

# Continuous Quality Improvement



**Maryland MIECHV  
“Koala-T”**

**Continuous Quality  
Improvement Project**

**~Webinar Two~**

# Welcome!



**Mary LaCasse**, Chief of Home Visiting

**Colleen Wilburn**, MIECHV Health Policy Analyst

**Dona Ponn**, MIECHV Program Coordinator

**Jarvis Patterson-Askew**, Data/Fiscal Coordinator

**Maggie Porter**, Graduate Research Assistant

# Housekeeping

- Please feel free to ask questions
- Participate via speaker or chatbox
- Webinar is being recorded
- Powerpoint will be available after webinar

# Today's Objectives

- Brief CQI recap
- Review progress to date
- Answer questions
- Continue through the PDSA cycle
- Discuss next steps and deliverables

# So...what is CQI again?

- A continuous and ongoing effort to achieve measureable improvements in quality
  - To improve efficiency, effectiveness, performance, accountability, outcomes
  - Using a model supported by strategies, methods and tools
- A repeatable set of steps that work best if they become a routine part of your business operations
- CQI is doable!

# CQI is a Federal Requirement!

- HRSA requires that all MIECHV-funded sites in the United States conduct ongoing CQI
- A HRSA site visit in 2015 found that Maryland was not compliant with federal CQI requirements

# Maryland MIECHV Definitions

Site CQI Team: Specific to each site, ideally 5-7 members, may include Program Manager, Home Visitors, Data entry, etc. Meets monthly.

State CQI Team: Composed of DHMH staff, Maryland Home Visiting Evaluation rep, UMBC Certificate Program rep, and Family League data team. Meets monthly.

Statewide Learning Collaborative: State CQI Team + All Site CQI Teams, will participate in quarterly webinars to learn and discuss CQI.

# Review of Progress to Date

Thus far, all MIECHV sites have been asked to:

- View modules one, two, and three of the Ohio State CQI training
- Review the CQI PowerPoint presentation from the November 4th stakeholder meeting
- Form CQI teams at your sites and complete a Team Charter
- Create a process map and fishbone diagram to document your current processes from referral to enrollment

## Plan – Do – Study – Act Cycle



# The PLAN Stage



In this stage a plan is developed for the change to be tested and implemented. Make projections about what should occur and why. Formulate a plan to examine changes (Who, What, When, and Where).

- Identify & select problem
- Analyze problem
- Generate potential solutions
- Select & plan solution

# The PLAN Stage

## Identify and Select Problem

- Review the background information
- Gather data
- Identify your goal (this is your AIM statement)
- Develop an “as is” statement (this is your process map)

# The PLAN Stage

## Analyze Problem

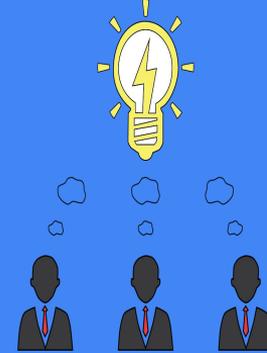
- Think broadly
- Gather data to understand the current approach
- Obtain input from clients and/or stakeholders
- Determine the root cause of the problem
  - Keep asking the “Why” questions
  - The fishbone diagram helps with this process

# The PLAN Stage

## Generate Potential Solutions

- Review all information
- Brainstorm potential solutions

# Brainstorming



What is Brainstorming?

Brainstorming can creatively and effectively generate a high volume of ideas on a given topic, in a non-judgmental way, by:

- Involving all team members
- Encouraging open thinking
- Supporting equal collaboration and input
- Building on each other's ideas while staying focused on a common goal

# Unstructured Brainstorming

Team members offer ideas as they come to mind. There are a variety of ways to conduct unstructured brainstorming. One example:

## **5-3-5 Brainstorming:**

1. Each person has five minutes to write down three ideas.
2. Each person passes his/her sheet of paper to the next person, who has five minutes to add three more ideas.
3. Repeat as many times as there are team members.

