

# OREGON'S MIECHV CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS

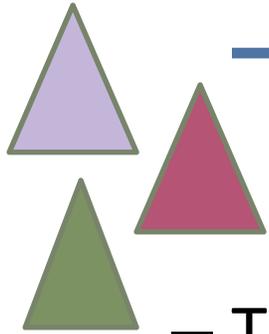
Webinar

December 3, 2013



# Importance of CQI

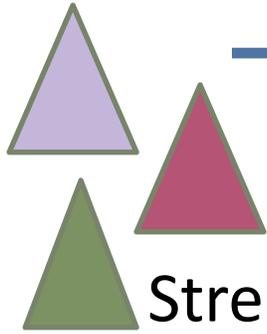
- Federal MIECHV grant requires CQI
- The effectiveness of our CQI plan will be a major contribution to renewed funding
- Renewed funding depends on improvements in at least 50% of the measures in 4 of the 6 benchmark areas – CQI will help us get there
- Most importantly, CQI can help us improve our services and family outcomes



# Culture of Quality

- The data are not for comparing programs to each other
- The data are not for punishing or de-funding programs
- The data are for building on our strengths and overcoming our challenges
- The data are for helping us learn more about what parts of our work processes can be changed to make improvements



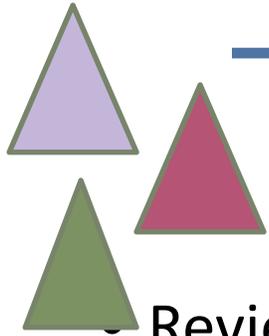


# Federal Expectations

Strengthen the overall CQI work at the state and local level, do not just build the system on model specific CQI efforts

- Increase the involvement of LIAs
- Select and implement a “formal” CQI model
- Use *systematic* inquiry to develop a deep understanding of processes and outcomes
- *Systematically* test and evaluate new strategies and approaches
- Disseminate effective strategies and approaches throughout the organization and monitor their implementation

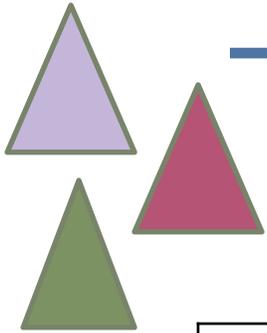




# Today's Webinar

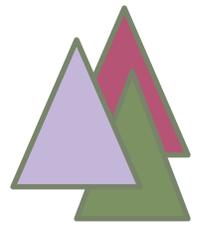
- Review 3 groups of benchmarks & how their work processes may be similar
- Examine data in each of the 3 benchmark groups and discuss interpretation
- Quickly review our CQI Model – **Plan-Do-Check-Act**
- Do a process map together
- Identify root causes together (Fishbone)
- If time, quickly review Oregon CQI process
- Next steps

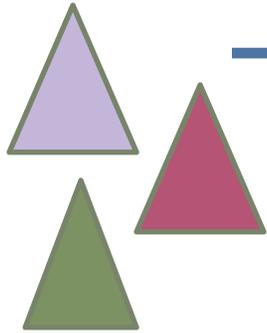




# Groups of benchmarks and how work flow processes may be similar - 1

Number of Benchmarks	Category or Benchmark Description
12	<b>GOAL: Detect need for services by screening or provide services (on time for each screening/intervention as required by the benchmark schedule)</b>
4	Screening for depression, substance use, DV; plus combined measure of these 3 screenings
1	Checking and assisting with DV safety plan when indicated
1	Performing safety check with standardized checklist
6	Screening with ASQ/Ounce
9	<b>GOAL: Increase receipt of needed services by making referrals, by tracking whether or not services were received, and by assisting with overcoming barriers to receipt of services</b>
1	Prenatal care
1	Well-child visits
1	Referral to mental health, substance use and DV services when indicated
1	Completed referrals (all services on the referral form)
1	Referral to and connection with DV services when indicated
1	Preconception care (well-woman exam)
2	Health insurance (the same benchmark occurs in two different topic areas)
1	Medical home (will not be reported to HRSA)



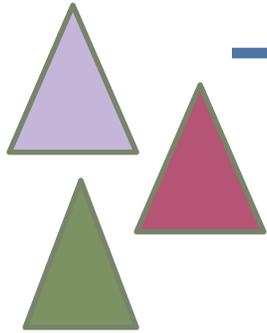


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## Groups of benchmarks and how work flow processes may be similar - 2

Number of Benchmarks	Category or Benchmark Description
13	<b>GOAL: Improve the likelihood of positive outcomes by assisting with parenting and education/financial improvements, as well as by checking for progress and intervening between time points for each family</b>
1	Use of birth control among those who do not want to become pregnant in the next year (to increase interbirth intervals)
3	Parenting and parenting stress
1	Breastfeeding
2	Employment/education and household income
3	Suspected, substantiated, and first-time victims of maltreatment
3	Child injuries, child injuries, mothers' and children's ED visits
2	<b>GOAL: Improve the ease and effectiveness of multiple services working together in the community</b>
2	MOUs, points of contact with other agencies

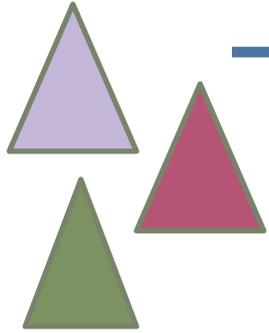




## Group 1

Number of Benchmarks	Category or Benchmark Description
12	<b>GOAL: Detect need for services by screening or provide services (on time for each screening/intervention as required by the benchmark schedule)</b>

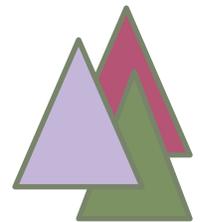


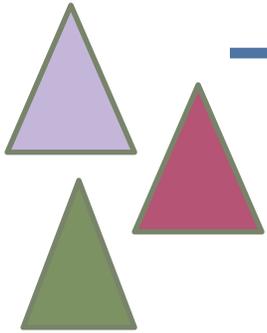


## Benchmark data and interpretation of data

### **CONSTRUCT 5: PHQ-9 Depression Screenings**

- **Improvement Definition:** Increase or maintenance from baseline to comparison period in the percent of recommended / required screenings for which a screening was conducted





