Holding the Gains:
A Brief for Tribal Home Visiting Grantees

Introduction

The Tribal Home Visiting Evaluation Institute (TEI) developed this brief for tribal programs seeking to sustain long-term improvements gained during continuous quality improvement (CQI) projects. The brief describes how sustaining improvement builds on CQI efforts that are already underway, how teams know when to move from testing to implementing changes, and how to implement changes in a way that sustains the gains. To illustrate the information described, this brief also presents detailed examples based on Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal Home Visiting) grantee projects. The brief includes a list of additional resources for sustaining improvement and a glossary of terms used.

The brief is based on knowledge and experience working with Tribal Home Visiting grantees and is primarily written for that audience. As grantees, you will find it helpful to use the questions and information in the following sections to strategize how to sustain improvements made through your current CQI projects. The concepts presented are also applicable to health and human services programs in other contexts.

How does this build on the CQI work you are already doing?

CQI is a **systematic** and ongoing approach to specifying the processes and outcomes of a program or a set of practices through **regular** data collection and observation and the implementation of changes that may lead to improvement in performance.[1] In the context of tribal programs, CQI is an intentional, cyclical process intended to achieve balance in a program that involves—

Making constant observations and looking for patterns	Acknowledging the changing nature and interdependence of programs within a broader context (i.e., organizations, communities)	Using both Western science and Indigenous ways of knowing[2]

For more information about CQI concepts, please see Starting a CQI Project: A Brief for Tribal Home Visiting Grantees. This resource provides a solid foundation to help teams understand and engage in CQI, including using Plan-Do-Study-Act (PDSA) cycles. Exhibit 1 outlines the CQI approach described in that resource.

Exhibit 1. The CQI Approach

| Identify a process to improve | Determine a change that may improve the process | Test the change and collect data on improvement | Study the data to determine next steps | Adopt the change, modify it and test again, or abandon it |

After you determine that you want to adopt a change that has been tested through PDSA cycles, you are ready to move into the next phase of your CQI project: implementing the change in a way that ensures you hold the gains.

We have decided to adopt a change. What are the next steps?

The key steps and factors that enable you to effectively implement a change are described in detail in the next sections. Let's start with some foundational terms used during this implementation phase of CQI work:

ADOPT

Adopt means to "take up or start to use." Adopting a change means that you are ready to move from testing it to implementing it.

IMPLEMENT

Implement means "put into effect." To implement a change, you will work to make it permanent within your system.

HOLD GAINS

Holding the gains means **sustaining the improvements** achieved during testing from a change (measured by data) for a long period of time.

This may be different than how you have used the term *sustain* or *sustainability* in your home visiting program in the past. Often *sustainability* refers to funding sources and program longevity. In the case of CQI, sustaining means holding the gains achieved through your successful tests of change.

Before you can move to this implementation phase, it is important to first confirm that the change is ready to implement.

How do you know a change is ready to implement?

Implementation requires permanent change to the way work is done.[3] It may involve aspects of organizational infrastructure—including documentation, training, compensation, and hiring—that are not involved in the testing phase. Because implementation has such high impact, implementing a change is a slower process than testing it. Identifying the right time to move from testing to implementation is critical.

Three key considerations can help your team decide when the time is right to move to implementation:

Confidence

Confidence (also called *degree of belief*) is the extent to which you believe the change will result in measurable improvement. Confidence grows through testing the change, comparing your results to your predictions, assessing whether the change works the same way most of the time (called *reliability*), and evaluating the data for measurable improvement.

Cost of failure

Cost of failure (also called *risk*) refers to potential consequences of a change that has not been adequately tested. You do not want to implement a new change across your entire program, or with all your clients, without first testing it under diverse and challenging conditions.

Staff readiness

Readiness (also called *commitment*) is a measure of how team members and the broader organization feel about making the change. Staff may feel resistant, indifferent, or ready to make a change. The more ready that staff are to make a change, the more likely the change is to be successful and have the desired outcomes.

A change is ready to be implemented when—

✓ **Confidence is high** that the change is effective, as your data demonstrate measurable improvement, and your test predictions consistently match your results.

✓ **Cost of failure is small,** as you have tested the change under a variety of increasingly challenging and diverse conditions.

✓ **Staff readiness is high,** as team members are willing and motivated to make the change.[4]

How do you implement a change and hold the gains?

