Implementation Manual:
2024 ACS Prevention and Screening Quality Improvement Project

Thank you for participating in the 2024 ACS Prevention and Screening Quality Improvement Project in collaboration with ACS.

Purpose of Manual

This manual shares a recommended framework for carrying out a successful quality improvement project in partnership with ACS. The information provided will prompt conversations that will lead to impactful system process change in either cancer screening (breast, cervical, colorectal, or lung cancer) or HPV vaccination!

We encourage you to stay curious about what has and has not worked in the past. Although we expect to have challenges along the way, we hope you can take time to celebrate every moment of success as you protect your patients and community.

With deep gratitude,
Your American Cancer Society

This manual was updated on 12/5/23. Please bookmark this link instead of downloading it.

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Acknowledgements

The Interventions & Implementation team would like to acknowledge the following ACS team members who utilized their time and expertise to develop this guide:

Quality Improvement

As defined by [CMS](#), **"Quality improvement (QI)** is the framework used to **systematically improve care.** Quality improvement seeks to **standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations."**

ACS team members are trained to support their health system and health plan partners in QI and **together,** health partners and ACS team members will use **evidence-informed tools, training, and the latest research to maximize project outcomes.**

Goals of this Implementation Manual

- Highlight key components of a cancer prevention and screening QI project
- Create a comprehensive clinical intervention framework
- Guide sustainable and meaningful process improvement

Resources
- [Data Definitions](#)
- [CRC Steps Guide](#)
- [All QI Tool Templates](#) *(Open in Google Chrome)*
- [QI Video Series](#)
- [ACS Facilitative Leadership Toolkit](#)

Objectives of Prevention and Screening Projects

- **Increase** cancer screening or HPV vaccination rates and reduce barriers to care
- **Secure** health system leadership support for practice changes aimed to increase screening or vaccination in an eligible patient population
- **Create** a comprehensive QI action plan led by core team including ACS team members
- **Embrace** a culture of team-based quality improvement in participating clinics at health system
- **Use data** to inform all aspects of the project
- **Implement** effective, evidence-based interventions
- **Execute** sustainable and meaningful process improvement

Reporting Timeline

Although this manual can be used for any QI project, the ACS Prevention and Screening projects are structured around a calendar year timeline with a standardized data collection tool and consistent progress updates for all projects. To participate, your project must align with the timeline below.

January 19, 2024: Project Begins; Baseline Data Submission

December 31, 2024: Project Concludes

2023 → **2024** → **2025**

Fall 2023: Health System Budget and Contract Submitted (if applicable)

June 28, 2024: Midpoint Data Submission (and Budget Update, if applicable)

January 17, 2025: Final Data Submission (and Budget Update, if applicable)

All health partners play an important role in preventing and diagnosing cancer early. Below are a few examples of health partners that are participating in 2024 Prevention & Screening projects.

Health Partner	Description
Private Practice	Single clinics or group of clinics that are not affiliated with a large network
Federally Qualified Health Centers/Community Clinics	Primary care providers serving a large uninsured or underinsured population with financial assistance from the government
Integrated Delivery Systems/Hospital Systems	A single organization that owns and operates a network of healthcare facilities. They provide a broad spectrum of coordinated inpatient and outpatient care including but not limited to: hospitals, physician groups, health clinics, imaging centers, ambulatory services, etc.
Health Departments *May also be referred to as Department of Health	Clinics located at the local health department, operated by health department staff
Health Plans/Payors	• **Integrated Delivery Network:** health plan related to an integrated delivery system. • **Commercial Health Insurance:** health insurance provided and administered by non-governmental entities. It can cover medical expenses and disability income for insured. • **Government Insurer – Medicaid:** provides health coverage to millions of Americans, including low-income adults, children, pregnant women, elderly adults, and people with disabilities. Administered by states according to federal requirements. • **Government Insurer – Medicare:** federal health insurance program for people 65 and older, certain people with disabilities, and people with end-stage renal disease (ESRD).

🖱 [Click here to see an interactive map of our previous health partners!](#)
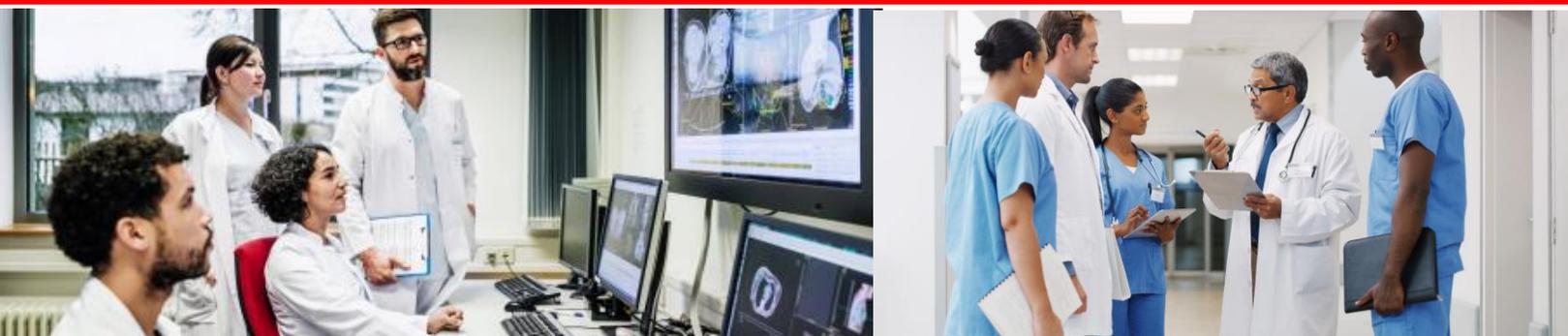
Project Components

