

# Better Every Day



Quality Improvement and  
Performance Measurement to  
Facilitate Ongoing Improvement

# Objectives

## Participants will:

- 1. Identify common challenges or areas that need quality improvement.**
- 2. Understand Quality Improvement framework and how it supports existing tools, like PDSAs.**
- 3. Identify successes from peers.**
- 4. Articulate a plan to putting data-driven QI framework into action in areas of challenge.**
- 5. Understand keys to sustaining improvement.**

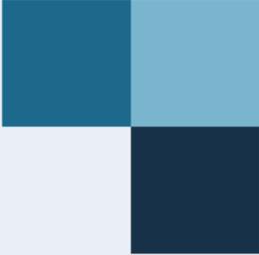
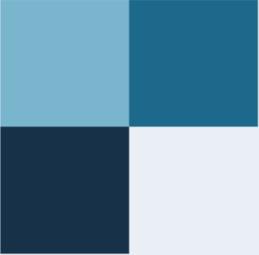


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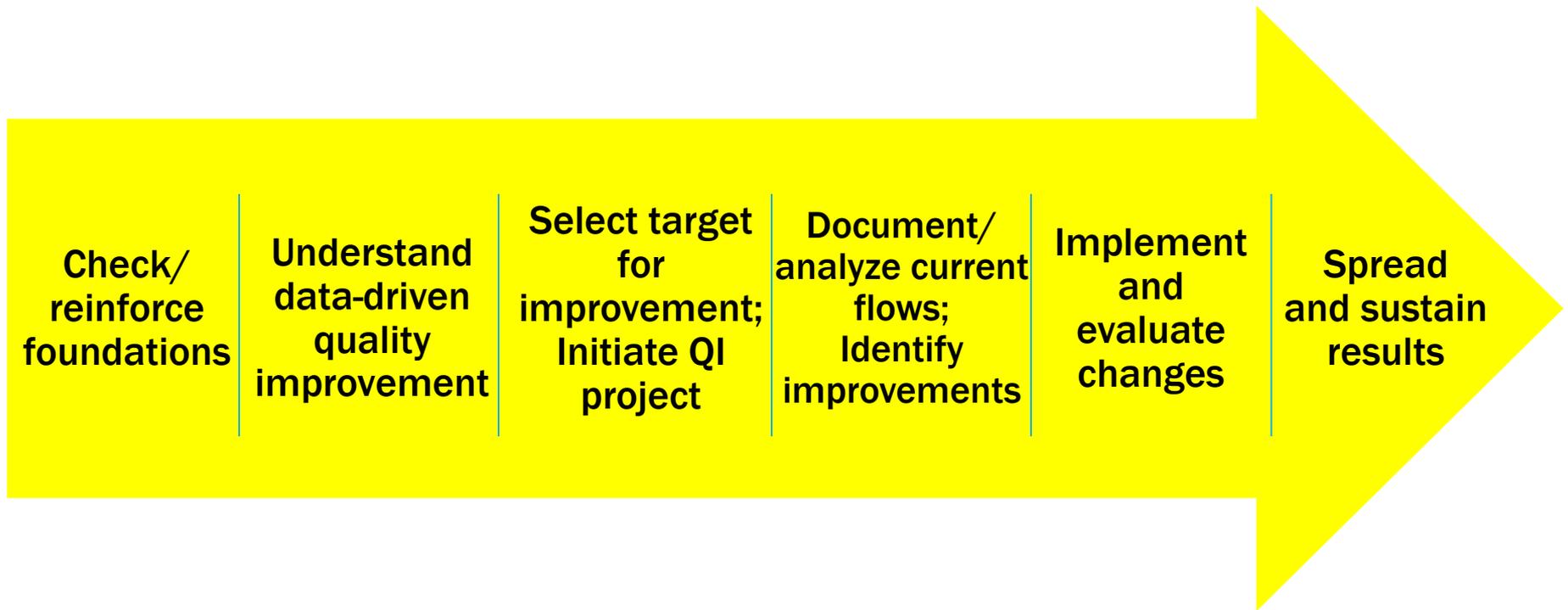
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# Quality Improvement Framework



# Tools We'll be Using

- Quality Improvement Process Mapping Worksheet
- Checklist for Change
- Planning for Change

The image shows three overlapping worksheets. The top one is the 'Healthy Start QUALITY IMPROVEMENT | Process Mapping Worksheet' with a 'Target Performance Measure' field. The middle one is the 'Checklist for Change' with sections for 'Self-Knowledge' (The Four Tendencies, Instructions, Pillars of Habits, Monitoring) and a table with columns 'How?', 'When?', and 'Potential Improvements'. The bottom one is the 'Planning the Change' worksheet with sections for 'What change are you testing?', 'What staff is involved in this test?', 'What do these staff need to know or do differently?', 'How will we provide this instruction?', 'When/ where will we conduct our test of this enhancement?', 'Data Collection Plan', and 'How will you know if the enhancement is successful?'.



# Check / Reinforce Foundations

Assessing stability, capacity, and other key foundations for success.

# Key Foundations

**Relatively stable staff + leadership** If turnover is higher than normal or ongoing, then it may not be the time for QI.

**Relatively stable funding/ financial security** If money is a concern (more so than normal), then you may not be able to reassess or reallocate resources as may be needed.

**Community is well understood** Communities can change drastically over just a few years, sometimes because of changes in industry, migration trends (i.e. gentrification or out migration), housing prices, opioid epidemic, etc.

**Partnerships are in good shape** If partnerships are relied upon, then those are steady, productive, relatively conflict-free, etc.



# What foundations should be checked?

- Do we have consistent systems in place to capture needed information?**
- Is that information accessible for use in QI efforts?**
- Have we been doing quality assurance or validation to ensure accuracy of information?**
- Does the process have buy-in from leadership and staff?**
- Are QI efforts aligned with organization mission/ goals/ imperatives?**
- Do we have the capacity and stability to take on an initiative right now?**

# Understanding our Own Lens

**How do I respond to an *outer* rule? A law, a traffic sign, a "request" from a spouse, a work deadline, an appointment with a trainer, social protocol?**

- **How likely are you to stick to it? How much do you feel obligated to abide by that rule?**

**How do I respond to an *inner* rule? A New Year's resolution, a decision to exercise more, putting in work on a self-generated project (writing a novel, planting a garden).**

- **How likely are you to stick to it? How much do you feel obligated to abide by that rule?**

# Understanding our Own Lens

## Consider these 4 'Types':

**Upholder**— accepts rules, whether from outside or inside. An upholder meets deadlines, follows social protocols, keeps a New Year's resolution.

**Questioner**— questions rules and accepts them only if they make sense. They may choose to follow rules, or not, according to their judgment.

**Rebel**— flouts rules, from outside or inside. They resist control. Give a rebel a rule, and the rebel will want to do the very opposite thing.

**Obliger**— accepts outside rules, but doesn't like to adopt self-imposed rules.



# Understanding our Own Lens

An **upholder** stops at a stop sign at 3:00 a.m. in a small deserted town; so does an **obliger**.

A **questioner** decides whether it's safe to stop.

A **rebel** rolls through the stop sign at 3:00 p.m. in traffic.

**Upholders** can train with a trainer or exercise on her own; **Questioners** can do either if they thinks it makes sense; **Rebels** will do neither, because an appointment or item on the to-do list makes them want to disobey; **Obligers** can meet a trainer, but can't get to the gym on their own.



