DOHVE CQI Webinar:

Understanding and Using the PDSA Process in Home Visiting Programs

December 9, 2014

DOHVE: <u>Design</u> <u>Options for Maternal,</u> Infant, and Early Childhood <u>Home Visiting</u> <u>Evaluation</u>

- 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 grantee-led evaluation plans
 - TA for grantees' continuous quality improvement (CQI), Management Information Systems (MIS), and benchmarks

DOHVE Evaluation TA Team

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

Welcome and Introductions

- Welcome:
 - Matthew Poes, JBA Associates
 - Carlos Cano, HRSA
- Speakers:
 - Julie Massie, DOHVE CQI TA
 - Sally Baggett, Carolina Health Centers
 - Emily Haines, Philadelphia NFP
 - Mary Mackrain, HV CoIIN

For Todays Webinar

- Please keep phones on Mute
- Please type questions into the WebEx chat bar. Feel free to ask these questions as people present, but we will wait to address questions until the end.
- This webinar will be recorded and made available along with additional resources following the conclusion of our session.

MIECHV and CQI Expectations

- Legislation called for all home visiting programs to incorporate ongoing continuous quality improvement activities
- Program guidance required that the state plans include a CQI plan
- CQI is one of the primary mechanisms by which constructs across benchmark areas may be improved
- 35 LIAs in the HV CoIIN using PDSAs to accelerate improvement



Objectives

- Explore the significance of testing ideas within continuous quality improvement
- Introduce the Plan-Do-Study-Act (PDSA) cycle and associated elements
- Share examples of PDSA cycles in home visiting programs

Introducing PDSA cycles Julie Massie, DOHVE CQI TA

Quality Improvement Concepts

- Develop a shared understanding among team members of the *process* that is being improved
 - Begins to address variation through standardization, non-punitive
- Identify opportunities for improvement that can be *tested* on a small scale
 - Generates new learning over a short time with small numbers
- Monitor results of tests through data
 Uses data to make decisions
- Promotes learning and innovation

Getting Started

- Less is more- focus on a few key processes and outcomes with a few locations or home visitors
- Involve stakeholders in the selection of projects to maximize buy in
- Review baseline data to validate opportunity for improvement exists
- Build theory of improvement and identify drivers of change



What is a test?

Merriam-Webster Definition:

a critical examination, observation, or evaluation : trial; specifically : the procedure of submitting a statement to such conditions or operations as will lead to its **proof or disproof or to its acceptance or rejection** <a *test* of a statistical hypothesis> (2): a basis for evaluation



Why test?

- Opportunity to learn without severely impacting performance – "failures" often produce the most important learning
- Increase (or decrease) your belief the change will result in improvement
- Learn to <u>adapt</u> change to other conditions/your environment
- <u>Minimize resistance</u> to implementation by gaining buy-in from those doubtful about the change

Plan-Do-Study-Act:

Institute for Healthcare Improvement Definition:

- Commonly referred to as PDSA (or PDCA, for Plan-Do-*Check*-Act), refers to the cycle of activities advocated for achieving process or system improvement.
- The cycle was first proposed by Walter Shewhart, one of the pioneers of statistical process control and popularized by his student, quality expert W. Edwards Deming.
- The PDSA cycle represents one of the cornerstones of continuous quality improvement (CQI).

For more information visit: http://www.ihi.org

PDSA Cycle

• Plan



- What is the objective of the test? Population?
- Outline the steps to develop the test-who, what, when
- How will you measure the impact of the test?
- What is your plan to collect the data needed?
- What do you predict will happen?

• Do

- What were the results of the test?
- Was the cycle carried out as planned?
- What did you observe that was not part of your plan?

PDSA Cycle

Study

- Plan Do Act Study
- Did the results match your prediction?
- What did you learn?
- What do you need to do next?

• Act

- Adapt: make changes to your plan and test again
- Adopt: tests have given reliable results. Consider implementing on larger scale.
- Abandon: test was unsuccessful. Evaluate what you can learn from the failure.



Check In

• Through the polling option on the screen, indicate your answer to the question below:

How familiar are you with PDSA Cycles?