# Benchmark data and interpretation of data

<b>MIECHV Construct 5: PHQ-9 Depression Screenings</b> <i>All of 11 Program Sites</i>			
<b>Reporting period</b>	<b>Screenings required</b>	<b>Screenings conducted on time</b>	<b>Percent of required screenings conducted on time</b>
6/1/2012 - 9/30/2012	29	18	<b>62.1%</b>
10/1/2012 - 12/31/2012	108	66	<b>61.1%</b>
1/1/2013 - 3/31/2013	144	95	<b>66.0%</b>
4/1/2013 - 6/30/2013	141	94	<b>66.7%</b>
<b>6/1/2012 – 6/30/2013</b>	<b>422</b>	<b>273</b>	<b>64.7%</b>

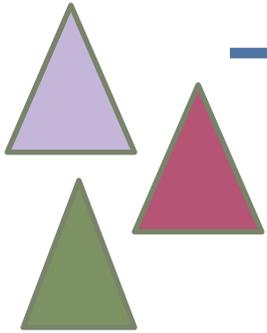




# Benchmark data and interpretation of data

## MIECHV Construct 5: PHQ-9 Depression Screenings *Site 1*

Reporting period	Screenings required	Screenings conducted on time	Percent of required screenings conducted on time
6/1/2012 - 9/30/2012	3	0	0.0%
10/1/2012 - 12/31/2012	6	3	50.0%
1/1/2013 - 3/31/2013	12	8	66.7%
4/1/2013 - 6/30/2013	21	12	57.1%
<b>6/1/2012 – 6/30/2013</b>	<b>42</b>	<b>23</b>	<b>54.8%</b>

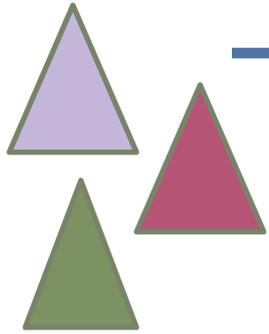


# Benchmark data and interpretation of data

## MIECHV Construct 5: PHQ-9 Depression Screenings *Site 2*

Reporting period	Screenings required	Screenings conducted on time	Percent of required screenings conducted on time
6/1/2012 - 9/30/2012	6	6	<b>100.0%</b>
10/1/2012 - 12/31/2012	9	8	<b>88.9%</b>
1/1/2013 - 3/31/2013	15	11	<b>73.3%</b>
4/1/2013 - 6/30/2013	7	4	<b>57.1%</b>
<b>6/1/2012 – 6/30/2013</b>	<b>37</b>	<b>29</b>	<b>78.4%</b>



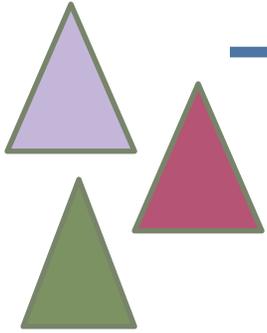


## Benchmark data and interpretation of data

### **CONSTRUCT 11: Training of participants on prevention of child injuries**

- **Improvement Definition:** Increase or maintenance from baseline to comparison period in the percent of scheduled standardized safety checklist interventions for which the intervention was conducted





# Benchmark data and interpretation of data

Don't get alarmed!

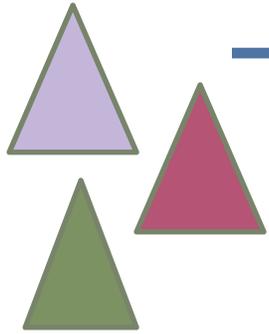
## Oregon MIECHV Construct 11: Safety Checklist Interventions\*

All of 11 Program Sites

Reporting period	Clients with required interventions	Interventions required	Interventions conducted on time	Performance Measure
6/1/2012 - 9/30/2012		15	0	0.0%
10/1/2012 - 12/31/2012		27	2	7.4%
1/1/2013 - 3/31/2013		58	3	5.2%
4/1/2013 - 6/30/2013		52	5	9.6%
6/1/2012 - 6/30/2013		152	10	6.6%

*\*The time window for safety checklist interventions required at program intake was shortened in July 2013 to "30 days from child's intake" from the original, "at least annually". This resulted in significantly lower rates of the performance measure but the rates are expected to improve in the future.*



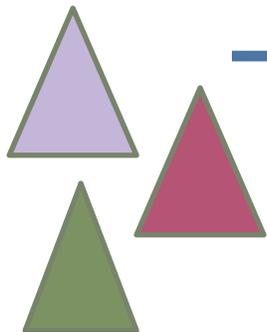


## Benchmark data and interpretation of data

### **CONSTRUCT 17: Parent knowledge of child development**

- **Improvement Definition:** Increase or maintenance from baseline to comparison period in the percent of scheduled child development screenings / assessments that were completed by the index parent and discussed with the home visitor





# Benchmark data and interpretation of data

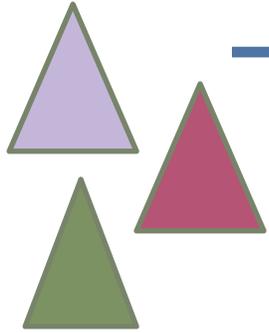
## Oregon MIECHV Construct 17:

### Screenings for Parent Knowledge of Child Development (ASQ or Ounce)

All of 11 Program Sites

Reporting period	Clients with required screenings	Screenings required	Screenings conducted on time	Performance Measure
6/1/2012 - 9/30/2012		0	0	na
10/1/2012 - 12/31/2012		7	1	14.3%
1/1/2013 - 3/31/2013		11	7	63.6%
4/1/2013 - 6/30/2013		25	20	80.0%
6/1/2012 - 6/30/2013		43	28	65.1%



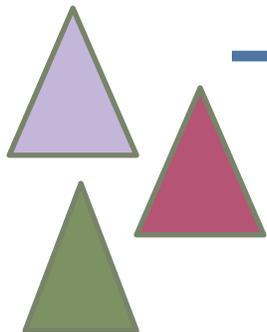


## Benchmark data and interpretation of data

### **CONSTRUCT 20: Child's communication, language and emergent literacy**

- **Improvement Definition:** Increase or maintenance from baseline to comparison period in the percent of scheduled child development screenings / assessments that were conducted and the scores recorded in the data system



