

Design Options for Home Visiting Evaluation

CQI BRIEF

Suggested Guidelines for Continuous Quality Improvement for MIECHV Grantees

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Introduction

Although the use of Continuous Quality Improvement (CQI) methods across prevention and early intervention programs is relatively new, it has quickly become an important feature in effectively implementing home visiting programs. An effectively implemented CQI plan within a program has the potential to optimize program outcomes, facilitate targeted adaptations of evidence-based models to local conditions while preserving core elements of those models, identify and disseminate best practices, and test new approaches in home visiting that can increase efficiency and enhance effectiveness of programs.

The Federal requirements state¹ that Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program grantees must include a plan for CQI in their Updated State Plans. The plan for CQI in the Updated State Plans allows grantees to assess their current data collection capacities with regard to collecting, summarizing, and utilizing findings to carry out CQI within the program. Moreover, the CQI plan will identify needs and areas in which CQI can be developed and incorporated into programs, as well as plan for the adoption and use of CQI tools and methods within the program.

The purpose of this technical assistance document is to support MIECHV grantees by addressing issues that should be considered in the process of communicating CQI plans. These suggestions are intended to be a helpful tool; there is no requirement to follow this format.

Assessing Level of Capacity

It is recognized that the infrastructure within states, territories and tribes to conduct CQI activities, as well as their current CQI practices, varies widely. Quality improvement practices are not fixed or universally applied; rather, they fall along a continuum and can vary widely across programs. Broadly conceptualized, there are three stages of CQI which are discussed below. Each stage consists of fundamental elements that are necessary to implement CQI at that given level.

¹ The "Supplemental Information Request for the Submission of the Updated State Plan for a State Home Visiting Program" full report is available at url: <http://www.hrsa.gov/grants/manage/homevisiting/sir02082011.pdf>

Stage 1: Basic Data Collection and Report Usage

- A culture of quality exists in the organization whereby data are valued and striving for process improvement and optimal outcomes is a shared vision of all members including both front-line staff and management
- Data collection is sufficient to document benchmarks and facilitate CQI
- Management Information Systems (MIS) systems are sufficient to allow for collection and storage of required performance measures
- Reports are produced on a regular basis and reflect important aspects of service provision (processes) and outcomes
- Reports are used by key stakeholders to track performance and outcomes

Stage 2: More Advanced Reporting and Systematic Improvement Efforts

- Data collection is expanded to cover a wider range of outcomes and service delivery elements
- MIS systems are larger, more flexible, and serve multiple purposes
- Reports are produced on a regular basis and are used to inform decisions at all levels of the organization
- Deep understanding of processes and outcomes is achieved through systematic inquiry
- New strategies and approaches are systematically tested and evaluated
- Effective strategies and approaches are disseminated throughout the organization and monitored

Stage 3: Additional elements of quality improvement are integral to day to day work, such as critical incident monitoring

- Dedicated professional CQI staff are part of the team
- Experimental tests of change are implemented
- Constant efforts to accelerate improvement

The boundaries between these stages are permeable, and some organizations will have elements from each stage. Generally, however, it is recommended that grantees carefully assess their current CQI resources and practices and rate their level of CQI using these elements. CQI self-assessments could range from “not yet Stage 1” to “Stage 3.” Justification for the rating includes the elements used to support the rating. Not only will the grantee rate their present CQI capacity, but this rating can help grantees include in their plan ways to advance to a higher level of CQI and include a timeline for implementing new strategies.

Suggested Reporting Format for CQI Plan

In addition to including a current CQI self-assessment and a plan for improving existing CQI capacity within the home visiting program, it is recommended that grantees address the

seven areas discussed below in their Updated State Plan (A suggested outline for reporting grantee proposed CQI plans can be found in Appendix A).

1. *Infrastructure for driving improvements*

When addressing your plan for building infrastructure support, grantees can describe how key stakeholders will be brought together to facilitate quality improvement. CQI Teams will need to be formed to ensure that CQI is promoted at all levels. Strong leadership will ensure that improvement initiatives are properly executed, and that changes are sustained over time. Creating a culture of quality is paramount to the process, which will be brought about by organizational commitment and widespread training. It is also important for CQI Teams to consider how key members of the organization will receive meaningful reports in timely manner and how they will use these reports to make data-driven decisions.

2. *Leveraging current resources*

The Plan can include how grantees will leverage existing resources. Some states, tribes and territories have access to MIS development and CQI expertise in varied departments. First, inquire about what existing resources and supports may already be available to you that may help in the creation and implementation of your CQI Plan.

