Improving Health Care Quality
Study Group
Summary Report
June 13-24, 2016

https://www.globalhealthlearning.org/community/269165

BACKGROUND

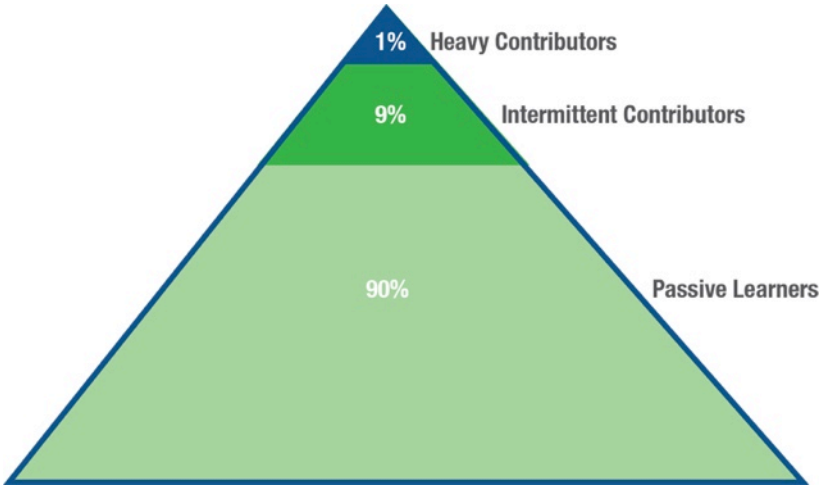
In October 2015, the ASSIST Project launched a new course on *Improving Health Care Quality* course. The course enables participants to learn about key frameworks and principles for improving health care quality and how to test and implement changes in processes to improve the quality of health care. The course follows one health center team through the process of improving care so that learners can immediately understand what the theory looks like in practice.

Given the nuances involved in applying the principles and practices of improvement sciences, the course authors in collaboration with the course managers at K4Health hosted a two-week, facilitated, online study group to allow learners the opportunity to discuss challenges, share experiences, and therefore learn from each other with the ultimate goal of identifying potential solutions to challenges of application of improvement methods. The study group focused on practical application of material introduced in the course rather than simply reviewing the specific information presented in the course.

The study group was promoted to anyone who had started or completed the course as well as more broadly among ASSIST's and K4Health's networks.

Discussion statistics
Number of participants: 95
Number of participants' countries: 29
Number of contributions: 93 by 28 active participants
% of contributions from developing countries: 74%
Number of countries contributing: 14 – Belgium, Botswana, Congo, Ethiopia, India, Kenya, Mali, Nigeria, Niger, Swaziland, Uganda, US, Zambia, Zimbabwe

The participation rate of approximately 29% (28 of the 95 participants) is exceptionally high according to emerging research from the Nielsen Norman Group that suggests that in most online communities 90% of members are passive learners, while 9% of members contribute a little and 1% of members account for most of the contributions and interactions[1].



MAIN THEMES AND GUIDING DISCUSSION QUESTIONS

The following summarizes the main themes that were shared in response to the study group guiding discussion questions.

Post 1. Choosing improvement priorities and setting aims

When doing improvement work, there will always be competing priorities and a long list of reasons why each of those priorities should be first. Too many priorities at once will overwhelm and demotivate a team leading to no improvement in any area. In the end, it is important to remember that prioritizing one problem doesn't mean that you won't fix the others in turn.

- In your experience, what factors have influenced choosing priorities for improvement at a national, regional, sub-regional, facility, or community level. How have you handled competing priorities or multiple critical areas that need improvement?
- What has your experience been in setting improvement priorities? What are some common pitfalls or problems that were encountered? How have you used evidence-based research to help set improvement aims?

Emerging themes and issues discussed

One of the key takeaways from the discussion was that there are many possible factors that can influence the decision of improvement priorities. Providers, facility, project or government entity must determine their own particular set of criteria. Some people reflected that priorities are driven by national policies or the agendas of donors and the projects they fund. On the other end of the spectrum is the ever-important client feedback to make our priority setting patient-centered.

