-based program is delivered consistently by all personnel across sites, according to program developers' intent and design. Maintaining fidelity to the program's intended design and protocols is essential to ensuring that your participant benefits are consistent with the intended benefits.

Components of a Quality Assurance Program

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

Specification of designated roles, responsibilities and timelines for QA activities

Orientation of the team (program coordinators, host sites and partners) about the QA plan and system

Performance indicators including measures of participant reach, organizational capacity, and program delivery

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

Standardized protocols for making corrective actions when necessary and checking whether such actions are effective

RE-AIM: A Framework for Quality Assurance

Consistent with other materials developed to help organizations implement evidence-based programs, you may find the RE-AIM framework to be a useful organizing framework for your QA program. More about the five components of RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) and their applicability to evidence-based programming can be found at: http://www.re-aim.hnfe.vt.edu/

R = REACH: REACH activities assess the extent to which a program reaches the intended target population. Key questions that can be asked include:

Are you reaching the targeted number of participants and completers?
Are you reaching a population with the targeted health-related characteristics and demographics?
Are your marketing efforts effective in recruiting participants?

Why is it important? Monitoring REACH helps you to:

Determine if the target audience is participating in the program, in what numbers, and the percentage of program completion and attrition.
Assess the adequacy of marketing efforts, recruitment and retention of participants and whether certain program sites are having problems with filling workshops or attendance (retention).

How is it monitored?

First, set performance goals; e.g., how many people are you trying to reach within your available resources? What is your target audience?
Collect program and participant information utilizing standardized data collection tools (participant surveys, attendance logs, workshop information forms etc.) and national data collection systems such as the Chronic Disease Self-Management Program (CDSMP) and the Matter of Balance systems when available.
Standard core program/ workshop data includes number of programs/workshops offered, start/ end date of workshops, location, number of sessions, and attendance information (the number of participants enrolled, number of sessions attended, and number of participants who "complete" a workshop). Standard demographic information includes age, gender, ethnicity and race. It may also be appropriate to collect information on the health-related characteristics targeted by the program (e.g. type of chronic condition, health or functional status, etc.).

E = EFFECTIVENESS/EFFICACY: EFFECTIVENESS/EFFICACY activities assess whether a program is achieving the same participant outcomes and having the same impact as in the original research design. Key questions that can be asked include:

Are your efforts having the intended impact?
Are participants achieving the same outcomes (e.g., improved self-efficacy, health behaviors, symptoms, health care utilization, costs and other outcomes) as in the published research studies?
Are there any unanticipated or potentially negative effects?
Is there a program value/return on investment for stakeholders?

Why is it important? Monitoring EFFECTIVENESS helps you demonstrate:

Whether a program is producing positive changes in participants' health and well-being.
Program value and return on investment to key stakeholders.

How is it monitored?

While outcome evaluation is not required by many AoA grants, some grantees are conducting such evaluations to satisfy other key stakeholder needs. The following recommendations are provided for grantees with the resources and desire to evaluate program effectiveness:

Whenever possible, collaborate with academic institutions or other entities that have experience in outcome evaluations.
Use standard measurements of outcomes or evaluation tools consistent with those used in the original research.
Consider what scope and evaluation design you need for programmatic purposes (e.g. limiting the number of sites or participants who are included in the study; choosing a quasi-experimental vs. experimental design).
As appropriate, participate in any national studies being coordinated by AoA or the developers of the evidence-based program.

A = ADOPTION: ADOPTION activities assess the extent to which host agencies and implementation sites deliver and embed the program into routine activities and the level of organizational support that is provided. Key questions that can be asked include:

How many partner organizations/ host sites have adopted the program?
How many implementation sites are delivering the workshops/ program activities and with what frequency?
To what extent are the implementation sites reaching all areas of the state?

Are you recruiting and retaining a sufficient number of trained staff and volunteers (workforce)? (The cost calculator, available at www.healthyagingprograms.org, can be used as a resource to identify staffing requirements to bring your program to 'scale'.)
Do you have the right types of partners and implementation sites to serve your target population?

Why is it important? Monitoring ADOPTION can help you determine:

Whether you have enough partners, implementation sites, frequency of workshops and personnel to deliver the program and reach your target population.
How well your partners and sites are supporting the program.
Whether the settings are appropriate and accessible for those whom you want to reach.
Whether you can go to "scale" with your program, offering it in all the places it needs to be offered.

