

FY 2023 Continuous Quality Improvement Plan Guidance and Template

CQI Brief

Updated January 2023

Introduction

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees are required to report on their quality improvement activities based on the implementation of their continuous quality improvement (CQI) plans. This plan helps awardees assess their CQI efforts, document progress, and use lessons learned from implementation to inform CQI activities moving forward. Health Resources and Services Administration (HRSA) project officers (POs) and the Technical Assistance Resource Center (TARC) Data & CQI TA specialists will review and approve CQI plan submissions to ensure they describe clear progress on past activities and provide key awardees' plans for proposed quality improvement activities.

In efforts to streamline reporting activities, HRSA has recently issued updates to the FY 2023 CQI plan requirements:

- Awardees should report on all CQI activities completed since the last update in February 2022 in the first section of the plan ([Part 1 Updates on Prior CQI Activities since Last Update](#)). This would include any activities that occurred before submission of the FY 2023 CQI plan.
- Awardees will be required to provide information on proposed quality improvement activities ([Part 2. CQI Plan for FY 2024 - FY 2025](#)) for the FY 2023 Formula Award Period of Performance (September 30, 2023, to September 29, 2025) and will submit CQI plans to HRSA every two years going forward.
- The FY 2023 CQI plan will now be due at the time of the FY 2023 NCC Update application. Please note that the exact due date for the FY 2023 NCC Update has not been finalized but will be clearly communicated with awardees.
- During the interim years in which the CQI plans are not due, awardees will provide basic updates on CQI activities in their grant application (e.g., submit complete FY 2023 CQI plan with FY 2023 NCC Update application, provide a basic update with FY 2024 NOFO submission).
- POs will ask for updates on CQI activities during monitoring calls throughout the period of performance.

As new CQI plan activities are not required to begin until September 30, 2023, awardees may continue their current CQI activities until that date. If CQI plan activities are scheduled to end earlier than

September 30, 2023, awardees may spend the interim time planning and preparing for the new two-year CQI project plan period beginning September 30, 2023.

As always, TARC Data & CQI TA specialists are available for technical assistance, and it is recommended that awardees reach out for assistance in developing the CQI plan prior to submission.

New Updates

We have made the following changes to the CQI Plan Guidance and Template:

- The first part of the CQI plan will cover CQI progress since February 2022
- The second part of the plan will be proposed activities for the next two years from September 30, 2023, through September 29, 2025
- Additional tips and resources have been added to help support awardees to:
 - Incorporate health equity and family partnership in your plans

This resource is a guide to assist awardees in (1) reporting on their CQI progress since the last update (February 2022) and (2) providing proposed CQI activities for the upcoming two-year implementation period (September 30, 2023, to September 29, 2025). It explains key areas the plan should cover as well as additional best-practice recommendations. For each area of the plan, we provide a list of the “bottom line” requirements that should be included in your plan per HRSA guidance. There is a prominent focus on health equity, family partnership in CQI, and demonstration of improvement throughout the plan guidance. Please use the guidance and tips throughout to incorporate information into your FY 2023 CQI plan. A fillable template is provided for awardees to document their CQI activities. Use of the template is encouraged but optional.

Planning for a Two-Year Period of CQI Activities

CQI plans will now align with awardee’s period of performance for the FY 2023 NCC Update application. Your CQI activities should integrate the efforts outlined in your grant application. This could include planning CQI activities to focus on workforce retention, family outcomes, or cross agency partnerships. In addition, CQI plans will now be on the same schedule as data collection for your annual performance reporting activities (October 1 through September 30). Data from your previous APR submissions can be used to inform your CQI activities. In aligning these deliverables, we

encourage more coordination between grant activities, annual reporting and CQI activities. For example, using your data from APR submissions to identify topics of focus for your CQI plan, while also considering efforts included in your NCC Update application.

Please keep the [FY 2023 Demonstration of Improvement guidance](#) in mind as you develop your FY 2023 CQI plan. Your CQI plan can be used as an opportunity to work on areas needed for Demonstration of Improvement. MIECHV awardees must provide information to HRSA demonstrating that their programs result in improvement for eligible families in at least 4 of 6 benchmark areas for FY 2023 and every three years thereafter. Awardees are strongly encouraged to routinely monitor annual performance data for improvement efforts. Awardees can also review their past data on the Electronic Handbooks (EHB) data dashboards to visually detect any patterns with the performance measure data and consider benchmark areas and topics ready for improvement. Your Data & CQI TA specialist can support your team with strategies for reviewing data, prioritizing benchmark areas and performance measures, and aligning your CQI efforts.

For additional technical assistance related to CQI plan reporting and updates, contact your HRSA project officer and TARC Data & CQI TA specialist.

