OREGON'S MIECHV CONTINUOUS QUALITY IMPROVEMENT (CQI) PROCESS

State CQI Workgroup

Webinar Meeting

September 30, 2013

WELCOME!

- Glad to have this CQI meeting with partners – both current and new MIECHV grantees
- New counties: Clatsop, Jackson, Klamath, Marion, and Yamhill Counties
- Introduction of new state Systems Coordinator
- Introductions of all participants

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

Current Status of MIECHV CQI

- Local Implementing Agencies (LIAs) are conducting CQI as part of their HV model's practices and guidelines (LIAs are the local program sites that administer and conduct the home visiting program.)
- Where more than one model in a county is funded by MIECHV, County Leads have done some preliminary CQI work with LIAs
- State has convened this State CQI Workgroup and developed a State CQI Plan, but many details have been missing from the plan

Moving CQI Forward

- Today – set the foundation for
  - A more detailed and clear process
  - Moving this work forward at a more steady pace
  - Better coordination and communication among the various agencies in our MIECHV program:
    - LIAs
    - County grantees (Lead Agencies)
    - State MIECHV program

Today's Meeting

Discuss Oregon's "Culture of Quality"

- Review charge of state workgroup, highlights of state CQI plan, and federal expectations
- Discuss proposed process plan for state CQI and discuss feedback from state CQI Workgroup members
- Discuss and become familiar with CQI Model – **Plan-Do-Check-Act**
- Discuss and become familiar with benchmark data and interpretation of data
- Discuss groups of benchmarks and how work flow processes may be similar
- Next steps

Culture of Quality - 1

We know that programs strive every day to do excellent work for the families we serve

- We also know that it is very difficult work
- At the state level of the MIECHV program, we want to support the work and help move toward increasing excellence
- With our 3 evidence-based models and now 13 counties in the Oregon MIECHV program, we have a unique opportunity to use our individual programs' strengths to strengthen our entire MIECHV program and Oregon's home visiting system

Culture of Quality - 2

Later today we will begin looking at some of the benchmark data that we are now able to use for our CQI processes

- We want to set the tone of using that data simply for CQI – continuous improvement
  - The data are <u>not</u> for comparing programs to each other
  - The data are <u>not</u> for punishing or de-funding programs with poorer performance
  - The data <u>are</u> for building on our strengths and overcoming our challenges
  - The data <u>are</u> for helping us learn more about what parts of our work processes can be changed to make improvements

Review charge of state workgroup

- Guide the ongoing development and implementation of the state MIECHV CQI plan
- Provide input on revised CQI plans as needed
- Develop and implement county/local CQI workgroups
- Help in the identification of priorities
- Identify implementation and structural gaps and propose changes for improvement
- Guide development of the format and content of data reports

