

Transcription

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Man: Ladies and gentlemen, thank you for standing by. Welcome to the engaging and expanding Health Start Leadership webinar. During the presentation all participants will be in a listen-only mode.

If you would like to ask a question during the presentation, please use the chat feature located in the lower left corner of your screen. If you need to reach an operator at any time, please press *0, and as a reminder, this conference is being recorded, Thursday, October 23rd, 2014. With that, I would now like to turn the conference over to Kimberly Sherman from Health Start. Please go ahead.

Kimberly Sherman: Good afternoon and welcome, everyone. This webinar is being hosted by the Maternal and Child Health Bureau's Division of Healthy Start and Perinatal Services, in partnership with the Health Start Epic Center.

Today's presentation will provide information for all Level 3 Healthy Start grantees on their expanded leadership role throughout the remainder of the project period. Today we will provide information on the roles and responsibilities our Level 3 grantees are required to implement as part of their Healthy Start Grant Award.

We will also discuss the structure of the Healthy Start Collaborative Innovation and Improvement Network, also known as the "Health Start COIN." We will highlight expectations of Level 3 grantees on the level of commitment required, and then close with some information to help you prepare for the November Healthy Start Institute.

We also gladly welcome the participation of Level 2 Healthy Start grantees during this presentation.

Please feel free to ask questions via the chat box at any time. Your questions will be answered during the presentation.

I would like to begin by introducing today's webinar presenters. My name is Kimberly Sherman and I'm proud to serve as a Healthy Start Project Officer for the states of Alabama, Mississippi, and Louisiana. Next you will hear from Yvonne Hamby, the Quality Improvement and Collaborative Coaching Coordinator at the Healthy Start Epic Center.

We will then hear from Lea Ayers LaFave and Kathleen Feese[SP] who serve as Quality Improvement Technical Advisors at the Healthy Start Epic Center. We represent the Quality Improvement Team and we will be working with all of you on implementing various quality improvement efforts via the Healthy Start COIN and Learning Collaborative. Now I will turn the presentation over to Yvonne.

Yvonne Hamby: Good afternoon, everyone. Thank you for joining us. I'm going to briefly highlight the learning objectives that we will be covering during today's presentation, and then do a brief overview of the agenda so we will all be on the same page with what we'll be covering during the webinar today.

The learning objectives and information we would like to impart to everyone today is, as Kimberly said, "Describing the roles and responsibilities of Healthy Start Level 3 grantees, describe expectations of Level 3 grantees, including time commitment, describing the function of the Healthy Start COIN, describe the competencies that will we developed through your work as a Level 3 grantee. And then, finally, identify appropriate representatives from your organization to attend the pre-conference Quality Improvement Leadership Institute in November."

We will be achieving these learning objectives through our agenda today, hearing next from Kimberly Sherman again to highlight the roles and responsibilities for Level 3 grantees. Then hearing about the overview of the Healthy Start COIN structure. Then we will have some time to address your questions that you chat in during the presentation today. And then we will shift into learning about expectations of Level 3 grantees and the competencies for the Healthy Start COIN representatives. Then hear about next steps in preparing for the Institute in November. And then again, we will close this session by having another opportunity to answer question that you chat in during the presentation as well.

So I will turn it back over to Kimberly Sherman.

Kimberley Sherman: Thank you, Yvonne. This picture provides you with a snapshot of our Level 3 Healthy Start grantees. We currently have 15 Level 3 grantees all across the map. Many of you are already well acquainted with each other, and we hope to continue to build on those strong relationships throughout the rest of the project period.

I want to take a minute just to name all of the Level 3 grantees. You are Boston Healthy Start Initiative, Healthy Start Brooklyn in New York, Greater Harlem Healthy Start in New York, Central Hillsboro Healthy Start in Tampa, Florida, North Carolina Baby Love Plus in North Carolina, the Midwest Healthy Start Initiative in Chicago. Camden Healthy Start in New Jersey, Healthy Start New Orleans, Alameda County Healthy Start Initiative.

We have the California Border Healthy Start Plus, San Antonio Healthy Start in Texas, the Philadelphia Department of Public Health Healthy Start, Pittsburgh/Alleghany County Healthy Start, Detroit Healthy Start in Michigan, and Moms for Healthy Start Project in Cleveland, Ohio.

I just want to extend congratulations to all of you for being designated Level 3 grantees. Your efforts and expertise will be invaluable in assisting all Healthy Start projects and improving perinatal health outcomes across the nation.