Overview Document

- [Instructions: FY 2023 CQI Plan Update](#)

Guidance Document

- [What is a CQI Plan?](#)
- [Organizational System and Support](#)
- [CQI Priorities](#)
- [Goals and Objectives \(SMART/SMARTIE Aims\)](#)
- [Changes to Be Tested](#)
- [Methods and Tools](#)
- [Sustaining the Gains](#)
- [Spread and Scale](#)
- [Health Equity](#)
- [Communication](#)

CQI Plan Template

- [FY 2023 CQI Plan Template](#) (Recommended)

Instructions: FY 2023 CQI Plan Update

Awardees should submit an updated CQI plan that includes (1) report on progress of CQI activities from February 2022 through September 29, 2023, and (2) planned CQI activities for the next two years (September 30, 2023, to September 29, 2025). The FY 2023 CQI plan will now be due at the time of the FY 2023 NCC Update application. Please note that the exact due date for the FY 2023 NCC Update has not been finalized but will be clearly communicated with awardees. You may complete your FY 2023 CQI plan directly in the optional template provided. Awardees should send their CQI plans directly to their HRSA project officer and TARC Data & CQI TA specialist.

Review of CQI plans will occur as follows:

- Your HRSA project officer and Data & CQI TA specialist will provide written feedback on the plan within 30 days. Feedback will include (1) strengths of the plan, (2) optional strategies for strengthening plan components, and (3) if needed, recommendations to address before final approval of the plan.
- Awardees will review and incorporate feedback into a revised CQI plan, if necessary. You may request a call with your Data & CQI TA specialist and HRSA project officer to discuss feedback and support with updating the plan.
- The Data & CQI TA specialist will review the revised CQI plan and forward it to the HRSA project officer for approval.
- Once approved, the final plan will be uploaded to the EHB through a Request for Information sent by your HRSA project officer.

During the implementation of your CQI plan, updates of CQI activities will occur as follows:

- Updates will be discussed during regular monitoring calls with your project officer.
- Your HRSA project officer will share your CQI update from your FY 2024 NOFO application with your Data & CQI TA specialist.
- Your HRSA project officer will provide written feedback on your CQI update in your FY 2024 NOFO application (if needed).

Please review the guidance section prior to completing your CQI plan. It provides additional background information about developing your CQI plan and what to address in each section. When you are ready to complete your FY 2023 CQI plan, you may use the [template](#) provided or your own document.

Guidance Document

What is a CQI plan?

A CQI plan is an organization's roadmap for improving its services, processes, capacity, and outcomes. It guides the organization and its key collaborators and partners through the process of monitoring services and using data as part of everyday practice to improve outcomes. A CQI plan allows you to describe your approach to CQI, assess your capacity to carry out CQI, summarize past CQI efforts, and identify lessons learned.

States, territories, tribes, communities, and children and families have unique needs. Your CQI plan should therefore be flexible and specific to your organization while including the following general components:

- Description of an organizational system and support to maintain ongoing CQI work
- A clear guiding mission for the CQI work
- Measurable goals and objectives to improve outcomes
- Inclusion of health equity goals to understand and address the social and structural factors that affect health outcomes for the families in home visiting programs
- Changes that will be disseminated to local implementing agencies (LIAs) for testing and adaptation
- Participation from family partners to actively lead or co-lead CQI activities
- CQI methods and tools you will use
- Measures and a data collection plan for tracking, assessing, and guiding improvement
- Plans to sustain the gains after the CQI project has ended
- Process for monitoring the CQI plan and assessing progress

Organizational System and Support

The structure of the CQI team can vary from one organization to another. The CQI plan should describe the team and define roles, responsibilities, and tasks. Exhibit 1 includes questions to consider when developing your team to support CQI.

Support for CQI Teams

Teams function best when they are confident that their organization's leaders support them. Your CQI plan should describe how you will support the awardee and local CQI teams to strengthen CQI competencies. For example, your awardee team may have expertise to share with local teams about CQI models and methods, such as applying the Model for Improvement (including Plan-Do-Study-Act cycles) or Lean/Six Sigma.