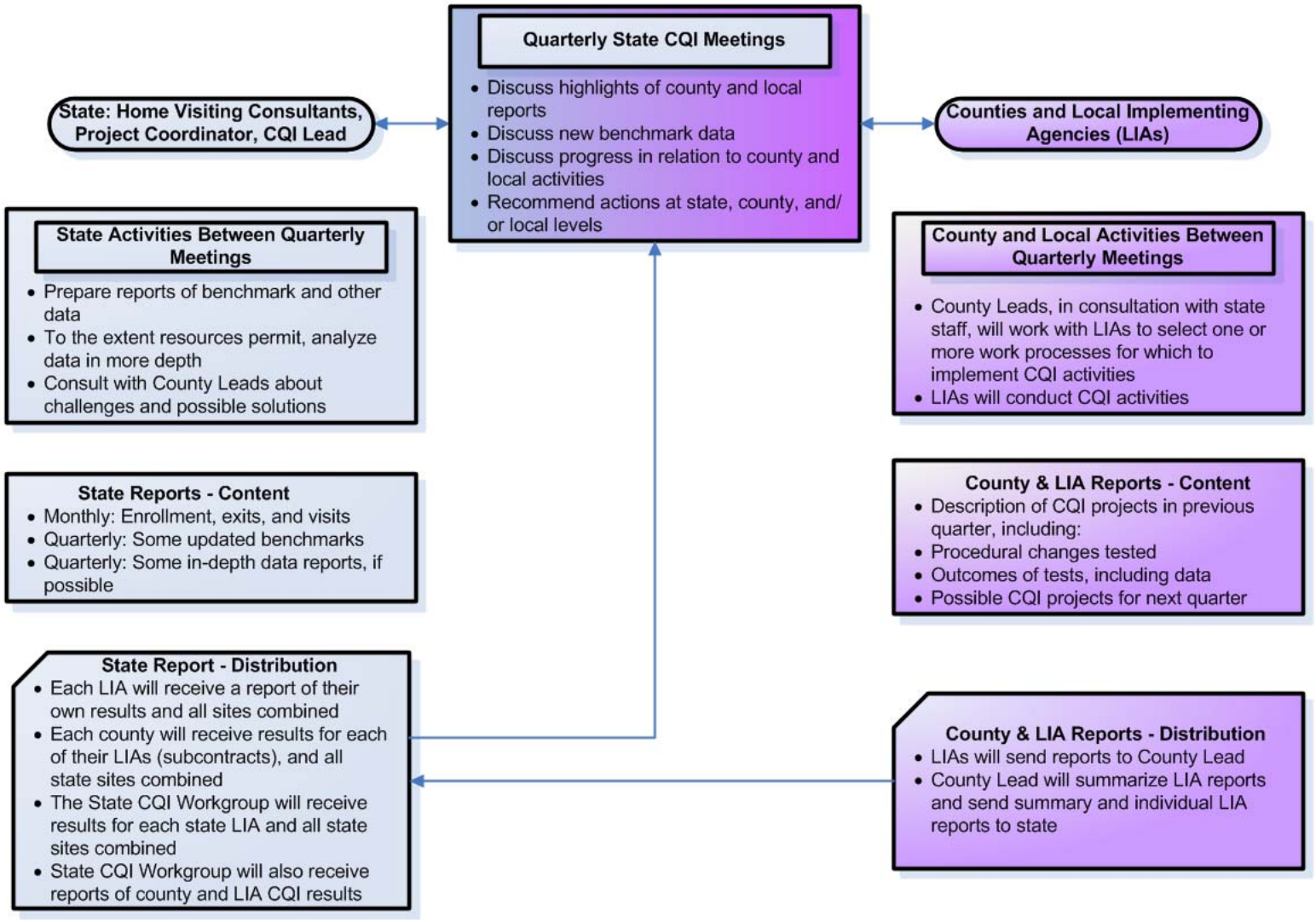
Review highlights of state CQI plan -- general features

- Build on existing infrastructure, e.g., model-specific CQI activities, state Home Visiting Consultants' monthly conference calls
- Strengthen state CQI Workgroup by adding members to assure that the group represents the voices of the 3 HV models and the home visiting workforce
- Involve clients in CQI activities
- Replace current temporary data system
- Periodically review data reports at all levels