As all of you know, Level 3 grantees have been funded for four years and nine months, and can receive up to \$2,000,000 annually. Each Level 3 grantee must provide services to 1,000 program participants per year. And again, "program participant" has been defined as "an individual who has direct contact with Healthy Start staff or subcontractors, and receive Healthy Start services in an ongoing and systematic basis to improve perinatal and infant health." Specifically, program participants are pregnant women, women of reproductive age, and children up to the age of two.

Let's briefly review the Five Key Approaches to the Healthy Start Program. As all of you know, the Healthy Start program aims to reduce disparities in infant mortality and adverse perinatal health outcomes through the implementation of five approaches within communities with high rates of infant mortality and other adverse perinatal outcomes such as low birth weight, pre-term birth, and maternal morbidity and mortality.

These five key components of the program seek to address the needs of high-risk women and their families before pregnancy, during pregnancy, and up to two years postpartum. All three levels of Healthy Start grantees are tasked with utilizing the five programmatic approaches in implementing their Healthy Start project.

Approach Number One, improve women's health. The focus of this approach is to improve coverage, access to care, health promotion and prevention, and health services to women before, during, and after pregnancy.

Approach Number Two is to promote quality services. here we want to provide quality intervention services designed to link families to a medical home, focus on

health promotion and prevention, and advance service coordination and assistance integration while also supporting the improved access to these services.

Approach Number Three, strengthening family resiliency. The goal here is to support the ability of individuals, families, and communities to cope with adversity and adapt to challenges and/or change.

Approach Number Four, achieve collective impact. The goal here is to maximize opportunities for community action to address the social determinants of health. Healthy Start grantees are tasked with supporting coordination, integration, and mutually reinforcing activities among health, social services, and other providers, and key leaders in the community.

Lastly, Approach Number Five, increase accountability through quality improvement, performance monitoring, and evaluation. The aim here is to conduct ongoing quality improvement, performance monitoring, and evaluation activities, in order to identify best practices, demonstrate implementation of evidence-based practices, and then report out on these results.

The roles and responsibilities of our Level 3 grantees first and foremost, they must implement all of the requirements that are designated for Levels 1 and 2 Healthy Start grantees. Level 1 grantees are responsible for individual-level effects. Our Level 2 grantees are also responsible for individual-level effects and community-level effects. And through that by engaging in additional services such as the fetal and infant mortality reviews, of using the perinatal periods of risk approach. Level 2 funded grant projects are accountable for reaching the entire community, thereby driving collective impact and supporting community-level change.

In addition to the Levels 1 and 2 activities, Level 3 Healthy Start grantees are tasked with supporting the provision of expanding maternal and women's health services, and spearheading the development of a place-based initiative that will serve as the backbone for achieving collective impact.

Level 3 grantees are expected to work in alignment with other place-based initiatives, such as those that provide universal access to services, an integrated platform of care and enhanced services to children and families.

The aim of Level 3 is to implement plans to make the project services universally available for eligible women, and to integrate services with other programs like the Title V Block Grant, or Title X Family Planning, and also Early Head Start. Next slide.

Level 3 grantees are also required to serve as a resource site for state, regional, and national action in support of improving perinatal outcomes. Serving as a resource may include providing technical assistance, or peer-to-peer mentoring, consultation, and direct advice to other Healthy Start projects, or to NCH programs.

Level 3 grantees are also required to serve as leaders, and participate in the development of state, regional, and national programs and policies, such as the implementation of Promise Zones, or Best Baby Zones.

Lastly, Level 3 grantees are required to actively participate in the development and implementation of the Healthy Start Collaborative, Innovation and Improvement Network. Your grant project will assist with the facilitation of the Learning Collaborative and the adoption of quality improvement principles among all healthy Start projects. To do this you will work directly with the Healthy Start Epic Center and the other Level 3 grantees to implement the Healthy Start COIN, quality improvement principles and practices across all sites.

I just want to close with a visual that describes your role as a Level 3 grantee. Level 3s have been designated as leadership and mentoring Healthy Start. On the local level, you have a role to play in your own communities in improving perinatal health, and also an expanded role to support national efforts to improve perinatal outcomes across the nation.

Locally it is expected that Level 3 grantees will serve as a place-based initiative and backbone organization for the community action network. Specifically, Healthy Start funds are to be used to strengthen communities, build community capacity, and provide services that allow children and families to succeed and thrive.

Level 3 communities must strive to combine knowledge, skills, relationships, interactions, and organizational resources to transform neighborhoods into places of opportunity.