In any case, priority setting should be data driven. Several people commented on their use of data to determine priorities, including facility data, project baseline data and literature review. Of particular

[1] Nielsen, J. October 9, 2006. "The 90-9-1 Rule for Participation Inequality in Social Media and Online Communities." Nielsen Norman Group, http://www.nngroup.com/articles/participation-inequality/.

note was the fact that the people who generate the data - providers – must be involved in analyzing and using the data to determine problem areas and improvement priorities.

We saw several reflections on the need to create buy-in. Providers must feel ownership over the improvement aim in order to be engaged in the improvement process. Choosing a priority that is within the providers' ability to change, has available resources, and is relatively easy to improve creates buy-in and ownership among potential team members. We saw one example of using a paretho chart and voting to decide on priorities. Another important point was the need to adapt national or project level priorities to the local facility.

Improvement requires culture change away from the "shame and blame" culture (as one of our colleagues astutely put it) to one of working together to solve problems. A good champion for improvement or leader is irreplaceable as they can influence, inspire, and motivate others.

Post 2. Using the PDSA cycle

As mentioned in the course, all improvement requires a change, but not all changes result in improvement. Plan-Do-Study-Act (PDSA) is testing out changes on a small scale and studying the results of the changes allows teams to determine what is effective without wasting the time, resources, energy and efforts of providers, patients and community members on something that doesn't work. Based on what was learned from results during the "study" step, teams can decide whether a change worked, needs to be modified, or dropped all together.

While simple in theory, conducting a good PDSA cycle takes practice and, ideally, guidance from an experienced coach or mentor because participants often get stuck on the question of where to begin.

- Have you tried using a Plan-Do-Study-Act to improve an aspect of your work? If so, please explain.
- How did you (and your improvement team) decide on changes to test?
- What worked well in using the PDSA cycle? What were the challenges?
- Did you test changes on a small scale to begin with and gradually working up to the full scale? What were your experiences in doing so – i.e., what was easy and what were the challenges?

Emerging themes and issues discussed

Participants affirmed the value of testing on a small scale in order to rapidly learn from the change. For example, we learned how one site had tested a questionnaire on one patient and were able to learn that it was too technical. Another example was that of a facility which ran through scenarios for providing care at a bedside (without a patient present). Even without the patient, the providers were able to learn so much about what would or wouldn't work. These small tests of change enabled great learning that made their final solutions much more appropriate and effective.

Getting people to understand the PDSA cycle is challenging. Our participants and experts were in agreement that providers have a hard time doing them without guidance. However, they also recommended that the best way to build capacity for PDSA cycles is through doing them with support from an experienced coach or mentor.

Post 3. Measurement for improvement

It comes down to this – without measuring, you simply don't know if the changes you implemented resulted in improvement. Implementing PDSAs requires frequent measurement, on a daily or weekly basis, until you reach your desired results.

A good system for measuring improvement is not so easy to achieve. It begins with well-designed indicators and a data recording system. In addition, it involves a reliable system for data collection and aggregation and ends with correct analysis and interpretation.

- What are some challenges you have faced in setting measures/indicators for improvement?
- What happens when the measures needed to know whether you have made improvement are not easily accessible or reliably collected? (I.e., numerators or denominators not already in records or registers, measures not in national HMIS systems, information difficult to obtain reliably).
- What has been your experience in using time series charts? What makes them useful? What are challenges in using and interpreting them?
- What other tools or approaches have you used to measure improvements?

Emerging themes and issues discussed
Participants pointed out some things that are important to remember as you are choosing and using measures for improvement. For example, you need to choose indicators that are appropriate to what you are improving. While most of the time, this is a proportion; there are times when straight number counts or time frames might be appropriate. Participants agreed that run charts are useful to see progress on a regular basis and determine whether you have made progress toward your goals. There are also creative ways of collecting additional data without adding cumbersome tools, such as splitting columns on an existing form or using a stamp to add a place for recording specific information.