How is it monitored?

Gather data that indicates where your target population lives and then match that with potential partners and host organizations/sites. Readiness Tools found at www.healthyagingprograms.org can help you and your partners assess their readiness.
Gather data regarding the number of implementation sites, locations and county coverage.
Determine what proportion of sites has adopted the program and whether these sites are where the intended audience can be reached.
Track leader recruitment, training and retention/attrition rates. Also track staff/volunteer workforce involved in program coordination/administration.

I = IMPLEMENTATION: IMPLEMENTATION activities focus on fidelity monitoring, i.e., the consistency of a program's delivery in different settings and with different instructors. Fidelity monitoring may include assessing consistency with the intended program design, training, delivery, and participant mastery and application. Key questions that can be asked include:

Are the trainings and programs being delivered with fidelity to essential program elements (e.g. specific requirements for number of sessions, length and frequency of sessions, number and type of personnel, use of standardized curricula, etc.)?

Have all personnel such as master trainers and leaders met their initial and annual training and teaching requirements?

Why is it important? Monitoring IMPLEMENTATION/FIDELITY helps you:

Ensure that the program is delivered in a quality manner, no matter how often, by whom or in what setting.
Document that the participant outcomes can really be attributed to the program.
Identify areas of need for improvement or changes in training or program delivery.

How is it monitored?

Review existing standardized fidelity protocols developed to monitor adherence to essential program elements, e.g., Stanford's CDSMP Fidelity manual, Fidelity Checklist and other tools in the Toolkit available at: http://patienteducation.stanford.edu/.
Using existing program data (e.g. completer rates) and input from key personnel involved in the program, determine key elements to monitor.
Designate staff or volunteers (e.g. trainers) and implement periodic monitoring of trainings and workshops (at a frequency based on available resources).
Refer to the worksheet in the NCOA online Module 4: Assuring Program Quality for additional questions and monitoring methods at www.healthyagingprograms.org.

M = MAINTENANCE: Activities to monitor MAINTENANCE include assessing : 1) at the program level, the extent to which a program becomes institutionalized or part of the routine organizational practice and policy and, 2) at the individual level, the extent to which participants sustain long-term benefits from completing the program. AoA grantees are not expected to monitor long-term individual benefits. Key questions related to maintenance at the program level include:

Is there sufficient staffing/ human resources to sustain the program statewide?
Are there enough partners/ host organizations and implementation sites to bring the program to scale statewide? How many partners have embedded the program (i.e., have designated staff to coordinate program responsibilities, have a program champion, have been offering the program more than a year, are continuing to offer at least two workshops/ programs per year, etc.)?
Will there be adequate financial resources, fees, policies, and/or regulations in place to grow and sustain program delivery and distribution (grants, Title III-D, Medicaid waivers, insurance reimbursement, etc.)?
Are the marketing efforts successfully expanding the number of partners, sites, workforce and participants?
Is there an adequate pipeline for participant referrals and referral sources (Medicaid, ADRCs, physician practices, etc.)?
Is there a sustainability or business plan?

Why is it Important? Monitoring MAINTENANCE helps you:

Assess how effectively you are marketing to and expanding the accessibility of your program to new partners, program sites and new populations and scaling up your program state-wide.
Determine to what extent the program is sustained and embedded within the state's evidence-based prevention program distribution and delivery system and other health and long-term supportive services systems.

How is it monitored?

Track financial sustainability efforts (development and use of business plans, and sources of external revenue).
Track marketing activities and sources of referrals.
Track implementation site and host agency attrition.
Monitor agency activity including sustainability plans, staffing, number of workshops offered, external funding sources obtained.

Using the RE-AIM framework is only one model you might consider for developing a QA program; your state may have already developed a QA program for its other programs and grants and you will want your QA efforts to be a part of that initiative. The critical aspect is that you indeed develop and implement a QA program so that you can ensure the quality of the program being delivered by the state, your host organizations and implementation sites, and your ability to maximize the benefits and manage your costs.

Questions about this document may be directed to your AoA Program Officer or to the NCOA – Center for Healthy Aging Technical Assistance Resource Center.