Continuous Quality Improvement Intro to **CQI**

JULY 11TH 2019 - HOME VISITING SERVICES ACCOUNT (**HVSA**)

Washington State Department of Health

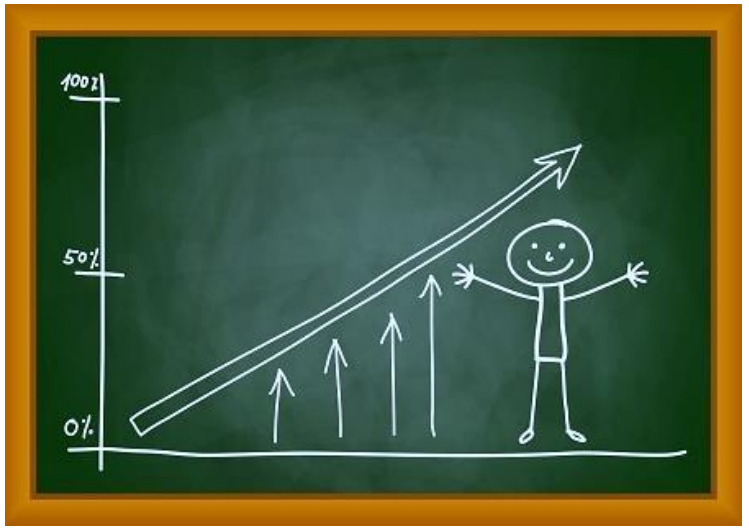
Washington State Department of CHILDREN, YOUTH & FAMILIES

THRIVE WASHINGTON

Agenda

- Please mute your phones ☺

- What is Continuous Quality Improvement (CQI)?
- CQI Building Blocks
- CQI Tools
- SFY20 HVSA CQI Learning Collaboratives
- Q + A



What is CQI?

MODEL FOR IMPROVEMENT

CULTURE OF QUALITY

Continuous Quality Improvement (CQI)

CQI is a systematic and iterative process that connects programmatic data to practice and seeks to identify changes that result in significant improvement.

"One can describe **CQI** as an ongoing cycle of collecting data and using it to make decisions to gradually improve program processes."

http://www.hhs.gov/ash/oah

What is CQI?

- Data-driven
- Understanding processes/systems
- Changing systems, not people
- Iterative/continuous adjustments as you go
- Framework to promote quality, innovation, and program reflection

The Model for Improvement

What are we trying to accomplish?

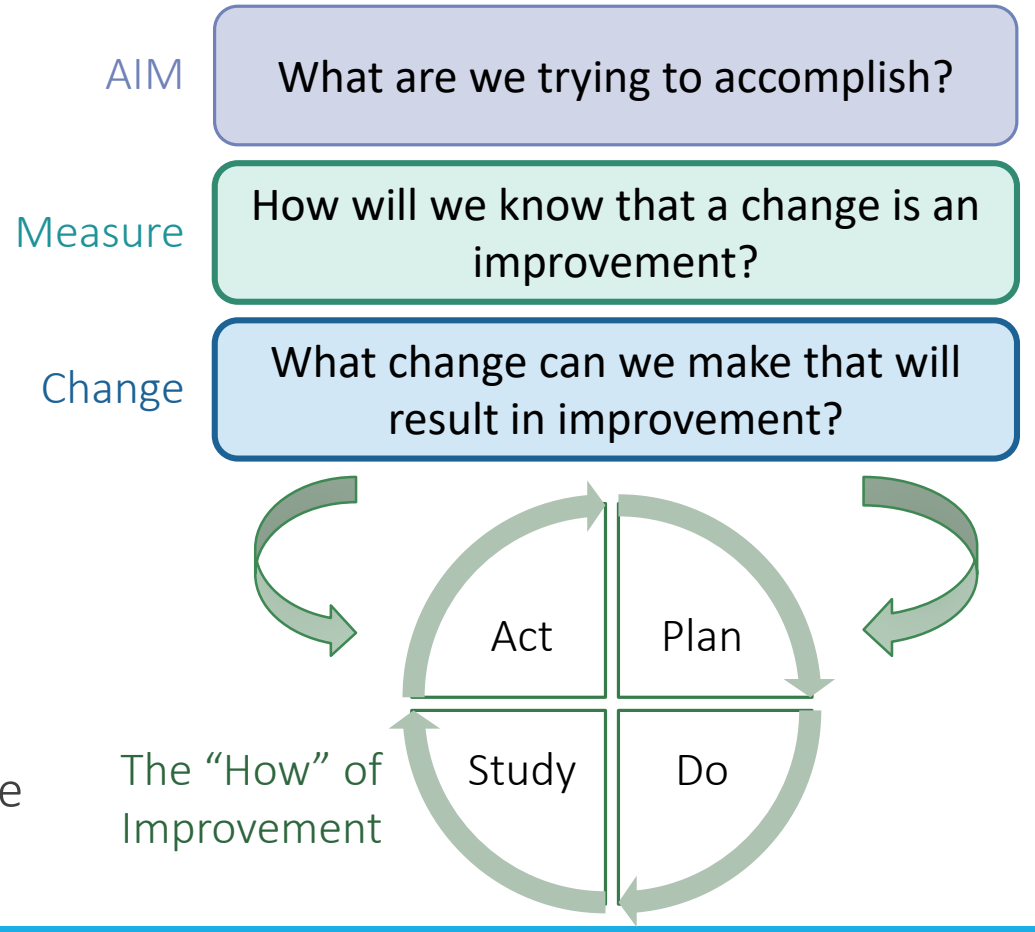
- Set a SMART aim or goal

How will we know if a *change* is an improvement?

- What can we measure to detect and understand improvement – *not all change is improvement*

What changes can we make that will result in improvement?

- PDSA – rapid, small-scale tests/experiments of change



Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

Why is **CQI** important for Home Visiting?

- Creates a feedback loop between **data** and **practice**
- Improve services/outcomes for **families**
- Draws on **expertise** across home visiting (including parents, home visitors, supervisors, etc.)
- Addresses the **unique and diverse** needs of families in different contexts
- Identify and disseminate **best practices**

Quality Assurance vs. CQI

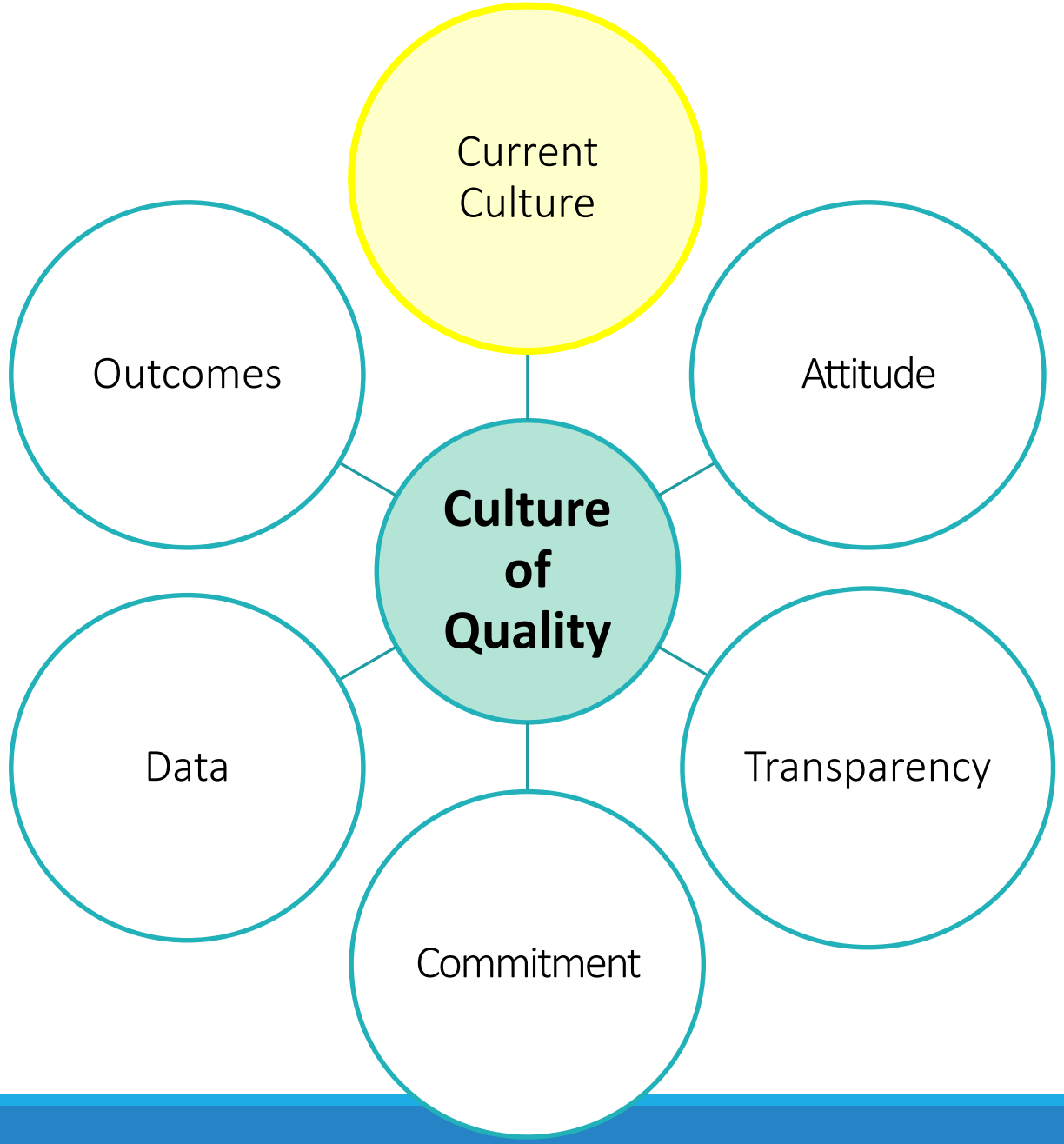
Quality Assurance (QA)	CQI
Reactive/Retrospective Meeting expected standards Monitoring Focused on compliance	Proactive Best possible Constantly working to meet or exceed standards Focused on outcomes