Once you have determined that the change is ready to be implemented, you can move into the implementation phase. Holding the gains occurs "when new ways of working and improved outcomes become the norm."[5] Let's look at an example:

> Over the course of a CQI project, your team achieves measurable improvement in the percentage of caregivers who regularly conduct early language and literacy (EL&L) activities with their children. This is achieved by home visitors co-creating a plan with caregivers for routines that build in reading, storytelling, and/or singing with their child(ren).

What does holding the gains look like?

|		
☀	NEW WAYS OF WORKING	A year from now, home visitors continue to co-create a plan with caregivers for a daily routine that builds in reading, storytelling, and/or singing with their child(ren).
⊕	IMPROVED OUTCOMES	EL&L activity rates remain at or above the rates achieved during your testing phase.
O▷	BECOME THE NORM	Home visitors apply EL&L routine planning as part of their standard practice with families.

Holding the gains does not happen automatically. Sustaining improvement requires planning and action over time. It is important to be intentional and strategic when implementing changes, to ensure that the improvements you have achieved are maintained.

There are three implementation steps for holding the gains:

Exhibit 2. Steps for Implementing a Change

STEP 1
Increase staff readiness

STEP 2
Hardwire the change

STEP 3
Monitor results over time
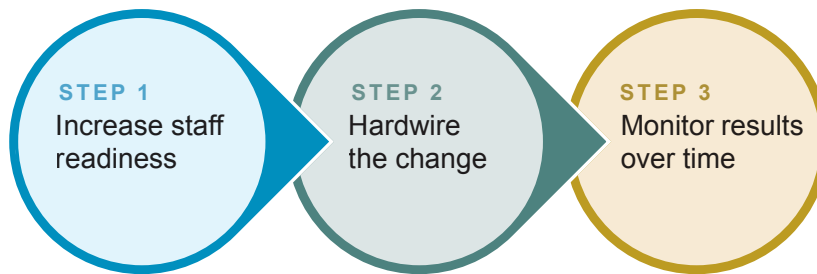
Sustainability factors within these steps increase your ability to hold the gains by successfully integrating changes into standard practice. In the next section, we describe each step and related sustainability factors. The appendices include two tools you can use to support implementation: CQI Implementation Steps and Sustainability Factors table and CQI Implementation and Sustainability Checklist.

Implementation Step 1: Increase Staff Readiness

STEP 1
Increase staff readiness

STEP 2
Hardwire the change

STEP 3
Monitor results over time
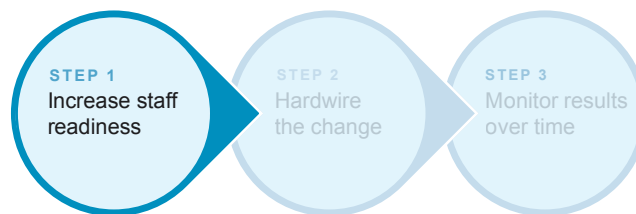
Sustainability Factors: Leadership, Perceived Value, Communication

Program leaders play an important role in ensuring that all relevant staff are comfortable with and ready for the change to be implemented as common practice. Increasing staff readiness is essential to building trust and support for the change. Home visitors are responsible for the day-to-day work, so they will be communicating the change and its value to other interested parties, including families or community members. However, change can be uncomfortable. It requires time and energy—resources that may be in short supply. It is normal for staff to feel resistant to change. Common reasons for resistance include—

◆ Lack of understanding about why the change is being made

◆ Possible impact on current job role

◆ Lack of visible support and commitment from managers

◆ Organization's past performance with change

Effective, thoughtful communication is crucial to supporting staff readiness. If the CQI team does not involve the full staff, you should work with program leadership to identify those who will be affected by the change and create a **communication plan** that describes how, when, and who will inform them.

Other actions that CQI teams and program leadership could take to increase staff readiness include—

◆ Providing as much information as possible about what the change is, why it is being made, how it benefits the organization/staff/families/community, and how it will affect people

◆ Empathizing with staff who feel discomfort and anxiety and providing them meaningful opportunities for feedback

◆ Including staff who have been involved in testing as "change champions" for their peers

◆ Calling on other key leaders to publicly support and advocate for the change

◆ Regularly sharing implementation updates and highlights of success to build confidence among staff

The Psychology of Change Framework from the Institute for Healthcare Improvement offers additional strategies that organizations can use to advance and sustain improvement.