On the national front, Level 3 grantees must be actively engaged with the Healthy Start COIN. Under this activity, Level 3 grantees will work in conjunction with the Healthy Start Epic Center and facilitate learning collaboratives.

Level 3 grantees are also charged with sharing their expertise, skills, and knowledge with other Healthy Start grantees through mentorship relationships, and by providing targeted consultations. The Healthy Start Epic Center will establish a roster of peer experts who are available to support the development and provision of capacity-building assistance.

Each Level 3 grantee then is charged with identifying an area of expertise that you will be able to share with other grantees. That could be any area that you feel very strongly in, possibly breastfeeding, or fatherhood, or case management, or strengthening staff skills. Whatever it is that you feel that you do very well, please start to think about those things so that you can share your expertise with other Healthy Start grantees.

Now I would like to turn the presentation over to Lea, who will provide you with additional information on the role of Level 3 grantees in informing the Healthy Start Epic Center activities. Lea?

Lea Ayers LeFave: Thank you, Kimberly. Good afternoon,, everybody. This next slide provides a more detailed look at the role of Level 3 grantees in informing the activities of the Healthy Start Epic Center. it really starts with recognizing and maximizing the expert skills and knowledge of the Level 3 grantees.

The first box, on the left side, the major role is through the Healthy Start COIN. The Healthy Start COIN will help identify needs and set priorities for all capacity-building activities. This will in turn help drive the selection of learning-collaborative topics, as well as other trainings and TA focus areas to ultimately build the overall Healthy Start knowledge base.

There will be one representative from each grantee who will serve on the Healthy Start COIN. It will meet quarterly for face-to-face meetings, and monthly via

conference call or webinar. It serves as a planning and advisory function for all Healthy Start programs, improvement activities, and sets priorities for improvement as well as monitoring the progress.

Each representative to the COIN will serve on at least one learning collaborative, which is composed of Level 1 and Level 2 grantee members, and will serve as a coach or a facilitator to the learning collaborative, in partnership with JSI.

The learning collaborative -- we're going down the list of boxes -- the learning collaborative also reports up to the Healthy Start COIN on the improvement initiatives and the lessons learned through the learning collaborative activities. The Healthy Start COIN will aggregate findings and develop plans for disseminating information. It will also provide guidance in evaluating the Epic Center itself, which will also build the Healthy Start knowledge base.

The Healthy Start Epic Center will establish a roster of peer experts and consultants through the Level 3 grantees, who are available to support the development and provision of capacity-building activities. This is what Kimberly was just referring to in terms of strengthening your interests and your personal, professional capacity.

Each grantee is encouraged to develop a core competency, and the Center will underwrite the development of that. Each grantee is expected to identify expertise available to serve as peer consultants and mentors to other grantees.

Through the COIN, Level 3 grantees will have an active leadership role in advancing the knowledge and practice of the Healthy Start program. The purpose of the COIN, the Healthy Start Collaborative Improvement and Innovation Network, provides a forum for coordinating initiatives to improve the effectiveness of the Healthy Start community.

Specifically, responsibilities which we have outlined already are identifying needs and setting priorities to expand the knowledge base, to promote program improvement, to also track impact, and to disseminate best practices. So essentially, the COIN will work from the point of defining a problem, to crafting an intervention, to the implementation, evaluation, and finally, to the diffusion and adaptation of effective innovations in new settings.

The COIN itself will be comprised of Level 3 grantee representatives, and will serve as an advisory committee to the learning collaborative, and to JSI's training and TA services. It serves as the organizing structure for achieving collective impact and guiding the identification and development of up to six core areas to develop learning collaborative to address over a 12-month period.

The COIN will assimilate the outcomes, such as best practices, lessons learned, et cetera, of the learning collaborative, and provide input and guidance into how these can best be applied in the field. Additionally, as issues or topics are discussed with learning collaboratives, these may be directed on to the JSI training and TA teams to address through the Epic Center with guidance from the COIN as to how the particular might be best addressed and adapted in the field.

A lot of expertise exists among the grantees at all levels, and through its role, the COIN members will serve as connectors or conduits of information, insuring the flow of knowledge and sharing of expertise across Healthy Start programs.

Probably the big question is, "How much time is this going to require?" This slide provides a sense of the expectations in terms of grantee time commitment for each function.

First there is the commitment to the COIN itself, which will, as I mentioned, include monthly, hour-and-a-half calls or webinars, with day-long face-to-face meetings held quarterly. This will also include developing and understanding of quality improvement principles and how to integrate them into Healthy Start projects, as well as developing capacity for supporting other Healthy Start programs.