Support for awardee CQI teams may include the following:

- Ensuring sufficient staffing and time to support local teams
- Providing ongoing training and coaching in advanced CQI methods
- Providing opportunities for peer-to-peer learning with other CQI experts
- Linking with your Data & CQI TA specialist for awardee-level coaching and training
- Participating in the CQI practicum
- Accessing HV ColIN resources and support for participating awardees and LIAs

Support for local CQI teams may include the following:

- Building system leaders for CQI at the LIA level
- Allocating time to participate in CQI work
- Staying abreast of innovations
- Providing ongoing training and coaching in CQI methods
- Providing opportunities for peer-to-peer learning (e.g., collaborative, office hours)
- Exercising authority to remove barriers to full participation and innovation
- Involving families in local CQI teams and activities

Local Structures and Supports

You may share guidance with LIAs on efforts such as forming local CQI teams as they work to create local capacity. Local teams should have members with different roles and perspectives on the processes identified for improvement. When possible, they should include input from the end user—the family. Remember there are many benefits to partnering with families in CQI, including but not limited to setting aims that provide direct value to families, shared commitment to the CQI process and results, and the testing of innovative change ideas that come from lived experiences. The [Partnering with Families in CQI](#) resource presents a continuum of stages and strategies for engaging families in CQI work in different ways. The HV ColIN [Parent Leadership Toolkit](#) offers a continuum to help awardees and LIAs engage parents at different points in their CQI work. Consider using these resources to assess and plan for deepening your partnerships with families.

Examples of local team members include the following:

- Agency-level lead
- Day-to-day supervisor
- Data coordinator/analyst
- Home visiting supervisor
- Home visitor(s)
- Family member(s)

Exhibit 1. Roles, Responsibilities, and Tasks for Supporting CQI

Roles, Responsibilities, and Tasks	Examples
<p>Who is accountable for CQI processes at the awardee level?</p> <ul style="list-style-type: none"> • Data collection and analysis • Team coaching • Dissemination • Ongoing improvement, planning, and coaching 	<p>Often, this will be a CQI team that includes members such as an awardee CQI specialist and a state data manager.</p>
<p>Who is responsible for ongoing improvement and planning within the local CQI teams?</p>	<p>Key members of local teams may include an LIA administrator, data manager, supervisor, home visitor(s), and family members.</p>
<p>What are the timeline and methods for reviewing and sharing findings?</p>	<ul style="list-style-type: none"> • Monthly, quarterly • Monthly webinars facilitated by the awardee team to review data and share changes tested with local teams
<p>How will you provide ongoing training and support to LIAs?</p>	<ul style="list-style-type: none"> • Ongoing learning collaborative • Virtual training • Coaching sessions • Telephone support as requested
<p>How will you partner with community and family members in the CQI work?</p>	<p>Parents and partners join local CQI team.</p>
<p>What human and financial resources are available to sustain CQI work?</p>	<p>Include project budget and staffing for CQI activities.</p>
<p>How will you recognize and celebrate results?</p>	<ul style="list-style-type: none"> • Monitoring of monthly collaborative run charts • Attainment of SMART/SMARTIE aims • Monthly newsletter with highlights of results • Team presentations, recognition, and celebration
<p>How will you share successful strategies with other programs?</p>	<p>Examples include an online forum, newsletters, webinars, and conferences.</p>

Organizational Challenges

Early childhood services are interconnected. Improved outcomes in home visiting, such as caregivers receiving recommended services for depression or children receiving well-child visits, often requires addressing external challenges and barriers, such as the following:

- Conflicting eligibility criteria
- Inconsistent interpretations of regulations
- Competition between service agencies
- Fragmented delivery systems that provide services for the same families in different institutional structures
- Services that put the responsibility on families to navigate rather than on the service providers to communicate and coordinate

To implement improvements and innovations successfully, you should demonstrate both the will and the organizational capacity to ease such barriers. In the past decade, many awardees have used their Early Childhood Comprehensive Systems awards, early childhood state advisory councils, and/or governors' early childhood cabinets to solve problems that previously seemed intractable.

The Bottom Line: Plan Requirements for Organizational System and Support

Awardee Level:

- Identify a list of awardee level personnel assigned to CQI teams, including their relevant experience and skills.
- Describe how the awardee will encourage specific methods and processes for integrating learning based on data into staff training and TA provided to LIAs.
- Summarize any known potential changes for financial support for CQI, including allocation of resources and staff time at the awardee level.
- Describe how you will engage with technical assistance providers, such as the TARC, CQI practicum, or HV CoIIN 3.0, for the purposes of improving practices and methods related to practice and system-based learning.

Local Level:

- Describe the extent to which home visiting families are involved in CQI teams, including how families are partnering in CQI activities and possible steps to take to grow the partnership. Resources to support engaging families in CQI can be found [here](#).
- Summarize financial support for CQI, including allocation of resources and staff time at the LIA level.

CQI Priorities

Your CQI plan should state the guiding mission or priorities of your organization's CQI work to identify the overall change you want to see in your programs. For example, you may decide to focus on improving duration of breastfeeding across home visiting programs.