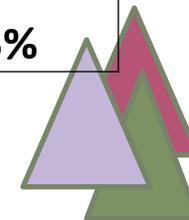


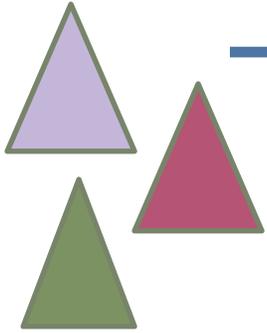
# Benchmark data and interpretation of data

Oregon MIECHV Construct 20: Child's Communication and Language  
(ASQ or Ounce Screenings: Relevant Domain Scores Recorded)

All of 11 Program Sites

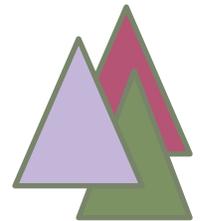
Reporting period	Clients with required screenings	Screenings/ scores required	Screenings/ scores on time	Performance Measure
6/1/2012 - 9/30/2012		0	0	na
10/1/2012 - 12/31/2012		7	0	0.0%
1/1/2013 - 3/31/2013		11	4	36.4%
4/1/2013 - 6/30/2013		25	19	76.0%
6/1/2012 - 6/30/2013		43	23	53.5%

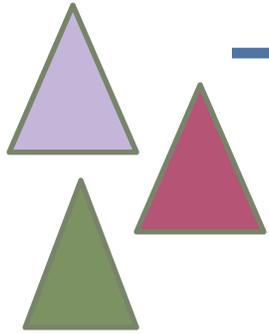




## Group 2

Number of Benchmarks	Category or Benchmark Description
9	<b>GOAL: Increase receipt of needed services by making referrals, by tracking whether or not services were received, and by assisting with overcoming barriers to receipt of services</b>





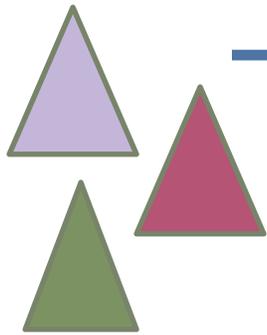
## Benchmark data and interpretation of data

### CONSTRUCT 32: Referral

- **Improvement Definition:** Increase or maintenance from baseline to comparison period in the percent of needed services for which a referral was made (within 30 days of identifying the need)

[Based only on screenings for mental health, substance use, and domestic violence]

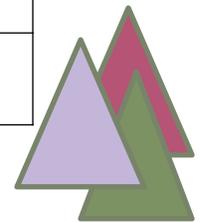


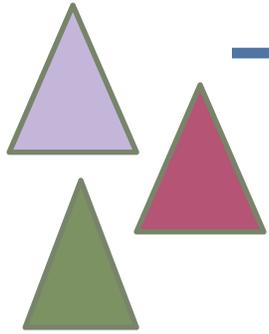


# Benchmark data and interpretation of data

## Oregon MIECHV Construct 32: Families That Required Services and Received Referrals All of 11 Program Sites

Reporting period	Clients with needed services	Screenings Identified Need	Referral Received On Time	Percent of Needs with On-time Referral
6/1/2012 - 9/30/2012	6	7	1	14.3%
10/1/2012 - 12/31/2012	21	25	0	0.0%
1/1/2013 - 3/31/2013	32	38	6	15.8%
4/1/2013 - 6/30/2013	12	12	1	8.3%
6/1/2012 - 6/30/2013	62	82	8	9.8%

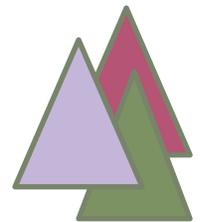


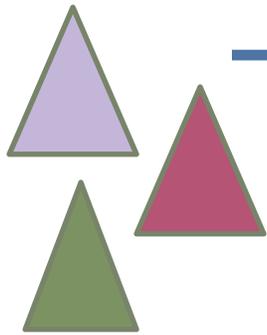


## Benchmark data and interpretation of data

### **CONSTRUCT 26: Referrals for domestic violence**

- **Improvement Definition:** Increase or maintenance from baseline to comparison period in the percent of pregnant women and mothers with DV who have been referred and connected with a DV advocate or related service





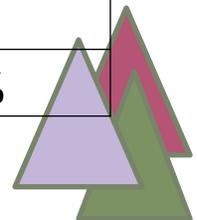
# Benchmark data and interpretation of data

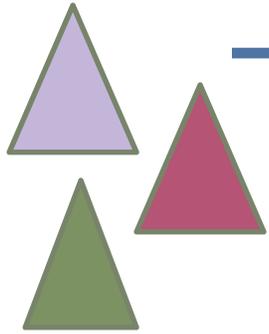
## Oregon MIECHV Construct 26

Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services (e.g., shelters, food pantries)

All of 11 Program Sites

Reporting period	Number of Clients	Total number of Positive DV Screens	Number of Referrals and Services Received	Percent of Positive Screens with Referral and Services Rcd
6/1/2012 - 9/30/2012	1	1	0	0%
10/1/2012 - 12/31/2012	4	4	0	0%
1/1/2013 - 3/31/2013	7	7	1	14%
4/1/2013 - 6/30/2013	0	0	0	
6/1/2012 - 6/30/2013	12	12	1	8%



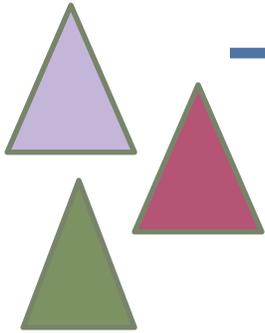


## Benchmark data and interpretation of data

### **CONSTRUCT 3: Preconception care**

- **Improvement Definition:** Among post-partum women who had not received a well-woman health care exam between the birth of the index child and 6 months post-partum, individual increase between 6 months and 18 months post-partum in the percent who receive a well-woman exam