Review 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

Basic Tasks and Information Flow for Oregon MIECHV CQI



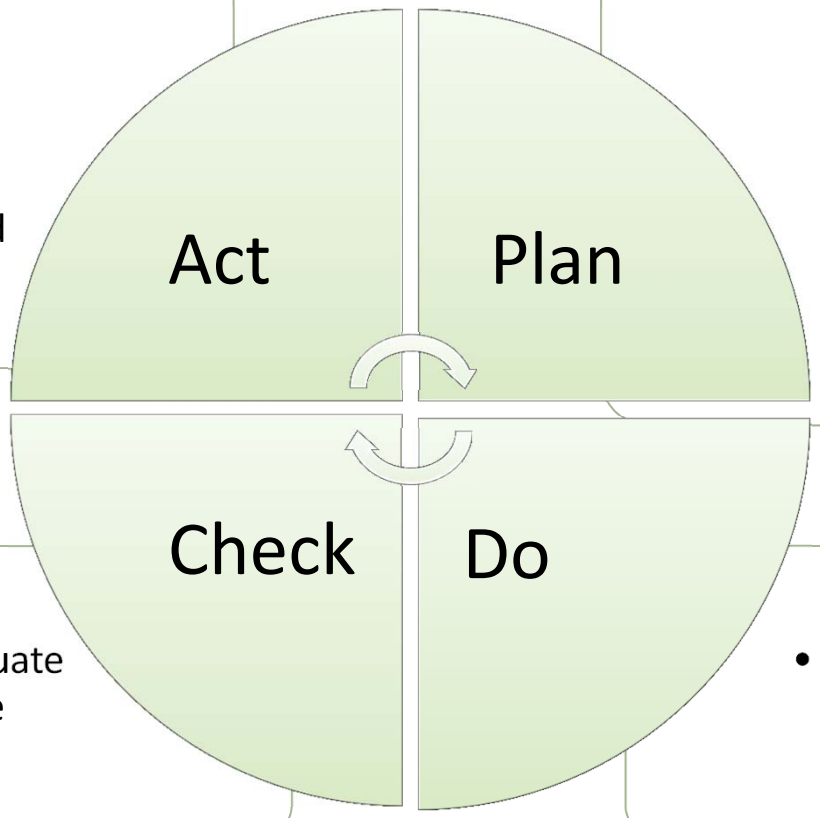
County CQI Processes

- 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

Oregon's CQI Model
Plan-Do-Check-Act (PDCA)



