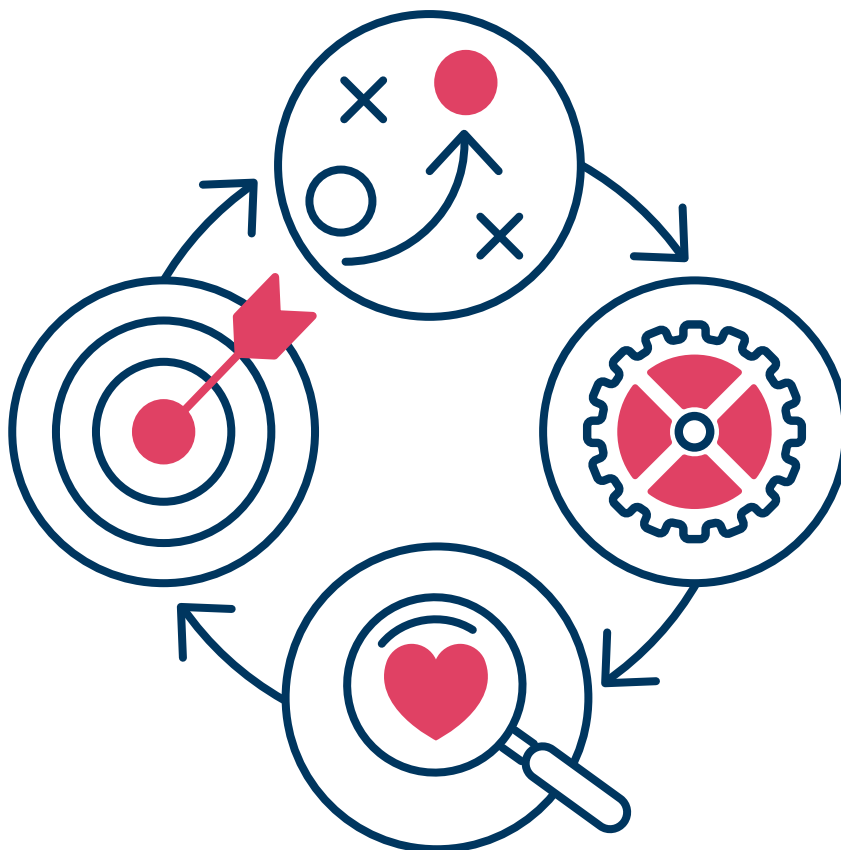


## UCLPartners Proactive Care Frameworks Implementation Workbook

# Taking a quality improvement approach



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# Welcome



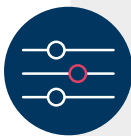
There are a variety of tools and resources in quality improvement (QI) which can support the implementation of the UCLPartners Proactive Care Frameworks. This module provides individuals with basic skills on how to use the Institute for Healthcare Improvement model for improvement when implementing the Frameworks.

This module provides both knowledge and resources to understand what QI is and how to implement a QI project. The improvement of hypertension management is used as an example throughout this module.

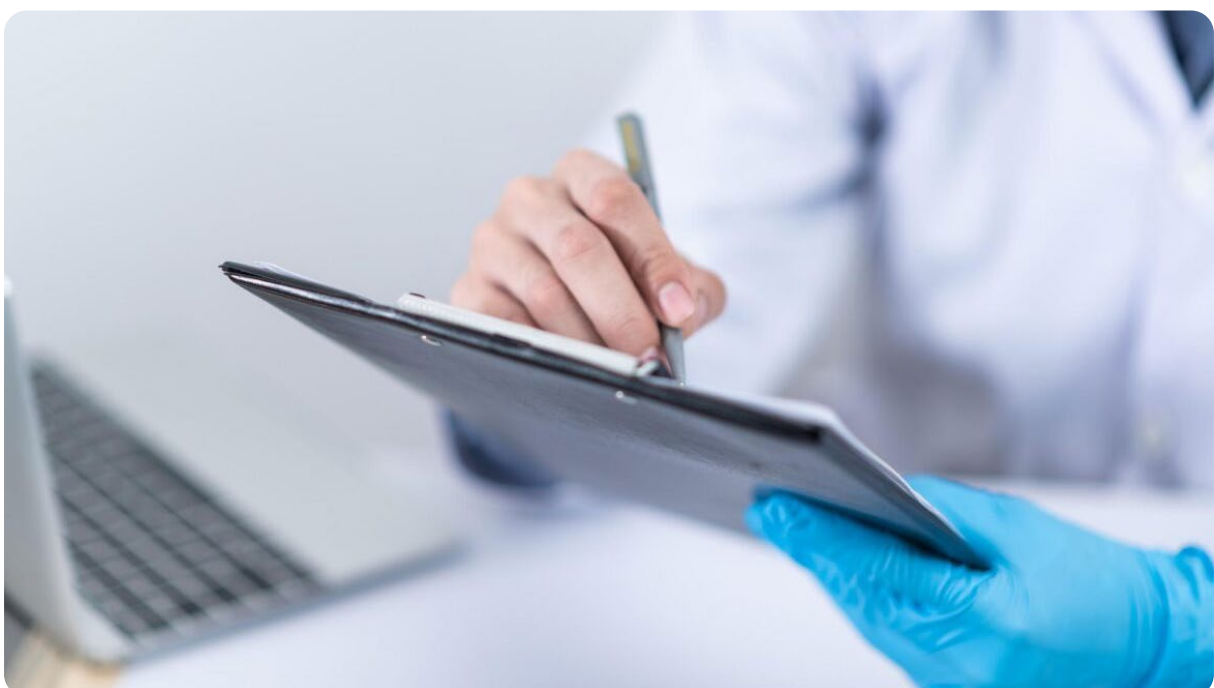
**Dr Matt Kearney**

*Executive Clinical Director for Cardiovascular Health, UCLPartners*

**Please note this module is not a comprehensive course and the activities rely on you having a basic understanding of QI.**



**Optional:** Based on the IHI Model for Improvement, our online Quality Improvement (QI) modules focus on the foundations needed to understand QI in a practical way and how to engage colleagues across your practices to deliver a successful QI project. Click on the icon or scan the QR code to access this resource.



# About Module 4



## Getting the most out of this document



Time to complete module:  
**60-120 minutes**

**Take notes as you progress**

**Review the additional content**

**Be curious and explore**

**Think about how this could work in your local practice**

**Voice your opinion on the discussion forum**

*Note: You can either print this document out and complete the sections by hand or you can type directly into the pdf and save.*



## FutureNHS

You can talk to other users of the workbook in our discussion forums on the FutureNHS platform. To access these discussion forums, you will need to visit [future.nhs.uk](https://future.nhs.uk) and register with your email address. Once logged in, search for the **Primary Care discussion forum: Proactive Care Frameworks** or scan the QR code and request to join the forum. Once approved, you will be able to share your experiences of these resources with your peers.