The time commitment for the learning collaborative will be approximately three days per month, maybe more one month and less another month, but that is about an average. The selective Healthy Start COIN priority areas, such as father engagement, or breastfeeding, or maternal mortality, will be led by Healthy Start COIN members. They will facilitate learning collaboratives around these topics. We'll talk about this a lot more at the Institute, how we're going to be identifying the topics, and linking Level 3 grantees to the areas of interest and expertise that we will be addressing.

Also there is an expectation of up to 25 days a year of providing expert consultation. This may come in various forms, whether it is providing TA to other Healthy Start grantees, or providing input for internal JSI quality improvement process. JSI's work in the Epic Center will be relying on the COIN to help us make sure that we are improving our work and our services as the needs are identified as we go.

The other thing is that Level 3 grantees may actually be providing content expertise in any of the learning collaboratives that will be developed and identified as we move forward.

We will have a lot more. We will talk a little bit more at the end of the call about the expectations for the Institute, and then we will talk a lot at the Institute about the structure and the roles as well. I think we are moving to questions at this point.

Yvonne Hambly: Thank you, everyone, for chatting in questions that you have based on the information we've presented thus far. The first question is in terms of having a better understanding of what the Level 2 grantees roles and responsibilities will be, who are interested in participating in the Level 3 grantee activities, such as providing TA to other grantees, or participating in the COIN structure.

Nakiva[SP]: Good afternoon, everyone. This is Nakiva [inaudible 00:22:20] from Healthy Start. In terms of the Level 2 grantees, if you feel that you have an expertise in a particular area that you believe can be of some benefit to other Healthy Starts, you are welcome to be a peer mentor or a peer consultant.

At this time, I believe the Healthy Start Epic Center is actually putting together a list of experts and consultants, and we definitely would like to include some of our Level 2s on that list as well. You have already seen the level of time commitment that is associated with the Level 3, so we want you to also bear in mind that this was built into our overview and our thinking behind the Level 3.

When you are a Level 2 and you are looking at, "Can I be a participant? Or can I provide consultation?" Please remember that if you want to do that, we are not providing additional funding for you to do that. This was something that was already built into, I guess, the proposal for the Level 3s, and so this was a part of

their activities already. But if you are a Level 2 and you believe that you can take on some of the tasks that have been listed for the Level 3s, we welcome you to be a part of the HS COIN.

Of course, everyone is going to be a part of that, but we welcome you to say, "I would like to provide leadership around that." Or "There is an area of expertise that I believe that I could provide some peer mentoring and consultation of other Healthy Starts on as well."

Yvonne Hambly: Thank you, Nakiva. The next question we have is, "Where will quarterly Healthy Start meetings take place?"

Nakiva: Thank you for that question. Right now as it stands, we have not made a decision as to where those meetings are going to take place. It seems ideal that they take place in the -- I guess you would call it the -- DC, or the Capitol Area, where we are located, so that is potentially where they are going to take place. But again, we have not decided on that at this time. We will provide additional information on the locations for those meetings as we move along with the project.

Yvonne Hambly: Wonderful, thank you. The final question for this question-and-answer session that we have chatted in is related to the COIN activities. Are the Healthy Start COIN activities separate from the other, regional COIN initiatives already underway? And if so, is there a plan to connect these activities?"

Nakiva: Thank you for that question as well. As some of you, or all of you should already know, the larger infant mortality COIN that is run through our Maternal and Child Health Bureau and is out in the regions is actually located in our division. Even through the beginning stages [inaudible 00:25:24], or thinking, putting some thoughts around the Healthy Start COIN, we have been in close contact and conversation with the coordinator for the larger Infant Mortality COIN.

So there is some thought of how we are going to connect those two projects. We definitely want the topics that are chosen to really be helpful to our Healthy Start communities, but we will definitely make sure that a connection is made with the Healthy Start COIN and the larger, regional COINS that are going on right now.

Yvonne Hambly: Wonderful. That was very helpful, Nakiva, thank you. We're going to close out this question-and-answer session and move forward with the

presentation. We do have another time allotted at the end to address your questions and answers during the live webinar.

We are also putting together a Frequently Asked Questions document that will be sent out with the recording of this webinar as well. So if we don't address your question during the live webinar, we will have a document that hopefully addresses any remaining questions that you might have coming out of this webinar.

At this point, I am going to hand it over to Kathleen Feese to talk a little bit more about expectations for Level 3 grantees, and competencies for the Healthy Start COIN representatives.

Kathleen Feese: Thank you very much, Yvonne, and good afternoon to everybody. Hello from very rainy New England. We've been having a nor'easter here, so it's already the start of winter for us, it feels like.