The QI process is continuous and data-driven. Your project begins with identifying a clear problem with your current processes. Creating a problem statement that includes the scope of the problem will help you establish a focus area. Once your focus area is identified, you should begin forming a well-rounded team, assessing your baseline data and utilizing that data to create a goal. You utilize a strong action plan to reach your goals which includes QI processes, gap exploration and small tests of change. Once your project is underway it's important to revisit the goal and plan, track your progress and celebrate your successes and lessons learned. Please see components visualized below.

Identify your problem
- Understand affects of problem
- Define scope of problem

Form a well-rounded team
- Establish participants and roles

Assess baseline data
- Understand starting point
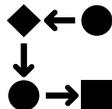- Foundation of decision-making

Set a data-driven aim statement
- Goal for project

Create action plan
- Who does what and when
- Integrate QI and EBIs

Explore processes and gaps
- Process mapping
- Root cause analysis

Customize and test EBIs
- PDSA cycles
- Adjust tests for maximum improvement

Track progress and celebrate success
- Improve
- Sustain

Relationship between Quality Improvement and Evidence-Based Interventions

Quality Improvement is the process, or **how,** we approach our work and **evidence-based/informed interventions** are the strategies that are proven to be effective at increasing cancer prevention efforts, or the **what,** that we introduce, improve, and customize, through the QI process.

Resources
- All QI Tool Templates *(Open in Google Chrome)*
- QI Video Series
- EBI Guide

Please note, you will begin forming your team, assessing baseline data, setting your aim statement and starting your action plan as part of the DART (Data and Reporting Tool) for baseline submission due January 19, 2024. Although it is ultimately the responsibility of health partners to lead and complete program components, ACS team members and the core QI team will work through these components together.

Please find all QI Tool Templates here (please copy the link and open in Google Chrome), we will talk through each of these throughout the manual.

Form a Well-Rounded Team

Once you've received leadership buy-in and determined your project focus by exploring existing problems, work with your project lead to start assembling your team. Start by identifying clinical champions, quality improvement team members, and any relevant external partners you want to include.

Team Member	Roles and Responsibilities
Organizational Leadership	Involved in cancer prioritization but they are generally not involved in day-to-day implementation efforts.
Health System Core Team (Customizable) • Clinical Champion (MD, DO, PA, NP) • Clinical Champion (RN or MA) • Quality Improvement Lead/Team (QI) • Information Technology Lead (IT) • Population Health Managers • ACS Team Member **Additional Team Members from Health Plans** • Clinical Quality Program Manager • Clinical Quality Case Managers • Care Consultants • Provider Network Managers	Spend time each month on the project, outside of monthly meetings, to carry out quality improvement and lead staff trainings. Responsibilities include: • Submit data. • Create aim and action plan together. • Carry out quality improvement methods. • Execute evidence-based interventions. • Coordinate staff trainings. • Create clear communication methods to share plan and feedback with individual clinic sites. • Participate in monthly meetings (including ACS team members) and contribute to meeting agendas.
ACS Team Member	Support and participate in the core team as they carry out the planning and implementation of the program. • Serve as liaison between I&I and health system partner. • Review progress and financial reports for accuracy/completeness • Stay abreast of report deadlines and other action items due. • Provide guidance to partner on QI and EBI implementation. • Identify opportunities for recognition and sustainability.
Clinic-Specific Champions	Represent their peers and culture (ex: one provider and one MA/RN). They should be involved in selecting interventions, designing the action plan, and: • Disseminate and customize information. • Implement QI plan at their site. • Assist with coordinating staff training. • Motivate staff and advocate for importance of issue.
All Health System Staff Includes providers, nurses, medical assistants and front desk: team that has day-to-day responsibility for serving target population	Participate in trainings and customize action plan, as needed. Responsibilities include: • Contribute to understanding current state processes, share thoughts on gaps, and opportunities for improvement. • Work as a team to design/customize selected interventions. • Implement interventions and review data.

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Data-Driven Teams

Your well-rounded team will first assess the baseline data (please refer to data definitions) then set goals and create an action plan based on that baseline data. Your action plan should include QI processes and evidence-based interventions.