# Which describes your tendencies?

**Upholder** wake up and think **What's on the schedule/ to-do list for today?** Motivated by execution, accomplishing things, they also don't like making mistakes, being blamed, or failing to follow through.

**Questioner** wake up and think, **What needs to get done today?** Motivated by seeing good reasons for particular actions, they also don't like spending time and effort on activities they don't agree with.

**Rebel** wake up and think **What do I want to do today?** They're motivated by a sense of freedom, of self-determination, and don't like being told what to do.

**Obliger** wake up and think **What must I do today?** They're motivated by accountability and don't like being reprimanded or letting others down.



# Why does this matter?

## Why do you think?

Quality Improvement requires motivation and goal setting; people will feel the pressure of that in different ways and from different directions.

Upholders are likely to want very clear guidance so they can meet it.

Questioners are likely to want to know why certain metrics are used, and will only want to pursue those that they find meaningful.

Rebels are likely to resist measurement in the traditional sense, instead wanting to look at other aspects.

Obligers are likely to follow directions, but less eager to build separate internal requirements.



# What are our other distinctions?

**Opener/ Closer**

**Moderator/ Abstainer**

**Splitter/ Lumper**



# Checklist for Change

Go ahead and document and tendencies that resonate with you or you think pertain to your group on your **Checklist for Change.**

Checklist for Change	
<b>Self-Knowledge</b>	
<b>The Four Tendencies</b>	Upholder, Questioner, Obliger, or Rebel
<b>Distinctions</b>	Openers/ Closer, Moderator/ Abstainer, Splinter/ Lumper
<b>Pillars of Habits</b>	
<b>Monitoring</b>	You manage what you monitor, so find a way to monitor whatever matters.
<b>Foundation</b>	First things first, so begin by making sure foundations are in place.
<b>Scheduling</b>	If it's on the calendar, it happens.
<b>Accountability</b>	Everyone does better when someone is watching, so plan for watching.
<b>The Best Time Begin</b>	
<b>First Steps</b>	It's enough to begin, if you are ready, begin now.
<b>Clean Slate</b>	Temporary becomes permanent, so consider coinciding with other big changes, when you have a 'clean slate'.
<b>Lightning Bolt</b>	A single idea can change the habits of a lifetime, overnight.
<b>Desire, ease, and excuses</b>	
<b>Abstaining</b>	For some of us, moderation is too tough, it's easier to give up something altogether (i.e. give up the old system).
<b>Convenience</b>	Make it easy to do right and hard to go wrong.
<b>Inconvenience</b>	Change your surroundings to make the incorrect way the inconvenient way.

# Using the Checklist for Change

**Checklist for Change**

**Self-Knowledge**

The Four Tendencies	Upholds, Question, Obliges, or Rebel
Distinctions	Open or Closed, Moderate or Absolute, Symplic/ Complex

**Pillars of Habits**

Monitoring	You manage what you monitor, so find a way to monitor wherever it arises.
Foundation	First things first, so begin by making sure foundations are in place.
Scheduling	If it's on the calendar, it happens.
Accountability	Everyone does better when someone is watching, so plan for watching.

**The Best Time to Begin**

First Steps	It's enough to begin; if you are ready, begin now.
Clean Slate	Temporary becomes permanent, so consider extending with other big changes, when you have a 'clean slate'.
Lightening the Load	A single idea can change the habits of a lifetime, overnight.

**Desire, ease, and excuses**

Anticipation	For some of us, anticipation is too bright, it's easier to give up something altogether (i.e. give up the old system).
Convenience	Make it easy to do right and hard to go wrong.
Inconvenience	Change your surroundings to make the intended way the most convenient way.
Safeguards	Plan to fail. It will happen.
Loop-hole-spotting	Don't kid yourself about what is a barrier, and what is a loop-hole.
Distraction	What if not this?
Reward	The reward for doing the right thing is having done the right thing. Retains the reward.
Incentive	It's easier to ask more of your name when you are giving more to your name.
Patience	Only do X when you are doing Y.

**Unique, Just Like Everyone Else**

Clarity	The clearer you are about what you want, the more likely you are to stick to it.
Identity	The things you do everyday reflect your identity, so if you struggle to change a particular approach, to think your identity.
Other People	Your habits rub off on other people, and their habits rub off on you.

**Use Checklist for Change to documents some ideas or keys for success that arise.**

**Let's take a look.**



# Understand Data-Driven Quality Improvement



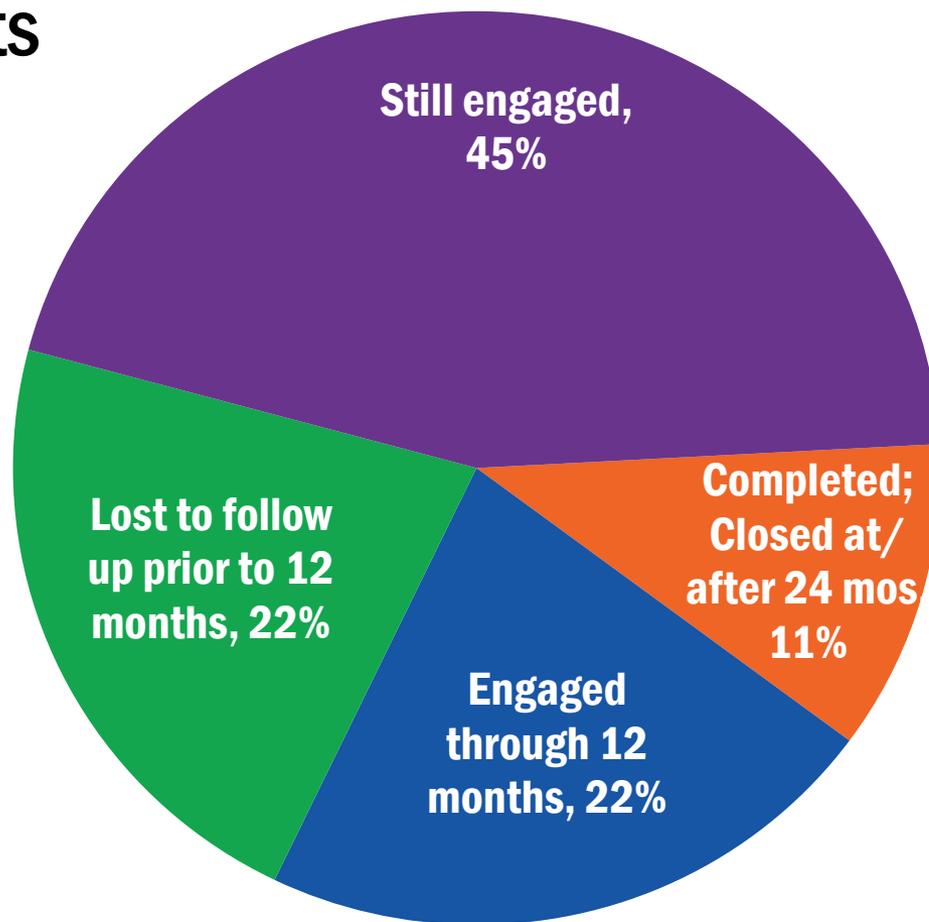
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give every child a Healthy Start.

Healthy Start EPIC Center

# Begins with Data

**Retention Example: We want to retain our participants through 24 months.**

**What does our data say about that currently?**



# Dig Down

64%

of participants report engaging in safe sleep practices.



