



More than Just Reporting

Using Performance Measures for Quality Improvement

Objectives

1. Programs will be able to identify common gaps or problems with performance measurement data and identify the nature of those gaps.
2. Programs will strategize additional data sources or opportunities for use of data.
3. Programs will have been introduced to data driven QI framework.
4. Programs will be able to articulate first steps in putting data driven QI framework into action in their work.

Note

July 13th Webinar

[View this email in your browser](#)

More than just Reporting: Using Performance Measures for Quality Improvement



Links to Tools and Resources from Today's Webinar



Check/ Reinforce Foundations

- [Screening tool --> Performance Measure crosswalk](#)
- [Other screening tool information](#)
- [Data Dictionary](#) (this information is included in the performance measure crosswalk above)
- Reports from the screening tools can be downloaded from HSMED– Contact Healthy Start Support at DS Federal (hssupport@dsfederal.com) to learn how.

Selecting a Target for Improvement and Initiating QI Project

- [Prioritization Matrix](#) (can be modified to use to select a target measure and also used to select a test of change later on)

Document/ Analyze Current Flows; Identify Improvements

- Process Mapping QI Worksheet
 - [Word Version](#)
 - [Excel Version](#)

Implement and Evaluate Changes

- [Evidence Based Practice Library](#)

- **The tools and references I am covering today can be accessed through the link provided.**
- **Will also be available following this session.**



Why do we do this?