Both are necessary –

QA is an important tool for monitoring if a system is functioning as intended, when used in conjunction with CQI our focus shifts to improving services to achieve the best possible outcomes for families

Cultivating a Culture of **Quality**

- Impact of current culture
- Attitude
- Transparency
- Commitment
- Data use/comfort
- Outcomes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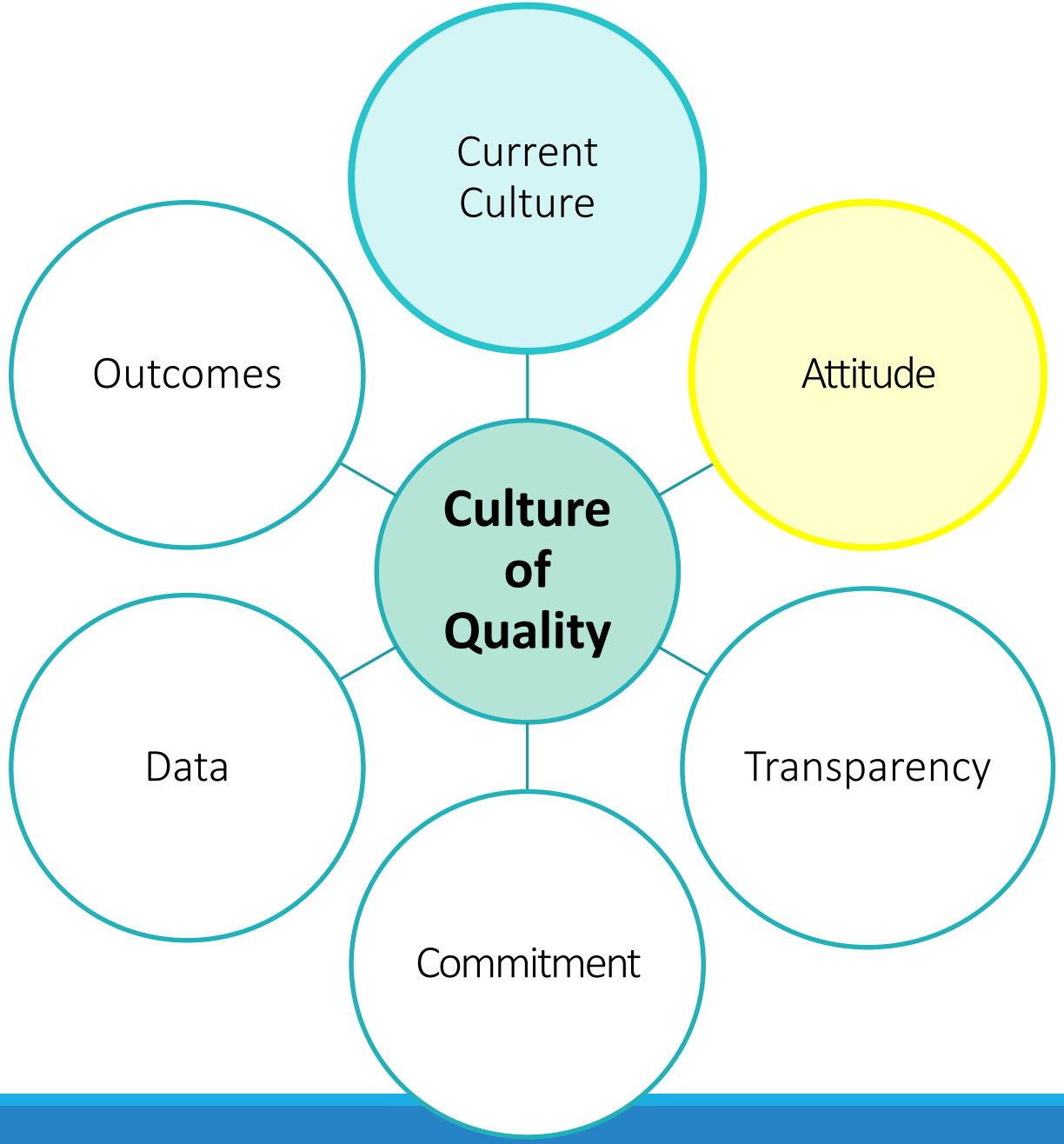
Transparency