If staff feel well prepared for the change, understand its value, and embrace it as part of standard practice, they will have a positive impact on the success and sustainability of the change.
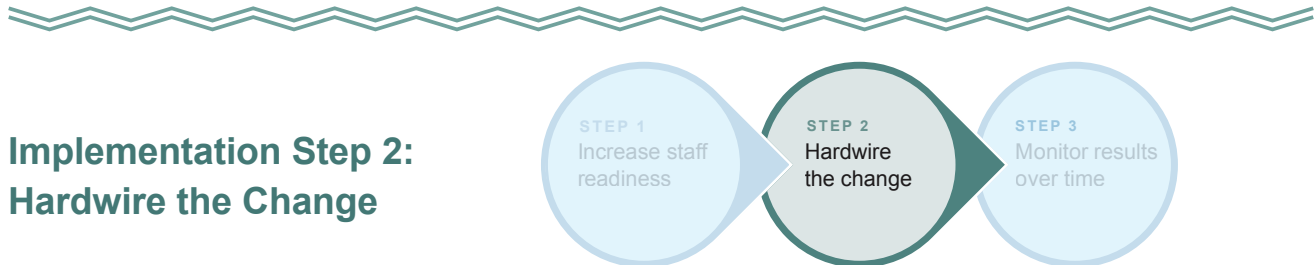
Implementation Step 2: Hardwire the Change

STEP 1
Increase staff readiness

STEP 2
Hardwire the change

STEP 3
Monitor results over time

Sustainability Factors: Organizational Infrastructure, Staff

Hardwiring the change means embedding it into the system. It is common for people to revert to doing things "the old way." Integrating the change into organizational infrastructure is key to successful implementation, as it promotes standardization and reduces reliance on individual behaviors and actions.

You may ask questions such as, "What documentation needs to be updated, such as job descriptions, responsibilities, performance standards, forms, and processes/procedures? How and when will new hires and current staff be trained on the change? Are the expectations clear? How will staff know how they are doing? Does the change impact hiring or compensation practices? How should you build the change into the data system, budget, and work plan?"
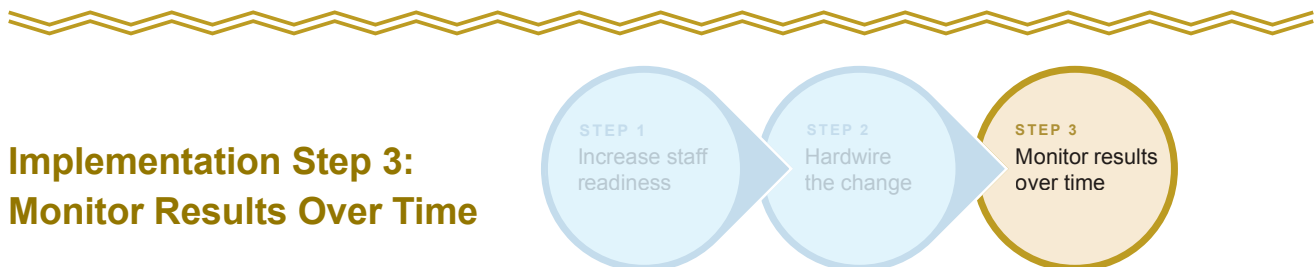
Implementation Step 3: Monitor Results Over Time

STEP 1
Increase staff readiness

STEP 2
Hardwire the change

STEP 3
Monitor results over time

Sustainability Factors: Measurement, Feedback

Continuing to monitor results over time allows you to evaluate how implementation is going. Your team should determine which measures are most important to keep tracking and balance that effort with the amount of work needed to track these measures over the long term.

Measures are key data indicators that are used to evaluate and track improvement. Once you have determined the measures that are most important, you are ready to update your measurement plan to reflect continued data monitoring. Your **measurement plan** defines how and when to regularly collect, report, and review selected data indicators, and who will do it.

Outcome measures are data indicators that are tied to the end results of a process, or the "what" that you are trying to achieve at the program or system level. These are often your SMART aims (Specific, Measurable, Achievable, Relevant, Timebound), or they could be related to certain performance measures. Your team may consider building regular review of outcome measures into existing infrastructure, such as an organizational data dashboard, monthly department report, or individual staff performance check-ins.

Process measures are data indicators that look at a part of the process to assess how that part is going. These measures are connected to processes you are changing, or "how" improvement is happening. Process measures are collected and reported for a set duration of time—typically 6 months to a year or more—to ensure that the change is integrated into day-to-day practice.

