

DOHVE: Design Options for Maternal,
Infant, and Early Childhood Home
Visiting Evaluation

Building a Culture of Quality in Home Visiting

January 13, 2011





Today's Presenters

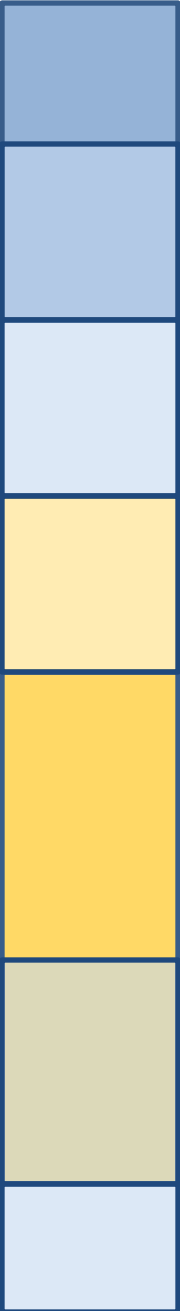
Audrey Yowell, DrPH
Maternal and Child Health Bureau

Lauren Supplee, PhD
Administration for Children and Families

Robert T. Ammerman, PhD, ABPP
Every Child Succeeds & Cincinnati Children's Hospital Medical Center

Kathy Hatfield, MEd & Rebecca Kelly, MS, NCC, LPC-MHS
Child & Family Tennessee

Jill Filene, MPH
James Bell Associates



DOHVE: Design Options for Maternal, Infant, and Early Childhood Home Visiting Evaluation

- Working with US-DHHS to support the federal Maternal, Infant, and Early Childhood Home Visiting Program
- DOHVE:
 - ✓ Design options for a federal evaluation of evidence-based home visiting programs
 - ✓ Evaluation-related Technical Assistance (TA) for “promising approaches”
 - ✓ TA for grantees’ continuous quality improvement, Management Information Systems (MIS), and benchmarks



DOHVE Evaluation TA Team

- James Bell Associates (JBA)
- MDRC
- Cincinnati Children's Hospital Medical Center & Every Child Succeeds



Goals of Webinar

- Understand why continuous quality improvement (CQI) is so appealing
- Understand what constitutes a culture of quality
- Provide overview of elements to build a culture of quality within your organization
- Gain additional knowledge and insight into the value of quality improvement



What is Continuous Quality Improvement?



- Continuously improving performance of systems through a series of metrics to enable the delivery of reliable, consistent results the first time, every time

What is Appealing about CQI?

- Addresses variability
- Generates new learning over a short time with small numbers
- Uses data to make decisions
- Provides a roadmap for adapting home visiting programs to local conditions/individual environments while retaining essential features of the program and promoting fidelity



CQI Can be Confusing



"quality improvement"



Search

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Ad

Turn data into decisions. Learn how it's done. Free chapter download.
www.jmp.com

[What is Quality Improvement?](#)

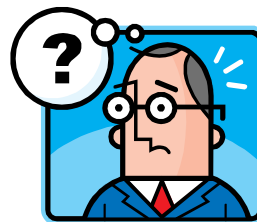
The purpose of this module is to help you understand and apply principles and practices of **Quality Improvement (QI)**. It will cover: ...
patientsafetyed.duhs.duke.edu/...a/module_overview.html - [Cached](#) - [Similar](#)

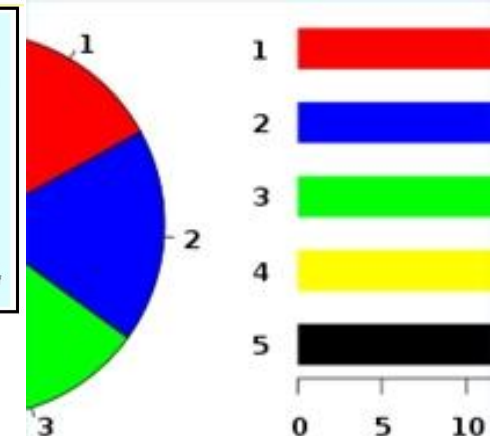
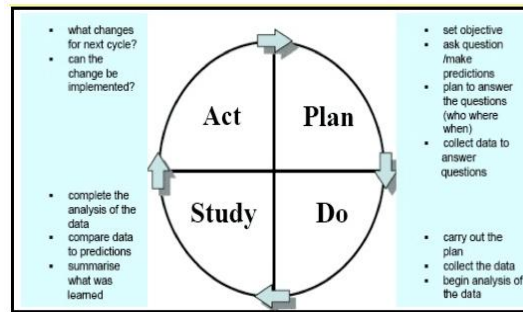
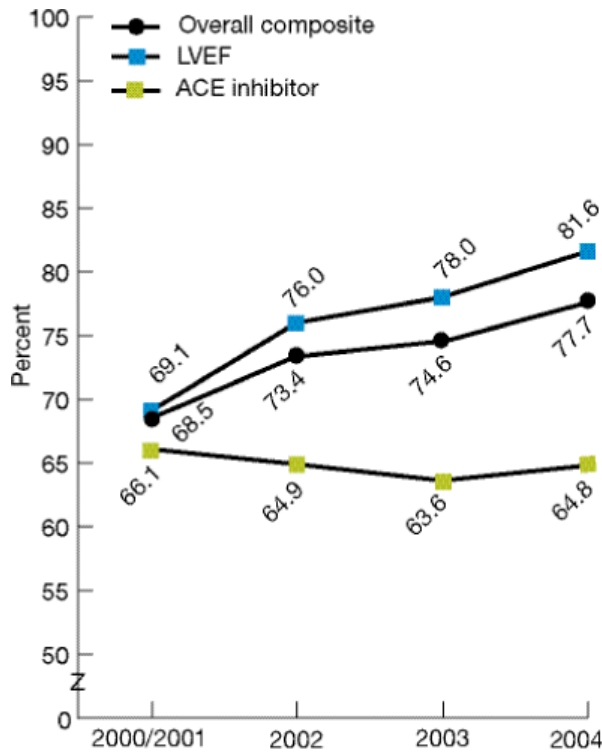
[Quality management - Wikipedia, the free encyclopedia](#)