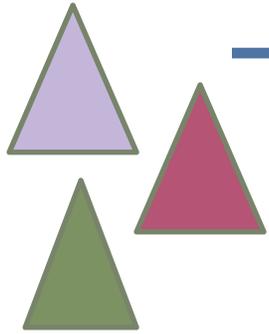
## Benchmark data and interpretation of data

### CONSTRUCT 3: Preconception care

	Birth Date	
<b>Parent 1</b>	Not Real	
10—Baby 6 Months— Index Parent	01-Nov-12	Yes
22—Baby 18 Months— Index Parent	21-Jul-13	No
<b>Parent 2</b>	Birth Date Not Real	
10—Baby 6 Months— Index Parent	08-Aug-12	No
22—Baby 18 Months— Index Parent	12-May-13	Yes

Not in denominator



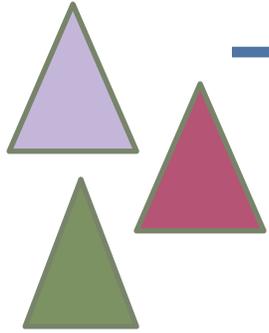


## Benchmark data and interpretation of data

### **CONSTRUCTS 8 and 30: Health Insurance**

- **Improvement Definition:** Among index parents and index children enrolled in the HV program at least 6 months and who did not have insurance at intake, increase between intake and the child's age of 18 months in the percent who were enrolled in health insurance



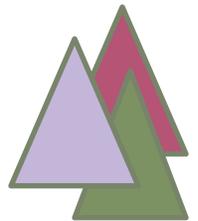


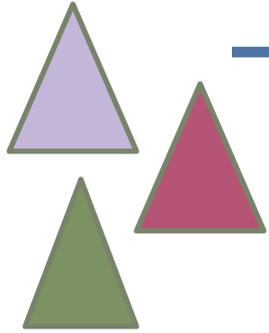
Benchmark data and  
interpretation of data

## **CONSTRUCTS 8 and 30: Health Insurance**

**3 parents did not have health insurance at  
enrollment**

**2 of them had health insurance at the child's age  
of 18 months**

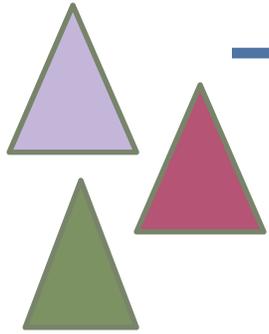




## Group 3

Number of Benchmarks	Category or Benchmark Description
13	<b>GOAL: Improve the likelihood of positive outcomes by assisting with parenting and education/financial improvements, as well as by checking for progress and intervening between time points for each family</b>



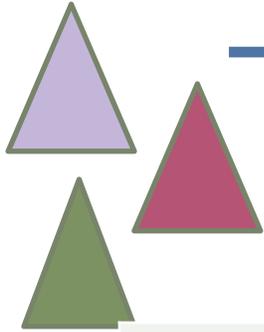


## Benchmark data and interpretation of data

### CONSTRUCT 6: BREASTFEEDING

- **Improvement Definition:** Among index children who ever received breastmilk during enrollment in the program, increase from baseline to comparison period in the average length of time up to 24 weeks that they received any breastmilk





# Benchmark data and interpretation of data

<b>MIECHV Construct 6: Breastfeeding</b> <i>All of 11 Program Sites</i>			
<b>Reporting period</b>	<b>Number of Children Weaned or Still Receiving Breastmilk at 6 Months of Age</b>	<b>Total Number of Weeks Children Received Breastmilk</b>	<b>Average Number of Weeks Children Received Breastmilk</b>
6/1/2012 - 9/30/2012	3	26.14	8.7
10/1/2012 - 12/31/2012	6	59.29	9.9
1/1/2013 - 3/31/2013	17	221.71	13.0
4/1/2013 - 6/30/2013	12	223.29	18.6
<b>6/1/2012 – 6/30/2013</b>	<b>38</b>	<b>530.43</b>	<b>14.0</b>

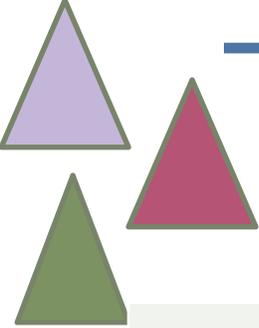
**CONGRATULATIONS!**

# Benchmark data and interpretation of data

## MIECHV Construct 6: Breastfeeding Site 1

Reporting period	Number of Children Breastfed or Still Breastfed Months	Number of Children Received Breastmilk	Average Number of Weeks Children Received Breastmilk
6/1/2012 - 9/30/2012	3	26.14	<b>8.7</b>
10/1/2012 - 12/31/2012	0	na	na
1/1/2013 - 3/31/2013	4	62.57	<b>15.6</b>
4/1/2013 - 6/30/2013	3	58.86	<b>19.6</b>
<b>6/1/2012 – 6/30/2013</b>	10	147.57	<b>14.8</b>

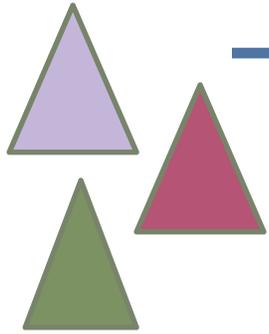
No children breastfeeding here?



