CREATING A CONTINUOUS QUALITY IMPROVEMENT PLAN: DEVELOPING FY2016 CQI PLANS

DOHVE 2

MATTHEW POES
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EDUCATION DEVELOPMENT CENTER, INC.
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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Branch Chief, DHVECS, MCHB
Health Resources and Services Administration
INTRODUCTION TO DOHVE 2

• DOHVE 2 is funded through the Administration for Children and Families (ACF) in collaboration with the Heath 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 grantees
  • 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

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

<table>
<thead>
<tr>
<th>State/Territory Personnel dedicated to working on CQI</th>
<th>Experience With CQI</th>
<th>Formal Training in CQI</th>
<th>Professional Development/Support Needed to be Successful in This Role</th>
<th>If assigned, LIAs/CQI Teams Supported (List)</th>
<th>Proportion of time dedicated to supporting CQI (e.g., .25 FTE)</th>
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## CQI Template: Organizational and System Support

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Additional Comments</th>
<th>Indicator(s) of Effectiveness</th>
</tr>
</thead>
</table>
| Describe point person and training methods planned to strengthen CQI competencies for state/territory and local teams. | Example: Name of point person  
Methods:  
- Annual CQI conference  
- Virtual topic calls  
- 1:1 team coaching  
- Group coaching | Example:  
Monthly calls  
1:1 check-in with each team monthly  
Group coaching and 1:1 per requests within 72 hours | 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. | Example: Collaborative run charts and small multiples with LIA-identified data shared in monthly topic calls  
Storyboards with annotated run charts created by LIAs  
Team data used in 1:1 and group coaching | Example:  
Monthly  
Every 6 months  
Check-ins monthly with LIAs |  |
| 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
% home visits this month where parents were asked if they have concerns re: child’s development, behavior, or learning

Goal = 85%

- Question moved to HV form
  All HV, All families (including pregnant mothers), every visit w/ tracking form
- Adapted language
  All HV, 1 day, All families w/ infants/toddlers
- Reminder Sticker added to HV form
  1 Team of HV, 1 day, 14 families
- Reminder Sticker added to HV form
  1 HV, 1 day, 4 families
## CQI Template: Organizational and System Support

<table>
<thead>
<tr>
<th>Challenge(s)</th>
<th>Possible Solutions</th>
<th>Is this an area you would like to request TA support? (yes or not right now)</th>
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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

<table>
<thead>
<tr>
<th>Evidence of Need for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic #1 (e.g., Enrollment)</strong></td>
</tr>
<tr>
<td>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?</td>
</tr>
<tr>
<td>2. Did you include consumer input to identify areas that need improvement, and if so, how?</td>
</tr>
<tr>
<td>3. How does your mission align with MIECHV priorities?</td>
</tr>
</tbody>
</table>
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
**SMART GOALS (AIMS)**

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- **Actionable**: Within the sphere of influence
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- **Time bound**: Specific time frame by when the results will be achieved

*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?
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?

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

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.

Which SMART Aim is easier to understand and to communicate progress on?
# Measurement for Improvement

<table>
<thead>
<tr>
<th>Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose</strong></td>
</tr>
<tr>
<td><strong>Bias</strong></td>
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<tr>
<td><strong>Sample size</strong></td>
</tr>
<tr>
<td><strong>Testing</strong></td>
</tr>
<tr>
<td><strong>Measurement strategy</strong></td>
</tr>
<tr>
<td><strong>Duration</strong></td>
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</tbody>
</table>

Was this intervention effective?

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

Data: Summary Statistics for Cycle Time

<table>
<thead>
<tr>
<th></th>
<th>Avg. Before Change</th>
<th>Avg. After Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle Time Results for Units 1, 2 and 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SD = 11.36</td>
<td>SD = 13.15</td>
</tr>
<tr>
<td>t (22) = 7.88, p &lt; .001</td>
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DATA: SUMMARY STATISTICS VERSUS RUN CHARTS

Cycle Time Results for Units 1, 2 and 3

<table>
<thead>
<tr>
<th></th>
<th>Avg. Before Change</th>
<th>Avg. After Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle Time (min)</td>
<td>70</td>
<td>30</td>
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</tbody>
</table>

SD = 11.36
SD = 13.15

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


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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

<table>
<thead>
<tr>
<th>Objective(s)</th>
<th>Method(s) Used</th>
<th>Measure</th>
<th>Data Capacity</th>
<th>Review Process</th>
<th>Change(s) to be tested if known</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Example: Support local teams to develop a visual display of their theory of change and related documents. Identify changes teams will test to reach the aim along with a set of measures to identify progress. Teams will use PDSA cycles to test changes.</td>
<td>Example: Percentage of home visits this month in which parents were asked if they had concerns regarding their child’s development, behavior, or learning Numerator: N home visits this month in which parents were asked if they had concerns regarding their child’s development, behavior, or learning Denominator: N home visits this month</td>
<td>How will local teams collect, store, and use data required for each measure? What form will the data take? How will it be cleaned and analyzed?</td>
<td>Example: LIAs report measures monthly using a formulated Excel template via an online portal. Data are reviewed monthly through team calls. Strengths, barriers, and need for mid-course correction are discussed.</td>
<td>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. Reminder: the changes tested can and should be adapted, adopted, or abandoned over time as testing and learning occur.</td>
</tr>
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</table>
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?