Tell the story of Healthy Start



Show the value of Healthy Start

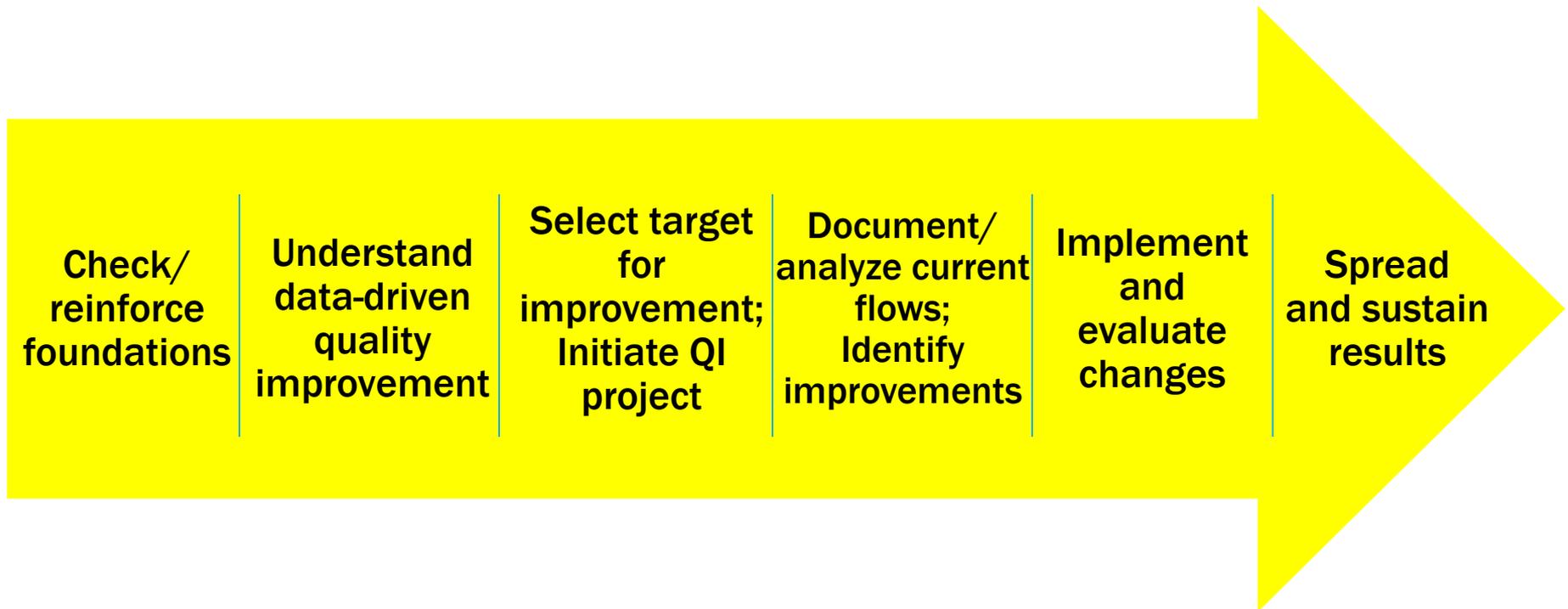


Provide value in Healthy Start programs and to participants



Make a difference in Healthy Start communities

Quality Improvement Framework





Check / Reinforce Foundations

CROSSWALK: Performance Measures and Screening Tools

Terminology Note

Screening Tools are the tools and the related data that is gathered,

Performance Measures are the reporting,

Benchmarks are the goals that were laid out in the FOA,

then there are the **Goals/Objectives** you set forth in your project workplan.

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 be sure data accuracy?
- 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?

Question

Where are you in implementing screening tools and monitoring performance measures?

- **We're doing great, we have screening tool data in a database or system and can run reports.**
- **We are just starting out, we have some data, but it's on paper or in a system that is a black box.**
- **We don't even know where to start; we've got nothing.**

Performance Measures

- **Calculating your performance measures can (and should!) be done from the information captured in the screening tools.**
 - You can use your paper forms, your internal system, or reports from HSMED to calculate.
 - Reports from the screening tools can be downloaded from HSMED– Contact Healthy Start Support at DS Federal (hssupport@dsfederal.com) to learn how.
 - Information used for Performance Measures is a small subset of total screening tool questions.



Access the Crosswalk

HEALTHY START

HEALTHY START IMPLEMENTATION

TRAINING AND EVENTS

RESOURCES

HEAR FROM YOUR PEERS

ABOUT HS EPIC CENTER

Training and TA

Screening Tools

Training and TA

Development Process

Approaches

Monitoring, Data, and Evaluation

During the remainder of this funding period (May 30, 2017), JSI/EPIC Center will provide support to Healthy Start grantees adopting the screening tools including working with grantees who plan to use the tools in their current form and grantees who will integrate questions from the tools into their existing screening processes. The following page provides ways in which you can connect with the HS EPIC Center for assistance.

Implementation Resources

- [Screening Tool Flowchart \(Last Updated 01/30/17\)](#)
- [Screening Tool FAQ](#)
- [Screening Tool Frequently Asked TA Questions \(FATAQ\)](#)
- [Healthy Start EPIC Online Screening Tool FATAQ](#)
- [Screening Tool Implementation Checklist](#)
- [Screening Tool Pilot Test Report](#)
- [Performance Measure Data Dictionary](#)
- [Crosswalk of Screening Tools to Performance Measures](#)
- [Evidence Based Resources for Screening Tools](#)
- [Reference for Medical Conditions](#)
- [Reference for Medications](#)

How many have accessed this crosswalk?

Healthy Start Screening Tools Technical Assistance Questions

This frequently asked technical assistance questions document includes the most commonly asked questions from the EPIC Center Helpdesk and EPIC Center screening tool webinars



