

Continuous Quality Improvement (CQI) Plan Guidance

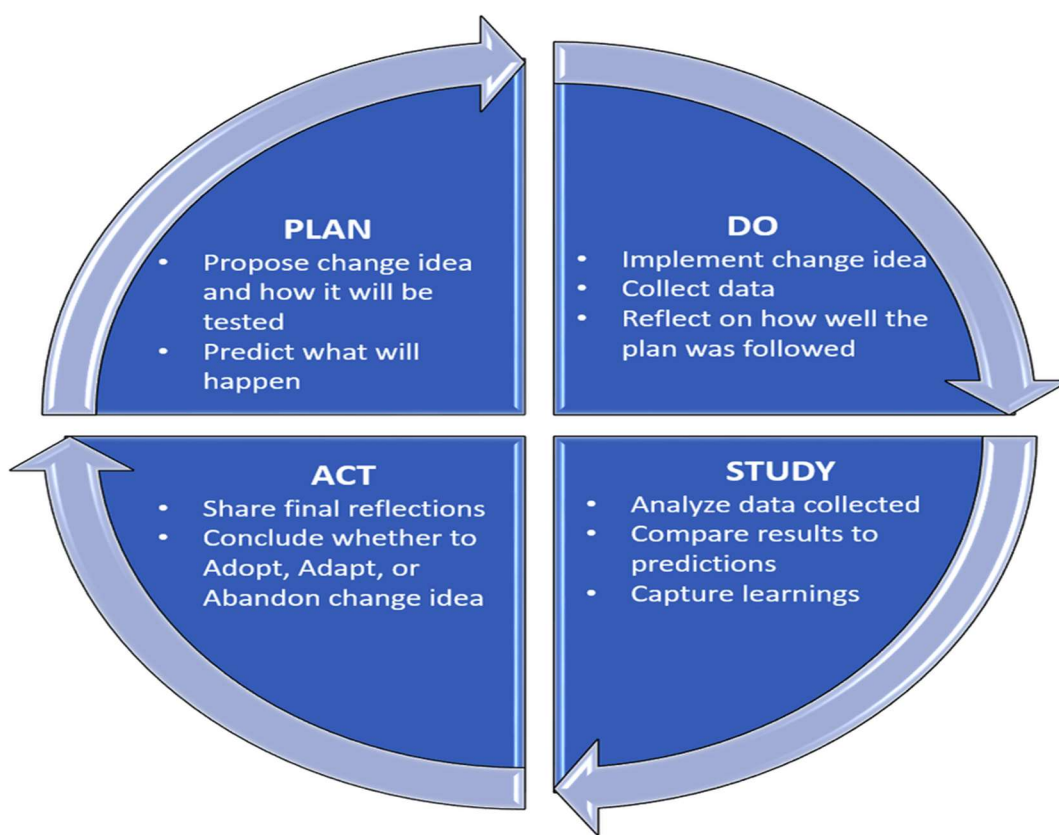
Healthy Families America Best Practice Standard GA-2 B (8th ed.) states that:

The site establishes a comprehensive quality improvement plan, utilizing site level data related to acceptance, retention, home visit completion, etc., to develop and apply strategies aimed at strengthening site services. The plan is reviewed and updated annually.

We know that programs routinely identify areas that they wish to improve and employ strategies to make a positive change. Through this guidance, we are providing a uniform way for programs to capture these efforts in a Continuous Quality Improvement (CQI) Plan and document it in the MIS. It would be helpful to read through this entire document before starting your plan. One of the most effective ways to approach continuous quality improvement is to develop a Plan-Do-Study-Act (PDSA) cycle.

What is a Plan-Do-Study-Act Cycle?