Commitment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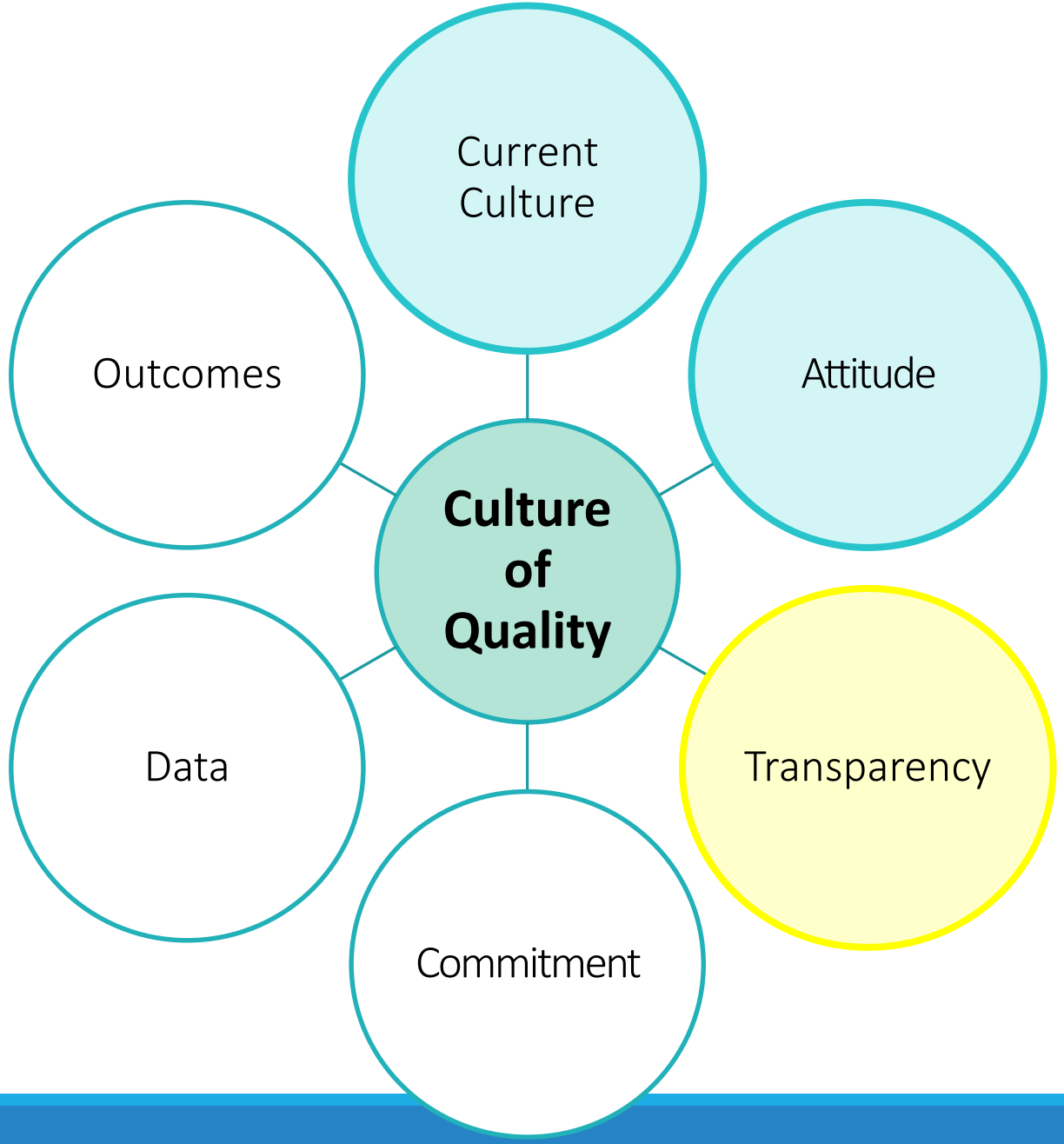
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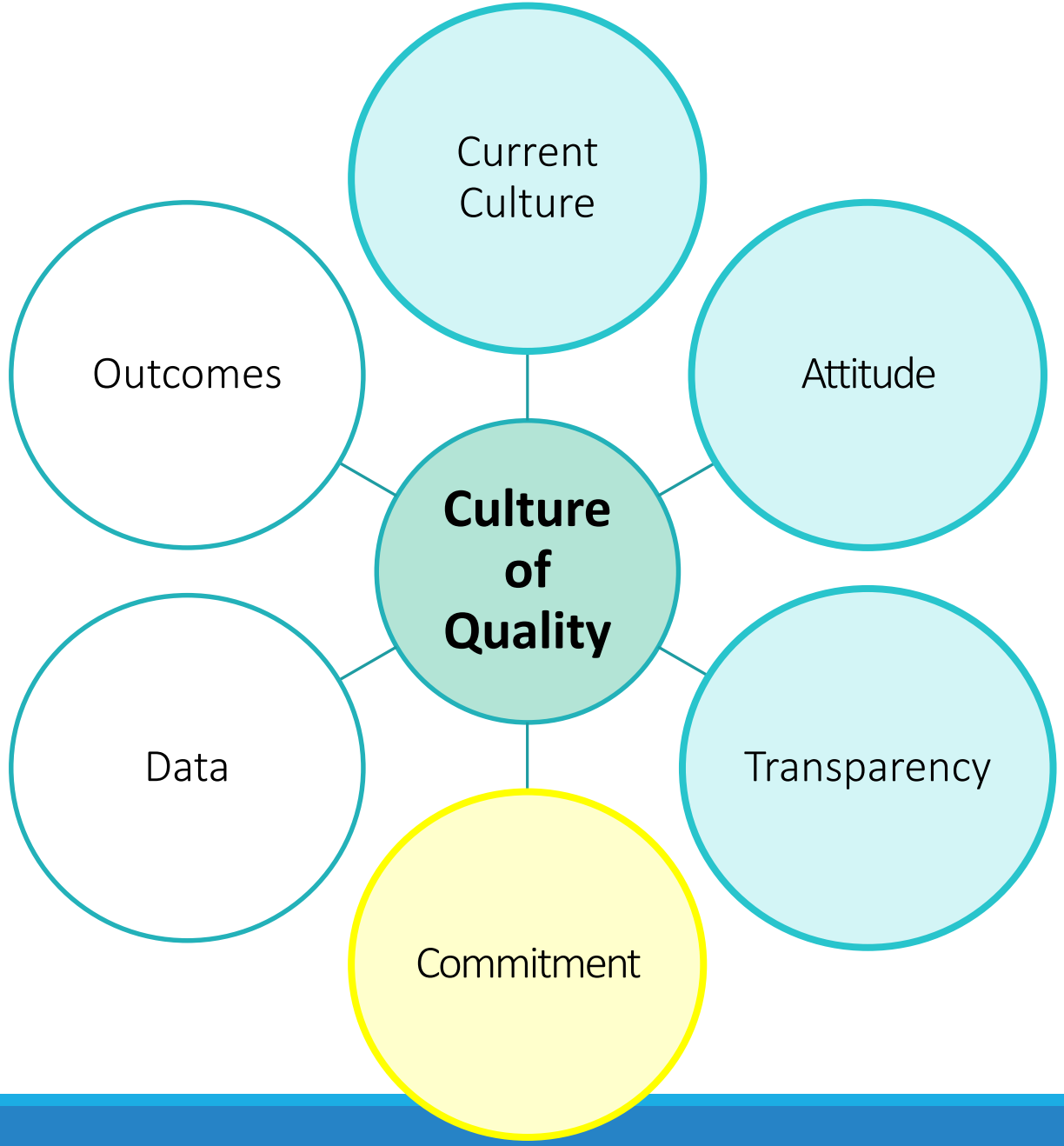
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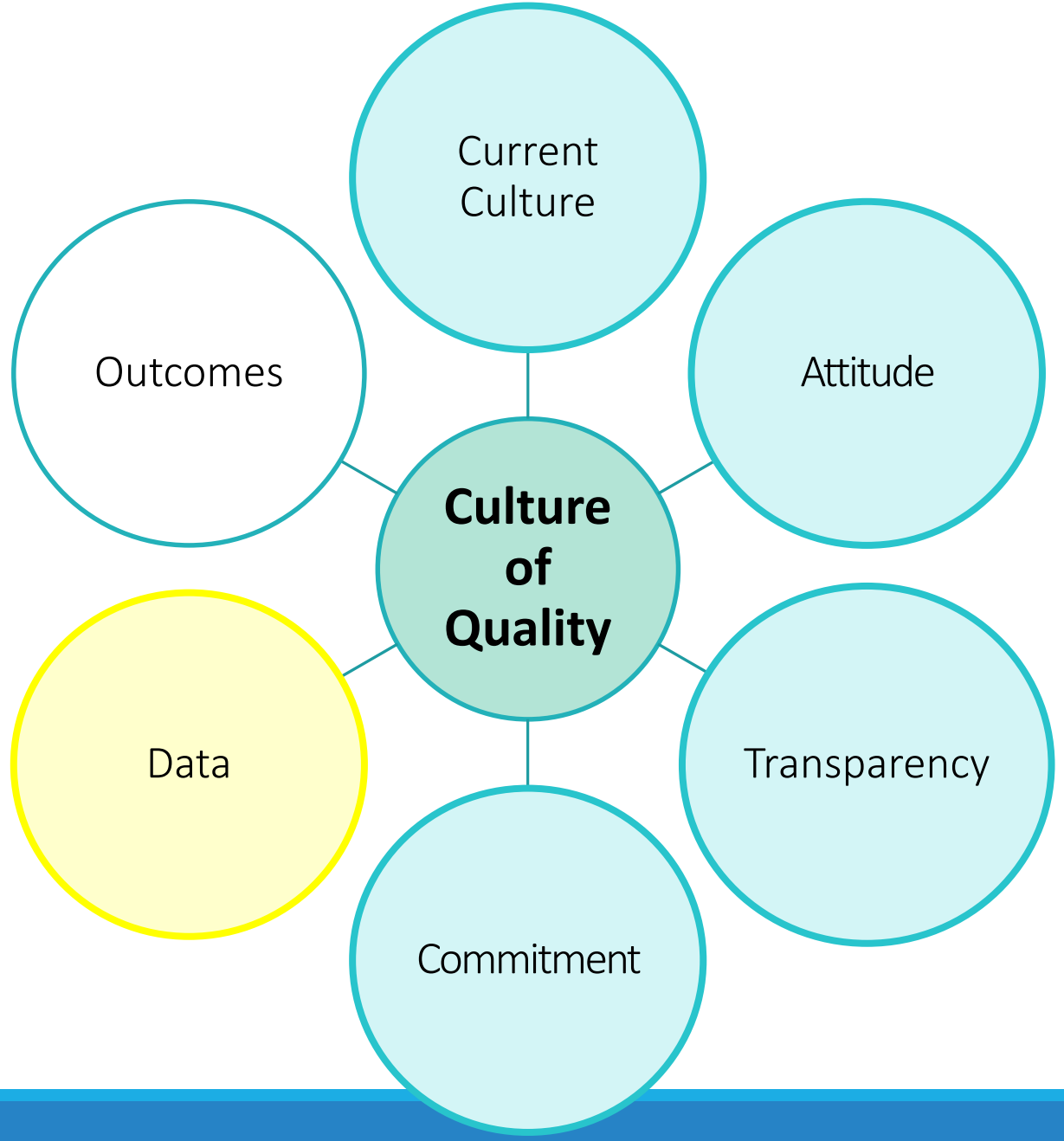
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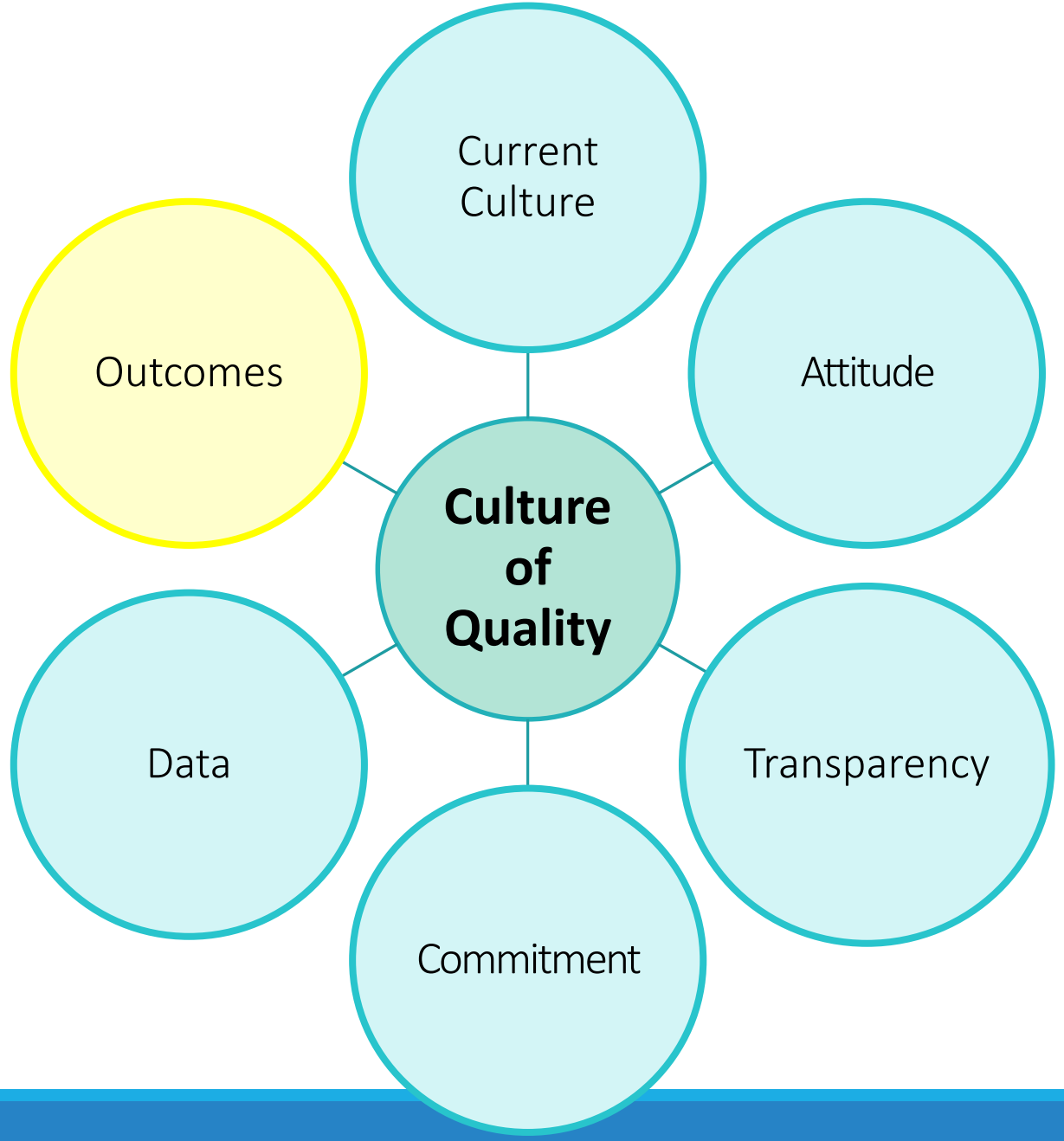
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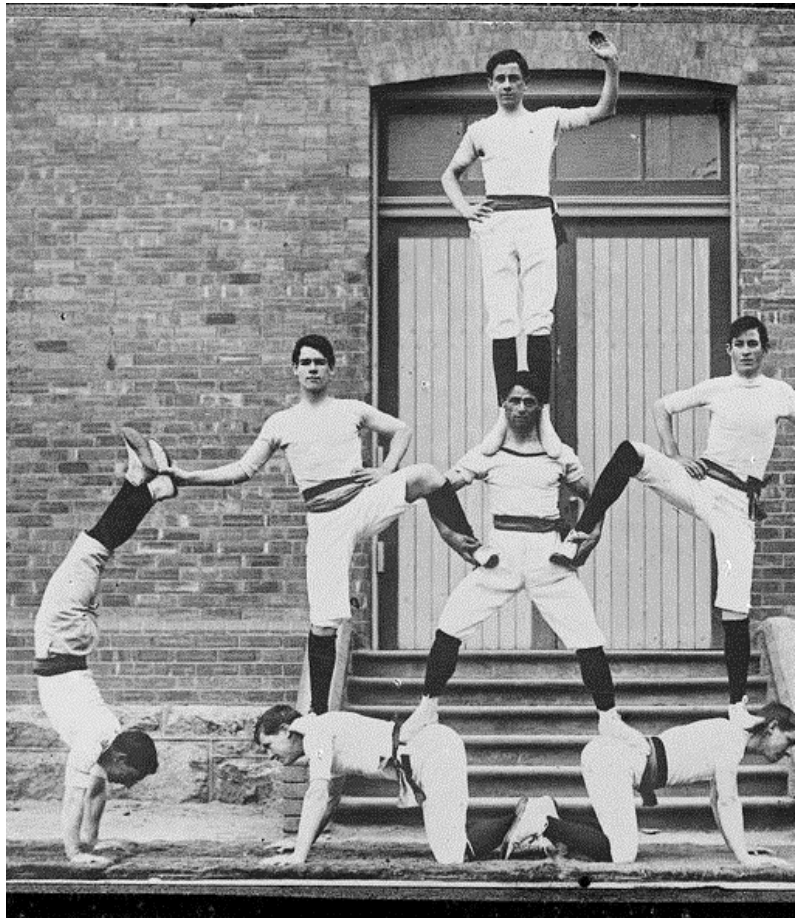
CQI Team