 **FutureNHS**



## Learning objectives

- Understand the basic principles of QI
- Apply QI approaches within your team to adopt the UCLPartners Proactive Care Frameworks
- Learn techniques that will allow you to motivate your team whilst implementing the UCLPartners Proactive Care Frameworks

## By the end of this module, you should be able to...

Develop a strategy using the principles of QI to implement the UCLPartners Proactive Care Frameworks. You should be able to; access data to understand the opportunity for improvement, write a SMART aim, complete a driver diagram, test change ideas and use data to measure improvement. You should be able to understand your team's behaviour as they experience a change project and be able to support them through it.



## Key terms

### **Additional Roles Reimbursement Scheme (ARRS)**

The scheme was introduced by NHS England in 2019 to provide funding for PCNs to recruit additional staff to meet the Directed Enhanced Service (DES) and deliver the NHS Long Term Plan. ARRS roles include community paramedics, care co-ordinators and physician associates.

### **Driver Diagram**

A diagram that organises the theory of improvement for a project and thus provides a learning structure for the project, acting as a plan on a page.

### **Impact and Investment Fund (IIF)**

An incentive scheme focussed on supporting Primary Care Networks (PCN) to deliver high quality care to their population.

### **Model for Improvement**

A simple yet powerful tool for accelerating improvement in projects, underpinned by three questions and a process for experimentation in a trial and learning style.

### **Proactive care**

Having the processes, access to data and the workforce in place to take a proactive approach to patient care. Proactive care underpins the Proactive Care Frameworks.

### **Process map**

A process map sets out exactly what occurs in the system at that moment. It maps out the current pathway and can be used to identify problem areas, stakeholders and ideas for change. A process map can also be used to map out a new pathway to understand the benefits and implications of the change.

### **Quality improvement (QI)**

Improving patient (and population) outcomes, system performance and professional development.

### **Quality Outcomes Framework (QOF)**

A system designed to remunerate general practices for providing good quality care to their patients.

### **Risk stratification**

The process of using data to assign risk levels to patients. These risk levels can then be used to make care management decisions.

### **SMART objective**

An acronym which helps to write a clear project objective. The acronym is Specific, Measurable, Achievable, Realistic and Timely.

### **UCLPartners**

A health innovation partnership that developed this workbook and resources. UCLPartners is a health innovation partnership. Our mission is to help five million people from North London to the Essex coast live longer, healthier lives. We solve the biggest health challenges through research and innovation, speeding up the delivery of solutions that improve health and care.

### **UCLPartners Proactive Care Frameworks (the Frameworks)**

The collection of resources developed and collated by UCLPartners to support primary care to identify, prioritise and optimise care of patients with long term health conditions.



### **Contact us**

If you have any questions regarding this workbook, please contact us at: [primarycare@uclpartners.com](mailto:primarycare@uclpartners.com)

We'd love to hear your views on the content in this module, please do provide feedback via the link at the end of this document.



### **Tweet us**

[@UCLPartners](https://twitter.com/UCLPartners)

[#CVDQI](https://twitter.com/hashtag/CVDQI)

### **Key to link buttons**

The workbook is intended for use as a digital guide to reduce the impact on the environment. The buttons below will direct you to the relevant external documents.



**Video**



**Option**



**Document**



**Discussion**



**Feedback**



**Sign up**

# What is quality improvement?



Quality improvement (QI) is about improving patient (and population) outcomes, system performance and professional development. More than a methodology, QI is about a change in behaviours, creative thinking and fundamentally, using measurement to guide improvement.

Using QI as a methodology allows a systematic approach to implementing the Frameworks by making small tests of change and adapting as you roll out new ideas. Continuously learning by observing and collecting data to identify successful change.



“ For me QI is about two things. Firstly, having a curious, creative mindset where you’re looking for ways to improve and you’re open to feedback. Secondly, having a toolkit of ways of working and resources that help to structure and give momentum to an improvement project. Breaking QI down into these two basic elements hopefully shows people that QI isn’t rocket science and you’re probably doing it already!