Components of Performance Measures

Definition, from data dictionary

How to calculate from Screening Tools

Performance Measurement	Comparison Statistic	Performance Measure Definition	Denominator	Screening Tool	Screening Tool Question(s) that Determine Inclusion in Numerator	Responses NOT included in the Numerator
The percent of Healthy Start women and child participants with health insurance.	National Survey of Children's Health National Health Interview Survey	1a. WOMEN Numerator: Number of Healthy Start (HS) women participants with health insurance as of last assessment in the reporting period. Denominator: Number of total women HS participants in the reporting period. 1b. CHILDREN Numerator: Number of Healthy Start (HS) child participants whose parent/ caregiver reports that the child has health insurance as of the last assessment in the reporting period. Denominator: Number of total child HS participants in the reporting period. Participants are identified as <u>uninsured</u> if	1a. All women who have completed any screening tool in the reporting period. 1b. All children under 24 months who have been reported on by their parent/ caregiver within a postpartum on interconception screening tool; DOB for child from Postpartum Question 1.1 or Interconception Question 1.	Preconception	1a/ Woman: Question 16	If response to this question is <ul style="list-style-type: none"> • no insurance • Indian Health Service • don't know • selects 'Other' and identifies a type of insurance that only covers one type of service (such as family planning or accidents) The participant is not included in the numerator.
				Prenatal	1a/ Woman: Question 11	
				Postpartum (Child)	1b/ Child: Question 13	
				Postpartum	1a/ Woman: Question 32	
				Interconception	1b/ Child: Question 14	

Initial Calculations

Denominator

- ✓ **Children captured on Interconception or Postpartum tool during the reporting period, who are <12 months based on DOB in Question 1.1**

Numerator

- ✓ **Using Postpartum and Interconception tool:**
 - ✓ **Add up those where, for the child in the numerator, responses are ALL as follows:**
 - ✓ **Question 5: On his/her back;**
 - ✓ **Question 6: Always or Often;**
 - ✓ **Question 7: In a crib, bassinet, or pack and play**

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

Identifying Gaps or Issues that may Impact Measures



Numerator issues

Information available leads to improper inclusion or exclusion from the calculation.



Denominator issues

Report including patients that should not be in the Denominator/ Universe: wrong timeframe, missing exclusions



Service or outcome issues

Indicated service not being provided or outcome not being achieved

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!



Understanding Data Driven Quality Improvement

Quality Improvement

If, after calculating performance measures based on these definitions, some performance measures are not where you want them...