- Home Visitors
- Parents (current or graduated)
- Community Partners
- Data Support
- Supervisors

- Delegate
- Divide and concur



Questions?

CQI Building Blocks

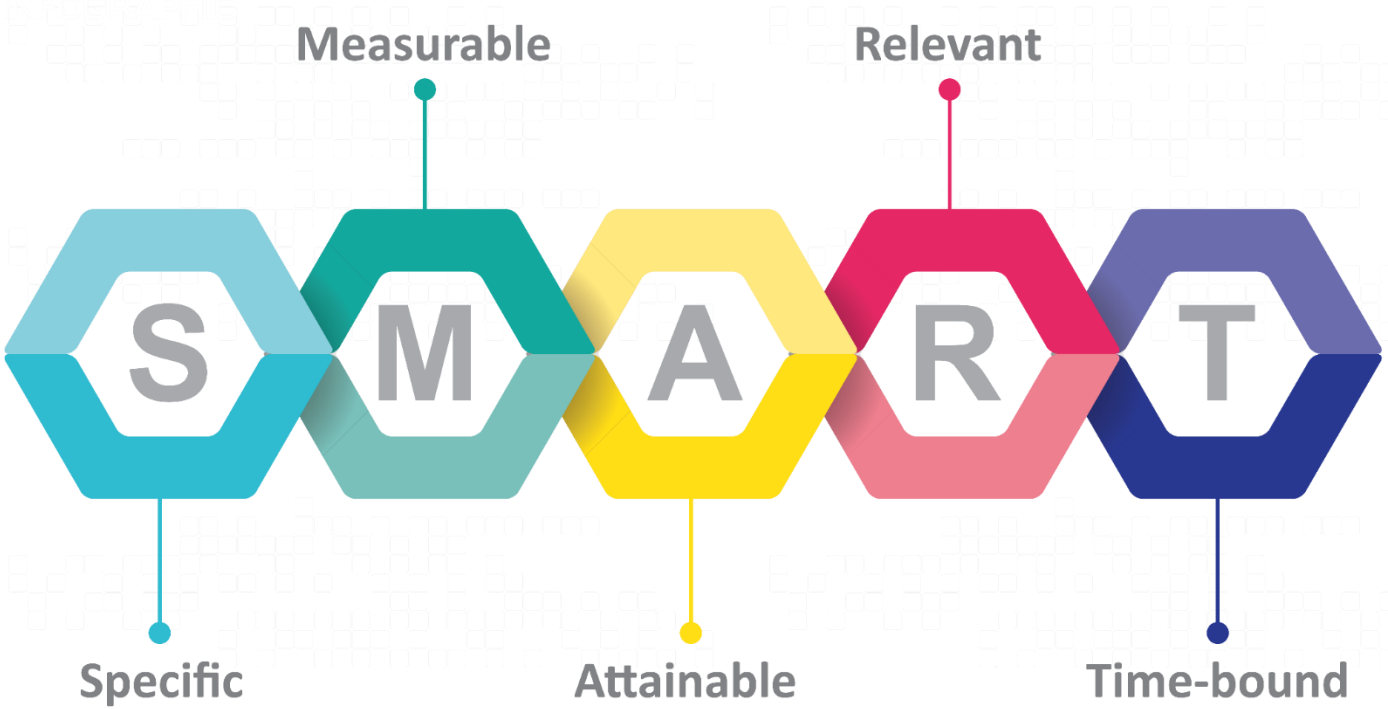
SMART AIMS

MEASURES

PLAN-DO-STUDY-ACT (PDSA)

PDSA RAMPS

SMART Aims



"*Some* is not a number, *soon* is not a time"

Don Berwick, Institute for Healthcare Improvement (IHI)

SMART Aims

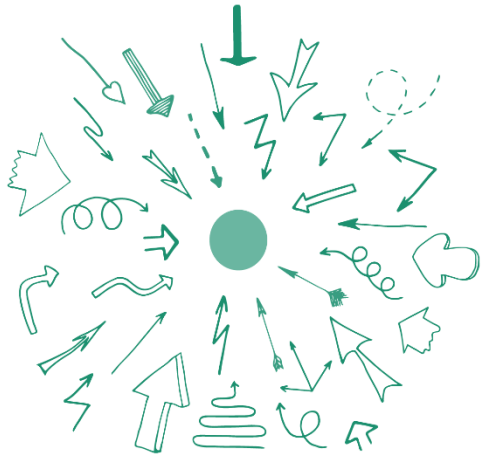
Specific - Who, what, where, when, which, why?

Measurable - How can it be measured? Does your measurement allow you to see progress?

Achievable - Aim should be a stretch/challenge, but also attainable

Relevant - How does this goal tie to your practice? Aligned to mission/broader objectives?

Time-Bound - As specific as possible, realistic and attainable – provides some boundaries



SMART Aims

By_____, _____ **of** _____ **will** _____

(When) *(#, %, or % Change)* *(Who)* *(What result, change, benefit?)*

Examples:

By June 30, 2020, 90% of clients who screen positive for IPV will receive a referral or connection to resources.

By Dec 31, 2019, 60% of clients will receive 80% of expected visits.

SMART Aim Quiz

A. Our team will improve how we address intimate partner violence

B. This year, we will increase the number of referrals to domestic violence services for families who have a positive IPV screening.

C. By June 30th, 2020, we will increase the % of families who screen positive for IPV who are provided a referral from 50% to 75%.

Measures

Track overall progress towards our AIM

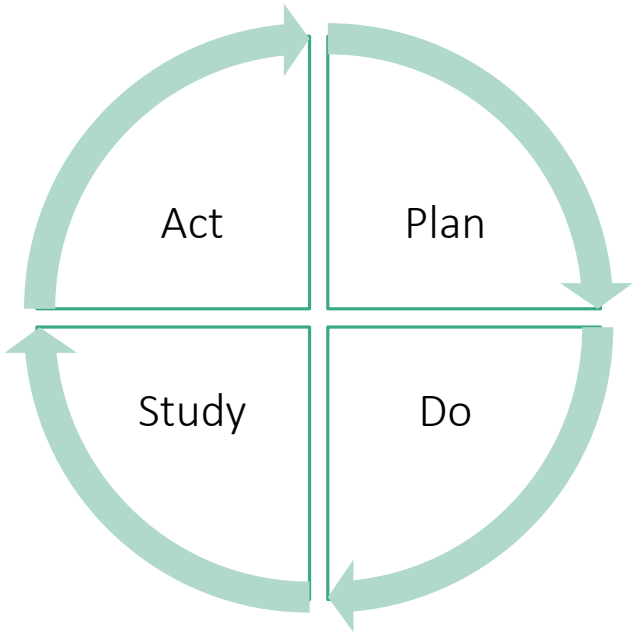
May include *outcome* measures and *process* measures

Example: **IPV** - By June 30, 2020, 90% of clients who screen positive for IPV will receive a referral or connection to resources.