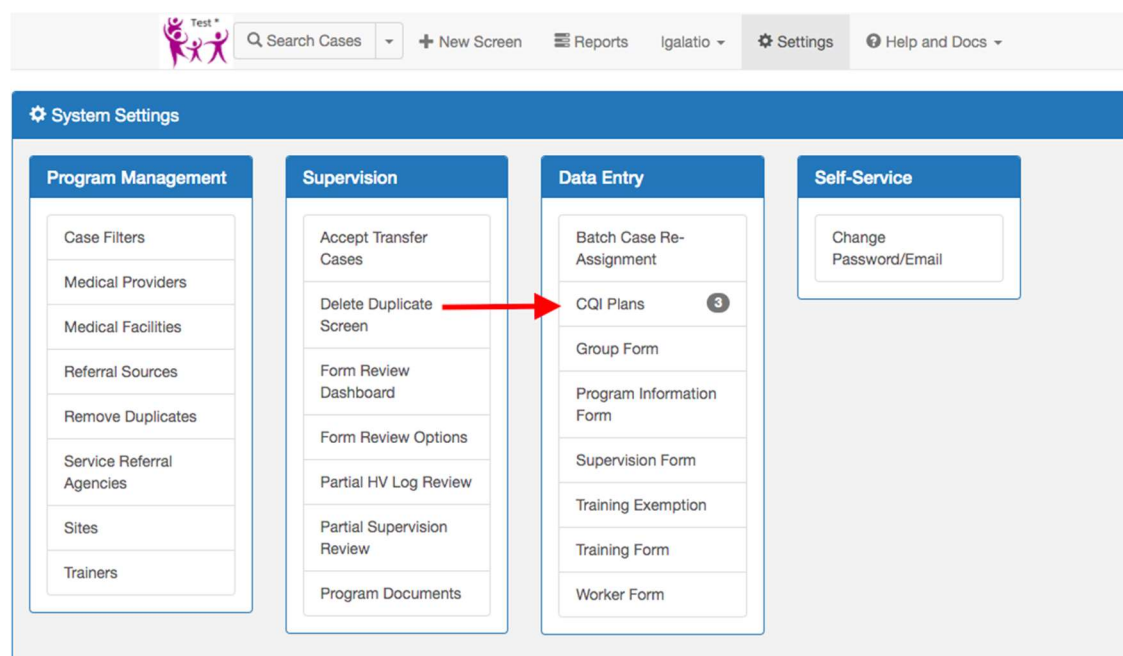
The Plan-Do-Study-Act (PDSA) cycle is a four-step model for carrying out change. Just as a circle has no end, the PDSA cycle should be repeated again and again for continuous quality improvement. The steps are:



We will walk through the steps of building a CQI plan by using the Plan-Do-Study-Act framework and include guidance for where to enter it in the HFNY MIS. If you are interested in learning more about Continuous Quality Improvement and the tools we mention, please visit this website:

<https://www.jbassoc.com/resource/continuous-quality-improvement-toolkit/>

To enter and access CQI plans, you will need to have Supervisor privileges in the MIS system. Supervisors and PMs have this role. Click on “Settings.” Under the “Data Entry” heading you will see “CQI Plans.” You will go here to start a new plan, or view plans that you have already developed.



Once in the CQI Plan section, you will choose to start a new plan and enter the information that you have gathered in Steps 1 and 2 that follow. As you carry out Steps 3-5, you will go back in and update your CQI plan in the MIS.

Guidance for where to put information in the MIS is contained within the following steps and is indicated *by italics*. There are also prompts within the MIS form itself.

It is suggested that you have your initial plan mapped out before you begin to put it in the MIS.

Step #1: Choose the Focus of Your Goal or Benchmark

You are continuously receiving feedback about your program's operation and performance from a variety of sources and any one of these sources may generate ideas for an area that could benefit from growth or improvement. Sources of information and areas of focus include but are not limited to:

- Program Data
- Performance Targets
- Performance Indicators
- Program Improvement Plan
- Best Practice Standards
- Equity Plan*
- Analyses within Annual Service Review
- Feedback from participants, staff, or community advisory board
- Other Funder Reporting Requirements (e.g., MIECHV)

***As per HFA 8th Ed. BPS #5-4, an Equity Plan with improvement strategies is required to be developed, acted on, and reviewed annually.** Your site's Equity Plan can be contained within the CQI MIS system as it is a continuous quality improvement plan with the focus on supporting staff, families, and the community from an equity perspective. *To distinguish an Equity Plan in the MIS, choose "Equity Plan" from the "Plan Area" drop down menu.*

You may want to prioritize what you think is the most pressing issue or choose an issue that may be negatively impacting other areas.

Gather as much information about the issue as you can.

