

Supplementary Table S1: QI Capacity Self-Assessment Tool

T1DX QI Capacity Self-Assessment			
Name of Clinic	Name		
Is this a pediatric or adult clinic?	o Pediatric		o Adult
1. QI Team Structure	Yes	No	Maybe
1.1) The Department Senior leader(s) is (are) engaged in the T1D improvement project. <i>An example of a “yes” response: The Department Senior Leader (or division chief) attends at least one meeting per month and expresses interest in achieving network goals/aims.</i>			
1.2) The Physician Champion/Leader is engaged and participates in the T1D improvement project. <i>An example of a “yes” response: The Physician Champion/Leader attends at least two calls a month (can be a collaborative or an intervention call).</i>			
1.3) The IT department is available and willing to implement technical changes. <i>An example of a “yes” response: The clinic team has approached (i.e. have had meetings internally or calls with T1D Exchange’s CTO) their IT team regarding upcoming data pulls for the QI IT portal.)</i>			
1.4) T1D patient(s)/parent(s) are engaged in the improvement project. <i>An example of a “yes” response: A T1D patient/parent (beyond clinic members with T1D) attends internal clinical meetings at least on a monthly basis and actively contributes ideas to improvement projects.</i>			
1.5) T1D QI core team members have relevant representation (job roles) and meet frequently. <i>An example of a “yes” response: The core QI team includes clinical champion, QI specialist, coordinator (i.e. research coordinator, RN or CDE), and a patient/parent representative).</i>			

2. QI Foundation	Yes	No	Maybe
<p>2.1) Improving T1D clinical outcomes are aligned with your organizational priorities.</p> <p><i>An example of a “yes” response: Your organization has metrics tied to clinical results and it’s possible to match our work with your organization’s priorities.</i></p>			
<p>2.2) Our team has a pool of potential test ideas to improve T1D outcomes and process interventions (Shared Decision-making, Depression Screening, Pre-visit Planning, etc.)</p> <p><i>An example of a “yes” response: Your team has brainstormed potential test ideas/change concepts to test for one of your interventions.</i></p>			
<p>2.3) We collect T1D patient-reported outcomes (PROs) or patient-reported experiences (PREs).</p> <p><i>An example of a “yes” response: Collection tools include an intake form, a survey, or a question asked during the visit.</i></p>			
<p>2.4) Your team has a system to facilitate the collection and capture of PROs and PREs mentioned above in 2.3.</p> <p><i>An example of a “yes” response: Your team has a mechanism to collect PROs (can be manually on paper) and has approached your IT team already to build PROs into the EMR.</i></p>			
<p>2.5) The team monitors quality T1D process and outcome measures.</p> <p><i>An example of a “yes” response: Your team can track process measures related to the interventions and at least one outcome measure.</i></p>			
3. QI Capacity	Yes	No	Maybe
<p>3.1) The team is proficient in completing PDSA cycles aligned with improving T1D process or outcome measures.</p> <p><i>An example of a “yes” response: Your group meets at least twice a month and can document a PDSA cycle from start to finish.</i></p>			

<p>3.2) The team is adept at updating run charts. <i>An example of a “yes” response: At a minimum, your organization can develop a run chart on Excel and annotate it appropriately (also submits them monthly to t1D Exchange).</i></p>			
<p>3.3) At least one of your team members is proficient in the QI model of improvement. <i>An example of a “yes” response: At least one member of your team has read “The Improvement Guide” and has completed a QI course with a strong focus on the QI model of improvement (Note: This is different from LEAN and Six Sigma).</i></p>			
<p>3.4) The team can map current processes, analyze contributing factors, causes and use essential QI tools. <i>An example of a “yes” response: Your team has created flow charts and fishbone diagrams to understand contributing factors.</i></p>			
<p>3.5) The team is comfortable scaling up successful improvement ideas. <i>An example of a “yes” response: Your team has documented rationales for scaling up improvement projects. Can point to a run chart or PDSA worksheet to justify scale-ups.</i></p>			
4. QI Success	Yes	No	Maybe
<p>4.1) The team shares T1D data/results with key stakeholders to improve quality. <i>An example of a “yes” response: Your team is comfortable showing clinical outcomes to key stakeholders to be held accountable and acknowledge ongoing efforts for improvement.</i></p>			
<p>4.2) The team has demonstrated successes in at least one intervention (pre-visit planning, depression screening, etc.) <i>An example of a “yes” response: “Success” means “adopting” a change tested during a PDSA cycle related to one of the interventions.</i></p>			

<p>4.3) The team has substantial improvement (at least 10%) in T1D clinical outcome measures (HbA1c, Time in Range).</p> <p><i>An example of a “yes” response: Your team can compare its mean clinical HbA1cs to its baseline and see an overall 10% improvement.</i></p>			
<p>4.4) The team is collectively improving their QI proficiency.</p> <p><i>An example of a “yes” response: Additional team members have attended QI training in recent months or started using other QI tools.</i></p>			
<p>4.5) Successful changes have been scaled up.</p> <p><i>An example of a “yes” response: At least one successful result related to a T1D Exchange intervention resulted in a scale-up (i.e., doing depression screening with ten providers now, up from one provider).</i></p>			