- Outcome Measure:
  - % of caregivers experiencing IPV who have received a referral to DV resources
- Process Measures:
  - % of caregivers screened for IPV within 6 months of enrollment
  - % of caregivers screened for IPV who screened positive

Plan-Do-Study-Act (PDSA)

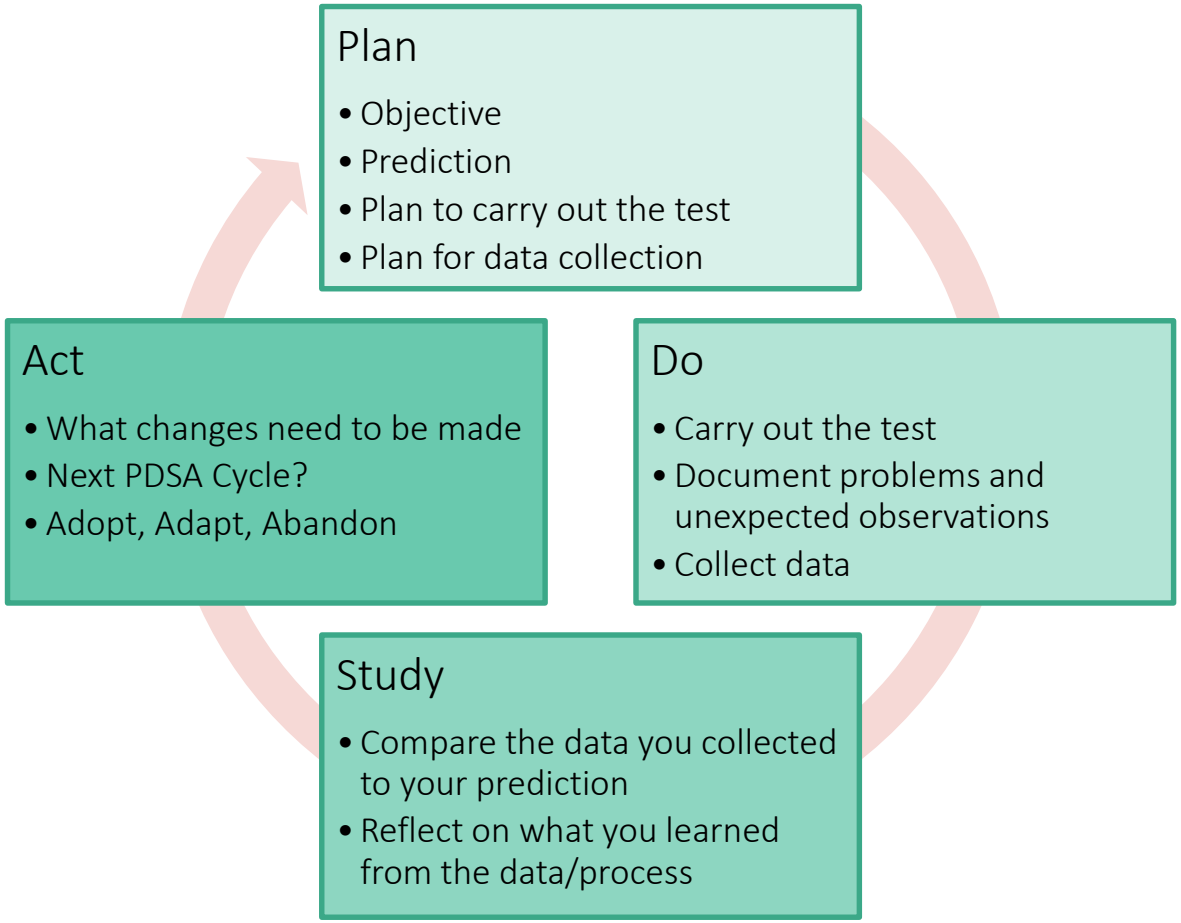
- Cyclical, iterative process for testing changes
- Structured and reflective process
- Document predictions, actions, and learnings
- Intuitive process -
  - Identify a change
  - Put it into action
  - Reflect on the results
  - Use those reflections to decide on next steps



Plan-Do-Study-Act (PDSA)

Plan	• Develop a plan to test the change - (Who? What? When? Where?) • Create a plan for data collection • Complete *tasks* for test
Do	• Carry out the test • Document problems and unexpected observations • Collect data
Study	• Compare the data you collected to your prediction • Summarize and reflect on what you learned from the data/process
Act	• Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don't do another test on this change idea) • Prepare a plan for the next PDSA

PDSA


Plan
• Objective
• Prediction
• Plan to carry out the test
• Plan for data collection
Do
• Carry out the test
• Document problems and unexpected observations
• Collect data
Study
• Compare the data you collected to your prediction
• Reflect on what you learned from the data/process
Act
• What changes need to be made
• Next PDSA Cycle?
• Adopt, Adapt, Abandon

PDSA Video

https://www.youtube.com/watch?v=szLduqP7u-k

PDSA - *Guiding Principles*

- Start *very* small
- The “Power of 1”
- Just enough data – keep it simple but clear
- Task vs. Test

Why do we “test” through PDSAs?

- Will the change lead to improvement we desire?
- Small tests allow for failure, with minimal costs
- Encourage innovation and creativity
- Builds belief in changes that work
- “Proof of concept”
- Evaluate how a *change* may differ between families, home visitors, communities, etc.

PDSA - Example

Change Ideas:

- ❑ Carry a water bottle
- ❑ Add fruit/mint to water
- ❑ Set an alarm on phone
- ❑ Use a water tracking phone app
- ❑ Keep a full water pitcher at desk
- ❑ Start every morning with a glass of water

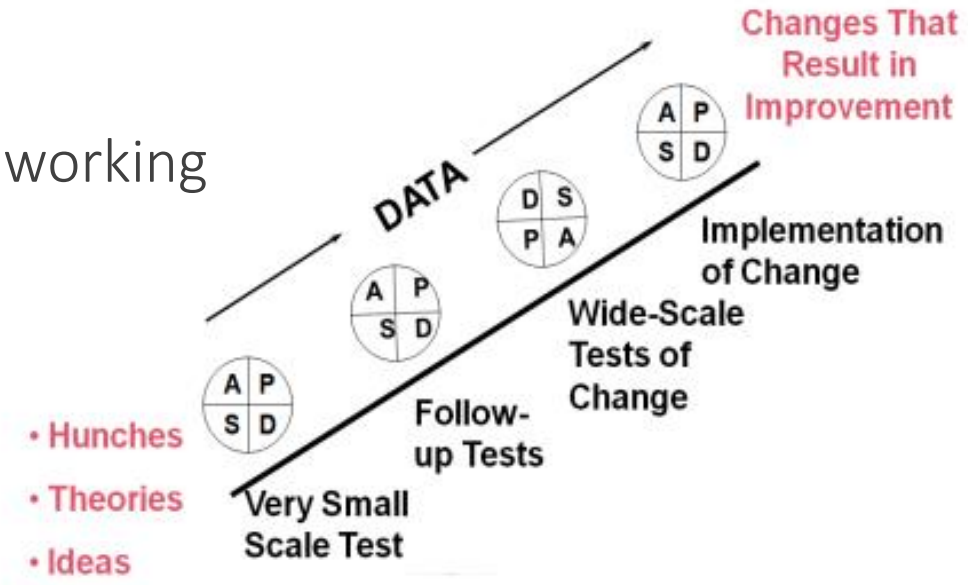
Project Topic: Drink More Water	
AIM:	By July 30th, increase water consumption from 5 cups to 8 cups of water a day.
Change test:	Add lemon to water
Plan	Add sliced lemons to at least 2 glasses of water on Mon. Task: slice lemons Prediction: adding lemon will make water more exciting
Do	Drank 3 glasses of water with 1 lemon slice each
Study	Drank 6 glasses total, 3 with lemon. Lemon tasted refreshing and easy to drink
Act	Adapt – try adding fruit again tomorrow, test different flavor (like orange or cucumber)

PDSA – Home Visiting Example

Project Topic: Intimate Partner Violence	
AIM:	90% of caregivers with identified IPV are offered supports or services aligned with their self-identified needs and priorities
Change test:	Testing new Healthy Relationship Education tool
Plan	One home visitor (Sarah) will test introducing new Healthy Relationship Education tool at one home visit this week Data Collection: Ask client two questions - “On a scale of 1-5 (5 = very helpful), how helpful was this information” “Did you learn anything new?”
Do	Sarah introduced Healthy Relationship Education tool at home visit with one family,
Study	Client response: 5; learned that IPV isn’t just physical violence
Act	Adapt – Test tool with 2 additional clients, test using a script to guide the conversation

PDSA Ramps

- Iterative process – building on each PDSA
- Building on what we've learned, making adjustments, testing new iterations
- Testing under different conditions
- Generating trust/buy-in that the change is working
- Example: Perfect Grilled Cheese



PDSA Ramp Example

What makes a perfect grilled cheese sandwich?