# Benchmark data and interpretation of data

## MIECHV Construct 6: Breastfeeding *Site 2*

Reporting period	Number of Children Weaned or Still Receiving Breastmilk at 6 Months of Age	Total Number of Weeks Children Received Breastmilk	Average Number of Weeks Children Received Breastmilk
6/1/2012 - 9/30/2012	0	na	na
10/1/2012 - 12/31/2012	0	na	na
1/1/2013 - 3/31/2013	3	25.71	8.6
4/1/2013 - 6/30/2013	4	45.43	11.4
<b>6/1/2012 – 6/30/2013</b>	<b>7</b>	<b>71.14</b>	<b>10.2</b>



## Benchmark data and interpretation of data

### CONSTRUCT 4: Interbirth Intervals

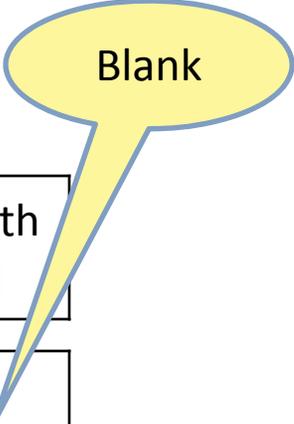
- **Improvement Definition:** Among post-partum women who do not plan to become pregnant in the next year and who were not using a birth control method at 6 months post-partum, individual increase between 6 months and 18 months post-partum in the percent who are using a birth control method



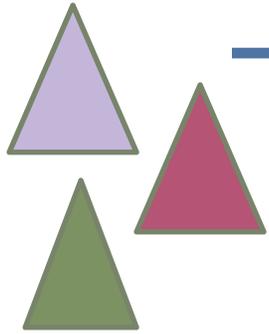
# Benchmark data and interpretation of data

## Construct 4: Interbirth Intervals

<b>Parent 1</b>	Birth Date Not Real	Wants to get pregnant	Using birth control
10—Baby 6 Months—Index Parent	21-Sep-12	No	
22—Baby 18 Months—Index Parent	30-Jun-13	No	Yes



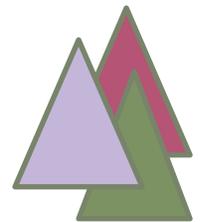
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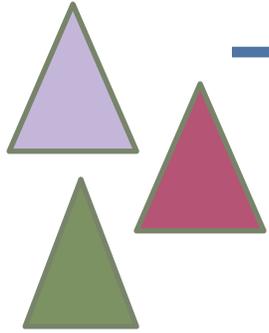


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Benchmark data and  
interpretation of data

## **CONSTRUCT 28: Household income & benefits**

- **Improvement Definition:** Increase in household income from employment and/or cash benefits between the index child's age of 6 months and 18 months





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Benchmark data and  
interpretation of data

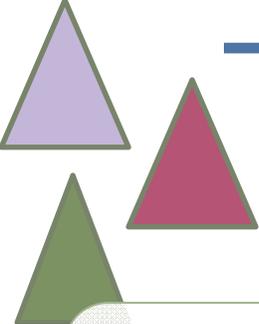
**CONSTRUCT 28: Household income & benefits**

2 parents were asked about income at the child's  
ages of 6 and 18 months

1 of them answered "Don't know" at the child's  
age of 6 months

The other answered "Don't know" at the child's  
age of 18 months





# Oregon's CQI Model

## Plan-Do-Check-Act (PDCA)

- Reflect and act on results
- E.g., plan further changes
- E.g., communicate results to County Lead for summarization & report to state

Act

Plan

- Describe the problem
- Describe the current process
- Identify the root cause(s) of the problem
- Develop a solution to test and a testing action plan

Check

Do

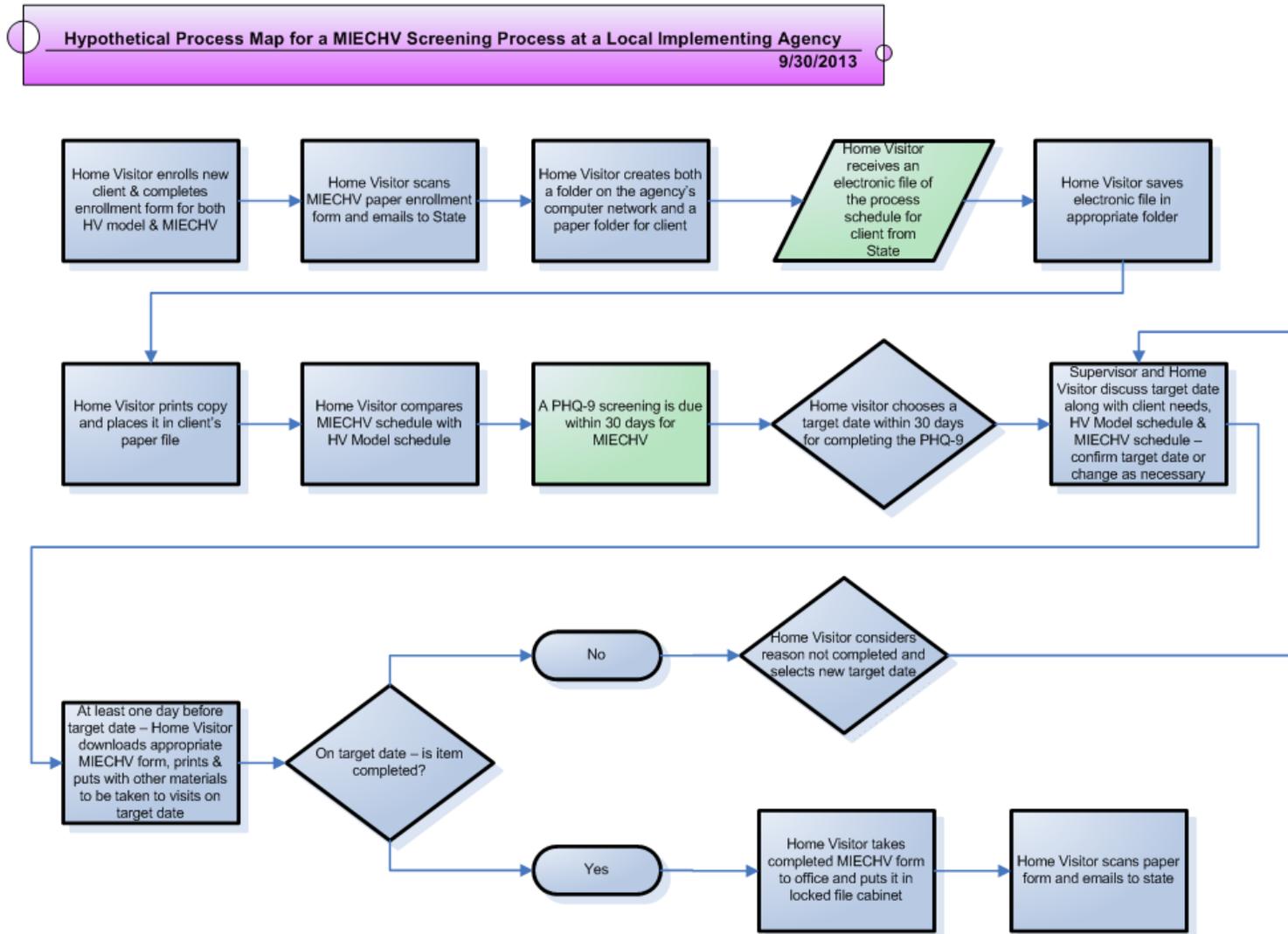
- Review and evaluate the results of the change