Most of the discussion was around the challenge of motivating staff to collect and use data. We all recognize that collecting, plotting and analyzing data for improvement can mean an additional burden on staff with heavy workloads. The first step is to acknowledge this complication. Participants provided several suggestions for how to motivate staff, including:

- Coaches working together with teams to create or improve data collection systems;
- Identifying an internal team member who can inspire others;
- Conducting exchange visits to a site that is doing well with data collection and analysis; and
- Helping providers understand the value of data collection when it is used for improvement and benefits their work, their patients, and their community.

It can take time for providers to see the benefit of data collection. The important thing is that those of us supporting improvement teams don't get discouraged and keep looking for new ways to motivate and encourage team members. In the end, once providers see the benefit of using data to drive their decisions, they will be less likely to revert to their old ways of working.

Post 4. Support for improvement

Improvement is best learned through doing, but improvement teams need support. Leaders at all levels need to foster a culture of improvement which encourages setting clear and focused aims and measures,

working as a team, testing out changes before making them on a large scale and allowing for the possibility of failure or mistakes. Teams also need practical guidance on how to best analyze their own situation, determine possible changes to test, implement PDSA cycles, build reliable data systems and analyze the results of their work.

Knowledge exchange among peers can be the most powerful support that a team can receive. Peers can often provide practical solutions to common problems.

- What role does leadership play in improving health care?
- What support do you feel is necessary for improvement at all levels of the health system? What has your experience been? What has worked well? What type of support are you missing?
- What types of knowledge sharing have you tried to encourage learning between improvement teams or groups with similar improvement aims?

Emerging themes and issues discussed

Everyone agreed that improvement teams need support from all levels - from their facility management to the national level. At a local level, one participant pointed out that teams need support in order to be able to conduct effect PDSA cycles. Many improvement priorities require action across many levels of a system and it is a critical role of leadership to provide coordination between levels. Clear roles and responsibilities help everyone understand their responsibilities. We saw through the discussions that leaders have the following roles, among others:

- To set priorities
- To inspire and support teams to make improvement a regular part of their work
- To facilitate knowledge sharing between teams and across a system
- To encourage and motivate teams
- To support teams in analysis and interpretation of data
- To help teams access resources and institutionalize successful process changes
- To celebrate and recognize success

POST-STUDY GROUP SURVEY RESULTS

Overall the post-study group survey findings revealed that participants were quite pleased with the study group. It is interesting to note that the post-study group survey respondents included those who did not post in the study group (n=5) as well as those who did (n=12). This is useful because it helps to capture the experience of some of the potential "lurkers" (i.e., those who followed along but did not actively contribute) and provides some insights as to why they didn't post to the discussion. The main reason provided was time constraints and one respondent mentioned that similar ideas were already posted.

N of surveys completed	19 – Countries represented: DRC, Ethiopia, India, Kenya, Nigeria, Rwanda, Swaziland, Tanzania, US, Zambia
% who completed the course	68%
Top 3 reasons for signing up for the study group	• To learn from and network with colleagues working on similar improvement activities (83%) • To learn from and network with the course authors (61%) • To share my experience in applying improvement activities (56%)
Top 3 aspects of the study group that were most useful	• It provided me with additional examples from the field (71%) • It provided me with an opportunity to learn from others dealing with similar issues (59%) • It provided me with additional resources and references (47%)
% who feel more confident to apply what they have learned as a result of participating in the study group	59%, while 29% reported feeling somewhat more confident
% who shared information from the discussion with others	65%
% who posted a message in the study group	71%
Suggestions for improvement	• Include audio files of study group posts • Have the forum/study group available permanently • Translate the course and study group into French • Host the study group at times other than working hours

For the full report on the post-study group online survey results, see Appendix on page 11.