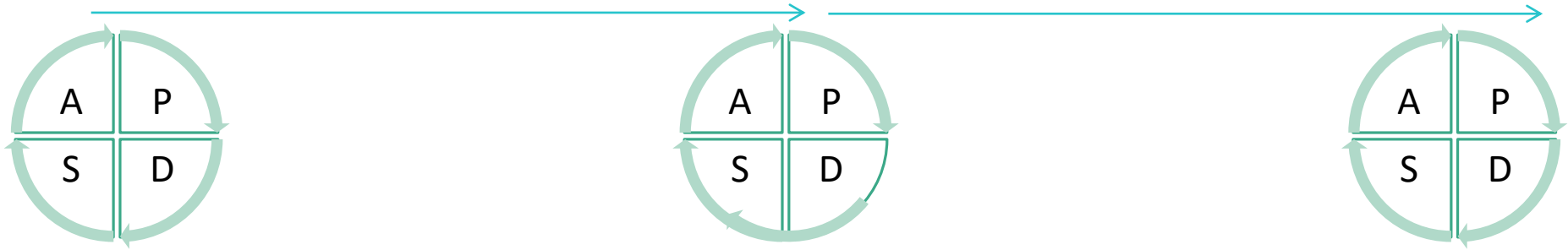
- ❑ What type of bread?
- ❑ What type of cheese?
- ❑ Technique?
- ❑ Slicing?
- ❑ Secret ingredient?

PDSA Example

	PDSA – Cycle 1.1	PDSA – Cycle 1.2
Plan	Test: make one sandwich, butter on outside, wheat bread, cheddar cheese Data collection: survey taste testers: rate sandwich on scale of 1-5, “What would make this sandwich better?”	
Do		
Study		
Act		

PDSA Ramp Example – Home Visiting

PDSA Ramp 1: Healthy Relationship Education Tool



Cycle 1.1

Test: One HV **Introduce** new Healthy Relationship Tool with one family

Cycle 1.2

Test: HV use Healthy Relationship Tool with 2 additional families (one teen parent); test script to guide conversation

Cycle 1.3

Test: 2 HVs test with 3 additional families using script; add question to get client feedback

Questions?

CQI Tools

KEY DRIVER DIAGRAM

PROCESS MAPS

ROOT CAUSE ANALYSIS

RUN CHARTS

Key Driver Diagram

Visualize our *Theory of Change*

Three components – Primary Drivers, Secondary Drivers, and Change Ideas

Primary Drivers

- The key (primary) factors that are necessary to achieve improvement

Secondary Drivers

- Influencers/components of primary drivers

Changes/Strategies

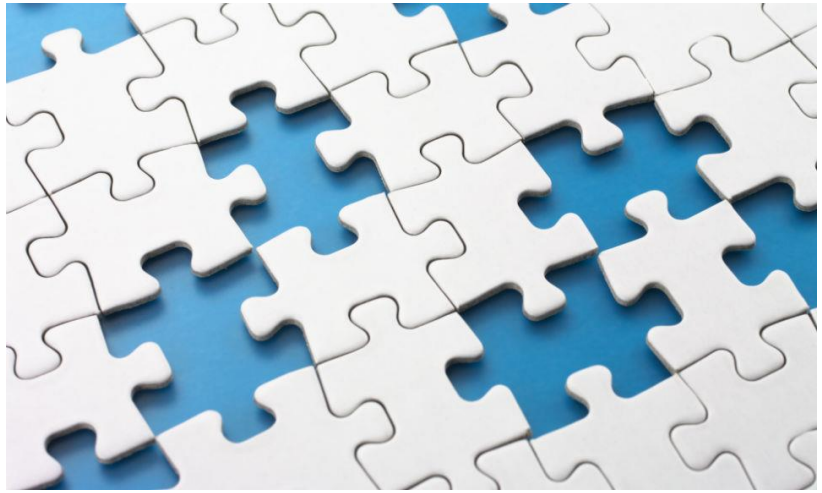
- Link the activities/changes that lead to achievement of our goal

Key Driver Diagram - Example

Aim	Primary Drivers	Secondary Drivers	Change Ideas
90% of caregivers with identified IPV are offered supports or services	1. Competent, supported, and trauma-informed workforce		
	2. Safe and respectful conversations on healthy relationships and screening for IPV	1. Culturally responsive, universal education on healthy relationships 2. Timely and reliable IPV screening 3. Empathic response to a positive IPV screen or caregiver disclosure of IPV	• Use a script when asking sensitive questions, providing education, or introducing educational materials • Provide home visiting-specific safety cards or healthy relationship educational resources
	3. Comprehensive, tailored, and collaborative "safer planning" and follow-up		
	4. Community partnership and connection to services		

Key Driver Diagrams

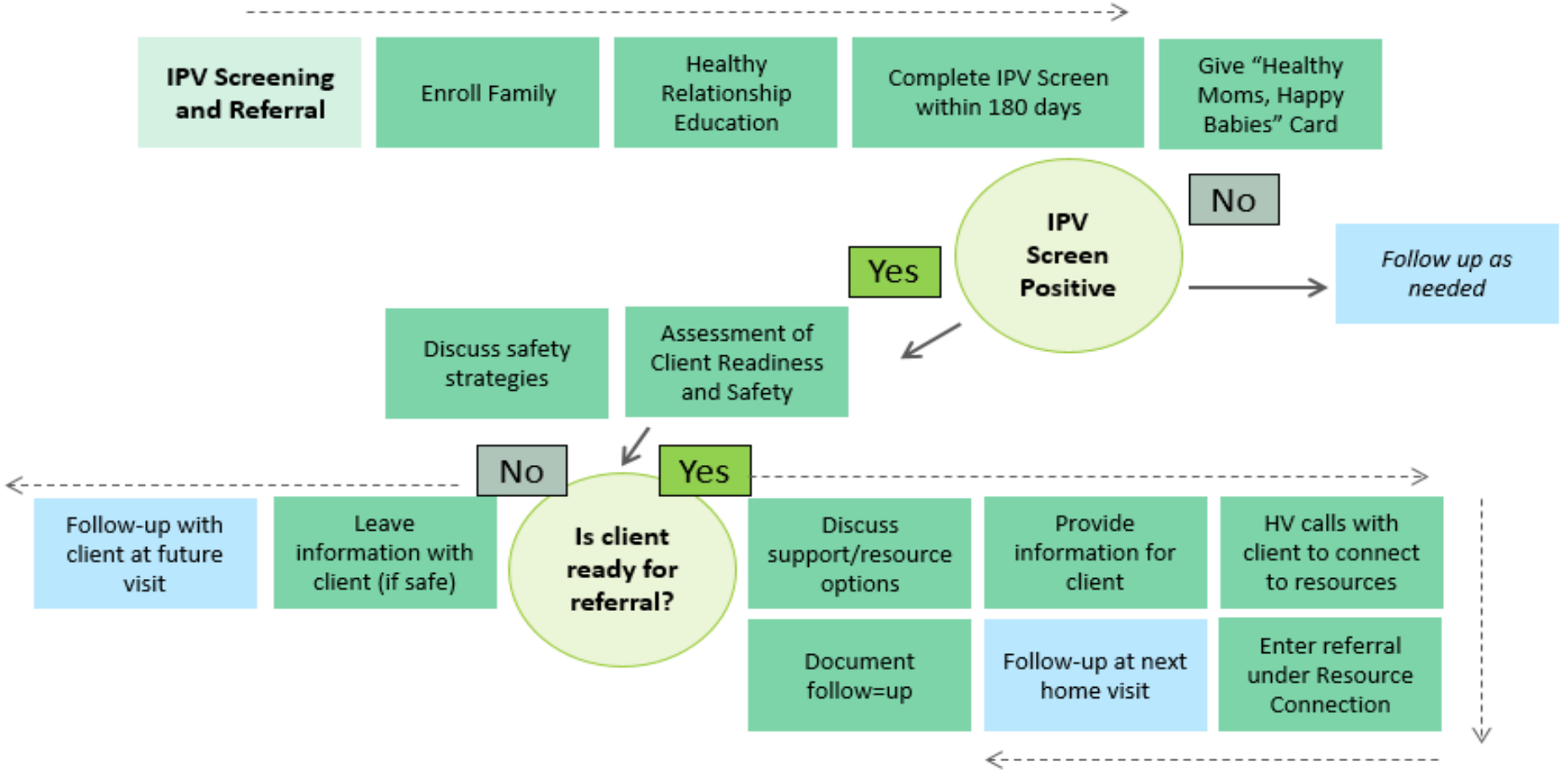
- Serves as a road map
- Test changes across the driver diagram (but not all at the same time)
- Breaks big goals into manageable pieces