PDSA Ramps

Sequential cycles of small scale testing linked by a common theme tested under different conditions



Smaller Scale Tests: The power of "one"

Conduct the test with
one day
one home visitor

- one family
- one week
- one agency
- eligible visits



PDSA Preparation

- Evaluate process for failures
 - Develop process map, identify failures
- Identify best practices
 - Research, data, discussion
- Clarify alignment to driver, measurement and outcome
- Map activities from initial PDSA cycle, to PDSA ramps, to understand gradual impact on measurement and outcome

Pizza Delivery Example

- Background:
 - You are the owner of a local pizza restaurant that is having difficulty meeting customer expectations.
 Customers are complaining that they are not getting their pizza on time. You have called a meeting with your staff to ask for ideas to solve the problem.

Collect Baseline Data

Category Percentages

Reasons for Late Pizza Deliveries (Pareto Chart)



Individual Quantities & Percentages

Cumulative Percentages

Project AIM Statement

By December 31, 2014, 95% of orders will be delivered within 30 minutes of order being placed. July 2014= 65%

- S Specific (clearly stated)
- M Measurable (measurable numeric goals)
- A Actionable (within the control/influence of your team)
- R Relevant (aligned with the organization's priorities)
- T Time bound (specific time frame)



Improving our delivery

- Driver Lost (37), Wrong Address (23)
- Driver: Getting to the delivery location
 - Test Idea 1: Standardize script to collect information from customer
 - Clarify apartment, house, business, etc.
 - Collect phone number for follow up if needed
 - Test Idea 2:Provide maps/GPS for drivers



PDSA Details

• Prediction: By using a standard script, the customer service representative (CSR) will collect consistent address information from the customer. The additional information will assist the delivery drivers in getting to the delivery location promptly.

P=Plan

- Orders received by Angie on Monday night from 5-7 will be asked:
 - To clarify building structure- apartment, house, business, etc.
 - For a contact phone number for follow up if the driver needs more information

D=Do

• Angie tested the new ordering script on Monday night for 2 hours of her shift.

S=Study

- Angie received 8 calls and was able to successfully use the script for all calls.
 Angie requested a change to the order form to document the information.
- The delivery drivers appreciated the additional information for these orders although no additional time was saved.

A=Act

- Adapt through additional cycles/ramps
 - Test with additional customer service representatives
 - Test on different nights with varying order volumes
 - Revised order form to test consistent documentation of the additional information (added reliability to collect and display the information via visual prompt)
 - Monitor time savings and delivery results

PDSA Ramp Planning Tool Standard Script- Building type clarifier



PDSA 2- Driving Directions

- Prediction: Printed driving directions will help drivers deliver orders faster and more accurately
- Plan: Cindy will print off directions from a website for each order placed on Tuesday over lunch (11-2) and will hand them to the driver as the order goes out for delivery

PDSA Ramp Planning Tool Driving Directions



TEST CYCLE 1

What: Provide maps Who (population): Day drivers Where: Main St. location When: Tuesday lunch 9/9 Who executes: Cindy Results: Nobody got lost, directions easier than map but printing out & sorting directions takes time-



TEST CYCLE 2

What: Provide GPS devices Who (population): 2 drivers Where: Main St. location When: 9/16 Who executes Joe and Mike Results: Nobody got lost, but delay in delivery due to confusion on programming. Need better training on using GPS and entering address- ADAPT



TEST CYCLE 3

What: Provide GPS devices after training Who (population): 2 drivers Where: Main St. location When: 9/17 day shift Who executes: Joe and Tony

Results: Nobody got lost, drivers reported training helped but would appreciate tip sheet on programming address for when they were in the car in between routes- ADAPT.



TEST CYCLE 4 What: GPS tip sheet Who (population): all shifts Where: Main St. location When: 9/18 Who executes: James and Beth Results: Nobody got lost, drivers reported training and

tip sheet were very helpful to get back and forth for deliveries- ADOPT

ADAPT



Updated Data

Pizza Deliveries by Month



Key Points for PDSA Cycles

- Do initial cycles on smallest scale possible – a "cycle of one" usually best
- "Failed" cycles are good learning opportunities
- Before moving to implementation, test under as many conditions as possible
- Think about factors that could lead to breakdowns
- Predictions are required

Common PDSA Pitfalls

- Testing changes that have no clear link to a driver/measure
- Failure to identify the prediction or hypothesis before testing the change
- Failing to execute the whole cycle
 - Plan, Plan, Plan-D-S-A
 - P-Do, Do, Do-S-A
 - Not learning from "failures"
 - Jumping to system wide implementation