FINDINGS

The study group was successful in three primary areas:

1. **Promoting the sharing of experiences, solutions, and resources to effectively carryout improvement activities**: A colleague from Kenya shared some of the pitfalls when carrying out an improvement activity: "gaining the interest of all members, competing priorities and inadequate skills in using different computer soft ware for analysis." A number of participants commiserated. However, they all concluded that communication with teams and discussing competing priorities at lengthen and actively engaging the team in determining the priority and schedule could help overcome the challenges. Following this approach, a Kenyan participant concluded that: "The experience has been wonderful. When what the team set out to be their priority is accomplished and the results are seen, it motivates the team to do more and venture into other areas. Some of the pitfalls were time constraint and the different capacities within the group."

   Participants and facilitators alike frequently echoed the critical role that leadership and mentors or internal coaches play. One participant from Nigeria shared his experience: "a key factor in the success was engaging and securing the support of the hospital management. The participation of the Medical Director in progress review and in many of our effort activities (including medical education on episiotomy and repair which formed the start of the organisational learning program, CME) made it easier to access resources for improvement and helped to 'institutionalize' improved processes which were the outcomes of the QI activities." One of the course authors highlighted that "Leadership at the top is critical for supporting the work that teams of providers must do. … some of the key leadership functions that we focus on are:
   - Priority setting
   - Resource allocation (human, financial, freeing up staff time)
   - Providing support to teams
   - Celebration and recognition of success"

   Finally, a number of useful ASSIST reports and tools were shared along with links to HealthQual International and Institute for Healthcare Improvement. One participant from Zambia who acknowledged that he is new to improvement took a look right away at some of the resources and noted their usefulness: "thanks alot. the material is good. i liked the excel sheets."

2. **Promoting South-to-South exchange and connections:** In addition to the two primary course authors who facilitated the study group, they invited guest improvement experts from the ASSIST project from our field programs who can provide practical insights on the day-to-day of implementing improvement. Having guest experts from the field participate really helped to enrich South-to-South exchange. We witnessed participants responding to each other's questions and comments. For example, a doctor from Nigeria shared his experience leading a team that worked on improving patients' experience of episiotomy and perineal repair. He mentioned the challenge of overcoming the "blame and shame" concerns that folks at the facility level often have when participating in an improvement activity. In an effort to gain management's buy-in and alleviate these concerns, he used local and international data to compare the facility's results and emphasized that the causes of poor quality are usually found

in processes and rarely in people. After sharing his experience, a participant from Zambia asked if he used any specific analytical tools to document the process and results. The Nigerian doctor shared that he used "a few QI tools like process mapping, prioritization matrix, Ishikawa's chart, etc. data analysis was done with excel (we definitely could have done better here), and improvement achievements were documented on a runs chart."

In addition, a number of local connections were made among participants. A participant who oversees 26 health facilities in Zambia noted that they haven't formally undertaken an improvement activity yet but mentioned that he noticed a discrepancy in the number of people counseled and tested and those who received their test. Ideally, this should equate to 100%. This wasn't the case for two facilities. The course authors/study group facilitators shared a number of resources with the participant. In addition, he was able to connect and interact with an ASSIST staff person from Zambia who shared their experience in Kitwe and Mkushi, Zambia.

3. **Reinvigorating promotion efforts and raising awareness about the course:** Before we started promoting the study group, almost 400 learners had successfully completed the course. After we promoted the study group and up until a week after its completion, we saw an additional 143 learners successfully complete the course.

REFLECTIONS

In addition to the suggestions provided by the survey respondents, K4Health conducted an informal after action review with the study group's main facilitators to learn from their perspective what went well and what areas could be improved.

The study group facilitators felt well prepared for the two-week learning event. The advanced planning, specifically producing a detailed schedule and list of possible guiding discussions questions, allowed them to reach out to guest experts in advance and encourage them to participate on a selected day. They reached out to two for each discussion, which worked out nicely since when it came to the actual day of the discussion only one ended up being available and participating. In addition, K4Health's responsiveness and support as it related to some issues that a few participants were having accessing the site was appreciated. K4Health developed some detailed instructions for logging in to assist and through this process noted that the reset password button was missing; this was quickly rectified.