Kate Phillips, Programme Manager, UCLPartners

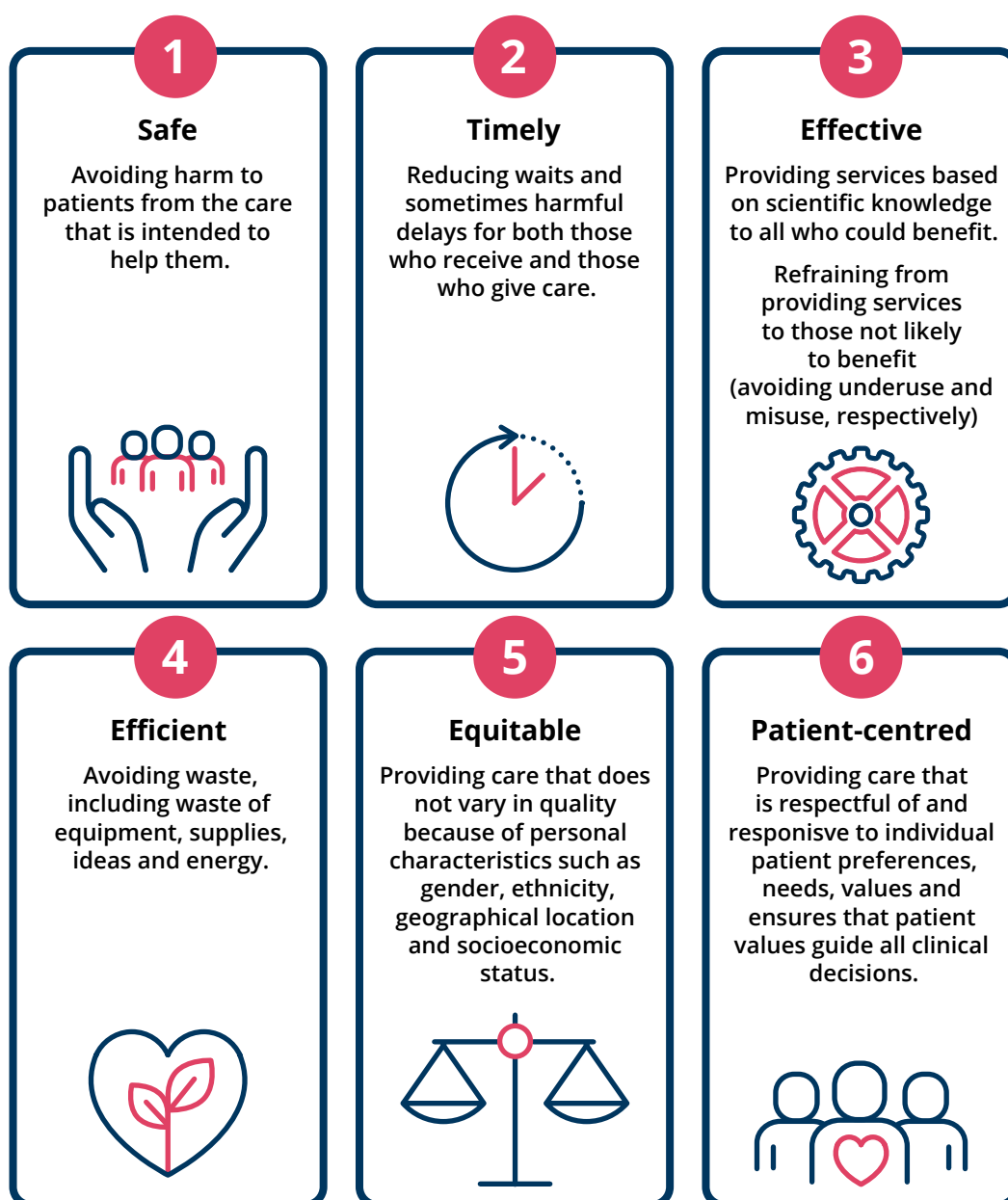
## Definition of quality

Before we take a deeper dive into QI, let’s first consider what we mean by ‘quality’.

**Quality is care that is effective, safe and provides as positive an experience as possible.**

NHS Outcomes Framework

## There are six domains of healthcare quality:



## What are the UCLPartners Proactive Care Frameworks?

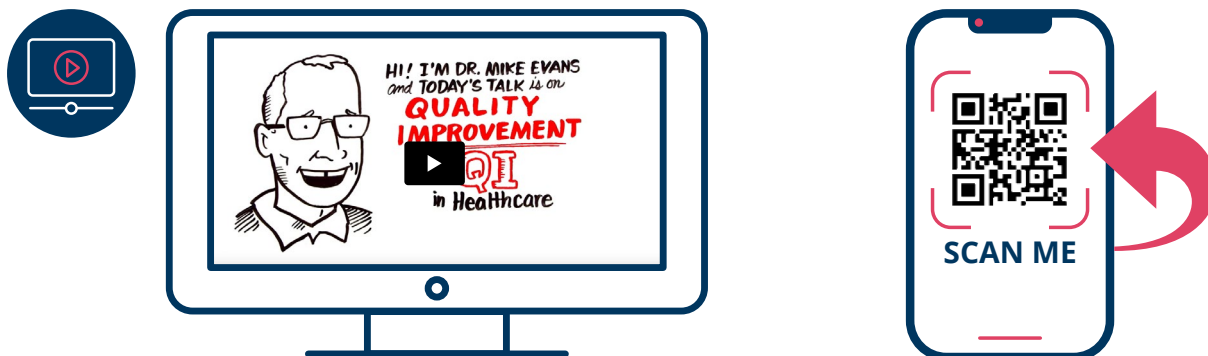
The Proactive Care Frameworks are designed to help the management of long-term conditions in this new world of primary care. The Frameworks focus on how to do things differently at scale. The Frameworks cover a range of long term conditions, including: four cardiovascular conditions (atrial fibrillation, hypertension, high cholesterol and type 2 diabetes), two respiratory conditions (asthma and COPD) and severe mental illness.

For more information about the Frameworks refer to **Module 1** of this implementation workbook.



# How does quality improvement relate to the Frameworks?

Watch this video from Dr Mike Evans as he delivers an introductory engaging animation on QI and the benefits to using the methodology in healthcare.



## Dr Mike Evans gives us these key takeaway messages:

- Quality Improvement science is well established in international healthcare and has roots in industry.
- Motivated individuals or “change agents” can help to change the system by supporting small behaviour changes that have a ripple effect to improve outcomes – you could be a change agent!
- The IHI model for improvement follows these three questions:
  - Q1: What are we going to change and by how much?
  - Q2: How will we know if a change has been an improvement?
  - Q3: What changes can we make that will lead to the improvement? Test one change at a time using the Plan Do Study Act cycle
- The human side of change is important to factor in and consider. Not everybody is ready for change and may resist it.
- Find something simple to get started with, and good luck!



## The benefits of taking a QI approach to implement the Frameworks

### Sustainability of change

- Using a QI approach to delivering the Frameworks will increase the likelihood of success. Implementing a new change may seem like a simple task, however there is much more to consider in order to ensure that this new process will have longevity.
- It's easy to start something new, have short term success and then return to business as usual. However, for the frameworks to have a lasting impact on your population, they will need to be enforced and ingrained into your practice. A quality improvement approach will help you to achieve this.

### Teamwork

- QI projects are a great way to involve your multi-disciplinary team (MDT). Bringing a whole team onboard can help team cohesion and new staff members to feel valued. QI is better than a traditional project as it includes ways of working that flatten hierarchies and give everyone a platform to speak and make improvements.

### Review your current practice

- In the past you may have made sudden significant changes in response to an urgent need, how do you know if these changes are working? You can use QI to reflect on how these changes are going and use the time and QI tools to reassess how you deliver care. Take the time with a dedicated QI project to process the changes made during COVID-19. You could specifically review your service through the lens of health care inequalities.

### Financial incentives

- The QOF QI Domain outlines how completion of a QI project can be used to fulfil QOF criteria (more about this on page 11). Speak to your PCN Clinical Director or Operations Manager to find out about local incentive schemes as these can include requirements for QI e.g. QI Medicine optimisation work.



**Reflect on:** Have you used quality improvement before? How did the improvement project go?

**Enter text here:**



## How to structure an improvement project: The Model for Improvement

The Model for Improvement, developed by the IHI, is a type of QI methodology and forms the structure for this workbook module. The Model for Improvement is being successfully adopted in many healthcare settings to improve patient care. It can be used to structure your improvement project. Review the model below and consider the questions being asked.



# 6 Steps of a quality improvement project

We've identified six steps to completing a basic QI project, based on the Model for Improvement above. This next chapter will go through each of these steps using methodology based on QI. Completing these activities can help you to improve patient care using the Frameworks.

Before embarking on your improvement work, consider if your change ideas could meet the requirements for the QOF QI reporting template.

Check the NHS England QOF guidance by scanning the QR code.

Ideas for QI Framework projects include:

- Increasing overall appointment volumes in general practice and optimising the numbers of appointments with the Additional Roles Reimbursement Scheme (ARRS) to best meet the needs of patients
- Improving staff experience of working in general practice, through better management of demand and capacity.



Additionally, consider if your improvement work can be sustained. For example, will it require a lot of money or a dedicated role?

## Step 1 Where are we now with our long-term condition management?

There are multiple sources of population health data available for you to better understand your patients and the care that is being provided. It's important before you start making changes in your practice that you understand how you are doing at the moment, by collecting baseline data, so that you can demonstrate improvement. Understanding your population and the services being provided in comparison to similar organisations, is an effective way to identify areas for improvement.

### Activity



We've selected a few national databases below that will help you to identify data for your practice or PCN and to make comparisons against the national average. Reflect on what this data means for you and your team, are there areas that could be improved? Which condition provides the greatest opportunity for improvement? Which UCLPartners Proactive Care Framework will you start with?