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

Do

- Test the solution

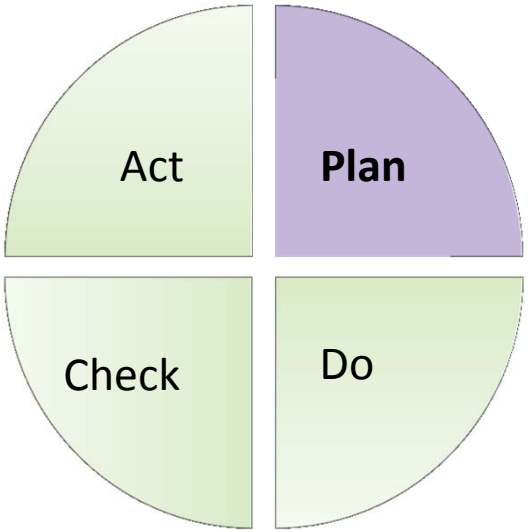
Check

- Review and evaluate the results of the change

Act

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

Example of PDCA - 1

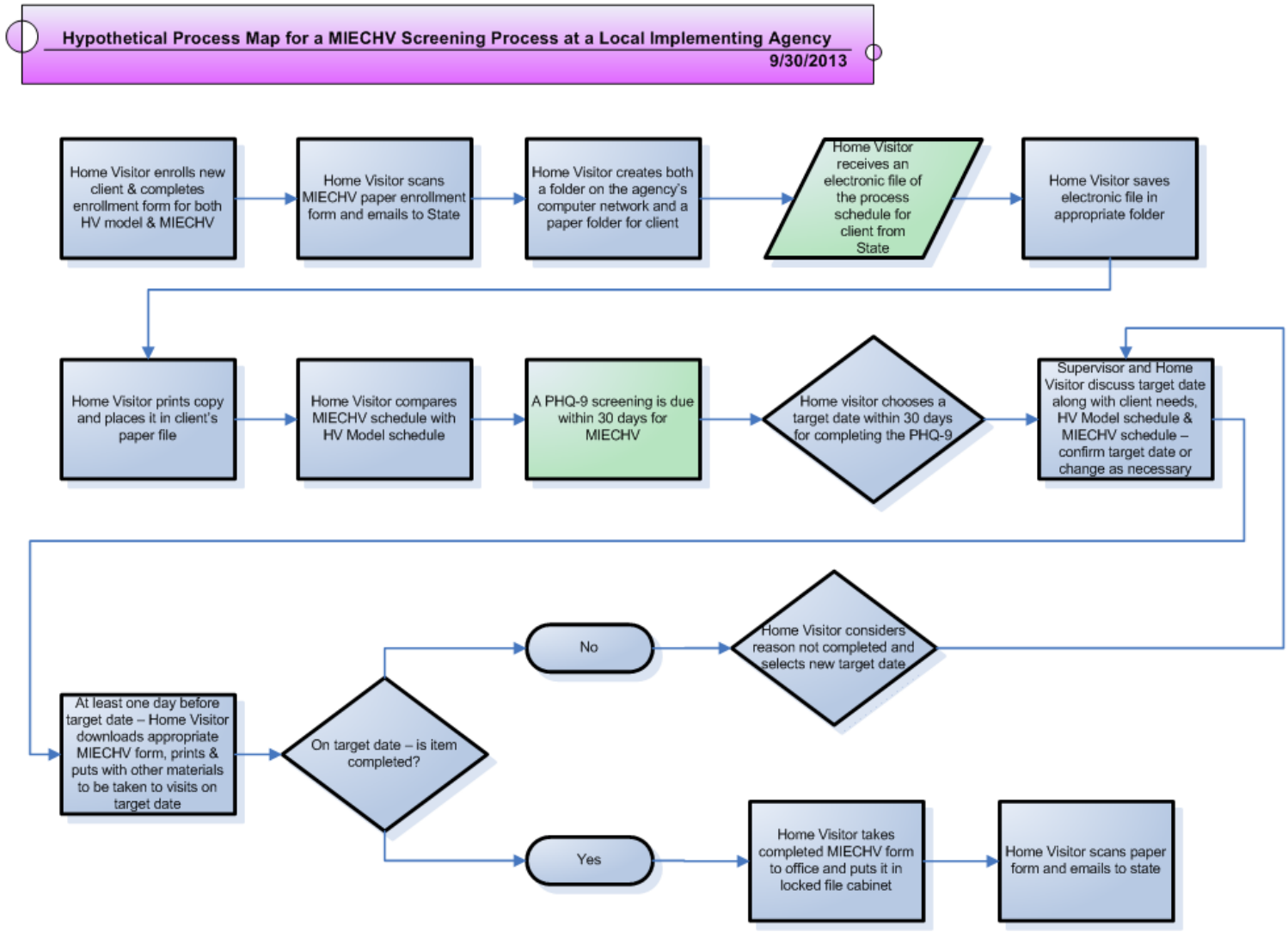


- Describe the problem
- Describe the current process
- Identify the root cause(s) of the problem
- Develop a solution to test and a testing action plan

- **Describe the problem:**
  Too many screenings are not being conducted on time

