

CONTINUOUS QUALITY IMPROVEMENT

Alabama Department of Early Childhood Education
University of Alabama at Birmingham

January 26, 2017

Continuous Quality Improvement

“Quality is not an act. It is a habit”

- Aristotle

Today's Overview

- Welcome and Introductions
- Brief overview of CQI
 - Principles
 - Previous cycles
- Selection of new CQI topic
- Listening session
- Guest speaker
- Wrap-up



BRIEF OVERVIEW

Continuous Quality Improvement

- CQI is a systems approach for improving existing services or products or developing new ones.¹
- Process to ensure programs are following a **systematic** (follows a method) and **intentional** (done with a purpose) **plan** to improve services and outcomes.

1. Radowski D. Continuous quality improvement: origins, concepts, problems, and applications. *J Physician Assist Educ.* 1990;10(1):12-16.

Why Engage in CQI?

- Collecting data is how you show what you do every day for children and families.
- Data show progress and outcomes.
- Data support requests for more funding.
- Data tell your story.

Key Assumptions of CQI

- All the Benchmarks and Constructs (measures) currently required are important.
- Some measures may be better indicators of program/system quality than others.
- Focus on improving a few measures at a time
 - Minimizes potential to feel overwhelmed,
 - Allows small scale testing of improvement ideas, and
 - Leads to “little successes” along the way to overall system quality.

Culture of Quality

- A culture of quality means everyone strives to do better
- Working as a team we can do better than our individual best
- We never accept the problems we face as normal, everything can be improved somehow
- We must always strive to innovate
- We set targets for our programs to reach, rather than simply do the best we can
- Quality improvement and innovation is supported at all levels
- We rely on data to evaluate our progress



SELECTION OF NEW CQI TOPIC

Federal Data Requirements for MIECHV-Funded Home Visiting Programs

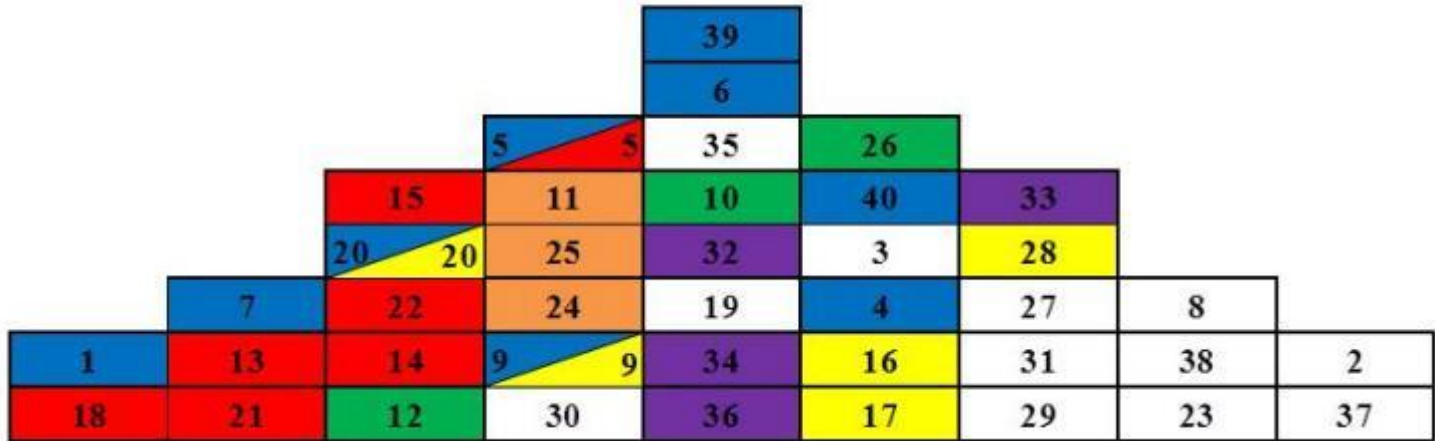
- Extensive data collection requirements:
 - Individual-level demographics and service use information for all people enrolled in programs
 - Progress on Benchmark Areas (and constructs underneath):
 - Improved maternal and newborn health
 - Prevention of child injuries, child abuse, neglect, and maltreatment and reduction of ER visits
 - Improvement in school readiness and achievement
 - Reduction in domestic violence
 - Improvements in family economic self-sufficiency
 - Improvements in coordination and referral for other community resources and supports
- Must show improvement in at least 4 Benchmark Areas
 - Improve in at least half of constructs under benchmark

Previous CQI cycles

- CQI Cycle 1
 - Sites will complete the ASQ-3 within 6 month timeframe
- CQI Cycle 2
 - Focus on the percentage of referrals completed on time – OR -
 - Total HOME assessments administered within the appropriate timeframe