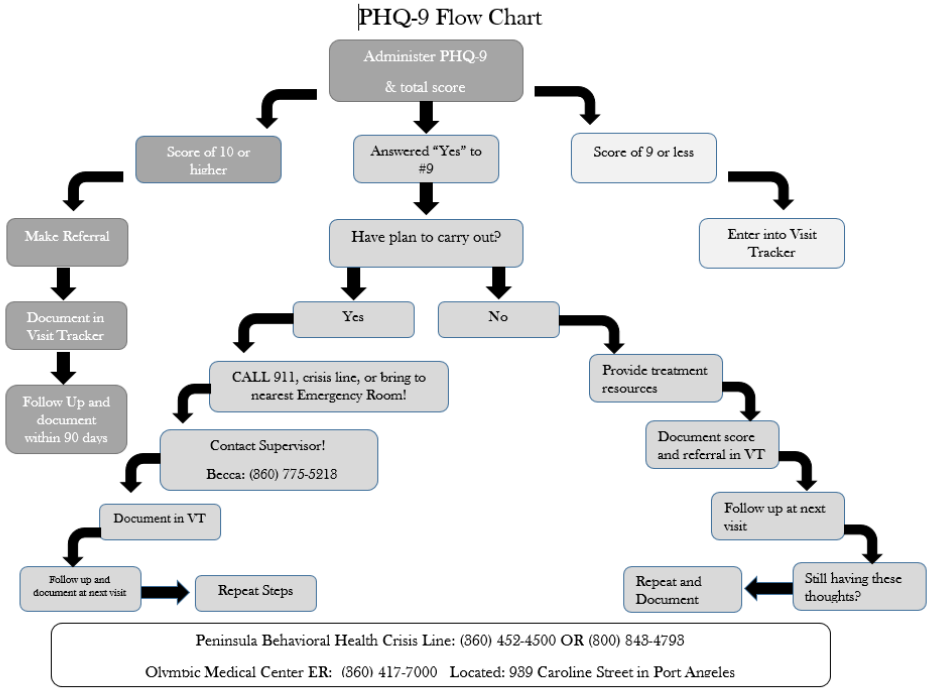
Process Mapping

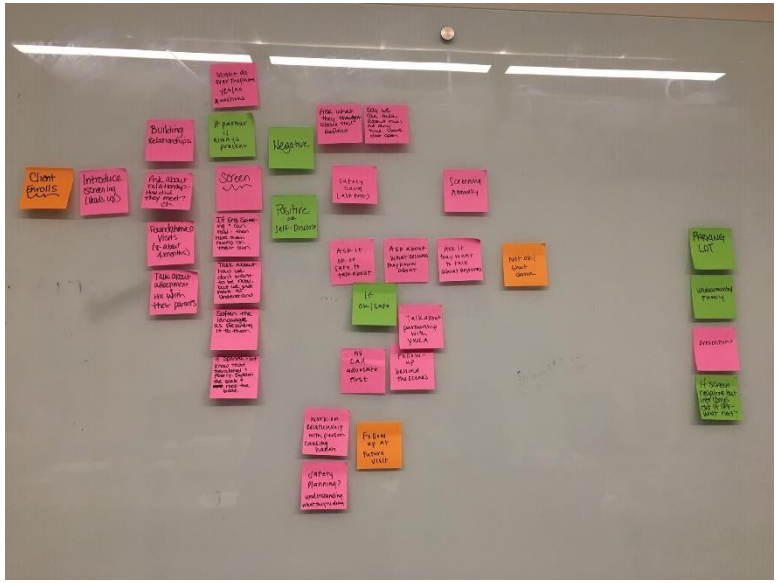
- Similar to a “flow chart” or “decision tree”
- Maps all steps and decision points in a process
- Map current or ideal processes
- Team learning – creating shared understanding
- Helpful in identifying where in the process to intervene

Process Mapping - Example



Process Map Examples





Root Cause Analysis - Fishbone

Fishbone Diagram (Cause and Effect Diagram)

- Visually chart the root causes of a problem
- Focus on **diagnosing** the problem rather than symptoms

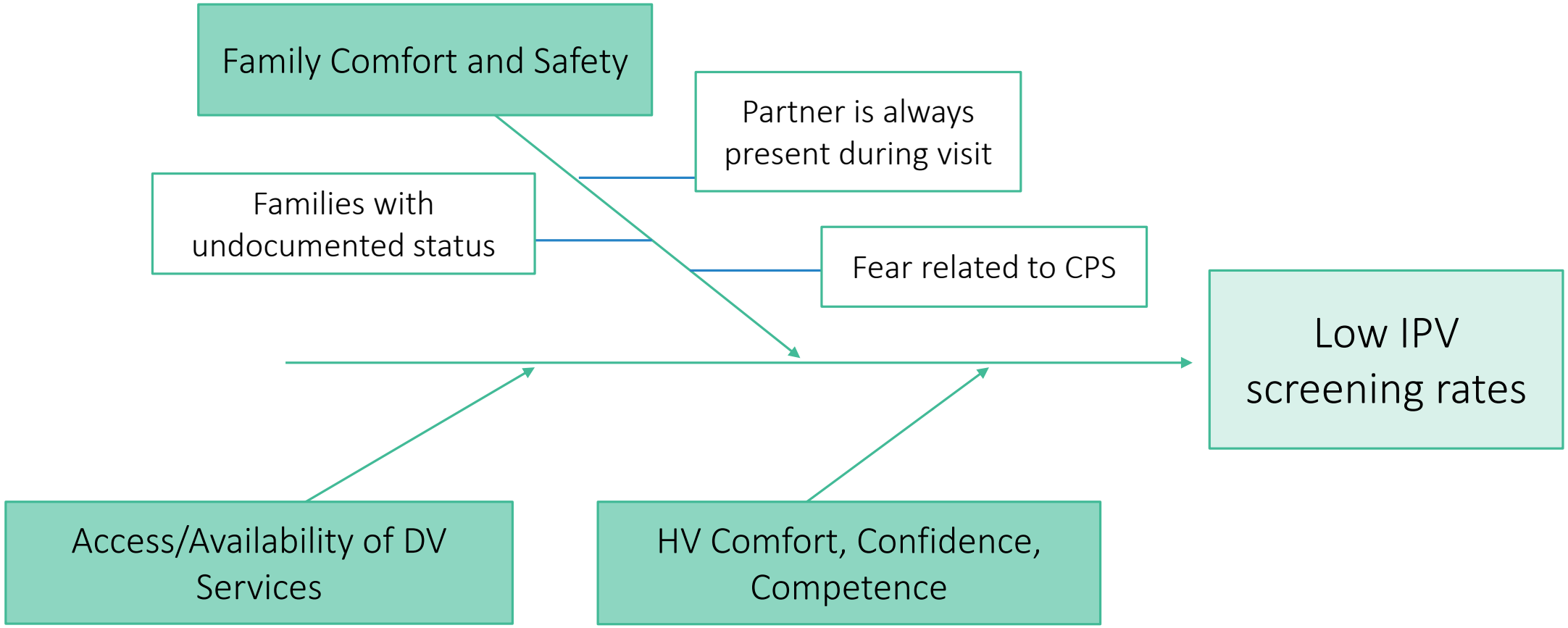
A fishbone diagram contains 3 primary elements:

Backbone: connects to the problem or question being addressed

Ribs: Main factors/categories involved

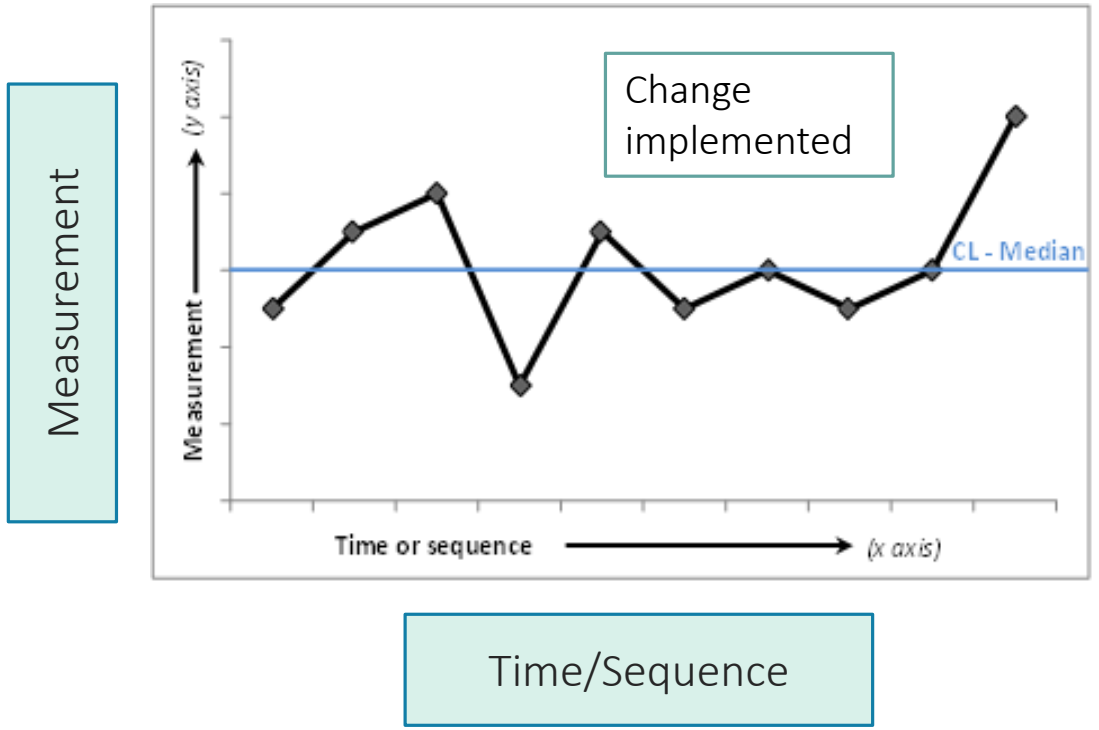
Bones/Branches: Identify potential causes/contributing factors