What we want to do know is talk to you a little bit more about the Institute that we will be having in November, why we're having this Institute, and what we are going to try to accomplish when we are in the Institute.

The slide that you're seeing right now, you have just seen that. These are the approaches that the Healthy Start program is using, and the aim to reduce the disparities. So we looked at those and we thought, "We need to build on some types of competencies for people with them."

What we started with was the... Okay, we're trying to move forward here at the slide. Okay, there we go. Sorry about that for a sec. The competencies, we went and looked at the Maternal and Child Health Bureau and said, "What are the competencies that the Bureau looks for from any people who are participating in this program?"

Leadership with systems thinking, policy development, communication, cultural competency, community, public health, finance and management, and then analytic and assessment skills. We have highlighted two of those in red.

Everybody, all Level 1, 2, and 3 grantees will be working towards these competencies, but we are really going to be focusing on the two in red, the

leadership and systems thinking, and the analytic and assessment skills, with the people who are participating at Level 3 and in the COIN.

Our Institute will be only the first phase. It will be an introduction to how we are going to be moving forward with these competencies. It will not be the entire training that you will receive. We're going to be having webinars over the next several months or year, so that we will be building on it. But we really look at the Institute in November as a place to start.

Especially as a place to start all using the same language, because we are sure that people have all had lots of training before, in leadership and QI, et cetera. We just want to make sure we are all speaking the same language.

There we go.

So leadership. This is a very small slide, but I think that what we're trying to do here is just say that one of the things that we will be talking about is the difference between leadership and management. Again, you've probably -- a lot of the people on this call are leaders -- you've all gone to different types of leadership training. But the QI model that we are using for this project is the Dartmouth model. It's called "clinical microsystems."

What it does it to really rely on leadership at both the administrative level, but also at the level of the front-line staff, and how to develop them as leaders so that they are making some of the decisions about their practice.

We are looking at this as more than project management. Again, lots of people have skills in project management, but this is bigger than project management. This is really about changing your system. Doing that is very messy. It means working with people, and it means really being able to coach those people through these changes.

Sometimes these changes don't work out at first the way exactly you wanted them to, and that is part of the messiness of working with people and with systems change. But we're going to be working with you to really understand that, and to develop some of the skills to work with that.

We looked again at what the NCH training is about leadership. We thought, "Let's start with what the Bureau is already looking at. So if you haven't ever had a chance, if you are new to working with the Bureau, we certainly suggest that you go and look at some of the competencies that are already available for further explanation from the NCH Training Institute itself, which is different from our institute.

To understand and support the values, sense of purpose, moral commitment, interdisciplinary. Thinking at the level of populations is really critical, especially with our transition away from fee-for-service toward value-based care, in which people are going to be looking much more at the outcomes of populations.

Again, these are things you probably know, things you might even be giving you a headache from time to time. But it is something that we do want to address through this initiative, and again, to help support you in looking at that. Again, looking at new knowledge and developing new skills, that's always... If you're going to be a professional, that's what you're doing all the time.

Our next slide I believe is going to be a poll. What we're going to do with the polling, I'm going to read the questions, but then we have Jody[SP] and Yvonne, who are going to be working on the logistics of it. I'm going to read the question and then you are going to choose one of the answers.

We will wait for a minute or so, and then we will be able to look at the results in real time, right now. We are not collecting this data as part of any research or anything. We are just trying to get a sense here on the call, in real time today, for where you think your strengths and weaknesses are. Right now, we're speaking about you, not necessarily your organization. We will get to that eventually.

Let's just talk about the people who are actually on the call. Let me read the first question. Yvonne and Jody, are you ready?

Woman: Yes.

Kathleen Feese: Great. Question One. Identify the strength of your current competency to recognize and create learning opportunities for others, high, medium, low, and none. [pause] Our numbers are still coming in. [pause] Okay, we are up to 49 responders so far, 50. Do I hear 51? [pause]

We're going to close the poll. If you haven't answered, do it quickly, and then we'll close it and see where we all are together today. Oh, we have some people who are feeling very strongly that they are competent to recognize and create learning opportunities for others. And we have some people feeling, "Well you know, they can do that medium." And then some who are on the lower end, we thank you for your honesty in that regard.

These are strengths, then, to work on, but we are also going to help you look at how you can create other learning opportunities as we move along. And to define what that means as we go through this initiative. What are the learning opportunities that you are going to need to create for people as you participate in this initiative? But so far, we're looking pretty good. Okay.

