

CREATING A CONTINUOUS QUALITY IMPROVEMENT PLAN: DEVELOPING FY2016 CQI PLANS

DOHVE 2

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WELCOME!



Please do not use the hold function, but rather place the call on mute

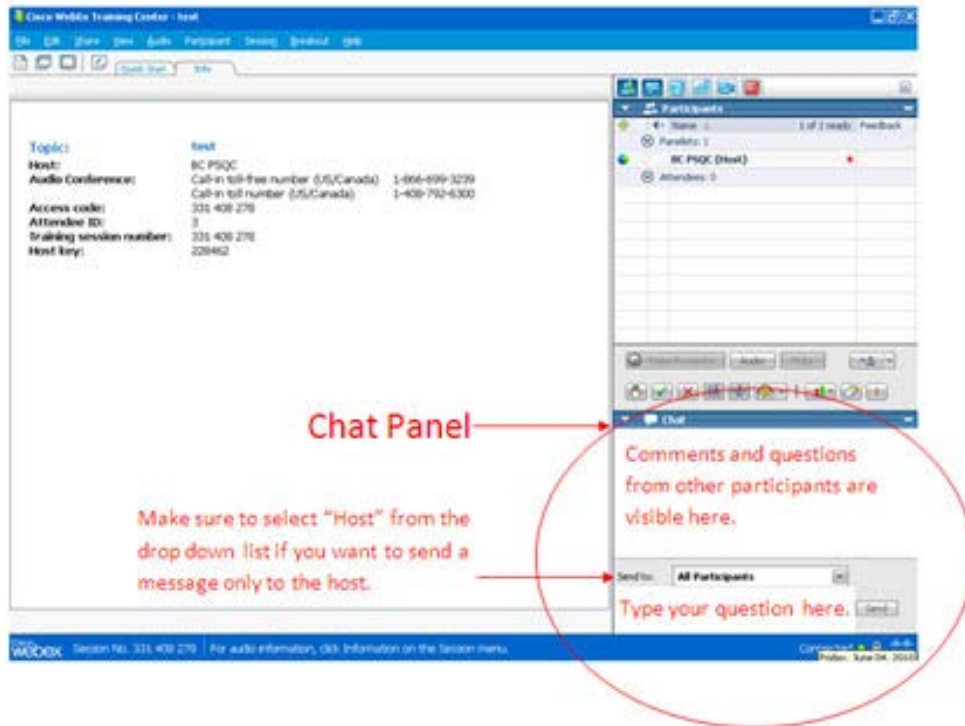


Please note that this call is being recorded and will be shared with colleagues unable to attend today



Use the chat box to ask questions and make comments

CHAT FUNCTION



- Type in the chat box:
 - Your name, role, and region
 - What do YOU most want to learn about with regards to continuous quality improvement?

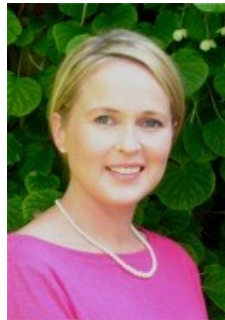
AGENDA

- Introductions
- Overview of DOHVE 2 CQI Support
- Presentation of CQI Brief and TA Resources
- Questions and Discussion

INTRODUCTIONS



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INTRODUCTION TO DOHVE 2

- DOHVE 2 is funded through the Administration for Children and Families (ACF) in collaboration with the Health Resources and Services Administration (HRSA)
- DOHVE 2 is staffed by experts from James Bell Associates and the Education Development Center

DOHVE 2 APPROACH

- Deliver accessible, proactive, and responsive technical assistance to MIECHV grantees on the following topics:
 - Benchmarks/Performance Measures
 - CQI
 - Data Systems/MIS
 - Performance Measure Reporting
 - Evaluation
- Support grantees in disseminating key findings related to these topics

HRSA – FEDERAL HOME VISITING (MIECHV) CQI PLANS

- HRSA priority that grantees continue to improve programs to better serve families and deliver high quality services
- MIECHV FY2016 grant requirement that grantees submit CQI plans
- Grantee CQI plans – due September 1st
- Federal and DOHVE Review – anticipate feedback to grantees in approximately 30 days after submission
- TA support to grantees around development of CQI plans