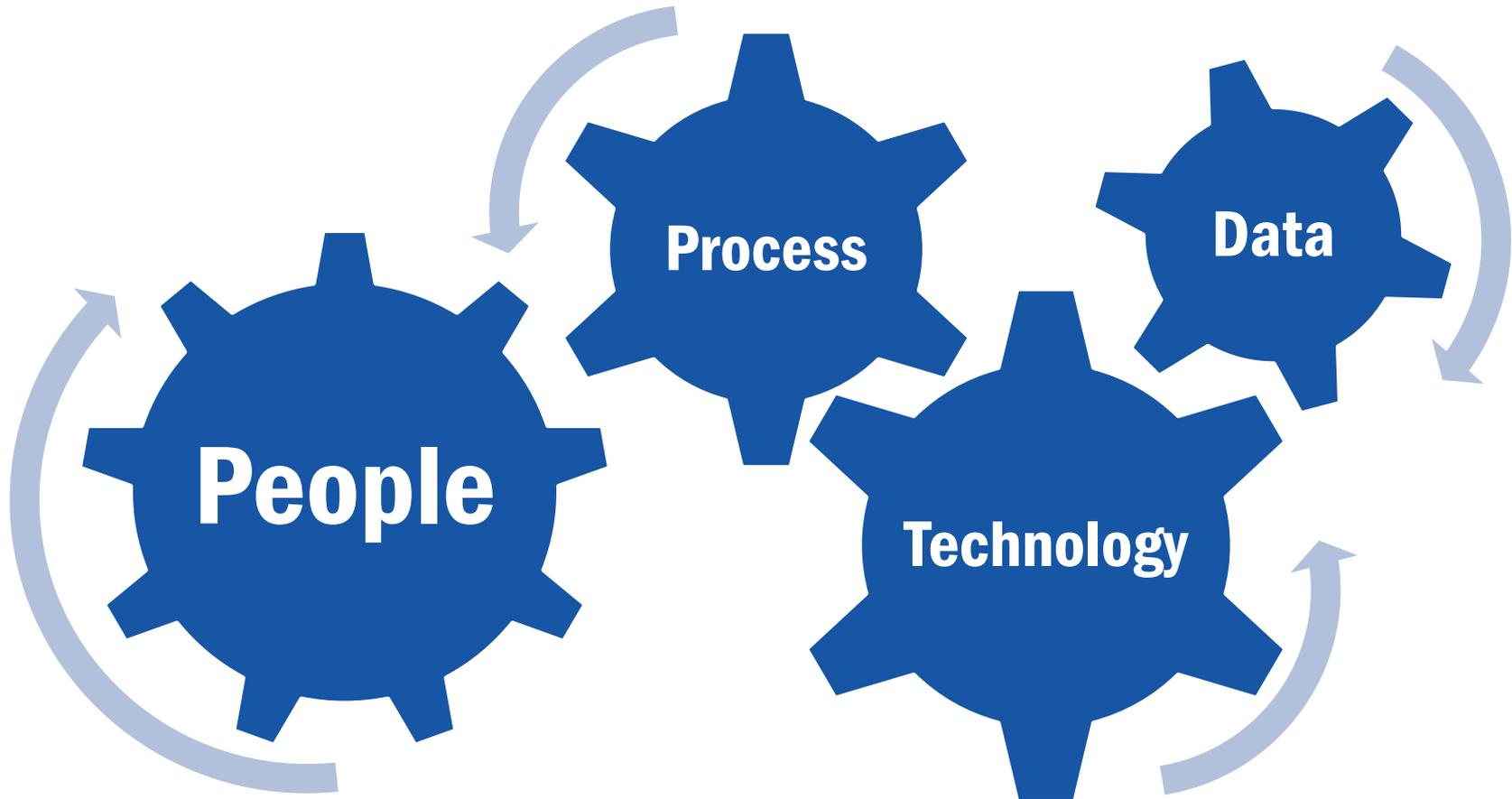


**It's quality improvement
time!**

Data Driven Quality Improvement



What does data-driven QI require?



Keys to Consider





Selecting a Target for Improvement and Initiating QI Project



Supporting communities to
give every child a Healthy Start.

Healthy Start EPIC Center

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.

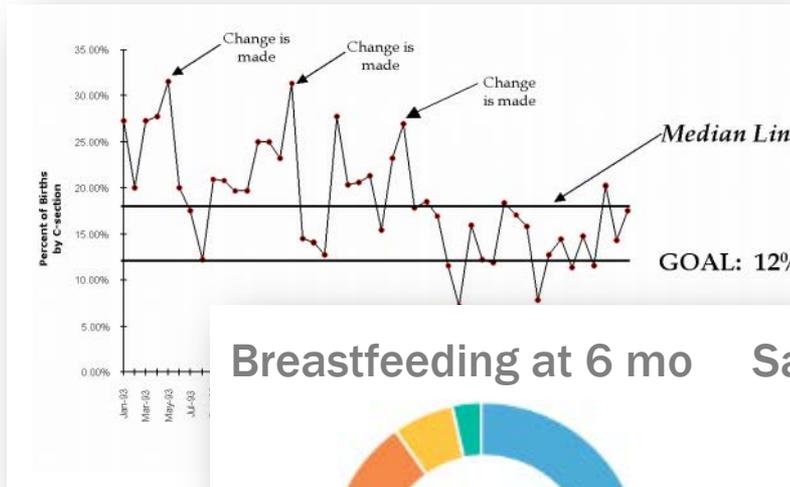
Additional Decision Support

Informed by the work we've already discussed, use a tool like this **Prioritization Matrix** to compare the options side-by-side in an “apples to apples” way.

