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Naima: Hello everyone, and welcome to the More than Reporting using performance measures for quality improvement webinar. This is the fifth webinar in our Healthy Start Screening Tool series. As with all the other EPIC Screening Tool webinars, we will not be covering data reporting system nor the National Healthy Start Evaluation. This webinar will solely be focused on quality improvement for your individual programs. I am Naima Cozier, with the Healthy Start EPIC Center, and will serve as today's moderator.

We have approximately 90 minutes set aside for this webinar. There will be a 60-minute presentation and 30 minutes for questions and answers. Questions are only submitted via chat, which is located on the bottom left corner of your screen. If we don't get to your question by the end of the webinar, we'll be sure to include them in the EPIC screening tool Frequently Asked Questions documents. This document is located on the EPIC Center website. This webinar is being recorded. The recording, transcript, and slides will all be posted on the EPIC website following the webinar.

I invite everyone's participation during the webinar. At any point feel free to have your questions chatted, as well as comments on the bottom left corner of your screen. Immediately following the webinar you'll receive an evaluation, and we greatly appreciate your feedback to help improve future webinars. Today's speaker is Gillian Mohini [SP] from the EPIC Center. She has significant experience in quality improvement work with community-based organizations and health centers around the nations. So we're very excited to have her talking about quality improvement with us today. So Gillian, I pass it on to you.

Gillian: Thank you Naima. Please let me know at any point if you cannot hear me well. Thanks for joining today, everybody. As Naima said, we're gonna be talking about quality improvement as it relates to the Healthy Start Performance Measures. I want to apologize in advance. I had a little font snafu, so you'll see a couple of places where the slide took a little strange in that just because I use the font that already talked in it. So, when you download them online, you'll find it there. They look a little more reasonable.

So, the objectives today are…for those of you who joined to be able to identify some common gaps or problems with performance measurement data and identify the nature of those gaps. We'll talk about that sort in the first section. Strategize additional data sources there opportunities for use of data. Be introduced to a data driven quality

improvement framework, and we use this term data driven because you're sort of working from your own data. And then, you'll be able to articulate the first steps in putting data driven QI framework into action. And hopefully, you'll be able to do more than just the first step. But hopefully, these are the things that you'll be able to do after we complete this.

So first thing, Jodie [SP] is going to chat a link to you that's going to have this, what you see on the screen right now. So the link sort of crazy but it's not anything scary, so go ahead and click on it. And what this includes is all the tools and references that I'm covering today. And we'll also link to it after the fact, but this is sort of just all the links and tools that I have mentioned all in one place. And so, hold that up, it'll be helpful to have during this conversation. And that is right in your chat box in the lower left corner. If you need it at any point, you can just type in and ask for it again and we can always send it out again.

So, in taking the big step back, why, you know, why do we do this? Why do we do these performance measures? Why do we do sort of a data collection? Why do we do any of this? The goal obviously is to tell the story of Healthy Start, to show the value of healthy start, to provide value in Healthy Start programs and to participants, and to make a difference in Healthy Start communities. These are just some of the reasons that I see for serve engaging in this data driven quality improvement practice. There are many more reasons that I'm sure you all thinking up with, but it's important to just keep this in mind. I think sometimes in we talk about quality improvement it can feel like, we're just talking about data and we're just talking about numbers. But those numbers are people, right? So, we really try to keep that up the forefront.

So the framework we're gonna use today include six steps. And these are the six steps here on your screen. And it's a little small perhaps, and if you go to the link that Jodie the chairperson shared, you'll see this in this as well. You might be able to zoom in there. And this is based on a sort of our quality improvement process that is intended to take you really from soup to nuts. So from, you know, root to tip however, you want to look at it. Starting at the very beginning we're just sort of checking and reinforcing foundation. Now, what is that mean? That's making sure that you have everything in place and you have what you need, in order to even sort of begin on the QI journey. Then understanding data-driven quality improvement, sort of what do we mean when we say data driven? What is quality improvement versus

quality assurance things like that. Then selecting your target for improvement and initiating the QI project. What are some ways? How should we make that decision? And what should we choose? Oftentimes when we do QI, we sort of going through with an idea what we want to improve. But our recommendation with this framework is that you sort of pull of that aside and serve start from the beginning. And then the fourth step is document and analyze current flows, and that's taking to look at what you're currently doing, sort of what's happening most often on the ground and identify opportunities for improvement. Then implementing and evaluating changes. And so, that is taking what you learn from doing that analysis of your current workflows, and potential improvements, and figuring out what it makes sense to change, what might sort of move the needle in the way that we want, and what to try. And then last is spread and sustain results. Like so many things, change fatigue is real, and so how can we make sure that the changes that we make or any improvements that we make and that that's embedded in our program or end up sort of really making that change we want to see and moving that needle in the way that's important.

This is the framework that will sort to be working through as we go through the rest of the slide. So, sort of keep this in mind. So, this first section as mentioned is called Check and Reinforce Foundation. So, the first part is sort of a terminology note. We've used lots of different terms for sort of all the things around, the performance measures, and the screening tools, and all of these. So, I'm just going over this terminology as I'll be using it today, and as we try to use that in the Healthy Start EPIC Center, just so we're all working from the shared vocabulary.

So, first the Screen Tools are the tools and the related data that's gathered. Those are the prenatal, postpartum, pre-conception etc. The Performance Measures are the reporting, the things like, you know, portion of Healthy Start women with the usual first of care, for example, that's one of the performance measures. Benchmarks are the goals for the performance measures that were laid out in the FOA. And so, that was things like 100% of women have a reproductive life plan. And then there are the Goals and Objectives that you set forth in your project workplan. And those are ones that you set on your own. So just sort of keep these in mind. So I'm gonna use the term performance measures a lot. And what I'm referring to there are those measures that are laid out in the data dictionary and that you sort of report on based on the information available, and the link to the data dictionary in that initial link that Jodie sent us. That I mentioned have all the links.

Okay, I'm sorry. Okay. So what foundations should we checked? When we're sort of checking and reinforcing foundations as I said? First, is do we have consistent systems in place to capture the needed information? Do we have a stable approach? So for example, if you're in the middle of converting your case management system, or care coordination system, or EHR, or whatever it is that you have. If you haven't used those and you're in the middle of converting those, I would recommend holding, you know, holding off basically on a QI initiative.

