m1 DEPARTMENT OF HEALTH

Continuous Quality Improvement Overview
CONTENT OF POWERPOINT SLIDES

Slide #1

Continuous Quality Improvement Overview

Presenters:

- Heather Johnson -Region V Data/CQI TA Specialist, MIECHV TARC

- Sue Ewy- MDH Nurse Consultant

- Jennifer Hains - MDH CQI Lead

Additional Support:

- Julie Myhre - MDH Nurse Consultant

- Karla Decker Sorby - MDH Nurse Consultant

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Learning Objectives

- Define Continuous Quality Improvement (CQI)

- Identify principles and goals of CQI

- Understand the difference between quality assurance and continuous quality improvement

- Describe benefits of CQI

- Learn why it is important for home visiting programs to integrate CQI in practice

- Understand CQI expectations for MIECHV

- Learn key concepts and tools that are commonly used in CQI

- Identify resources available to support CQI efforts

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What is CQI?

- A systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of change strategies that may lead to improvements in performance.

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Principles of CQI

- Believe that all processes can be improved

- Focus on improving services from clients' perspective

- Engage broad set of stakeholders in meaningful and proactive ways

- Approach improvement work from the bottom-up

- Trust frontline staff and families as experts

- Use data for learning and improvement, not judgment or supervision

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Goals of CQI

- Secure consistent and strong support by decision-makers of all levels for CQI activities

- Connect data to practice

- Address gaps between evidence and practice

- Improve decision-making by using data + knowledge

- Maintain continuous learning using an "all teach, all learn" philosophy

- Reduce process variation to increase likelihood of achieving desired outcomes

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Team Success with CQI

- Wadena: Tested Breast-Feeding Self-Efficacy Scale (BSES) with a few Prenatal & Postpartum clients, tested Spanish version. Implemented the tool in the agency after it was found to be effective

- Anoka: Tested BSES - Modified Infant Feeding Toolkit

- MVNA – completed 3 PDSA cycles with infant feeding plan. Modified the form after testing and implemented agency wide.

- Dakota: Added BF training modules to orientation checklist

- Stearns: Created a "Stage Specific" document reminding nurse when to use various BF tools. Made paper copies of tools to have available in central location.

- Kanabec: Adopted BSES and integrated into Nightingale Notes as an assessment for HFA and NFP prenatal and parenting clients; Integrated tracking sheet at appropriate intervals

- Chisago Co: Adding BSES tool to their CareFacts EHR care plan as a reminder

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Who Should Be On Our Team?

- Manager/Senior Leader: Administrator or leader from the home visiting agency responsible for providing leadership, support, and advocacy on behalf of the team. They actively guide the work of the team and are available for troubleshooting barriers.

- Front-line Supervisor: Person responsible for providing direct supervision to home visiting staff.

- Home Visitor(s): One or more staff that are actively working with families.

- Data Specialist: Person responsible for data entry/analysis.

- Quality Improvement Staff: Person responsible for leading/supporting QI work.

- MDH FHV Nurse Consultant: MDH FHV staff person assigned to your region who provides practice expertise and QI support.

- Parent Partner (best practice but not required): A current or former client who received home visiting services within the last twelve months.

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QA vs. QI

- QA: Do we have a quality program? Are we meeting the standards?

- QI: How can we make our program better? What can we do to exceed the standards?

- QA: Reactive, good enough, point in time evaluation, led by management, responsibility of few, setting or meeting minimum standards, judgmental (pass/fail), regulatory oversight (mandated)

- QI: Proactive, best possible, continuous evaluation, led by staff, responsibility of all, constantly working to meet and exceed standards, educational (learn from success and failure), culture shift (always seeking to improve)

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Benefits of CQI

- Strengthen adaptability

- Increase productivity

- Improve morale

- Ensure changes are effective

- Make data-informed decisions

- Incorporate lessons learned

- Identify and share best practices

- Build leaders of change

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Why is CQI Important to MIECHV

- Achieve measurable improvement in outcomes at the state and local levels

- In MN we are addressing depression screening and hoping to see a 10% increase in completed screening.

- Help local agencies to increase their capacity to use consistent and planned CQI methods to improve work processes and the delivery of FHV services to families

- MDH will provide materials in Tuesday topics

- Individualized support during CQI check-ins

- Continue to demonstrate the value of the program and return on investment to support sustained funding.

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MIECHV CQI Expectations

- MDH creates and implements and reports on CQI plan annually. What local agencies do feeds into this report.

- Report annually on CQI activities done by both local agencies and MDH.

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AIM and PDSA

- Aim: What are we trying to accomplish?

- Measures: How will we know that a change is an improvement?