## Where are the opportunities for improvement?

It is important to understand where you are now, by using these data sources it will help to gain an insight of what is happening in the system within your region. These sites will provide you with baseline data e.g how many patients have hypertension within your geography, who of those patients are at high risk, and which priority group to focus your improvement work on.

### Risk stratification search

Use the UCLPartners **risk stratification searches** to understand your patient priority groups for your improvement work.



### CVDPrevent audit

CVDPrevent is a national primary care audit that automatically extracts routinely held GP data covering diagnosis and management of six high risk conditions that cause stroke, heart attack and dementia e.g. hypertension and high cholesterol. This will allow you understand your baseline data and see if your change has made an improvement.



### QOF

Use the NHS Digital site to understand how your practice is doing on QOF.



### Practice population data - Fingertips

Understanding your practice population risk factors for heart disease.





**Reflect on:** Are these data sources useful? Who else in your team would be interested to see them? How does the data make you feel and how would you like patient care to look like in the future? What could your improvement project be about?

**Enter text here:**





### Activity: What are your numbers?

Run the UCLPartners risk stratification search for hypertension and complete the table below using this as your baseline data. A guide on how to run the risk stratifications search is provided in **Module 2: Risk Stratification**.

	Patient numbers								
	Date	1	2a	2b	2c	3a	3b	4a	4b
Baseline									
PDSA 1									
PDSA 2									

Improvement cycle	Change idea(s)	Observations
PDSA 1		
PDSA 2		

You should expect to see variation in the patient group sizes after the second improvement cycle. This may be due to new patients being diagnosed and patients leaving and joining the practice. By using the Frameworks, ultimately you should expect to see a decline in numbers in the high priority groups, groups 1 and 2, as more patients have their long-term conditions controlled e.g. blood pressure. Variation in healthcare data is very common so look for the overall patterns.

**Notes:**

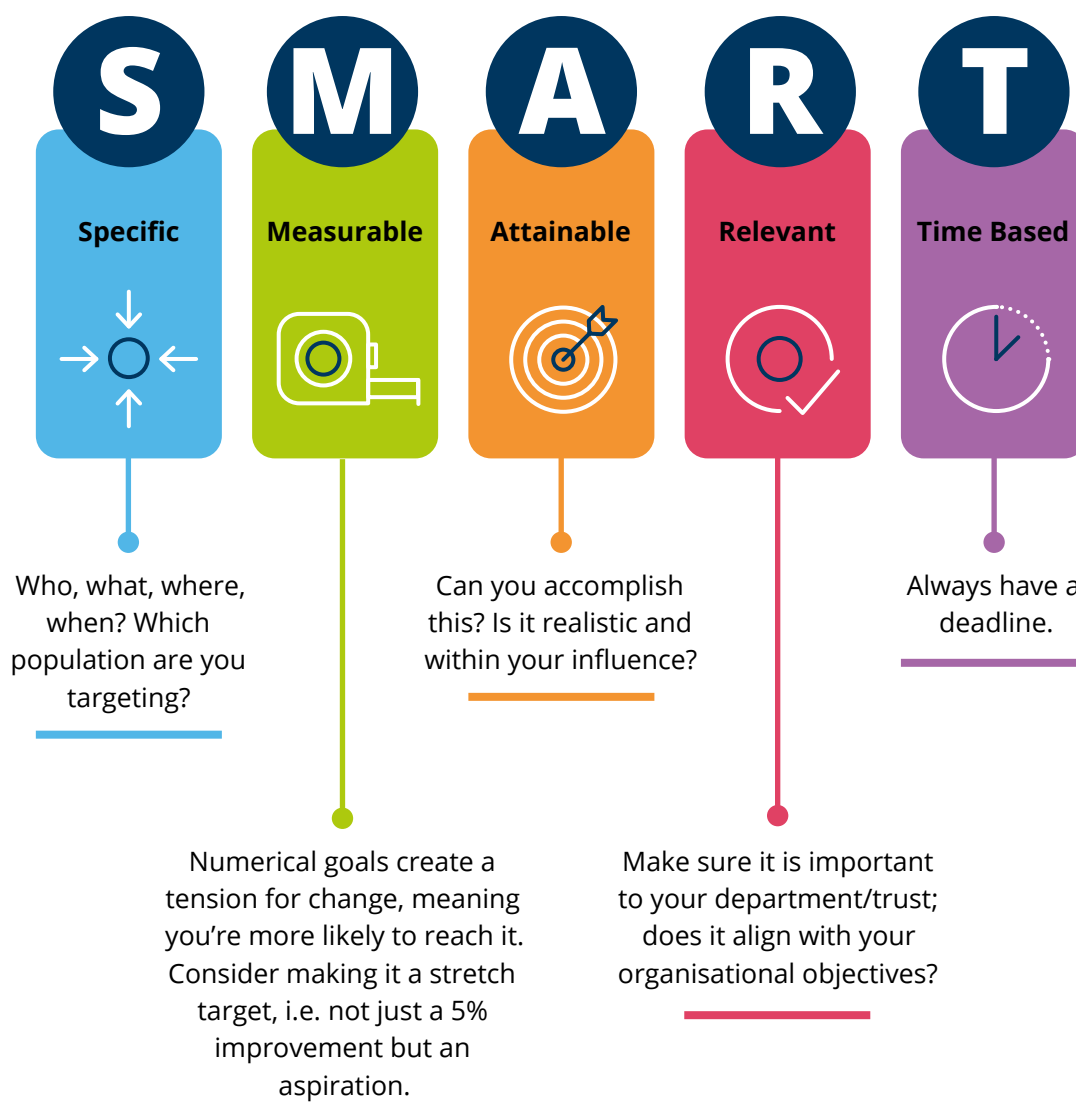


So now you have reviewed the performance data and reflected on what you'd like to improve, it's time to commit and set a SMART aim.



## Step 2 Creating a goal – SMART Aim

Change and improvement is hard. Individuals and organisations cannot improve without a clear and firm intention to do so. The first thing you need to make towards this commitment is a mission statement. Successful aims need to be SMART.



### Example aims statement:

- Identify 10 patients in priority group 1 and work with them over a four-month period to reduce their BP to below 140/90 (135/85 home reading) using medication and motivational coaching skills to support lifestyle change
- Health and wellbeing coach delivering self-management guidance using a digital tool to 30 patients in the priority group 4a group over 6 months



### Activity

Create your own SMART aim thinking about which priority group you want to focus on:

Enter text here:



Congratulations on pinning down your objective for your improvement work! Move onto the next step to consider how to plan your project and the factors that influence the delivery of your SMART aim.

## Step 3 Driver diagram

A driver diagram is a staple QI tool and is a one-page document that can help you to plan your improvement project and also communicate it concisely to your wider team.

The driver diagram captures the change team's current theories, ideas and hunches of improved outcomes that can then be tested and enhanced with PDSA cycles.