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HVCOIN Home Visiting Collaboration Improvement and Innovation Network

- Time Limited Learning Activity
- Breakthrough Series Collaborative Model
- Institute for Healthcare Improvement



Topics for Improvement & Innovation

- Alleviating Maternal Depression
- Improvements in Exclusivity and Duration of Breastfeeding
- Improving Developmental Screening and Surveillance
- Improving Family Engagement (Innovation)





Maternal Depression Key Driver Diagram Specific <u>Changes</u> (C)to Test

			Secondary Drivers (SD)	include (a) reliable, valid tools & (b)
•	Primary Drivers	_		PD1. C2. Protocol for sharing results of
	PD1.Standardize processes for maternal		Identification and correct use of appropriate screening instrument	Screening PD1. C3. Protocol for response; and referral for urgent and non urgent care
SMART Aim	depression screening and response		Periodicity to capture vulnerable windows	PD1. C4. Initial training of assessors on tool use and protocols
who screen positive			(positive and negative) to families (& HVs if outside assessor)	PD1. C5. Periodic refresher training
access services will			Response protocol for urgent and non urgent care	PD1. C6. Protocols for assessing parent satisfaction
report a 25% reduction in symptoms in 12	PD2.Capacity of and support for HVs to		Professional Development in HV delivered interventions	PD2, C1.Training / education of HV (how to screen, coach, motivational interviewing, provide HV in-house intervention)
weeks (from first	address maternal		Timely and effective supervisory supports	PD2. C2.Reflective supervision: encourage
service contact).	depression in target		Administrative supports	home visitors to raise problems, emphasis on stigma, attention to home visitors mental
	PD3. Standardize processes for referral, treatment & follow-up		Identification of locally-available evidence-based Mental health services and interventions for crisis and ongoing treatment	health PD2. C3. Support for HV's on protocol
			Development of internal services for treatment	screens.
			Establish referral and linkage process to mental health resources (internal and external)	PD2. C5. Home visitor has access to own
				PD2. C6. Simple and timely access to screening tools
			Standardize process for home visitor to complete a referral and follow up	PD3. C1. Establish and maintain relationship with community service
	PD4. Family		Standardized process in place for Crisis Response	PD3. C2. Early childhood mental health consultant integrated into program
	Engagement	Training for home visitors on relationship-based practice to build increased sensitivity to families' varying capacity to engage around MH issues	PD 3. C3. In-House EBP-Mother's and Babies Course, IH-CBT	
				PD 4 C4 Protocol for referral and linkage

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PD 4. C1. Developing families' capacity to address mental health issues as demonstrated by continued enrollment in the HV program

to service for mothers screening positive

PD1. C1.Protocol for screening standards to



The Children's Center



Home visitation as a component of primary care Care coordination as a component of primary care Behavioral health as a component of primary care

CQI Projects Using PDSAs

- Trained all staff in IHI Breakthrough Series
 - Tobacco cessation project
 - Oral health project
 - Maternal depression project



MIECHV CoIIN Maternal Depression

SMART AIM:

85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks (from first service contact).



Process Aims

- <u>85% of women will be screened</u>, using appropriate instruments at appropriate intervals, within 3 months of enrollment (preor postnatal) and within 3 months postnatal.
- <u>75%</u> of all enrolled women who screen positive (and are not already in evidencebased services) <u>will be referred to evidence-</u> <u>based services</u> within one month following completion of the screen.
- <u>85</u>% percent of women referred to an evidence-based service <u>will have one service</u> <u>contact within 60 days.</u>

Plan

- Develop internal treatment services designed to be more consumer friendly.
- Partner with our own licensed staff and our behavioral health staff to host a group treatment in the pediatric setting that is familiar to our home visited families.
- We will pilot two groups, one at 5:30 pm and one at noon to test best times for participation.
- We will limit the first group to mothers of children under the age of one year and will expand to other groups if the pilot is successful.

Changes tested: Implementation of internal services

Cycle 6: Provide pm group w/incentives, trained HVs

Cycle 5: Provide noon group with incentives, trained HV

Cycle 4: Train HVs in appropriate referrals to group setting

Cycle 3: Gather data on barriers to attendance

Cycle 2: Provide evening treatment group

Cycle 1: Identify and invite mothers to evening treatment group

Changes tested: Increase capacity (knowledge and skills) of HV

Cycle 6: Train 4 HV in Mental Health First Aid

Cycle 5: Assess change in knowledge of basic CBT

Cycle 4: Train all HV staff in basic CBT to coach/mentor families

Cycle 3: Assess HV knowledge of basic Cognitive Behavioral Therapy.