OVERVIEW OF CONTINUOUS QUALITY IMPROVEMENT SUPPORT

CONTINUOUS QUALITY IMPROVEMENT SUPPORT

- Support on CQI plan development and implementation
 - Plan feedback: Individualized feedback of grantee CQI plans
 - Universal webinars to address common themes and challenges
 - Resource documents for common CQI topics
 - Ongoing TA (1:1 or group)
- Quality Improvement Practicum: 6 month series of teaching and coaching sessions to clusters of grantees
- CQI plans will inform development of future resources

CQI BRIEF & RESOURCES

THE CQI BRIEF

- Highlights the purpose of a CQI plan
- Describes seven components of a CQI plan:
 1. Organizational system and support to maintain ongoing CQI work
 2. Clear guiding mission for the CQI work
 3. Measurable goals and objectives to improve outcomes
 4. Changes that will be disseminated to local implementing agencies (LIAs) for testing and adaptation
 5. CQI methods and tools
 6. Measures and a data collection plan for tracking, assessing, and guiding improvement
 7. Routine grantee monitoring of CQI progress and assessment of CQI work moving forward
- Aligns with FY16 FOA guidance

TELL US WHAT YOU THINK....

- What parts of the CQI plan do you feel most confident in accomplishing and executing?
 - Include CQI plan components as options. Can you share a list of these with me?
- Which areas do you feel you will need the most guidance and support?
 - Include CQI plan components as options.

CQI PLAN: ORGANIZATIONAL AND SYSTEM SUPPORT

- Team member roles, responsibilities, and tasks
- *Who, what, and how*
- Multiple levels of support/collaboration:
 - State leadership to grantee
 - Grantees to state CQI leaders
 - Grantees to LIAs
 - Grantees to DOHVE
 - DOHVE to grantees
 - Grantees and LIAs to families
- Anticipated challenges

CQI TEMPLATE: ORGANIZATIONAL AND SYSTEM SUPPORT

LIA

LIA Name	CQI Team Members/Roles (e.g., Ms. Johnson, Home Visitor)	LIA Management Lead	CQI Topic (e.g., family retention, breastfeeding)	Is this a new or existing topic for improvement?
Notes:				

Grantee

State/Territory Personnel dedicated to working on CQI	Experience With CQI	Formal Training in CQI	Professional Development/ Support Needed to be Successful in This Role	If assigned, LIAs/CQI Teams Supported (List)	Proportion of time dedicated to supporting CQI (e.g., .25 FTE)
Notes:					

CQI TEMPLATE:

ORGANIZATIONAL AND SYSTEM SUPPORT

	Method	Frequency	Additional Comments	Indicator(s) of Effectiveness
Describe point person and training methods planned to strengthen CQI competencies for state/ territory and local teams.	<p>Example: <i>Name of point person</i></p> <p>Methods:</p> <ul style="list-style-type: none"> - Annual CQI conference - Virtual topic calls - 1:1 team coaching - Group coaching 	<p>Example:</p> <p><i>Monthly calls</i></p> <p><i>1:1 check-in with each team monthly</i></p> <p><i>Group coaching and 1:1 per requests within 72 hours</i></p>	Add specific information on the type of training that will be done.	How will you know that teaching/ coaching is effective? Add examples to explain methods used for collecting data on efficacy and satisfaction.
Describe how you will encourage learning based on data into training and coaching.	<p>Example:</p> <p><i>Collaborative run charts and small multiples with LIA-identified data shared in monthly topic calls</i></p> <p><i>Storyboards with annotated run charts created by LIAs</i></p> <p><i>Team data used in 1:1 and group coaching</i></p>	<p>Example:</p> <p><i>Monthly</i></p> <p><i>Every 6 months</i></p> <p><i>Check-ins monthly with LIAs</i></p>		
Identify areas of anticipated support you would like to receive from the DOHVE team to provide optimal support to local CQI teams.				

EXAMPLE: TRAINING METHODS

MI Annual Conference for LIAs that includes storyboard sharing and quality improvement sessions

