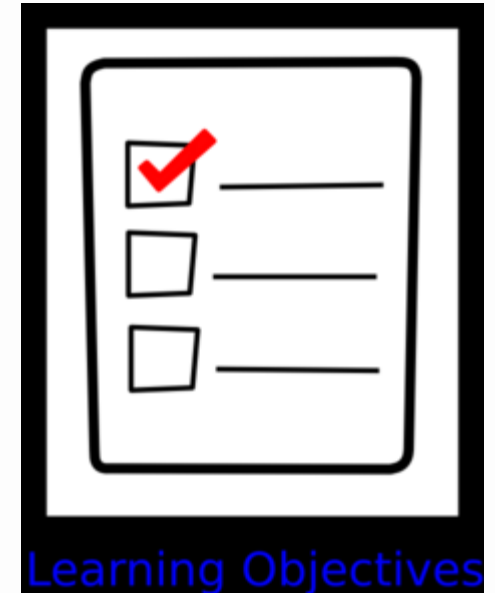# MIECHV
Continuous Quality Improvement (CQI) Overview

July 2015

Objectives

- Review MIECHV CQI requirements
- Discuss the basics of the PDCA cycle
- Give examples of CQI projects
- Provide CQI resources

Learning Objectives

Remember, some of the best CQI projects cross funding and program lines!

CQI in Oregon: Overview

- 13 funded communities

- Three models: EHS, NFP, HFA

- All Local Implementing Agencies (LIAs) are responsible for implementing at least one CQI project at a time during their grant period.

She flies with her own wings.
-Oregon State Motto-

CQI in Oregon: Overall Goals

1) Process and data improvements

2) Viewed as a resource, not as a grant requirement

3) Include programs outside of the grant funding
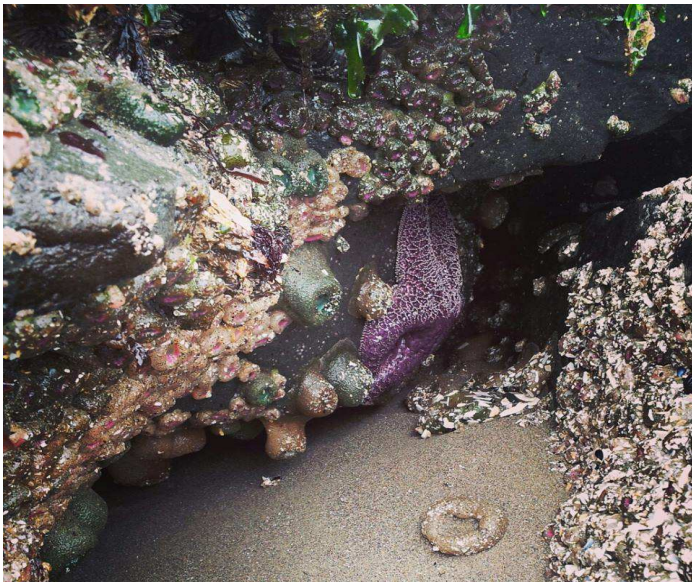
CQI in Oregon: LIA Support

CQI is introduced at orientation

Statewide CQI Coordinator provides:

- – CQI Introduction
- – Project kick-off meeting
- – Technical assistance during project
- – Monthly or quarterly data reports
- – Quarterly Learning Collaborative meeting
- – Ongoing contact and support

CQI Learning Collaborative:

Recent Topics

- CQI Success Stories

- Quarterly Benchmark Data Reports

- Use of Affinity Diagrams

- Q & A Forum

- All are welcome!!

Structure of Community CQI Groups

- **Members** should include:
  - Home visiting supervisor
  - Home visitors
  - Data entry staff member
  - Support staff
- **Team Roles:**
  - Scribe
  - Facilitator
  - Leader
- **Deliverables:**
  - Begin at least one project each year
  - Complete quarterly PDCA document

Quarterly Reporting Template

CQI Team Members and Affiliations:

CQI Team Scope:

CQI Team Meeting Frequency:

Problem Statement:

Current Process (Describe briefly and attach process map/flowchart)

Root causes (Describe top 1-3, and attach fishbone diagram or 5 whys)

Solution to test:

Aim statement: (What, in broad terms, are you trying to achieve? e.g. increase the % of on-time referrals)

Success measures (What, specifically, does success look like? e.g. 80% of referrals are completed on time)

Quality Improvement (QI) Primer

Implementing Tools that Improve Quality

QI in Our Terms

"QI is the use of a *deliberate and defined improvement process*, such as **Plan-Do-Study-Act**, which is focused on activities that are responsive to community needs and improving population health. It refers to a *continuous and ongoing effort to achieve measurable improvements* in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community."