Cycle 2: Train all HV in appropriate referrals to group setting

Cycle 1: Certify 2 HV in Postpartum Support International Training in Perinatal Mood and Anxiety Disorders

Lessons learned

- Data collection tools are needed to facilitate focus & improve quality. What we "think" we do and what we actually do are not always the same.
- Regular huddles are needed to institutionalize changes
- Policies and protocols need to keep pace with best practices
- Empowering families in service design/delivery is critical
- Change is hard but seeing improvements is motivating
- Peer support is as important to families as skill building.

Lessons learned: Success is Possible



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Philadelphia Nurse-Family Partnership PDSA Working with PDSAs through HV CoIIN Emily Haines BSN, RN

Our CQI team

- Consists of: Our program administrator, 2 NFP supervisors, 1 PAT supervisor, 1 PAT home visitor, 2 NFP home visitors, 2 administrative support staff
- Was familiar with goal setting and CQI process, but the PDSA cycle was new
- Meets monthly to review PDSAs
- Continuously working on a few PDSAs at a time in either Family Engagement or Developmental Screening areas



Developmental Screening Key Driver Diagram

Specific Ideas to Test or Change Concepts

	Collaborative Improvement	1	Secondary Drivers	C1. Protocol for surveillance and screening
		Primary Drivers	Identification of appropriate developmental and behavioral screening instruments, applied correctly	standards (tools, periodicity, referral, follow-
	SMADT Aim	PD1. Reliable and	Periodicity to capture key milestones	C2. Tracking system for surveillance, screening & referral
	Increase by 25% from baseline the	effective systems for surveillance &	Screening conducted within context of surveillance	C3. Regular training for HVs on policy and protocols, practices and use of tools
	% of children with developmental or	screening	Screening results interpreted in context of all HV knows about family / environment	C4. Parent views/concerns about child's development elicited and addressed at each home visit
	behavioral concerns receiving assessment or		Timely, specific and sensitive communication of results to families	C1. Program develops formal connections with community services (i.e., MOU's)
	intervention in a timely manner	PD2. Reliable and effective systems	Strong links and care coordination community partners and resources	C2. Developmental & behavioral screening passport (0-5, Watch Me Thrive!)
		for referral &		C3. Protocols or decision tree for for process of
		follow-up	Closed loop of communication for +screen:	red flag/positive screen, referral and follow up
			referral, access, feedback	C1. Training/education of HV's in Dev,
		PD3. Home visitors	Home visitors with knowledge of state's comprehensive	systems & best practices
		supported to address	early childhood system & processes	C2. Ongoing supervision on use of
		development in the target population	Home visitors with knowledge and competency in developmental and behavioral surveillance.	surveillance and screening (e.g., video- recordings of screenings using ASQ/ASQ:SE)
			screening, sharing results, anticipatory guidance ,referral and follow up	C3. Home visitor has access to their own data for use in QI and to tolos/reminders
			Use of data to improve practices	C4. Support for supervisors in screening
			Timely and Effective Supervisory Support	C5. Reflective and administrative Supervision
		PD4. Engage Families in Promotion of Healthy Development	Families' direct impact on development supported & maximized (through stimulation, strengthening of protective factors, etc)	C1. Anticipatory guidance & education to families about development based on screening process
n n n n n n n n	The part life are This		HV engages family-led conversation regarding development at every home visit	C2. Protocols for addressing parent concern with home visiting activities
1 1 1	number UF4MC26525 from the U.S. Department of Health & Hu	resource was made possible by grant Maternal and Child Health Bureau, iman Services.	Referrals & linkages HV recommends are acceptable to family (geographically, culturally appropriate)	C3. HV seek feedback from parents on use of referred services

PDSA Cycle 1- Data Collection

PLAN:

- Add a label to the home visit forms that says "Were parent's concerns about their child's learning, development, or behavior elicited? Yes No"
- Track the number of visits on the nurse's monthly summary sheets.



