

Iowa Maternal, Infant and Early Childhood Home Visiting Program

Continuous Quality Improvement Plan



This publication was made possible by Grant Number X10MC32191 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Health Resources and Services Administration.

**Developed by:
The Iowa Department of Public Health
Bureau of Family Health
Updated April 2019**

Part 1. Updates on Prior CQI Activities since Last Update

Awardees should discuss key CQI activities, accomplishments, challenges, and lessons learned from implementing their CQI project from September 2017 through January 2019. To complete this section of the update, consider the following questions:

1. What was your CQI Topic(s)?

During the previous year (October, 2017 to September, 2018) Iowa implemented a bottom up CQI process. In this process LIA's themselves choose which topic area would be the focus of their CQI efforts, following local community partnership input. CQI projects for the past year (September 2017 through January 2019) included the following topics:

- Increase breastfeeding rates.
- Increase healthy homes.
- Increase safe use of car seats.
- Reduce unsafe infant sleep deaths.
- Increase healthy communities (offered but not chosen).

These topic areas were previously selected after the Iowa MIECHV program director led a series of listening sessions as a segment of monthly LIA calls to learn more about the barriers that families were facing and what LIA's would like to see in CQI efforts. This process allowed the topics to align with both local and agency level goals. Once an LIA had chosen a specific CQI topic for their group, they were to provide background information, propose goals, and indicate data collection and measurement techniques around that topic area. These goals and objectives were required to be included in the LIAs' proposals for funding.

2. What was your SMART aim(s)?

Individual LIAs were to set their own group's goals and objectives as part of Iowa's plan to have local level groups drive the decisions about which topics were important to their community and what data could provide appropriate measures of success or suggest areas for targeted improvement. SMART objectives were not explicitly requested within the funding proposals for the LIAs, which is an identified area of improvement. During the previous year LIAs had difficulty in matching objectives to the CQI topic areas that were chosen. Many LIAs reported on success surrounding the chosen CQI topic area, however, success was most often reported as successful distribution of concrete resources or client trainings held, and not as progress made on specific SMART aims. Addressing additional LIA support around SMART objectives and CQI processes will be a priority for our current year CQI plan update.

3. Did you meet your SMART Aim(s)?

The previous year's SMART objective cannot be said to have been met because appropriate SMART objectives were not established for the CQI Topics at the local level, which didn't allow LIAs to monitor progress on their CQI topics in line with SMART components. This, however, does not mean that strong progress was not made in the CQI topic areas by each LIA. All LIAs reported at least partial success in providing targeted support around their chosen topic areas, which followed a model for

improvement and a PDSA approach. LIAs identified the goal they hoped to accomplish, how they would identify improvements, and areas they would change to result in more improvements moving forward. This was captured in their funding proposals. Below are some the measures of success shared by each LIA during the previous year:

Prior year's CQI Topic Areas and Successes of LIAs:

MIECHV Contractor (LIA)	2018 CQI Topic Area	Demonstrated Success
Lee County Public Health (Lee and Des Moines Counties)	Safe Sleep	<ul style="list-style-type: none"> • 79 cribs w/ education materials distributed • Implemented safe sleep questionnaire with local referring hospitals • Interviewed parents on their planned use of safe sleep practices and supplied educational materials during local events
Lutheran Services in Iowa (Clinton, Scott, Muscatine, & Cerro Gordo Counties)	Car Seat Safety	<ul style="list-style-type: none"> • Expansion of partnerships brought additional families to the program • Addition of more car seat technicians into the community • Provided 68 car seat checks/events • Provided 52 new car seats to families
Operation Threshold (Black Hawk County)	Breastfeeding & Car Seat Safety	<ul style="list-style-type: none"> • Distribution of breastfeeding supplies to new mothers • Linkages of mothers to Breastfeeding Peer counselors • Increased education of home visitor on breastfeeding and available supports • 43 car seats distributed • 11 monthly Car Seat Fit Station events were held for car seat checks and to provide training to parents • 43 parents attended a Safety Fair where education and free car seats were provided
Promise Partners (Montgomery, Page, & Pottawattamie Counties)	Car Seat Safety	<ul style="list-style-type: none"> • 5 car seat technicians completed training, including 4 in rural communities • Over 100 car seats were distributed along with education on correct installation and use
SIEDA (Wapello and Appanoose Counties)	Breastfeeding	<ul style="list-style-type: none"> • 3 staff participated in classes to become certified lactation consultants • Provided education to 60 participants at the 5th Annual Breastfeeding Awareness event • Increased participation in local breastfeeding groups • Created a mobile lactation station to be used at community events and for education

Siouxland Human Investment Program (Woodbury County)	Healthy Homes	<ul style="list-style-type: none"> • Developed and began implementation of pre/post survey for health homes • Created educational curriculum around health homes and indoor air quality impacts • 39 vacuums with filters distributed
--	---------------	--

4. What progress can you report from the CQI project?

In addition to the success mentioned in the above table, progress was made in other areas related to the CQI topics within the state and at the local level. LIAs continued to be encouraged to include families in the CQI process. LIAs were to actively engage with families and community partners to help guide CQI projects at their agencies and determine the focus of that community’s efforts including incorporating parents’ feedback when making decisions.