77%

Always or most often place baby to sleep on their back.



56%

always place baby to sleep alone, with no bed sharing.



69%

place baby to sleep on a firm surface with no soft toys or blankets

# Why does the type of issue matter?

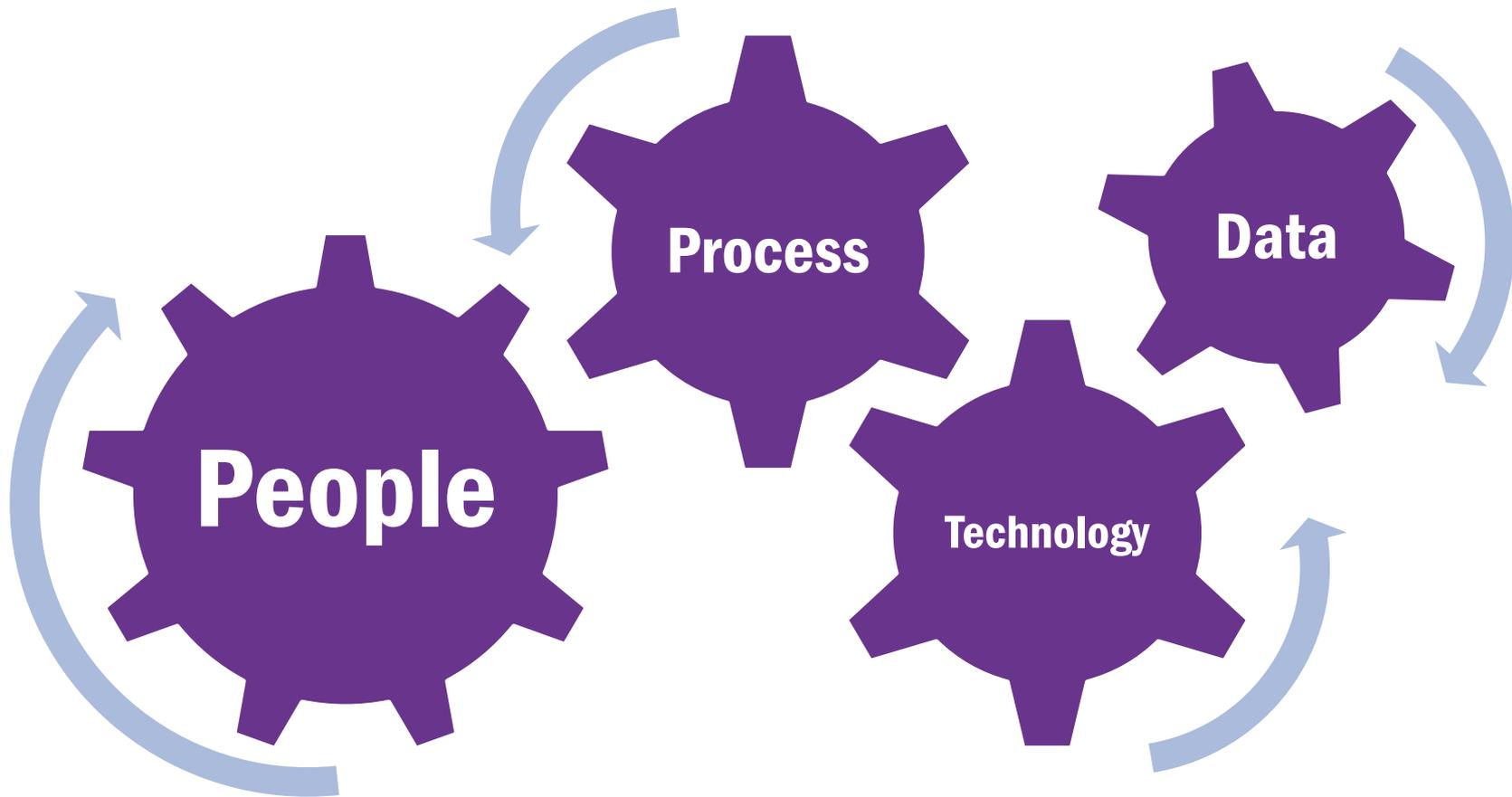
## What do you think?

- Resources are limited, so targeting specific gaps is key for efficiency and best care.
- Gaps in data vs. gaps in services or outcome issues require different approaches to address.
- Illustrating specific knowledge of existing gaps to stakeholders builds credibility.
- Change fatigue is real!