RI support includes written PDSA feedback to LIAs

FL using breakthrough series process with LIAs

WI providing LIAs individualized coaching on CQI



SAVE THE DATE

Michigan Home Visiting Conference
August 4 – 5, 2016

Pre-Conference Model Session
August 3, 2016

**Detroit Marriott
at the Renaissance Center**

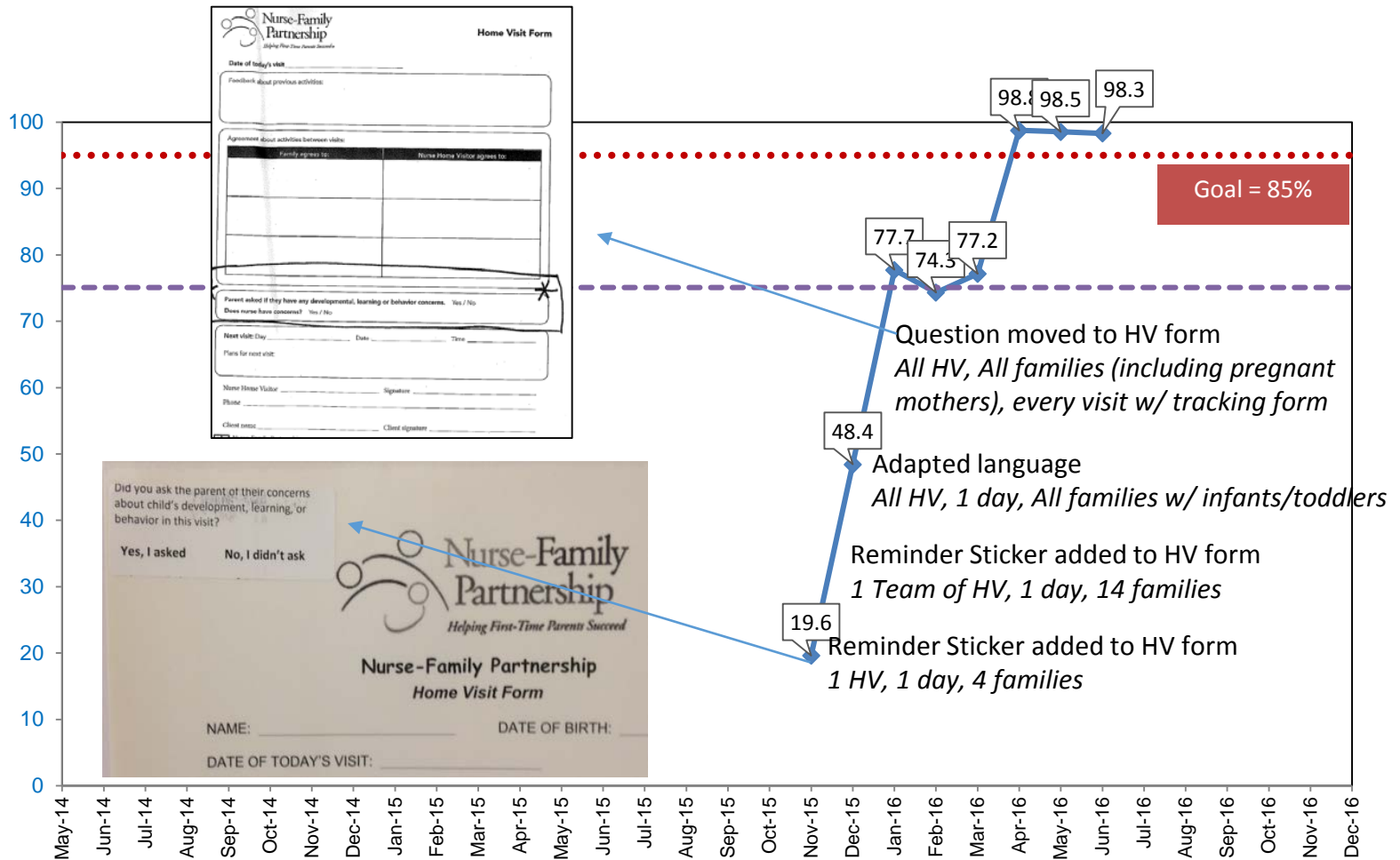
events.mphi.org

*Coordinated by the Michigan Home Visiting Initiative
Michigan Department of Health and Human Services*



EXAMPLE: LIA RUN CHART

% home visits this month where parents were asked if they have concerns re: child's development, behavior, or learning



Nurse-Family Partnership
Helping First-Time Parents Succeed

Home Visit Form

Date of today's visit: _____

Feedback about previous activities: _____

Agreement about activities between visits:

Family agrees to:	Nurse Home Visitor agrees to:

Parent asked if they have any developmental, learning or behavior concerns. Yes / No
 Does nurse have concerns? Yes / No

Next visit: Day _____ Date _____ Time _____

Plans for next visit: _____

Nurse Home Visitor: _____ Signature: _____
 Phone: _____
 Client name: _____ Client signature: _____

Did you ask the parent of their concerns about child's development, learning, or behavior in this visit?