LIAs maintain their own program specific data systems to house client level data for program purposes. These systems can be utilized to track CQI topic relevant information in some cases. Some of the LIAs also took initiative to create their own tools, such as pre/post surveys, to measure progress in their specific CQI topic. These surveys are ongoing this year and will help LIAs understand any progress being made but also allow them to address any challenges that might occur along the way. For tracking of state level benchmarks and data entry goals, LIAs had access to data collection and reporting tools via the DAISEY data system which was provided to all MIECHV programs throughout the state. DAISEY allows for near real time collection of data and visualization of the corresponding measures. Visualizations include both process measures, such as completeness of data entry, and outcome measures for variables collected in the system.

Regular monitoring of LIA activities also took place in several forms. The first of which were monthly calls in which all LIAs participated. During these calls LIAs were required to report out on their CQI topic project and share any successes, milestones, or challenges that may have taken place. LIAs were able to openly discuss any issues in their CQI projects and receive ideas from other LIAs that may have experienced similar problems. State and regional staff also participated in these phone calls to provide support or point out additional resources that might assist the LIAs. As an example of this process, but not specifically tied to the LIA CQI topics, one LIA was having difficulty in attracting clients and requested additional support from the state and regional team. The team decided to establish weekly support calls to help the LIA work through the unique local issues that were being experienced. This included attempting new techniques at relationship building in their community and replication of the techniques found to be successful.

Another example of progress in Iowa’s goal of building a culture of quality with LIAs and home visitors was the implementation of the Performance and Education Yield Success (PAEYS) program. A program that was initially implemented to decrease home visitor attrition had a secondary, but important, benefit of increasing the importance of data completion and quality to home visitors. Home visitors that meet educational and performance targets receive a financial incentive. Data that is incomplete, entered late has a direct consequence for home visitors. Additional reports were developed within DAISEY to assist home visitors and supervisors to easily track their progress and know when data was due. Data completeness has increased 69% since the inception of the PAEYS program. Home Visitors feel appreciated and recognized for their work, which did indeed, lower home visitor attrition to less than 5% statewide.

5. Did you encounter challenges in the implementation of your CQI project (e.g., provision of organizational systems and support, engagement of families in CQI work, testing changes or interventions, using methods and tools, developing and implementing measurement and data collection, monitoring and assessing progress, etc.)?

Challenges were encountered during the previous year's approach of implementing a bottom-up locally driven CQI approach. One such challenge faced at both the state and local level was staffing changes that took place at the state level. During the previous plan year the state's Quality Assurance Coordinator left their role with the state. This absence led to the need to hire a new position to assist LIAs with their work. This also led to a need for large scale knowledge transfer and familiarization with CQI and the projects being proposed and implemented by LIAs. During this time there was difficulty maintaining continuity in the level of support that was given to the LIAs on CQI as a concept in general and also their specific projects. This may have been a factor in the LIAs not setting up CQI processes in line with SMART objectives. Increased training and support on CQI processes will be a focus for both state and local staff in the revised plan for 2019.

6. Did you engage support from technical assistance providers (e.g., specialized coaching, training or sharing of resources) or participate in quality improvement learning opportunities or special initiatives (e.g., HV COLLN or CQI Practicum) for the purposes of improving practices and methods related to CQI?

CQI specific technical assistance providers or special initiatives from outside providers were not held during the previous year. LIAs did have access to state and regional TA support and participated in monthly check-ins with those support providers. In addition to the month check-ins, monthly "lunch and learn" learning opportunities were held in which outside experts would provide education/training around different professional and home visiting topic areas, some of which include elements of CQI processes. The University of Kansas Center for Public Partnerships also held monthly reports trainings and TA sessions for the DAISEY data collections system used by Iowa. These trainings included the basics of how to use and navigate reports, but also discussed using the data for programmatic improvement including missing data and scheduling. CQI specific training/practicum will be a target of 2019's CQI plan.

7. What are you doing to sustain the gains from your CQI project (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.)?

To sustain the gains made during the previous year LIAs will continue to be able to focus on their original CQI topic areas or choose to reselect an area if it better serves their community's needs. The state and regional support staff will continue to work with LIA's on their topic areas and host monthly check-ins where LIAs will be required to share updates on their CQI work with both the support staff and the other LIAs. This should allow LIAs to continue building off of both their own success but also the success of others. Monthly data and reporting meetings will also continue to allow staff to monitor incoming data on their CQI projects and report out to both state and local stakeholders.

Additional staff and LIA trainings will be held in the coming year to build upon gains made in the understanding of how to use data to inform practice. These trainings will focus on CQI and establishing SMART objectives to ensure programs are meeting the goals of their communities.

Support will be provided to help LIAs establish SMART objectives and to continue monitoring of those objectives.

8. To what extent, if any, did you spread the lessons learned from your CQI project? What opportunities did you have to spread successful CQI activities beyond the original sites?

The main vehicle for the dissemination of the lessons learned from the state and LIAs occurred during the monthly all LIA check-in hosted by the Iowa support staff. LIAs provide regular updates during these meetings where they can discuss both successes and issues encountered in their CQI projects. This process was a major contributor in many of the LIAs choosing Healthy Homes for their 2019 CQI project. One LIA highlighted their success in the area of Health Homes, shared their tools and resources, and provided peer support to other LIAs interested in implementing that CQI project. LIAs also attend an annual conference, which can serve as a vehicle for lessons learned from CQI and also an opportunity to provide additional educational workshops and engage in CQI related activities. All LIAs are required to submit a yearly report on their CQI topic and any successes and challenges that were faced. This is also an opportunity for the LIAs to provide the data they have collected as evidence of their program's progress. Finally, LIAs are also encouraged to share information about their programs success with the local community be it during interactions with clients or during participation in community events. At the state level success and barriers are shared at events such as ASTHVI and other regional state MIECHV calls.