- Test the solution



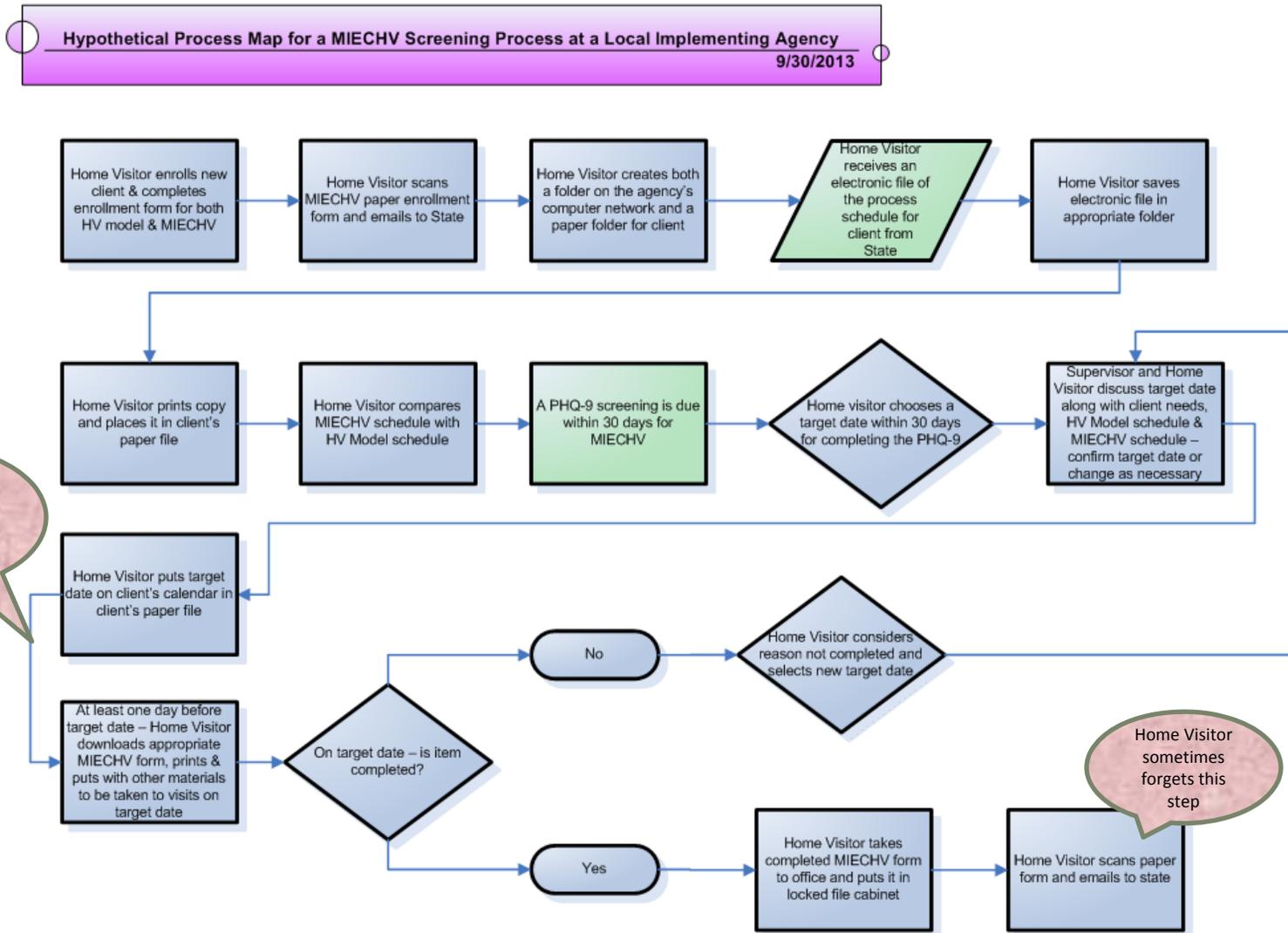
# Example of Process Map

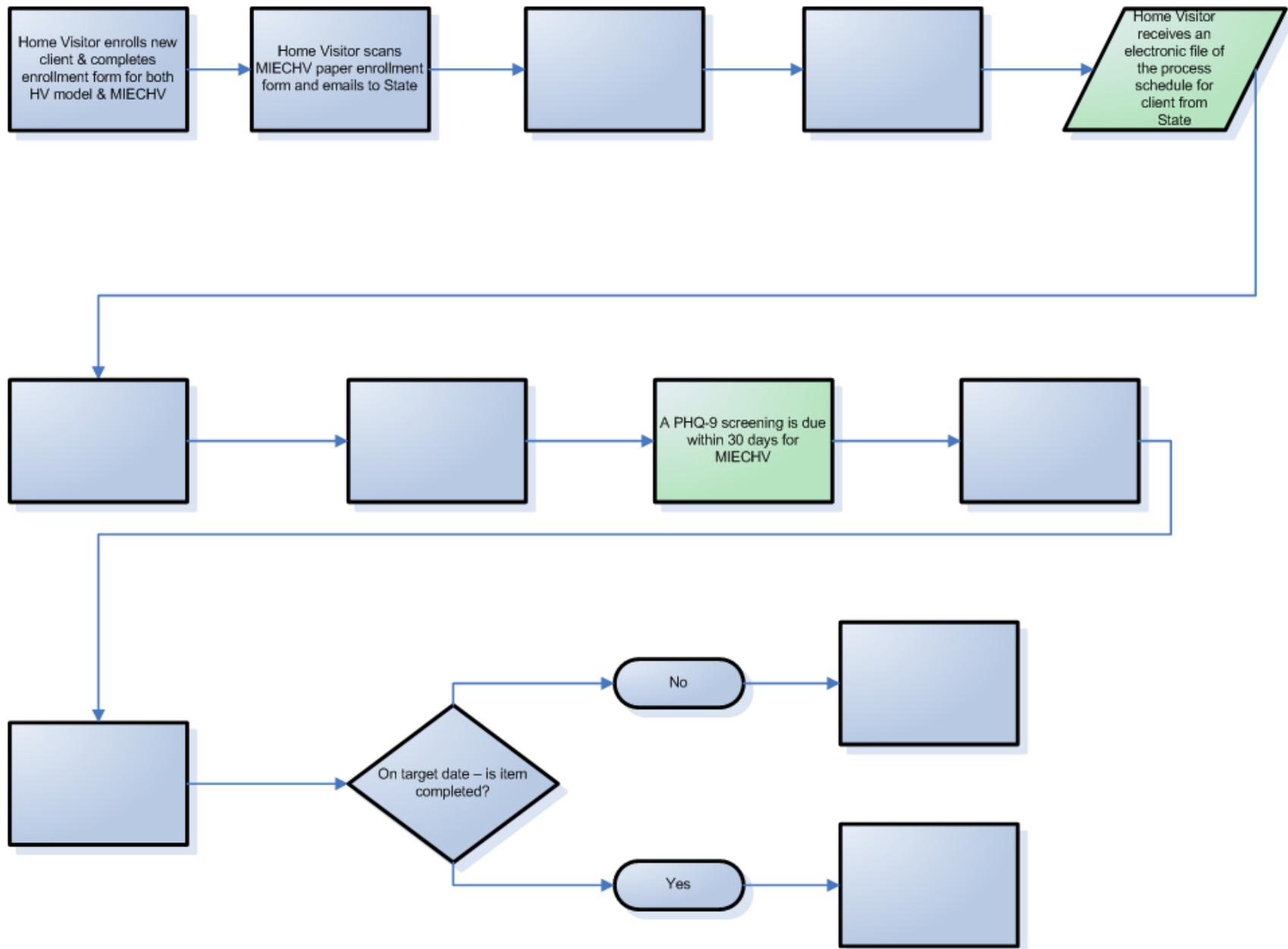