Though strategies may differ between focus area, many of our project tools, including our data collection tool (DART), are universal. For more information on other data sources for cancer screening and HPV vaccination, check out our Data Sources docs!

Resources
- Data Definitions
- IHI Video: Using Run and Control Charts
- ACS Run Chart Template *(Open in Google Chrome)*
- All QI Tool Templates (including run charts) *(^Open in Google Chrome)*
- HPV Vaccination Data Sources (internal)
- Cancer Screening Data Sources (internal)

Assess Baseline Data

A key to knowing where you're going is to know where you're starting. Establishing baseline rates is a vital first step to developing a strong goal and action plan. Data can help you decide which clinics to include in a project, which measurements to focus on, and/or how to eliminate gaps in care.

When requesting and pulling data, make sure to define your measurement and stay consistent. This increases the chance of receiving the data you really need. When reviewing data, discuss potential questions or irregularities. Engage the whole QI team and plan to discuss data together, it's okay to not know all the answers and utilize your team. Review and share the data definitions to gain knowledge on specific data pulls and frequency of data reviews and submissions. Ask each other questions about the data until you feel you understand what the numbers represent.

Data questions to start with:	Follow up questions to dig deeper:	When reviewing data think about:
• What is this report telling us? • What is our data source? • What conclusions do we draw when looking at this data? • Did the data surprise us?	• Tell me more. • What else? • Let me find that answer for you.	• What observations do we see? • What questions do we have? • What recommendations do we have?

Assessing Baseline Data in a Health Plan:

Health plan partners will use Healthcare Effectiveness Data Information Set (HEDIS) measures to track cancer screening and HPV vaccination rates. HEDIS is a tool used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service. Because so many health plans use HEDIS and the measures are so specifically defined, HEDIS can be used to make comparisons among plans. These measures are developed and maintained by the National Committee for Quality Assurance (NCQA). For more information on HEDIS Measures visit: HEDIS Measures and Technical Resources - NCQA

Required Data Submissions (Please see Data Definitions for more details.)

Timely reporting submission ensures ACS can accurately report progress on all projects to Society leadership and funders.
- January 19, 2024: Baseline data due
- June 28, 2024: Midpoint progress update due
- January 17, 2025: Final report due

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Set a Goal

The core team will use the baseline data to determine their project aim. **Follow the aim statement guidance on the Baseline DART to set a SMARTIE aim statement.**

SMARTIE stands for specific, measurable, achievable, realistic, timely, inclusive, and equitable. Your core team should revisit your aim throughout the project. We suggest you include your aim on monthly agendas.

The aim should serve you; you do not serve the aim statement.

Specific	Measurable	Achievable	Realistic	Timely	Inclusive	Equitable
S	**M**	**A**	**R**	**T**	**I**	**E**
What do you want to do?	*How will you know when you've reached it?*	*Is it in your power to accomplish it?*	*Can you realistically achieve it?*	*When exactly do you want to accomplish it?*	*Is it inclusive of those most impacted?*	*Does it promote health equity?*

Writing your Aim Statement

Your aim statement should answer several questions about your project goals. You can use the following template to guide the creation of your aim.

What is the problem or opportunity? → By how much will you improve? → By when? → What customer or population will benefit? → Where does it begin and end?

Combine to create your complete aim statement
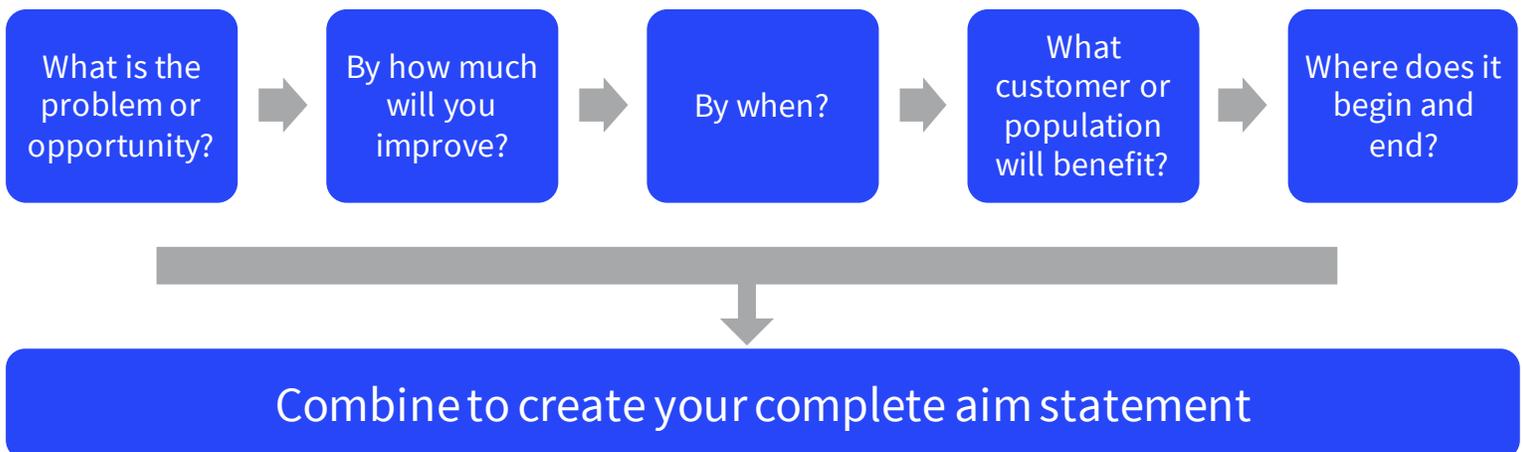
An action plan (copy link and open in Google Chrome) is a comprehensive strategy of **how the core team plans to achieve the aim statement** based on the baseline data and available resources. The plan should be customized and build on previous activities. It is meant to be revisited and tweaked during monthly meetings. Again, the action plan should serve you, not the other way around! While creating your action plan, consider using facilitation techniques to maximize planning time.