The Bottom Line: Plan Requirements for CQI Priorities

- Describe topic(s) of focus for each LIA participating in CQI activities. Please include a justification for why those topics were selected, and an explanation for how those efforts align with statewide priorities.
- Describe how the topic(s) address health equity goals.
- Summarize process for selection of future CQI topic(s).
- Include CQI practicum activities for participating LIAs.
- Include HV CoIIN 3.0 activities for participating LIAs.

Explain how you identified your CQI priorities:

- Did you gather information from baseline data, self-assessment, surveys, or other formal methods to identify gaps in services?
- Did you include family input to identify areas that need improvement, and if so, how?
- How does your CQI mission align with MIECHV priorities over the next two years?
- How do you generate support for improvement work?
- How does the topic(s) address health equity goals in your state/territory?

Tip: Use the MIECHV Awardee Performance Data Dashboards to inform CQI priorities. The MIECHV Awardee Performance Data Dashboards are an interactive tool available on the HRSA EHB to enhance use and understanding of MIECHV data. Dashboards are available for Form 1, Form 2, and Form 4 data. The dashboards can serve as a resource to support awardees in tracking and

examining trends related to service utilization, participant demographics, performance benchmark areas, and quarterly indicators.

The MIECHV Performance Dashboards are great tools to help awardees identify CQI priority areas.

Possible uses include:

- Identify trends and differences from the national average and compare data year to year.
- Apply the Form 2 missing data dashboard to identify a construct that has a high percentage of missing data for data quality checks.
- Review most recent DOI results using the FY 2020 MIECHV Demonstration of Improvement (DOI) Dashboard.

By comparing data over the past few years, awardees can visually identify possible places for improvement.

Check out the session from the FY 2021 All Grantee Meeting about [What's New with MIECHV Data and Performance Measurement](#) to learn more about how to use this tool. For more information on how to access the dashboards, please visit the [Electronic Handbooks Help and Knowledge Base](#).

Tip: Align your CQI activities with other priorities.

CQI plans submissions now will align with awardees period of performance for the FY 2023 NCC (September 30, 2023 – September 29, 2025). Instead of one year of planned CQI activities, awardees are encouraged to integrate and align CQI activities with other priorities identified in your grant applications or your Annual Performance Reports.

Tip: Use the Demonstration of Improvement Guidance to help identify CQI priorities.

Remember to keep in mind the [FY 2023 Demonstration of Improvement guidance](#) when identifying CQI priorities. Awardees are encouraged to continuously track and monitor annual performance data throughout the reporting period. Use your data from FY 2021, FY 2022 and FY 2023 as available to explore any patterns in the data. Investigate with your LIAs to add context to your numbers and understand what topics might be ripe for improvement. You can calculate your own baseline and set SMART/SMARTIE goals for your programs. Utilize CQI methods to help you reach those goals.

Goals and Objectives

Your CQI plan should succinctly describe your CQI goals and objectives for the next two years, which should align with your CQI mission and be informed by program data.

Goals identify your general intentions, such as “Improve family retention.” Objectives are clear and measurable targets set to meet the overall goal(s).

The objective(s) for each goal must be SMART—identifying what you are trying to accomplish, how much, and by when (see box). That will help you determine whether the objectives have been met at the end of the year. For example:

By [month, year], we will increase participation at weekly parent group from an average of 10 parents per session to 16 parents per session.

Also, consider adding SMARTIE aims to ensure that your objectives are inclusive and equitable. For example:

By [month, year], we will increase participation at weekly parent group from an average of 10 parents per session to 16 parents per session with Black and Hispanic parents serving as peer parent facilitators for at least 50% of groups.

Many organizations find it useful to set 90-day goals and track quarterly progress toward accomplishing annual objectives. A limited set of measures (e.g., 3–5) allows data to be displayed and reviewed at least monthly to spur reflection and testing of new ideas.

SMART or SMARTIE Aims Are—

Specific: Ensure objective is defined and clear.

Measurable: Check for a clear benchmark and target.

Achievable: Set an objective that can reasonably be attained.

Relevant: Ensure objective is agreed upon by the team and aligns with values and mission.

Timely: Set timeframe for meeting the objective.

Inclusive: Brings those most impacted by the changes into processes, activities, and decision-making in a way that shares power.

Equitable: Includes an element of fairness or justice that seeks to address systemic injustice, inequity, or oppression.

The Bottom Line: Plan Requirements for Goals and Objectives

- Identify SMART or SMARTIE aims for the CQI project(s) proposed or underway at individual LIAs. These aims are not limited to performance measurement constructs and/or benchmarks.
- If participating in the CQI practicum or HV CoIIN, list the SMART/SMARTIE aim(s) that LIAs will work toward achieving.