Yes, I asked No, I didn't ask

Nurse-Family Partnership
Helping First-Time Parents Succeed

Nurse-Family Partnership
Home Visit Form

NAME: _____ DATE OF BIRTH: _____

DATE OF TODAY'S VISIT: _____

CQI TEMPLATE:

ORGANIZATIONAL AND SYSTEM SUPPORT

Challenge(s)	Possible Solutions	Is this an area you would like to request TA support? (yes or not right now)

CQI PLAN: GUIDING MISSION

What overall change do you want to see in your programs?

- Rationale for the guiding mission
- List of focal topics for each LIA
- Rationale for each topic
- Evidence of alignment of topics with state/territory priorities

CQI TEMPLATE: GUIDING MISSION

	Evidence of Need for Improvement	
	Topic #1 (e.g., Enrollment)	Topic #2
1. Explain how you chose the topic(s) for improvement. For example, did you gather information from baseline data, self-assessment, surveys, or other formal methods to identify gaps in services?		
2. Did you include consumer input to identify areas that need improvement, and if so, how?		
3. How does your mission align with MIECHV priorities?		

CQI PLAN: GOALS AND OBJECTIVES

- Goals vs. Objectives
- SMART Goals (Aims)
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time bound

WHAT ARE WE TRYING TO ACCOMPLISH?

Develop a Strong Aim Statement



Everyone raise your hands
electronically NOW!

SMART GOALS (AIMS)

- **Specific**: Clear and well-defined (e.g., population, scope, etc.)
- **Measurable**: Quantitative goals (from X to Y)
- **Actionable**: Within the sphere of influence
- **Realistic, Relevant**: Within resources, time frame, and aligned with the organization's priorities
- **Time bound**: Specific time frame by when the results will be achieved

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How Much?

By When?

FOCUS YOUR AIM STATEMENT

“*Some* is not a number, *soon* is not a time!”

- Don Berwick, Institute for Healthcare Improvement (IHI)

“Here is what I think we should do.
I think we should save 100,000 lives.

And I think we should do that by
June 14, 2006—18 months from today.

Some is not a number and *soon* is not a time.
Here’s the number: 100,000.

- Here’s the time: June 14, 2006—9 a.m.”

EVALUATE THIS AIM STATEMENT

By January 2015, 85% of mothers who screened positive for depression and refused a referral will be re-screened and provided a referral within 30 days.

What are they trying to accomplish?

How much?

By when?

EVALUATE THIS AIM STATEMENT

By January 31, 2015, 100% of children with parental concerns or positive screens not referred to Early Intervention or community services will receive individualized development support from home visitors.

What are they trying to accomplish?

How much?

By when?

EVALUATE THIS AIM STATEMENT

Offer enrollment to 90% of the families who we intend to enroll.

What are they trying to accomplish?

How much?

By when?

TIPS FOR DEVELOPING YOUR SMART AIM STATEMENT

- Involve senior leaders
- Focus on issues that are important to your organization
 - Connect the team aim statement to the strategic plan
 - BUT avoid aim drift (“Solving world hunger!”)
- Easy to Remember & Communicate
 - Imagine providing frequent and brief updates to leadership as you make progress (2-minute elevator speech)

CAN YOU COMMUNICATE YOUR AIM AND PROGRESS TO DIVERSE AUDIENCES IN A 2-MINUTE ELEVATOR SPEECH?



Which SMART Aim is easier to understand and to communicate progress on?

2014-2015 SMART AIM:
Increase by 20% from baseline the % of women exclusively breastfeeding at 3 months and 6months.

2015-2016 SMART AIM:
30% of infants will be fed breastmilk exclusively to 3 months of age and 15% of infants will be fed breastmilk exclusively to 6 months of age.