After the second world war, Japan decided to make **quality improvement** a national The more complex **Quality improvement** tools are tailored for enterprise ...
en.wikipedia.org/wiki/Quality_management - [Cached](#) - [Similar](#)

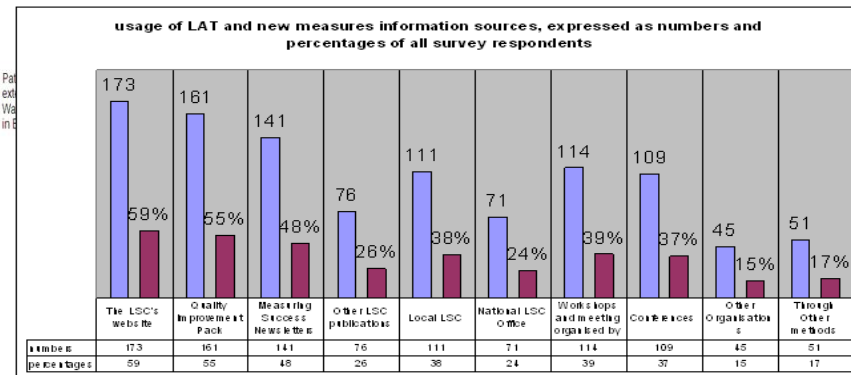
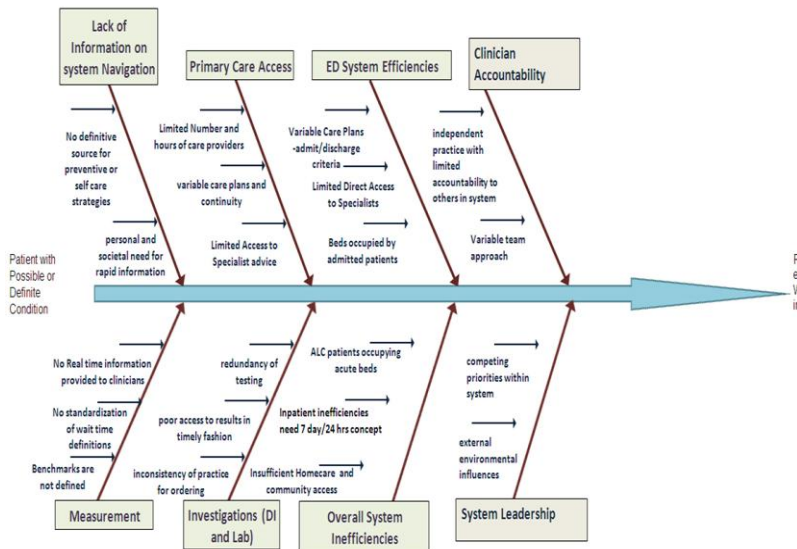
[quality improvement definition](#)

quality improvement - definition of **quality improvement** from BusinessDictionary. com:
Systematic approach to reduction or elimination of waste ...