Changes to Be Tested

Describe the changes teams will make to achieve the CQI goals and objectives and how teams will test the changes to adapt them to their local context. The changes should reflect practices that have already been shown to be effective or promising in the field or that build off your evaluation findings. If your changes need further input and development, describe how you will accomplish that.

The Bottom Line: Plan Requirements for Changes to Be Tested

- List changes that teams will test to achieve their CQI goals.
- Describe how teams will gather input and develop appropriate changes for future CQI projects.

Examples of Changes to be Tested to Address Family Retention

Gather feedback from families on the first three months of enrollment using a check-in card with guided questions:

- “What has made home visiting meaningful up until now?”
- “What might make it hard for you to continue to participate in the home visiting program in the next few weeks?”
- “What do you need in order to continue?”

Try a variety of communication strategies to enhance the relationship between the home visitor and family:

- Motivational interviewing
- Active listening
- Texting to support family’s early goals (“how is it going?”)

Methods and Tools

Your CQI plan should identify the CQI methods and tools you will use. Several widely used methodologies are shown in Exhibit 2. HV CoIIN methods include the Model for Improvement and Breakthrough Series model. Tools may include a charter that outlines the scope of the CQI project, a driver diagram that displays the theory of change underlying the improvement efforts, fishbone diagrams, root-cause analysis, and process mapping.

The Bottom Line: Plan Requirements for Methods and Tools

- Identify the CQI tools and methods used by LIA teams.

Exhibit 2. Sample CQI Methods

Method	Description
Plan-Do-Study-Act (<u>PDSA</u>)	Develop plan, implement, study results, act on lessons learned
<u>Six Sigma</u>	Two models: Define, measure, analyze, improve, control (to examine existing processes) Define, measure, analyze, design, verify
<u>FADE</u>	Focus, analyze, develop, execute, evaluate
<u>Model for Improvement</u>	Ask three questions to identify goal, measures, and changes; uses PDSA cycles
<u>Breakthrough Series Model</u>	Collaborative model that utilizes the Model for Improvement and emphasizes learning from experts and peers

Measurement and Data Collection

Your CQI plan should describe how your organization will measure improvement and how you will collect, monitor, and analyze data.

Measures

To assess whether your changes lead to improvement, it is helpful to identify measures that address specific outcomes. Measurement for improvement seeks to gain knowledge to improve practice and adapts the intervention as new knowledge is generated. Measurement for learning and process improvement does the following:

- Brings new knowledge into daily practice
- Relies on many sequential, observable tests
- Gathers “just enough” data to learn and complete another cycle
- Involves a series of small tests of changes to accelerate the rate of improvement
- Collects, analyzes, and reviews data in an ongoing way (at least monthly)

A balanced set of measures will include outcome measures (impact on population) and process measures (system performance). For example, an outcome measure might be “The percentage of families retained three months after enrollment.” A process measure might be “Among families for whom weekly or biweekly visits are expected, the percentage of families with 21 or more days between visits.”

Data

Describe your strategy for collecting, entering, storing, analyzing, presenting, and interpreting measurement data at frequent intervals (e.g., monthly). Identify methods for clearly communicating with awardee and local team members about how data will be used to inform practice. Describe how you will incorporate learning based on data into staff training and technical assistance for LIAs. Transparency may encourage participation by assuring staff that the data are not being collected to monitor them.

Data Collection and Storage

The measures you select might be measures LIAs already collect for reporting purposes, or they might be measures LIAs will use to test a change. In either case, the CQI plan should describe how you will collect and store the data so they can be easily analyzed and frequently shared. Consider using a spreadsheet to collect data that is not collected in your data system for your CQI projects.

Data Analysis

Describe your analytic methods. For each data source, identify the method that will be used to analyze it, the kind of information the method will produce, and how the information relates to your goals. Possible methods to analyze data could be run charts to identify trends in the data.

Data Interpretation

Describe how LIAs will receive feedback in a timely manner (e.g., monthly) to keep the improvement process on track. Explain who will receive which data reports. Sharing data transparently and frequently helps facilitate learning and rapid spread of improvements.

