



NATIONAL QUALITY CENTER *Improving HIV Care.*

## **NQC Announcement Trainings for Consumers on Quality (TCQ) | Seeking Applications from People Living with HIV/AIDS**

Dear Colleague,

The National Quality Center (NQC) is recruiting people living with HIV/AIDS (PLWHA) for its upcoming training program, Training of Consumers on Quality (TCQ), to increase the number of consumers actively participating in local quality management committees or regional quality improvement activities. The rigorous TCQ Program includes extensive pre-work activities and a 2-day face-to-face TCQ session. The TCQ sessions are planned for May 12-14 in Atlanta, Georgia and June 7-9 in Sacramento, California (**please note, if selected to participate in the TCQ, you will be placed in either training location closest to your current residence to the best of our ability**).

We are asking for your assistance to widely disseminate this request for applications to people living with HIV/AIDS (PLWHA) who a) have the ability and commitment to participate in local and regional quality improvement activities, b) are associated with, volunteer for, or work with programs funded by the Ryan White Program, and c) are interested in participating in this pilot training. **Completed TCQ applications need to be completed by PLWHA applicants and must be received by close of business on April 5, 2013.**

All TCQ participants are expected to a) successfully submit an online application form that includes the submission of the participant's resume, one letter of reference, and a letter of support from a Ryan White grantee or subgrantee; b) complete all pre-work activities; c) attend the upcoming face-to-face TCQ Session; and d) take on an active role in a local, regional, or even national quality improvement efforts.

Successful TCQ graduates will:

- understand basic vocabulary for quality improvement tools, methodologies, activities, and processes
- master their skills to become a consumer champion in local and regional quality management committees
- demonstrate confidence in participating in quality improvement teams to address specific aspects of HIV care
- understand the various forms of consumer involvement, and identify appropriate methods of involvement in clinical quality improvement activities
- be aware of basic HIV care and treatment terminologies so that participants better understand basic indicator definitions and performance data reports

To apply for the NQC TCQ Program, PLWHA applicants fill out the online application (please use the following link below) and submit additional application documents (participant resume,

one letter of reference, and a letter of support from a Ryan White grantee or subgrantee) to the address below:

**a) To apply online, please use the following application link:  
<https://www.surveymonkey.com/s/tcqapplication>**

**b) To submit the additional application documents, please email them to Susan Barger at [smb08@health.state.ny.us](mailto:smb08@health.state.ny.us), fax to (518) 486-1315 or mail to the following address:**

Susan Barger  
NYSDOH AIDS Institute  
ESP, Tower - Room 412  
Albany, NY 12237  
New York, NY, 10007

Incomplete applications or those missing a resume, letter of reference, or other required documents will not be considered.

To learn more about this new training program, please visit our website at [NationalQualityCenter.org/TCQ](http://NationalQualityCenter.org/TCQ). For more information about the NQC TCQ, please contact Daniel Tietz toll free at (877) 874-0776, or via email at [det01@health.state.ny.us](mailto:det01@health.state.ny.us).

Kind regards,

Clemens Steinbock

National Quality Center  
New York State Department of Health  
AIDS Institute  
90 Church Street, 13th floor  
New York, NY 10007-2919  
212.417.4730  
<http://www.nationalqualitycenter.org>  
Sharing. Training. Consulting.  
Improving HIV Care.



NATIONAL QUALITY CENTER *Improving HIV Care.*

## **National Quality Center Training of Consumers on Quality Application Form**

Please answer the questions below to apply for the National Quality Center (NQC) Training of Consumers on Quality (TCQ) Program, which aims to increase the number of people living with HIV/AIDS as active participants in local quality management committees and regional quality improvement efforts.

In order for your TCQ application to be considered and reviewed by NQC staff, you must:

- a) fully complete this application,
- b) submit your resume or biographical sketch to NQC staff to learn more about your background,
- c) submit a letter of recommendation by a Ryan White Program-funded organization that describes your roles, responsibilities, and expectations as an accepted member in the organization's quality management committee, quality improvement team, or other quality improvement efforts, and
- d) please submit a letter of reference to support your application.

Please submit resume or biographical sketch, letter of recommendation, and personal letter of support via email, fax, or mail.

Susan Barger

Email: [smb08@health.state.ny.us](mailto:smb08@health.state.ny.us)

Fax: (518) 486-1315

Mail: NYSDOH AIDS Institute

National Quality Center

Room 412

Albany, NY, 12237

All questions related to the TCQ Program should be directed to Daniel Tietz, Program Manager for Consumer Affairs via email at: [det01@health.state.ny.us](mailto:det01@health.state.ny.us).