Root Cause - Fishbone

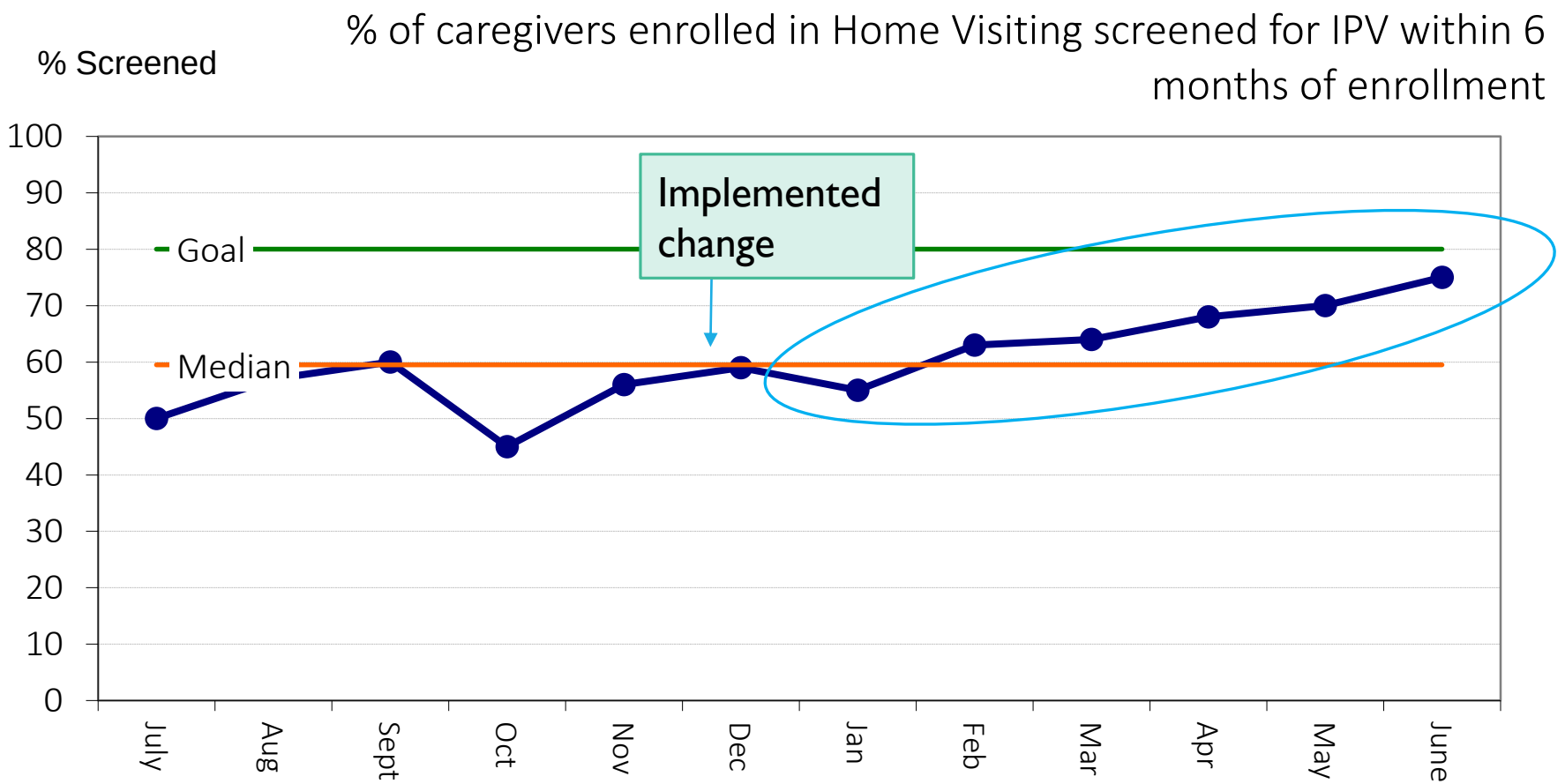


Run Charts

- Track data over time
- Measure/assess improvement
- Understand normal variation
- Annotation helps highlight the potential impact of PDSAs
- Statistical analysis at a glance



Run Chart Example – IPV Screening



Questions?

HVSA CQI Projects

Since SFY18 –

- HVSA Programs completed 2 individually-led CQI projects each year (6 mo. project cycles)
- Teams could choose from a menu of topics:
  - Family Engagement
  - Caregiver Depression Screening and Referral
  - Intimate Partner Violence Screening and Referral
  - Parent-Child Interaction (SFY18)
  - Developmental Screening (SFY19)

HVSA CQI Examples

Caregiver Depression	Intimate Partner Violence
• Make connections with local mental health providers to facilitate warm referrals • Comprehensive list of mental health referral sources in the community • Flow-chart to support home visitors with screening and referral process • Focus on wellness and self-care as part of home visits	• Identify and make connections with local DV Advocacy Agencies • Plan in-person connection with local DV advocates • Invite DV advocates to participate in team meetings or case conferencing • Healthy relationship education • Create a comprehensive list of domestic violence referral sources in the community

HVSA CQI Examples

Family Engagement	Parent-Child Interaction
• Creating consistent feedback loops with referral providers • Identify one person (i.e. Supervisor) to make first contact with referred clients • Create a script for home visitors/supervisor to use when contacting referred clients • Contact referrals within 2 business days • Pop-up outreach events in the community (library, parks, community events) • Parent leadership opportunities	• Provide parent-child interaction/learning ideas for parents • Create a parent-child interaction log sheet (encouraging parents to post it somewhere where they see it every day) • Shift vocabulary/language used by home visitors when talking about reading – “exploring books” • Creating a lending library • Incorporating a question/focus on literacy or parent child interaction during each home visit

HVSA CQI Learning Collaboratives

Shifting our approach >> From individually-focused projects to a **collaborative learning process**

- One year-long project
- Two topic tracks:
  - Caregiver Depression
  - Family Retention

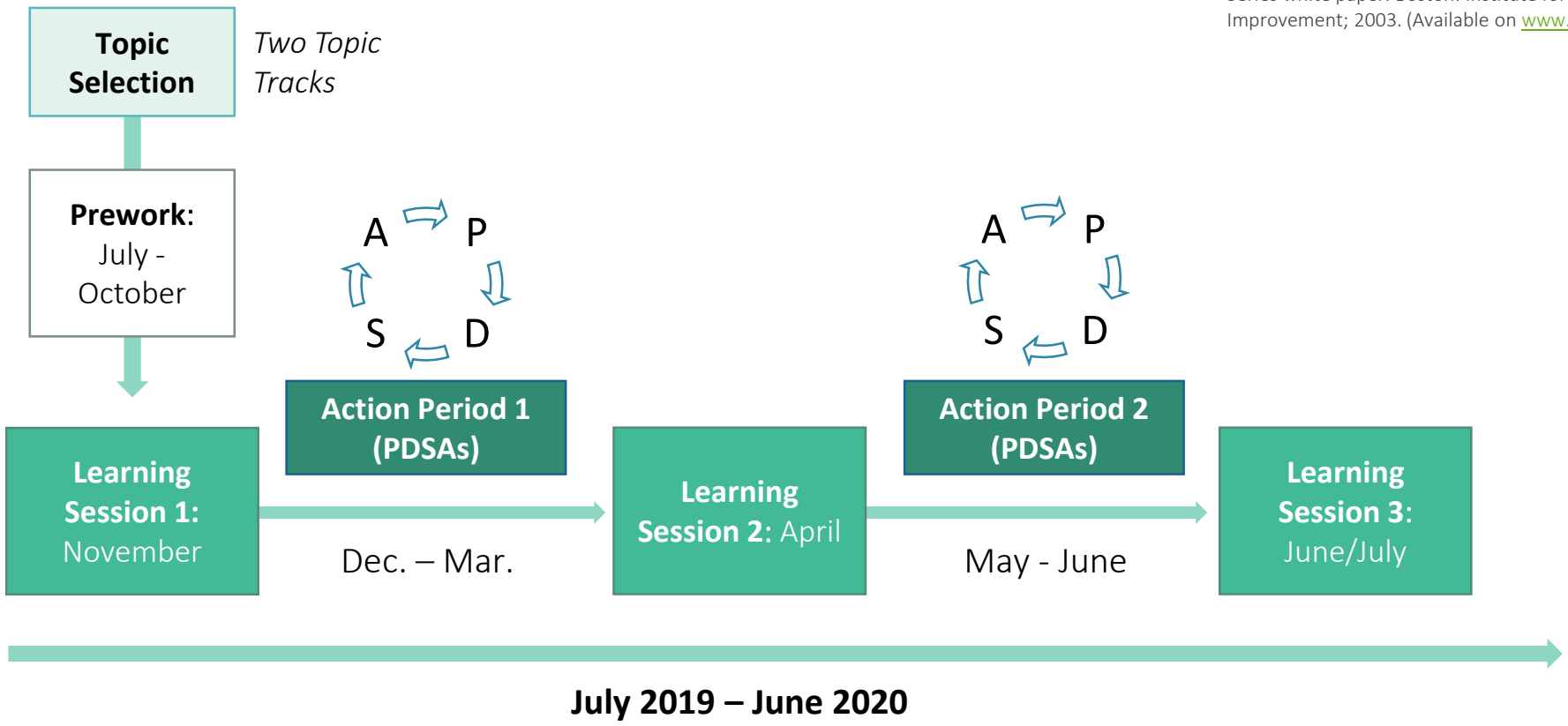
The "Why"

- Engage more deeply with subject matter experts
- Leverage our collective learning and efforts
- Focus on **rapid cycle testing** (PDSA Reports due monthly - beginning in January)
- Common metrics to detect improvement, and understand what contributed to improvement

HVSA Learning Collaboratives

Breakthrough Series Learning Collaborative Model:

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)



Wrap-up Questions

- ❑ Lingering questions?
- ❑ Anything you want to revisit?

- ❑ What do you hope to learn more about?

Thank You!

Contact:

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