Completing a driver diagram with your team is highly recommended and it can be used to demonstrate continuous QI activity focused on optimising access to General Practice as specified in the QOF guidance.

As a team complete a driver diagram by following these steps:

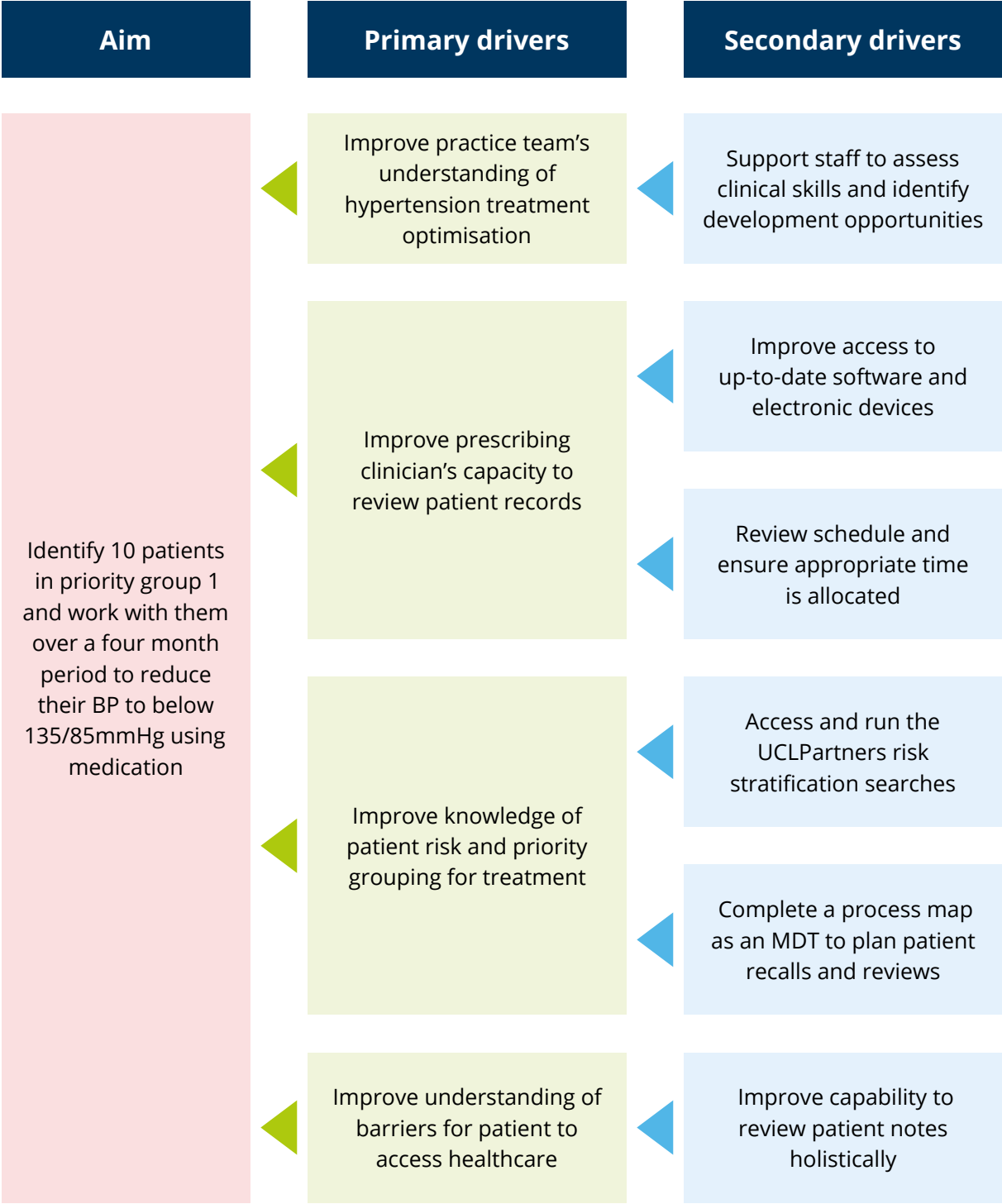
1. Populate the aim statement.
2. Consider the primary drivers that have the greatest power to influence the aims. A primary driver is one of the broad factors that enable the aim to be met.
3. Break the primary drivers down into smaller more precise factors, these are the secondary drivers and they will help you to focus on what to change and test.



**Optional:** Join Don Goldmann, MD, IHI's Chief Medical and Scientific officer as he gives a basic introduction to driver diagrams. Weight loss is used as an example, and the principles can be applied to the Frameworks.



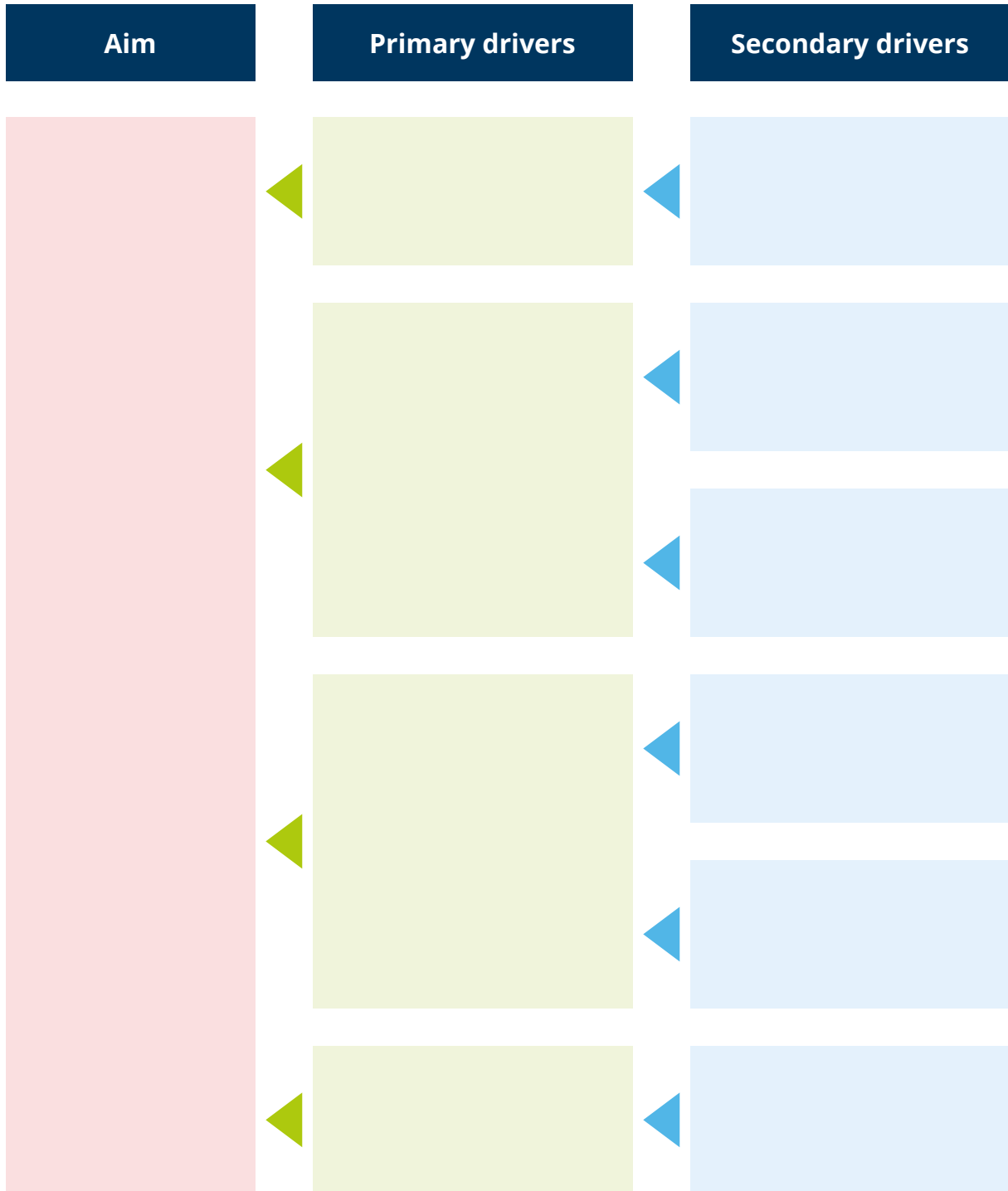
**Example driver diagram for a QI Framework project:**