Bialek, R., Beitsch, L. M., Cofsky, A., Corso, L., Moran, J., Riley, W., & Russo, P. (2009). Proceedings from Accreditation Coalition Workgroup: *Quality Improvement in Public Health*.

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

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QI Can…

- Reduce costs and redundancy
- Eliminate waste
- Streamline processes
- Enhance ability to meet service demand
- Increase customer satisfaction
- Improve outcomes!

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

QA and QI are Not the Same

Quality Assurance	Quality Improvement
Guarantees quality	Raises quality
Relies on inspection	Emphasizes prevention
Uses a reactive approach	Uses a proactive approach
Looks at compliance with standards	Improves the processes to meet standards
Requires a specific fix	Requires continuous efforts
Relies on individuals	Relies on teamwork
Examines criteria or requirements	Examines processes or outcomes
Asks, "Do we provide good services?"	Asks, "How can we provide better services?"

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What is QI all about?

QI is about…

- Process

- Data

- Learning
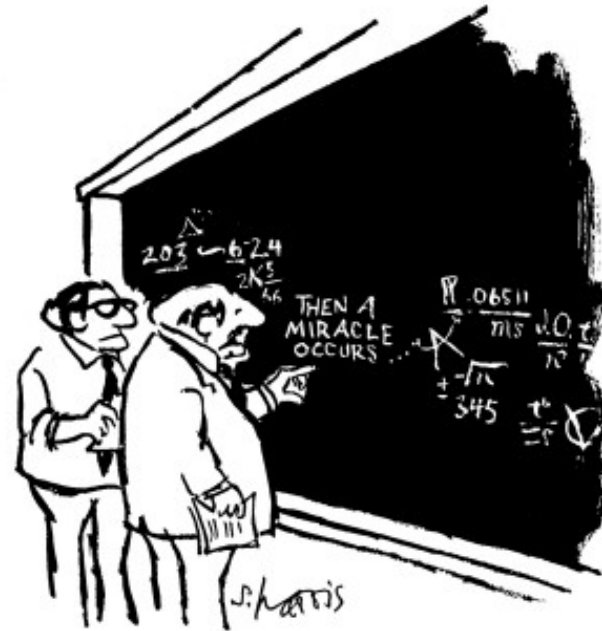
"I think you should be more explicit here in step two."

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

Plan-Do-Check-Act (PDCA)

- PDCA, sometimes called the Plan-Do-Study-Act (PDSA) is widely used by quality professionals, process improvement engineers, & health care professionals

- Science based, data driven, iterative process improvement methodology

- Turns ideas into action and connects that action to learning

- Another name for the A is **Adjust**.

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PDCA – An Introduction
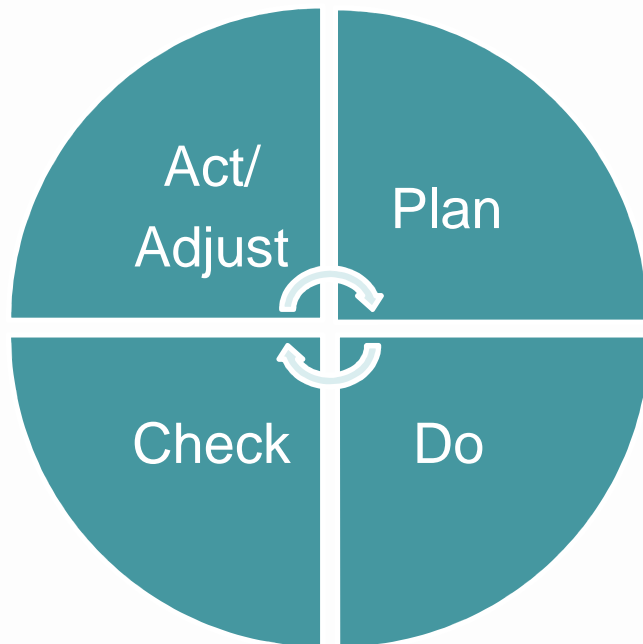
- Four stages
- Nine steps
- Repeatable steps
- Can be used by one person, a team, or an agency
- Used to improve existing processes

PLAN Stage
Getting Started-Assemble the Team
Steps One and Two

- Identify improvement

- Convene team

- Discuss the improvement

- Establish initial timeline

- Develop initial aim statement and success measures

Aim statement (draft): To increase data quality.
Success measure (draft): To decrease the number of missing forms from 40 to 5 or fewer each month.