We are going to the next slide. We just finished that. Oh, I'm sorry. there is a second one. I apologize.

Second question. Identify the strengths of your current competency to facilitate group processes for team-based decisions, for example, foster collaboration and cooperation. Go. [pause] We're getting ready to close the poll. If you haven't entered your answer, go ahead and do so. The poll is closed, Kathleen. Great.

So we can see that people feel that their strength is on the high end, high and medium. Again, we've got some very confident folks. I don't want the person, or persons who rated themselves low to worry too much. Don't worry, we will help you along. But that also tells us that we have people who are already involved, who have this expertise, who can also help the others gain that kind of expertise as we move along.

That is part of the idea behind the COIN in the Level 3 grantees, that they have that level of expertise and that they can share it with others, even as they are developing further themselves. Okay.

Coaching. We are going to be talking about coaching at the Institute, but we are also going to have some webinars specifically on coaching by someone, we hope, from the Dartmouth Institute who has done quite a bit of work on this. It is really about enabling and developing people.

You have to have a knowledge of the processes, as well as the skills, et cetera. But if you really were to talk to people about some successful enterprise, what made something work in the past, yeah, they are going to say, "We had skills." But they are going to say that it is the people.

In fact, they are going to say that it is the relationships. The relationships between leaders and between the people doing the work, and between those folks and then administrators and project managers. It is really the relationships that makes things successful.

Again, we will be talking about the coaching function, QI, collaboration, strategic thinking, facilitator. In fact, facilitator is one of the key components of the implementation strategies that we will be talking about more at the Institute. The idea that what you are doing there is not just leading, but facilitating. Facilitating means that you are helping to structure things for people.

It's called "scaffolding," and how you do that, and how you can look at doing that with your staff when you are developing a new initiative. You also have to be objective at the same time.

We will be talking more about these coaching competencies. One of the theorists we will be working with is Schein. You're probably familiar with some of his books on helping and process, Edgar Schein. SO we will be looking forward to that.

Here are some things about leadership versus management. Again, everybody who is on this line is a leader. You've gone to probably several leadership workshops. We just need to remind people that this is not just about managing this initiative. This is about changing how your system works.

That takes a different type of mindset. Yes, you have to have management. You have to be able to make sure all the details are in place. You have to make sure that everything is clear and that the work is being managed well, and that there is some degree of predictability about it. But that alone is not going to lead to the change that you're going to be looking for. Again, we will be talking about some of this a little bit more at the Institute, and over the next year.

One of the things that we are really going to focus on with you, and we won't have time to do a lot of it at the Institute, but we will be putting together a curriculum for you, is about data. There is a little quote there from Edwards Deming, "Without data, all you have is an opinion." Data speaks loudly for people.

We have some really good data skills that we can share with you if you are not familiar with control charts, if you are not familiar with how you measure implementation strategies, as well as outcomes. We are going to be working with you on some of that as we go.

Again, we will be introducing some of these topics. We will hope, perhaps, to have somebody who is an expert in this, whom we have been speaking with, who can produce a little bit more work for you. Not produce more work, but who can provide more guidance for you.

But if you haven't had that background, we have that background, and we will be able to share that with you. How you develop control charts, how you read them, and how you interpret them to your staff.

We have another poll question. How comfortable are you in your current skills with the following aspects of quality assessment and improvement: testing good change ideas using PDSA cycles? [pause]

If you haven't entered your response for this particular question, we're going to close it in just a couple of minutes. Okay, we're closing the poll. This time we have some people who have expertise, and others who are moderately confident in that, and some with none.

We are going to be using the PDSA cycles, but that is not the only part of the Dartmouth model. That is actually a very small part of the Dartmouth model, which really looks at systems change. How to assess your systems, how to assess your micro system, how to identify what your priorities need to be, and the develop aim statements and follow through with some of the PDSA.

We will be introducing to you a map of a micro system. We'll be talking about value compass, and several other tools. Again, some of you are probably familiar; you will be familiar with the PDSA cycle. We want to put it in context for you, so

that you can see how it's useful to you in context of trying to make a specific change, and not just as an activity in and of itself.

If there hasn't been a good assessment before you do your PDSA cycles, if you don't have a clear aim that has a measurement to go with it, before you do your PDSA cycles, the PDSA cycles may not be useful to you. Those are some of the things that we will be addressing, how you do that kind of an assessment of your system, and your micro system in particular. How you identify priorities, how you set those aim statements in ways that can be measured. I have two cases studies, actually, that we are going to be using at the Institute.