# Structured Brainstorming

Each team member offers ideas in turn.

1. State the agreed-upon brainstorming question in writing.
2. Each team member gives an idea in turn. No idea is criticized.
3. Write each idea in large, visible letters on a flip chart or other writing surface.
4. Continue generating ideas until all are exhausted.
5. Review the list and clarify ideas if necessary. Discard duplicate ideas.

# The PLAN Stage

## Select & Plan Solution

- Select a solution to test
- Develop an improvement theory (hypothesis)
  - If
  - Then
- Develop a strategy to test the theory
  - What will be tested? How? When?
  - Who needs to know about the test?

# The DO Stage

In this stage the test is executed.

- Carry out the test on a small scale
- Collect and document the data to determine effectiveness of the test
- Document problems, unexpected observations, unintended side effects, lessons learned, and knowledge gained



# Six Questions to Assess the Quality of Improvement

1. What data or measures do you need?
2. What data **do you have** available and how frequently can you access it?
3. What data **do you not have** available that you need, and how will you get it?
4. How frequently are you going to examine data?
5. Who is going to do what, with regards to collecting data and tracking improvements?
6. How can your data be made transparent?

# The D0 Stage

## Data Collection Tool: Check Sheet

Check sheets allow teams to systematically record and compile data from historical sources (or observations as they happen) to more easily detect and display patterns and trends. A check sheet:

- Creates easy-to-understand data from a simple, efficient process that can be applied to any key performance areas
- Forces agreement on the definition of each condition or event (participants must look for and record the same thing)
- Makes patterns in the data quickly become obvious

# Check Sheet Example

Telephone Interruptions

Reason	Day					
	Mon	Tues	Wed	Thurs	Fri	Total
Wrong number	+++			+++	+++	20
Info request						10
Boss	+++		+++			19
Total	12	6	10	8	13	49

Detailed information on how to draft a check sheet may be found here: <http://www.health.state.mn.us/divs/opi/qi/toolbox/print/checksheet.pdf>