- The labels were put onto the sheets by NS 7/25/14
- An email was sent out to all staff explaining the change and why
- Presented at an allstaff meeting
- Was reinforced by supervisors during weekly supervision



Study

- Overall the nurses were open to this method of collection and have found it helpful to include during their visits.
- Some nurses were getting confused about the wording of the question. They said rephrasing the question would help.

Study

- What we learned after implementing for one month:
 - Some nurses were only using the tool if the parent identified a concern, which was not the data we were looking for

Act

- Rephrase the question and put a new label on the HV forms until we can have them reprinted again
- We order 1,000 per month from the printer





New question: CQI team rephrased the question and put labels on the sheets

- Now all staff report understanding what they are reporting better
- Now that we're confident our data is correct, we can see the areas for improvement and where in the process nurses are getting stuck

	Ļ	
Did you ask the pare	POT of their concerns	
about child's develo behavior in this visit	pment, learning, or	
Yes, I asked	No, I didn't ask	Nurse-Family
		Partnership
		Helping Fint-Time Parents Succeed
		Nunse-Family Partnership
		Home Visit Form
М	AME:	DATE OF BIRTH:
t	ATE OF TODAY'S	VISIT:
	EEDBACK ABOU	T PREVIOUS ACTIVITIES
	EEDBACK ADOU	TPREVIOUS ACTIVITIES.

RUN CHART

The charts are now placed in an order that reflects the sequence of the process for DSS screening.

Each <u>outcome measure</u>, <u>described in the chart's title</u>, is graphed with <u>blue diamond markers</u> on a <u>blue line</u>. The outcome's values are read from the Y axis on the **left** side of the chart.

Each <u>denominator</u>, <u>described in the chart's legend</u> (on the upper right), is graphed with <u>green circle markers</u>. The denominator's values are read from Y axis on the **right** side of the chart.

Each <u>goal</u> is graphed with a <u>red dotted line</u> that should be read on the Y axis on the **left** side of the chart.



What we like about PDSAs

- It's ok to fail!
- Becomes a learning process and has promoted CQI in our program
- Has created a culture of quality improvement with projects; staff view challenges as an opportunity to do a PDSA cycle
- Forces us to evaluate our processes and allows us to find areas for improvement

Challenges

- Learning curve of how quick the cycles can be
 - When something wasn't working, we had to learn to start a new PDSA cycle quickly with a different approach
 - Requires some time to plan and evaluate the cycle
- Reminding staff when we are starting a new process
 - We created a bulletin board to help inform staff of our new PDSA cycles and to track our data changes

HV CoIIN Bulletin Board



Contact Information:

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PDSA Resources Mary Mackrain, HV CoIIN Project Director



HV CoIIN PDSA Form

HVCollN	Maternal I	Depression Key Driver Di	agram
Caliborative Improvement Ind Innovation Network	Primary Drivers (PD)	Secondary Drivers (SD)	PD1. C1.Protocol for screening standards to include (a) reliable, valid tools & (b) periodicit
	Triniary Brivers (FB)		Post C2 Protocol for sharing results of screen
	PD1.Standardize processes for maternal	Identification and correct use of appropriate screening instrument	PD1. C3. Protocol for response; and referral fo urgent and non urgent care
SMART Aim	depression screening and response	Periodicity to capture vulnerable windows	PD1. C4. Initial training of assessors on tool us and protocols
screened, using		Timely, specific & sensitive communication of results (positive and negative) to families (& HVs if outside	PD1. C5. Periodic refresher training
at appropriate instruments		assessor)	PD1. C6. Protocols for assessing parent
Within 3 months of		Response protocol for urgent and non urgent care	satisfaction
enrollment (pre- or postnatal) and within 3 months postnatal	PD2.Capacity of and support for HVs to address maternal depression in target population PD3. Standardize processes for referral treatment &	Professional Development in HV delivered interventions	PD2, C1.Training / education of HV (how to screen, coach, motivational interviewing, provide HV in-house intervention)
montais postriatai.		Timely and effective supervisory supports	DD2 C2 Beflective supervision encourses
		Administrative supports	home visitors to raise problems, emphasis on stigma, attention to home visitors mental
		Identification of locally-available evidence-based Mental health services and interventions for crisis and ongoing	health
			PD2. C3. Support for HV's on protocol response
		Development of internal services for treatment	PD2.C4. Ticklers / reminder system for re- screens.
	follow-up	Establish referral and linkage process to mental health resources (internal and external)	PD2. C5. Home visitor has access to own data
			PD2. C6. Simple and timely access to screen tools
	PD4 Family Engagement	Standardize process for home visitor to complete a referral and follow up	PD3. C1. Establish and maintain relationship with community service providers (e.g.
		Standardized process in place for Crisis Response	PD3. C2. Early childhood mental health consultant integrated into program
	104. runny Engagement	Training for home visitors on relationship-based practice to build increased sensitivity to families' varying capacity to engage around MH issues	
	\backslash		PD 3. C3. In-House EBP-Mother's and Babies Course, IH-CBT
EDC, Inc., July, 2014. This resource wa	s made possible by grant number UF4MC26525	from the Maternal and Child Health Bureau, U.S. Department of	PD 4. C4. Protocol for referral and linkage to service for mothers screening positive
Health & Human Services.			PD 4. C1. Developing families' capacity to address mental health issues as demonstrated by continu- enrollment in the HV program