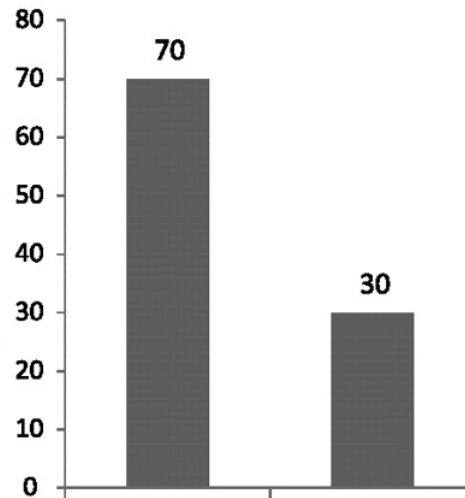
MEASUREMENT FOR IMPROVEMENT

	Quality Improvement
Purpose	To bring new knowledge into daily practice
Bias	Accept there will be some bias
Sample size	“just enough” data, small sequential sampling
Testing	Many sequential, observable
Measurement strategy	Run charts
Duration	“Small tests of significant changes” accelerates the rate of improvement

Source: Provost and Murray. *The Data Guide: Learning from Data to Improve Health Care*. pg 3. Austin, TX. (via IHI website)

DATA: SUMMARY STATISTICS FOR CYCLE TIME

Cycle Time
Results for Units
1, 2 and 3



Avg. Before Change Avg. After Change

SD = 11.36 SD = 13.15

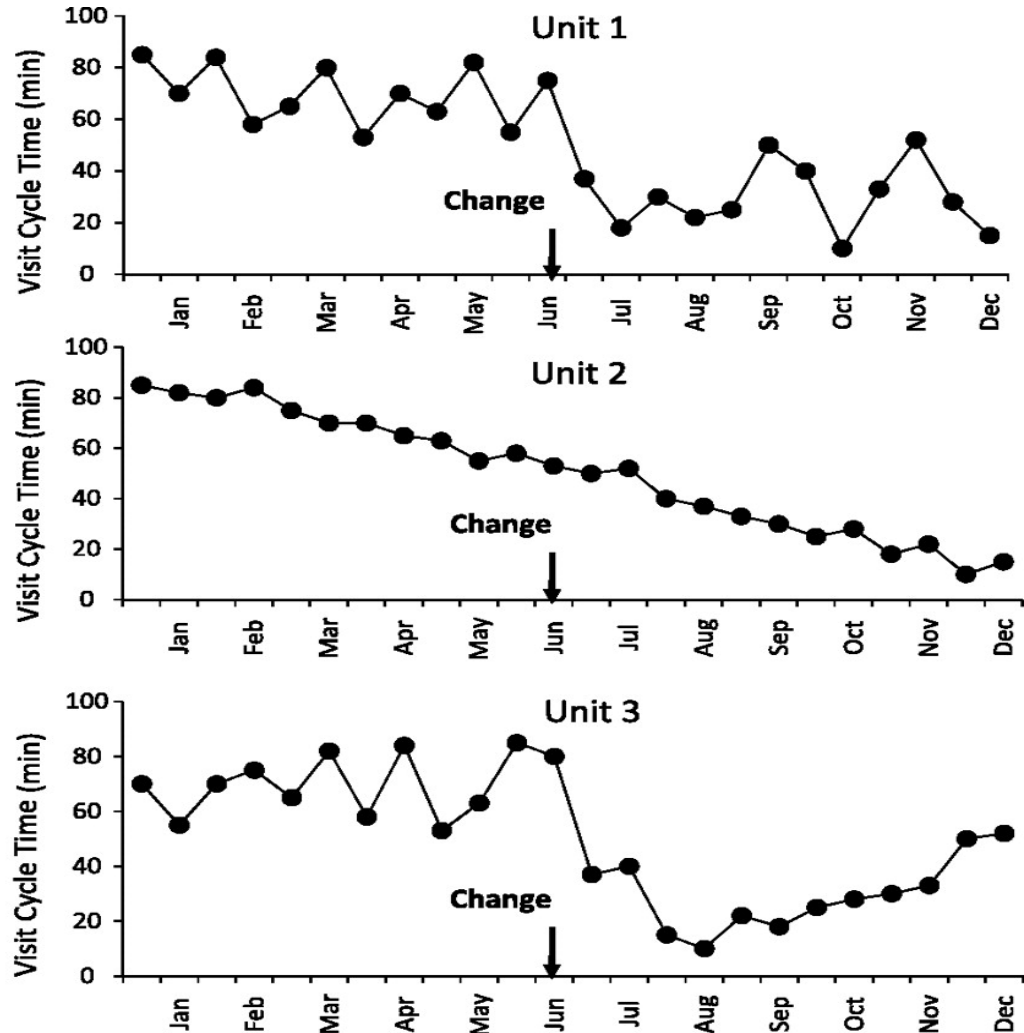
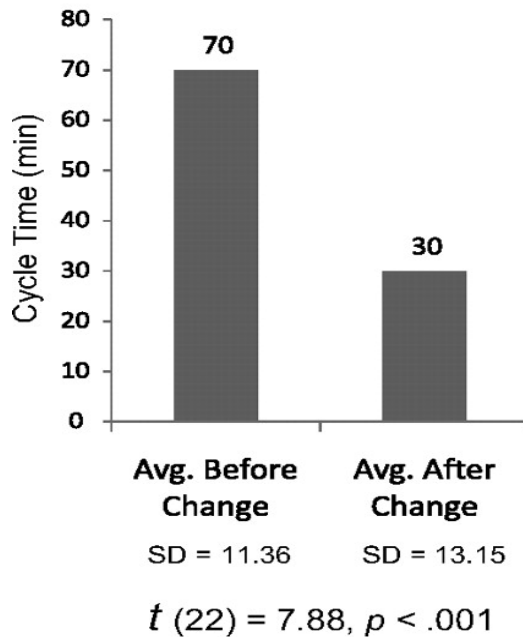
$t(22) = 7.88, p < .001$