Items to include in your action plan

- How often will the core team meet?
- When will data be pulled and submitted? By whom?
- Who will prep and deliver staff education?
- Integrate QI tools (more info below):
    - Current and future state process mapping
    - Cause and Effect/Gap analysis
    - Plan do study act (PDSA) cycles
- Integrate evidence-based interventions (EBIs)
- When and how will we communicate information to the rest of the system?
- Discuss sustainability and integrate milestone celebrations

Resources
- QI Action Plan Template *(Open in Google Chrome)*
- All QI Tool Templates *(Open in Google Chrome)*
- Facilitative Leadership Toolkit

Common action plan pitfalls

- Assigning the same person most of the responsibilities
- Arbitrary timelines
- Forgetting EBIs
- Jumping into EBIs before fully understanding the current process or gaps
- Not building in celebrations
- Setting unrealistic expectations

Action Plan Sample

	Activity	Timeline	Person/People Responsible
1			
2			
3 etc			

ACS Recommends Training as a Key Component of Success

It's critical to share the goal and action plan of the project with all staff, get their feedback, drive engagement, share updates to processes and policies, and celebrate. Staff education and training is a critical foundation of implementing any EBI, not just when selecting provider education. Staff training can be done in person, virtual, by department, or at all-staff meetings.

Resources
- Branded Implementing Interventions PPT Templates for all 5 focus areas (internal link)
- ACS Facilitative Leadership Toolkit
- HPV Vaccination Roundtable Action Guides by Health System Role
- QI Video Series

Work with your QI core team to develop a communication and training plan that aligns with your project goals and system resources. This is a great item to include in your action plan. Health partners will lead prioritization and logistics around leading trainings and ACS team members can share available resources, PowerPoint templates, and help identify speakers or support presentations, if appropriate.

Sample Health System Staff Training/Education Schedule

**1. Specific-Cancer 101 Kickoff (*Schedule early in the project period)*
- Recruit external or internal clinical champion speaker(s) to present 'Why' vaccination and/or screening is important, life-saving work that is based in science.
- Share system and/or clinic baseline rates, project goals, and key action plan steps, educational materials.
- *Talk to your ACS team member about an already created* Implementing Interventions *deck for this purpose.*

2. Provider Communication Skills Training (*Schedule sometime in the middle of the project period)*
- Train providers to make a strong and effective recommendation for either screening or vaccination.
- Share progress update on system and/or clinic rates.

3. Progress Update and Sustainability Plan (*Schedule in as the project period is coming to a close)*
- Check in about action plan progress.
- Share system, clinic, and provider data (if available), recognize and celebrate successes.

## Sample Staff Training Preparation Checklist for Core Team

- ✓ Schedule all staff meeting dates in advance.
  - ✓ Aim for one hour for each meeting but adjust if time is limited
  - ✓ If possible, consider scheduling during an existing meeting time.
  - ✓ Consider virtual option for off-site staff and record the meeting.
- ✓ Recruit provider champion and/or survivor speakers.
  - ✓ Utilize existing ACS professional education presentations for them to present
- ✓ Recruit relevant staff and providers to participate in the meetings.
  - ✓ Engage beyond core team to all staff who are engaged with this process.
  - ✓ Send calendar invites and reminders ahead of the call.
- ✓ Verify/test audio-visual equipment at the location or join virtual meetings early.
- ✓ Review the materials list prior to each meeting and print/send appropriate handouts.
- ✓ Customize each meeting's slide deck.

Explore Processes and Gaps to Customize and Test EBIs

There are many QI tools available to help your core team carry out your action plan. Remember, QI is how we approach our work and EBIs are what we integrate through QI. Three critical QI tools are highlighted below: process mapping, root cause analysis, and plan do study act (PDSA cycles). We **highly encourage** using these tools as part of your project.