I think our final question for the day is, "How comfortable are you in your current skills with developing appropriate measures for improvement?" [pause] Thank you, everybody, for entering your responses. We are counting down to the close of the poll. If you haven't entered your response, we would love to get your response in the results. [pause] We have closed the poll.

Okay, so most of you, it sounds like, have had some experience at least with measurement. I think it is something all of us can always be doing a better job with, even those of us who have a lot of experience with it. Again, we will be able to help build on that. The people who have that expertise can certainly serve as resources for those who are less comfortable. But we will be providing you with more in that particular area, so that you feel much more comfortable by the end of this initiative.

Okay. We are going to be showing you also, at the Institute, how to assess and measure your current practice, because your current practice is always one of your sources of evidence. We are going to show you how to walk through your services, through your patients' eyes. How to use process maps, root cause, fish bone, the value compass.

Again, if you have background in Six Sigma and Lean, you are going to say, "I know how to use process maps, and root cause analysis, and fish bone charts, et cetera." The clinical micro systems model that we are going to be using uses all of the same tools. The difference is that it looks at the whole system as a clinical system. It is designed specifically for clinical settings, and it is designed by clinicians for clinical settings.

Go ahead, okay. And we're going to be talking about implementation strategies. Over the past several years -- the past decade or so -- as there has been more and more emphasis on QI, on quality improvement, people have also begun looking more at implementation strategies. There is a long history of evaluation, in public health in particular.

But implementation strategies ask you, "What beginning do you need to consider so that you can move ahead? And so that you can measure those same things at the end, in terms of the process of implementing your initiative." Not just the clinical outcomes, but the process of implementation itself.

We know that successful implementation is most likely to occur when you've got evidence-based practice, when you've got your own data as part of your evidence. You need that kind of facilitation. People who are going to support you in putting together your implementation, and identifying your outcomes and measuring them.

You have to understand the context, the systems, and the people that you are working in, the values that they have. The micro, meso, and macro systems that you are working in, that are constantly in flux, and that this is a complex, adaptive system. We will be talking about that quite a bit actually, at the Institute, about complexity. That is how you end up with significant outcomes.

We will be talking about outcome versus process measures, how to measure your aim statements, a refresher on basic descriptives, statistics, control charts. How to create dashboards and score cards. Again, some of you are probably quite capable, quite expert at doing this. For those who are not, you will develop that expertise.

Finally, evaluating outcomes versus implementation strategies. This is an iterative process. When you are changing what you are doing, there is no beginning, middle, and end. This is not just about a formative and affirmative evaluation. This is about ongoing, and that each cycle is informed by the cycle that came before it.

For the next steps in preparing for the Institute, I am going to hand this over to Lea.

Lea Ayers LeFave: Thank you, Kathleen. When we meet, face-to-face, in November, we've got a day and a half. We will start in the 18th and have a full day together. That day we will be focusing on initial education and training based on individual assessments that I am going to talk about in a second. We are going to

be looking at systems thinking, the competencies that Kathleen just covered: systems thinking, leadership, coaching, and quality improvement. We will be working through a couple of case studies that she mentioned to practice some of the skills.

Then the next day, we have a half day, just ahead of the convention. What that day will focus on is really pumping us up for the convention that will be starting that afternoon, and thinking about what, based on your knowledge of the Healthy Start program, what kinds of focus areas we can expect to be addressing through the learning collaboratives.

We will be talking about how the convention is going to be structured. One of the things that is going to be happening during the convention is that the participants of the convention will be completing their own needs assessments, based on their own competencies, around the Healthy Start Epic model.

We will be developing the learning collaboratives based on what we know, as Kathleen mentioned. The data will be our own knowledge based on your experience and your practice with Healthy Start, as well as the data that is going to come forward from the needs assessment.

We will also be talking about how we, JSI and the COIN, and the COIN participants, will be working together, what our communication processes will be like, establishing a way to work together.

The point of the Institute, as Kathleen mentioned, it is foundation. It is a launching of our work together. We are going to have a nice platform to launch from for our future activities together over the next months. So that is what we are going to be doing.

After this, in order to prepare for the Institute, we are going to be sending a link to a survey that is going to include, for every participant in the COIN, will be asked as part of the registration. You are going to be asked to complete a survey that is a personal assessment of systems thinking, of the NCH leadership self-assessment, and also a quality improvement skills assessment. So we will have information and we will have data about who we are when we get together in November, that we will be able to use to shape the Institute itself and our work going forward.