9. What lessons learned will you apply to your FY 2019 CQI plan?

LIAs will take programmatic lessons learned and relationships developed over the course of the previous year and continue to use those in the following year. Recognizing that in the first year of Iowa's effort to empower local CQI projects LIAs had difficulty in setting SMART objectives, additional training and supports will be put in place to assist LIAs in the CQI process. These will include setting up SMART objectives and Plan-Do-Study-Act (PDSA) cycles for when LIAs run into new issues or roadblocks with their projects. Renewed focus will be brought to the monthly LIA check-ins to be sure that all LIAs keep CQI at the forefront of their community's' efforts, and that if LIAs are experiencing difficulty, state support staff can offer additional assistance or training to help keep the LIA on track with their CQI efforts.

10. What successful innovations, tested during the course of your project, could be shared with other awardees?

While innovations from specific LIA level CQI Topics are not available to be shared with other awardees from the previous year, there are other examples of successful statewide innovations in which a CQI approach was used to pursue initiatives that support the broader work of home visitors. Examples of successful innovations for statewide initiatives during the previous year include the PAEYS project mentioned above, where home visitors who met specific educational and performance targets received a financial incentive. Along with PAEYS specific reports were developed with DAISEY to allow near real time visualization of missing data for specific clients and home visitors. A report was also developed which would allow home visitors to manage and monitor upcoming visits so that they could be completed in a timely manner (Appendix A). Together these innovations helped data completeness increase 69% since the inception of the PAEYS program and home visitor attrition rate was brought below 5% statewide.

11. The following continuum¹ can help you assess your organization’s current CQI capacity, with higher stages indicating greater CQI capacity.

Using the continuum provided and discussions amongst state and local staff members involved in the CQI process, Iowa determined that the state and LIAs had elements in place from all three stages but had more elements in place in stage 1, basic data collection and report usage, during the previous year. For the revised plan this year Iowa would like to see the LIAs move to more fully incorporate the elements of stage 2 and those of stage 3, and for state and regional support staff to be able to provide support fully for the stage 3 level (Continuum provided in Appendix B).

Part 2. CQI Plan Updates for FY 2019

Recipient Level

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2019?

Modifications have been made to state/territory level personnel from the previous year. The table below has a list of recipient level personnel who will be working on CQI efforts with LIAs. In addition to the below staff, Iowa will be contracting with the University of Kansas Center for Public Partnership and Research (KU-CPPR) to provide TA and support around LIA CQI efforts

State Personnel Assigned to CQI:

State Personnel	Experience w/ CQI	Planned Professional Development	LIAs/CQI Team Supported
Anne Plagge IDPH	4 ½ years of CQI support work with LIAs	CQI Training Certificate	Statewide CQI support; Contract Management for LSI & SHIP
P.J. West IDPH	8 years of CQI support work with LIAs	CQI Training Certificate	Contract Management for SIEDA & Operation Threshold
Kristy Roosa IDPH	3 years of CQI support work with LIAs	CQI Training Certificate	Contract Management for Promise Partners & Lee County
Owen Cox KU-CPPR	6 years of community based work implementing CQI and shared measurement initiatives	CQI Training Certificate	Statewide CQI support
Jean Sullivan KU-CPPR	Limited CQI experience. 2 years of work supporting LIAs to facilitate program fidelity and skill building	CQI Training Certificate	Statewide LIA support

2. In FY 2019, will you make modifications to the method and/or frequency of CQI trainings you provide to local teams? This may include training to strengthen CQI competencies or to understand and interpret data collected for CQI projects.

In FY 2019 Iowa will continue to hold all of the previously held CQI related meetings, which include monthly check in meetings, monthly lunch and learn education/training sessions, and the annual LIA conference. The 90 minute monthly check in meetings will continue to have a portion of the meeting exclusively held for CQI training and discussions of CQI project progress and challenges. In addition, once a quarter one of the monthly check in meetings will be dedicated wholly to CQI. During these meetings CQI projects will continue to be discussed and the remainder of the time will be spent in more intentional

CQI training and a review of the CQI training courses that LIAs have participated in during the course of the year.

In FY 2019 Iowa will also boost CQI training for local teams by requiring at least one member of the LIA CQI team to participate and gain a certificate from an online CQI training course. Iowa has chosen the Case Western Reserve University: Take the Lead on Healthcare Quality Improvement course offered via Coursera as an introductory course on CQI for the LIAs. This web-based course allows the LIAs more flexibility from a time management standpoint to complete the necessary modules. All LIAs will be expected to have at least one staff member complete the course within 3 months of enrolling in the course. LIAs will also be encouraged to have an additional staff member take place in the CQI trainings and funding and availability permit. Previously Iowa has worked with LIAs to determine specific staff who might be good candidates for training based on their skills and likelihood to be retained within the organization. The costs associated with the CQI trainings will be covered for the LIAs so that they do not need to allocate any additional resources from their programs. This course was selected from a list of potential training opportunities provided by HRSA (Appendix C) as good introductory option for the timeframe and skill level of current LIAs. It is Iowa intent to pursue more intensive and focused trainings in the following years for the LIAs. The hope is that through these courses LIAs can gain the skills they need to successfully create their own SMART objectives and implement PDSA cycles in future years. They will also provide a common language for state and LIA staff to use when talking about CQI efforts both internally and with outside technical assistance providers.

