CQI in home visiting
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Today’s Presenters

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Goals of Webinar

Step-by-Step Overview of the Formulate Goal and Strategies Phase

Focus on Quality
Recap from last CQI meeting: What is Continuous Quality Improvement

Continuously improving performance of systems through a series of tools to enable the delivery of consistent results
Recap from last CQI meeting…

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Quality Improvement</th>
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<tr>
<td>Guarantees quality</td>
<td>Raises quality</td>
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<tr>
<td>Relies on inspection</td>
<td>Emphasizes prevention</td>
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<tr>
<td>Uses a reactive approach</td>
<td>Uses a proactive approach</td>
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<td>Looks at compliance with standards</td>
<td>Improves the processes to meet standards</td>
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<tr>
<td>Requires a specific fix</td>
<td>Requires continuous efforts</td>
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<td>Relies on individuals</td>
<td>Relies on teamwork</td>
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<td>Examines criteria or requirements</td>
<td>Examines processes or outcomes</td>
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<td>Asks, “do we provide good services?”</td>
<td>Asks, “how can we provide better services?”</td>
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Readiness Survey Results

- Home Visitor
- Systems Dev and Coord Int
- Supervisor and Administrator
Where do We Start?

The Steps:

1. Develop goals related to the Statement/Vision
2. Generate strategy alternatives
3. Consider barriers to implementation
4. Explore implementation details/develop implementation plan
5. Select strategies
6. Identify process and outcome indicators
7. Draft, adopt and submit planning report
1. Develop goals related to the CQI Team Mission Statement/Vision

- **Mission statement** – A goal that measures & challenges us

- **Goals** – Broad, long-term aims
  - **SMART** – **S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime Specific

- **Strategies** – Patterns of action, decision, and policies
2. Generate a range of strategy alternatives

1. Take current strategies and activities into consideration
   - **Quantitative data** – Information using specific measurement tools/units of analysis
     - **Qualitative data** – information gathered by observations, sense or examinations
     - **Document review** – examining notes, case records, meeting minutes

2. Identify all the apparent major causes

3. Identify the major contributing factors

4. Identify strategies/activities that will address the major factors
3. Consider barriers to implementation

- Ex:
  - Insufficient resources
  - Lack of community support
  - Legal or policy impediments
  - Technological difficulties
4. Explore implementation details & develop the implementation plan

- Carry out the action strategies
  - Ensure attainment of the SMART goal
    - Concrete actions that need to occur
    - Which organization/individuals need to be involved?
    - What resources are required?
    - What the timeline should be?
5. Select strategies by choosing among the alternatives

- Is it evidence based?
  - Best practice?

- Once selected, adopt the strategies
  - What is the potential **impact**?
  - What is the **cost** in terms of dollars, people, and time?
  - How likely is it that the strategy can be **successfully** implemented?
6. Identify process and outcome indicators

- **Process examples:**
  - Count the number of referral factors that home visitors have control over.
  - Are follow-ups to referrals more common among different geographic areas (rural, bus service), family medical history, family arrangement, employment status, number of children, etc.?
  - Number of strategies used by the HV to follow-up on referrals (phone calls, texting, incentives, etc.).

- **Outcome example:** See overall SMART goal.
7. Draft, adopt and submit the planning report

- For review, feedback and approval by the MIECHV team
  - It serves as a reference about what has been agreed upon
  - It tests the consensus about the agreements reached
  - It communicates the vision, goals and strategies to partners and the broader community
PDSA

1. Define the problem
2. Set an aim
3. Establish measures of progress
4. Develop an action plan
5. Test interventions
6. Monitor progress and evaluate results
7. Implement changes

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?
A SMART goal is:

- **Specific (and strategic):** Linked to departmental goals/mission and/or overall goals and strategic plans
- **Measurable:** Meeting the goal can be measured
- **Attainable:** Realistic; achieved in a specific amount of time; reasonable
- **Relevant (results oriented):** Aligned with current tasks and projects
- **Time framed:** Clearly defined time-frame
Smart Goals: Template

Specific – WHO? WHAT?

Measurement/Assessment – HOW?

Attainable/Achieve – REASONABLE?

Relevant – EXPECTED RESULT?

Timed – WHEN?
CQI Example: Referrals

102 Total referrals were offered

- Domestic Violence Referral
  - Accepted: 3 (21.4%)
  - Refused: 11 (78.6%)

- Tobacco Referral
  - Accepted: 8 (25.0%)
  - Refused: 24 (75.0%)

- Substance Abuse Treatment
  - Accepted: 3 (13.6%)
  - Refused: 19 (86.4%)

- Mental Health Referral
  - Accepted: 5 (20.8%)
  - Refused: 19 (79.2%)

- Other Referral
  - Accepted: 1 (12.5%)
  - Refused: 7 (87.5%)
Example of a CQI Project

- **PROBLEM:** Referral process not being used at capacity
- **Plan:** Increase follow-up for community referrals
- **Do:**
  - HV explain referral options and process
  - Create and distribute easy to use referral form
  - Give program brochures to families
  - Attend community service staff meetings every 3 months to increase personal awareness of services
- **Study:**
  - Monitor referrals on a monthly basis
  - Analyze effect of each strategy by # of referrals received
- **Act:** Continue to practice those strategies with the greatest effect/create new ones
CQI Action Plan: Follow-ups for referrals

| FACILITY: | TEAM MEMBERS: |
| CONTACT: | |
| GOAL: | |
| 1. | |
| PROBLEM STATEMENT: | |
| 1. | |
| ROOT CAUSE(S): | |
| 1. | |

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<tr>
<th>INPUTS &amp; RESOURCES</th>
<th>ACTION PLAN</th>
<th>RESPONSIBLE TEAM MEMBER</th>
<th>START DATE</th>
<th>ESTIMATED COMPLETION DATE</th>
<th>ACTUAL COMPLETION DATE</th>
<th>IMPACTS &amp; OUTCOMES</th>
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Brainstorming: Process Map

- Process: a series of steps or actions to achieve a specific purpose
- Process Map: a pictorial representation of the process
  - Why it is important:
    - Learn about the work being done
    - Discover inconsistencies
    - Documents the way we do our work
Brainstorming: How do we prepare a Process Map?

1. Prepare an outline of steps
2. Identify and recruit other people that should be involved
3. Map the actual process
   1. Clearly define the boundaries of the process
Risk Assessment conducted

Family needs outside community service referral

Yes No

Family given:
1. Self-help/help-line flyer
2. Advice/Counseling
3. Medication
4. Documentation in chart
5. Referral for community services

Yes No

Family agrees with referral

Yes No

Open case with family plan

1. Referral faxed
2. Invite to classes

Family completed counseling

Yes No

File Closed

1. No intervention

Case not opened

1. Mail out free promotion bi-annually
2. Contact in 30 days
Your part!

- Problem: Community referrals not being followed-up

- Work through it!

- When we come back be able to answer:
  - Biggest strength?
  - Biggest barrier?
Final Thoughts…

- Have clear identification of process owners and steps to success
- Analyze process outcomes, not just final goal.
  - Process matters!
- Be transparent – we are learning our way into a new system, failures or learning opportunities are to be expected!
Next Steps

• Homework: Due on August 23rd
  ◦ Process map
  ◦ Action plan for the referral process problem
  ◦ Agency CQI plan

• Stay tuned!
  ◦ CQI Packet!
  ◦ Individualized technical assistance
  ◦ Additional webinars
Contributors

- Center for Prevention Research and Development
- Governor’s Office of Early Childhood Development
- Illinois Department of Human Services
Questions?

Thank you!!