# The DO Stage

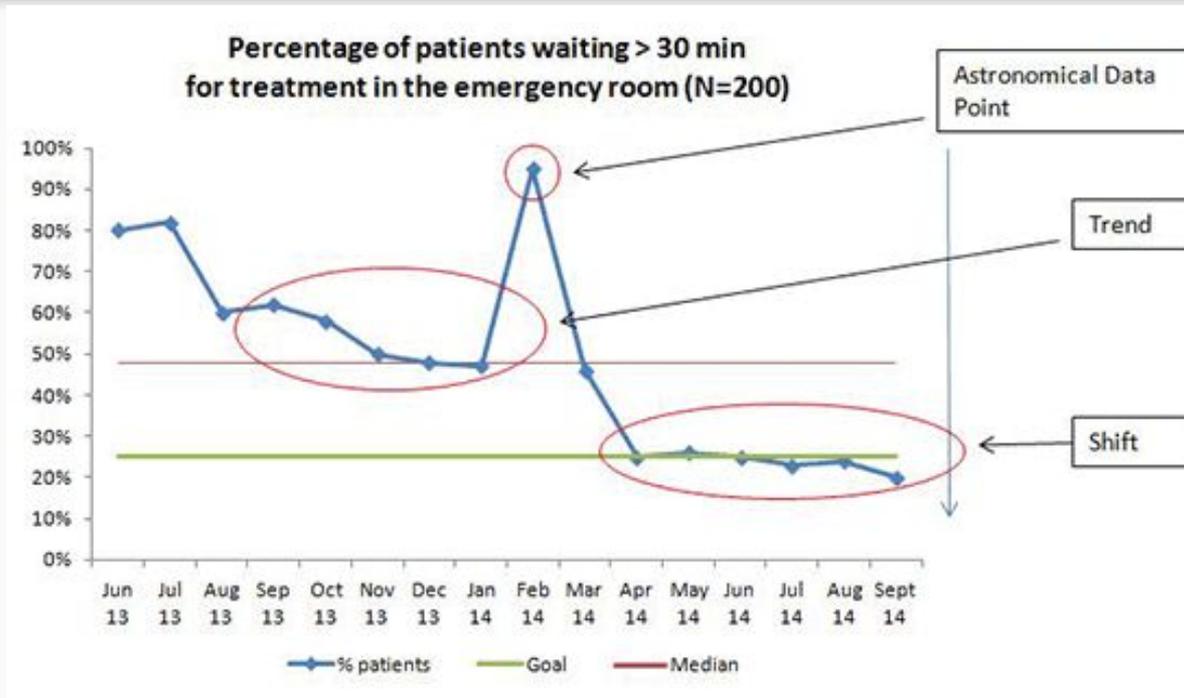
## Data Collection Tool: Run Chart

A run chart is used to study collected data for trends or patterns over a specific period of time. A run chart will be instrumental in:

- Tracking useful information for predicting trends
- Monitoring data over time to detect trends, shifts, or cycles
- Comparing a measure before and after the implementation

Detailed information on how to create a run chart may be found here: <http://www.health.state.mn.us/divs/opi/qi/toolbox/print/runchart.pdf>

# Sample Run Chart



# The STUDY Stage



This phase is designed to analyze data after changes are made. Graphs or charts are created to demonstrate quantitative and qualitative responses.

Determine if your test was successful by:

- Evaluating your test data and compare it to baseline data
- Did the results match your theory/prediction?
- Did you have unintended side effects?
- Is there an improvement?
- Do you need to test the improvement under other conditions?

# The ACT Stage



In this stage the next test should be initiated, identifying what modification should be made. Formulate a plan for the next test after determining if modifications are necessary. Decide to implement one or more of the changes.

If your improvement was successful on a small scale, test it on a wider scale

- Continue testing until an acceptable level of improvement is achieved
- Make plans to standardize the improvement

If the change is not working well, start the cycle over, refine the problem, test another solution.

Often several cycles are needed to produce the desired improvement.

**Remember to celebrate successes!!!!**

# Technical Assistance for First Two Assignments

# How to Develop a Well-Defined Process Map

- State where referrals are being received from and the process involved for receiving referrals.
- Show the process for receiving referrals.
- All programs should be clear, concise, and explicit about each step of the process. For example:
  - State specifically who is responsible for what duties (title or role, i.e. FAW, Intake Coordinator).
  - If cancellation occurs, when is appointment usually rescheduled (hours, days, weeks)?
  - What alternative actions are taken when unable to reach a family?
  - Be explicit about all timeframes involved!
- Attach an acronym key. This is very useful to those outside your program.
- Be clear about the process involved with the parent survey. Who does it; what happens after it is completed?



Questions? Comments?

# First CQI Project

- Beginning July 1, 2016, sites will be required to engage in **one statewide CQI project per fiscal year**. This year's topic is **referral to enrollment**
  - When sites have completed this initial project, they will be free to select the topic of their next CQI process.
- Site CQI teams must meet **once per month**
- Site CQI teams are required to attend **quarterly** statewide learning collaborative webinars and complete **one PDSA cycle per quarter**
- **PDSA** forms will be submitted with quarterly reports

## Next Steps:

Finish PDSA cycle for referral to enrollment

Deliverables: PDSA Worksheet

Due: September 30, 2016

# References

Process Map Video:

<http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard11.aspx>

Ohio State University -- CQI Training: <https://www.cphplearn.org/>

PDSA Worksheet -- to be turned in with quarterly reports:

[http://phpa.dhmf.maryland.gov/mch/Pages/home\\_visiting.aspx](http://phpa.dhmf.maryland.gov/mch/Pages/home_visiting.aspx)

Check Sheet Resource: <http://www.health.state.mn.us/divs/opi/qi/toolbox/print/checksheet.pdf>

Run Chart Resource: <http://www.health.state.mn.us/divs/opi/qi/toolbox/print/runchart.pdf>