<table>
<thead>
<tr>
<th>Methodology</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan-Do-Study-Act (PDSA)</td>
<td>Develop plan, implement, study results, act on lessons learned</td>
</tr>
<tr>
<td>Six Sigma</td>
<td>Two models: Define, measure, analyze, improve, control (to examine existing processes) Define, measure, analyze, design, verify</td>
</tr>
<tr>
<td>FADE</td>
<td>Focus, analyze, develop, execute, evaluate</td>
</tr>
<tr>
<td>Model for Improvement</td>
<td>Ask three questions to identify goal, measures, and changes; uses PDSA cycles</td>
</tr>
</tbody>
</table>
## CQI Plan: Annual Grantee Review of Progress in CQI Efforts

<table>
<thead>
<tr>
<th>State CQI project</th>
<th>Active or completed</th>
<th>N participating LIAs</th>
<th>SMART Aim</th>
<th>Results</th>
<th>Successes</th>
<th>Lessons learned</th>
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</table>
### CQI Template: Grantee Review of Progress in CQI Efforts

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
<th>Target audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
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<tr>
<td><em>Kickoff meetings or all-staff meetings</em></td>
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<tr>
<td><em>Storyboards or posters displayed in common areas</em></td>
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<tr>
<td><em>Sharing your organization’s annual CQI plan evaluation</em></td>
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</table>
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
   a. List LIA or CQI teams that will participate in CQI activities and the extent to which LIA management supports direct involvement in CQI activities.
   b. Describe the extent to which program participants are included in CQI teams and encouraged to lead quality improvement work.
   c. List state/territory personnel assigned to CQI teams, including their relevant experience and skills.
   d. Summarize financial support for CQI work, including allocation of resources and staff time at the state/territory and local levels.
   e. Describe how you will generate buy-in and support for your CQI work.
   f. Describe training and coaching activities planned to strengthen CQI competencies for state/territory and local teams.
   g. Describe how you will incorporate learning based on data into staff training and technical assistance provided to LIA.
   h. Highlight training or coaching the OCHHE team could provide to the state/territory team.
   i. Identify organizational challenges, if any, that could be barriers to CQI efforts and include an approach to addressing those challenges.

2. CQI Mission
   a. Include topic(s) of focus and an explanation of how the CQI mission is addressed.

3. Goals and Objectives
   a. Include SMART aims for each goal.

4. Changes to Be Tested
   a. Describe evidence-based and innovative approaches.

5. Methods and Tools
   a. Identify CQI methods to implement.
   b. Describe CQI tools that will be used in your CQI initiative, such as a charter, a driver diagram, or other tools to track progress, process.

6. Measurement and Data Collection
   a. Include a plan for data collection and analysis.
   b. Describe data collection and analysis plan.
   c. Describe how you will use data.

7. Annual Review and Assessment
   a. List active and completed CQI initiatives, successes, and lessons learned.
   b. Include a plan to monitor and evaluate progress.

Appendix B: Sample CQI Plan Template

Date:

1. Organizational System and Support
   A. Participating Local Implementing Agencies
      a. Indicate number of federally funded LIA in your state/territory.
      b. Indicate number of LIA participating in the CQI plan.
      c. For those participating LIA, complete the following table.

<table>
<thead>
<tr>
<th>LIA Name</th>
<th>CQI Team Members/Roles (e.g., LH, Johnson, Home Visitor)</th>
<th>LIA Management Lead</th>
<th>CQI Topic (e.g., family retention, breastfeeding)</th>
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<tr>
<td>Notes:</td>
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</table>

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

B. Grantee Personnel to Support Local Implementing Agencies

<table>
<thead>
<tr>
<th>State/Territory Personnel Assigned to CQI Teams</th>
<th>Experience With CQI</th>
<th>Skills Specific to CQI Work</th>
<th>Professional Development/Support Needed to be Successful in This Role</th>
<th>LIA/CQI Teams Supported (List)</th>
<th>Staff Time Allocated To Supporting CQI Teams (e.g., 25 FTE)</th>
</tr>
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<tbody>
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<td>Notes:</td>
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</tbody>
</table>

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

For questions about this webinar, please contact:

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nicole.denmark@acf.hhs.gov

Susan Zaid
Deputy Project Director
szaid@jbassoc.com
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.