

FY 2019 Maternal, Infant, and Early Childhood Home Visiting Program Continuous Quality Improvement Plan Update

CQI Resource

Updated November 2018

Additional Resources to Guide CQI Plan Updates

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

[DOHVE 2 CQI Brief: Creating a CQI Plan](#)

[Continuous Quality Improvement Toolkit: A Resource for MIECHV Program Awardees](#)

[DOHVE 2 Resource: Partnering With Families in CQI](#)

[FY18 Funding Opportunity Announcement HRSA-18-091](#)

[Institute for Healthcare Improvement Spread Planner](#)

Introduction

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees are required to report annually on their quality improvement activities based on the implementation of their continuous quality improvement (CQI) plans. 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 September 2017 through January 2019 and (2) updating their CQI activities for FY 2019 per the FY 2018 Funding Opportunity Announcement (FOA) requirements. Use of this resource is optional.

For additional technical assistance related to CQI plan reporting and updates, contact your HRSA PO and HV-PM/CQI Technical Assistance Specialist.

Instructions

You may complete your FY 2019 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 CQI plan. Part 2 of this resource discusses changes to your CQI plan for implementation in FY 2019. If you have any questions about the resource or the FY 2019 CQI plan, please contact your HRSA PO or HV-PM/CQI Technical Assistance Specialist. If you need assistance incorporating HV CollN 2.0 information into your plan, please contact HVCollN2.0@edc.org.

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Date: 2/13/19

State/Territory Awardee: Florida

Part 1. Updates on Prior CQI Activities since Last Update

Awardees should discuss key CQI activities, accomplishments, challenges, and lessons learned from implementing their CQI project from September 2017 through January 2019. To complete this section of the update, consider the following questions:

1. **What was your CQI Topic(s)?** Supporting Child Development
2. **What was your SMART Aim(s)?**
 - a. By May 31, 2018, at least 90% of required ASQ screens will be completed on time.
 - b. By May 31, 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 within 7 days.
3. **Did you meet your SMART Aim(s)?** No
 - a. If no, explain why. We came close on screening (86%). However, the referrals were offered only 62% of the time. They just never became standardized across the state. Some months were 100% and others were low. Having worked with the team at EDC on HV CoIIN 2.0, I think part of the problem lies with the way it is being measured. The number of screens below the cut-off is so small that it is difficult to consistently achieve high percentages, because missing two or three can throw off the whole state. In the future, we will use a different measurement strategy for infrequent events. While we may not have met the collaborative aims, there was improvement. On the HRSA MIECHV Performance Measures, developmental screening increased from 81% in FY17 to 88% in FY18. Completed developmental referrals also increased from 74% in FY17 to 80% in FY18.
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 – e.g., expanding staff time to support local teams, providing ongoing training and coaching in advanced CQI methods, providing opportunities for peer-to-peer learning, etc.** Two full-day CQI trainings were conducted in 2018 in different parts of the state. The training covered CQI methods including PDSA testing, root cause analysis, process mapping, lean, pareto charts and interpreting run charts. Each month of the project, feedback on PDSA testing and data was given to LIAs and technical assistance was provided, as needed. When staff turn-over created a need for CQI education, individualized instruction/ coaching was provided by the MIECHV CQI consultant and MIECHV staff. Opportunities for peer-to-peer learning were provided in monthly webinars and through storyboard presentations by each LIA (at Learning Sessions and virtually on the final webinar).
 - b. **Engagement of families in CQI efforts – e.g., family focus groups or surveys to capture feedback, families as members of local CQI teams, etc.** The CQI training includes a segment on engaging families in CQI efforts. Although LIAs were encouraged to include families, only one parent actively engaged in this year's CQI project and attended the face-to-face learning session. One LIA did a survey of families referred to Early Steps for their CQI PDSA. This will be a continued focus this year.