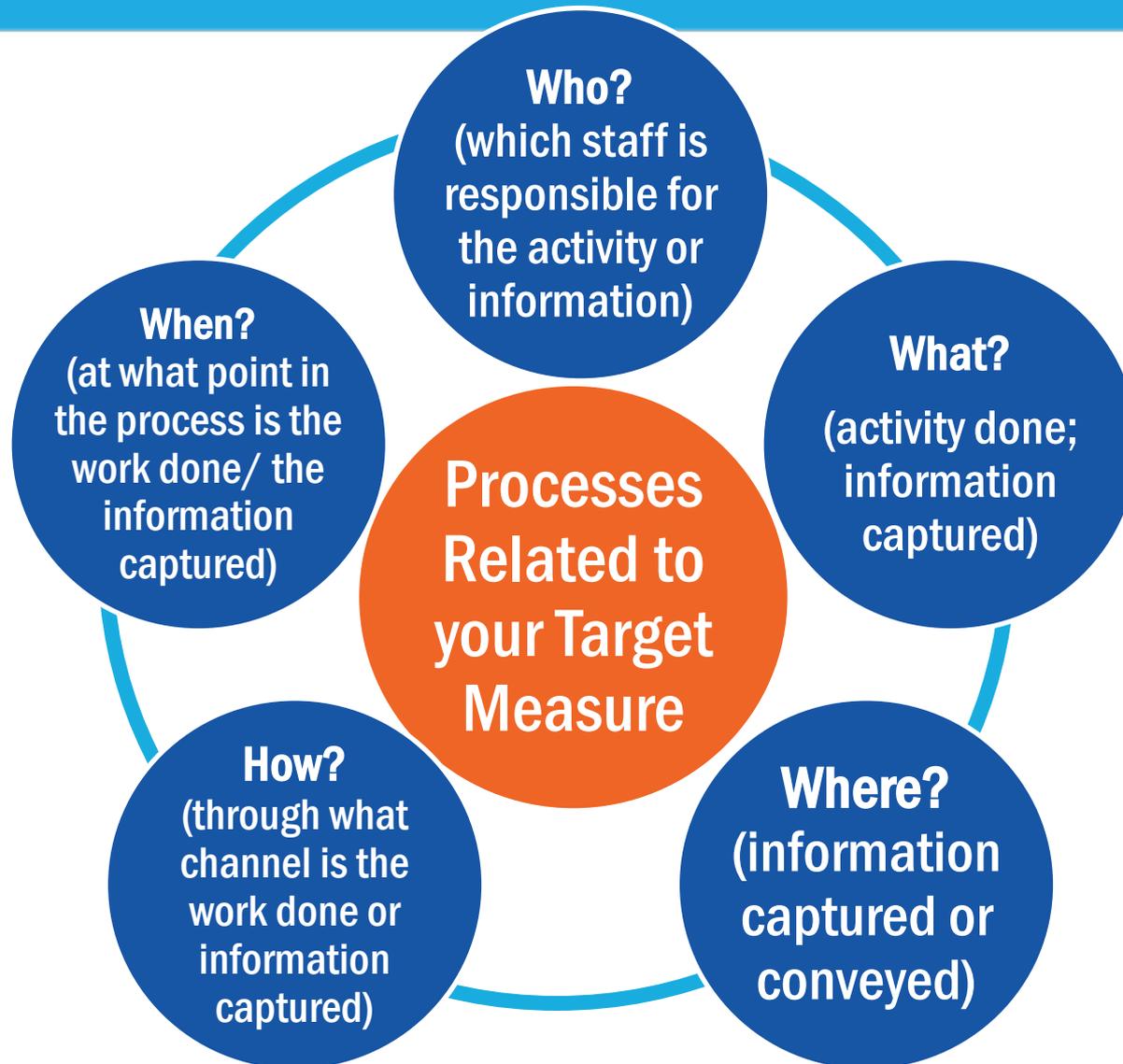
# Data Driven Quality Improvement



# What does data-driven QI require?



# Keys to Consider





# Select Target for Improvement

## Initiating a Quality Improvement Project

# What are we focused on improving?



Recruitment



Access to  
Care



CAN



Father  
involvement



Lets  
choose!



Data  
Management

# What QI target is best?

Why might you choose a particular QI target?

**Less than optimal performance.**



**Greatest need in the community.**

**Aligns with other efforts in organization.**

**Leadership made the determination.**



**Existing resources to leverage.**

# Grantee Self-Assessment

Healthy Start EPIC Center  
— Grantee Self-Assessment to Inform CBA Planning —

## SECTION ONE: HEALTHY START ACTIVITIES

First, please tell us how your program is doing in each of the following areas of activity by checking a box in one of the first three columns. Then, please check the box in the last column if this is an area in which you would like to receive targeted support. Please feel free to add comments explaining why (or why not) you are interested in receiving support.

**If you completed this, think about which topic you checked these boxes for.**



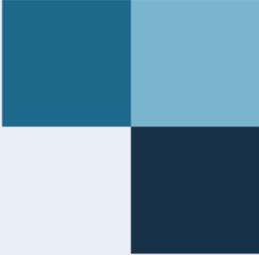
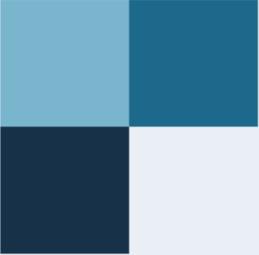
<i>Our Healthy Start Program...</i>	Meeting our program's goal for this performance measure	Have not yet met our program's goal for this performance measure but have improvement plans in place	Not meeting our program's goal for this performance measure	Check if this is a priority area in which you'd like support
Helps program participants access health insurance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
Other comments and/or examples:				
Developing/documenting reproductive life plans with participants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
Other comments and/or examples:				
Making sure participants receive their postpartum visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>
Other comments and/or examples:				

# Prioritizing

**You may have many things you want to work on (don't we all?), for this QI process, you may want to prioritize those things that:**

- **Are mostly in your control**
- **Matter to all involved or have aligned incentives**
- **Are less likely to require huge investments**

**Examples?**



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# One Target Per Table

**What targets do we want to focus our quality improvement efforts on today?**

- **Pick one per table.**
  - **(you'll be able to move to go to the table of your choice)**
- **Put it on a table tent in the middle of your table.**



# Starting with Success

**Appreciative Interviews:**

**Discovering and Building on the  
Root Causes of Success**

# Appreciative Interviews

1. **Pair up with someone from another program.**
2. **Please tell a story to your partner about a time when **you implemented something or made a change to address a challenge** and you are proud of what you accomplished.**

- **What is the story and what made the success possible?**
- **Interviewer: ask for specifics (i.e. tell me what happened when you...)**



# Reporting Out

**In pairs, take turns conducting an interview and telling success story, paying attention to what made the success possible. 7–10 min. each; 15–20 min. total.**

**In groups of 4, each person retells the story of their partner. Listen for patterns in conditions/assets supporting success and make note of them. 15 min. for groups of 4.**

**Collect insights and patterns on your flip chart. 10-15 min.**





# Document/ Analyze Current Processes

**What are we currently doing that is  
achieving our current outcomes?**



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# Example: Baseline Section

<b>Target Performance Measure</b>	% of Healthy Start (HS) women participants who enrolled prenatally or within 30 days after delivery who received a postpartum visit between 4-6 weeks after delivery.
<b>Current Performance on Measure</b>	<b>42%</b> of Healthy Start (HS) women participants who enrolled prenatally or within 30 days after delivery who received a postpartum visit between 4-6 weeks after delivery.

# Kays: Identifying Baseline



**Be sure current performance is on the exact measure being targeted, not just what numbers are available!**



**Stratifying data (i.e. by site or case manager) can provide additional insight.**

# Consider for our Targets

**Looking at the targets that we have chosen, work with your table and consider the following:**

- **What data sources could you use to identify a specific baseline?**
- **How should that be stratified? Or said another way, what different groups would it be helpful to look at in the information?**

# Set a Goal



**Be as specific as possible, defining the population, etc.**



**Be sure that the goal is tied to the data used for baseline, and is measurable using that and related data.**



**Consider a goal that can be achieved in a short to medium term timeframe.**

# Example: Baseline Section

<b>Target Performance Measure</b>	% of Healthy Start (HS) women participants who enrolled prenatally or within 30 days after delivery who received a postpartum visit between 4-6 weeks after delivery.
<b>Current Performance on Measure</b>	<b>42%</b> of Healthy Start (HS) women participants who enrolled prenatally or within 30 days after delivery who received a postpartum visit between 4-6 weeks after delivery.

# Fill In Your Baseline and Goal

<b>Target Performance Measure</b> (Baseline)	
<b>Current Performance on Measure</b> (Goal)	

# Now that we have chosen targets and established goals...

- **What are we currently doing that is getting us the results we are currently getting?**
- **What should we be doing to get ideal outcomes? (i.e. what are the best practices?)**
- **What could we be doing differently to get closer to best practices, and therefore achieve better outcomes?**
- **What of these options should we adopt?**

# Key Aspects



# Process Mapping Tool

## QUALITY IMPROVEMENT Healthy Start Performance Measures | Process Mapping Worksheet



<b>Target Performance Measure</b>	
<b>Current Performance on Measure</b>	

Current Process/ Activities						Potential Improvements
Description	Who? (which staff is responsible for the activity or information)	What? (activity done; information captured)	Where? (where is information conveyed or captured)	How? (through what channel is the work done or information captured)	When? (at what point in the process)	
Initial Referral/ Enrollment						
Care Coord./ Case Mgt Meeting						

# Example: Mapping Current Processes

Current Process/ Activities						Potential Improvements
Description	Who? (person responsible for the activity/info)	What? (activity done; information captured)	Where? (where is information conveyed or captured)	How? (through what channel is the work done or information captured)	When? (at what point in the process)	
Population + Community Services	Program manager	Identify participants with open referrals		Input into case management system and added to the client list of a case manager.	Ideally within 24 hours of receipt, but currently taking about 2.5 days.	...
Foundations Protocols/ Processes/ Practices that support overall care.	1. Director 2. CAN Coordinator	1. Monitor outcomes, conduct onboarding for new staff.				...