Is that information accessible for use in QI efforts? So if you are capturing this information, is it in a way that you're able to access it and use it for QI? So, the essence that we have that data-driven approach. Have you been doing quality assurance or validation to ensure data accuracy? I'm sorry, there's a typo on that but that's all right. So yes, have you from been doing those tracks to make sure that things are being captured and consistently that the information that's needed is being appropriately captured, that you are able to access it those types of things. Does the process have buy-in from leadership and staff? Our staff, sort of using your data collection tools and systems in the way that is needed in order to access them for QI? Is leadership on-board with this being important and sort of QI being needed? And then our QI efforts aligned with the organization mission, goals, and imperative? If your organization, you know, for example, is in the middle of doing some other big change, you know, the QI can...doing the QI initiative can put a mud in the water a little bit and increase the change, fatigue and the sort of overwhelmed feeling that staff can have some time. So, making sure that those things are aligned to the extent possible is really important. And then do we have those capacity and stability to take on an initiative right now? If you're experiencing huge staff turnover for example, you know, you're part of a Health Department and there's currently a big change going on in your city, something like that. You know, that's an important thing to consider. So just making sure that you're sort of well-positioned, things are stable, capacity exist, all those things before you sort of dive headfirst into a QI initiative. And if you find that, you know, you're not in the best place as it relate to one of these questions, that's fine. You just sort of address that first and then move forward to the ones that have been addressed.

So, this is jacked up when I can do this as the pool just something for you to consider. Where are you on implementing the screening tools and monitoring performance measures? So we sure to get the scale of, we're doing great, we have screening tool data in a database or system and I can run reports. And there's some folks doing that, I've gotten

some good reports of people doing that. We're just starting out, we have some data, but it's on paper or it's in a system that it's a black box. We're not able to run reports throughout that. Or we don't even know where to start. We've got nothing. You know, you're really not sure what's the next step is or where you're going. So just thinking about that, and if you're sort of in the second or third category, so if you're feeling like we've got nothing we don't even know where to start. Again, you just want to address that first. It doesn't make sense to take on the quality improvement initiative when you're in the middle of implementing this and you're feeling like you don't even know where to start with that. So, so just put first things first. That's for take home message here. If you're in this top group which is we're doing great, we have screening full data in the database and we're running reports, you are ready to roll.

So, performance measures. As I mentioned, these are those measures that are laid out in the data dictionary. Calculating your performance measures can and should be done from the information captured in the screening tool. I hope this isn't new to anybody. You can use your paper forms, your internal systems, reports or potentially reports from HSMED to calculate. Reports from the screening tools can be downloaded from the HSMED system. You have to email them for details on how to do that. But that's the latest on that. And then the information used for Performance Measures is a small subset of total screening tool questions. So, I know lots of our concerns about how long the screening tools are it's a small portion of those questions that are used for the performance measures. I've got one hand-raised and one person saying there's an echo or something weird with the sound, there are other people having an issue? Is this any better.

Naima: Gillian I can hear you fine and I'm hearing an echo, all a chat with them offline.

Gillian: Okay. Okay great. Thanks, everybody. So by making this point, you may choose two things. One is reports some issues that they are only available to those who have uploaded their data obviously. If you haven't uploaded data to the system or is being inconsistent, things like that, then that sort of goes back to my initial point sort of getting those foundations in place, getting those uploads done regularly etc., before you move on this QI initiative.

And then, and then as mentioned, it's a small subset of total screen two questions that are used for the performance measures. And you can get information as to which those are from this crosswalk. And so, this is a

page on the Healthy Start EPIC site. So, Jodi s can I chat out the link to this and the link is also in that thing we initially sent. And so, you can see right here is where you should be looking. And so, hopefully most folks have access as crosswalk already. But I'm gonna give a brief overview of it, here we go. So this is just an example of what one particular measure looks like. And how it's laid out is that the first column is the performance measurement itself. The second column is the comparison statistic which is like the basis for why, the why measure is laid out in the way that it is and what it will likely be compared to or what it can be compared with the better way to say that. And then the third column is the actual definition and this is taken directly from the data dictionary. And then the next sections are how to calculate these from the screening tools. And so, you can actually use this to sort of pull that information either create the queries or however you do it within your own site to determine sort of who should be included in the denominator, who should be included in the numerator etc. So, this crosswalk includes all of the performance measures and how they're all calculated from the screening tool.

And so, what this may be helpful for, well certainly we want you to use the totality of the screening tools to the extent possible is this can tell you which questions sort of need to be the focus if you're working on your performance measures. And you know, maybe which questions it might be good to do training on or things like that. So, it's helpful for that reason. If you haven't seen this already please do download it, sort of key to this whole thing.

The last update date for the crosswalk was beginning of last week. There was a typo in one that said you could find the date of birth for a baby in question three, and the date of birth is always question one. But that was the only change. And before that, it had been a few months before there was a change. So if you downloaded it the first time six months ago, download a new version there are a couple of small changes nothing huge though. And you can always email us if you have questions about that. Thanks Tracy for that question.

Okay. So when you see this, that's the crosswalk. And then how does this actually work when we go to do it? When we do the initial calculations, we first determine the denominator, that's children captured on the Interconception or Postpartum tool during the reporting period, who are less than 12 months based on the date of birth in question one, 1.1 specifically. And then the numerator is using Postpartum Interconception tool because we're using the same things to use for this

denominator. Add up all those where, for the child in the numerator, the responses are as follows. Insert the question five, that the baby was on his or her back. And so this is for safe sleep practice specifically. Sorry I didn't say that, these examples for safe sleep practice specifically. And so with the question five is in which positions you most often lie your baby your babies down to sleep. And so, the mother provides a response and if the responses on his or her back, it counts in the numerator. Question six is in the past two weeks how often has your new child or have your new children slept alone in his or her own crib or bed? And if it's always or often, it counts in the numerator. Question seven is about sleeping location. If the answer is in a crib, bassinette or pack and play, then it counts in the numerator. So, how this is laid out as I said what was covered on that last slide is this right here and this right here. And so, that just helps us do those initial calculations.