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- c. **Successful changes or interventions that were tested using CQI methods, such as Plan-Do-Study-Act cycles – e.g., a policy to support maternal depression screening, home visitor training modules for infant feeding and lactation, etc.** Several tools were developed and successfully tested. Those tools were added to Groupsite for other LIAs to test at their site and adapt. A few of these include: MIECHV Due Date Tickler, ASQ-3 Tracker, ASQ-3 Summary Form, and an ASQ-3 Decision Tree.
 - d. **Methods and tools to support CQI work – e.g., process mapping to assist teams with prioritizing areas for improvement, Plan-Do-Study-Act template to help teams formulate efficient and well-planned tests of change, etc.** No new tools/methods were developed this year.
 - e. **Measurement and data collection processes – e.g., development of short-term measures to assist teams with tracking 90-day goals, tracking forms to capture data on improvement, local data systems to collect variables in an appropriately frequent manner, etc.** Each LIA developed sequential 90-day goals aims. Spreadsheets were developed for LIAs to report monthly data on the project measures. The spreadsheets generated LIA -run charts for the measures. Statewide data on the measures were also collected and generated run charts so we could monitor improvement monthly and cumulatively.
 - f. **Monitoring and assessing progress – e.g., regular reviews of data reports to monitor change by local teams, using lessons learned from CQI work to guide decision-making, etc.** We monitored monthly and provided coaching to improve accuracy of data reporting. We learned that local data was not always being shared with the LIA team members or used for decision making. While we stressed this should be occurring, we now realize we need to do more. This is something we are focusing on more during the 2019 CQI projects. The State CQI Team met face-to-face in 2018 to review data and CQI progress. Topics for this year's CQI projects were identified based on the Florida MIECHV data.
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**
- a. **If yes, please explain.** We identified several challenges. First, the staff were not as bought in to this topic as they were during the Intimate Partner Violence Learning Collaborative. It didn't have as much urgency and the PDSA testing reflected that. They also struggled to accurately report monthly data. Our staff spent a tremendous amount of time checking data and providing coaching on data submission. It did not appear that the data was being used to inform PDSA testing. We stressed this on numerous occasions, but there continued to be a disconnect. Hurricane Irma hit Florida in September of 2017 and statewide CQI run charts showed precipitous decreases in this project's SMART Aim measures for several months after that disaster. After the hurricane and holiday season, the measures began to indicate improvement, but there was still some variation indicating processes had not been consistently standardized.
6. **Did you engage support from technical assistance providers (e.g., specialized coaching, training or sharing of resources) or participate in quality improvement learning opportunities or special initiatives (e.g., HV CoIIN or CQI Practicum) for the purposes of improving practices and methods related to CQI? Yes**

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- a. **If yes, describe the format (e.g., coaching, training, resource document) and successful outcome of TA or participation.** A CQI TA conference call was requested last year and provided in September 2018. Resources from other states were offered and Rachel Glisson provided additional information in early October. It was helpful to hear that we were on the right track in planning our 2019 CQI Projects.
 - b. **If no, explain why.**
7. **What are you doing to sustain the gains from your CQI project (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.)?** Since the end of the Learning Collaborative, we created policies that are more prescriptive about the training and procedures they need to have in place. While we expected everyone to have this already, they did not. We are in the process of checking for quality and adherence to these procedures. Also, we continue to monitor the data.
8. **To what extent, if any, did you spread the lessons learned from your CQI project? What opportunities did you have to spread successful CQI activities beyond the original sites? Please share any resources electronically that were used to disseminate results.** Since we didn't have the success with this one that we had hoped (and that we had in our previous collaborative), we have not disseminated anything specifically. Our policies were shared with the TA provider who plans to share them with other states. We also plan to present on lessons learned at the HRSA All Grantee Meeting.
9. **What lessons learned will you apply to your FY 2019 CQI plan?** We have to motivate the teams to stay engaged in this work. We hope that small groups will help increase peer-to-peer mentoring. We also plan to test the Parent Engagement CQI Toolkit.
10. **What successful innovations, tested during the course of your project, could be shared with other awardees?** We created a sample decision tree and a spreadsheet to track children with scores that were low or in the monitoring zone.
11. **The following continuum¹ can help you assess your organization's current CQI capacity, with higher stages indicating greater CQI capacity. For each stage listed below, check all elements that apply, and rate your organization on a scale of 1 to 3 with:**
 - 1 – no or few elements currently in place;
 - 2 – most elements currently in place; or
 - 3 – all elements currently in place.

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) are sufficient to allow for collection and storage of required performance measures.**

¹ Adapted from Design Options for Home Visiting Evaluation, [Suggested Guidelines for Continuous Quality Improvement for MIECHV Grantees](#), June 2011.

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- 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.
- Staff are trained in the basic concepts of quality improvement.

Stage 1 Assessment (1 – 3): 3

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 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.
- Staff receive ongoing training and coaching.

Stage 2 Assessment (1-3): 2

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.
- Home visiting families are engaged in CQI efforts.
- Regular opportunities exist for peer-to-peer learning.

Stage 3 Assessment (1-3): 2

Part 2. CQI Plan Updates for FY 2019

Organizational System and Support

Awardee or Recipient Level

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2019? 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.

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2. **In FY 2019, 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. 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.**

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 2019? 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 2019 (e.g., HV-PM/CQI, HV CoIIN 2.0, HV-ImpACT, etc.).**

Because the Assistant Project Director is part of the HV CoIIN 2.0 faculty, we are learning more about the Parent Engagement CQI Toolkit and strategies for enhancing that work. We are also learning about new tools and techniques, and networking with other CQI leads. We do not foresee any formal TA requests on CQI at this time.

Local Level

Consider the items below to address the following FY 2018 FOA requirements:

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

While we have encouraged this, few teams have integrated parents. We will be testing using the CQI Toolkit with the teams working on Family Engagement and meeting with the State CQI Team to determine how to move forward with the other teams.

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).**

Some teams have dedicated CQI staff. However, all LIAs have supported direct involvement and allocation of time by their staff.