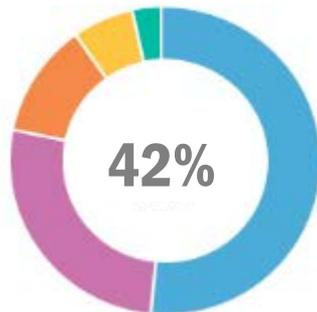
Performance Measures Needing Improvement	Difficulty (low – 3, medium 2 or high difficulty 1)	Impact (low – 1, medium 2 or high impact 3)	Rating (Difficulty x Impact)
Breastfeeding at 6 mo	1	2	2
Safe Sleep	2	2	4
Reproductive Life Plan	3	1	3
Post-Partum Visit	1	3	3

Monitoring Changes

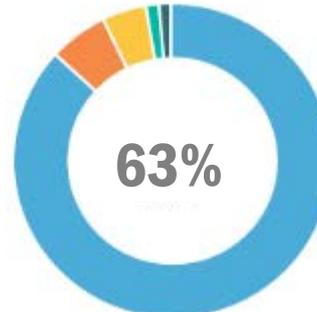
- Tracking performance over time using run charts or data dashboards allows you to identify changes when they happen, responding if necessary.



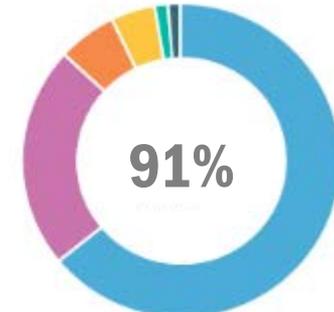
Breastfeeding at 6 mo



Safe Sleep



IPV Screen



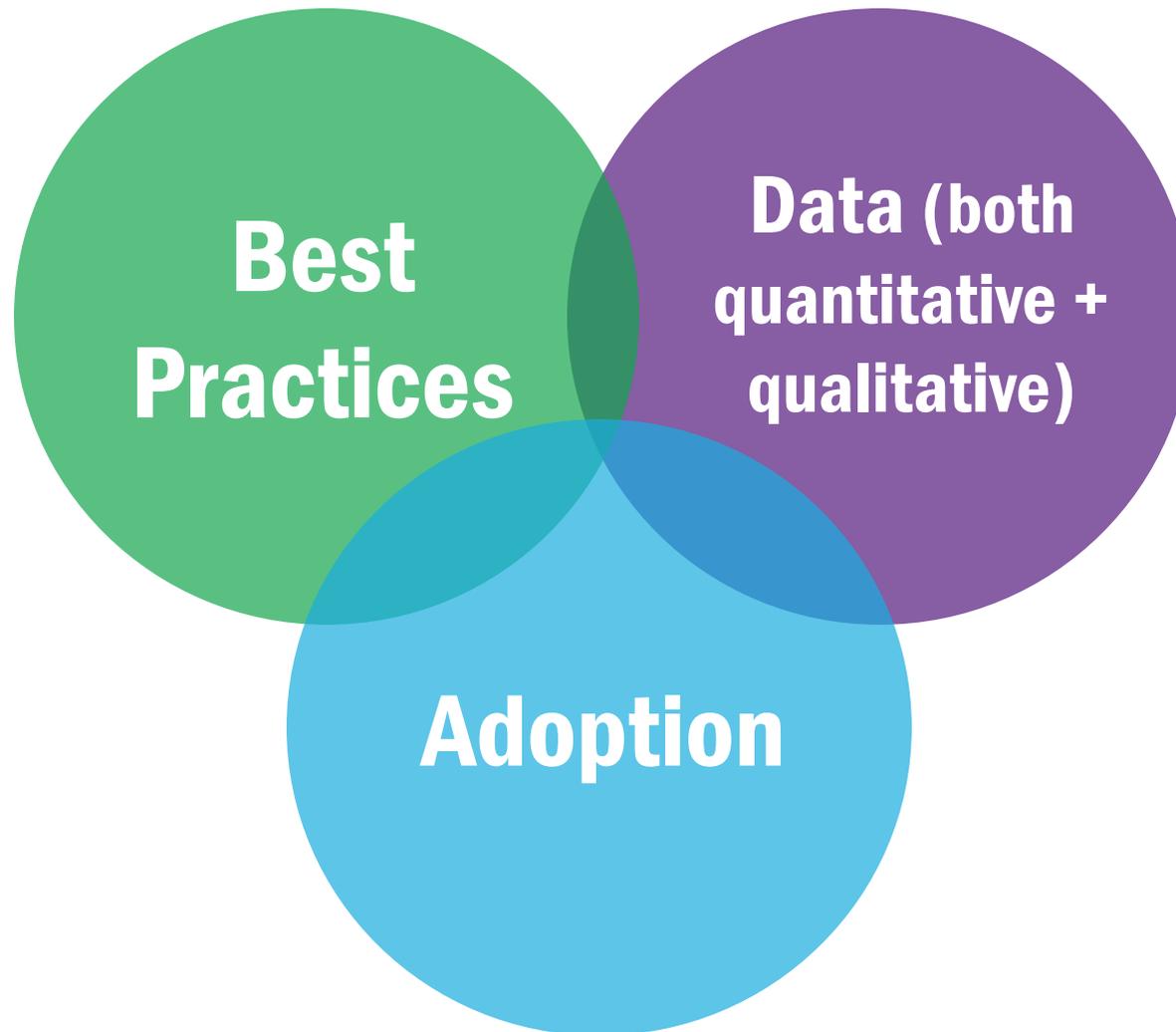


Document/ analyze current flows; Identify improvements

Now that we have chosen a target...

- 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



Target Performance Measure	
Current Performance on Measure	

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						

More on subsequent pages



Example: Baseline Section

Target Performance Measure	% 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.
Current Performance on Measure	42% 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.

Tips:

- Be as specific as possible, defining the population, etc.
- Be sure current performance is on the exact measure being targeted, not just what numbers are available!
- Stratifying data can provide additional insight

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)	
Initial Referral/ Enrollment	Case manager receiving referral	Checks fax, email, etc. for referrals, and inputs them into system		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.	...
Care Coord./ Case Mgt Meeting	All case managers	Weekly meeting to review new clients				...

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.				...

Current Process Mapping Tips

When using the mapping worksheet:

- Be sure to involve a multi-disciplinary team to ensure all perspectives are captured.
- Under Current Processes, document what is most often done, not what should be done.