- Describe the current process



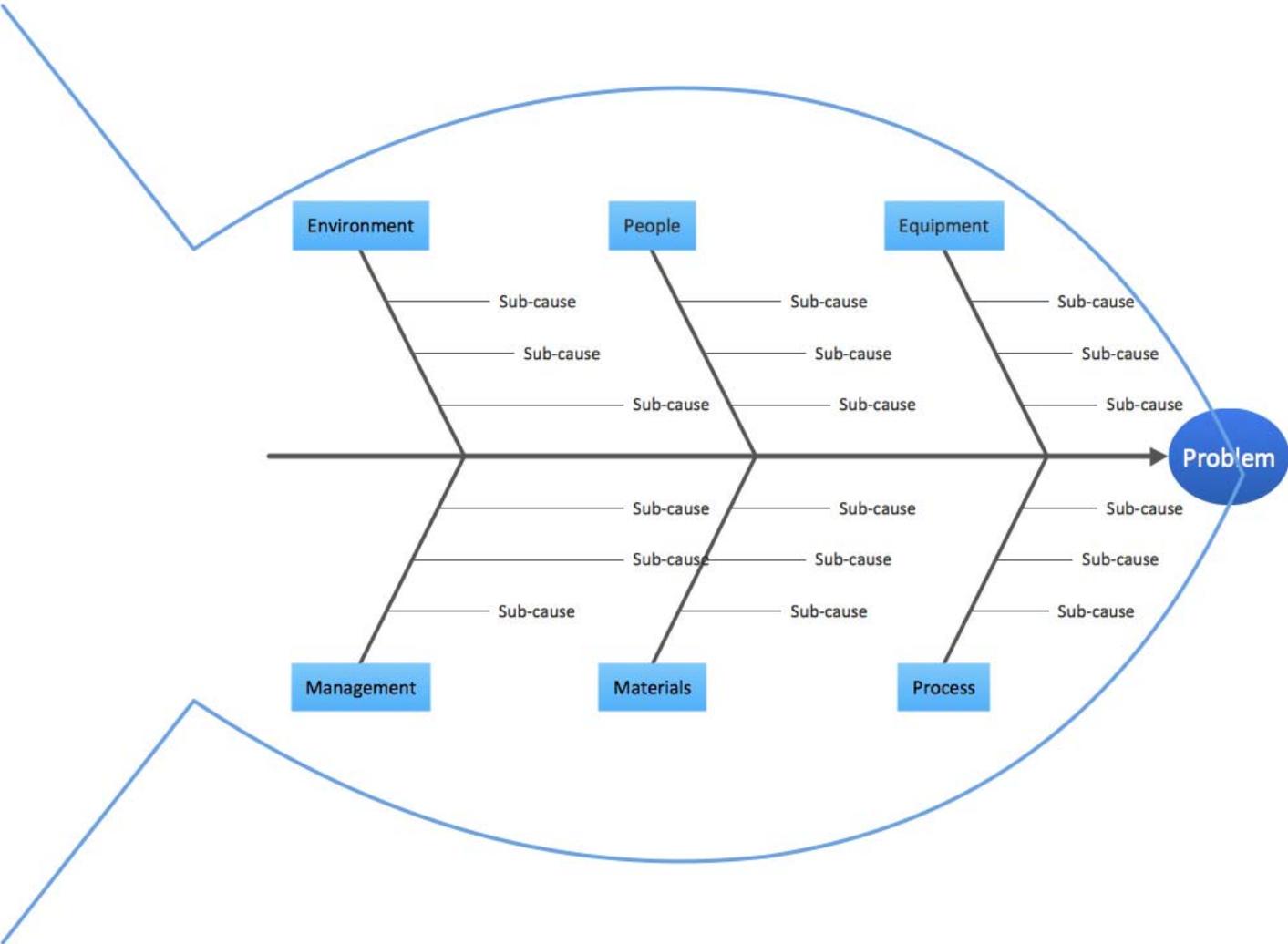
# Example of Process Map

- Identify the root cause(s)