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*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training
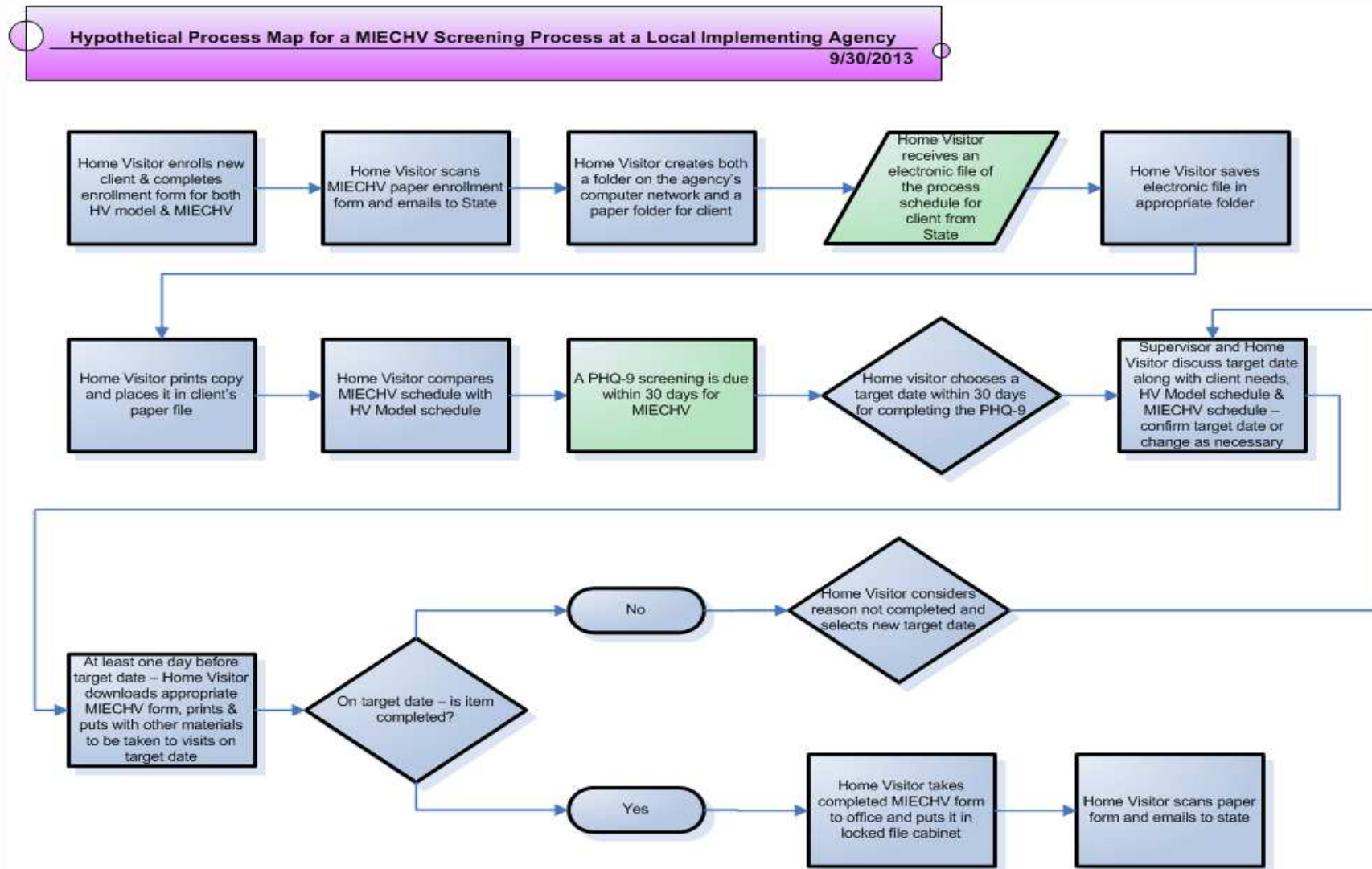
PLAN Stage
Examine the Current Approach
Step Three

Process Mapping:

- What are we doing?