And so, then where do we go from here? We're sort of done this step of figuring out sort of what child counts as well as they slept, as having engaged in safety practices. For example, we wanted to down a little bit on that. So, when we just sort of do this initial calculation, we get 64% of participants report engaging in safe sleep practices. But what is that mean? What's sort of going on under the hood there? The screening tool sort of identify those factors that may contribute to a less than ideal outcomes and may sort of point to opportunities for improvement. So imagine that this is the actual performance on the benchmark. For that first question, question five as I said, 77% of people of women report that they're always or most often placing baby to sleep on their back. Sorry, that's questions six. 56% are saying always place baby to sleep alone, with no bed sharing. And 69% say they're placing baby sleep on a firm sleep surface with no soft toys or blankets, meaning they reported pack and play, crib or bassinette, and no additional things added in there. Okay, so when we look at this and we dig down into this, we see this the issue was driving this performance measure is bed sharing. More people report that the baby is not always sleeping alone than any of the other things that are contributing. So we've seen that right here, right? 56% as opposed to these other ones that are higher. Okay. So now, what this does is help us know what we need to focus on. So our rate is 64, what's bringing it down 64? Said Cherry. Okay, so now we know that we would potentially target our educational effort, or maybe staff training if there are questions related to that. We would focus those on the specific bed sharing aspect of the safe sleep measure as opposed to the better aspects. So, and that sort of translate across the various performance measures.

What are the potential gaps that exist to when we think about this or the issues that may impact to measures? So, we just had one example, but there are other types too. These are the most common ones. The first is the numerator issues. And so, this is for example, for safe sleep. If the participants says they usually place the baby to sleep on their back and that is marked as don't know or sometimes by the staff person who did administering the screening tool, but upon additional probing it might seem reasonable to put it as often. So that's numerator issue, there is information available that leads to improper inclusion or exclusion from calculation. So, that's sort of one potential issue. The second potential issue is denominator issues. And so, this is that the report is including patients that should not be included as nominator or universe as another term that we use. For example is the wrong timeframe are missing the exclusion. So what's an example of that? Let's say for the postpartum visit measure, that measure is intended to only look at women who delivered within the reporting period and whose date of enrollment is prior to delivery or within 30 days of delivery. So, if upon circulating your denominator is that exclusion wasn't used? So the denominator included women who delivered in their reporting period but did not enroll in that timeframe of prior to delivery over within 30 days of delivery, then that would be including women sort of erroneously, and that's a denominator issue. And then, when we think about the service or outcome issue, this would be things that are harder to change. So for example, if your state has limited access to Medicaid that some of your women do not qualify and are not able to access insurance through other means, then that would be an example of this kind. Or another example would be that, you're for capturing everything correctly but you're not providing somebody who can help with accessing insurance. And so, that service is just not being provided. And so, that can be sort of any number of things that could just be that it's not available, it could be that the service isn't provided, it could be that there is no referral source. And those are the sort of service and outcome issues that we're talking about.

So this is sort of an important thing to think about, is what type of gaps or issues are you experiencing? Okay. So why does the type of issue or gap matter? I'm really interested in what people have to say about this. So chat in if you have thoughts as to why the type of issue matters. But I've given away the form a little bit with some answers on the screen here. And that is that, you know, resources are limited. So, targeting specific gaps is key for efficiency and best care. It doesn't make sense to be putting a bunch of effort into sort of ensuring, for example, ensuring that baby has a firm clean surface with no soft toys or blanket when the issue is bed sharing. Maybe the issues that contributing to

lower performance on the performance measure and, you know, potential risks to the child is bed sharing. So, sort of doing that targeting is really important and that's what thinking about it this way, will ideally help with. And then also gaps in data versus gaps and services or outcomes those are sort of very different to address, right? Gaps in data require improving your data collection or your data analysis or some sort of system approach. Gaps in services require that you sort of, you know, make better use of you as you can, make better use of referral person, make better use of partnerships, and things like that. And gaps in data are in some ways easier to address. Gaps in services in some ways are harder to address. So, it often makes sense to just start with data issue. One, because then you're working from accurate information and two, those are more easy to address, as I said. And allow you to then focus on the more important thing. Also, sort of knowing the nature of the challenge, allows you to sort of illustrate that specific knowledge of existing gaps and then you can share that with your stakeholders, and that really can build credibility. If you are able to go to a partner and say, you know, we find that among our pregnant women 20% are do not have insurance, then you can sort of make the argument for why you need maybe additional resources to help folks get connected insurance, or things like that. So, having sort of that very specific information as opposed to sort of having more broad questions or more broad tasks of partners. And then lastly, I've mentioned this a couple of times but change fatigue is a very big challenge. When, you know, you're in the community based program or you're based in the health center or whatever the case may be and there are constantly new initiatives coming out there's constantly new things to be done. It's very hard to keep doing that, it's very hard to sort of keep up the energy and level of effort that's needed and saying these things. So, targeting what needs to be changed and what exactly is going on really help design and help the credibility and just sort of makes everybody maybe flow a little bit better about what we're trying to do.

Okay. So, now we're moving on to sort of the next section of that framework. And this is understanding data driven quality improvement. So, let's say you do those initial calculations that we've talked about and after doing that some of the performance measures are not exactly where you want them. So, you're now, you know, you're reporting them accurately based on that crosswalk, you know, you're reporting them from the screening tools or something that aligns with the screening tools and you find that your rates are not where you want them. So, now we move forward to this data driven quality improvement approach. And it's again, data driven because they're working from that data that

actually understands all of these.

So, what is data driven quality improvement look like? It's basically, ideally in a dream world, an upward spiral, right? So, you provide services, you measure the results, you plan improvements, you implement improvements, then you provide services, measure new results, plan improvements, implement improvements, and it sort of just continues upward resulting in better results for participants and families. That's the dream. Obviously, there's more to it than that, but that's what we're trying to do is work from the information that we have to figure out how we can get better results for our clients. And so, what is data driven QI require? Again I apologize for the sounds on this, I swear it looked great when I when I uploaded it. So, first and most importantly is people, and then additionally process, technology, and data. So like I said in the beginning, sometimes quality improvement can feel like an endless focus on data and numbers, but people are the key to everything. These are the pretty really truly don't exist without the people. So, people are leadership who are shaping program in a far relationship, staff who are doing the home visits, for completing the tools which we're using to capture the data. So, you know, there is no data without people, right? There is no process without people. So, really thinking about how you can engage the folks on staff to improve the processes, technology, and data, and have that all feed into each other to make people's lives easier not harder, right?