3. Will you make changes in the level of financial support (e.g. allocation of resources and staff time at the state/territory level and allocation of staff time) for CQI in FY 2019?

There are no anticipated changes to the level of financial support for CQI in FY 2019. However, the allocation of staff time for CQI activities has been adjusted with the addition of KU-CPPR staff as CQI technical assistance providers. State staff FTE allocation is as follows: Anne Plagge .10 FTE, PJ West .01 FTE, Kristy Roosa .01 FTE. KU-CPPR will allocate staff time as, Owen Cox 1.0 FTE (Owen will be supported by additional CPPR staff to account for the entire 1.0 FTE including additional technical support and data analysis needs) and Jean Sullivan .05 FTE for administrative support.

4. Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods in FY 2019 (e.g., HV-PM/CQI, HV CoIIN 2.0, HV-ImpACT, etc.).

KU-CPPR will be engaged to provide technical assistance for the purpose of improving agency and local level practices around CQI during FY 2019. KU-CPPR has extensive past experience working on CQI projects and providing support to implementing agencies. KU-CPPR will work with LIAs to help refine their SMART objectives and implement appropriate data collection techniques and tools. Monthly LIA check-ins will continue to be hosted by state staff but will include KU-CPPR staff for assistance during the CQI portion of the meeting. KU-CPPR will be retained to provide CQI TA on an as needed basis for LIAs who are experiencing challenges with their CQI topic area.

In addition to partnering with KU-CPPR, Iowa will have state and regional level staff participate in CQI training and education courses during FY 2019. Staff will participate in the Case Western Reserve University: Take the Lead on Healthcare Quality Improvement course and receive a certificate of completion during FY 2019. This will enable staff and LIA members to use the same language and material when discussing CQI needs. Iowa will also work with HRSA-contracted TA providers to ensure the CQI trainings and plans are in fitting with HRSA's goals. This would include working with HRSA on LIA CQI objectives to ensure that are created using the

SMART objectives framework. Iowa will work with other providers (i.e., HV-PM/CQI, HV CoIIN 2.0, HV-ImpACT) as relevant for the project.

Local Level

5. Describe the extent to which home visiting clients will be involved in CQI teams.

LIAs are required to have a local advisory board in which a minimum of 51% of membership must be parents participating in the program. The local advisory boards are an avenue for parents to provide critical feedback to the program and the services provided. This feedback guides local programs in setting priorities for their CQI agenda. This participation includes helping LIAs determine which CQI topic area is most beneficial to the community.

Home visiting clients will also be an important piece of the PDSA cycles. Clients will provide insight into successes and barriers at the ground level and suggest any changes that can create additional buy in. LIAs will share any lessons learned and suggestions from home visiting clients during the monthly all LIA check-in meetings.

6. Describe the extent to which local implementing agency (LIA) management will support direct involvement in CQI activities and allocation of staff time (for those LIAs participating in CQI efforts).

All LIAs will have a staff person who is responsible for managing their group’s CQI efforts and reporting those efforts back out to the state and other LIAs in Iowa. These individuals will be responsible for working with state staff and KU-CPPR on developing and implementing their CQI plans at the local level. They will also be responsible for integrating home visiting clients into the CQI process and incorporating their feedback into CQI plans and changes.

LIAs Staff Assigned to CQI and Time Allotment:

LIA Name	Staff Role Assigned to Manage CQI	Time Allocated to CQI
Lee	Program Supervisor	7-10%
LSI Eastern + Cerro Gordo	Project Manager, Early Childhood	7-10%
Operation Threshold	Director, Early Learning and Family services	7-10%
Promise Partners	Early Childhood Coordinator	7-10%
SIEDA	MIECHV Supervisor	7-10%
Siouxland Human Investment Program	HOPES Family Support Worker	7-10%

7. Have modifications been made to financial support for CQI, including allocation of resources and staff time at the LIA level?

There is no anticipated changes to the level of financial support provided to the LIAs for CQI in FY 2019.

CQI Priority(s)

8. Will topic(s) of focus for each LIA participating in CQI change from your FY18 CQI plan?

Iowa will continue to pursue locally driven CQI topics chosen by the LIAs in FY 2019 and will also pursue a

statewide topic of increasing participation in the PICCOLO™ parent child interaction tool.

The choice of locally driven CQI topics will not change for the LIAs in FY19. However, in keeping with Iowa’s bottom up locally driven CQI approach, LIAs will be able to choose whether or not they would like to keep working on their topic from FY18 or change to another from the approved topic list. Listed below is the topic list along with goals of each topic:

- Increase breastfeeding rates – Increasing access to education and supplies for breastfeeding
- Increase healthy home environments – Increasing access to education and safe cleaning materials
- Increase safe use of car seats – Increasing certified technicians and decreasing failed safety checks
- Reduce unsafe infant sleep deaths – Increasing access to safe sleep materials and education
- Increase healthy communities. – Increasing utilization of neighborhood parks and healthier lifestyles

Iowa has chosen to stick with same topic area possibilities from FY 2018, because the selections were locally driven as a collaboration of home visitors, clients, and stakeholders. This process of community driven topic selection can lead to additional buy in at the local level as LIAs and clients feel more ownership over the topic areas and recognize them as areas of important focus in their community. Newly developed SMART objectives by LIAs with the support of state staff and KU-CPPR will bolster the LIAs ability to develop their CQI processes. State staff and KU-CPPR will provide written feedback to each LIA on their CQI plan. The table below list the CQI topic areas chosen by each LIA for FY 19 and their previous year’s topic area choice.