- What
- Where
- 4. Tasks or tools required to set up
- 5. Plan for collection of data
 - Who
 - When
 - What
 - Where
- 6. Do
- 7. Study
- 8. Act

Why a HV CoIIN PDSA Tip Sheet?

Small tests are not the "norm"

New terminology

Reported knowledge of PDSA's pre test indicated a need for support



HV CoIIN PDSA Tip Sheet

□ FAQ's

How many cycles do we need to do for each test?

Defining Key Elements

Simple PDS& Example

Maternal Depression (focus on): Primary Driver 1: Standardize processes for maternal depression screening and

First Change Idea to test for advancing primary driver 1: Texts to Home Visitors for Screening Reminders (*if it doesn'

Tips for Testing Changes

- The following suggestions may be used for effectively testing changes:
 - · Start with small, fast tests -- cycles that take 1 hour, 1 day, 1 week are better than those that
 - Test first on willing volunteers
 - · Involve team members that have a strong interest in improving home visiting
 - Have intentional conversations:
 - About what primary driver & what idea to start with. Look at your data and your institution's needs/challenges and start there. Consider your institutional values and strategic priorities.
 - Regarding how big and what scale to test your first PDSA. Consider, how ready is the staff for change? How high or low is the degree of belief that this change will lead to an improvement? How costly is the change? Remember the exercise Marycatherine Arbour walked us through to determine scale of the test. This activity was adapted from Karen Zeribi. Health Systems Quality Consultant.

f		Staff Readines Resistant	s to Make Change Indifferent	Ready
LOW	High cost	very small scale PDSA	very small scale PDSA	very small scale PDSA
ee of	Low cost	very small scale PDSA	very small scale PDSA	Small scale PDSA
GH	High cost	very small scale PDSA	Small scale PDSA	Large scale PDSA
Ŧ	Low cost	Small Scale PDSA	Large scale PDSA	Implement
	/11-11			

· Study the results after each change. All changes are not improvements and may need to be adapted or abandoned. If help is needed, involve others who do the work, even if they are not on the improvement team

Adapted from: http://www.brsa.gov/guality/toolbox/methodologv/guality/mprovement/part3.htm

Examples

• "Extra tips"

Who When • What Where

3. Plan

HVCollN

Local Implementing Agence Month Cycle Number

Home Visiting Model:

Primary Driver for Family Engagement Secondary Driver for FE-Timely enrollment What type of PDSA plan is this?

· What are we trying to accomplish? • How will we know that a change is an improvement? What changes can we make that will result in an improvement?

A new cycle for a new Primary Driver (starting something new)

1. What question(s) do we want to answer on this PDSA cycle?

Topic

4. Tasks or tools required to set up

2. What do we predict will happen?

5. Plan for collection of data Who

for texting reminders

periodicity

work we try another idea!)