And so, what are the keys to consider as we think about how is this all comes together, and what is driving the results for seeing for a various performance measures or further performance measures we're trying to work on? So, first of all, there's a whole process that goes on around this, right? There is the thing that all the people do, the process but all the people do using the technology and data that's available. And so, there's these three questions, I'm sorry, these five questions that go on around that which is who, so which staff is responsible for the activity or information. What, what activity is done, what information is captured? Where, where is the information captured or conveyed, where does this thing take place? How, sort of through what channel is the work done or information captured. And when, at what point in the process is the work done or the information captured. And so, instead of getting a holistic view of all of these things really helps understand what's driving our performance.

And so, this brings us to selecting a target for improvement and initiating a QI project. So, what QI target is best? So, we've sort of done all this

basis work, baseline work, to figure out where we're at and how we're doing on those performance measures and make sure that they are sort of an accurate representation of what's really going on. But how do we know what to work on except for just, you know, doing what we feel like? So, there's a lot of different things to consider some are, you know, if there's less than optimal performance, if it's the greatest need in the community. So you're really sort of filling a gap in the community. Leadership made the determination, sometimes you do it because the leadership in your organization decided. Aligns with other efforts in the organization so, there is some synchronicity there are or economies of scale that you may be able to access. Or existing resources to leverage, maybe there is a recent grant that you got that sort of a…is adjacent to the work that you need to do on a certain performance measures so, there some resources there. And then example of that would be, let's say your depression screening measure. You have low referral rates, but recently an estimate see or a federally qualified husband during their community got additional money to provide more behavioral health. Or do more behavioral health integration. And so, that might be a really good opportunity to partner with that health center to get those depression screening referrals done. So, speaking about sort of those existing resources that you might be able to leverage. And I'd be interested if anybody else has any other thoughts on this.

So, additional decisions support. Let's say, you come up with the number of possible performance measures that you want to work on based on these, you may then choose to use a prioritization matrix. Those of you who did the QI PLN this will look familiar. Obviously not this one, but linked two in that original link that we sent out which I'm gonna resend right now just to make sure that everybody has it. Is a prioritization matrix that you can use, and what this does, is it informs by the work we've already discussed, sort of that data driven approach. And you use the tool like this to compare options side-by-side in sort of a more "apples to apples" way. So, what does it actually do? It narrows the expertise that you're considering, allowing you to be most efficient with the work done first. In there by hopefully getting some wins that can be important for buy in. And again, avoiding that dreaded change fatigue. From my clear direction when there are multiple sort of objectively good choices, let's say, like I said, there are multiple things that come up when you think through these things. So, those are objectively good choices. So, helps you narrow those down. And then focus as quality improvement efforts when as discussed there is, you know, it's hard to come up with the time and resources to do it. So, you can use the prior decision matrix in that way.

And just some sort of tips as you're using a grid like this, and you can obviously create your own too. This is merely a certified by four grid. When thinking about the difficulty, we're talking about difficulty of sort of moving the needle on this particular performance measure. So, here I've listed breastfeeding at six months, safe sleep, reproductive life planning, and postpartum visit. So, when you're at difficulty, be sure you take into account the sort of regulatory or, you know, potentially insurance environment. So for example, if the majority of your participants are low income and your State didn't expand Medicaid then there may be a ceiling on how much you can improve which obviously vastly increases the difficulty when we're thinking about, you know percent of women with insurance for example. Or similarly like the depression screening measure, I mentioned. If you don't have...if there's a real shortage of behavioral health providers who take the insurance that your women have in your area, then there may be a sort of a built in ceiling there. And obviously you want to reflect that to your project officer or in any situation where you're sharing this information because that is important context. But that can sort of increase your difficulty exponentially, right?

And then when thinking about impact, one way to think about it is how many participants are impacted by the measure or the potential change you would make. And so, for example, the group being looked at for tobacco use in the last three months of pregnancy is considerably smaller than say, all participants who have a usual source of care. So there is some measures that look at all participants. So that's a much larger group and some that are smaller. Now, that being said, you could also make the argument that tobacco used during pregnancy is very problematic. So, you wanna use, you wanna sit down with your multi-disciplinary group and decide how your defining difficulty and impact and use your definition across all of them. That's really the key. So, let's just go over a couple more examples. So, let's say that in doing your original calculations and digging into that you found that the portion of women who are breast feeding at six months is low because you're not seeing many of your women around the six-month mark and either they aren't being asked the question or they haven't continued breastfeeding. So, you could also determine that the portion of children being put sleep polling safe sleep practices is lower than it could be primarily because that 25% of participants are report that they're bed sharing with some regularity. So, these are ones that you could put there. And so, for example on that breastfeeding one, the difficulty in changing that is probably pretty high because, you know, you need to change the behavior of people. Now, if the issue is that they're not being asked the

question, that's easier to change. If the issue is that they're not continuing to breastfeed, that's harder to change. I'm not going back to gather point I made previously about sort of, is that a data issue or is it a service issue? And then like a last example is reproductive life planning. Let's say that staff is discussing reproductive life planning with participants but it isn't consistently being documented or when assessing the portion of women who received inappropriate postpartum visit, you have confirmed that they have had a postpartum visit but you're not able to confirm that it's between four and six weeks. So, there's a potentially high impact from that because if you're able to get that information then you, you know, you may be able to sort of move the needle pretty quickly. So, those are just some examples of what you might list on here in the circumstances in which you might do so. And so, as I mentioned the link to our prioritization matrix is in the link that we just shared. And if you will part of the QI PLN you would be familiar with this as well.

