Continuous Quality Improvement

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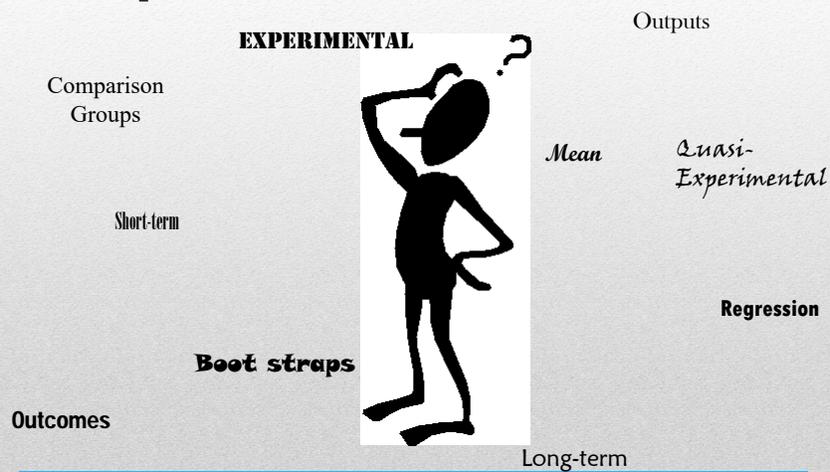
During This Presentation We Will…

Discuss different ways to use data	Describe how data can help you tell your story
Identify challenges data can help you solve	Review how to set performance measures for your program

Continuous Quality Improvement?

EXPERIMENTAL

Outputs

Comparison Groups

Mean

Quasi-Experimental

Short-term

Regression

Boot straps

Outcomes

Long-term

• Knowing that you are doing what you said you would do!

Continuous Quality Improvement!

What is Continuous Quality Improvement?

An approach to improving the quality of a product or service.

- Process-based
- Data-driven
- Driving assumption is there is always room for improving operations, processes, and activities to increase quality.

#goodbetterbest

CQI is a mindset and a commitment to collecting meaningful data and using it to improve practices and move an organization toward its goals

CQI is not a one-time event.

Good	Better	Best
Written target population and eligibility population

Referral sources have information about target population and referral process | Data driven qualifiers and disqualifiers

Referral sources are trained in target population and eligibility criteria

Target population and eligibility criteria match the services in your community | Team only accepts youth who meet the data driven target population

Team monitors their target population and eligibility criteria and adjusts or modifies according to changes in their community |

SO, WHY AREN'T YOU CONTINUOUSLY IMPROVING QUALITY?
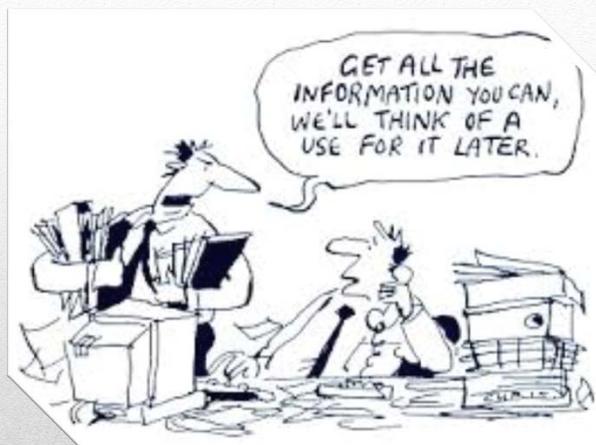

Too Busy?

Too Scary?

Is this how it feels?

- Life gets in the way!
  - We are too busy dealing with day-to-day emergencies to review and analyze the data.
- Data is a four letter word
  - We don't know what data we have or where to find it.
  - We have data but we don't know what to do with it.
  - We don't know what data we need.
- The train has left the station!
  - We have already been operating too long to implement CQI
- I am not a researcher!
  - The process of CQI seems too "research" and complicated…six steps, five priorities, data!

Barriers to implementing CQI

Continuous Quality Improvement

- **Collect**: Gather data that is accurate, reliable, and directly related to a defined goal.