I know that Nakiva is going to be talking a little bit more about who should attend the Institute. We are talking about up to three attendees, which should include the project director, and whoever will be participating in the Healthy Start COIN as a representation for the learning collaboratives, whoever will be ultimately serving in the coaching roles for the learning collaboratives.

We are looking forward to seeing everybody in November, and I think I turn it over for questions and answers.

Yvonne: Thank you, Lea. The first question we have is, "Is there an initial list of priority topics that have been identified for technical assistance?"

Nakiva: Hi, this is Nakiva again. I would like to give just a little bit of information on this. While we have -- "we" meaning our division -- have already been in conversations with the Healthy Start Epic Center in terms of what our thoughts are around the technical assistance that our grantees need, and this of course is based on prior information from other surveys you have done, or conversations you have had with your project officers, we definitely don't want to push our assumptions on you.

We really want our projects, or all of the Healthy Starts, to identify what those needs may be, so that we can make sure that we are definitely addressing and meeting those needs. So one of the main points of, or outcomes for the convention that we're having in November is that from that convention we will learn what are the priorities areas that our grantees have identified as technical assistance needs for them.

Of course, you will be filling out information during the convention, and then from there, we will put that list together. So right now, again, we don't want to base it off of what our initial thoughts may be about technical assistance. We really want to wait and hear what the conversations have been for the past couple of months between you and your project officer. And then also get some additional feedback during that convention.

Yvonne: Thank you. The next question we have chatted in is related to representation on the COIN and the learning collaboratives. Does the person who represents the project on the COIN have to be the same person who is assigned to

the learning collaborative? Or can that be another staff person from the project who represents that particular project or organization on the learning collaborative?

Nakiva: Again, this is Nakiva. From my perspective, we already know that it is a lot of work for one individual to try to be on multiple meetings, and conference calls, and things like that. So if you find that you need an additional person to sit in on a learning collaborative, and then a separate person to sit in at the higher level leadership for the COIN, you are very free to do that. Again, as long as that person is aware of what the responsibilities and things are going to be for them, and they are clear about what their role is going to be for each of those tasks, whether it be the leadership around the HS COIN, or sitting directly on one of the learning collaboratives. You can definitely use two different people.

Yvonne: Wonderful. Thank you, Nakiva. The last question we have chatted in -- and we still have plenty of time for questions -- is, "Will JSI be reviewing past, inter-conceptual learning collaborative results to learn about past best practices that have already been discussed, shared, and documented?"

Nakiva: Yes. We have been already looking internally at what lessons were learned from the previous inter-conception learning collaborative, so that has always been at the forefront of our minds. There are definitely things that did not want them; we don't want them to happen now. We want to always keep improving the process, so we have been looking at that.

We have been looking at lessons learned and seeing what we can transfer over to the new set up for the learning collaborative. That thinking has already been put in place. And of course, we have been in contact with our internal leads for the inter-conception learning collaborative, and they of course have been giving us feedback as well.

Yvonne: Thank you, Nakiva. We will pause just for a couple of minutes to allow additional questions to be chatted in. Then we will check back in and see if there are other questions to be addressed live on the webinar today. [pause until 00:59:57]

Nakiva: All right. Yvonne, this is Nakiva. I know everyone's time is very valuable. I am seeing that we haven't received any questions. I definitely don't want to

prolong the webinar, but I do want to give a couple of reminders for everyone, just based on some of the questions I have seen in the chat area that we were not able to respond to on the call today.

In terms of any questions that we receive about program participants, since that was not the focus of this webinar, I do want to refer all of you to the Frequently Asked Questions document that was provided to you, in follow up to the September 23rd orientation webinar. That FAQ document does have information in there that can possibly respond to any of your questions that you may have had about [inaudible 01:00:46], or about any other program participants.

I do ask that you refer to that document to see if your questions can be answered through that document, and then is not, please forward your question to your project officer and we will be happy to provide a response.

Additionally, this webinar has been recorded. You will receive a follow-up email that will provide to you copies of the slides along with a link to the archived version of this webinar. We know that a lot of our Level 3s' were definitely on this call, and some of our Level 2's, but this information will also be shared with our Level 1's as well. Because again, they can have expertise. Level 2's can have expertise, so we do want to give people an opportunity to share what their expertise is with other grantees. Please be aware of that as well.

Again, for the November convention, we will be gathering information from there as to what your technical assistance training needs may be. And this will definitely help us to address any of your issues, or problems, or challenges, that you believe you are facing with your Healthy Start program. We definitely want to wait until that November convention to receive that information.

As always, if you have questions, please do contact your assigned project officer, and they will be happy to assist you in any way. Thank you.