- Changes: What changes can we make that will result in improvement?

- Action Plan: for testing, implementing, and monitoring changes

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SMARTIE Aims

- Specific: Focused, defined, and clear

- Measurable: Include a clear metric, benchmark, or target

- Achievable: Reasonably ambitious and attainable

- Relevant: Align with long-term strategies and values

- Timely: Set a clear timeframe

▪ Inclusive: Brings people most impacted into processes, activities, and decision/policymaking in a way that shares power

▪ Equitable: Include an element of fairness that seeks to address systemic injustice, inequity, or oppression

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SMART AIM vs. SMARTIE AIM

▪ SMART Aim:

  ▪ By December 2021, there will be a 20 percent increase in families asked at every home visit about their child's development, behavior, and learning.

▪ SMARTIE Aim:

  ▪ By December 2021, we will increase the overall percentage of children enrolled in HV who receive timely services following a positive screen for developmental delays from 60% to 70% through an increase from 40% to 70% for Hispanic children, who currently have our lowest rate on this measure. We will hire parent-leaders as consultants to strategically target these improvements.

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Measures

▪ Outcome Measures

  ▪ Measure system level performance or the "what" that we are trying to achieve

  ▪ Tied to aim statement

  ▪ Did we achieve what we set out to?

▪ Process Measures

  ▪ Relate to the "how" of improvement and what key processes are changing to bring about improvement

  ▪ Tied to key drivers

  ▪ Are we going in the right direction?

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Plan-Do-Study Act (PDSA) Cycle

▪ Plan: What will happen if we try something different?

  ▪ Objective

  ▪ Questions and predictions (why)

- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection
- Do: Let's Try it!
  - Carry out the plan
  - Document problems and unexpected observations
  - Begin analysis of the data
- Study: Did it work?
  - Complete the analysis of the data
  - Compare data to predictions
  - Summarize what was learned
- Act: What's Next?
  - What changes are to be made?
  - Next steps – adapt, adopt, abandon

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Image of PDSA Cycle form

Slide #18

Image of Alternative PDSA Cycle form

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PDSA Example

- Plan: Supervisor will contact Avenu this week to explore and discuss why competed depression screen is not being counted in IHVE when the date form was completed in PHDOC is within the designated time frame.

- Do: During meeting with Avenu, it was discovered there was an error in programming. Avenu corrected the error. IHVE data was resent to MDH and MDH received the depression screen.

- Study: Avenu was unaware of the programming error prior to contact from Supervisor. Programming error has been fixed and completed depression screen is now being counted in IHVE data. Supervisor is relieved the error has been fixed due to this is a system error that could affect more public health agencies using this electronic health record which could lead to more depression screen results not being counted in IHVE data.

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PDSA Ramp example image

- Cycle 1A: Test checklist with 4 of Joan's families this week

- Cycle 1B: Test revised checklist with Angie's families this week

- Cycle 1C: Test revised checklist with non-English speaking families this week

- Cycle 1D: Revise and test with all families this week

- Cycle 1E: Implement and monitor the standards

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Common CQI Tools

- Process Map: Also known as a flowchart; visual representation of current process

- Root Cause Analysis: process of finding the real cause of the problem

    - 5 Whys: technique that asks why something isn't working, and then asking why again to that reason, repeating as needed

    - Fishbone Diagram: also known as cause and effect diagram; a problem statement is agreed upon and then major cause categories and problem contributors to each category are identified

- Run Chart: line graph of data plotted over time

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Resources

- MDH Quality Improvement & Performance Management (https://www.health.state.mn.us/communities/practice/qi/index.html)

    - Public Health & QI Toolbox (https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/index.html)

    - Webinars by topic from CPHP (https://www.health.state.mn.us/communities/practice/resources/training/index-topic.html)

- The Public Health Memory Jogger II: A Pocket Guide of Tools for Continuous Improvement and Effective Planning (https://www.amazon.com/Public-Health-Memory-Jogger-Improvement/dp/1576811018)

- CQI for Public Health: The Fundamentals (https://osupubhealth.catalog.instructure.com/courses/cqi-for-public-health-the-fundamentals-20) - Free 1 credit on-line course from Ohio State University

- IHI Open School Training Videos
  http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/default.aspx
  Improvement Capability section contains videos on a variety of topics including:

  - Model for Improvement

  - PDSA Cycles

  - Run Charts

  - Cause and Effect Diagram

  - CQI Games to enhance understanding

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Certificate of Attendance is available for continuing education at completion of this Webinar

- Directions for obtaining your Certificate of Attendance are included in the Resource Document posted with this Webinar

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If you have ideas for additional trainings or want more information, please reach out!

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