The study group facilitators noted that facilitating the study group took less time than they anticipated and they were not sure if this was an issue with the level of participation. They noted that it was a great group, but there wasn't always a huge depth of discussion. In comparison with the other study groups conducted to date, the Improving Health Care Quality study group did have the highest participation rate and it appears that it met participants' expectations – at least according to those who completed the post-study group survey.

Table comparing the participation rates for this study group with the previous ones.

Study group	Number of participants	Number of contributions/posts	Participation rate
Gender and Health System Strengthening	104	63 contributions from 22 active participants	21%
GIS Techniques for M&E of HIV/AIDS and Related Programs	73	42 contributions from 17 active participants	24%
mHealth Basics	177	90 contributions from 44 active participants	25%
Improving Health Care Quality	95	93 contributions from 28 active participants	29%

The study group facilitators/course authors reported that the feature was overall really easy to use. However, they did provide excellent suggestions for minor platform enhancements to the navigation and usability of the community functionality. These included:

- Integrate with email so that posts are automatically sent to everyone's email inboxes – This is something K4Health is currently working on
- Change the name of the button for posting to the group from "save" to "reply" – This is something that K4Health will explore with its IT team
- Consider pinning the latest posts by the facilitators at the top of the page so they remain more prominent – This is something that K4Health will explore with its IT team
- Consider surveying learners to see if "study group" connotes studying/homework/working through case studies - This is something K4Health will discuss with USAID

In addition, they noted a possible bug in which the latest discussion posts weren't being featured when you signed into your account and go to Community Home.

POSSIBLE NEXT STEPS

It might be worthwhile to follow-up with some of the most active participants to interview them for case studies or some other communications product to highlight how their participation enhanced their learning or improved their job performance. For example, three participants from Nigeria, Zambia, and Kenya accounted for 26 of the 93 contributions posted during the study group period.

Summary and Recommendations

- The study group was successful; it met three primary goals:
    - Promoting the sharing of experiences, solutions, and resources to effectively carryout improvement activities
    - Promoting more specifically South-to-South exchange and connections
    - Reinvigorating promotion efforts and raising awareness about the course
- Positive feedback on survey, even from those who were passive observers.
- Advanced planning and having guest experts alleviated the concern regarding time commitment.
- Minor platform enhancements were suggested.
- Possible follow-up with the identified champion participants to document how their experiences where enhanced through participation in the online study group.

APPENDIX: FULL SURVEY RESULTS

1. In which country do you work?

1	Jul 11, 2016 8:54 AM	Tanzania
2	Jul 11, 2016 5:10 AM	India
3	Jul 8, 2016 9:16 PM	Republic democratic of Congo
4	Jul 7, 2016 3:18 PM	Rwanda
5	Jul 6, 2016 9:03 AM	kenyat
6	Jul 6, 2016 6:58 AM	Nigeria
7	Jul 6, 2016 6:06 AM	USA
8	Jun 30, 2016 3:02 PM	USA
9	Jun 30, 2016 12:03 PM	Tanzania
10	Jun 30, 2016 11:03 AM	ETHIOPIA
11	Jun 30, 2016 7:15 AM	Nigeria
12	Jun 30, 2016 5:43 AM	Nigeria
13	Jun 30, 2016 5:38 AM	Swaziland
14	Jun 30, 2016 3:06 AM	India
15	Jun 27, 2016 4:36 PM	kenya
16	Jun 26, 2016 1:43 PM	Ethiopia
17	Jun 24, 2016 10:13 AM	Nigeria
18	Jun 24, 2016 8:52 AM	Zambia
19	Jun 24, 2016 7:16 AM	Kenya