# Document the Following

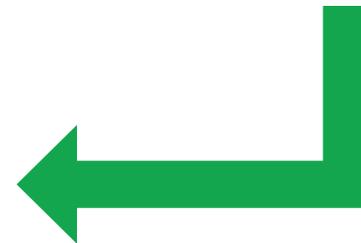
**Who:** What staff position/ person is responsible for the activity?

**What:** What activity is done and what information is gathered?

**Where:** Where is this information captured or conveyed?

**How:** Through what channel/ approach/ setting is this done?

In each of the rows on the worksheet, think about what your current processes are; consider each of these things:



# Action: Document Current Flows

- 1. Pick a table with one of your top targets of quality improvement.**
- 2. Use the process mapping tool provided to document current flows, what you do related to the target now.**
  - What you are you doing to facilitate well woman/ child visits?
  - What do you currently do to retain participants?
- 3. Start with the Purple Rows**



# Considerations

1. Limit **Current Flow** to those things that are done **more than 80% of the time**, not what is ideally done.
2. Consider how information is being captured throughout your current flow, for evaluation and reporting purposes.
3. Reflect on how staff know which participants should receive the services being described (i.e. how are participants identified as needing breastfeeding support or support in accessing care?)



# Share with Each Other

1. Ask each other questions, both for your own learning, and to get to the root of **How** and **Why** things are being done.
2. Identify **opportunities for improvement** based on what you hear from others and what others ask or recommend.



# Document Opportunities for Improvement

Create a reward system for completed referrals

Create opportunities for dads to be involved in encounters

Monitor screenings by case managers weekly

**Document opportunities for improvement or things you want to improve either on a flip chart or on Post-Its then put in the middle of the table.**

# What did you hear?

**What are you colleagues doing related to the target?**

**What gaps or opportunities for improvement did you notice (i.e. places where you're not sure what is done or there is not consistency)?**

**Each Group will Share!**





# Identify Opportunities for Improvement

What are we should or could we be doing that  
to achieve improved outcomes?

# Revisiting our Successes

- **Remember the Success Stories we shared earlier**
  - **How are we investing in the assets and conditions that foster success?**
  - **What opportunities do you see to do more of that?**

Take 1 minute to think about the question.

Take 2 minutes to discuss with the person to your right.

Take 4 minutes to confer with the pair to your right.

# Revisiting the Post-Its

Create a reward system for completed referrals

Create opportunities for dads to be involved in encounters

Monitor screenings by case managers weekly

**We are going to rotate from table to table and help our colleagues address the opportunities for improvement that they have identified.**

# Supporting Each Other

- **Go to the other tables, and check out their opportunities for improvement**
- **Using post-its, leave notes or suggestions on their opportunities for improvement. Consider starting with these phrases:**
  - **Have you considered.....?**
  - **We tried \_\_\_\_\_ related to this and found that \_\_\_\_\_**
  - **I can recommend the following tool/ program/ expert to you....**

# Action: Document Current Flows

**At your table, review the post-it notes and suggestions from your colleagues:**

- **What ideas came up?**
- **What resonates with you?**



# Example: Potential Improvements

Current Process/ Activities						Potential Improvements
Description	...	...	...	...	...	
<b>Initial Referral/ Enrollment</b>	...	...	...	...	...	Include field on referral form asking whether woman has had postpartum care, and if so, asking for a date. This can be confirmed by participant at initial visit.
<b>Care Coord./ Case Mgt Meeting</b>	...	...	...	...	...	Review current performance on target measure as well as a list of participants who are in need of a postpartum visit on a weekly basis. The list can be generated from screening tools or system.
<b>Prior to Initial Participant Encounter</b>	...	...	...	...	...	Generate a list of services that likely pertain to the participant, an “Action List” – such as insurance, postpartum visit, breastfeeding, etc.

# Potential Improvements Tips

When considering *Potential Improvements*, consider the following:

- Cells/ sections of the worksheet where the process is not known
- Instances where stakeholders are not aligned on processes (i.e. different case managers or sites do different things)
- Instances where no policy or reliable practice is in place.
- Instances where some portion of the 5 Ws are not clear– there is no consistent place **where** or **how** information is captured or used.
- Instances where policies/processes are in place, but desired outcomes are still not achieved– are there population factors? Other factors?

- 
- What should we be doing to get ideal outcomes?
  - What could we be doing differently to get closer to best practices, and therefore achieve better outcomes?

# Review Best Practices

- **In addition to potential changes you identified from current activities, also review best practices:**
  - Evidence Based Practice Library:  
[HealthyStartEPIC.org/resources/evidence-based-practices/](https://HealthyStartEPIC.org/resources/evidence-based-practices/)
  - Change Packages from Quality Improvement Peer Learning Networks, available here:  
[healthystartepic.org/healthy-start-implementation/healthy-start-approaches/](https://healthystartepic.org/healthy-start-implementation/healthy-start-approaches/)
  - Talk to your TAC



# Consider Additional Sources

Are there additional sources of screening tool information that can be tapped into for verification or supplementation?

**FQHC**

**Home  
Visiting**

**WIC**

**County or  
City  
Services**

## Tips:

- Think beyond numbers and referrals: consider interviewing or focus grouping partners to understand perceptions, needs, etc.
- Data partnerships may require a memorandum of agreement; and many begin by having “read-only” access, in order to safeguard data.
- If we are getting information from others, how are we matching our participants with their information?

# Selecting Changes

Similar to choosing a target measure, you may want to use a **Prioritization Matrix** to determine what change will be most efficient or impactful:

<b>Potential Improvement</b>	<b>Difficulty</b> (low – 3, medium 2 or high difficulty 1)	<b>Impact</b> (low – 1, medium 2 or high impact 3)	<b>Rating</b> (Difficulty x Impact)
Include field on referral form about receipt and date of postpartum care.	3	2	6
Review current performance on measure and list of participants who are in need of a postpartum visit on a weekly basis.	2	2	4
Generate an “Action List” for each participant– such as insurance, postpartum visit, breastfeeding, etc.	1	3	3

# Action: Potential Improvements

Current Process/ Activities						Potential Improvements
Description	...	...	...	...	...	
<b>Initial Referral/ Enrollment</b>	...	...	...	...	...	Include field on referral form asking whether woman has had postpartum care, and if so, asking for a date. This can be confirmed by participant at initial visit.
<b>Care Coord./ Case Mgt Meeting</b>	...	...	...	...	...	Review current performance on target measure as well as a list of participants who are in need of a postpartum visit on a weekly basis. The list can be generated from screening tools or system.
<b>Prior to Initial Participant Encounter</b>	...	...	...	...	...	Generate a list of services that likely pertain to the participant, an “Action List” – such as insurance, postpartum visit, breastfeeding, etc.



# Implement and Evaluate Changes

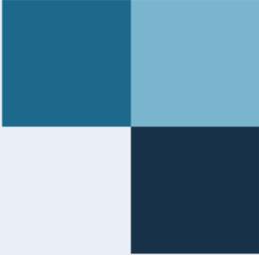
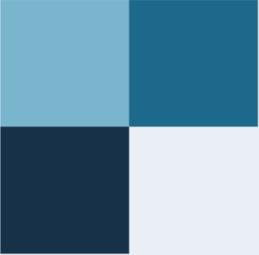
# Plan

Using [PDSA cycles](#), engage ALL key stakeholders to design, implement and evaluate the selected changes.

The *plan* describes how you will translate the proposed improvement into action.