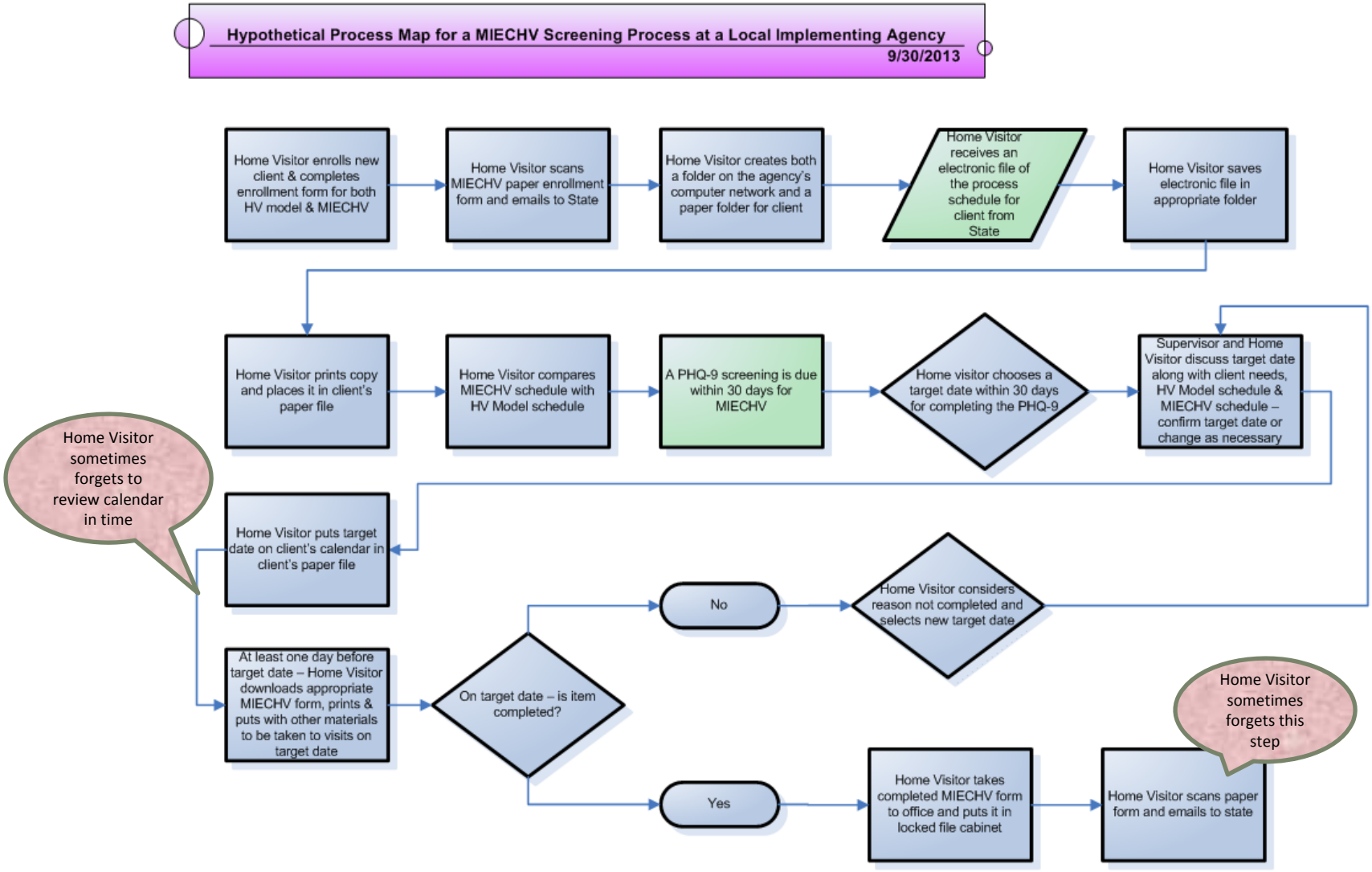
Example of PDCA - 2

- **Describe the current process**



Example of PDCA - 3

- **Identify the root cause(s)**



Example of PDCA - 4

- **Develop a solution to test and a testing action plan**

Home Visitor sometimes forgets to review calendar in time

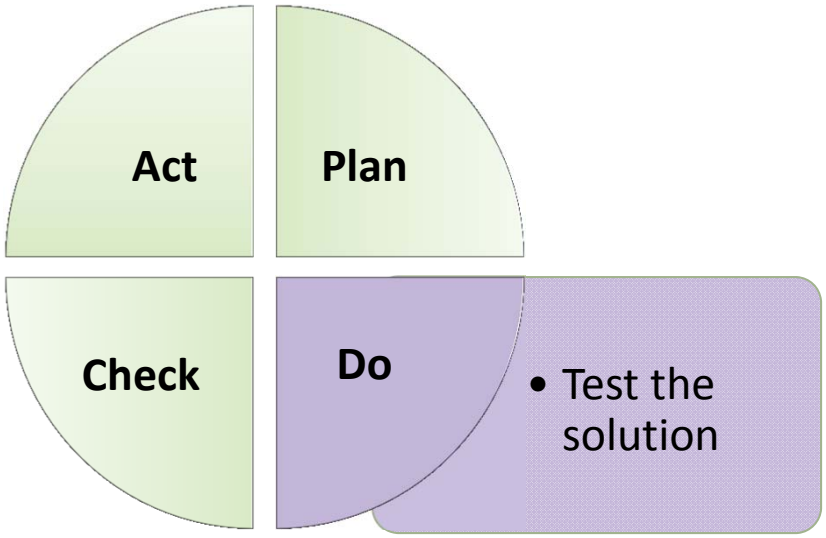
Plan: Put a link to electronic version of the MIECHV schedule received from state in each client's home visit appointment on Home Visitor's Outlook calendar