- · Plan: Set up Google Calendar to alert home visitors of upcoming screen
- · Do: Google Calendar sends text reminders 1 week in advance of deadlin take longer
- Supervisor tracks number of texts sent, HV track number of moms enro
- · Study: In weekly group supervision the team review data & learning an adaptations? Spread & test with more families or more HVs? Abandon a completely different? The team shares that Google sends the text ren each other's reminders which caused them to begin ignoring the texts. time to review all caseload outcomes in the group setting (ran out of tir misser
- · Act: The Supervisor will set the reminders to come 1 week in advance of each home visitor vs the group, starting this week. Additionally, supe weekly supervision vs. group

HV CollN Key Components Cheat Sheet

PDSA Cycles: Key Components for Maximizing Learning

Key Component	1	2	3	Δ	
PDSA cycle is clearly related to the	There is no relationshin		-	The PDSA cycle is	
Aim of the cycle. Aim of the cycle	hetween the PDSA			completely related with the	
is clearly related to the Key Driver	cycle and the aim or			aim and directly linked to	
Diagram	the Key Driver Diagram.			the Key Driver Diagram	
PDSA report includes a clear	0 of the 3 reported	Presents one of the	Presents two of the	PDSA report presents all 3	
objective, prediction and		three	three	aspects: objective,	
*indicator (how will we know a				prediction, indicator	
change is an improvement)					
Steps of the PDSA cycle itself are	There is no relationship	There is a partial	There is a relationship	The relationship between	
sequential and related	between the Plan, Do,	relationship between	between each step in	the Plan, Do, Study and Act	
	Study and Act	the Plan, Do, Study and	the Plan, Do, Study and	is described specifically	
		Act	Act	(what and how the change	
				idea will be tested)	
Consecutive PDSA cycles are	There is not more than	Two or more cycles are	Two or more cycles are	Three or more cycles are	
conducted for the same change	one cycle for the	done for the change	done for the change	done for the change idea,	
idea, subsequent cycles build on	change idea.	idea, but there is no	idea, and there is some	and there is a relationship	
the learning from earlier cycles		relationship between	relationship between	between the learning from	
		the learning from 1	the learning from 1	1 cycle and the subsequent	
		cycle and the	cycle and the	cycle	
		subsequent cycle	subsequent cycle		
Scale of the PDSA cycle	The scale of the change	-	-	The scale of the change is	
	is not appropriate to			appropriate to the PDSA	
	the PDSA cycle			cycle	
* The indicator is the actionable information you can use to drive your work- or what you are comparing in "How will we know a change is an improvement". For example, 10% increases in number of methors reporting intention to PE at 6 weeks."					

Source: This instrument was developed by Karen Zeribi (<u>karen@zeribi.com</u>), Susana Toledo (<u>stoledo@fundacionoportunidad.cl</u>), MaryCatherine Arbour (<u>cataarbour@gmail.com</u>)

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About Participants HV CollN Staff and Faculty News & Events



"Somebody said once that you don't need to predict the future when you can create in. The Home Westing Collaborative improvement and innovation Network (HV Collib) is the first-wer national improvement collaborative in home visiting at a time when home visiting may or may one become national policy. Constitutions of the HV Collik can help decide such an outcome. It provides us a lonce-in-a-lifetime opportunity to make a difference in the ability to atlain the American Dream for generations of children to come." - - Carlos Como. May 2014

ABOUT HV COIIN

The Maternal and Child Health Bureau's BMCHBI Division of Home Visiting and Early Childhood System has launched a Home Visiting Caliborative improvement and innovation Network (HV ColiN), initiated in September. 2013 through a three-year cooperative agreement with Education Development Center, Inc. (EDC, the mission of the HV ColiN to a chieve breakthrough improvements in select process and outcome measures. Including benchmark areas legislatively mandated for the Maternal. Infant, and Early Childhood Home Visiting (IMICEVI) program, while reducing or maintaining parament costs. The mission also includes developing the means to spread the initial learning and improvements more widely within participating organizations and to other MIECriv grantees and local implementing agencies.

The HV GoliN is a time-limited learning activity (18–24 months) that brings together and supports a group of MIECHV grantees and teams from local imglementing agencies (LAS) to seek improvement in topic areas that are of concern to home visiting and that are 'hige' for improvement. The ultimate gaal is to identify evidence- and experience-based practices that restit in breakthrough change if implemented consistently and with fidelity.

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About HV CollN

News Boston Infant Feeding Toolkit Webinar Contact Information Mary Mackrain, Project Direct



Q&A

- Feel free to ask any questions you may have about any part of the presentation
- Please direct the questions to the appropriate presenter
- Please type your questions into the chat program and we will read the question to the group

DOHVE TA

- DOHVE TA is contracted to provide research and evaluation support for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. The project is funded by the Administration for Children and Families in collaboration with the Health Resources and Services Administration, under contract number
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- For additional DOHVE resources, please visit <u>http://www.mdrc.org/dohve-</u> <u>project-resources</u>