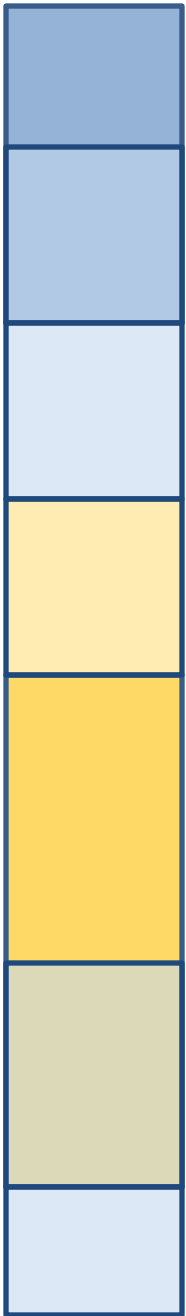
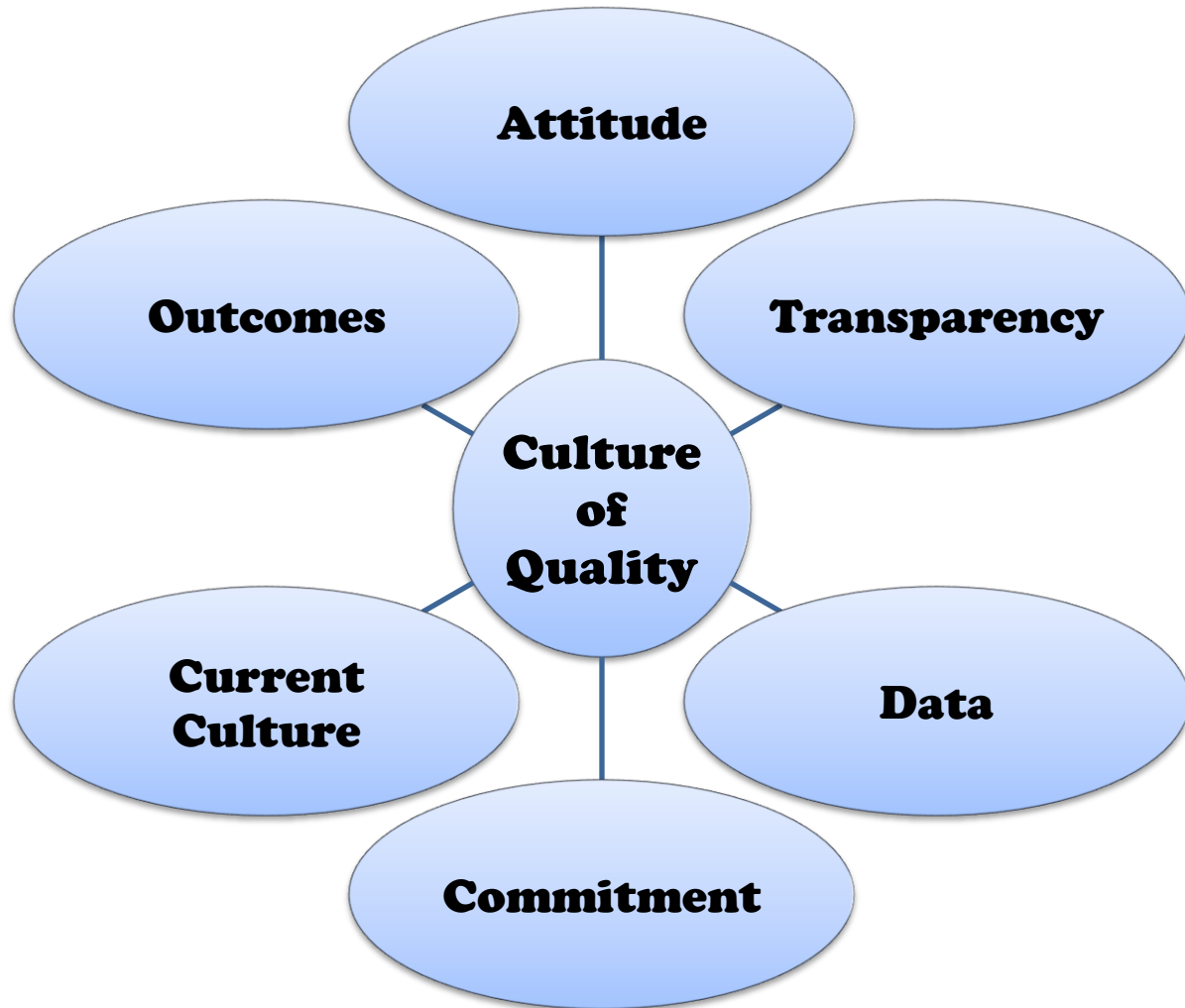


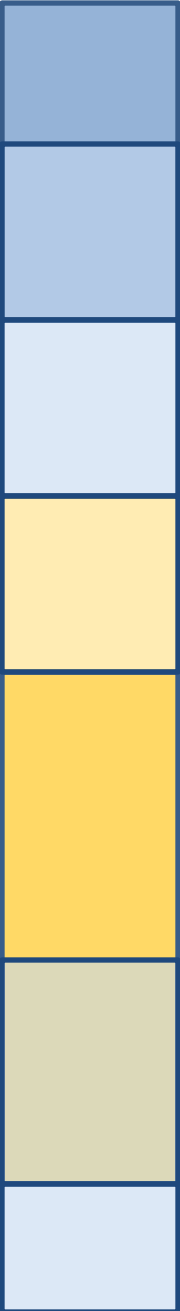


Based on: Basili, "Using Measurement to Build Core Competencies in Software", DACS Course, 2005



Culture of Quality





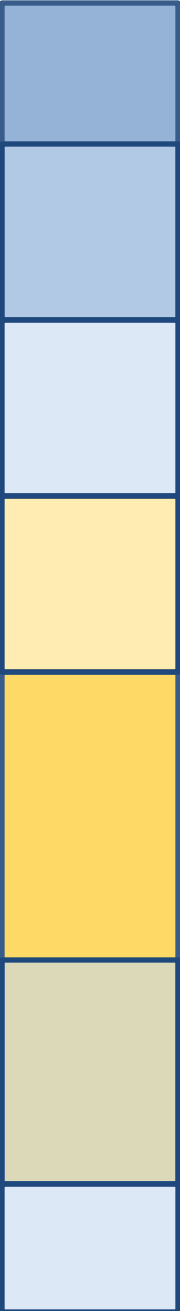
“Quality is the result of a carefully
constructed cultural environment.
It has to be the fabric of the
organization, not part of the fabric.”

Philip Crosby



Components of a Culture of Quality

- Generate buy-in at all levels: movement from an 'us' to a 'we'
- Understanding the system: process steps that lead to the outcome
- Data collected that are relevant and meaningful
- Utilization of data to monitor progress towards established target
- Small-scale tests of interventions



“Quality is never an accident,
it is always the result of
intelligent effort.”

John Ruskin



Attitude

- Everyone strives to reach pre-determined and ambitious targets rather than “doing the best he/she can”
- Recognizes opportunity: Every situation can be a learning experience
- Data are essential to day-to-day work
- It’s the right thing to do



“Failure is an opportunity
to begin again more intelligently.”

Henry Ford

Failure is an Opportunity

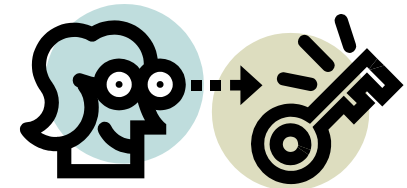
© *Academy of Management Journal*
2010, Vol. 53, No. 3, 451–476.