Locally Driven CQI Topics for FY 2018 and FY 2019:

MIECHV Contractor	FY 18 Topic Area	FY 19 Topic Area
SIEDA	Breastfeeding	Healthy Homes
Operation Threshold	Breastfeeding & Car Seat Safety	Healthy Homes & Car Seat Safety
Lee	Safe Sleep	Breastfeeding & Safe Sleep
LSI Eastern + Cerro Gordo	Car Seat Safety	Healthy Homes & Car Seat Safety
Promise Partners	Car Seat Safety	Healthy Homes
Siouxland Human Investment Program	Healthy Homes	Healthy Homes

The statewide CQI topic of increasing participation in the PICCOLO™ parent child interaction tool was chosen after reviewing the previous year’s MIECHV benchmarks during federal reporting and recognizing the need for improvement on that particular measure. Benchmark 10 Parent Child Interaction only achieved a 38% screening rate for families and was thus targeted as a benchmark where significant progress could be made. LIAs and home visiting clients were engaged to understand the barriers to participation and help suggest potential changes that could improve families’ willingness to participate.

Goals and Objectives

9. Will LIAs modify current SMART Aim(s) for the CQI projects underway for FY 2019?

SMART objectives for CQI projects will be modified and implemented in FY 2019. During the previous year LIAs made tremendous progress on their CQI topic areas, however, most LIAs had difficulty in putting together SMART objectives and instead focused more on evaluation question type goals that are often

difficult to measure. A renewed focus will be put on supporting and training LIAs on the CQI process and, in particular, on the setting of strong SMART objectives. This process will still be driven from the local level up as Iowa remains committed to having local communities determine what are the best aims for efforts, but more assistance will be provided to ensure LIA success.

As part of ensuring LIAs are successful in achieving their CQI goals, all LIAs will be required to have a staff member participate in a CQI training course and obtain a certificate of completion during FY 2019.

SMART objectives will also be set for the statewide CQI efforts to increase family participation and data collection for the PICCOLO™ parent child interaction tool. See table below for SMART objective and methods used to monitor progress.

FY 2019 Statewide CQI Objective:

SMART Objective	Methods/Tools	Data Collection	Data Review & Interpretation
<p>By the end of 2019, there will be a 15% increase (achieving 53% completion rate) in the number of families screened using the PICCOLO™ parent child interaction tool.</p>	<p>State staff and KU-CPPR will partner with LIAS to create a process map to determine key activities and pinpoint possible areas of change.</p> <p>PDSA cycles will be used to implement and test changes. Possible changes could include targeted trainings on how to use the PICCOLO™, additional staff support for data management, or elimination of video-taped interviews. LIAs will work with state staff to determine changes that they feel will work best in their community.</p>	<p>Home visitors will collect and enter information concerning the PICCOLO™ to the DAISEY data collection site.</p> <p>Data on the PICCOLO™ will be aggregated by DAISEY to produce real time reports that are pulled by state staff.</p>	<p>State staff will present reports on families screened using the PICCOLO™ during the monthly check-ins attended by all LIAs, state staff, and KU-CPPR.</p> <p>Any successes or barriers that were encountered with implementing changes will be discussed during the check-in.</p> <p>Trends in the data will be reviewed and any contextual factors that may have occurred during the data collection timeframe will be discussed.</p> <p>If LIAs are experiencing problems achieving progress additional support will be setup with state staff and KU-CPPR.</p>

Changes to Be Tested

10. What changes will teams test out to achieve the goals and objectives of the CQI project? If your changes need further input and development, describe how you will accomplish that.

Changes for locally driven CQI topics will be determined by LIAs and reviewed during the monthly check-ins. State staff and KU-CPPR will provide feedback on goals and help monitor progress. For the state driven CQI project on increasing participation in the PICCOLO™ changes that will be tested include targeted staff training on how to explain the PICCOLO™ to families, dedicated staff for data entry, and by training staff to interpret scores and facilitate parent-child interactions during home visits. Additional changes will be tested out as the state and LIAs partner to review successes and any additional roadblocks that are encountered.

Methods and Tools

11. Identify the CQI tools below that will be utilized by LIA teams in FY 2019

LIAs will work with state staff and KU-CPPR to develop process maps to plot how their activities and inputs will lead to the desired objective. LIAs will be provided support to ensure that the steps and logic of their process map are appropriate and achievable.

12. Identify the methods below that will be utilized by LIA teams in FY 2019

PDSA cycles will be utilized at the state and local levels. LIAs should incorporate PDSA cycles into CQI process to test any changes that are proposed and implemented. These changes should be tested over short timeframes and results can be shared at the monthly LIA check-in calls.

13. Will you make changes in CQI data systems at the local level, including plans for how CQI data will be collected in an appropriately frequent manner (e.g., monthly) in FY 2019?

LIAs will continue to utilize their program specific data systems and DAISEY as they have in previous years for collecting data on statewide CQI initiatives. If LIAs elect to collect additional or new data on their local CQI Topic efforts they will need to set up an appropriate data capture system so that they can make monthly report outs of progress made on their CQI topic. LIAs will develop pre/post surveys, when appropriate, to measure progress made on their chosen SMART objectives. State staff and KU-CPPR will provide support and technical assistance if LIAs need aid in developing an appropriate tool for data collection.