Questions to ask:

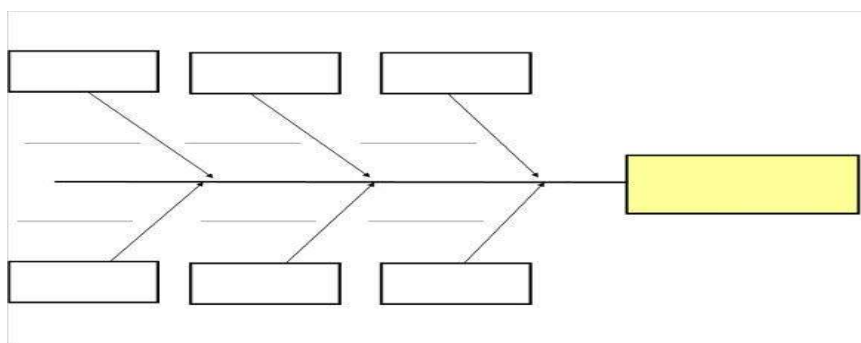
- What data are we collecting related to the issue and what does it say?
- What is the current status of the situation? What is the baseline data?
- Is there data that we are not currently collecting that would be helpful? Can we get it somewhere? Can the MIS help us? Is a custom report possible?
- What are staff's and other involved persons' perspectives regarding the issue?
- What traditionally excluded individuals need to be brought into the planning process?
- What factors are contributing to the problem?
- What is standing in the way of our success in this area?
- What are all the possible solutions/strategies to test to address the problem that we can think of?
- What can we realistically do?

We suggest that you do some Root Cause Analysis to make sure that you are focusing your efforts on the true issue. For example, your goal may be to increase the number of screens that you receive from community partners. You might think you should increase the number of times that you visit certain offices to pick up screens. However, it may be that the current staff at your main partner has no idea what Healthy Families does or know where your referral forms are due to turnover. They are always too busy to tell you this whenever you stop and it is much easier to just say, “No, we don’t have anything for you.” Increasing your number of visits is not going to impact this situation. It helps to take a few steps back right at the start of planning so that you are working on the right issue. It is much more effective to develop strategies to address underlying issues than to treat the symptoms.

*Root Cause Analysis is required for MIECHV programs and is good practice for any improvement planning. *In the MIS, a summary of your Root Cause Analysis should be mentioned in the “Baseline Data” section and any documentation of the analysis should be uploaded in “Supporting Documents.”*

Three possible ways of doing a Root Cause Analysis:

- Drawing a Fishbone Diagram, also known as a cause and effect diagram, is a classic way of performing Root Cause Analysis. It is used to identify various possible causes that led to the current effect under investigation. Place your problem at one side of the page and then brainstorm all of the possible causes for the problem. By opening up your thinking to all possibilities, you protect yourself from focusing on only one cause, or the first cause that comes to mind. By having all factors on the table, you may more clearly see which cause needs to be dealt with first. A simple template is shown below. The problem or issue would go in the box on the right and all possible causes are listed as the “bones.” For more complex problems, each bone could be a broad category, such as “training”, “personnel”, or “data collection” and you could put multiple causes or factors under each category.



- Asking “The Five Whys” is another popular tool for getting to the deeper cause of an issue. It is a technique that explores the hidden causes of the specific problem by repeated asking “why.” The number of times to ask “why” is not fixed at five, but usually the root cause is identified around that time.

Let’s say that the presenting issue is low breastfeeding rates. You and your team can keep asking “why?” until you get to the underlying cause of the situation. Here is an example of what you may learn:

“Why are breastfeeding rates low?” “Parents have made their decision not to breastfeed and are not receptive to new information.”

“Why?” “Parents do not have accurate or complete information about breastfeeding.”

“Why?” “FSSs are not comfortable discussing it after a family has told them they are not going to breastfeed.”

“Why?” “FSSs are unsure how to respectfully bring up breastfeeding.”

“Why?” “FSSs need additional training in Motivational Interviewing tools and focused supervisor support around these conversations.”

By repeatedly asking “why?”, you have found that your strategies should begin at supporting staff rather than getting additional breastfeeding handouts for families.