Program leaders should consider how to obtain ongoing feedback from staff on progress, successes, and challenges associated with holding the gains. Staff should have meaningful ways to ask questions, share concerns, offer suggestions, and report on their experiences. Continuous feedback supports the team-based approach, recognizes the expertise and lived experience each person brings, and fosters collaborative decision-making. Your team can collectively decide which feedback mechanisms will be used, how often exchanges should occur, and who will be engaged in those processes (including if client feedback is needed).

Should you still use PDSAs when implementing a change to make it permanent?
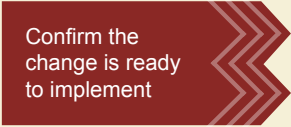
Yes! You should still use PDSAs during this phase to inform aspects of implementation such as the following:

- **Communication.** PDSAs can help you determine the message, messenger, and delivery mode, such as email, intranet, or in-person meeting.

- **Documentation.** PDSAs can help you determine what content staff need, what types of documentation they find most valuable (e.g., policies, process maps, decision trees, flowsheets, operating procedures), how they should access it, and how often reviews and updates are needed.

- **Training.** PDSAs can help you determine training content and ideal length, modes, and timing. For example, would staff prefer reading, video, observation, or a combination? When should new or current staff be trained—within the first 30 days? The first 3 months? Should training be refreshed annually?

- **Feedback.** PDSAs can help you share and evaluate progress. You might want to create a data dashboard or add a standing agenda item to a regular team meeting. Or maybe you would like to ensure that families' feedback is being incorporated, so you test a monthly text message survey or quarterly focus group. Tests can also help you determine what information your audience is most interested in learning, what is their preferred way of interacting, and what method yields the greatest response and most valuable feedback.

Remember that tests are not tasks! A test is trying something out and learning something new, while a task is something you must do.

Grantee Example

A CQI team is testing a Family Needs Checklist to improve family engagement and retention. The improvement theory for using the checklist is: if home visitors use the Family Needs Checklist to regularly check in with families about their interests and goals, they can use the results to inform visit planning and better meet the family's evolving needs. If this prediction is correct, then families will be more likely to stay engaged for longer periods of time, which will positively impact retention rates.
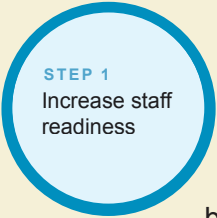
Confirm the change is ready to implement

The CQI team would like to adopt the Family Needs Checklist as a permanent change. First, team members confirm that the change is ready to implement. They test the checklist with multiple home visitors and families from different demographics at the beginning and end of a home visit and at enrollment, 3 months, 6 months, and 1 year.

They modify the script's length, wording, and visual components. They also adjust the timing of the checklist. The data show improvement, so their confidence is high that the checklist is effective. They test the change under increasingly diverse and challenging circumstances to reduce the potential cost of failure before implementing the change broadly; this includes trying both paper and electronic versions to identify technology bugs or other issues. The team members translate the checklist to test with families who do not speak English, to ensure that they can easily complete the checklist and that the program is inclusive and considerate of family needs.

Potential costs of failure addressed through testing include families losing confidence in the program, families being less likely to read emails or try the checklist again, and home visitors losing valuable information that could help support families. The program avoids the risks of negative impacts on the program's reputation, reduced acceptance of home visiting services, and decreased retention. Several staff involved in the CQI team and testing phase are ready to build the change into standard practice and encourage their peers to do the same.

STEP 1
Increase staff readiness

The CQI team uses the CQI Implementation and Sustainability Checklist to address planning factors. The team decides to implement the Family Needs Checklist within the entire home visiting program, thus impacting all staff and families, and develops a communication plan. The program manager sends an email to home visitors explaining the checklist and how it will benefit staff, families, and the organization. The email includes the timeline and next steps for implementation. Supervisors then have one-on-one meetings with staff to explain how the change will affect their roles and to answer any questions. Change champions from the CQI team and testing phase are asked to promote the change at team meetings and answer peers' questions. During team meetings, supervisors, managers, and leadership find ways to recognize home visitors for their commitment to the change process.

STEP 2
Hardwire the change

The CQI team estimates costs to print the checklist and build it into the electronic health record (EHR). The program manager incorporates the costs into the program budget. Supervisors ensure home visitors have adequate time allocated for using and documenting the checklist, while updating visit guidance, workflows, and process maps. Current home visitors are trained by supervisors and change champions within 2 weeks, and new staff will be trained in their 6th week of onboarding. A family retention measure is incorporated into the program's data dashboard, and discussion on the measure is included in monthly team meetings.