- **Analyze**: Review data to determine if benchmarks are met. If expectations are not met, identify possible reasons why.

- **React**: Learn from the data. Make an action plan to address shortcomings. Implement and monitor the plan.

Collect

Analyze

React
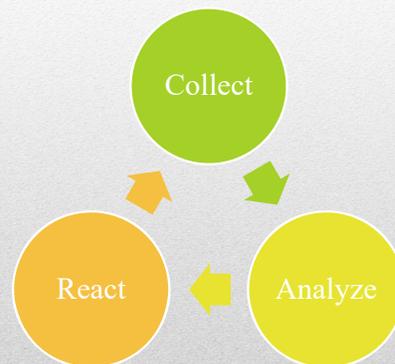
HOW DO YOU DEFINE SUCCESS?

DATA CAN HELP YOU TELL YOUR STORY

- 79% of our youth improve their grades.

- 83% of our parents report better behavior at home.

- We save $2.11 per day for each youth in our program compared to similar youth on general probation.

And now for something completely different…

A word about data…

In Jessicaville youth are going to detention an average of 30 days during the JDC with a length of stay of 5 days each time.

- What can we infer from this data?

- Is this positive or negative data?

- What decisions can we make that might change the data?

DATA CAN HELP YOU SOLVE YOUR PROBLEMS

You don't have to be a scientist, but you should use the scientific method...

- Ask a Question
- Do Background Research
- Construct a Hypothesis
- Test Your Hypothesis by Doing an Experiment
- Analyze Your Data and Draw a Conclusion
- Communicate Your Results