Process Mapping
When you want to understand *how* something happens

Process Mapping creates a diagram or list of events, activities or steps that occur within a given process. There is **current state** and **future state** process mapping. It is used to assess current workflows, identify variance, show relationships, improve efficiency, remove duplication, and highlight what works well. This process helps understand workflow and how something happens. Often while reviewing the current state of processes, gaps in processes will naturally present themselves to explore further.
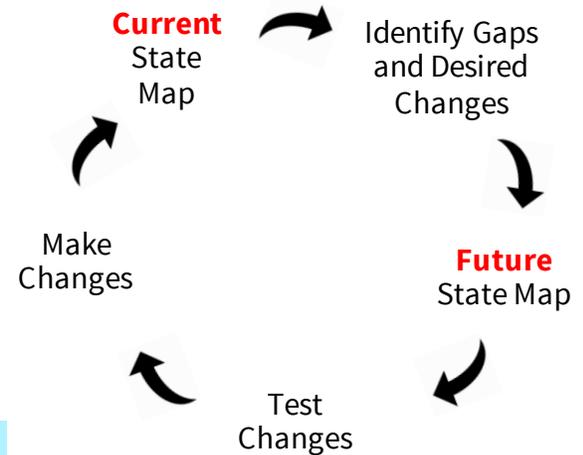
*You don't learn to process map, you process map to learn.*

Resources
- IHI's process Mapping Flowchart
- Process Mapping – video
- Process Mapping Questions for All Focus Areas *(Open in Google Chrome)*
- All QI Tool Templates *(Open in Google Chrome)*

Gap and Root Cause Analysis
When you want to understand *why* something happens

Root Cause Analysis is a way to identify and define the root causes of gaps in processes. Sometimes called cause and effect diagrams, these tools help teams identify areas for improvement and can be done independently or build upon findings from another tool such as process mapping. It can help eliminate wasted time or resources and narrow in on what improvements will make the most impact. Three examples are **5 Whys** (pictured to the right), **Fishbone Diagram**, and **Pareto Diagram.** Pareto diagrams help a team concentrate on the factors that have the greatest impact. It also helps a team communicate the rationale for focusing on certain areas.
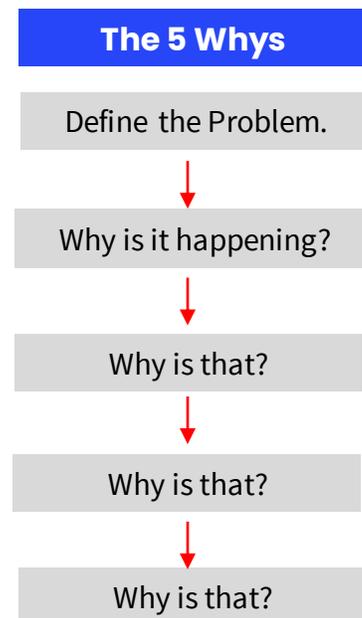
Resources
- IHI's 5 Whys: Finding the Root Cause IHI's Cause & Effect Fishbone
- MindTools's 5 Whys: Getting to the Root of a Problem Quickly
- Root Cause Analysis – video
- IHI Pareto Diagram
- All QI Tool Templates *(Open in Google Chrome)*
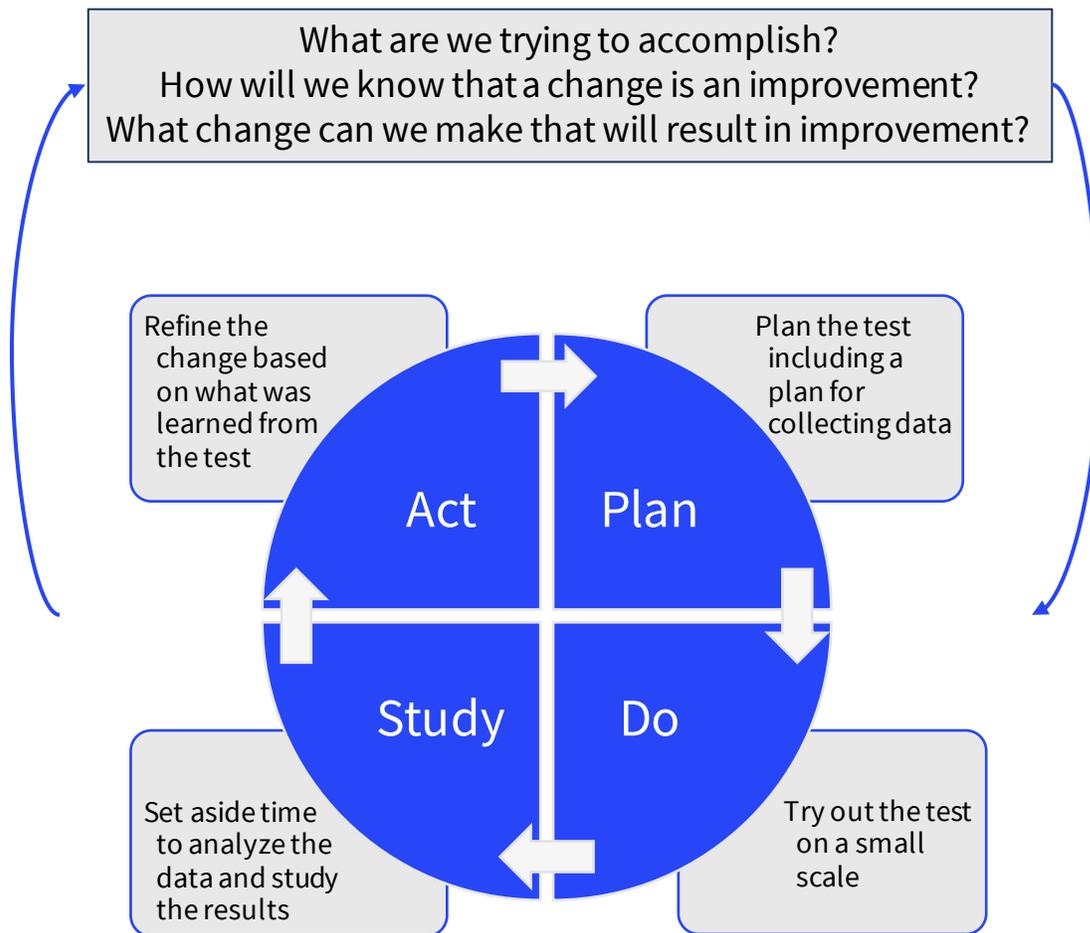- Process to Gap Identification Tool (internal use)