FAILING TO LEARN? THE EFFECTS OF FAILURE AND SUCCESS ON ORGANIZATIONAL LEARNING IN THE GLOBAL ORBITAL LAUNCH VEHICLE INDUSTRY

PETER M. MADSEN
Brigham Young University

VINIT DESAI
University of Colorado, Denver

Nonetheless, given failure's central role in organizational learning shown here, organizations that stigmatize failure may be depriving themselves of major opportunities for improvement. Consequently, the most significant implication of this study for practice is that organization leaders should neither ignore failures nor stigmatize those involved with them; rather, leaders should treat failures as invaluable learning opportunities, encouraging the open sharing of information about them. Indeed, this suggestion dovetails with existing evidence that members of organizations that treat failure

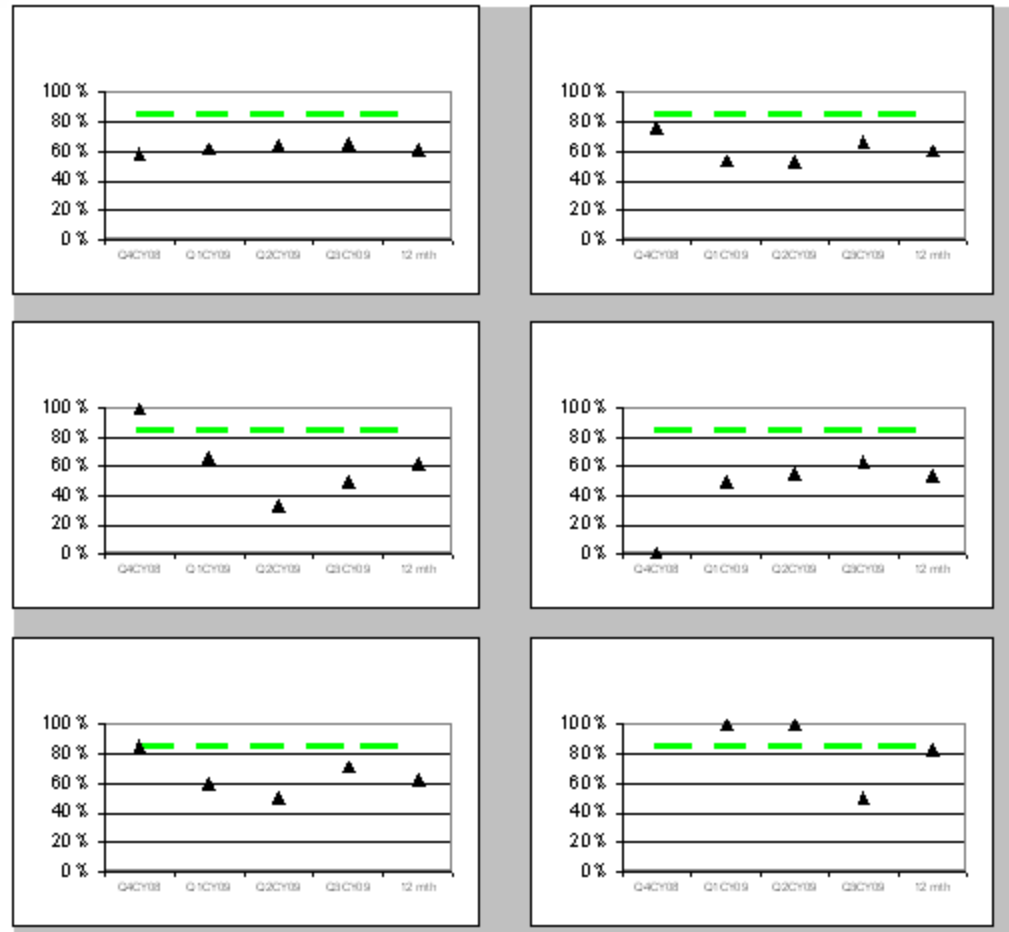


Transparency



- Practices and methods are shared
- Results and outcomes are shared
- Individual contributions to big picture are recognized
- Open communication and critical scrutiny are welcomed
- Shared learning decreases need to 'reinvent the wheel'
- Challenging for many organizations

Data Sharing





Data are Valued

- Data collection infrastructure exists
- Reporting metrics are meaningful
- Data elements are relevant, accurate and important
- Reports are timely and recent
- Reports show performance relative to targets
- Reports show changes over time
- Reports break out small units



Organizational **Commitment**

- All members are committed
- Key members are trained in QI methods and support strategic initiatives
- Frontline practitioners are supported by administrative leadership
- Improvement is guided by team approach and accountability
- Data are readily accessible
- Pre-occupation with curiosity