STEP 3
Monitor results over time

Home visitors use the new checklist form in the EHR to capture information from the printed checklist. The supervisor runs weekly EHR reports to monitor visits and usage of the checklist form. The program manager runs the monthly data dashboard report to review family retention rates. Supervisors and staff use monthly team meetings to review the data and discuss progress. The organization adds family retention to its public data dashboard, which is shared on its website and during community presentations.

Final thoughts on holding the gains

This brief is a resource for Tribal Home Visiting grantee teams seeking success in their CQI journey. Teams who have successfully tested changes in their CQI projects and have decided to adopt the changes can use this brief to hold those gains for the long term. Teams should carefully examine how each implementation step and the related sustainability factors align with their home visiting program and make adaptations where necessary.

Where can I access additional information?

To find more information about implementing changes and sustaining CQI gains, see the following resources.

Sustaining Improved Outcomes: A Toolkit

Provides a framework of 12 sustainability factors, including a detailed description of each factor, how factors work, and worksheets to determine which factors to address and activities to address them.
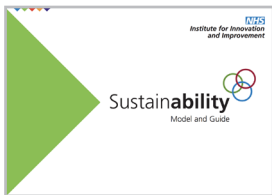
Sustainability Model and Guide

Describes 10 sustainability factors and offers self-assessment questions to determine your team's readiness for each factor.
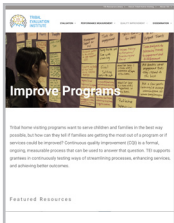
TEI CQI Resources

TEI provides technical assistance on evaluation, performance measurement, CQI, and dissemination to Tribal Home Visiting Program grantees. Resources here are targeted toward programs serving children and families interested in building capacity to conduct CQI using PDSA cycles.

Quality Improvement Guidebook

Is designed to build capacity and provide tools for public health practitioners at any performance improvement skill level.

References

1 Poes, M., Quigley Clark, M., Leis, J., Miller, K., & Till, L. (2017). Continuous quality improvement toolkit: A resource for Maternal, Infant, and Early Childhood Home Visiting Program awardees. https://www.jbassoc.com/resource/continuous-quality-improvement-toolkit/

2 Morales, J., Roberts, E., & Buckless, B. (2020). *Starting a continuous quality improvement project: A brief for Tribal Home Visiting grantees*. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

3 Institute for Healthcare Improvement. (2021). *Science of improvement: Implementing changes.* http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementImplementingChanges.aspx

4   Langley, G. L., Moen, R., Nolan, K. M., Nolan, T. W., Norman, C. L., & Provost, L. P. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd ed.). Jossey-Bass.

5   Thomas, S., & Zahn, D. (2010). *Sustaining improved outcomes: A toolkit*. https://nyshealthfoundation.org/resource/sustaining-improved-outcomes-a-toolkit/

Glossary

Note: These definitions are specific to the context of their application in CQI.

Adopt—To take up or start to use. Adopting a change means that your team is ready to move from testing it to implementing it.

Communication plan—A plan that describes how, when, and who will inform those who will be affected by the change. It should include what the change is, why it is being made, how it benefits the organization/staff/clients/community, and how it will affect everyone involved.

Confidence—Also called degree of belief, is the extent to which people believe the change will result in measurable improvement.

Cost of Failure—Also called risk, refers to potential consequences. Types of risk may include financial, reputational, operational, and compliance.

Holding the gains—Sustaining the improvements achieved during testing from a change (as measured by data) for a long period of time.

Implement—To put into effect. Your team will work to standardize the change and make it permanent within your system.

Measurement plan—A plan (how, when, and whom) for key data indicators that will regularly be collected, reported, and reviewed.

Measures—Key data indicators that are used to evaluate and track improvement.

Outcome measures—Data indicators that are tied to end results of a process. These are "what" you are trying to achieve at the system level. These measures are less sensitive to change; it usually takes longer to see improvement in outcome measures.

Process measures—Data indicators that are tied to a part of a process and used to assess how that part is going. These measures are connected to the processes that you are changing or the "how" improvement is happening. Process measures are more sensitive to change; improvement is usually seen more quickly.

Readiness—Also called commitment, is a measure of how people feel about making the change.