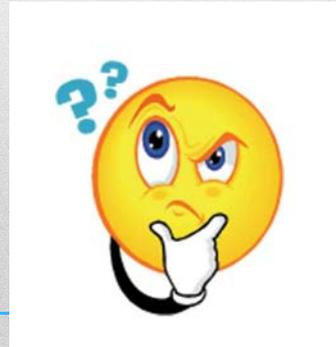http://www.sciencebuddies.org/science-fair-projects/project_scientific_method.shtml
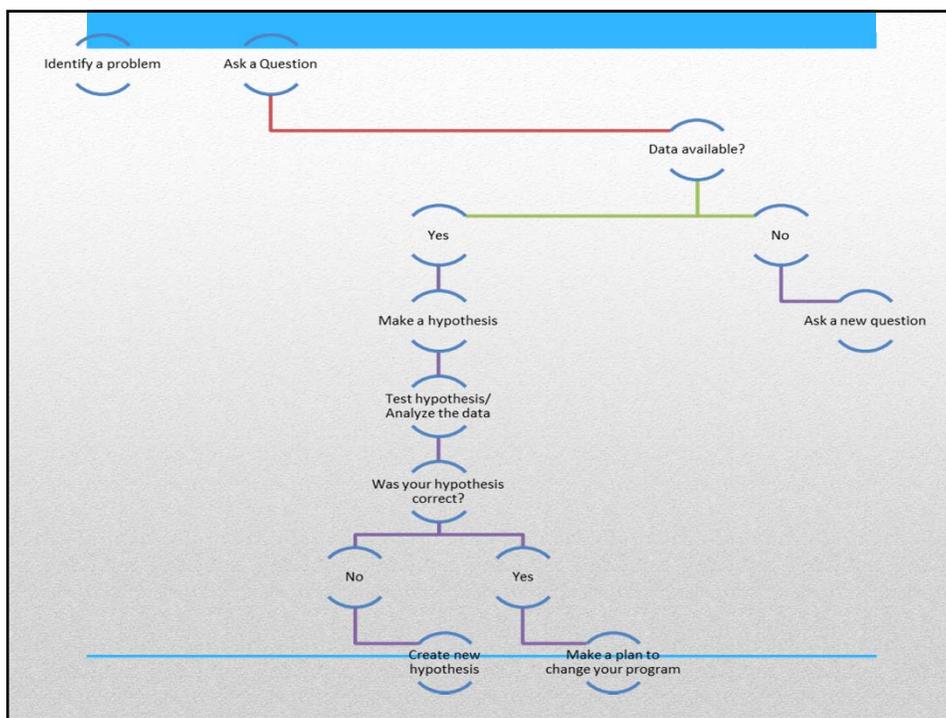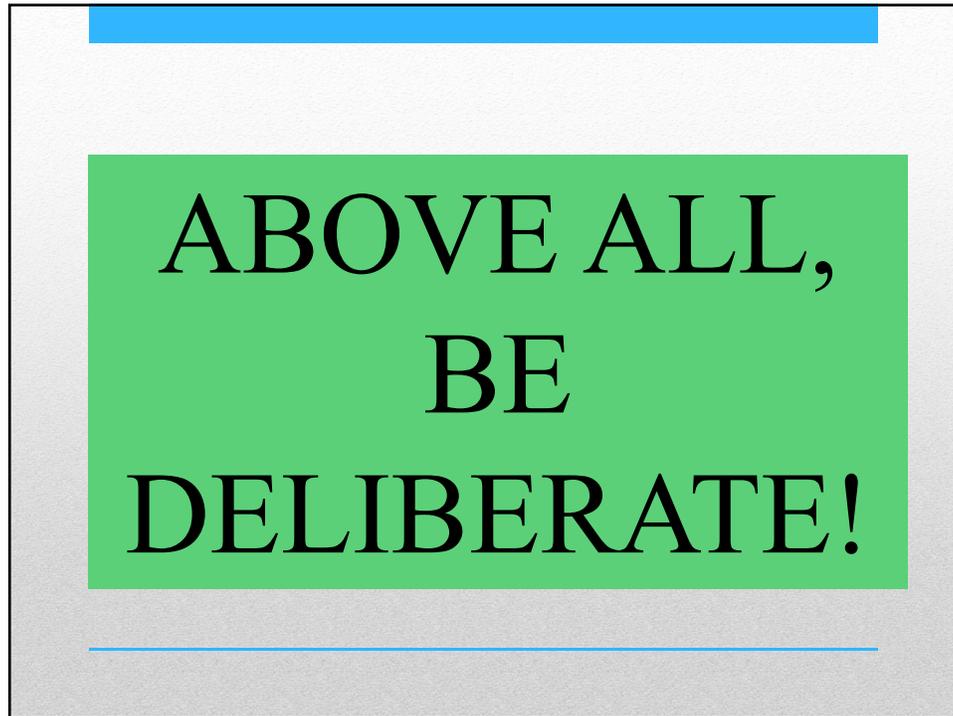
ABOVE ALL, BE DELIBERATE!

THE REAL WORLD

Albuquerque, New Mexico

Identify A Problem

- The team and program were in-crisis mode:
  - Danger of losing funding
 - Few participants
  - Low number of referrals

The Team Could Identify a Lot of Different Problems...

- 12 Active Participants (*Capacity is 30 youth*)

- Cost per client per day: $64.32 (*Highest in the state*)

- 47% Graduation Rate (*This is below the national average, and 3rd lowest in NM*)

- 68% Retention Rate (*Youth not engaged in the process*)

- 32% Termination Rate (*Likely weren't targeting the "right" youth*)

Ask a Question

- Why are the participant numbers so low?
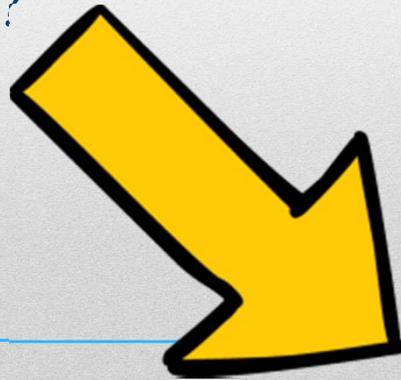
Data Available? Yes!

- The graduation, retention, and termination rate indicated that the team was not getting the type of youth who would benefit from the services a JDC could provide.
- As a result, the JDC wasn't meeting its capacity so did not have enough youth to justify having a JDC.