Understanding of **Current Culture**

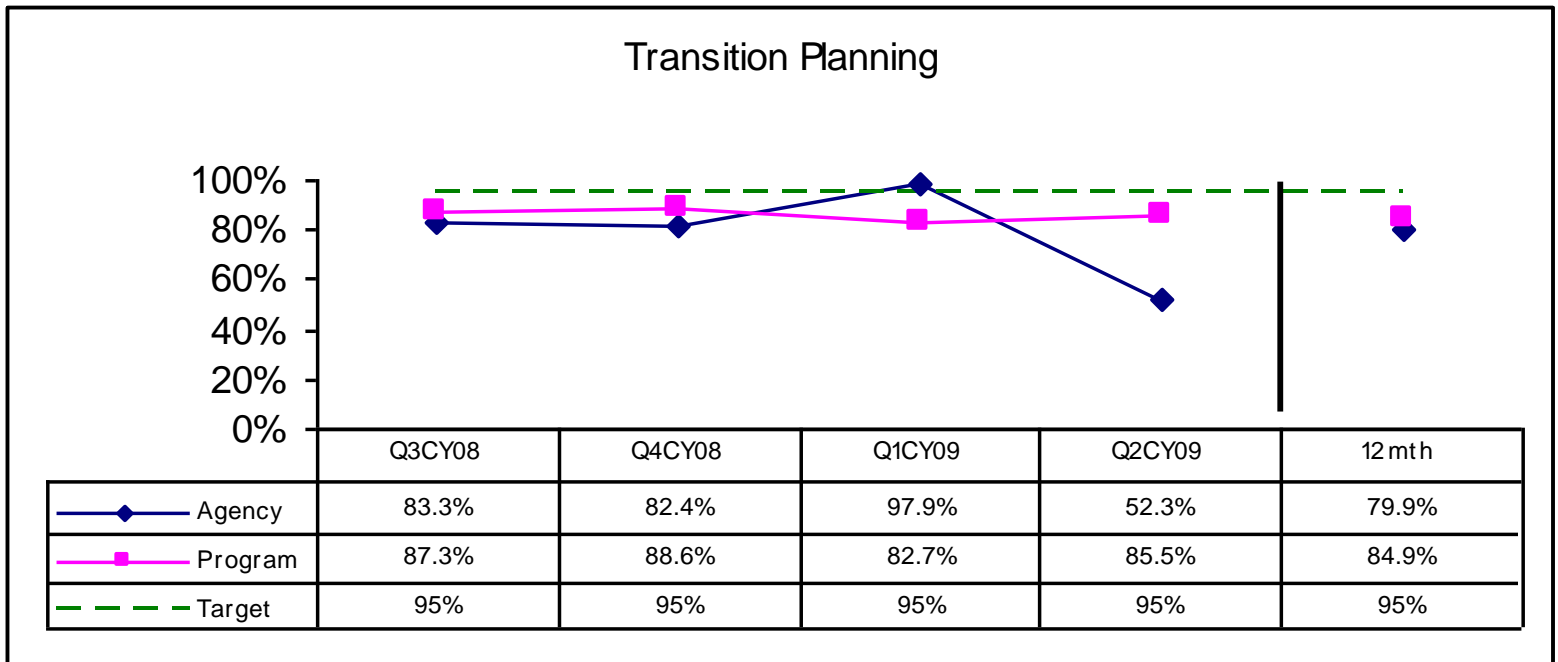
- Mission, vision and values support culture
- Determination of where we are today vs. where we want to be
- Consistent and frequent methods of communication
- Lines of accountability
- Expectations for performance
- Processes and procedures



Outcomes Oriented

- Outcomes are clearly articulated and understood
- Outcomes are measured against an established target
- All process measures are tied to outcomes
- Deep understanding of systems, processes and procedures
- Performance is reported frequently

Trends Over Time



Agency:	LOS:	Total # Families Served (undup):	FTE FAWs:
Site/County:	__ case w t	Total # of New Families Enrolled:	FTE FSWs:
Reporting Period:	__ families	Total # of Families Terminated:	FTE Spv:

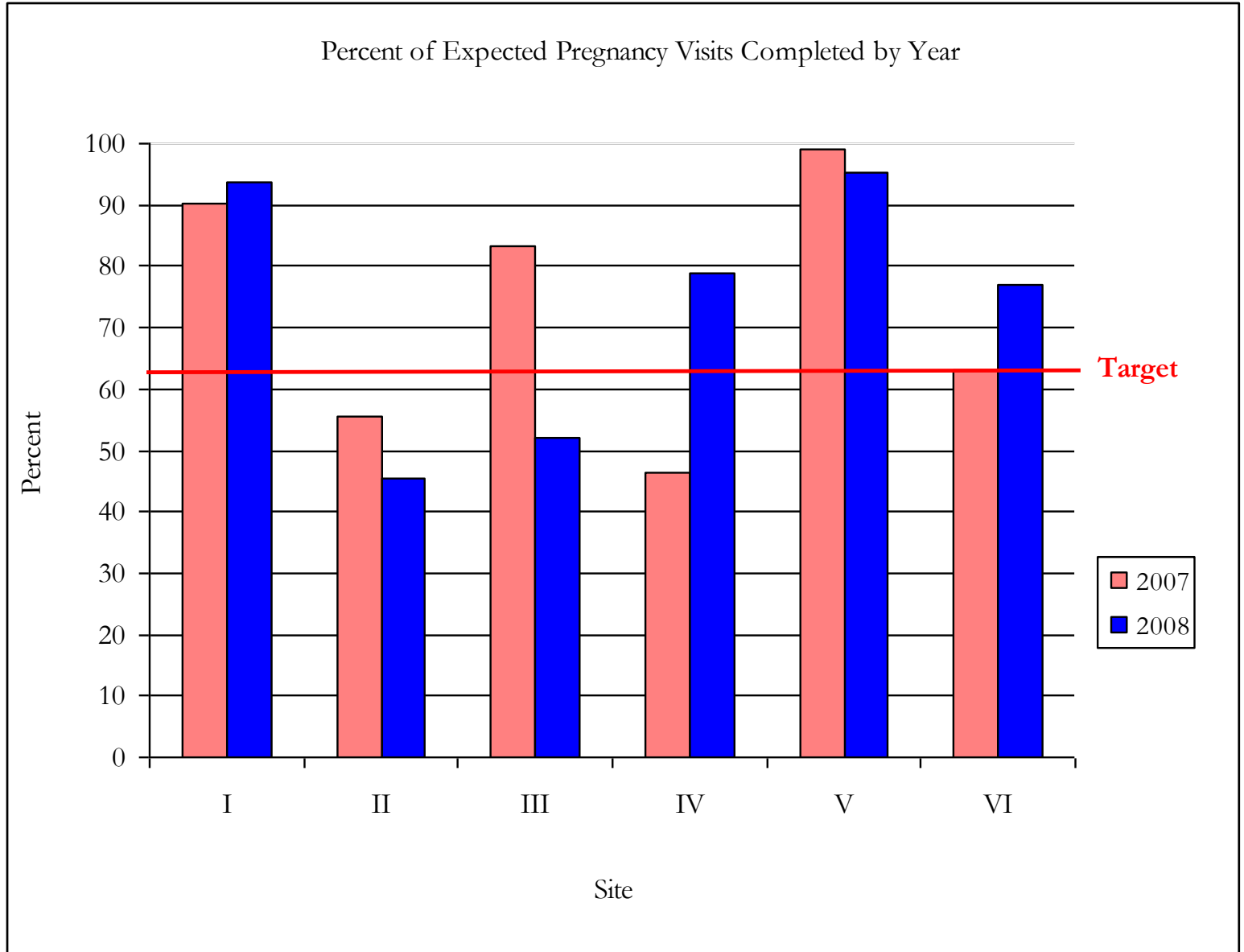
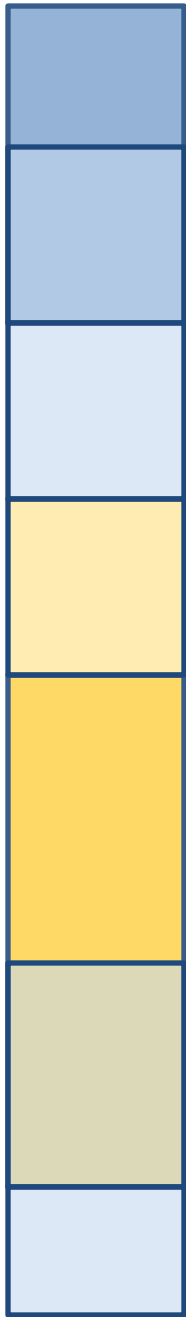
PROGRAM SPECIFIC OBJECTIVES & PERFORMANCE MEASURES		Annual Target	Annual Performance	
			number	percent
1	Referrals/Screens Received by HV Program (target number __)	85%		
2	Assessments Completed by HV Program (target number __)	85%		
3	Program Enrollment: a. Reach and Maintain Service Capacity (case weight)	80%		
	b. Minimize enrolled families that are Lost to Care (Level X)	<10%		
4	Women Enrolled Prenatally in HV Program	80%		
5	Achieve Completion of Expected Home Visits	80%		
6	Participant Retention: a. Families remain enrolled for at least 1 Year	60%		
	b. Families remain enrolled for at least 2 Years	50%		
	c. Families remain enrolled for at least 3 Years	40%		