And so then, the other things to think about is that, if you're monitoring your performance over time on the various performance measures which I believe most of you are doing some type of this because you're reporting it to your project officer and things like that. It allows you to identify changes sort of when they happen and respond if necessary. So for example, if you're regularly monitoring your performance, then by running those sort of monthly reports and turning them, you'd see any unexpected changes or issues that arise. An example of that is, let's say, you had some staff turnover, you have a couple of new change managers, you run your monthly reports and a month or two after the new case manager start, you see that performance has changed dramatically on a particular measure maybe it's higher maybe slower. You may wanna focus on assessing what's going on there. Could be that the case managers didn't receive training on a particular component or are interpreting something a certain ways. So, doing this serve like monthly or quarterly or whatever regular monitoring really allows you to sort of respond to things in real time, and potentially tie things back to maybe an underlying issue. Change in staff or something like that, change in how a partner is doing something. Things like that. Any questions on this selection process? Okay.

Okay. So next is document and analyze current flows and identify improvements. I'm gonna talk through this, but there's a tool in the list of tools that we provided that we strongly recommend using with your multi-disciplinary QI team. It's…I'll show an example of it here, and I just think its super helpful as you're thinking through sort of what's driving

performance. So, now that we've chosen a target, what are we currently doing that's getting us the results we are currently getting? What should we be doing be getting ideal outcomes? And so, another way to say that is, what are the best practices? What could we be doing differently to get closer to best practices and therefore achieve better outcome? And then what of these should we adopt? So, this is sort of the questions that underlie the sort of PDSA cycle part of it. But first, we're gonna do this step of mapping our current processes.

So, what are the key aspects that we consider when we're thinking about this? So first is data. As I've said several times, when we think about this data driven quality improvement, it's all about knowing what's currently going on sort of under the hood. Complete and accurate data, or records, or however, you want to look at it, allows us to know who or who is not receiving various services, and as such what performance measures we could be doing better on. And so we have that from the quantitative portion. And then the next thing that we'll talk about is sort of the qualitative part of this data or again, whatever term you wanna use. And then, the other thing we need to know is that best practices and we'll sort of narrow that on afterwards. And then, the final layer will be adoption sort of based on our data and what we know about best practices what should we adopt.

So, this is that process mapping tool. And I strongly recommend that you download this from this list of tools that we provided. There is a word document format and an Excel format and see if you can use whichever one is easiest. And, what this does is it sort of like lays out a documenting process. It's about three pages long, and it just sort of takes step-by-step through the sort of interaction with the client. And if it's not in the order that makes the most sense for you, by all means, you can change the title over here on this side to be the order that you use and that's totally fine. But what we're trying to do is sort of map who is doing, what, where, how, and when as it pertains to your process around the particular measure that you choose. So, first we complete this section up here. To answer the question that just came in, no, because it's a word document you do have to click through that link that the chairperson shares just above, in order to access this. So, click through there and you'll see it right in that document. Okay. So the first step is to do this target. I'm clicking on the wrong thing.

Target performance measure and current performance on the measure. This is, likely very familiar to those of you again, who are in QI PLN who have done a lot of QI and this is just all about what your sort of aim

statement is, and what your baseline is. So, target performance measure. Be specific as possible, defining the population, etc. So as you see here, I've used the example of the...this is the postpartum measure, percent of Healthy Start women participants who enrolled prenatally or within 30 days after delivery who received the postpartum visit within four to six weeks of delivery. So, we sort of defined all aspects of that. We got when they enrolled, when exactly they need to have gotten the visit, you know, that they need to be a participant, etc. And so, you wanna be as specific as possible when you're defining that measure. So you may choose to do work on the safe sleep measure, or IPV, or any of those. And so, if so, you've just got to make sure you complete this as thoroughly as possible. And then, current performance on the measure is how you're currently doing. Obviously, this is set in that baseline. So, in this example, 42% of Healthy Start women participants who enrolled prenatally or within 30 days after delivery received a postpartum visit within four to six weeks after delivery. And again, as I mentioned earlier this may be a situation where this 42% is not actually representative. It is that we don't have the data to know whether it was between four and six weeks and so we'll talk a little bit more about that.

So that's that first section, again, I'm just gonna go back to this overview. So, we just completed this first section up here at the top, and now we're gonna look down at the next section. And so, this is mapping current processes. And I have filled this in a little bit, just to give some examples. And as you see sort of on the left side is the description of the first step in the process, and as I mentioned earlier you can change that if your order is different. And then just mapping out again, who is doing, what, where, how, and when. So upon initial referral the case managers receiving their referral. How did they do it? They check the fax, emails, etc., for referrals and input them into the system. Where is it put into the system? that's something that you would need to put in. Is it put in temporarily and emailed out to everybody? Is it marked as an enrollment? Has sort of…how is it put into the system? Input into case management system and adds to the client list of a case manager? So just for example if it's something where it's to find out about it that might be how it's done. And then when…ideally, within 24 hours that receive but it's currently taking about two and a half days.

And then, the next line is care coordination and case management meetings. So let's say you have weekly meetings of your care coordinators or your case managers. So all case managers are there, weekly meetings to review new clients thinking about what is going on in those that relates to postpartum visits, for example. And so then, further

down on the process in that tool or some rows that pertain to population and community services, but these are things that you do across your whole community or your whole population. And so, the example I've included here is, our program manager is the who. What, identifies participants with open referrals, open postpartum referrals. Where, they find that in the case management system, there is a registry that's March there. How, input case management system into...I'm sorry, input into case management system and added to the client list of a case manager, etc.

And then, foundations or things like protocols, processes and practices that support overall care. So, for example…I'm sorry, I think I got lost on the slide. Let's say the director in the CANs coordinator, monitor outcomes, conduct onboarding for news staff. So things that sort of create the possibility of more effective referrals or things like that. So that's the first foundations are. So to recap, these purple sections are just sort of your individual interaction with each client and mapping out who, what, where, when, and why, there's how and when, sorry, for each of those. And then this green is sort of what you're doing to monitor your whole client population. And the blue is the foundation on which all of this is sort of into your protocols processes and practices.

So some tips around doing this current process mapping. When using the mapping worksheet, be sure you're involved in your multi-disciplinary team. You definitely don't wanna be in a situation where we think we know what everybody does, and then we sort of make all certain decisions based on that and it turns out that's not how those things are done. Also under the current processes, be sure to document what is most often done not what should be done. I find when we do these worksheets with staff, oftentimes, there's a tendency to document what we would love to do, not what we are able to do or what we do. So really, try to use the rule of what happens 85% of the time.