**(All information provided will be kept confidential!)**

## A) About You

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Mobile \_\_\_\_\_

Email \_\_\_\_\_

## B) About Your Supporting Organization

What is the name of the Ryan White Program-funded organization which supports your application to attend the TCQ? Supporting your application means that this organization is willing to accept you as an active participant on their quality management committee, quality improvement team, or within other quality improvement efforts.

Name of Organization: \_\_\_\_\_

Ryan White Grantee  Ryan White Subgrantee  Non Ryan White Funded  I Don't Know

Current Ryan White Part Funding (select all that apply):  A  B  C  D  F

Name of Contact Person at the Organization: \_\_\_\_\_

Job Title of Contact Person: \_\_\_\_\_

Email Address of Contact Person: \_\_\_\_\_

Organization Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The Ryan White Program-funded organization(s) named above has agreed to include me as a member of the quality management committee, quality improvement team, or other quality improvement efforts. To document this commitment, a written letter of recommendation accepting me as a member of the organization's quality management committee, quality improvement team, or other quality improvement effort is submitted describing my role, responsibilities and organization's expectations.

- Yes, letter of support is submitted.
- No, letter of support is not submitted (**please be advised that a letter of support is needed to be eligible to participate in this TCQ Program**).

## C) About Your Background

What is your current role within the supporting Ryan White Program-funded organization?  
(Check all that apply)

- No current role
- Patient
- Community Advisory Board (CAB) Member
- Peer Navigator/Educator
- Care Coordinator
- Administrator
- Clinical Provider (RN, PA, NP, MD, DO)
- Quality Management Committee Member
- Quality Improvement Team Member
- Volunteer, please specify: \_\_\_\_\_
- Staff Person, please specify: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_

How would you rate your level of knowledge of quality management in HIV care?

- None       Beginner       Intermediate       Proficient       Expert

How would you rate your level of experience in quality management in HIV care?

- None       Beginner       Intermediate       Proficient       Expert

Have you completed any of the following NQC Trainings or other quality improvement trainings?

- Making Sure Your HIV Care Is The Best It Can Be
- Training of Trainers (TOT)
- Training of Quality Leaders (TQL)
- Training on Coaching Basics (TCB)
- Other quality improvement training (please specify)  
\_\_\_\_\_
- None of the above

On a scale of 1 to 5, how likely are you to participate in all three pre-work webinars, the 2 day face-to-face TCQ session, and conference calls upon completion of the NQC TCQ Program?

- 1 – not likely
- 2
- 3
- 4
- 5 - very likely

In your own words, please write a brief essay (not more than 250 words) explaining why you want to attend the NQC TCQ Program, your experience in HIV quality management and/or involvement in quality improvement activities, or any other information you would like to provide to strengthen consideration of your application to participate in the TCQ Program.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**D) Demographic Profile (optional):**

What is your gender?

- Male                       Female                       MTF                       FTM

What is your race/ethnicity (select all that apply)?

- Black, non-Hispanic  
 Black, Hispanic  
 White, non-Hispanic  
 White, Hispanic  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian or Alaska Native  
 Other (please specify) \_\_\_\_\_

How many years have you been diagnosed with HIV?

- Less than 1 yr  
 1 to 5 yrs  
 5 to 10 yrs  
 10 to 15 yrs  
 15 to 20 yrs  
 More than 20 yrs  
 Not HIV-infected

Are you willing to sign a form to disclose your HIV status if chosen to participate in the NQC TCQ Program to allow for communication between you and other participants?

- Yes  
 No

Do you have regular access to the internet?

- Yes  
 No  
 Sometimes

Do you have any special needs NQC should be aware of? If yes, please describe.

---

---

## E) Application Checklist

I have completed the following application steps:

- All required questions in this online application, including my essay
- Submitted my resume or biographical sketch to NQC staff
- Submitted a letter of recommendation by my supporting Ryan White Program-funded organization, which states that I am currently a member, or willing to become a member, in the organization's quality management committee, quality improvement team, or other quality improvement efforts
- Submitted a letter of reference to support my application

**In order to be considered for the NQC Training of Consumers on Quality (TCQ) Program, I certify that all information provided is accurate. I am committed to fully participate in all TCQ activities and to become an active member of my supporting organizations quality management committee, quality improvement team, or other quality improvement efforts. I give permission for NQC staff to contact my supporting organization and to contact me to clarify any questions in considering my application to attend the TCQ Program.**

Signed by: \_\_\_\_\_ Date \_\_\_\_\_