Participant Health and Well Being Services / Impact Objectives:				
7	Pregnant / Postpartum Women	Number of pregnant women served:		xxx
	a. Eligible pregnant women enrolled in WIC	80%		
	b. On Schedule for Prenatal Care Medical Visits (ACOG schedule)	80%		
	c. Keep 6-8 Week Postpartum Medical Visits	80%		
8	Parenting Women (Interconceptional—btw pregnancies)			
	a. Have a Primary Care Provider (GYN, FQHC, local clinic)	100%		
	b. Receive an Annual Primary Care/Women's Health Care Visit	80%		
9	Infants and Children (birth to age 3) (target child only)	Number of infants & children served:		xxx
	a. Eligible children have health insurance	80%		
	b. All children have a Primary Care Provider (Pediatrician, Family Practice, etc.)	100%		
	c. All children up-to-date for Well-Child Medical Visits (AAP schedule)	85%		
	d. All children up-to-date for Developmental Screen (if positive ASQ, child is assessed)	90%		
	e. Eligible children enrolled in WIC	80%		
	f. All children are up-to-date for Immunizations	85%		
	g. All children are up-to-date for Lead Screening (by age 1)	80%		

From New Jersey Home Visiting Initiative

Targets and Performance

Indicator	Target	Sites						Program Total
		A	B	C	D	E	F	
Time to 1st Visit	70%	90.9%	61.8%	54.0%	80.0%	76.5%	76.5%	73.3%
Visit Frequency	50%	51.7%	42.2%	56.8%	72.3%	46.8%	54.4%	54.0%
Referrals	50%	31.7%	41.4%	69.2%	60.8%	66.8%	13.6%	47.3%
Well-baby visits	75%	70.3%	49.1%	42.3%	79.2%	14.7%	44.8%	50.1%
Medical Home	85%	90.0%	92.6%	100.0%	98.0%	95.8%	96.6%	95.5%
Immunizations	80%	100.0%	67.6%	83.2%	78.2%	87.2%	92.9%	84.8%





Organizational Culture of Quality Checklist

- ✓ Transparent
- ✓ Curious and eager to learn
- ✓ Open to failure as a learning opportunity
- ✓ Committed to improving processes and outcomes
- ✓ Data-driven with sufficient MIS capacity
- ✓ Trained from top to bottom in CQI methods