- Describes what change you will make to see if the enhancement results in an improvement and what you learned from the test
- Answers a series of key questions that are needed for successful test of enhancement





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# Planned Enhancement

**What change are you testing?**

[fill in response; e.g. We are creating a new protocol and workflow to identify and follow-up with those who need a timely postpartum visit. Also include evidence base, if possible.]

**What staff is involved in this test?**

[fill in response]

**What do these staff need to know or do differently?**

[fill in response]

**How will we provide this instruction?**

[fill in response; include what materials are needed, who will be responsible for creating and monitoring instruction and materials, etc.]



# Planned Enhancement Continued

**When/ where will we conduct our test of this enhancement?**

[fill in response; include days/ dates as well as sites/ locations/groups, and why you believe this is a representative sample.]

**Data Collection Plan**

[fill in response; include what data will be collected and why as well as where/ how that data will be collected. e.g., We will use an excel document to track those patients identified, follow-up conducted, responses generated from follow up, and scheduled appts.]

**How will you know if the enhancement is successful?**

[fill in response]



# Considerations

**When creating your plan, consider the following:**

- **Don't overcommit!**



- Limit the scope of the test of your enhancement to one site, day, or care team.
- Limit the time frame and number of participants impacted, but be sure it is representative.
- Remember this change is not the only option.
- **Key:** Do not completely embed the enhancement before we know if it works with a representative sample (i.e., don't make expensive system or staffing changes yet!).

# Considerations



## Communication is a key to success.

- While the scope of the test should be limited, broader communication is likely needed.
- Communicate with everyone necessary that a new process or plan is being tested out but will not be rolled out broadly until you are sure that it works.
- **Keys:** Be sure to clearly outline the plan, scope, and responsibilities for those involved; Allow and encourage feedback from those involved.

# Considerations

## Define success in terms of your target and goal.



- Define success as a team, including input from those who will be *doing*.
- Avoid target drift or scope creep.
  - Often a function of defining success by *easiest to measure* rather than our initial target.
- Consider external barriers.
- **Keys:** Success may include multiple facets (i.e. change in key metric + increased staff satisfaction or knowledge), and must be measurable in the time available.

# Considerations

## Collect data related to your target.



- Identify process measures and other related data to be collected to determine if enhancement is effective.
- Consider whether data should/ needs to be collected separately for the test of the enhancement.
- Be sure that data can and will be collected in the time allowed.
- **Key:** Ensure that measures and metrics used **directly relate** to both the set target and the improvement you are testing.

# Action: Planning for Change

## Planning the Change

What change are you testing?

e.g. We are creating a new protocol and workflow to identify and follow-up with those who need a timely postpartum visit. Also include evidence base, if possible.

What staff is involved in this test?

What positions/ staff/ people in particular will need to do something differently for this test of change?

What do these staff need to know or do differently?

What specifically are we asking those staff who are involved to do as part of this test?

How will we provide this instruction?

Include what materials are needed, who will be responsible for creating and monitoring instruction and materials, etc.

When/ where will we conduct our test of this enhancement?

Include days/ dates as well as sites/ locations/groups, and why you believe this is a representative sample.

Data Collection Plan

Include what data will be collected and why as well as where/ how that data will be collected e.g., will use Excel to track those patients identified, follow-up conducted, responses generated from follow-up and scheduled apps.

How will you know if the enhancement is successful?

What % change or other specific outcome would need to be seen in order for this to be successful?

**Begin to plan your change using the worksheet provided.**

- **Again, be specific!**
- **Each of your plans will be different, but work with your colleagues to fine tune your plan.**

# Study

## **Collect and analyze qualitative and quantitative data.**

Compare data to predications and goal; seek to understand experiences of those involved.

## **Did the improvement work?**

Did it have the intended effect? Did it progress you toward your goal? Did it do so without driving those involved crazy?



# Act



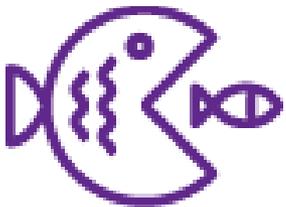
## **ADOPT**

- When the test resulted in the desired outcomes
- Expand test, and begin embedding into health center systems and processes



## **ADAPT**

- When the test resulted in some positive outcomes, or some improvement, but not exactly the goal
- Tweak the tested enhancement and test again



## **ABANDON**

- When the test did not result in desired outcomes
- Discontinue the change tested; ensure that it has not remained embedded in systems or processes

# Case Study: Breastfeeding in Detroit

- No verifiable baseline; BF not its own question on intake form
- Decided to use intake form to start the conversation
  - Frontline staff provided input on how best to integrate the breastfeeding questions in the intake form.
  - Use a small part of their weekly case conference meeting to discuss ongoing progress.
- Encouraged Coffective App, which provides information about what to expect in the hospital, how to prepare for the baby to return home, and how to increase readiness for breastfeeding, as a low-resource, potentially high impact strategy
  - Upon “studying” the change, only 2 participants had downloaded the app.
  - Decided they needed to try to make staff more comfortable

**This case study is available on the [Healthy Start EPIC site!](#)**



# Case Study: Breastfeeding in the Midwest

- Approx. 30% initiating and 1% at 6 months
- Chart audit showed breastfeeding was being captured in notes, but not in data field
- H.U.G. Your Baby curriculum– evidence based, trained all staff; Motivational Interviewing training
- Involved all staff in changes; asked for input and continue to discuss regularly
- Using screening tools to collect intake information; then rely on the case management record for ongoing monitoring of the performance measures, since these are continually updated
- Plan to apply similar approach to other measures

**This case study is available on the Healthy Start EPIC site!**





# Spread and Sustain Results

# Embedding Change

**Standardize what makes sense**

**Ensure accountability**

**Visual management**

**Have problem solving tools**

**Escalating problems**

**Integration across organization**

# Active Ingredients for Sustaining Improvement

**STANDARDIZE WHAT MAKES SENSE** Improvement become part of standard work, and standard workflow exists and updated for all those positions impacted.

**ENSURE ACCOUNTABILITY** Accountability for standardization is ensured through systems of routine review across every level of org.

**VISUAL MANAGEMENT** Visual sharing of status of improvement.

# Active Ingredients for Sustaining Improvement

**PROBLEM SOLVING TOOLS** Staff (particularly front line) have tools and bandwidth for addressing problems.

**ESCALATING PROBLEMS** Protocols exist for problems that cannot be solved at the front line to be escalated to the right level in the right time frame.