- How do we do it?

- What are the major steps?

- Who is involved?

- What do they do?

Example of Process Map

Hypothetical Process Map for a MIECHV Screening Process at a Local Implementing Agency
9/30/2013

Symbols used to Process Map

- **Start & End**: An **oval** is used to show the materials, information or action (inputs) to start the process or to show the results at the end (output) of the process.

- **Activity**: A **box or rectangle** is used to show a task or activity performed in the process. Although multiple arrows may come into each box, usually only one arrow leaves each box.

- **Decision**: A **diamond** shows those points in the process where a yes/no question is being asked or a decision is required.
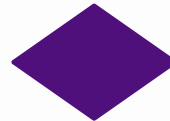
- **Break**: A **circle** with either a letter or a number identifies a break in the Flowchart and is continued elsewhere on the same page or another page.

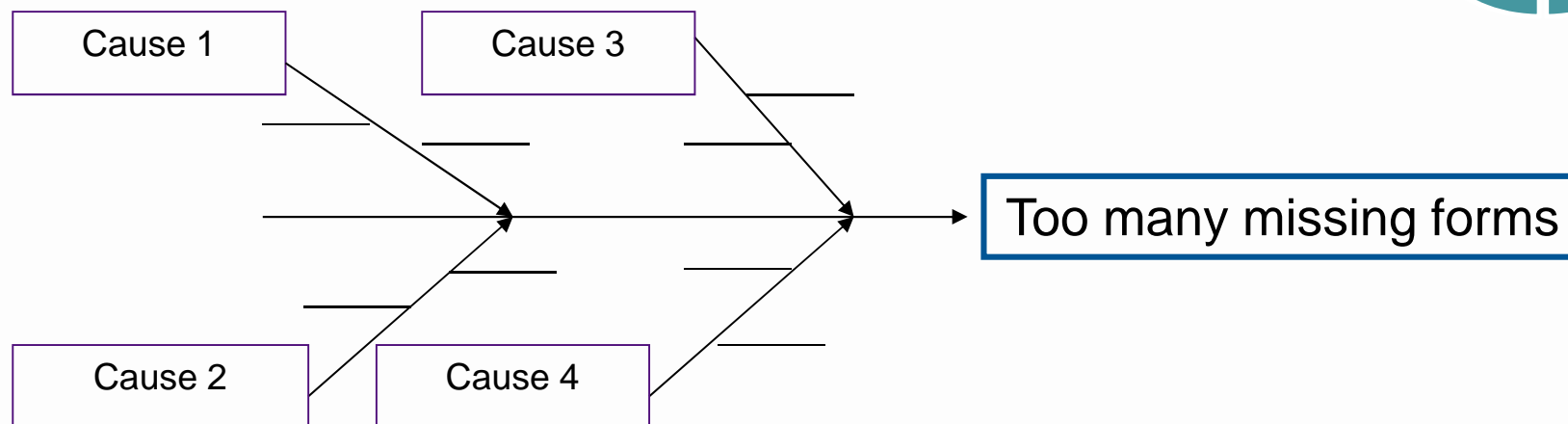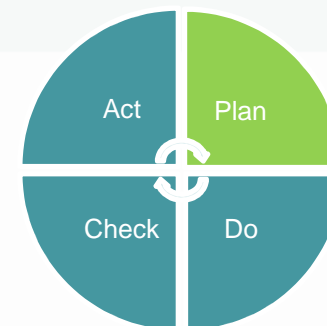- **Flow**: An **arrow** shows the direction or flow of a process.

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

PLAN Stage
Examine the Current Approach
Step Three
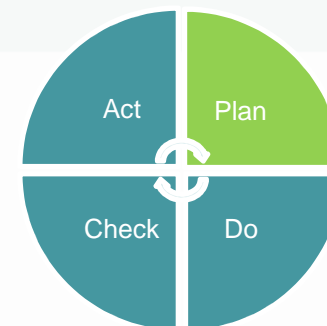
Cause 1

Cause 3

Cause 2

Cause 4

Too many missing forms

▸ Write the Problem/Effect in a box on the far right side of your paper, dry erase board, etc.