14. Will you make changes in the mechanisms available to CQI teams and home visitors at the local level to track progress, determine if change ideas tested result in improvement, identify the need for course corrections, and use data to drive decision making in FY 2019?

There are no anticipated changes in the mechanisms available to CQI teams and home visitors during FY 2019 other than the additional support and training mentioned previously. Iowa will continue to support LIA CQI teams as they determine whether the changes implemented at the local level produce the desired improvement.

15. Describe strategies to be used at the awardee and local levels to sustain the gains after the CQI project has ended (e.g., integrating new processes into staff training, updating agency protocols, ongoing

monitoring of data, etc.).

LIAs will work with state staff to evaluate which LIA implemented changes have shown measureable gains. Once promising programmatic changes are identified LIAs will state staff will help create systematic implementation plans with the LIAs to ensure that the gains continue to be realized. Ongoing data collection and monitoring will continue to take place in Iowa to track the gains made and respond to any changes in progress. Regular progress checks will be made and by state and regional staff and check-ins will also local agencies the opportunity to discuss any challenges that might have come about since the project end. Specific time will be set aside in each monthly check-in call to discuss how the implemented changes are working for each LIA. Also, through the additional training around CQI for state and local staff that is being required, it is hoped that staff will incorporate CQI practices into other aspects of their program's work and continue to sustain any improvements made during the project.

16. Describe plans to work with LIAs to identify lessons learned and spread successful CQI activities beyond the original LIAs.

LIA efforts including successes, challenges, and lessons learned will be collected and combined in one statewide report. This report will be shared with HRSA upon completion and will also be published on the IDPH MIECHV website. The report and additional CQI resources will be publicly available via the website. LIAs and other local stakeholders, including home visiting clients, will be encouraged to make use of the website and suggest any additional content. LIAs will continue to share lessons learned during the CQI process during the monthly check-ins and to other support to other LIAs working on similar challenges. Statewide lessons learned will also be shared with other MIECHV awardees during conferences and other awardee meetings.

Appendix A: DAISEY Reports for Program Monitoring

Example of DAISEY Data Entry Reports. Allowing Home Visitors to Monitor Data Progress:



Example of DAISEY Scheduling Reports. Allowing Home Visitors to View Which Measures are Scheduled and Completed on Time:

Not Yet Completed							Completed on Time	
4,116							1,828	
Date Eligible	Date Completed	Date Due	Name (ID)	Activity	Timing	Sort Order		
10/13/2018	1/14/2019	4/12/2019	Child (734-15782)	ASQ-3	54 mo	CoT		
1/13/2019	2/21/2019	4/12/2019	Child (765-11711)	ASQ-3	30 mo	CoT		
2/13/2019	2/21/2019	4/12/2019	Child (736-10783)	ASQ-3	16 mo	CoT		
3/13/2019	3/21/2019	4/12/2019	Child (730-14872)	ASQ-3	9 mo	CoT		
10/13/2018	Null	4/12/2019	Child (738-12002)	ASQ-3	42 mo	NYC		
2/13/2019	Null	4/12/2019	Child (728-10590)	ASQ-3	4 mo	NYC		
2/13/2019	Null	4/12/2019	Child (734-19211)	ASQ-3	2 mo	NYC		
4/13/2018	11/15/2018	4/12/2019	Child (733-12939)	ASQ:SE	60 mo	CoT		
10/13/2018	1/15/2019	4/12/2019	Child (728-15987)	ASQ:SE	6 mo	CoT		
10/13/2018	Null	4/12/2019	Child (731-12231)	ASQ:SE	12 mo	NYC		
10/13/2018	Null	4/12/2019	Child (740-14094)	ASQ:SE	30 mo	NYC		
10/1/2018	1/2/2019	4/12/2019	Caregiver (731-23967)	EAR - Primary Caregiver	annual	CoT		
10/1/2018	3/11/2019	4/12/2019	Caregiver (729-25671)	EAR - Primary Caregiver	annual	CoT		

Appendix B: CQI Capacity Continuum From FY 2019 CQI Plan Update Instructions

The following continuum¹ can help you assess your organization's current CQI capacity, with higher stages indicating greater CQI capacity. For each stage listed below, check all elements that apply, and rate your organization on a scale of 1 to 3 with:

- 1 – no or few elements currently in place;
- 2 – most elements currently in place; or
- 3 – all elements currently in place.

Stage 1: Basic Data Collection and Report Usage

- 3 A culture of quality exists in the organization whereby data are valued and striving for process improvement and optimal outcomes is a shared vision of all members including both front-line staff and management.
- 3 Data collection is sufficient to document benchmarks and facilitate CQI.
- 3 Management Information Systems (MIS) are sufficient to allow for collection and storage of required performance measures.
- 2 Reports are produced on a regular basis and reflect important aspects of service provision (processes) and outcomes.
- 2 Reports are used by key stakeholders to track performance and outcomes.
- 2 Staff are trained in the basic concepts of quality improvement.

Stage 1 Assessment (1 – 3)

Stage 2: More Advanced Reporting and Systematic Improvement Efforts

- 2 Data collection is expanded to cover a wider range of outcomes and service delivery elements.
- 2 MIS are larger, more flexible, and serve multiple purposes.
- 2 Reports are produced on a regular basis and are used to inform decisions at all levels of the organization.
- 2 Deep understanding of processes and outcomes is achieved through systematic inquiry.
- 2 New strategies and approaches are systematically tested and evaluated.
- 2 Effective strategies and approaches are disseminated throughout the organization and monitored.
- 2 Staff receive ongoing training and coaching.