- Drawing a Process Map is writing out or drawing a map of each step in the process that you are looking at from start to finish. This can sometimes be helpful in identifying defects in a system, or figuring out where things are slowing down. By taking a step back and looking at a process in detail, you can often identify ways to make things run more smoothly.

Step #2: Plan Your Actions

When planning your CQI goals, it is helpful to use either the 3MMMS or the SMARTIE approach to ensure that you are capturing all of the components of a well thought out plan. There is much overlap between the two approaches and the basic information required for the CQI form in the MIS can be found in each one. **Please note that if you use the 3MMMS you should also give thought to inclusion and equity. If you are using SMARTIE goals, also give attention to supports.**

The 3MMMS (used by HFA/HFNY for goal planning with families)	SMARTIE Goals (Required by MIECHV for CQI planning by programs they fund)
<u>Mission</u> – What is your goal? What do you want to accomplish? This is your goal statement. How will you know that you’ve gotten where you want to be? Be specific and realistic to ensure your goal is achievable. Include time frames, numbers, and percentages where applicable. <i>(This goes under “What is Our Aim?”)</i>	<u>Specific</u> – How do we want to improve in this area? What number or percentage of improvement is needed? <i>(This goes under “What is Our Aim?”)</i>
<u>Mini</u> - Decide on 3-5 small and actionable strategies that you are going to test. Make sure these strategies are realistic and achievable. Discuss what you will need in place to take these steps. <i>(These go under “Strategies.”)</i>	<u>Measurable</u> – How will the change be measured? What tool(s) will be used? <i>(This is to be included under “What is Our Aim?”)</i>
<u>Measure</u> – How will you measure your success? What is your target outcome? Set a target and a time line. Make a prediction about what impact your actions will have. <i>(This is to be included under “What is Our Aim?”)</i>	<u>Achievable</u> – Is your goal realistic? Set a goal that is challenging, yet possible. Break your overall goal into smaller action steps. <i>(These go under “Strategies.”)</i>
<u>Supports</u> – Who can support you? Discuss what resources you have available to help you reach your target, as well as potential challenges and strategies for how you will face them. <i>(This goes under “Resources Present.”)</i>	<u>Relevant</u> – The goals should align with your values and objectives. Why is this goal important or meaningful to your program now? <i>(This could be included in “Baseline Data.” Also, there are check boxes on the MIS form asking about the plan area and who will benefit from the improvement.)</i>

	<p><u>Timely/Time bound</u> – When will this change be reached? <i>(Time frames are captured in “Anticipated Achievement Date.”)</i></p>
	<p><u>Inclusion</u> -Bringing traditionally excluded individuals into the processes, activities, and decision making. <i>(This begins in Step #1 when you are gathering information and feedback. It can be documented in “Baseline Data.”)</i></p>
	<p><u>Equity</u> -Providing the same opportunities for all the achieve the same outcome. <i>(This would be included in “What is Our Aim?” and “Who Will Benefit?”)</i> An example of a goal focusing on equity is “By Dec 31, 2022, we will increase the home visit completion rate for Hispanic families by 3% so that services are distributed more equitably across races and ethnicities.”</p>

Below is an example of an initial plan. It is helpful to have the Plan and Do sections mapped out in your mind or on paper before putting the plan in the MIS. You do not need to complete a grid like this but it may help you to visualize your plan in this way. The Study and Act portions will be updated in the MIS after you implement and begin checking in on your plan.

Plan			Do	Study		Act
Goal	Current Status/Baseline Data	Our Aim	Strategies	Date Reviewed	How Did We Do?	Next Steps
Increase number of screens received	From Apr 2020 – Mar 2021, we received 200 screens	*Increase screens by 50% (to 300) by Mar 2022	*Double visits to dr.’s offices to pick up screens *Contact five new potential referral sources per month. *Increase the number of days that staff is at WIC clinics.			

Step #3: Do – Implement Your Strategies

Implement the strategies from your plan for a period of time and see if they work.

Document how your plan is going in the “Strategy Check-Ins” section of the plan in the MIS. Were you able to carry out your strategies? Report on what has been completed. Discuss any challenges to carrying out your strategies here as well as any adjustments you’ve had to make to your plan. Include any new data that has come out since you started implementing your strategies.