### Activity



Have a go at completing the driver diagram template below. Remember your local AHSN improvement team may be able to help you with this activity. To find out who your local AHSN team are enter your organisations postcode to the [AHSN Network online map](#).



After completing your driver diagram (and remember this is a live document that you can edit throughout the project) the next step is to consider “how will we know if the change is an improvement?” In the next step we consider what you can measure to track the improvement.

## Step 4: Creating measures

# 4

“If you can not measure it, you can not prove it.

Lord Kelvin, British Mathematician

Measures are important for QI work as they tell us if the changes we make lead to an improvement.

We need measurements to understand our baseline activity, to track the changes we make and the impact of these changes. Collecting data throughout the QI project will help to create a compelling improvement story that others will want to hear and it can show whether the changes put in place have been sustained.

There are three groups of measures in a QI project:

### Outcome measures

- Directly linked to your aim, how will you know if the aim is achieved?
- How is the system performing?
- What is the result?

### Process measures

- Is the project running smoothly?
- Is the system performing as planned?
- Are you delivering the change you want?
- Data often comes from counting activity

### Balancing measures

- What happened to the wider system as we improved the outcome and process measures?
- Were there any unintended consequences on outcomes elsewhere?
- Data often comes from observations

## Example measures for a QI Frameworks project:

### Outcome

- Reduction in percentage of patients in the high-risk group
- Number of patients being offered weight management support once identified as being in the high-risk group
- % of consultations performed by ARRS members of staff

### Process

- Number of staff attending training sessions
- Number of consultations where the staff member knows which risk group the patient is in
- Number of patients using home blood pressure monitoring technology

### Balancing

- Number of other procedures completed due to increased capacity in the team e.g additional smear tests
- Percentage of staff who report improved work satisfaction
- Number of patients satisfied with their care on a scale of 1-5



### Activity

Use the box below to list the measures you think can be collected using the above as a guide, try to fit it into the Outcome, Processing and Balancing format.

**Outcome, process and balancing:**



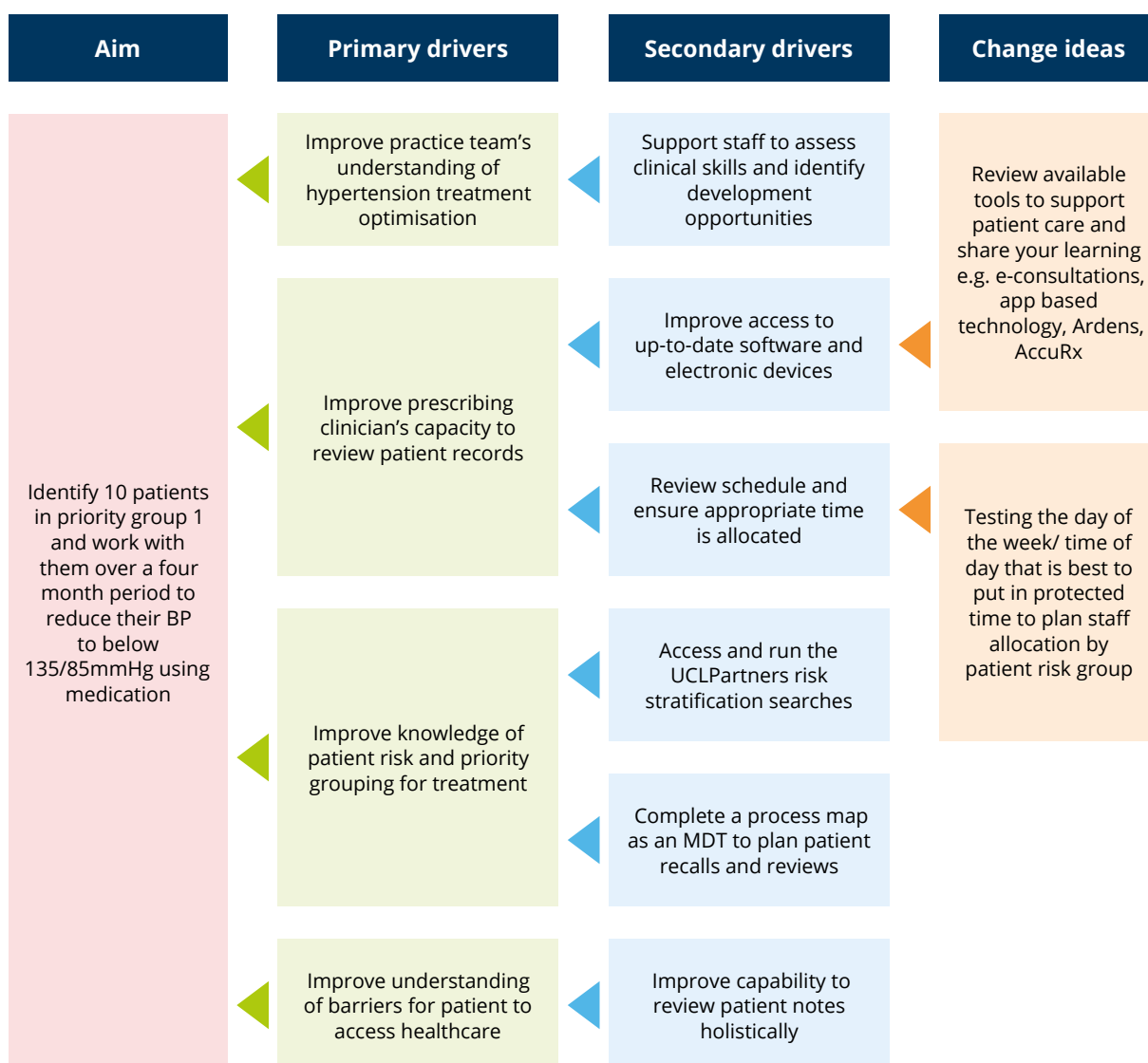
Well done for making a start on planning how you will measure your QI project. The next step in the IHI Model for Improvement is: what will you change that could lead to an improvement? You might have lots of ideas already, but it's best to get creative with your wider team to involve everyone in the changes from the start. The next step can help with this.