Topic Selection

Spoiler Alert: Children are exposed to smoking in the home



Benchmark Key

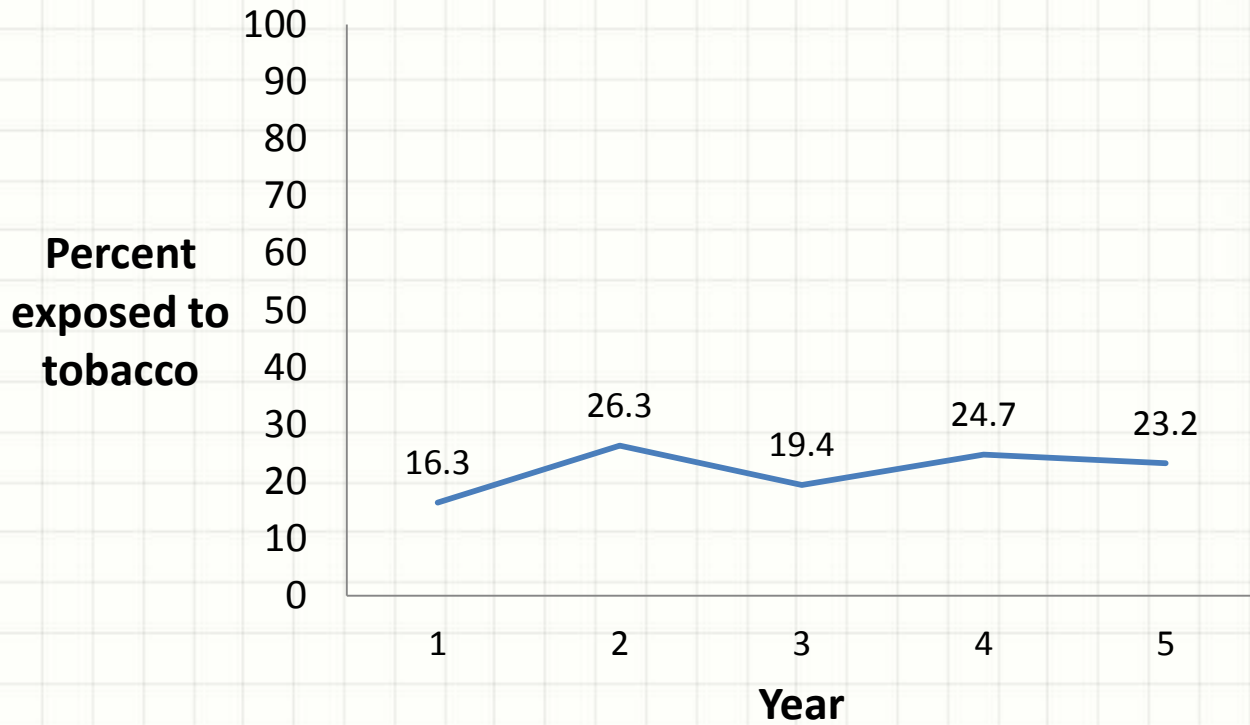
- 1. Improved maternal and newborn health
- 2. Child Injuries, child abuse, neglect or maltreatment and reduction of ED visits
- 3. Improvement in School Readiness and Achievement
- 4. Domestic Violence
- 5. Family economic self- sufficiency
- 6. Coordination and referrals for other community resources and supports
- Demographics

Remember...

- All the Benchmarks and Constructs (measures) currently required are important.
- Rankings on the Q-sort represented “Most Important, Next Most Important, etc.”
- Addressing tobacco usage/smoking in the home is an opportunity to address a topic that has direct consequences to children and families

CQI Topic: Cycle 3

Children's Tobacco Exposure in the First Teacher Home Visiting Program



CQI Topic: Cycle 3

- Tobacco Cessation
 - Nearly 1 in 4 children in home visiting programs are exposed to smoke in the home (23.2%)
 - Tobacco usage/cessation is a health indicator in which the current statewide performance measurement has remained static or (negatively) increased over baseline

CQI Topic: Cycle 3

- Negative health impacts of tobacco exposure on children include frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS)

Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/

Aim Statement

- By **November 2017**, at least 60% of families who receive a tobacco cessation referral will accept the referral

Listening Session

- Experiences in working with families
 - Identifying smokers and/or users of tobacco products
 - Making referrals
 - Finding resources
- Challenges in addressing difficult/personal topic like tobacco

Guest Speaker

- Welcome ADPH attendees who will provide training on tobacco cessation resources on March 1, 2017 – Go To Webinar
- Introduction of Ashley Lyerly from American Lung Association

Upcoming Activities

- March
 - GoToMeeting webinar: ADPH (smoking cessation resources and support)
- April
 - GoToMeeting webinar: Motivational interviewing and techniques
- May
 - GoToMeeting webinar: Tools for tracking progress
- June
 - Individual coaching sessions
- July
 - Group coaching: Group site report
- August
 - Group coaching: Group site report
- September
 - Group coaching: Group site report
- October
 - Group coaching: Creating a storyboard
- November
 - Presentations of storyboards

Upcoming Activities

- CQI Practicum
- Ongoing support from DECE and UAB
- Online resources



QUESTIONS?