Plan: Set Outlook reminder for 2 days before each home visit

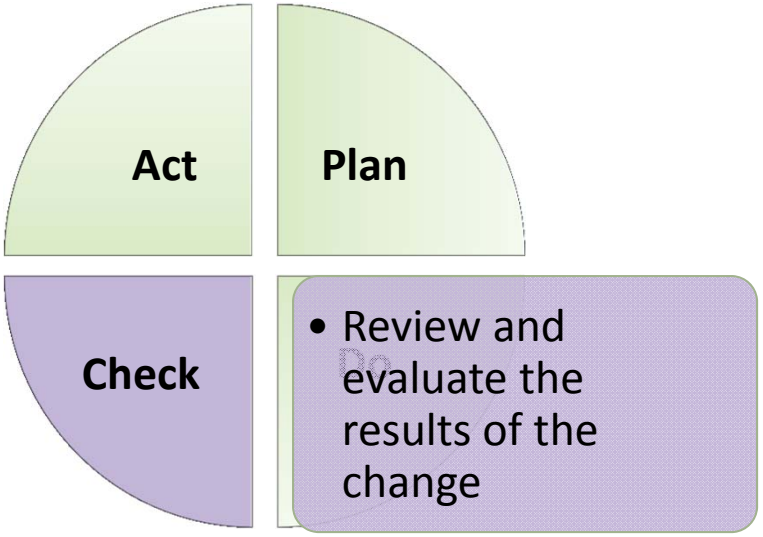
Step 1:
Set up an internal method to tally on-time and late screenings

Step 2:
Tally screenings for 1 week before starting Outlook reminders (to have tallying solidly in place before starting test)

Example of PDCA - 5

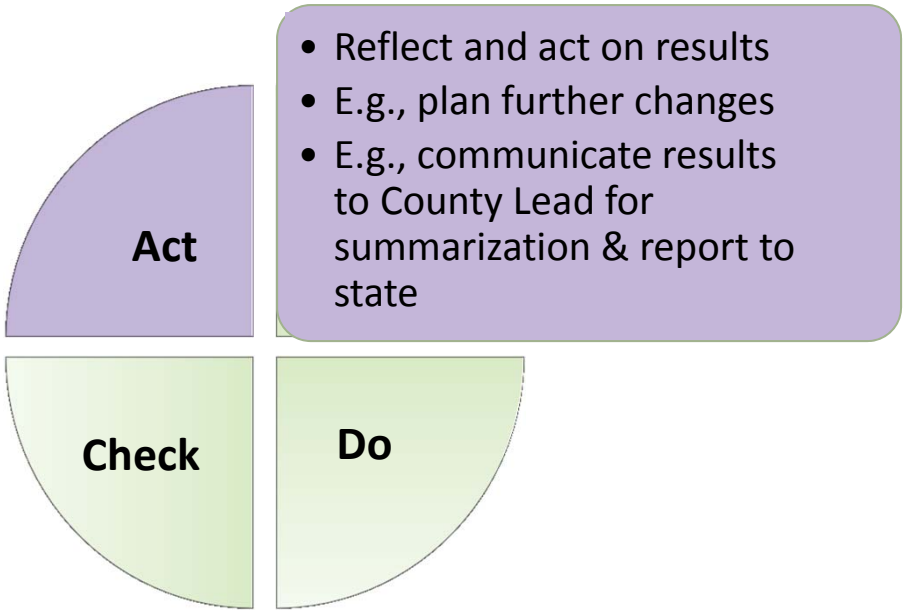


Begin Outlook reminders and continue to tally on-time and late screenings



After 2 months (more or less) count tallies of on-time and late screenings & calculate percent that were on-time Compare to quarterly results provided by state

Example of PDCA - 6



Result: Success! Percent of on-time screenings higher than last quarter
Write report & submit to County Lead
Begin next PDCA cycle

Benchmark data and interpretation of data – 1A

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 – 1B

MIECHV Construct 6: Breastfeeding *All of 11 Program Sites*			
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	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
6/1/2012 – 6/30/2013	**38**	**530.43**	**14.0**

CONGRATULATIONS!