2. Please describe the type of organization in which you work.

University/research institution	15.8%	3
International NGO (e.g. Save the Children)	26.3%	5
National/local NGO	26.3%	5
Civil society organization (CSO)	0.0%	0
Government/ministry	5.3%	1
Hospital	5.3%	1
Consultancy firm	5.3%	1
Self-employed	0.0%	0
Multilateral organizations (e.g. UN, WHO, or other donor agency)	0.0%	0
Private commercial sector	5.3%	1
News media	0.0%	0
Other (please specify)	10.5%	2

Other responses:

- National NGO but also secretariate for the National arm of Internatinal alliance
- not working yet

3. Did you complete the course:

Yes	68.4%	13
No	31.6%	6

4. Did you click on any of the links to additional resources in this course?

Yes	91.7%	11
No	8.3%	1
	answered question	**12**
	skipped question	**7**

5. Which sessions/topics did you find most useful?

1	Jul 8, 2016 9:20 PM	Setting improvement priorities and test of change idées using PDSA cycle
2	Jul 7, 2016 3:21 PM	PDSA cycle
3	Jul 6, 2016 9:05 AM	Identification of quality indicators the Know-do gap Concepts and principles of improvement measurement of improvement
4	Jul 6, 2016 7:05 AM	Responsibilities for improving healthcare
5	Jun 30, 2016 3:07 PM	Methodology for improving health care 1
6	Jun 30, 2016 11:03 AM	All
7	Jun 30, 2016 5:56 AM	Family planning and immunization again infection disease
8	Jun 27, 2016 4:37 PM	all
9	Jun 26, 2016 1:44 PM	QI tool kits an dQI publication
10	Jun 24, 2016 10:13 AM	All of them
11	Jun 24, 2016 8:59 AM	methodology for improving healthcare

6. Which sessions/topics do you feel like you could use more training on?

1	Jul 8, 2016 9:20 PM	ll could need more training on improvement measure
2	Jul 6, 2016 7:05 AM	Methodology for improving healthcare part 2
3	Jun 30, 2016 3:07 PM	Support for improvement
4	Jun 30, 2016 11:03 AM	All
5	Jun 30, 2016 5:56 AM	Improving health care quality
6	Jun 27, 2016 4:37 PM	setting priorities
7	Jun 26, 2016 1:44 PM	QI measurement, run chart
8	Jun 24, 2016 10:13 AM	None really
9	Jun 24, 2016 8:59 AM	practical applications of PDSA

7. Why did you sign up for the Improving Health Care Quality study group? (Select all that apply.)

To better understand course content	33.3%	6
To share my experience in applying improvement activities	55.6%	10
To learn from and network with colleagues working on similar improvement activities	83.3%	15
To learn from and network with the course authors	61.1%	11
To learn more about the topic because I just started the course and have not had enough time to finish it	11.1%	2
To take part in an online professional development opportunity	38.9%	7
Other (please specify)	16.7%	3
	answered question	**18**
	skipped question	**1**

Other responses:

- to improve my coaching skills in Quality improvement
- looking for job
- As a basis for further education

8. Did participating in the Improving Health Care Quality study group help you to better understand the course content?

Yes	83.3%	15
No	16.7%	3
	answered question	**18**
	skipped question	**1**

9. What specifically did you find useful about participating in the study group? (Select all that apply.)

It clarified concepts in the course	29.4%	5
It provided me with additional examples from the field	70.6%	12
It provided me with additional resources and references	47.1%	8
It provided me with an opportunity to ask questions that I had	29.4%	5
It provided me with an opportunity to learn from others dealing with similar issues	58.8%	10
I did not find the study group useful	0.0%	0
Other (please specify)		2
	answered question	**17**
	skipped question	**2**

Other responses:

- i was able to learn from the experts and how they are applying the concepts in the course to improve healthcare processes
- I need a job