**INTEGRATION** Alignment across levels/ sites/ departments around the goals and systems.

# Feedback Loops

Evidence

Relevance

Consequence

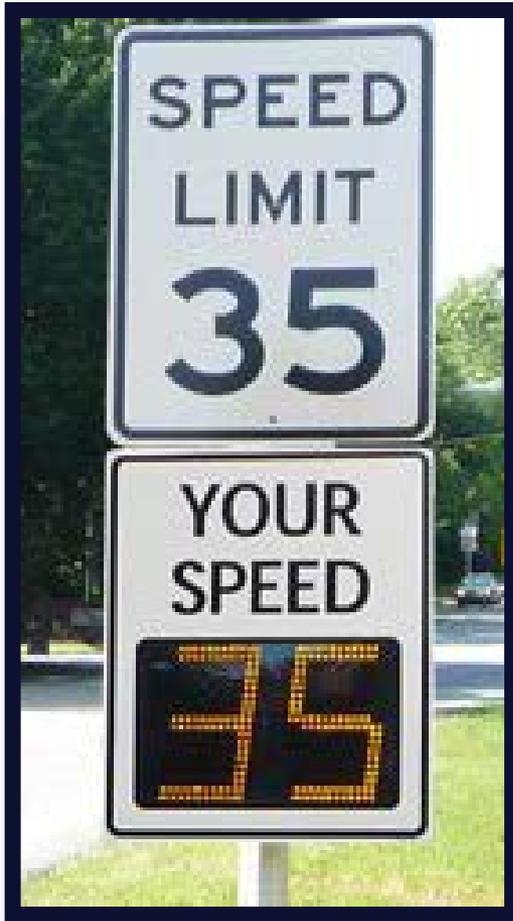
Action

# Why do feedback loops work?

“...giving individuals a clear goal and a means to **evaluate their progress toward that goal** 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.**”

# Example



**Radar speed signs do not provide any information that is not freely available to the driver (all cars have speedometers!), but these signs have been shown to decrease speed for miles ahead.**

**But, raise your hand if you jump on the brakes when you see one!**



# Leveraging Feedback Loops

**EVIDENCE** Data must be measured, captured, and stored.

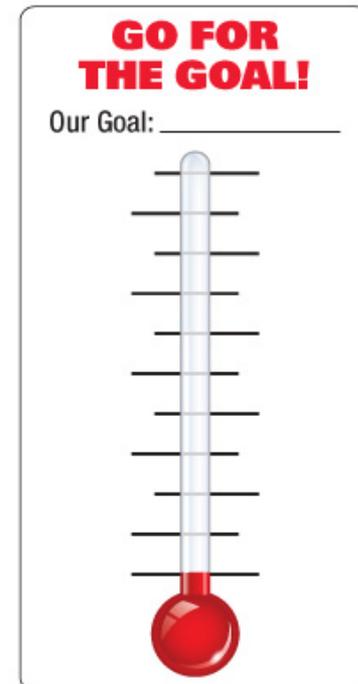
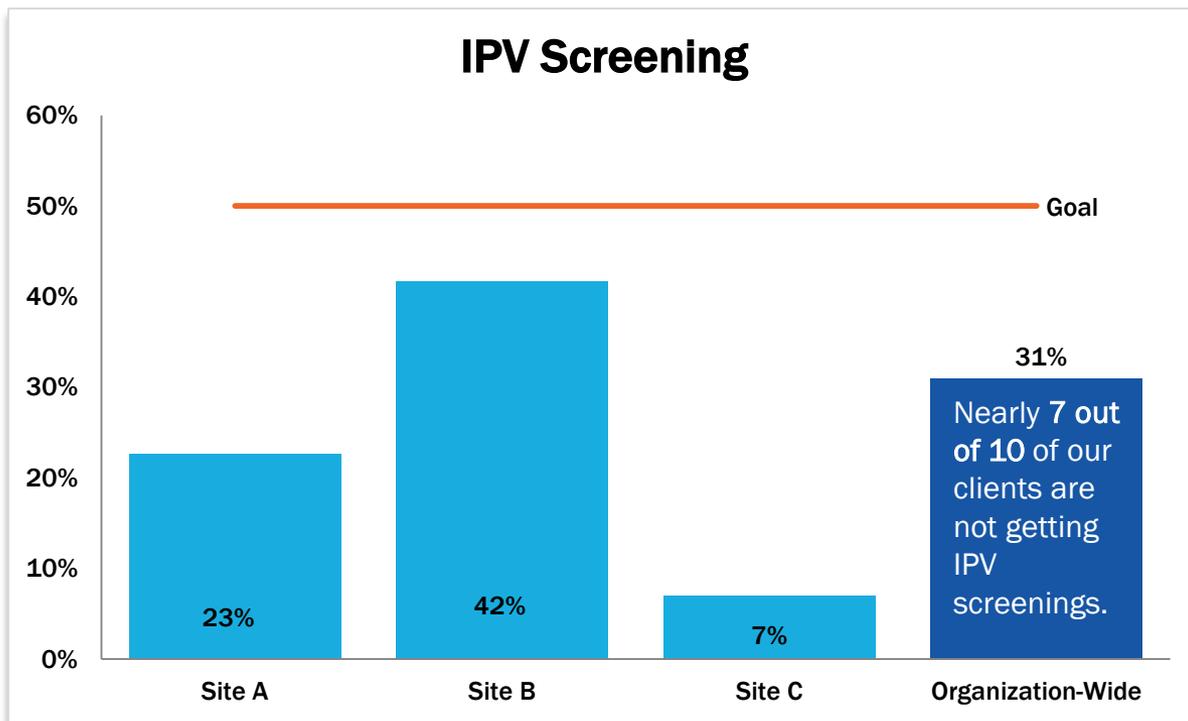
**RELEVANCE** Information must be relayed to stakeholders, not in raw data form, but in context that makes it resonant.

**CONSEQUENCE** The information must illuminate one or more paths forward.

**ACTION** There must be a clear moment when the stakeholders can recalibrate a behavior, make a choice, and act.

# Examples

- Data Displays
- Dashboards
- Thermometers
- Anything that shows results and progress!



# Resources

- **Balanced Scorecard**
- **Community or local level information**
  - **RWJF County Health Rankings, [countyhealthrankings.org](http://countyhealthrankings.org)**
  - **Community Commons, [communitycommons.org](http://communitycommons.org)**
  - **Health Landscape, [healthlandscape.org](http://healthlandscape.org)**
- **Community Toolbox**
  - **Includes the preceded/ proceed model, [ctb.ku.edu](http://ctb.ku.edu)**
- **EPIC has dashboard resources (excel dashboards)**



# Target Related Resources

- **Safe Sleep Sweep, [healthsolutions.org/community-work/family-health/safe-sleep/](https://healthsolutions.org/community-work/family-health/safe-sleep/)**
- **GA Dept. of Health Safe Sleep materials, [dph.georgia.gov/safetosleep](https://dph.georgia.gov/safetosleep)**
- **NAPSS Safe Sleep Image Library**
- **Black Mothers' Breastfeeding Association, [blackmothersbreastfeeding.org/](https://blackmothersbreastfeeding.org/)**
- **Reproductive Life Plan, [beforeandbeyond.org/toolkit/](https://beforeandbeyond.org/toolkit/) + CDC materials**

# Share with your Peers!

**“We’re all in this together”**

## How two Healthy Start sites are using quality improvement to increase breastfeeding rates

A core performance measure of the Healthy Start program is the percentage of Healthy Start child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months. Breastfeeding has many health benefits for both infants and mothers. The American Academy of Pediatrics recommends exclusively breastfeeding for the first six months of a baby’s life.

With support from the Healthy Start EPIC Center, two Healthy Start sites, Detroit Healthy Start and Midwest Healthy Start, decided to focus on the breastfeeding performance measure. Both have taken an ongoing quality improvement (QI) approach that is focused on the participant, is data-informed, and involves all staff members. The Healthy Start EPIC Center recently spoke with these two QI leaders to understand how they have applied core principles of QI in their settings.

### A Participant-Centered Approach

The ultimate goal of both sites’ QI efforts is to improve maternal and infant health outcomes, with breastfeeding as one pathway to improved outcomes overall. Research shows that babies who were breastfed have lower risks of asthma, childhood obesity, respiratory infections, sudden infant death syndrome, and Type II diabetes. Mothers who breastfeed have lower risk of health problems including Type II diabetes, certain types of breast cancer, and ovarian cancer.