Benchmark data and interpretation of data – 1C

MIECHV Construct 6: Breastfeeding *Site 1*			
Reporting period	**Number of Children Weaned or Still Receiving Breastmilk Months of Age**	**Total Number of Weeks Children Received Breastmilk**	**Average Number of Weeks Children Received Breastmilk**
6/1/2012 - 9/30/2012	3	26.14	**8.7**
10/1/2012 - 12/31/2012	0	na	**na**
1/1/2013 - 3/31/2013	4	62.57	**15.6**
4/1/2013 - 6/30/2013	3	58.86	**19.6**
6/1/2012 – 6/30/2013	10	147.57	**14.8**

No children breastfeeding here?

Benchmark data and interpretation of data – 1D

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**
6/1/2012 – 6/30/2013	**7**	**71.14**	**10.2**

Benchmark data and interpretation of data – 2A

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 – 2B

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

Benchmark data and interpretation of data – 2C

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%**
6/1/2012 – 6/30/2013	**42**	**23**	**54.8%**

Benchmark data and interpretation of data – 2D

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	**100.0%**
10/1/2012 - 12/31/2012	9	8	**88.9%**
1/1/2013 - 3/31/2013	15	11	**73.3%**
4/1/2013 - 6/30/2013	7	4	**57.1%**
6/1/2012 – 6/30/2013	**37**	**29**	**78.4%**

Benchmark data and interpretation of data – 3A

CONSTRUCT 9: Visits for children to the emergency department from all causes

- **Improvement Definition:** Decrease from baseline to comparison period in the rate of emergency department or urgent care visits for any cause per child-year in the program (by age group)

Benchmark data and interpretation of data – 3B

MIECHV Construct 6: Children's Visits to the Emergency Department or Urgent Care
All of 11 Program Sites

Reporting period	Number of Children	Total number of child-years in program	Number of visits	Visits per child-year in program
6/1/2012 - 9/30/2012	21	2.55	1	**0.4**
10/1/2012 - 12/31/2012	38	7.52	8	**1.1**
1/1/2013 - 3/31/2013	46	10.71	13	**1.2**
4/1/2013 - 6/30/2013	48	11.21	13	**1.2**
6/1/2012 - 6/30/2013	49	32.28	35	**1.1**

Benchmark data and interpretation of data – 3C

MIECHV Construct 6: Children's Visits to the Emergency Department or Urgent Care *Site 1*				
Reporting period	**Number of Children**	**Total number of child-years in program**	**Number of visits**	**Visits per child-year in program**
6/1/2012 - 9/30/2012	1	0.17	0	**0.0**
10/1/2012 - 12/31/2012	1	0.25	0	**0.0**
1/1/2013 - 3/31/2013	2	0.38	1	**2.7**
4/1/2013 - 6/30/2013	2	0.43	0	**0.0**
6/1/2012 - 6/30/2013	2	1.23	1	**0.8**

Benchmark data and interpretation of data – 3D

MIECHV Construct 6: Children's Visits to the Emergency Department or Urgent Care *Site 2*				
Reporting period	**Number of Children**	**Total number of child-years in program**	**Number of visits**	**Visits per child-year in program**
6/1/2012 - 9/30/2012	3	0.60	0	**0.0**
10/1/2012 - 12/31/2012	7	1.35	1	**0.7**
1/1/2013 - 3/31/2013	9	2.05	3	**1.5**
4/1/2013 - 6/30/2013	9	2.22	7	**3.2**
6/1/2012 - 6/30/2013	9	6.27	11	**1.8**

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

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

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

Number of Benchmarks	Category or Benchmark Description
13	**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**
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	**GOAL: Improve the ease and effectiveness of multiple services working together in the community**
2	MOUs, points of contact with other agencies

Next Steps

Tentative Timeline for CQI Activities

- 9/30/2013 – State CQI Wkg: Process and data interpretation webinar
- Mid-October – State CQI Wkg: Training webinar
- Mid-November – State CQI Wkg: Review more data and its interpretation; discuss content & format of LIA and County CQI reports
- Early January – State CQI Wkg: Review more data and its interpretation; more planning of county and LIA CQI implementation
- Between Mid-October and Early February – County Leads familiarize LIAs with CQI process and data
- Early February – State CQI Wkg: Review data for 4th Quarter 2013
- February through March – Implement County and LIA CQI activities
- Early April – State CQI WKg: Review data for 1st Quarter 2014; begin quarterly cycle with next State CQI Wkg meeting in early July