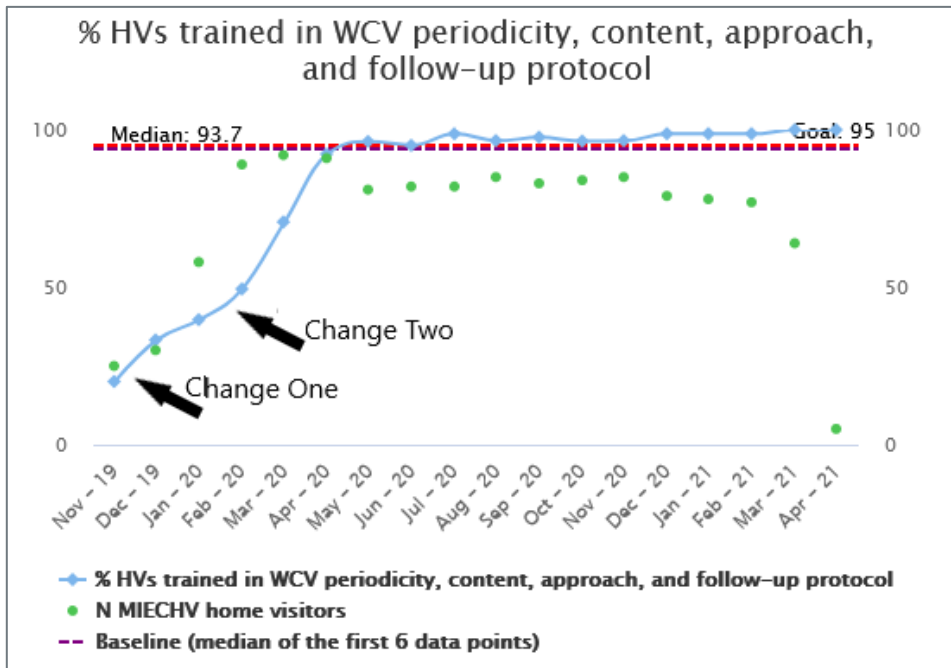
Specify how LIAs are expected to use data reports and what ongoing support will be provided to ensure that data are used to make improvements (e.g., training and orientation). The CQI plan may also describe succinct, easy-to-interpret formats for sharing data. Visual presentations of data, such as graphs or run charts, are an effective way to quickly communicate results (see Exhibit 3).

The Bottom Line: Plan Requirements for Measurement and Data Collection

- Describe the type of data that will be collected for the CQI project, including how often and how the data will be reviewed and utilized.

Findings from data analysis can suggest whether a change is related to improvement. Describe your plan to modify the process and continue testing changes when findings suggest that a change is not working.

Exhibit 3. Sample Run Chart from HV ColIN



Sustaining the Gains

Describe the strategies that you will use to sustain gains after a CQI project has ended and attention has shifted. For example, integrating new processes and learnings into staff training and agency protocols can help to ensure successful change ideas continue to be implemented. Regular monitoring of data can also help to identify issues early and allow time to test new change strategies before rates of improvement drop again.

Consider which measures from your improvement project are most important to continue tracking, assign a frequency and responsible party for monitoring, and determine a threshold and plan for action if data regress beyond a certain point. Awardees can support LIAs with continued monitoring of data through the development of data system reports, scheduling a regular review of past CQI projects, and celebration of sustained wins. A [Sustainability Worksheet](#) is available to help you plan for sustaining the gains.

The Bottom Line: Plan Requirements for Sustaining the Gains

- Describe strategies to be used at the awardee and local levels to sustain the gains after the CQI project has ended.

Spread and Scale

Describe the methods and strategies you will use to spread successful interventions and lessons learned beyond the original LIAs once your project has ended. Plan early for spread and scale to ensure you have processes in place to capture learning and facilitate peer-to-peer sharing.

The terms spread and scale are often used interchangeably yet have some differences. Spread refers to replicating your CQI work in additional locations. Scale involves the rapid uptake of interventions at a large scale while overcoming the infrastructure barriers that may come up during spread. Infrastructure elements can include staffing to adequately support the quality of LIA testing and data systems that can export data in real-time for teams to use in driving their improvement efforts. (Langley, N. 2009).

As you think about spreading tested interventions across additional home visiting sites consider the following:

- Offer opportunities for peer-to-peer learning and sharing
- Have a system in place to capture and illustrate innovation and adaptation of interventions based on the unique needs of families
- Engage parent leaders to refine interventions based on the lived experience and expertise of families

The Institute for Healthcare Improvement (IHI) has a [spread planner](#) available, when you create a free account, to help you think through how to spread and scale your successful interventions.

For scale efforts, the focus turns to a more rapid uptake of interventions. Although local environments will require some adaptation of interventions, there is less emphasis on new learning at this stage. There are [many ways to scale successful interventions](#) to additional LIAs. Most commonly, MIECHV awardees use an extension agency strategy or the Breakthrough Series model, but there are many other ways to scale up a project. Regardless of the method chosen to scale successful interventions, there are common necessary conditions that are needed. Leadership commitment, high will teams, clear aims, proven ideas, measurement systems, and a clear plan all are necessary to be successful in scaling lessons learned.