Step #4: Study Your Results

At regular intervals, study your results. The Best Practice Standard requires that you study your results annually (“2” rating). However, it is recommended that you review results at least quarterly (“3” rating). There may be some strategies that you choose to evaluate even more often than that. What does the data look like? Is what you predicted happening?

In the MIS, your results can be documented under “How Did We Do?” in the Strategy Check-Ins. They may also be summarized in your Quarterly Report and/or your Annual Service Review. You can save or print a plan at any point in the CQI process to include in your Quarterly Report or your Annual Service Review.

Step #5: Act on What You’ve Learned

Based on the results of your strategies, was this plan successful? What does the data say now? Do the results meet or exceed your prediction? Will you continue implementing the strategies you put into place? Do you consider this goal completed? If not, will you adjust your strategies to attempt greater results? Will improving this area remain a program goal or will you move on to a new one?

Will you continue the strategies that you’ve put into place, adapt them to meet challenges, or give them up altogether? Or can you stop them because you’ve met your goal and do not need to continue them? If you adopt the strategies, you can consider this goal completed and choose a new goal. If you adapt the strategies, your revisions may turn into your next goal. If you abandon the strategies, take time to reflect on why they weren’t successful. Could your new goal address one of these challenges? Or were you focusing on the wrong area?

This information can be captured in “Next Steps” and you may change the strategy status. There are multiple status choices to pick from. They include:

“Achieved – put into practice” – the strategy was successful and you are going to continue to do it.

“Achieved – discontinued” – the strategy was completed and you do not need to continue doing it.

“Discontinued – did not achieve” – the strategy did not work and you are not going to continue doing it.

“Extended” – you are implementing a strategy and you are going to keep doing it for a while longer before you determine the status, or you are going to extend the time line for completing it.

“Postponed” – something has come up to cause you to put off the implementation of the strategy, or you have to pause the strategy for a while.

For any of the statuses, you can write more detailed explanations in the “Next Steps” section.

How this impacts the overall plan is noted under “Full CQI Plan Overall Comments.” After you have acted on all strategies, you will change the “Plan Status.”

A sample print out from a CQI Plan in the MIS is shown on the following pages.

Healthy Families New York / Home Visiting

Pine Valley

CQI Plan

Basic Information (PLAN)

Plan Name	Start Date	Anticipated Achievement Date
Increase Breastfeeding Rates	09/07/2021	06/01/2022

Plan Status	Last Edit Date	Plan Area
2. Active	10/13/2021	9. Performance Targets

Data Check-In (Time Frame)	Additional Plan Areas
3. Monthly	

Baseline Data	Monitoring
Breastfeeding rates at 3 months currently 21%. After exploring 5 Whys at staff meeting and gaining staff input, it appears that all staff are not comfortable exploring this topic with families once families have said that they do not want to breastfeed.	LG

What is our Aim?	Resources Present
Our goal is to increase our rate to 35% of families breastfeeding at 3 months by six months from now.	MIS Reports, Supervision

Full CQI Plan Overall Comments

Strategies to Complete CQI Plan (DO)

Strategy #	Description	Status	Start Date	Check-In Frequency	Anticipated Achievement Date	Who Will Benefit?
1	Provide Staff with MI and breastfeeding trainings	4. Achieved - discontinued	09/07/2021	1. Weekly	03/01/2022	8. Staff
2	Discuss experiences and challenges around BF discussions with families at each Team Meeting	2. Active	09/07/2021	3. Monthly	03/01/2022	4. Family
3	Review data and incorporate into Team Meetings	2. Active	09/07/2021	3. Monthly	03/01/2022	8. Staff

Strategy Check-Ins (STUDY/ACT)

Strategy #	Check-In Date	How Did We Do?	Next Steps	Status Updates
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Page 1 of 2

Printed: 10/13/21

Healthy Families New York / Home Visiting

Pine Valley

CQI Plan

1	09/08/2021	The trainings were completed and went well. Staff reported that they feel much more comfortable talking to reluctant families about breastfeeding now and will begin using the techniques they learned immediately.	This strategy is completed. Supervisors will check in with staff during supervisions to support FSSs in using the techniques that they learned. Staff will also be supported in this area during regular team meeting discussions.
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Supporting Documents

Title	Description	Upload Date and Time	Uploaded By
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