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Plan Do Study Act (PDSA) Cycles
When you want to *test* a change

PDSA is a method to test a desired change – by planning it, trying it, observing the results, and acting on what is learned. Pick tests with the highest impact that require the fewest resources. Key features of a PDSA cycle include testing a specific element, using a short timeline with a defined measurement, and identifying the person responsible. Utilize this PDSA Worksheet to track cycles. You may complete one cycle or a series of cycles.

Resources
- AHRQ PDSA Guidance
- IHI PDSA Cycle Worksheet
- PDSA Cycles – video
- All QI Tool Templates *(Open in Google Chrome)*

| Proposals, Theories, Ideas | → | Learning from Data | → | Changes that Result in Improvement |

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Refine the change based on what was learned from the test

Act

Plan the test including a plan for collecting data

Plan

Set aside time to analyze the data and study the results

Study

Try out the test on a small scale

Do

Source: IHI

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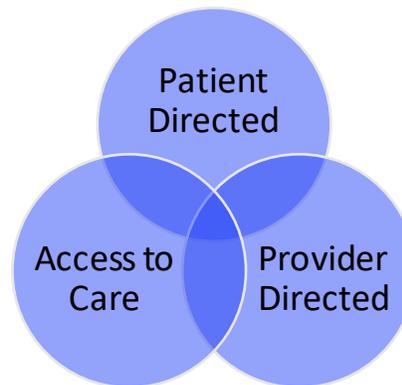
Evidence-Based Interventions (EBI)

EBIs included in your action plan should correspond directly to your baseline data and aim statement. Interventions are most effective when done in combination. **Use the QI tools above with select EBIs and determine how to incorporate them into your project.** Build on existing work and/or try something new! Please see the following page for a summary table of EBIs by cancer type.

Your ACS team member has access to several tools to support specific EBIs like patient and professional education. Reach out for more information!

Tips for Identifying and Assessing Possible EBIs

- Choose interventions based on the problem you can solve
- Choose process changes in addition to interventions
- Test for consensus on an EBI before deciding to implement
- Don't reinvent the wheel

Interventions are Best When Done in Combination

Patient Directed

Access to Care

Provider Directed

Resources

- Community Guide
- Evidence Based Interventions – video
- EBI Guide
- NCI Evidence-Based Cancer Control
- RE-AIM
- Roundtables

Assess Current State	Examine Relevance and Feasibility	Gain Leadership and Team Support	Consider Testing and Customizing
Are we improving existing, starting something new or stopping what's not working?	Aligns with program goals/objectives previously established (aim)?\n\nAppropriate for the target audience?\n\nDo we have resources?	Do we have buy-in from leadership to implement this intervention?\n\nAre members of our care team supportive and engaged in this process?	Do we need to test elements of this intervention first?\n\nWho will lead elements of this intervention?\n\nWhat process does this intervention fit into?