You may wanna edit the mapping worksheet for your own purposes such as reordering the categories as mentioned or sort of being more specific in any place. So feel free to do that. As I said, I provided a word and Excel file. Be sure to include any activities that cross the whole population in that population services section that's that green row. And again, that's ways that you assess how your whole participant panel is doing. And then again include policies, protocols, and practices such as training, I.T systems, anything like that in that Foundation section.

And so then, we think about potential improvements for any of these.

And so potential improvements, when we think about initial referral and enrollment a potential improvement might be…and again, we're talking about the postpartum measure. In this example, would be to include a field on the referral form asking whether the woman has had postpartum care and asking for a date. This can then be confirmed by the participant and at the initial visit. So that might be a potential improvement sort of at that step of initial referral. A potential improvement may be for the case coordination or case management meeting. Is a review current performance on target manager as well as a list of all participants who are in need of a postpartum visit on a weekly basis. And the list could potentially be generated from the screening tools or some other system that you have. And then, what this might allow you to do is be there may be participants who are coming in that week, and you're able to reassess that with them. It may be that your case managers or home visitors have experience with those people and they're like, "Oh no, I know she had a postpartum visit, let me just give her let me give her a call, whatever." So sort of doing that check so that you're able to leverage sort of all the information that you have.

Then, prior to initial participant encounter, generate a list of services that likely pertain to that participant, maybe call it an action list, such as insurance postpartum visit, breast feeding etc. And so that way, you're sort of just looking at those things that are most likely to be relevant to that woman in that moment. And so you would have your own potential examples based on what you see when filling out this process map, right? So when you're considering potential improvements, what you're really thinking about is what should we be doing to get the ideal outcomes and what could be the different, be doing differently to get close to the best practices and then therefore achieve better outcomes.

So things that may sort of be well-suited to improvement are cells or sections of the worksheet where the process is not known. So if they're back on this one, for example, there were some blank cells. If we have blank cells and we throw it out, those are probably an opportunity for improvement because we don't know what's currently going on there. Instances where stakeholders are not aligned on processes, such as different case managers or sites or doing different things, you know, maybe one nurse or case manager is calling on day three for something whereas somebody else is calling within a week. If that is related to the particular performance measure you're working on, that is sort of material to what you need to know.

Instances for no policy or reliable practices in place where there's sort of

not something consistently happening. Instances where some portion of what I'm calling the five Ws, which are the who, what, where, when and how. Where there's no consistent where or how the information is captured, for example, that would be an opportunity for potential improvement, because you wanna have their information consistently captured so that you can work from it. And then instances, where policies and workflows are in place, but outcomes are still suboptimal. It's still not what you want them to do.

Okay. So that's how the process that we undertake to figure out what we're currently doing to document our current flows and identify potential improvements. And so now, we sort of finalized that idea on finding improvements and then implement some evaluate changes. So first step is to review best practices. So in addition to potential changes from current activity, you also want to actually review those best practices. So the Healthy Start EPIC Center has the evidence-based practice library, which Jodi just sends out the link. So if you're working…again, let's say you're working on breastfeeding, for example, there's a whole series of evidence-based practices in that library for breastfeeding that you can take a look at and see if they fit within your current workflow.

There's also change packages from the Quality Improvement Peer Learning Networks, which are available on the Healthy Start website under each approach. And so the other link to that will be coming out too momentarily, I believe, and is in that list of links that I sent out as well. And so Jodi just sent a change packages as well. And so then, consider, are there additional sources of screening tool information or of consistent information that can be tapped into either for verification or to supplement your current data. So for example, I've mentioned maybe you're in a situation where you are able to confirm that a woman had a postpartum visit but you're not able to think from the timeframe which it happened. So perhaps there's a partner that you could work with there to get that information. They're accurate [inaudible 00:53:36] this information at HER, obviously, I know a lot of you are in the FQHC. Maybe there's a home visiting program? Again, I know there's a lot of overlap with this and with county or city services. There are lots of examples of other data that you could get, and also, you may wanna consider. So as it relates to these things, be a data partner is a great thing. If you're using the screening tools and you have a system that allows you to pull out the identified information or create data partnership that can be really valuable. Other people are sort of in the same boat you are where they're reporting on outcomes for their patients. So if you're considering something like that, an important tip is

that data partnerships often require a memorandum of agreement saying, "Here's what we're gonna do. Here's what we're not gonna do. Here's what we're gonna share. Here's what we're not gonna share." And many data partnership begin by having what's called "Read-only access," which means you can see other entities data, but you're not able to change it or access it in sort of that way.

So that can be a way that people sort of feel safer in doing that initial data sharing. So that's something to think about. If you're looking to use another data source or integrate another data source, getting an MOA or MOU in place and potentially beginning by having read-only access, so, foods for thought on that. And the other thing you may wanna consider as we can brought sources of data is, are you able to get higher level data that may help with planning or contacts? And so, a couple places you may want to check out, our websites like Community Commons which is communitycommons.org. And that was actually recommended by one of your colleagues at the Kansas City Regional Meeting. And I have since to use that many times of communitycommons.org or HealthLandscape. You can Google it, it's from there Robert Graham Center they have a lot of information around portion of persistence tool. I mean, a portion of the population who's insured, who is low income, etc. And that can be really helpful for sort of program planning, for providing context when you're reporting information and things like that. So really think about other data sources that you need be able to try on.

And then what change do you want to make? So you identified the bunch of potential improvements when you were documenting your current flows. And again, this is an opportunity to use that prioritization matrix to figure out which change you want to. Thank you. Somebody just shared the Community Commons website, so that's helpful. And the HealthLandscape was the other one I mentioned. And to hear a prioritization matrix again, again, this was just help you do is figure out what change might be most efficient or impactful. So, recommend you do this again as the group to think about what improvement you wanna try. You can't make them all at the same time you're gonna end up with a whole list of potential changes that you wanna make. But you wanna try just one at a time, keep it limited. Thank you. So now both Community Commons and the Graham Center mapping tool are in the chat box.So next just sort of getting to those PDSA cycles. The first step is plan. Obviously, I provided that link in the list of links for a planning document, sort of the questions that you need to answers to have a successful test of your improvement. And the goal is to describe the change you will make to see if the improvement, results in an

improvement and what you learned.