Stage 2 Assessment (1-3):

Stage 3: Additional elements of quality improvement are integral to day to day work, such as critical incident monitoring

- 2 Dedicated professional CQI staff are part of the team.
- 1 Experimental tests of change are implemented.
- 2 Constant efforts to accelerate improvement.
- 2 Home visiting families are engaged in CQI efforts.
- 2 Regular opportunities exist for peer-to-peer learning.

Stage 3 Assessment (1-3):

¹ Adapted from Design Options for Home Visiting Evaluation, *Suggested Guidelines for Continuous Quality Improvement for MIECHV Grantees*, June 2011.

Appendix C: CQI Training Recommendations Sent From HRSA Reviewers

Institution/ Platform	Training	Format	Content	Timing and Time Commitment	Cost
American Academy of Pediatrics (AAP)	EQIPP: Bright Futures - Infancy and Early Childhood	Online	<p><u>CQI Methodology</u>: Model for Improvement</p> <p>All AAP CQI courses offered through Education in Quality Improvement for Pediatric Practice (EQIPP) include a QI basics course as a prerequisite. The QI Basics course focuses on how to conduct PDSA cycles.</p> <p>The Infancy and Early Childhood course aims to acquaint participants with the AAP Bright Futures Guidelines recommendations and create a QI project to address at least one gap in clinical activities. Participants will learn about policies for care coordination, developmental/autism screening, risk assessment and medical screening, family strengths, maternal depression screening, oral health risk assessment, and anticipatory guidance.</p>	<p>09/29/16 – 09/28/19</p> <p>Time commitment is not specified; however, the number of CMEs/CEs awarded for this course suggests a commitment of nearly 30 hours.</p>	<p>AAP Members: Free Non-AAP Members: \$199/course</p>
Coursera	Case Western Reserve University: Take the Lead on Healthcare Quality Improvement	Online	<p><u>CQI Methodology</u>: Model for Improvement</p> <p>This course covers 10 modules over a six-week period. The first session provides an overview, with the following five sessions containing two modules each. Modules include:</p> <ul style="list-style-type: none"> • Module 1: Overview of Healthcare Quality Improvement • Module 2: Evidence for Improvement Work: Literature, Internet, & More • Module 3: Interprofessional Teams for Improvement Work • Module 4: Knowledge of Systems and Process • Module 5: Targeting Your Aim from Global to Specific • Module 6: Measuring for Improvement • Module 7: Data, Variation, and Control Charts 	<p>Offered on a rolling basis or at different time points throughout the year</p> <p>6 hours of videos and quizzes</p> <p>The total number of hours expected for this course is unknown, though many Coursera courses anticipate at least 4 hours of study per week.</p>	<p>Audit: free</p> <p>Purchase: \$48.99 includes access to all materials and a certificate of completion</p>

Appendix C: CQI Training Recommendations Sent From HRSA Reviewers

Institution/ Platform	Training	Format	Content	Timing and Time Commitment	Cost
			<ul style="list-style-type: none"> • Module 8: Human Side of QI: The Psychology of Change • Module 9: Implementing and Spreading Change: The Power of the Model for Improvement • Module 10: Putting it All Together & Leading Change 		
	University of Georgia: Six Sigma Yellow Belt Specialization	Online	<p><u>CQI Methodology: Six Sigma and Lean</u></p> <p>This is a 4-course specialization that provides an overview of the principles and tools of Six Sigma. Participants who complete this specialization may choose to go on and complete the Six Sigma Green Belt Specialization, also offered on Coursera. The 4 courses in the Yellow Belt specialization include:</p> <ul style="list-style-type: none"> • Course 1: Six Sigma Principles <ul style="list-style-type: none"> ○ Six Sigma Foundations, Principles, Roles and Responsibilities ○ Quality Tools and Six Sigma Metrics ○ Team Basics ○ Lean Foundations and Principles • Course 2: Six Sigma Tools for Define and Measure <ul style="list-style-type: none"> ○ Project Identification ○ Project Management Basics ○ Basic Statistics ○ Data Collection • Course 3: Six Sigma Tools for Analyze <ul style="list-style-type: none"> ○ Measurement System Analysis ○ Process Analysis Tools ○ Root Cause Analysis ○ Data Analysis • Course 4: Six Sigma Tools for Improve and Control <ul style="list-style-type: none"> ○ Correlation and Regression ○ Hypothesis Testing ○ Improvement Techniques ○ Control Tools and Documentation ○ Capstone Project 	07/30/18	\$39/month per participant
				<p>4 course specialization that takes approximately 4 months to complete. Each course is approximately 4 weeks.</p> <p>Participants can choose to take courses separate from the specialization.</p>	