- You may want to edit the mapping worksheet to your own purposes (i.e. reorder the categories)
- Include any activities that cross the whole population in the Population Services section.
- Include policies, protocols, practices (i.e. training, mission, IT systems) in the Foundations section.

Example: Potential Improvements

Current Process/ Activities						Potential Improvements
Description	...	...	...	...	...
Initial Referral/ Enrollment	...	...	...	...	...	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.
Care Coord./ Case Mgt Meeting	...	...	...	...	...	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.
Prior to Initial Participant Encounter	...	...	...	...	...	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.
- Instances where policies and workflows are in place, but outcomes are still suboptimal– are there population 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?



Implement and Evaluate Changes

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/
 - Change Packages from Quality Improvement Peer Learning Networks, available here:
healthystartepic.org/healthy-start-implementation/healthy-start-approaches/



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: Data partnerships may require a memorandum of agreement; and many begin by having “read-only” access, in order to safeguard data.

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:

Potential Improvement	Difficulty (low – 3, medium 2 or high difficulty 1)	Impact (low – 1, medium 2 or high impact 3)	Rating (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

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



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 [from QI worksheet].

- 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.

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



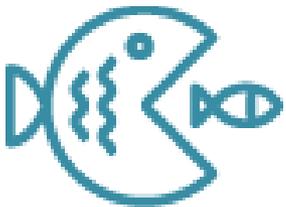
ADOPT

- 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 for in the chat box or from the EPIC Center!



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 for in the chat box or from the EPIC Center!