And some important considerations when doing this, when you're creating your plan; don't overcommit. Limit the scope of the test of change to one site, one day, one team, whatever the case may be. Oh, I'm sorry somebody just pointed out that they weren't able to see those last two links. So if you can share those with the whole group. Thank you for letting us know, sorry about that. And then remember that this change is not the only option. There…you've created this whole list when you did your…documenting and your current processes. So, if this doesn't work, there are lots of other things to try. So don't overcommit. Don't completely embed that the enhancement before we know if it works. So, for example, don't make it costly system changes or staffing changes.

Communication is a key to success in everything not just in quality improvement, so life lesson, not just to improvement lesson. The scope of the test should be limited, but broader communication is likely needed. And then communicate with everyone necessary that a new process or plan is being tested but won't be rolled out broadly until you're sure that it works. And so, the idea with this is to sort of control the rumor that can get started when there's something happening behind the scene. So you wanna be sure to clearly outline the plan, scope, and responsibilities to those involved and allow and encourage feedback from those folks.

Define success in terms of your target and goal from the QI worksheet. Be sure you're defining success as a team, including input from those who are actually doing. This goes back to the…it takes people processes, technology, and data but people are the most important. You really wanna make sure that people who are doing it or the primary people saying how it should be done or providing insight on how should be done. Be sure that you're avoiding target drift or scope creep. Oftentimes this is a function of defining success by what's easiest to measure rather than what our initial target was. And then consider external barriers. This is something I mentioned a couple of times. But if there is a dearth of mental health providers that accept Medicaid or, you know, severe limits on Medicaid eligibility be sure to consider that in your goals, in your planning, etc. And also be sure that success includes multiple facets such as a changing key metric in the measure that we're working on, performance measure that we're working on. And increased staff satisfaction or knowledge, and is gonna be measurable in the time available. And then the last thing is collect data related to your

performance measure that you're working on. Be sure that it's actually directly related data. That's a really key thing. And be sure that that data can and will be collected in the time allowed and whether it be collected separately from how you're currently collecting other data. Those of you again who are part of the QI PLN will remember that we give sort of these both side data collection forms, that's always a good idea. So think about how you're gonna select that data and how you're gonna use it.

And so then we get to study. So we've figured out what current processes that we're figured out, what we're gonna…what change we're make we've sort of done the planning and considered all the things that need to be considered for our planning and then we're gonna do that thing whatever it is. And that with those considerations are…and then we need to study, this the S in PDSA. And so, first we're gonna collect and analyze qualitative and quantitative data. Compare data to predictions and goal, seek to understand the experiences of those involved. And then we just figure out, did the improvement work? Did it have the intended effect? Did it move you towards your goal? Did it do so without driving those involved to crazy? If it drove everybody crazy is probably not the things to doing, even if it worked. So, really like, you know, sitting down and having those conversations as a group is super important.

And then the A in PDSA, "Act". So are we adopting, adapting, or abandonment? So you've done your tasks, you figured, and you've talked to your staff about how it went, you looked at the data you've collected and now there will be three options. The first is adopt as I said, which is when the test resulted in the desired outcomes. And then what you wanna do is expand that test, and begin embedding within your system. Adapting, when it resulted in some improvement but not exactly the goal then you probably want to tweak it and test again. And abandon is when the test did not result in desired outcomes. And then you just wanna discontinue the change that you tested and ensure that none of it remains embedded in your systems. This is why we make this small test of change, you know, you always hear this phrase small test of change is because you may just need to abandon it entirely and you don't want to be in a situation where you committed a lot of resources, or you've done a lot around it. And you feel like you have to keep that going. So, that's why small test of change are key.

So a couple of case studies from other Healthy Start programs. These are two breast feeding example. And this is from a case study that we

have available and it's in that list of links that I've provided. Or you can email as well, and there is as well in the chat box. So, this program had no verifiable baseline for breastfeeding, breastfeeding not its own question on the intake form. And so, they decided to use the intake form to start the conversation. Frontline staff provided input on how best to integrate the breastfeeding question into the intake form. And then use a small part of their weekly case conference to discuss the ongoing progress. They also encourage the Coffective App, which provides information about what to expect in the hospital, how to prepare for baby return in home, and how to increase readiness for breastfeeding. And they thought this would likely be a sort of low-resource, potentially high impact strategy. Like, it doesn't cost anything to encourage people to download this free app. Upon studying the change, only two participants had downloaded the app. So, therefore, that was not something for them to continue doing. So what they decided to do instead was to make staff more comfortable talking about breastfeeding, do some training with staff instead of continue the conversation stuff so that staff was able to have those conversations with persistence upon intake or really at any point.

Another example, breastfeeding in the Midwest. It was initially about 30% were initiating breastfeeding and it was just 1% at six months. And a chart that showed that breastfeeding was being captured in the notes, but not in the data field which is a very common in problem if you used a lot of data systems. And so, they decided to implement the "H.U.G Your Baby curriculum," which is evidence based, and trained all staff on that. And then also did a Motivational Interview training. And they involved all staff changes, asked for input and continue to discuss regularly which we found the last slide as well. And are now using the screening tools to collect intake information, and then rely on case management records for ongoing monitoring or performance measures, since this are continually updated, so using those sorts of case management notes to update the information for the screening tool. And the point to that's really works well for them, and so their planning to apply a similar approach to other measures.