7. **Have modifications been made to financial support for CQI, including allocation of resources and staff time at the LIA level? No**

CQI Priority(s)

8. **Will topic(s) of focus for each LIA participating in CQI change from your FY18 CQI plan? Yes**
 - 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.**

The State CQI Team reviewed data from the first half of FY18 and determined these four topics had the greatest need. With some guidance, LIAs self-selected one of four topic areas based on their data. With the exception of family engagement, all other data comes directly from performance measures. Those sites struggling with family engagement needed to focus on that before focusing on one particular outcome measure. Each topic will be a Community of Practice from January through September 2019.

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	Safe Sleep Data	Depression Screening/ Completed Depression Referrals	Screening/ Completed Referral Data	Early Language and Literacy (ELL)/Parent Child Interaction (PCI)	ELL/ PCI Data
Safe Sleep					
NFP Polk	41%	NFP Miami	70%/0%	HFF Orange	84%/45%
PAT Hardee/Desoto	60%	PAT Okeech./Martin	93%/0%	NFP Broward	49%/100%
NFP Southwest FL	66%	PAT Palm Beach	89%/0%	NFP Gadsden/Jackson	81%/5%
PAT Alachua/Marion	63%/50%	PAT Manatee/Sarasota	97%/28%	PAT North Central	71%/58%
				NFP Northeast Florida	73%/50%
				NFP Highlands	71%/53%
State Averages	65%		88%/23%		71%/70%

Family Engagement: Capacity/HV Completion/ Retention	Oct. Capacity	Oct. HVs (Avg. HVs per funded family/% of families seen)	3 mos. Reten.	6 mos. Reten.	12 mos. Reten.
HFF Escambia	78%	1.35/83%	73%	47%	27%
PAT Pinellas	92%	1.55/78%	73%	53%	33%
NFP Hillsborough	49%	.75/82%	89%	75%	41%
PAT Bay	100%	.64/51%	100%	67%	33%
State Averages	86%	1.46/84%	85%	68%	48%

Goals and Objectives

9. Will LIAs modify current SMART Aim(s) for the CQI projects underway for FY 2019? Yes

- a. If yes, you can use the optional table format on page 8 or discuss modifications to SMART Aims for each LIA; include HV CoIIN 2.0 SMART aim(s) for participating LIAs. If no, move to item 10.

Safe Sleep:

By September 30, 2019, each site will increase by 10% from FY18 baseline the percentage of infants that are always placed to sleep on their backs without bed sharing or soft bedding.

Caregiver Depression:

- a) By September 30, 2019, at least 85% of primary caregivers will be screened for depression within three months postpartum or post-enrollment.
- b) By September 30, 2019, 40% of primary caregivers with a positive depression screen will receive a recommended service (exclude those already receiving services and those who have a subsequent negative EPDS screen).

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Early Language and Literacy/Parent Child Interaction:

- a) By September 30, 2019, each site will achieve at least a 10% increase from FY18 baseline (if below 75%), the percent of families reporting that they read, told stories or sang songs daily to increase their child's early language and literacy.
- b) By September 30, 2019, each site will complete at least 70% of required PCI assessments on time.

Family Engagement:

- a) By September 30, 2019, each site will serve at least 85% of funded slots.
- b) By September 30, 2019, each site will increase the average number of completed visits per funded family slot to *at least* 1.5 visits each month.
- c) By September 30, 2019, each site will increase the 6-month retention of families enrolled 6-12 months ago to at least 75%.

Changes to Be Tested

10. What changes will teams test out to achieve the goals and objectives of the CQI project? If your changes need further input and development, describe how you will accomplish that.

We have developed a driver diagram and change package for each topic. These are included at the end of this document.

11. Identify the methods below that will be utilized by LIA teams in FY 2019 in the optional table format on page 8 or in a discussion in the text.

We will use The Model for Improvement.

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 2019? Yes

- a. **If yes, please describe modifications. If no, move to item 13.** Changes have already been made to the data system to assist with CQI data reporting. Special topic specific data reports have been developed to assist LIA teams and instructions for each report have been disseminated to the LIAs working on the topic.

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 2019? Yes

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

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Data Collection	Data Review and Interpretation
Each LIA has a set of measures on which they will report each month. An Excel spreadsheet was created for each topic. Most of the data can be extracted from the data system. For measures that require manual tracking, customized spreadsheets were provided for that purpose.	LIAs upload monthly data and PDSA testing to Groupsite. Our staff checks the data and combines the data into a topic-wide spreadsheet. Both LIA and state-level data spreadsheets have run charts that are auto-populated. LIAs and the state staff review data monthly. Each Community of Practice has bimonthly calls in which data will be shared. Coaching will be provided, as needed.

Sustaining the Gains

- 14. Describe strategies to be used at the awardee and local levels to sustain the gains after the CQI project has ended (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.).**

We fully expect protocols will need to be updated. Training may be offered, if needed, or we may integrate lessons learned into existing training. We will definitely continue to monitor the data.

Communication

- 15. Describe plans to work with LIAs to identify lessons learned and spread successful CQI activities beyond the original LIAs.** At the end of the CQI project, the LIAs will share virtual storyboards and we may have opportunities for regional sharing of lessons learned. As we have with other topics, we will determine strategies for sharing with other states and programs in Florida.

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