

FY 2017 Maternal, Infant, and Early Childhood Home Visiting Program Continuous Quality Improvement Plan Update

CQI Resource
August 2017



Additional Resources to Guide CQI Plan Updates

[DOHVE 2 Creating a CQI Plan FY 2016 Webinar](#)

[DOHVE 2 CQI Brief: Developing FY 2016 CQI Plans](#)

[HRSA Quality Improvement Toolbox](#)

[FY16 Funding Opportunity Announcement HRSA-16-172](#)

[FY17 Work Plan and Budget Update](#)

Introduction

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees are required to report annually on their quality improvement activities based on the implementation of their continuous quality improvement (CQI) plans per the fiscal year (FY) 2016 Funding Opportunity Announcement (FOA) and the FY 2017 Work Plan and Budget Update (WPBU). This annual update helps awardees assess their CQI efforts, document progress, and use lessons learned from implementation to inform CQI activities moving forward. Health Resources and Services Administration (HRSA) Project Officers (POs) will review and approve CQI plans each year to ensure the plans meet federal expectations.

This resource is a guide to assist awardees in (1) reporting on their CQI activities from FY 2016 and (2) updating their CQI activities for FY 2017 per the FOA requirements. Use of this resource is optional.

For additional technical assistance related to CQI plan reporting and updates, contact your HRSA PO and DOHVE Liaison.

Instructions

You may complete your FY 2017 CQI plan directly in the pages that follow and then send to your HRSA PO for review. However you are not required to use the attached resource to submit your plan. Once approved, the final plan will be uploaded to the Electronic Handbook through a Request for Information sent by your HRSA PO. Part 1 of this resource discusses updates and key lessons learned from implementation of your FY 2016 CQI plan. Part 2 of this resource discusses changes to your CQI plan for implementation in FY 2017. If you have any questions about the resource or the FY 2017 CQI plan, please contact your HRSA PO or DOHVE Liaison.

FY 2017 CQI Plan Resource

Date: 9/27/17

State/Territory Awardee: Florida

Part 1. CQI Activities from FY 2016

Awardees should discuss key CQI activities, accomplishments, challenges, and lessons learned from implementing their CQI project in FY 2016. To complete this section of the update, consider the following questions:

1. In FY 2016, what was your CQI Topic(s)?

Family Engagement

2. In FY 2016, what was your SMART Aim(s)?

By 12/13/16, MIECHV will increase:

- **capacity to 85%,**
- **home visit completion to an average of 1.5 visits/family, and**
- **3-month retention to 90%.**

3. Did you meet your SMART Aim(s)?

Yes or No

- a. If no, explain why.

- **We met the aim of 85% capacity for all sites by December 31, 2016, and those sites have since increased to 90% as of June 2017.**
- **There was little improvement in the average number of home visits completed by December 31, 2016. However, as of June 2017, these sites have improved from an average 1.3 visits/funded slot to 1.5 visits and from an average 1.6 visits/family served to 1.7 visits.**
- **The LIAs were at the baseline of 87% by December 31, 2016. They had increased to 91% in September, which exceeded the goal, but continue to fluctuate. It is possible this measure is too sensitive to fluctuations in capacity and that a larger cohort or longer measure of retention would be more reliable. We used this method since we knew it would be a short CQI project, but will explore other methods for monitoring progress going forward.**

We will continue to work on increasing home visit completion as a strategy for improving retention.

4. What progress can you report from the CQI project? Examples of progress that you might describe include:

- a. *Organizational systems and supports for CQI* – **Monthly webinars were led by parents, state staff, local staff, CQI staff and others, opportunities for peer-to-peer learning.**
- b. *Engagement of families in CQI efforts* – **Parent leaders provided training on how to engage parents in their CQI efforts and developing parent leaders.**
- c. *Successful changes or interventions that were tested using CQI methods, such as Plan-Do-Study- Act cycles* – **All participating LIAs used the Model for Improvement to test strategies from the change package. LIAs tested methods for increasing home visit**

FY 2017 CQI Plan Resource

completion and found new ways of monitoring completion. Another LIA found the incentives they thought would work were not effective. It helped them understand more about what the parents valued or didn't value.

- d. *Methods and tools to support CQI work* – LIAs were provided with a PDSA template which they used to report their testing each month, state staff shared progress on reaching the aims.
 - e. *Measurement and data collection processes* – Since the ETO data system was undergoing revisions, state staff collected data for all LIAs in Excel. However, several sites implemented their own tools for tracking progress.
 - f. *Monitoring and assessing progress* – The CQI consultant provided a monthly summary to everyone of each site's progress and gave individual feedback, when appropriate.
5. Did you encounter challenges in the implementation of your CQI project (e.g., provision of organizational systems and support, engagement of families in CQI work, testing changes or interventions, using methods and tools, developing and implementing measurement and data collection, monitoring and assessing progress, etc.)?
Yes or No
- a. If yes, please explain.

The largest barrier was lack of access to the data system. There is value to having the sites collect and review the data as they are submitting it each month. There might have been more learning around using data for improvement, had that been an option.