As you are considering how to scale, you might want to ask yourself these questions:

- What is the strength of the evidence base for the intervention to be spread?
- How many sites will be participating in the scale effort?
- What is a realistic expectation for how quickly change can happen?
- What resources need to be in place to support LIAs in replicating interventions? For example, do you have a clear theory of change and models from prior team testing (e.g., PDSAs) that new teams can leverage for a rapid start-up?
- How will we engage partners who are champions of this work to bolster will and excitement? Consider engaging families who benefitted from prior spread efforts to share their expertise and stories with LIAs.

The Bottom Line: Plan Requirements for Spread and Scale

- Describe methods and strategies for spread and scale.

Health Equity

Describe how you will utilize a health equity framework at the awardee and LIA level to conduct CQI activities. MIECHV awardees can utilize CQI to advance their health equity goals by working to understand and address the social and structural factors that affect health outcomes for the families in their home visiting programs. As IHI notes, “quality improvement often focuses on populations where success is most easily achieved. But if we are going to start reducing disparities, we need to start with the ‘last’ population—one that may be more challenging and just not thriving...And if we can solve problems for those at the margins, we may come up with solutions that work better for all.” (IHI, 2020). It is important to keep health equity goals in mind as you are prioritizing areas of focus and working towards your CQI aims. SMARTIE aims are beneficial in advancing health equity within CQI projects. HV CoIIN has begun testing out a health equity framework to advance and sustain health equity with families served by home visiting. Their framework is explained further in their [fact sheet](#).

Common Definitions

Health Equity:

“All families served by MIECHV programs have fair and just opportunities to achieve the highest level of health and well-being. This requires that MIECHV advance and sustain family informed practices, policies and resources that value all home visiting participants and staff equally and engage in focused and ongoing programmatic and societal efforts that address historical and contemporary injustices. Health equity demands that MIECHV programs remove obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, transportation, safe environments, and health care with the goal of eliminating inequities in the key family outcomes that home visiting aims to improve.”
– HV CoIIN 2.0 Health Equity Fact Sheet

Health Inequities:

Inequalities that are unfair, unjust, avoidable or unnecessary, and that can be reduced or remedied through policy action. – HRSA Health Equity Report 2019-2020

Health Disparities:

Systematic differences in health between social groups. – HRSA Health Equity Report 2019-2020

Social and Structural Factors:

Also called social determinants of health are “the circumstances in which people are born, grow, live, learn, work and age, which are shaped by a set of forces beyond the control of the individual”. These can include racial/ethnic population composition, educational attainment, unemployment, poverty, family income, immigrant status, language use, housing, transportation, and computer and internet access. – Illinois Department of Public Health and HRSA Health Equity Report 2019-2020

MIECHV and evidence-based model data collection provide awardees with data that can be analyzed with a health equity lens. These data can be disaggregated, or separated, by certain variables of interest, such as race, ethnicity, language, gender identity, geography, insurance status, education, housing status, or income to compare outcomes between groups. These data can then be used to start conversations with families and other community partners about equitable outcomes for all families. The MIECHV TARC released a [resource](#) entitled, “Applying a Health Equity Lens to Analyze Performance Data and Inform

Continuous Quality Improvement Work,” that supports awardees and LIAs to use home visiting data to identify health disparities and partner with communities to design equity-focused CQI projects. One awardee has a Racial Equity Data Road Map that they use to help use data to achieve racial equity, another utilizes their community partners to delve into data discussions. There are several examples of frameworks and data analysis methods used in the TARC resource mentioned above.

When thinking about health equity in your CQI work, remember that there is not only one way to do this work. Think about small steps that your group can take to get started. Can you focus on [equitable communication](#) of data? Can you begin increasing cultural competency within your CQI topic? The [Equity of Care Toolkit](#) from the American Hospital Association might also be a great place to begin identifying strategies. Remember to consider health equity from multiple diversity dimensions. Race and ethnicity are both incredibly important, but in some populations, you might consider other factors. You might also consider how outcomes of home visiting families compare to other families in the same communities.

The Bottom Line: Plan Requirements for Health Equity

- Describe any plans to advance health equity in CQI over the next two years, including possible next steps.
- Document steps and plans to identify disparities related to your CQI topic using available data.
- Describe strategies for partnering with families and communities.

Awardees can also reference their FY 2023 Non-Competing Continuation Update for more information around health equity within home visiting.

Communication

Describe how you will regularly communicate your work throughout the organization. It is important to communicate with all staff, including state/territory-level partners, LIA leadership, home visitors, and families. This will keep all parties in the home visiting system actively engaged in the improvement work. Plan regular updates about CQI plan implementation, training activities, and improvement charting.