3. *Description of MIS system*

Some grantees may already have in-house MIS systems in place, or may have the capabilities to design their own MIS systems. Other grantees may be using model-developed systems specific to the home visiting model being implemented. Another option available to grantees is the use of a pre-packaged MIS system that can be purchased. Ideally, grantees should explore systems that are user-friendly, can handle the capacity required, will allow for measurement of the given constructs and other important measures related to the benchmark areas, and are accessible to all who will be using it. Regardless of the type of MIS system selected, users will need to be trained and ongoing support should be readily available. For data to be useful for CQI, there should also be real-time access to MIS systems and reports.

Another point of consideration: Systems will need to be maintained and upgraded. Whether you are designing your own system or purchasing one from a vendor, you will need to factor in the resources needed (both monetary costs and staff time) for ongoing maintenance and periodic upgrades.

4. *Data collection design*

Think carefully about who will be collecting the data and what measures will be used. This will have implications in the construction of the MIS system, the training required in data collection procedures, addressing quality control issues of the data elements, and the provision of ongoing support. For example, if home visitors will collect data, consider that they will need training and support. Also consider and address how the data collection will interface with service provision.

5. *Reporting*

Feeding data back to users is an essential feature of a CQI plan. Reports should be useful and relevant to the day-to-day work of home visitors and other staff. Reports

should show performance over time, represent data in short intervals (at least quarterly), and be readily accessible. For states, tribes, and territories at the earliest stages of constructing an MIS system, consider what kinds of information would be most useful in running a home visiting program. Some models have their own standardized reports, but it may be useful to have additional customized reports to meet the unique needs of an organization. Consider who will get reports, how they will be expected to use them, and how organizational members will be held accountable for how they translate data on reports into action in order to drive improvement. Reports can also be used to track model fidelity and support home visitors in consistently implementing home visiting models.

6. *Alignment and integration of CQI plan with benchmark reporting*

Consider how the MIS system and reports will incorporate benchmark area-related performance measures. Describe how reports on performance measures for the constructs within the benchmark areas will be incorporated into ongoing improvement work.

7. *Building and sustaining CQI infrastructure*

When building a CQI infrastructure, solicit external consultation and support from the beginning so that you build an infrastructure that fits well within your program. If you already have an established system in place, consider alignment with that system to minimize burden. For CQI plans to be sustainable, they need to be amendable to dealing with increased capacity, they need to allow for expanding the scope CQI as needed, and they need to be relevant and useful in the day to day work of staff.

Conclusion

The benefits of integrating CQI into the process-level activities of the program have widespread implications for that program's level of effectiveness. Grantees are encouraged to make a long term commitment in integrating CQI practices within their home visiting programs to maximize the impact of the program within the community served. While careful consideration will need to be made in how to address the challenges and barriers of implementing a CQI system, the benefits to the program and to participants ensure that the level of effort is worthwhile.

For more information about addressing continuous quality improvement for your program, please contact a DOHVE² TA team member at:

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² The purpose of the Design Options for Home Visiting Evaluation (DOHVE) is 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.

Appendix A

Suggested Outline for Continuous Quality Improvement Plan

I. Infrastructure for Driving Improvement

- a. Involvement of key stakeholders
- b. Leadership and accountability structure
- c. Forming CQI teams at state and local levels
 - i. Provide oversight
 - ii. Determine focus of improvement work
 - iii. Involve all stakeholders to facilitate creation of a culture of quality
- d. Building a culture of quality: training in CQI principles
- e. Ongoing system for using data to drive decisions leading to improvement

II. Leverage of Current Resources

- a. Integration with other state data systems
- b. Other expertise in CQI in state

III. MIS Systems

- a. System that will be purchased or the plan for design
 - i. System elements
 1. Technical features
 2. User capacity
 3. Usability and accessibility
 4. Real-time access
 - ii. Who will have access to and use the system
 - iii. Training and support of users
- b. Ongoing maintenance and upgrades

IV. Data Collection

- a. Who will collect data; source of data elements
- b. Ensuring data quality and completeness
- c. Training and support of data collectors

V. Reports

- a. Types of reports
- b. Features of reports
- c. Commitment to short time frames
- d. Usefulness of reports
- e. Distribution of reports
- f. Use of reports
- g. Accountability of report usage
- h. Use of reports to monitor model fidelity

VI. Alignment and Integration with Benchmarks

- a. Incorporation of benchmark data into CQI

VII. Building and Sustaining CQI Infrastructure

- a. External consultation and support
- b. Plan for increasing capacity, expanding CQI, and incorporating CQI into day to day work
- c. Consider alignment with an established system for CQI