Use the QI tools above with selected EBIs on the following page to determine how to incorporate them into your project

Intervention	Community Preventative Services Task Force Finding			Cochrane Database Systematic Review	American Thoracic Society and American Lung Association
Intervention	Breast Cancer	Cervical Cancer	Colorectal Cancer	HPV Vaccination	Lung Cancer
Multicomponent Interventions	Recommended	Recommended	Recommended	Recommended	Recommended

PATIENT-ORIENTED INTERVENTIONS

Intervention	Breast Cancer	Cervical Cancer	Colorectal Cancer	HPV Vaccination	Lung Cancer
Patient Incentives	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence	Potential positive effect, but grade of evidence low[1]	Insufficient Evidence
Patient Reminders	Recommended	Recommended	Recommended	Recommended[7]	Recommended
Group Education	Recommended	Insufficient Evidence	Insufficient Evidence	Cochrane Database Systematic Review cited evidence for health education, but not necessarily in group setting[4]	Recommended
Mass Media	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence	Insufficient evidence	Insufficient Evidence
One-on-One Education	Recommended	Recommended	Recommended	Recommended: Strong provider recommendation	Recommended
Small Media	Recommended	Recommended	Recommended	Recommended	Insufficient Evidence

PROVIDER-ORIENTED INTERVENTIONS

Intervention	Breast Cancer	Cervical Cancer	Colorectal Cancer	HPV Vaccination	Lung Cancer
Provider Assessment and Feedback	Recommended	Recommended	Recommended	Recommended	Insufficient Evidence
Provider Incentives	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence
Provider Reminder and Recall Systems	Recommended	Recommended	Recommended	Recommended, as part of multicomponent[5]	Recommended

INTERVENTIONS TO INCREASE ACCESS TO CARE

Intervention	Breast Cancer	Cervical Cancer	Colorectal Cancer	HPV Vaccination	Lung Cancer
Promoting Informed Decision Making for Cancer Screening	Insufficient Evidence			N/A for HPV vaccination	Recommended
Interventions Engaging Patient Navigation and Community Health Workers[6]	Recommended	Recommended	Recommended	Insufficient Evidence	Patient Navigation Recommended
Reducing Structural Barriers	Recommended	Insufficient Evidence	Recommended	Insufficient Evidence	Recommended
Reducing Patient Out-of-Pocket Costs	Recommended	Insufficient Evidence	Insufficient Evidence	Insufficient Evidence	Recommended

1. Mantzari E, Vogt F, Marteau TM. Financial incentives for increasing uptake of HPV vaccinations: a randomized controlled trial. Health Psychol. 2015 Feb;34(2):160-71. doi: 10.1037/hea0000088. Epub 2014 Aug 18. PMID: 25133822; PMCID: PMC4312136.
2. Szilagyi P, Albertin C, et al. "Effect of State Immunization Information System Centralized Reminder and Recall on HPV Vaccination Rates." Pediatrics.. 2020 Apr 6; Epub 2020 Apr 06.
3. Henrikson NB, Zhu W, et al. Outreach and Reminders to Improve Human Papillomavirus Vaccination in an Integrated Primary Care System. Clin Pediatr (Phila). 2018 Nov;57(13):1523-1531. doi: 10.1177/0009922818787868. Epub 2018 Jul 13. PMID: 30003794.
4. Austin S, Wooten K, et al. Increasing HPV Vaccination Support Through a Pilot Film-Based Community Engagement. J Community Health. 2020 Sep 14. doi: 10.1007/s10900-020-00917-6. Epub ahead of print. PMID: 32926282.
5. Wilkinson TA, Dixon BE, et al. Physician clinical decision support system prompts and administration of subsequent doses of HPV vaccine: A randomized clinical trial. Vaccine. 2019 Jul 18;37(31):4414-4418. doi: 10.1016/j.vaccine.2019.05.004. Epub 2019 Jun 11. PMID: 31201057.
6. Attipoe-Dorcoo S, Chattopadhyay SK, Verughese J, Ekwueme DU, Sabatino SA, Peng Y. Engaging Community Health Workers to Increase Cancer Screening: A Community Guide Systematic Economic Review. Am J Prev Med 2020;000(000):e1–e9. :https://doi.org/10.1016/j.amepre.2020.08.011.
7. Suh CA. (2012). Effectiveness and Net Cost of Reminder/Recall for Adolescent Immunizations. Pediatrics, 129(6) = increase in adolescent vax with reminders; https://pubmed.ncbi.nlm.nih.gov/25863550/ = same overall, as above, but differentiated by type of R/R; https://pubmed.ncbi.nlm.nih.gov/25438965/ = reminder letters increased series completion

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Now that you've built a team, set a data-driven goal, made a plan, and prepared all staff, it's time to implement the evidence-based strategies outlined in your plan. At this stage, the core team has been assembled and is meeting regularly to check in on progress. We recommend continuously reflecting on both the aim and action plan to ensure all activities lead back to meeting the project aim.