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

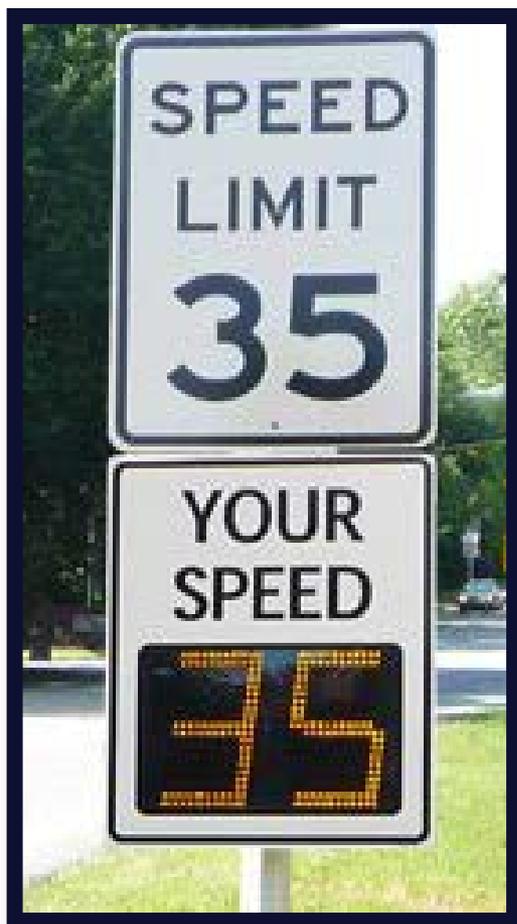
Action

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.

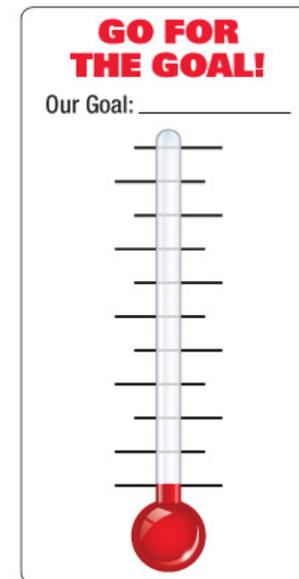
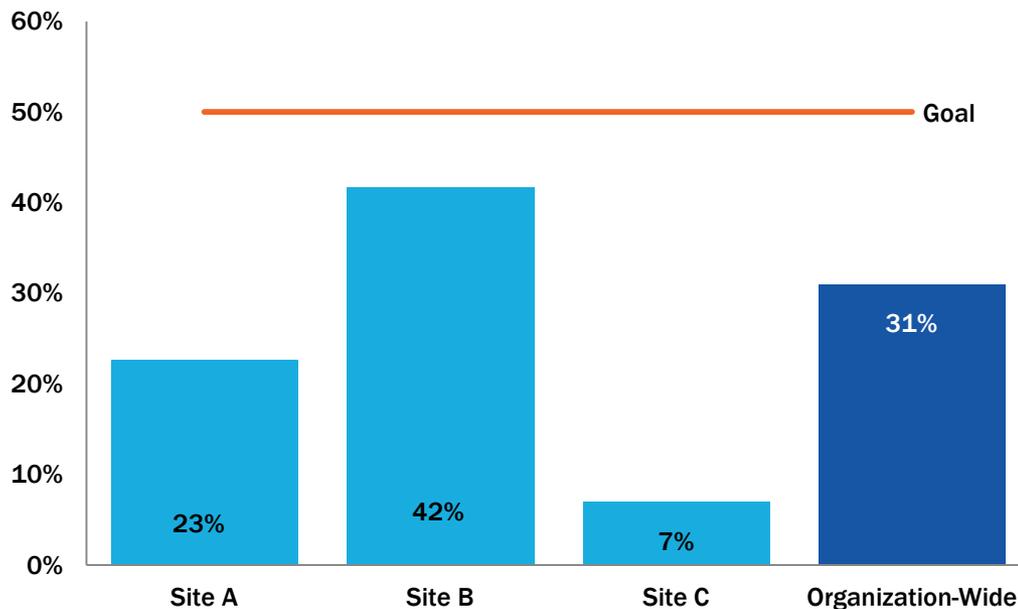
CONSEQUENCE The information must illuminate one or more paths forward.

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!

IPV Screening



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
- Posters
- Peer learning opportunities

Questions? Thoughts?



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



Thank You!

Jillian Maccini, Healthy Start EPIC Center