6. Did you engage support from technical assistance providers (e.g., specialized coaching, training or sharing of resources) for the purposes of improving practices and methods related to CQI?
Yes or No
- a. If yes, describe the format (e.g., coaching, training, resource document) and successful outcome of TA provided.
 - b. If no, explain why.

We learned a lot from the HV CoIIN and participated in the IHI Breakthrough Series. We didn't find a need to reach out during this period.

7. To what extent, if any, did you spread the lessons learned from your CQI project in FY 2016? Please share any resources electronically that were used to disseminate results.

All of the resources have been posted so that other LIAs can take advantage of the PDSA testing and the webinars provided. The Senior Manager also presented as part of South Carolina MIECHV's Learning Session on Family Engagement. Florida staff are currently using the lessons learned to provide technical assistance to new sites.

8. What lessons learned will you apply to your FY 2017 CQI plans?

FY 2017 CQI Plan Resource

The primary lesson learned is that we need to build in more time for sustaining the gains and implementing the strategies that were successfully tested, prior to rolling out another CQI project. This will include coaching and modifications (if needed) to training and protocols.

FY 2017 CQI Plan Resource

Part 2. CQI Plan Updates for FY 2017

Organizational System and Support

Awardee or Recipient Level

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2017?

Yes or **No**

- a. If yes, you can use the optional table format below or provide a discussion of specific changes in personnel. If no move on to question 2.

Staff Roles Assigned to CQI teams	Experience with CQI (years in role and specific skills)	Professional Development Needed to be Successful in This Role (e.g., training, written resources)	LIAs/CQI Supported (List)
<i>Ex. CQI Lead</i>	<i>5 years providing CQI training and coaching to local MIECHV teams, Trained in IHI framework, LEAN and Six Sigma.</i>	<i>Tools and resources for developing and analyzing run charts</i>	<i>List team names</i>

Tip: If personnel are not already identified, share your plan for securing personnel to adequately support local CQI work.

2. In FY 2017, will you make modifications to the method and/or frequency of CQI trainings you provide to local teams? This may include training to strengthen CQI competencies or to understand and interpret data collected for CQI projects.

Yes or **No**

- a. If yes, you can use the optional table format below or provide a detailed discussion to describe modifications. If no move on to question 3.

	Method	Frequency	Additional Comments	Indicator(s) of Effectiveness
(1) Describe point person and training methods planned to strengthen CQI competencies for local teams.	<p>Example:</p> <p><i>Role of point person:</i></p> <p><i>Methods:</i></p> <p><i>Annual CQI conference</i></p> <p><i>Virtual topic calls</i></p>	<p>Example:</p> <p><i>Monthly calls</i></p> <p><i>1:1 check-in with each team monthly</i></p> <p><i>Group coaching and 1:1 per</i></p>	Add specific information on the type of training that will be done	<p>How will you know that teaching/coaching is effective?</p> <p>Add examples to explain methods used for collecting</p>

FY 2017 CQI Plan Resource

	<i>1:1 team coaching</i> <i>Group coaching</i>	<i>requests within 72 hours</i>		data on efficacy and satisfaction
(2) Describe how you will encourage learning based on data into training and coaching.	Example: <i>Collaborative run charts and individual team run charts with LIA-identified data shared in monthly topic calls</i>	Example: <i>Monthly</i>	Example: <i>Will encourage peer-to-peer sharing of PDSA testing and data results</i>	Add examples to explain methods used for collecting data on efficacy and satisfaction

3. Will you make changes in the level of financial support (e.g. allocation of resources and staff time at the state/territory level and allocation of staff time) for CQI in FY 2017?
Yes or **No**
 - a. If yes, please describe modifications. If no move on to item 4.
4. Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods in FY 2017.

We hope to engage in HV CoIN 2.0 so that we can take advantage of the training of local staff to become QI coaches. Some of the LIAs have built capacity at the local level to conduct PDSA testing with little assistance. Other, newer sites need to build that capacity. At the state level, we can provide technical assistance, but have trained everyone and have not been able to focus on building expertise of local QI coaches.

Local Level

Consider the items below to address the following FY 2016 FOA and FY 2017 WPBU requirements:

5. Describe the extent to which home visiting clients will be involved in CQI teams.

While we have provided training on including clients in CQI teams (including training by the clients), very few have actually done this. This will definitely be a focus for this year and we plan on using some of the strategies provided by the TA providers. We also anticipate that individual coaching may be needed around this topic. One of the strategies we are considering is implementing a state-led orientation for parents (and the LIAs) on what to expect when participating in CQI projects. This may help LIAs feel more confident about involving them in this work.

6. Describe the extent to which local implementing agency (LIA) management will support direct involvement in CQI activities and allocation of staff time (for those LIAs participating in CQI efforts).