Child & Family Tennessee



Bridging the Gap between Research and Practice – Continuous Quality Improvement

Kathy Hatfield
Rebecca Kelly





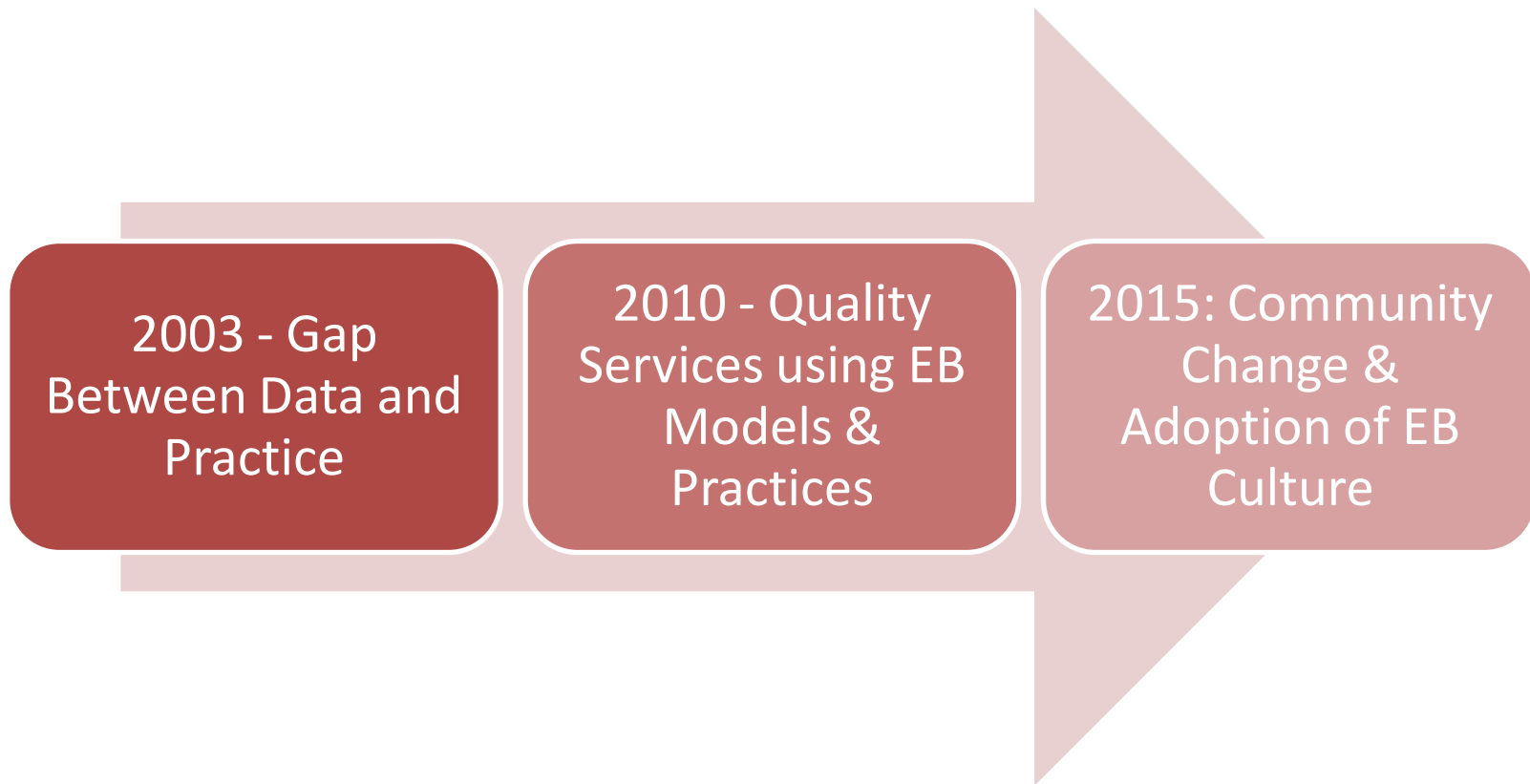
Who We Are

Safety Net of 35+ Family-Centered Programs

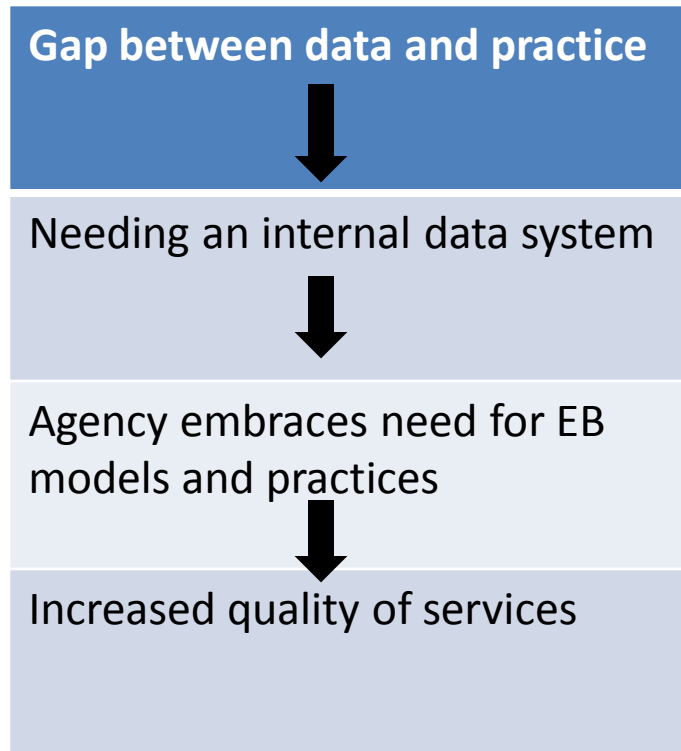
Founded in 1929

Community Solution for East TN

Big Picture: *Transition of Culture*



Great Starts – *The Beginning*



- Children's Bureau Grant
 - 1st awarded in 1990
 - Evidence-based Substance Abuse & Child Development Services
 - Evaluation was External to the Agency

Bridging the Gap – *The Tipping Point*

- 2004 – Federal Child A/N Replication
 - *Significant cross-site activities*
 - *Formalized Evaluation—Grants Management Unit*
 - *Built resources for evaluation/CQI*
 - *Began spreading into other agency programs*