Resources
- Blank Storyboard Template
- Case Study Template for Health System Partners *(internal link)*
- Sustainability Planning Resource *(open in Google Chrome)*

Tracking Progress and Final Project Impact

Progress update data reviews help you and your partner assess improvement and allow the core team to adjust the action plan. The progress update required for this project is due June 28, 2024. We recommend rates be shared widely within the system by your project lead. At the end of the project in January 2025, the health system will submit final data. Assessing your progress allows you to measure and track your project's impact for the full intervention year of 2024. How can we incorporate consistent progress updates to assess the effectiveness of the project?

Recognition and Celebration

Identifying and celebrating milestones along your intervention year is critical for obtaining buy-in across the organization and building momentum. Celebrations and recognition don't have to be large or costly. Recognition can be at the individual, team, clinic, or system level and can be incorporated into your action plan. Some questions the core team should consider along the way are:

- What are milestones we hope to achieve over the course of the year?
- How can we incorporate celebrations into these milestone moments?
- Is there an element of friendly competition that can be incorporated into our work?
- What communication channels already exist (newsletters, team meetings, etc.) to recognize and celebrate milestones?

Sustainability

Now that the core team has made a significant investment in time and resources to increase their vaccination and/or screening rates, it's critical to discuss what happens after the intervention year ends. Some questions for your core team to consider:

- Do we want to continue to try and build on our work or are we looking to sustain current practices? If yes, who will continue this work and in what capacity?
- Do we have written protocols in place for the changes we've implemented?
- Are we relying on an individual or have we changed systems and policies that will sustain the work in the event of staff turnover?
- Have we integrated a plan for training new staff and refreshers for existing staff?
- What's next?

If offered, consider joining an ACS learning collaborative to enhance your work

A **learning collaborative** is designed to help health partners close gaps in care and reduce costs by creating a structure in which interested organizations can easily learn from each other and from recognized experts in topic areas where they want to make improvements. Learn more about learning collaboratives in the Breakthrough Series: **IHI's Collaborative Model for Achieving Breakthrough Improvement**.

Talk to your ACS Staff Partner about learning collaborative opportunities in 2024.

Structure of the Learning Collaborative Model

1. QI partnership grants/awards (when available)
   - Mini–grants provided to participating health partners to implement QI and increase data capacity
2. QI boot camp
   - Delivered as a one or two day in-person interactive training and planning session but can be fully or partially delivered virtually
3. Regular virtual learning collaborative meetings
   - Typically delivered through one-hour sessions
4. Virtual and/or in-person technical assistance
   - One-on-one coaching from an ACS QI coach
5. In-person convening (if possible)
   - Ideally connected to an annual meeting or conference that is relevant to partner organizations, like a Primary Care Association or State Health Plan Association annual meeting

Key Resources

- Data Definitions
- Steps for Improving Colorectal Cancer Screening Rates
- All QI Tool Templates *(Open in Google Chrome)*
- QI Video Series
- ACS Virtual Facilitative Leadership Toolkit

Partners

- Tableau map of partners in 2023 cohort

Program Components

- All QI Tool Templates *(Open in Google Chrome)*
- EBI Guide

Building a team

- IHI: Forming the Team
- Agenda Template

Data

- Data Definitions
- IHI Video: Using Run and Control Charts
- ACS Run Chart Template

Aim Statement

- IHI Setting Aim Statements

Action Planning

- QI Action Plan Template *(Open in Google Chrome)*
- IHI Affinity Diagramming

Provider & Staff Training

- HPV RT Action Guides
- QI Video Series

Process Mapping & Root Cause Analysis

- IHI Process Mapping
- IHI 5 Whys
- Mindtool 5 Whys
- Process Mapping Questions for All Focus Areas
- All QI Tool Templates *(Open in Google Chrome)*

PDSA Cycles

- IHI PDSA Cycle Worksheet
- AHRQ PDSA Guidance
- AHRQ PDSA Fillable Worksheet

Evidence Based Interventions

- Community Guide
- National Roundtables
- NCI Evidence Based Cancer Control
- RE-AIM
- EBI Guide

Learning Collaboratives

- IHI Collaborative Model for Achieving Breakthrough Improvement

Storytelling

- Blank Storyboard Template

Sustainability

- Sustainability Planning Resource

Additional Internal Resources for ACS Staff (internal)

- Learning Collaborative Guide + Workbook
- Clinical Interventions SharePoint Page
- Intervention Tools: QI + EBIs
- Branded Implementing Interventions PPT Templates for all 5 focus areas
- Process Gap Identification Tool
- HPV Vaccination Data Sources
- Screening Data Sources
- QI Role Play Series
- Case Study Template

"It is not the critic who counts; not the person who points out how the strong person stumbles, or where the doer of deeds could have done them better. The credit belongs to who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends themselves in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if they fail, at least fails while daring greatly, so that their place shall never be with those cold and timid souls who neither know victory nor defeat."

Adapted from "*Citizenship in a Republic*"
A speech by Teddy Roosevelt

American Cancer Society®

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