10. To what extent do you feel that the discussion helped you to apply what you learned from the course?

I feel more confident to apply what I have learned	58.8%	10
I feel somewhat confident to apply what I have learned	29.4%	5
I do not feel confident to apply what I have learned	0.0%	0
I did not learn anything new	11.8%	2
	answered question	**17**
	skipped question	**2**

11. Which discussion topic(s) was the most useful and informative during the participant study group? Why?

1	Jul 11, 2016 8:56 AM	PDSA
2	Jul 11, 2016 5:22 AM	Applicability of Global standards and understanding of indicators
3	Jul 8, 2016 9:22 PM	Improvement priorities design and use of PDSA
4	Jul 6, 2016 9:38 AM	The plan segment of the PDSA cycle.
5	Jul 6, 2016 7:09 AM	Methodology for improving healthcare PDSA
6	Jul 6, 2016 6:09 AM	helps in tracking improvement interventions
7	Jun 30, 2016 3:08 PM	I only participated in the shared learning topic
8	Jun 30, 2016 11:04 AM	All
9	Jun 30, 2016 6:13 AM	The Plan Do Study Act. Because it brings out the results of the change of health care quality
10	Jun 30, 2016 5:44 AM	Improving Programme M&E because I have special intrest in understanding M&E.
11	Jun 27, 2016 4:39 PM	measuring improvement
12	Jun 26, 2016 1:45 PM	Roes of leadership in QI processes
13	Jun 24, 2016 9:01 AM	mrasurement for.improvement

12. How did you primarily participate in the study group? By:

Desktop/laptop	70.6%	12
Tablet	5.9%	1
Mobile phone	23.5%	4
	answered question	**17**
	skipped question	**2**

13. Did you post any messages in the study group?

Yes	70.6%	12
No	29.4%	5
	answered question	**17**
	skipped question	**2**

14. Did you have an easy or difficult time posting messages?

Easy	91.7%	11
Difficult	8.3%	1
	answered question	12
	skipped question	7

15. Why didn't you post a message?

1	Jul 7, 2016 3:23 PM	Time restraint
2	Jul 6, 2016 6:09 AM	time was very limited to dedicated myself to the study group
3	Jun 30, 2016 12:05 PM	i hard a tight schedule
4	Jun 30, 2016 11:05 AM	Similar idea are posted

16. What did you find difficult about posting?

1	Jun 30, 2016 5:47 AM	I was worrking outside the clinic whereby I had no access to internert services.

17. Did you share any information from the discussion with others (colleagues, friends, etc.)?

Yes	64.7%	11
No	35.3%	6
	answered question	17
	skipped question	2

18. What suggestions do you have for improving the Improving Health Care Quality study group?

1	Jul 11, 2016 5:28 AM	Some Audio files needed long time - add options for slower network connections
2	Jul 8, 2016 9:24 PM	To make the course fully avalaible in french for our collègue from francophone countries
3	Jul 7, 2016 3:25 PM	Having a Forum not only online discussion but also additional conference on Improving HC quality is indeed
4	Jul 6, 2016 7:10 AM	forum should be created for beginners/less experienced ones to foster inclusion in the group discussion
5	Jul 6, 2016 6:10 AM	study group be conducted at convenient time other than during working hours
6	Jun 30, 2016 3:09 PM	None--I thought it worked pretty well.
7	Jun 30, 2016 12:06 PM	Its great platform to learn and share
8	Jun 30, 2016 11:20 AM	NA
9	Jun 30, 2016 6:21 AM	They should give more courage to the Improving Health Care Quality Study group
10	Jun 30, 2016 5:48 AM	So far so good
11	Jun 27, 2016 4:40 PM	should be continuous/permanent
12	Jun 26, 2016 1:48 PM	Like the Summary section for I occasionally get lost in treads of study group conversations and I found authors' summary of discussion points quite helpful.
13	Jun 24, 2016 10:18 AM	The facilitators can share more of their QI success stories and challenges.
14	Jun 24, 2016 9:06 AM	I suggest audio resentations were we can be availed a chance to ask