## Step 5 Change ideas

With your team consider ideas and new ways of working that could result in the improvement objective being met. Remember that no idea is a bad idea and all voices in your team should be heard. Add these change ideas to the right-hand side of your driver diagram and connect the change idea to the relevant secondary driver with an arrow.

1. Start of by reviewing the SMART aim, what do you want to achieve as a team?
2. Review the secondary drivers. Think of these points as mini goals, what simple things could you change to help you meet these mini goals?

We've added two **change ideas** to the example driver diagram below:





**Make a note of your change ideas here:**



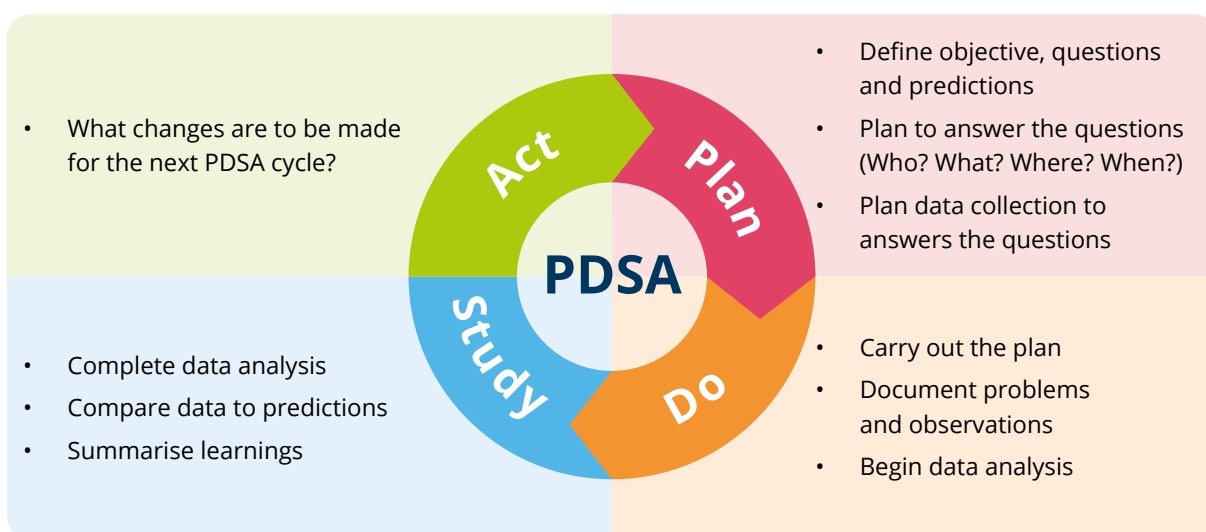
**“**“All improvement will require change, but not all change will result in improvement”

G. Langley et.al., The Improvement Guide, 1996

## Step 6 Plan Do Study Act (PDSA) cycles

The PDSA cycle is an iterative, four-stage problem-solving model used for improving a process or carrying out change. When using the PDSA cycle, it's important to include internal and external stakeholders; they can provide feedback about what is working and what isn't. The aim is to test one change idea at a time, each test will generate lots of useful information and tells you what you should do differently next time. Based on what you discover during the study phase **adopt, adapt** or **discard** the change.

*NB: Before thinking about your change ideas remember to look at the capability and capacity of your practice*



Source: NHS England. Plan, Do, Study, Act (PDSA) cycles and the model for improvement

**Planning:** is the most important part of any PDSA cycle.

**Do:** involves performing the task.

**Study:** to ensure predictions are compared with actual outcomes, this can reveal gaps in our current understanding of why a process or system behaves the way it does.

**Act:** decide whether to **adopt, adapt** or **discard** the change idea being tested.



### Congratulations on completing the six steps to our QI Framework project!

You might want to revisit the driver diagram as you develop the project or update the measures. There are also more QI activities you can do, for example digging deeper into the existing challenges with fishbone analysis or five whys and graphically presenting and analysing the data on run charts, however the six steps covered here are a great way to get started. You should share your improvement work with your PCN team, it will give you the opportunity to problem solve and celebrate your teams' efforts.

The five questions below are in the QOF QI Domain report, and you'll need to be able to share your answers with your PCN team to meet the QOF requirements.



**Reflect on:** Consider these questions from the QOF QI Domain report.

1. Was it useful to look over data about your practice demand and capacity?
2. Did you manage to set a clear, challenging but realistic target for improvement?
3. What were your ideas for change?
4. How are you co-producing changes with patients and carers?
5. Have you managed to involve the whole practice team in the improvement work?

**Notes:**



In this section we've covered how to plan the implementation of the UCLPartners Proactive Care Frameworks into your practice. The tools that we've provided will be able to assist you with planning and evaluating impact, however the work doesn't solely rely on the project lead, as it requires a team approach to deliver the work. The Proactive Care Frameworks will require your team to deliver on their tasks (as outlined in **Module 3**) in order to improve patient outcomes.

# Leadership and delivering the improvement plan

In this section, we will investigate what motivates our teams and how we can be a leader of change. The UCLPartners Proactive Care Frameworks could be seen as a big change which may meet resistance from your team. We will explore strategies and techniques that will allow you to involve your team and overcome these challenges.

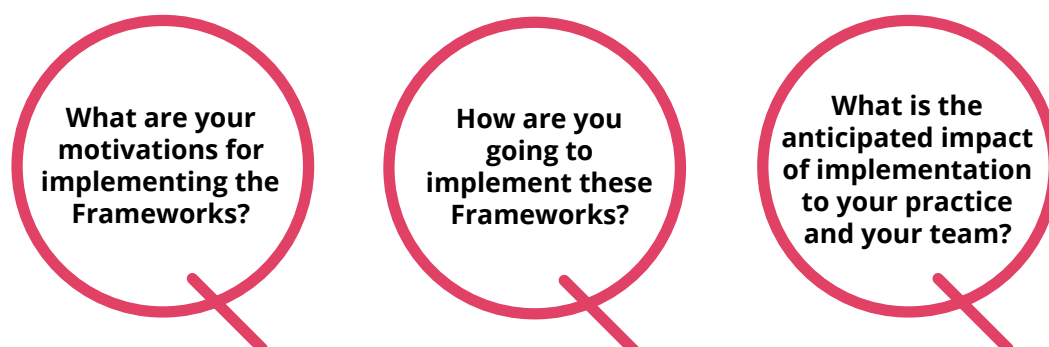
## What motivates teams?