Sustainability factors—Components of implementation that increase your team's ability to successfully integrate changes into standard practice.

Appendix A.
CQI Implementation and Sustainability Factors

The following table summarizes the implementation steps and sustainability factors. It includes key concepts and examples of how these steps and factors might look in practice.

Step 1: Increase Staff Readiness		
Sustainability factor	Concept	Example
Leadership	Program and organizational leadership are actively involved in and advocating for the change.	A program coordinator is a member of the CQI team from the beginning. This person sends a video announcement and follow-up email to home visitors explaining implementation of the change, why it's important, and how it will impact children and families.
Perceived value	Staff who will be affected by the change understand the value and impact of it.	"Change champions" share stories with their peers about how families have benefited from the change.
Communication	Staff who will be affected by the change have been identified and a plan for informing the staff is developed (including how, when, and for whom).	A detailed communication plan describes intended audiences (staff/families/community) and what the messages will be. They will use a variety of methods including email, videos, intranet, public website, and social media over a period of 3 months to share the positive impact.
Step 2: Hardwire the Change		
Organizational infrastructure	Organizational operations support the new ways of working, including documentation and resource allocation.	The program leadership ensure the change has adequate funds and time allocated for widespread implementation. Program managers and coordinators update job descriptions, performance standards, etc. The leadership update forms, materials, and hiring and training practices.
Staff	Staff impacted by the change feel confident in implementing it.	A comprehensive training plan for new and current employees that includes reading, online videos, content quizzes, and role playing is developed. Current staff are trained over the next 4 weeks, and new staff are trained within 60 days. Competencies are established and incorporated into annual performance reviews.
Step 3: Monitor Results Over Time		
Measurement	Staff create this plan (how, when, and whom) for key data indicators that will regularly be collected, reported, and reviewed.	Home visitors use the new flowsheet to capture data, the supervisor runs weekly reports for the measures, and the manager or evaluator runs monthly reports for selected measures.
Feedback	Staff establish feedback mechanisms (including how, when, and whom) to regularly evaluate and share progress.	Teams use weekly huddles and the monthly data report to review progress. Staff provide feedback to supervisors during individual check-ins. The organization creates a data dashboard to share on its website and during community presentations.

Adapted from Thomas, S., & Zahn, D. (2010). Sustaining improved outcomes: A toolkit.

Appendix B.
CQI Implementation and Sustainability Checklist

This checklist is a tool for CQI teams to use when implementing an adopted change that has been tested through PDSA cycles. It will help your team plan for and carry out implementation of the change to ensure gains achieved are sustained over time.

Team Name: _____

Change Being Implemented: _____

Implementation Timeline: _____

Step 1: Increase Staff Readiness

Leadership

☐ Leaders are visibly involved in activities to support and advocate for the change

Perceived value

☐ Those who will be impacted by the change understand its value and the impact it will have

Communication

☐ Those who will be affected by the change have been identified (staff, clients, community)

☐ A plan (how, when, and whom) is developed to share information on what the change is, why it is important, and how it will impact individuals and the organization

Notes:

Step 2: Hardwire the Change

Organizational Infrastructure

Any applicable items have been reviewed or updated:

☐ Job descriptions / responsibilities

☐ Trainings / competencies

☐ Performance standards

☐ Policies

☐ Procedures

☐ Guidelines

☐ Forms – paper or electronic

☐ Materials – paper, electronic, website

☐ Resources – process map, decision tree

☐ Budget – funds and time allocated

☐ Data system – reflects the measurement plan

☐ Other

Staff

☐ Staff who need to be trained have been identified

☐ Resources needed for training have been secured

☐ Training schedule has been established

☐ Initial training and materials have been developed

☐ Ongoing training and materials have been developed

☐ Technical assistance for staff will be available

☐ Feedback mechanisms for staff has been developed

☐ Procedures have been documented

Notes:

Step 3: Monitor Results Over Time

Measurement

☐ Data indicators that will continue to be collected are identified

☐ Process (how, when, and whom) for collecting, reporting, and reviewing data has been created

☐ Procedures have been documented and technical assistance is available

Feedback

☐ Relevant audience(s) has been identified (leaders, staff, clients, community)

☐ Plan (how, when, and whom) for sharing progress has been developed

Notes:

Other Considerations

What barriers may your QI team encounter with implementing this change and sustaining gains?

How will you address these barriers?

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