What you think is not always what is – the importance of data



Support and buy-in throughout the agency; commitment of replication; promotes learning



Cross-site participation – improved capacity; CEO & Director active on a Federal level



Spreading implementation of EB practices and models

New Beginnings – *Building Capacity*

Understanding language & cultures between grants and operations



Need available data and system for reporting in common language on a regular basis



Internal Grants Management Unit established; External third-party evaluator



Agency adopts EB culture and is proactive; simple to complex all are included

- Vocabulary gaps
- Resistance
- Varied intensity and complexity was needed
- Cultural shifts

CFT Nurse Family Partnership - *Lessons Learned*

- Deeper understanding of process
- Difficult but worthwhile
- Evaluation doesn't have to be complex

Ongoing consultative and relationship building with EB models developers



Fidelity does not compromise



State adopts EB culture; social change and system efforts



Community adopts EB Culture

Transition of a Culture

Lessons Learned

Growth



Gap between data and practice	Needing an internal data system	Great Starts	Embracing the need for EB models & programs	Increased quality of service delivery
What you think is not always what is – imp. of data	Hierarchal support and buy in – commitment of replication	Bridging the Gap	CEO & Director active Federal level; participation in cross-site	Spreading implementation of EB practices & models
Understand language & culture between grants and operations	Need available data & system reports regularly in a common language	New Beginnings	Grants Department Developed; External Third-Party Evaluation	Agency adopts EB culture and is proactive; complex to simple-all included
Ongoing consultative & relationship model	Fidelity does not compromise	CFT-NFP	State adopts EB culture; social change efforts	Community adopts EB culture



Benefits and Advantages

- Sustainable system
- Common language leads to cultural shifts
- Funders recognition & favorable view of accountability given by CQI
- Data are available
- Provides platform for understanding our clients differently



Selected resources & readings-1

Agency for Healthcare Research and Quality

<http://www.ahrq.gov/>

Public Health Foundation

<http://www.phf.org/pmqi/resources.htm>

Institute for Healthcare Improvement

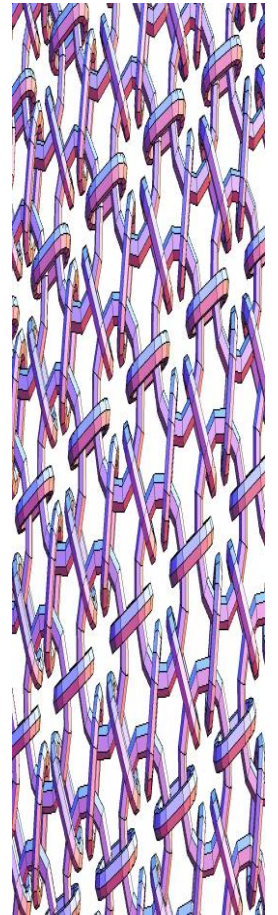
<http://www.ihl.org/ihl>

American Health Quality Association

<http://www.ahqa.org/>

National Initiative for Children's Healthcare Quality

<http://www.nichq.org/>





Selected resources & readings-2

Langley, G., Moen, R., Nolan, K., Nolan, T., Norman, C., & Provost, L. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (Second Edition). San Francisco: Jossey-Bass, 2009.

Scholtes, P., Joiner, B., & Streibel, B. The Team Handbook (Third Edition). Madison, WI: Oriel Incorporated, 2003.

Collins, J. Good to Great: Why Some Companies Make the Leap...and Others Don't. New York: HarperCollins Publishers Inc, 2001.

Ammerman, R.T., Putnam, F.W., Margolis, P.A., & Van Ginkel, J.B. (2009). Quality improvement in child abuse prevention programs. In K.A. Dodge & D.L. Coleman (Eds.), Preventing child maltreatment: Community approaches (pp. 121-138). New York: Guilford.



Next Steps

Stay tuned for additional webinars, individualized technical assistance and other information from the TA team on:

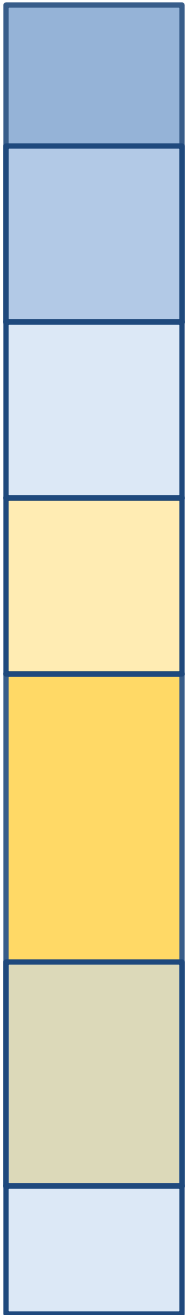
- ✓ Data systems
- ✓ Tracking and reporting on benchmarks
- ✓ CQI systems



Contributors

- James Bell Associates (JBA)
- MDRC
- Cincinnati Children's Hospital Medical Center & Every Child Succeeds
 - Including Julie Massie & Jodie Short
- Abraham Wandersman, Ph.D. (University Of South Carolina)

Questions and Comments





For more information...

James Bell Associates (JBA): Jill Filene, MPH
filene@jbassoc.com

MDRC: Sharon Rowser, MA
sharon.rowser@mdrc.org

Cincinnati Children's Hospital Medical Center:
Robert T. Ammerman, PhD, ABPP
robert.ammerman@cchmc.org

Administration for Children and Families: Lauren Supplee, PhD
lauren.supplee@acf.hhs.gov

Health Resources and Services Administration: Carlos Cano, MD, MPM
ccano@hrsa.gov

Child & Family Tennessee: Kathy Hatfield, MEd
khatfield@child-family.org