Team motivation can be a barrier to implementing these Frameworks, with some team members being resistant to change. This part of the module will investigate these factors and how you, as the project lead, can help to overcome these barriers.

## Championing the programme

To effectively champion a programme into your practice the team needs to be aware of the context, the task that you're requiring them to do and the expected outcome.

Consider these questions:



You'll need to introduce the Frameworks to you team. Pitching allows you to easily communicate your idea to your colleagues and answer their questions without them having to wait through a potentially long explanation. Often when new ideas are introduced, we want to know the reason, how it will be done, how it will affect me and the outcome.

- Get your audience's attention
- Relate it to patient and workforce outcomes
- Deliver a clear message on the impact this will have
- Use an example of how this has worked
- Tell them what you want them to do

An example pitch to your colleagues about implementing the hypertension framework:

“ 40% of patients have poorly controlled blood pressure, and I'd like to trial the UCLPartners Proactive Care Frameworks to help improve this in our practice. Poorly controlled BP leads to increased risk of heart attacks and strokes. There are X amount of patients in our highest risk group with a last recorded BP over 180/120mmHg, I would like to take immediate action to address this. In the lower risk groups there are many more patients whose last BPs are better controlled but whom need reviewing. The Proactive Care Frameworks can help us to optimise their treatment. In a pilot site, it reduced GP appointments by allowing patients to be seen by the wider team and empowered patients to be aware of their blood pressure. I would like to implement this process in our practice which will improve how we deliver care and improve patient outcomes.



### Activity

Try writing your own pitch using the prompts above.

Write your pitch here:

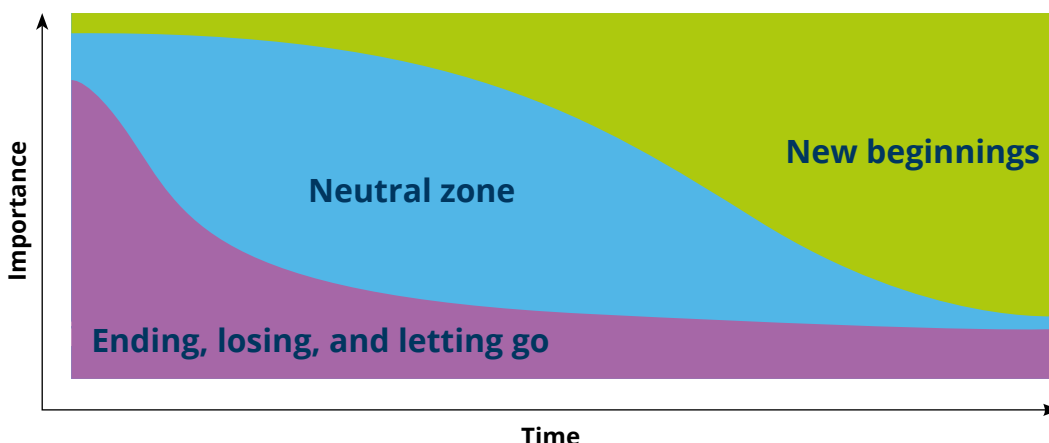


## Supporting staff through transition

People are often uncomfortable with change, for all sorts of understandable reasons, and this can lead them to resist or even oppose it.

Therefore, it's important to understand how people are feeling as change proceeds, so that you can guide them through it and so that they can accept it and support it.

Bridges' Transition Model helps you to understand how individuals process change and the importance of allowing space for each set of emotions as the project progresses over time.



Adapted from: W.Bridges, 1991.<sup>1</sup>

Understanding what is happening within the different transition stages can help you to support staff and make the process smoother.<sup>1</sup>

### Ending, losing, and letting go

Individuals need to let go of previous established processes. This can be met with resistance as you're asking them to let go of ways of working or accomplishing tasks that were successful to them in the past. This can cause a variety of negative emotions such as emotional upheaval, fear, denial and a sense of loss.

It is recommended that communication be transparent and focus on the future outcomes without negating previous processes. Set a clear objective and explain how this will improve the service.

### Neutral zone

This is an uncomfortable stage for most, as a new process is being established involving different task changes. There will be some champions and some resisters of the new processes. Time in the neutral zone is not to be wasted and assists with energy, refinement and transformation as you receive feedback and refine the service to your setting.

It is recommended that you provide guidance, direction and encourage involvement. Establish a mechanism for feedback and assign tasks to your team that they can own.

### New beginnings

In the new beginning phase, individuals begin to behave in a new way and can complete the new processes. It can cause a sense of insecurity, as they're performing tasks that were previously alien to them but overall, they see the benefit and are committed.

It is recommended that you acknowledge the achievement of your team and celebrate their efforts that have contributed towards the success. Aim to embed the task within your organisational goals.

<sup>1</sup> Adapted from: Bridges, W. and Mitchell, S., 2000. *Leading transition: A new model for change. Leader to leader*, 16(3), pp.30-36.

## Strategies for dealing with resistance

We've covered the psychological processes of responding to change, for example introducing a risk stratification approach for prioritising patient care, but how can you address these responses?

You can embrace these conversations by:

- Ask for the resisters input: 'How would you do it?', 'what would project success look like to you?'
- Explore reasons for resistance and be prepared to listen
- Engage with resisters individually rather than in a group
- Highlight the benefits: 'If we manage to deliver this project, it will benefit you/this group because...'

During these conversations it's important to acknowledge the detrimental effect of change on staff and not be dismissive of their feelings or concerns but address them and create a plan to overcome them, i.e. time away from patients to understand the Frameworks, regular touch-points etc.

For more information on the roles and responsibilities of staff in the Frameworks, please see **Module 3: Team Roles**.



### Discussion exercise: Make improvements by using the Frameworks

**What are your ideas for using a QI approach to implement the Frameworks?**

Click on the icon or scan the QR code.

 **FutureNHS**



# Summary



Congratulations on completing Module 4 of the Implementation Workbook!

You will have an awareness of the opportunities for improvement in long term condition care in your patient population and after reflecting on the data you will have identified an improvement goal and project objectives with your team. You will have identified how you will know if the changes you make lead to an improvement and you will have mapped these ideas onto a driver diagram to act as a road map to the improvement work. You will have started to collect data and to test your ideas, you are on the way to improving your service delivery. To conclude this module you will have considered your role as a leader of improvement work and how you can support your team through change.

# Feedback



We're keen to hear your feedback! Click the icon or scan the QR code to complete this quick (4 minute) online survey to help us to continually improve these modules.



# Receive module updates



Sign up to receive the UCLPartners Proactive Care Newsletter to find out when new modules are released. Click on the icon or scan the QR code.





# Additional notes

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