# Root Cause Analysis





# Next Steps

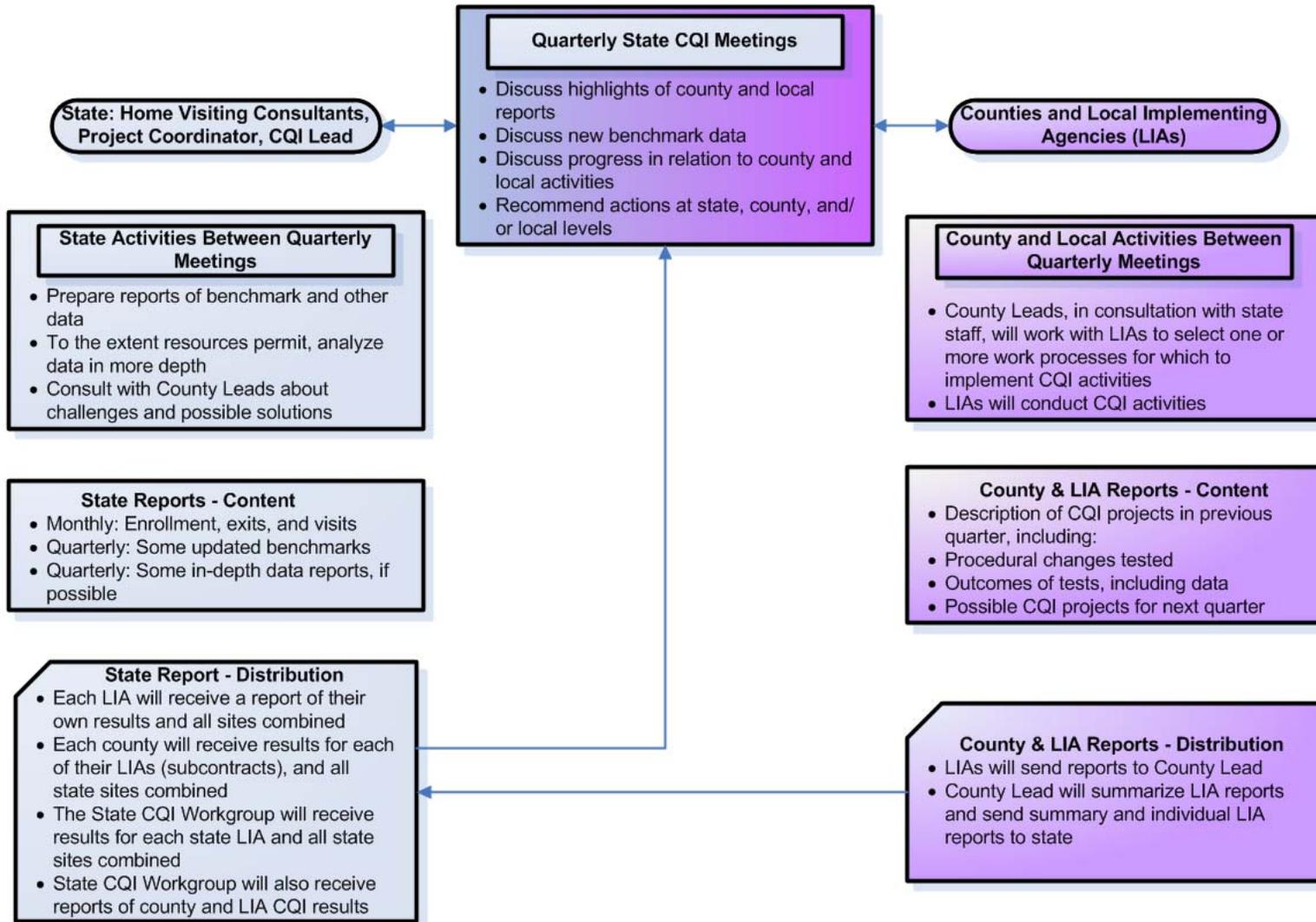


## Timeline for CQI Activities

- Begin your county and local MIECHV CQI by choosing a benchmark to improve, doing a process map and a root cause analysis, deciding on an improvement to implement, implement the improvement and take data
- Early January – An optional conference call will be scheduled for those who have questions about CQI
- February – State CQI Workgroup meet to review data for 3<sup>rd</sup> & 4<sup>th</sup> Quarters 2013, choose benchmarks for CQI focus, discuss improvements to CQI process
- February through April – Continue implementing County and LIA CQI activities
- Early May – State CQI Workgroup: Review data for 1<sup>st</sup> Quarter 2014; begin quarterly cycle with next State CQI Workgroup meeting in early August

Review next slides if time

## Basic Tasks and Information Flow for Oregon MIECHV CQI



# County CQI Processes

- County Leads will attend State CQI Quarterly meetings
- Between State meetings, County Leads will convene a community CQI workgroup with representation from each MIECHV LIA in the county
  - At community CQI meetings, group will review data (benchmarks, enrollment, other data collected by LIAs)
  - Community workgroup will choose one or more topic area for improvement (e.g., conducting screenings according to MIECHV schedule, breastfeeding, client retention)
  - Group will review current LIA processes used to accomplish the task of the topic area chosen
  - Group will choose one or more root causes of current issue
  - Group will select and assign to each LIA a part(s) of current processes to change in order to eliminate or ameliorate effects of root cause(s)

# LIA CQI Processes

- Each LIA representative to the community CQI workgroup will act as a CQI Champion to assure that their LIA team has agreement on the process-change test to be implemented
  - The CQI Champion will
    - Work with others at their site to plan and implement the process-change test and data collection for the test, including
      - Collection of baseline data or review of existing data
      - Implementation of the process-change to be tested
      - Collection of data during the change
      - Review of the data, determination of conclusions, and recommendation of next steps
  - The LIA will report their data back to their community group, as well as conclusions about the effectiveness of the change tested and recommended next steps