Both sites started their QI process with an examination of their breastfeeding data. At the beginning, about 30% of Midwest Healthy Start’s participants initiated breastfeeding, and about 1% continued breastfeeding at 6 months. “We knew we wanted to increase those rates,” said Mary Curry, ND, the Program Coordinator and Prenatal Health Coordinator at Midwest Healthy Start. They engaged the Healthy Start EPIC Center to work collaboratively on increasing this percentage.

Detroit Healthy Start didn’t have high quality baseline data, and this was a concern to them. They elected to join a Quality Improvement Peer Learning Network (QI PLN), an initiative of the Healthy Start EPIC Center. “When the QI PLN started, it forced us to look at our current baseline, set goals for ourselves and meet those goals,” said Aimee Surma, MS, RN, the Program Evaluator for Detroit Healthy Start.

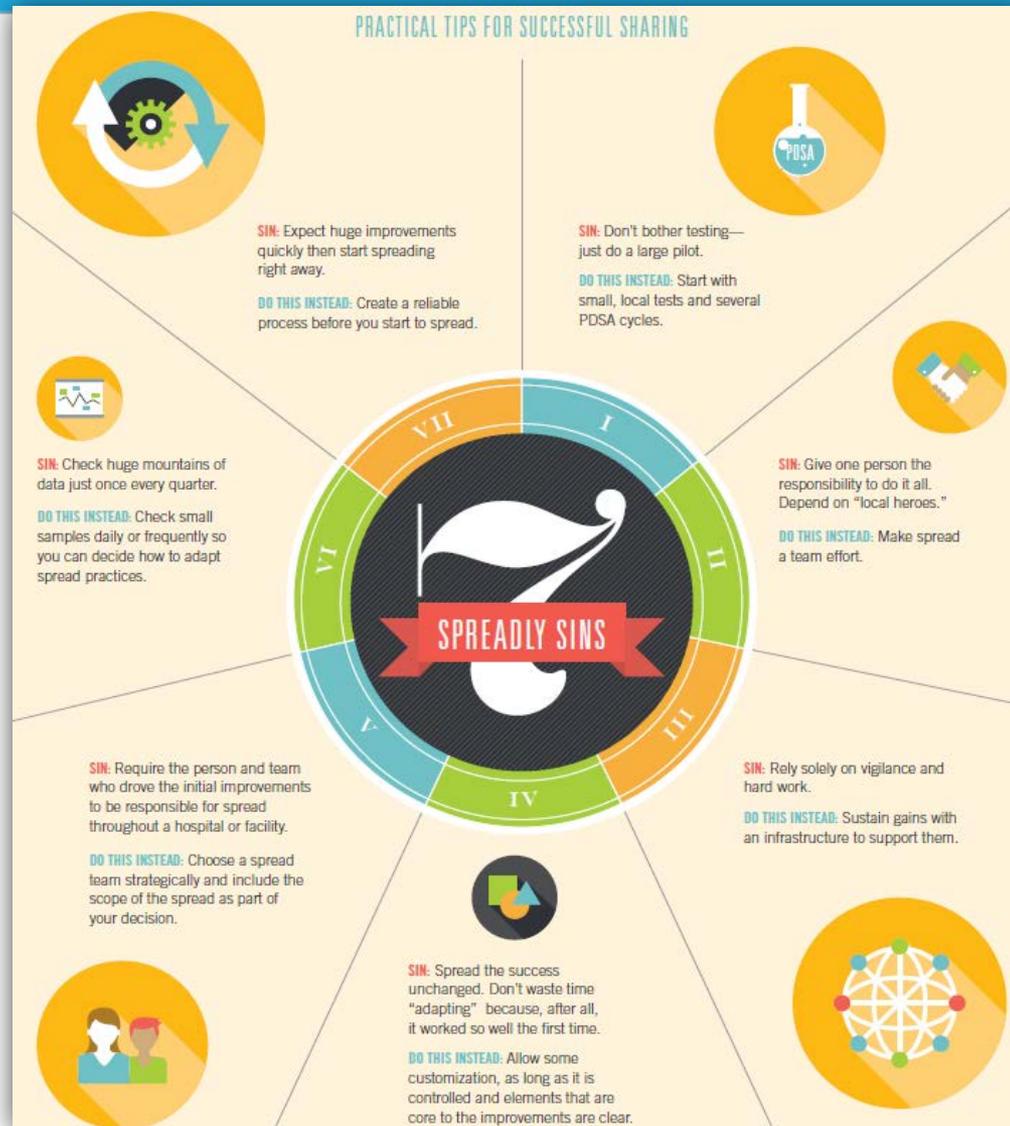
### Grounded in Facts and Data

The Detroit Healthy Start team reviewed their universal intake form and saw the forms as a first step to start the breastfeeding conversation. They realized they needed to add questions about breastfeeding to this form. Using the prioritization matrix, a tool provided in the QI PLN, they then explored which interventions could achieve a high impact on breastfeeding rates, at a relatively low cost. The prioritization matrix activity helped the team to identify the Coffective App as a low-resource, potentially high impact strategy, which they opted to pursue. The Coffective App is designed to support pregnant women and their partners, by providing information about what to expect in the hospital, how to prepare for the baby to return home, and how to increase readiness for breastfeeding.



- Case studies
- Presentations
- Webinars
- Posters
- Peer learning opportunities

# Spreading Change



# Revisiting: Checklist for Change

## Checklist for Change

### Self-Knowledge

The Four Tendencies	Upholder, Questioner, Obliger, or Rebel
Distinctions	Opener / Closer, Mediator / Absorber, Spinner / Lumper

### Pillars of Habits

Monitoring	You manage what you measure, so find a way to measure what even matters.
Foundation	First things first, so begin by making sure foundations are in place.
Scheduling	If it's on the calendar, it happens.
Accountability	Everyone does better when someone is watching, so plan for watching.

### The Best Time to Begin

First Steps	It's enough to begin; if you are ready, begin now.
Clean Slate	Temporarily become pessimistic, so consider contending with other big changes, when you have a 'clean slate'.
Lightening Bolt	A single idea can change the habits of a lifetime, overnight.

### Desire, ease, and excuses

Abandoning	For some of us, motivation is too tough; it's easier to give up something altogether (i.e. give up the old system).
Convenience	Make it easy to do right and hard to go wrong.
Inconvenience	Change your surroundings to make the incorrect way the inconvenient way.
Safeguards	Plan to fail. It will happen.
Leapfrogs	Don't kid yourself about what is a barrier, and what is a loop-hole.
Dismissing	What did you measure.
Reward	The reward for doing the right thing is having done the right thing. Reframe the reward.
Treats	It's easier to ask more of your team when you are giving more to your team.
Pausing	Only do X when you are doing Y.

### Unique, Just Like Everyone Else

Clarity	The clearer you are about what you want, the more likely you are to stick to it.
Identity	The things you do everyday define your identity, so if you struggle to change a particular approach, re-think your identity.
Other People	Your habits rub off on other people, and their habits rub off on you.

- Let's take a few minutes to think more about this checklist.
- What have we come up with that can support change?

# Questions? Thoughts?



- What has worked for you?
- What examples of these things have you seen or done that worked well?