▸ Draw an arrow (backbone) leading to that box.

▸ Draw smaller arrows (bones) leading to the backbone, and label these arrows with your major causes.

▸ For each cause, brainstorm minor causes related to each major cause and note them on the diagram by placing lines on each of the major bones.

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

PLAN Stage
Identity Potential Solutions
Step Four

- Using root cause

- Brainstorm possible solutions

- Search for similar practices

- Narrow to those you have control or influence over

- Pick one most likely to accomplish

- Revisit AIM Statement

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training
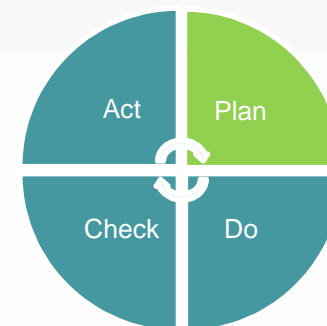
Affinity Diagram: Step-by-Step

- Phrase the issue under discussion as a full sentence

- Brainstorm at least 20 ideas or issues
  - A "typical" Affinity has 40-60 items, but 100 or more are not unusual

- Simultaneously and quickly sort ideas into 5 to 10 related groupings

PLAN Stage
Develop An Improvement Theory
Step Five

- Develop strategy to test the improvement theory

- SMART action steps (specific, measurable, attainable, realistic, and timely)

- Record your action steps on your PDCA template

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

DO Stage
Test the Theory
Step Six

- Test the theory (small scale)

- Plan for reviewing data

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

CHECK Stage
Study the Results
Step Seven

- Test work?

- Results match prediction?

- Trends?

- Unintended side effects?

- Improvement?

- More testing?

- Report findings

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

ACT Stage
Standardize or Repeat?
Future Plans
## Steps Eight and Nine

- Test on larger scale?

- Implement?

- New theory?

- Plan for continuing

- Repeat PDSA?

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

CQI in Oregon: **Success Stories**

1) Process and data improvements

   a) Improved data quality- forms completion

   b) Improved screening completion

   - PHQ-9 (maternal depression screen)

   - Safety checklist

   - Ages and Stages Questionnaire

   c) Increased referral completion

   d) Statewide improvements to forms
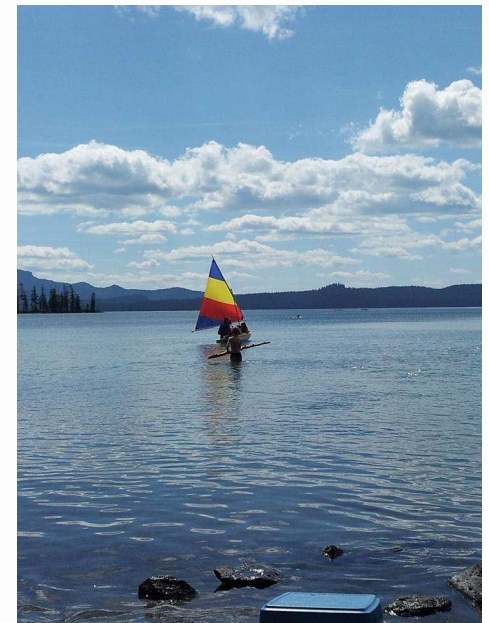
CQI in Oregon: Success Stories

2) Viewed as a resource, not as a grant requirement

   a) Increased interest in TA visits

   b) Increased attendance and engagement with the Learning Collaborative

   c) CQI mentioned as a resource in different forums- workforce development, systems coordinators, parent engagement

CQI in Oregon: Success Stories

3) Include programs outside of the grant funding

   a) Evolution of projects- screenings and referral coordination

   b) Inviting other program staff to trainings, meetings and projects

   c) Using CQI project to fulfill other requirements

CQI and Data Resources

- Michigan Public Health Institute

    www.mphi.org/work/public-health-systems/

- Public Health Quality Improvement Exchange (PHQIX) www.phqix.org

- Public Health Foundation

    www.phf.org/focusareas/qualityimprovement/Pages/

    Quality_Improvement

- Stephanie Evergreen www.stephanieevergreen.com

Kristen Lacijan: kristen.a.lacijan@state.or.us