Appendix C: CQI Training Recommendations Sent From HRSA Reviewers

Institution/ Platform	Training	Format	Content	Timing and Time Commitment	Cost
FutureLearn	University of Bath: Quality Improvement in Healthcare: The Case for Change	Online	<p><u>CQI Methodology</u>: Model for Improvement and Lean</p> <p>Participants learn about QI in health and social care settings, QI theory, how to start and lead a QI project, evaluating QI, engaging team members, systems modeling and analytics techniques.</p>	6 weeks, 3 hours per week	<p>Audit: free Includes access to materials for 8 weeks</p> <p>Purchase: \$99 Includes access to materials any time and a certificate of completion</p>
Institute for Healthcare Improvement (IHI) ¹	IHI Open School Quality Improvement	Online	<p><u>CQI Methodology</u>: Model for Improvement</p> <p>The IHI Open School includes 8 modules on Quality Improvement. These modules include:</p> <ul style="list-style-type: none"> • QI 101: Introduction to Health Care Improvement • QI 102: How to Improve with the Model for Improvement • QI 103: Testing and Measuring Changes with PDSA Cycles • QI 104: Interpreting Data: Run Charts, Control Charts, and Other Measurement Tools • QI 105: Leading Quality Improvement • QI 201: Planning for Spread: From Local Improvements to System-Wide Change • QI 202: Addressing Small Problems to Build Safer, More Reliable Systems • QI 301: Guide to the IHI Open School QI Practicum <p>Access to the IHI Open School also provides access to courses on Patient Safety and Person-Centered Care.</p>	On demand. Access to course material is available while the individual's or organization's membership is active.	<p>Individual: 1-year: \$300 2-years: \$495</p> <p>Professional Group: Access is available for 1- or 2-years. Prices are not made public on the IHI website.</p>

¹ An alternative to paying typical training costs is for sites to purchase an [IHI Passport to Training](#) membership. Passport memberships cost \$5,000 per facility/year and have the potential to offer sites substantial savings in training costs if staff take advantage of additional IHI trainings.

Appendix C: CQI Training Recommendations Sent From HRSA Reviewers

Institution/ Platform	Training	Format	Content	Timing and Time Commitment	Cost
	<u>IHI Virtual Expedition: Quality Improvement Essentials</u> ²	Online	<p><u>CQI Methodology</u>: Model for Improvement</p> <p>Participants learn about the MFI and how to conduct a QI project using PDSA cycles. The course includes 6 sessions, which cover the following topics:</p> <ul style="list-style-type: none"> • Session 1: The Model for Improvement: Your Engine for Change • Session 2: Setting an Aim and Developing Changes • Session 3: How Will You Know if Your Change is an Improvement? • Session 4: Understanding Variation • Session 5: Testing Changes • Session 6: Implementing Changes 	<p>04/12/18 – 06/28/18</p> <p>9-week course that includes 6 one-hour calls</p>	\$750/team
	<u>IHI Breakthrough Series College</u>	In-person	<p><u>CQI Methodology</u>: Model for Improvement, Breakthrough Series (BTS) Collaborative</p> <p>The BSC provides participants with the necessary knowledge to conduct a Collaborative—a “6- to 18-month learning system” that brings together teams to work on improving a specific topic. In addition, participants learn about setting up the Collaborative, selecting topics, the Model for Improvement, consulting with faculty, conducting learning sessions, action periods, and developing storyboards.</p>	<p>Offered at different time points throughout the year</p> <p>3-day training program followed by one-year of monthly phone calls.</p>	<p>Regular rate: \$4,795/person</p> <p>Group rate: \$4,076/person³</p> <p>Scholarships and special discounts available up to 50% off total cost.</p>

² It is unclear if or when this course will be offered in the future.

³ Organizations sending 3 or more staff to training are eligible for the group rate.

Appendix C: CQI Training Recommendations Sent From HRSA Reviewers

Institution/ Platform	Training	Format	Content	Timing and Time Commitment	Cost
Michigan Public Health Institute (MPHI)	QI Basics	In-person	<p><u>CQI Methodology</u>: Plan-Do-Study-Act</p> <p>The MPHI QI Basics training encourages participants to come with their data in hand to examine and begin work on their first CQI project. The training covers topics, such as creating a QI team charter, conducting a PDSA Cycle, developing an aim statement, using a storyboard to share CQI findings, and a step-by-step tutorial of other QI tools.</p>	<p>On demand</p> <p>2-day training</p>	Discussions required with MPHI to determine costs
National Association for Healthcare Quality (NAHQ)	HQ Principles	Online	<p><u>CQI Methodology</u>: Plan-Do-Study-Act</p> <p>This online training includes six modules aimed at learning healthcare quality principles. These include:</p> <ul style="list-style-type: none"> • Module 1: The Evolution of Healthcare Quality • Module 2: Principles of Quality Improvement • Module 3: QI Processes and Methods • Module 4: Using Data to Make Decisions • Module 5: Teamwork at All Levels of the Organization • Module 6: Putting it all Together: Driving Healthcare Quality into the Future 	<p>On demand. Access to course materials is available for 90 days.</p> <p>Time commitment is not specified; however, the number of CNE credits awarded for this course suggests a commitment of nearly 6 hours.</p>	<p>NAHQ Members: \$199</p> <p>Non-NAHQ Members: \$299</p>
National Institute for Children’s Health Quality (NICHQ)	Quality Improvement 101 Quality Improvement 102	Online	<p><u>CQI Methodology</u>: Model for Improvement</p> <p>The QI 101 course provides an overview of the MFI and teaches participants how to develop an aim statement, use improvement measures and run charts, follow the steps in a PDSA cycle, and how to implement a strategy and plan for spread and scale up. It also provides an overview of the BTS Collaborative.</p> <p>The QI 102 course builds on QI 101 and takes a more in-depth look at the PDSA cycle, including how to conduct the PDSA cycles, how to ramp up QI projects, and how to make adjustments.</p>	<p>Time not specified. Both courses are relatively short.</p>	Free