So the last part of this and we're gonna sort of burn through this so we can get to any questions that you may have. It's all about Spreading and Sustaining Results. And so, there are two sort of things that I'd point to. And this one is the Institute for Healthcare Improvement has six key principles that are all about ensuring improvement stick. And so, these are, standardized what makes sense, ensure accountability, use visual managements, provide problem solving tools, escalate problems, and

integrate across the organization. And so, I provided some additional details here in a device. What makes sense. It's all about making the right way, the only way. So, figuring out what exactly you want the outcome or what exactly want the process to be based on that is mapping that we did. And then sort of limit what's possible to that to the extent that, that's appropriate. And then ensure accountability. Accountability for standardization is been ensured through systems of routine review across every level of the organization. So, one of the big keys is oftentimes things are rolled out and sort of put on frontline staff and then everybody else goes back to their regular everyday lives and making sure that everybody's involved in that. And that accountability is to the top to bottom and everybody's making use of the information and everybody is operating from the data, things like that that becomes very important. Visual management this visual sharing of status of improvement, and I'll give some examples of this in just a minute. Think about this as data supporting, data displays, things like that. Problem solving tools, this is staff particularly front line staff need to have the tools and the bandwidth to address problems, whatever those may be. And you have to have a policy in your program for how to do that. This is sort of key for staff satisfaction, for making sure that those folks feel occurred, and things like that. And then escalating problem, there are needs to be protocols that exist for when those staff are not able to use those tools to make the changes that need to be made. So that's another key. And then last is integration. There is gonna be alignment cross level or site departments, etc. around goals and system. So if you're doing something that's totally counter to what your parents organization is doing, or something like that, there needs to be as much alignment as possible. Now, we can't do that perfectly because we're all sort of incumbent problem responding to their responders and things like that. This is an important thing s to think about as well. So those are the six keys to sustain in improvements.

And then feedback loop which is one of my particular favorites and it's the last one we'll talk about. So, why do feedback loops work? They give individuals a clear goal and a means to evaluate their progress towards that goal which greatly increased the likelihood that they would achieve it. The true power of feedback loops is not to control people but to give them control. So great example. How many people jump on their brakes when they see one of these signs? Okay. So these signs don't provide any information that is not freely available to you already. All cars have speedometer, but these signs have been shown to decrease speed for miles ahead. So as I said, I know I jump on my brakes when I see this. So why was that? Because of the feedback loop, right? So it provides

evidence, relevance, consequence, and action. For our purposes, this means the data must be measured, captured, and stored. We've got evidence of whatever it is we're doing. We've got evidence of whatever it is going on. Relevance which is information must be relayed to stakeholders that might be staff, etc., not in raw data form, but in a context that makes the resonant. So, if we are…we've gone through all these effort to do this profit mapping, we've done our PDSA, we've made our change, and we're now trying to sustain our change. We need reflect that back to everybody to show what that means, and what it looks like now, and what's actually happening. And then that information also must eliminate one or more fast-forward, and there's got to be a clear moment where stakeholders can recalibrate behavior. So for example, if there's one person who's not, you know, doing the change that we've all decided we're gonna do. And works great, we're gonna stick with. There's gotta be sort of that evidence that that's happening. It's gotta be shown in a relevant way that that's happening, there's gotta be some consequence, here is what you can do differently. And a moment that allows for action.

So simple examples. This is data displays, dashboards, thermometers, and some people use mountains that show, you know, hiker's moving up the mountain. And in this example, I have here I just have an example of IPV screening which is just making the data a little more accessible. So here we see 31% organization-wide obviously in IPV screening. So there is actually something on there that says nearly seven out of 10 of our clients are not getting our IPV screening. So it illuminates the consequences that seven out of 10 of our clients are not getting IPV screenings, the action is we do those screenings and we're getting those people who are not currently getting them. And then, again using this thermometer, and things like that, just making sure that there is sort of that visual representation and what's being done to create that feedback loop. That's been shown to be very effective for sustaining change.

And so lastly, share with your peers I'm using a case study presentations both for presentations and peer learning opportunities. This is a case study we linked to earlier about the breastfeeding example. We can't recommend highly enough that you share with your peers. So that is the last part of sharing and sustaining improvement. So any questions or thoughts and examples of what's works for you were examples of these things that you've seen done or that worked well?

Naima: Gillian it looks like we have one question in the QA. Folks are entering their questions in the chat box. And that was from earlier on in

the presentation.

Gillian: Sure.

Naima: And it looks like they would like a clarification. So it says currently we have performance measures associated with the performance report. The change in terminology for the benchmarks might be confusing as we will now need to keep in mind which performance measures we're talking about, those associated with the benchmarks or those associated with the performance report. Is this something you can speak of?

Gillian: I think so. If by performance support you mean what you report in that EHP, those are now aligned with the performance measures that I've been speaking about today and there's only one type or performance measure. So what you would put in the EHP your report early 2018 for all of 2017 that is consistent with the performance measures that we're talking about today. Historically, those were different. But that's the program now. They change less. They change that in 2017and so you all apart from them for the first time in 2018. Other questions? And again, I do want to encourage everybody to and I will also include it when we post it on the calendar, but to use that list of links that I send proud because that includes all the tools that we reviewed today and all the references that I mentioned because I know this was kind of a high-level overview of the tool. So that will be available for the you can download and you those can see them for yourself and use them for yourself.

Naima: It looks like we don't have any other questions intrude in the chat box right now.

Gillian: Okay. And so well if anybody else has anything, please feel free to put it in still. But just a couple things. What am I again I'm doing. See if you have any questions you can email the Healthy Start email address. You can do that through the EPIC center and you can say I webinar, and she says whatever whatever and they will pass that on to me or ask me and I'm happy to answer any question. Also, any tools you see are down to what we've shared and you want more information on or you want a system. Please don't hesitate to let us know we're happy to help with any of that TA around any of these things. We're more than happy to provide. And as mentioned there is lots of research we place the evidence based practice library and the change packages and the tools that we shared today. So it's a lot but if you are looking to use any

of it and wants assistance for more than happy to do that. Any last question that anybody has?

Naima: anything else coming in.

Gillian: Okay. Where can I get a chart you presented? Sorry, one more question came in. So that's where you can get that chart you just presented. So are you referring to this one or something that was thrown up that? I'm not getting response. Tony, feel free to email us. And I'm happy to provide you with whichever chart you're looking for. And that is it.

Naima: Okay before we and I just wanted to really quickly ask folks to mark their calendars for one more webinar that's coming up. Provided by the EPIC Center on July 20th there's the Healthy Start town hall meeting. There will be lessons learned from the field and it will be sharing results. You can get the registration information for the webinar. Again, from the EPIC Center website and as a reminder you can find a recording of this webinar the slides give us about a week or so we'll have everything posted that was covered on this webinar. As a reminder please complete the webinar valuation. Your comments are definitely valued and will be used to improve our future EPIC webinars. And with that, this concludes our webinar. And we look forward to having you on the webinar on July 20th. Thank you, everyone, for your participation.

Jillian: Thank you so much.