Was this intervention effective?

- Type in the chat box and let us know what you think.

DATA: SUMMARY STATISTICS VERSUS RUN CHARTS

Cycle Time Results for Units 1, 2 and 3



CQI PLAN: MEASUREMENT AND DATA

- What measures will teams use to assess whether changes lead to improvement?
Frequent measurement for *improvement* and use of the data for decision-making!
- What are your systems for data...
Collection?
Storage?
Analysis?
Interpretation? Opportunities to share learning?
- How often will you review improvement data as a grantee CQI team? How often will you review improvement data with your LIAs?
- How will you communicate progress with all staff and families?

CQI TEMPLATE: GOALS AND OBJECTIVES; CHANGES TO BE TESTED; MEASUREMENT AND DATA COLLECTION

Objective(s)	Method(s) Used	Measure	Data Capacity	Review Process	Change(s) to be tested if known
<p>Example: By December 2016,—grantee Ohio will increase by 20 percent increase in families asked at every home visit about their child’s development, behavior, and learning.</p>	<p>Example: Support local teams to develop a visual display of their theory of change and related documents.</p> <p>Identify changes teams will test to reach the aim along with a set of measures to identify progress.</p> <p>Teams will use PDSA cycles to test changes.</p>	<p>Example: Percentage of home visits this month in which parents were asked if they had concerns regarding their child’s development, behavior, or learning</p> <p>Numerator: N home visits this month in which parents were asked if they had concerns regarding their child’s development, behavior, or learning</p> <p>Denominator: N home visits this month</p>	<p>How will local teams collect, store, and use data required for each measure?</p> <p>What form will the data take?</p> <p>How will it be cleaned and analyzed?</p>	<p>Example: LIAs report measures monthly using a formulated Excel template via an online portal.</p> <p>Data are reviewed monthly through team calls.</p> <p>Strengths, barriers, and need for mid-course correction are discussed.</p>	<p>Example: Home visitors use Parent Evaluation of Developmental Status language to elicit parent feedback at every home visit: “Do you have any concerns about your child’s learning, behavior, or development?...” A reminder sticker is placed on home visitor logs.</p> <p><i>Reminder: the changes tested can and should be adapted, adopted, or abandoned over time as testing and learning occur.</i></p>

CQI PLAN: CHANGES AND METHODS

- What changes will teams make to achieve the CQI goals?
Why these changes?
- Changes are the “how we do it” and can be:
 - best-practice approaches that have already been developed and tested by others (“change packages”)
 - corrective actions to address gaps or shortfalls in approaches that you have previously tried
 - ideas that leverage new technologies, such as IT systems
 - approaches using proven process improvement concepts, such as waste elimination, workflow improvements, and variation reduction

EXAMPLES OF CHANGES: FAMILY RETENTION

Gather feedback from families on the first 3 months of enrollment using a check-in card with guided questions:

“What has made home visiting meaningful up until now?”

“What might make it hard for you to continue to participate in the home visiting program in the next few weeks?”

“What do you need in order to continue?”

Try a variety of communication strategies to enhance the relationship between the home visitor and family:

Motivational interviewing

Active listening

Texting to support family’s early goals (“how is it going?”)

Develop family service plans that focus on one or two key goals identified by the family.

CQI TEMPLATE: METHODS

- What method for testing changes will be used?