This has not been a challenge in Florida. Participation in CQI activities is a part of the agreement signed by leadership and all staff are expected to participate in the training and the activities. In some cases, leadership has attended the activities. Others have not, but have provided the staff time to complete what is necessary for the CQI projects. The allocation of staff time varies from site to site, but I would venture to say it is at least a cumulative .25 FTE at each site. Some LIAs have designated someone on their staff to lead CQI activities. These are typically data staff or someone responsible for quality. In other

FY 2017 CQI Plan Resource

cases, it is usually the supervisor. We encourage LIAs to send a team of five to each Learning Session and for the teams to participate on CQI webinars or watch the recording.

7. Have modifications been made to financial support for CQI, including allocation of resources and staff time at the LIA level?

Yes or **No**

- a. If yes, you can use the optional table format below or provide a detailed discussion to describe modifications. If no, move to question 8.

LIA Name	Staff Role Assigned to Manage CQI Teams and time allocated to CQI (e.g. 10%)

CQI Priority(s)

8. Will topic(s) of focus for each LIA participating in CQI change from your FY16 CQI plan?

Yes or **No**

- a. If yes, you can use the optional table format below or provide a discussion to describe the changes. If no, please restate a description of topics for each LIA.

LIA Participating in CQI (List name)	Topics selected for CQI	Why were these topic(s) chosen? (For example, was the need identified from performance data, self-assessments, or other methods? Did consumers provide input on areas for strengthening services?)	How does the topic(s) align with State/Territory priorities?
All except the LIAs funded in April 2017 began a Learning Collaborative in February 2017 that will continue in 2018.	Supporting Child Development	Data indicated screening rates and referrals to providers needed improvement. FY2016 data indicated 76% of screens were conducted on time and 78% of children with screens below the cut-off were referred for follow-up. LIA staff indicated it was a challenge to complete the screens on time and they did not have standard protocols for follow-up on concerns. Since the measures were changed for FY17, it was anticipated this problem would not improve without intensive technical assistance, and that a Learning Collaborative would be the	Directly aligns with the performance measure on developmental screening, surveillance and follow-up

FY 2017 CQI Plan Resource

		best method for improvement, since there were challenges across the state.	
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Goals and Objectives

9. Will LIAs modify current SMART Aim(s) for the CQI projects underway for FY 2017?

Yes or No (see table on page 8)

- a. If yes, you can use the optional table format on page 7 or discuss modifications to SMART Aims for each LIA. If no, move to item 10.

Methods and Tools

10. Identify the CQI tools below that will be utilized by LIA teams in FY 2017 in the optional table format on page 7 or in a discussion in the text.

- Charter that outlines the scope of the CQI project
- Driver diagram that displays the theory of change underlying the improvement efforts
- Fishbone diagrams
- Root-cause analysis
- Process mapping
- Key driver diagrams
- Other, please describe:

11. Identify the methods below that will be utilized by LIA teams in FY 2017 in the optional table format on page 7 or in a discussion in the text.

- Plan-Do-Study-Act
- Six Sigma
- FADE
- Model for Improvement
- Other, please describe:

Measurement and Data Collection

12. Will you make changes in CQI data systems at the local level, including plans for how CQI data will be collected in an appropriately frequent manner (e.g., monthly) in FY 2017?

Yes or **No**

- a. If yes, please describe modifications. If no, move to item 13.

13. Will you make changes in the mechanisms available to CQI teams and home visitors at the local level to track progress, determine if change ideas tested result in improvement, identify the need for course corrections, and use data to drive decision making in FY 2017?

Yes or **No**

- a. If yes, please describe modifications. If no, move to item 14.

FY 2017 CQI Plan Resource

Modified SMART Aim	Method(s) Tool(s)	Data Collection	Data Review and Interpretation
<p>By February 28, 2018, at least 90% of required ASQ screens will be completed on time.</p> <p>By February 28, 2018, at least 90% of children with a score below the cut-off in one or more domains will be offered a referral to Early Steps (Part C) within 7 days.</p>	<p>Teams are participating in a Breakthrough Series Learning Collaborative, which includes conducting monthly PDSA tests. They have been encouraged to use process mapping, where needed. Training was also provided on tools such as Pareto charts, root cause analysis and fishbone diagrams.</p>	<p>LIAs are collecting data from the MIECHV data system and recording it on an Excel template provided to them.</p>	<p>State staff check data for accuracy and work with the LIAs to clean up any data that is not accurate. Additional training has been provided in this area and it continues to be monitored. Monthly webinars have reflected the data and LIAs have been encouraged to use this data more intentionally as part of their improvement strategies.</p>

Tip: Remember to include SMART Aims that indicate “how much, by when, and for whom.”

Communication

- Describe plans to work with LIAs to identify lessons learned and disseminate successful CQI activities beyond the original LIAs.

In the final months of the Learning Collaborative, we will put together a toolkit that will include best practices, protocols and tools for supporting child development. All webinars are recorded and accessible for LIAs that are not participating. New LIAs will be paired with more experienced LIAs capable of mentoring them around this issue and the CQI consultant will also be available to provide technical assistance on testing strategies for the refined change package. State staff will monitor data to ensure not only new LIAs meet the performance expectations, but that participating LIAs sustain improvements.