- Why weren't they getting the referrals they wanted?

Ask a Question

- Referral sources didn't like the JDC and weren't referring youth.

Hypothesis

Test Hypothesis/Analyze Data

- Tested hypothesis by talking to referral sources.

Was the hypothesis correct?

- No! But, they learned…
  - Target population was confusing
  - Few referrals were accepted
  - There wasn't a clear process for referring youth

Then What Happened?

- The team realized that their target population and referral processes needed to be redesigned.
  - Clearly defined target population
  - Better information for referral sources so they would know which youth were the RIGHT youth
  - A defined procedure for referral that could be measured
- The team selected three team members to address the issue and codify procedures. It didn't take the whole team to develop.

They Changed Their Program

They Changed Their Program

- The team made a list of all the characteristic they wanted in the youth they were able to serve (for example):
  - History of prior treatment
  - Diagnosed w/ SU disorder in the past 30 days
  - Scored moderate to high in both risk and need on a validated assessment (substance abuse is identified as one of the top three needs)
- The team developed a checklist to train referral sources on with all the characteristic they knew they could effectively serve.

Where Bernalillo County is today – FY 2015

- Increased active participants from 12 to 27

- Graduation rate increased from 47% to 68%

- Termination rate deceased from 32% to 12%

- Retention rate increased from 68% to 82%

- Cost per client reduced from $64.32 to $33.62

MAKING CHANGES AND SETTING PERFORMANCE MEASURES

In My Imaginary Juvenile Drug Court, We Identify A Problem

- Parents/caring adult/guardian/family members aren't really engaged in the process.
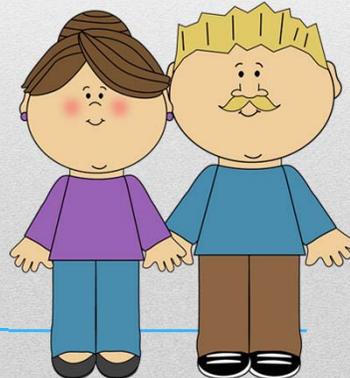
How do we know that parents aren't engaged?

- We know how often parents attend court and other activities

This is DATA!!!

In My Imaginary JDC We Thought That...

- If parents felt more support, they would be more likely to engage in the process, and outcomes for the youth would be better.
- A parent support group could achieve this.

In My Imaginary JDC We Made a Plan

- Family support group development
  - Team selects a subcommittee to develop the family support group
  - Give parents a survey about what they would like in a support group
  - Provide parents with incentives for completing surveys
  - Based on survey results, the subcommittee proposes…
    - A family support group that will meet on Tuesdays at 7:00 p.m. (the same time the youth have group).
   - With childcare available

This is data analysis!!

Define Success and Set Benchmarks

- Benchmarks for the parent support group set at 3 months
  - 50% average parental participation
  - 70% satisfaction rating from the parents
- Benchmarks for participation in court and other events
  - 30% increase in attendance at court
  - 60% increase in family therapy

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- If the court meets the benchmarks set
- Celebrate success
- Set new benchmarks (to go from good to better)
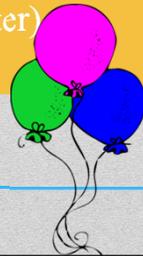
- If the court doesn't meet the benchmarks set
- Ask a question and create a new hypothesis

CAN YOU SOLVE THE PROBLEM WITH DATA?

Problem: One of the youth in our program complained that girls get more incentives than boys

•Of course …

- You can track how you are distributing your incentives.
- If you determine that your team is giving more incentives to girls than to boys you can discuss possible reasons why/solutions to the problem.

Problem: We Have an Opioids Epidemic

•No, but…

- Help you determine the scope of the epidemic
- Provides you with the needed information to advocate for more funding/better programs
- May also serve as a reality check

Youth Who Are Referred to Treatment Program X Aren't Successful

- Oh My, Yes!

- Determine the extent of the problem
  - How many youth aren't successful
  - Possible reasons why they aren't successful
- Gives you a way to hold program accountable
  - Can set benchmarks for success