Methodology	Description
Plan-Do-Study-Act (PDSA)	Develop plan, implement, study results, act on lessons learned
Six Sigma	Two models: Define, measure, analyze, improve, control (to examine existing processes) Define, measure, analyze, design, verify
FADE	Focus, analyze, develop, execute, evaluate
Model for Improvement	Ask three questions to identify goal, measures, and changes; uses PDSA cycles

CQI PLAN: ANNUAL GRANTEE REVIEW OF PROGRESS IN CQI EFFORTS

State CQI project	Active or completed	N participating LIAs	SMART Aim	Results	Successes	Lessons learned

CQI TEMPLATE: GRANTEE REVIEW OF PROGRESS IN CQI EFFORTS

Method	Frequency	Target audience
Example: <i>Kickoff meetings or all-staff meetings</i>		
<i>Storyboards or posters displayed in common areas</i>		
<i>Sharing your organization's annual CQI plan evaluation</i>		

CQI TEMPLATE

- Provides an outline and a table to enter content relevant to each section of the CQI Plan
- Supports a succinct and easy-to-digest view of key CQI plan information

Appendix A: Sample CQI Plan Outline

1. Organizational System and Support

- List LIAs or CQI teams that will participate in CQI activities and the extent to which LIA management supports direct involvement in CQI activities.
- Describe the extent to which program participants are included in CQI teams and encouraged to lead quality improvement work.
- List state/territory personnel assigned to CQI teams, including their relevant experience and skills.
- Summarize financial support for CQI work, including allocation of resources and staff time at the state/territory and local levels.
- Describe how you will generate buy-in and support for your CQI work.
- Describe training and coaching activities planned to strengthen CQI competencies for state/territory and local teams.
- Describe how you will incorporate learning based on data into staff training and technical assistance provided to LIAs.
- Highlight training or coaching the DOHVE team could provide to the state/territory team.
- Identify organizational challenges, if any, that could be barriers to CQI efforts and include an approach to addressing those challenges.

2. CQI Mission

- Include topic(s) of focus and a brief explanation of how the mission aligns with the state/territory's goals.

3. Goals and Objectives

- Include SMART aims for each goal and objective.

4. Changes to Be Tested

- Describe evidence-based changes to be tested.

5. Methods and Tools

- Identify CQI methods to be used.
- Describe CQI tools to be used, including a charter, a driver diagram, a process map, a track progress, process flowchart, etc.

6. Measurement and Data Collection

- Include a plan for data collection, including local and state/territory data.
- Describe LIA or CQI team activities for data collection, improvement, and analysis.
- Describe how you will use data to inform CQI work.

7. Annual Review and Assessment

- List active and completed CQI projects, successes, and lessons learned.
- Include a plan to monitor and evaluate CQI work.

Appendix B: Sample CQI Plan Template

Date:

1. Organizational System and Support

- Participating Local Implementing Agencies
 - Indicate number of federally funded LIAs in your state/territory:
 - Indicate number of LIAs participating in the CQI plan:
 - For those participating LIAs, complete the following table.

LIA Name	CQI Team Members/Roles (e.g., Ms. Johnson, Home Visitor)	LIA Management Lead	CQI Topic (e.g., family retention, breastfeeding)

Notes:

Tip: If home visiting program participants are not on local CQI teams, explain how they will play an active role in CQI work. In the notes section, identify administrative support for CQI work.

- Grantee Personnel to Support Local Implementing Agencies

State/Territory Personnel Assigned to CQI Teams	Experience With CQI	Skills Specific to CQI Work	Professional Development/Support Needed to be Successful in This Role	LIAs/CQI Teams Supported (List)	Staff Time Allocated To Supporting CQI Teams (e.g., .25 FTE)

Notes:

Tip: If personnel are not already identified, share your plan for securing personnel to adequately support local CQI work.

QUESTIONS AND DISCUSSION

- What do you feel is missing from the template?
- What challenges do you anticipate in developing your CQI plan?

NEXT STEPS

- Plans due September 1, 2016
- Plans will be reviewed by your HRSA Project Officer and members of the DOHVE 2 Team as they are submitted
- For questions regarding CQI guidance or how to access support in developing your CQI plan, reach out to your HRSA Project Officer

CONTACT INFORMATION

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QUESTIONS?

Please type your questions into the Q&A box in the right hand panel

For questions not answered today, look for a Q&A document that will be disseminated with a copy of the slides after the webinar