Document CQI progress using activity logs, change logs, meeting minutes, and other tools. Communicate your progress using methods such as the following:

- Kickoff meetings or all-staff meetings
- Local learning sessions (for awardees conducting quality improvement collaboratives)
- Storyboards or posters
- Routine sharing of your organization’s CQI findings and lessons learned
- Emails, memos, newsletters, or handouts
- Online sharing platforms
- Informal communication

CQI Plan Updates

All awardees should routinely monitor their progress and learning based on the implementation of their CQI plans. They should use lessons learned from implementation to assess CQI activities moving forward. Awardees are required to report a complete CQI plan every two years and an update on progress related to the CQI plan during the interim years. Awardees should provide regular updates on CQI activities to their project officers on monitoring calls. If a CQI plan changes substantially (e.g., change in CQI priorities or topics, a change in scope, a change in structure, participation in HV CoIIN), please provide your HRSA project officer with an update during your monitoring calls. Then incorporate the changes into the next CQI plan or update submission.

Support

For technical assistance with developing and implementing your CQI plan, contact your HRSA project officer and TARC Data & CQI TA specialist.

Additional Resources to Guide CQI Plan Updates

FY 2023 Demonstration of Improvement

[FY 2023 Demonstration of Improvement Guidance](#)

[Tip Sheet: Preparing for the FY 2023 Demonstration of Improvement](#)

[Demonstration of Improvement FAQs](#)

General CQI Resources

[All Grantee Meeting Slides: What's New with MIECHV Data and Performance Measurement](#)

[Continuous Quality Improvement Toolkit: A Resource for MIECHV Program Awardees](#)

[CQI Resources on the MALL](#)

[CQI Coaching: From Skills to Systems \(webinar\)](#)

[Lessons from the Field: Using Performance Data to Inform CQI](#)

Health Equity

[Applying a Health Equity Lens to Analyze Performance Data and Inform CQI Work](#)

[Centering Equity when Communicating about Home Visiting Research and Data Slides](#)

[Equity of Care: A Toolkit for Eliminating Health Care Disparities from American Hospital Association](#)

[HV CoIIN Health Equity Fact Sheet](#)

[HRSA Health Equity Report 2019-2020](#)

Parent Leadership

[Elevating Parent Voice in Home Visiting: Preparing for Authentic Parent Partnerships](#)

[HV CoIIN's Parent Leadership Toolkit](#)

[Partnering With Families in CQI](#)

Sustainability and Spread

[Institute for Healthcare Improvement Spread Planner](#)

[Sustainability Worksheet](#)

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IHI Multimedia Team. (2022, December 11). Using Change Concepts for Improvement. Institute for Health Care Improvement. Retrieved from <https://www.ihl.org/resources/Pages/Changes/UsingChangeConceptsforImprovement.aspx>

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Understanding social determinants of health. Home. (n.d.). Retrieved November 21, 2022, from <https://dph.illinois.gov/topics-services/life-3-stages-populations/infant-mortality/toolkit/understanding-sdoh.html>.

U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Health Equity. Health Equity Report 2019-2020: Special Feature on Housing and Health Inequalities. 2020. Rockville, Maryland.

Sample CQI Plan Template

Instructions

Use this optional, fillable template to complete your FY 2023 CQI plan update. The FY 2023 CQI plan will now be due at the time of the FY 2023 NCC Update application. Please note that the exact due date for the FY 2023 NCC Update has not been finalized but will be clearly communicated with awardees. If you choose not to utilize the template, please be sure you respond to all questions below in your submission. If you have questions about what to include in particular sections, follow the links to the guidance document above.

Date:

State/Territory Awardee:

Part 1. Updates on Prior CQI Activities since Last Update

Awardees should discuss key CQI activities, accomplishments, challenges, and lessons learned from implementing their CQI project since the last update in February 2022. To complete this section of the update, consider the following questions:

1. What was your CQI topic(s)?

2. What was your SMART/SMARTIE aim(s)?

3. Did you meet your SMART/SMARTIE aim(s)? (Yes or No)
Yes or No
 - a. If no, explain why.

4. What progress can you report from the CQI project? Examples of progress that you might describe include:
 - a. *Organizational system and support for CQI* – e.g., expanding staff time to support local teams, providing ongoing training and coaching in advanced CQI methods, providing opportunities for peer-to-peer learning, etc.
 - b. *Family Involvement in CQI efforts* – e.g., family focus groups or surveys to capture feedback, families as members of local CQI teams, use of CQI resources to support parent partnership, etc.
 - c. *Successful changes or interventions that were tested using CQI methods, such as Plan-Do-Study-Act cycles* – e.g., a tickler system to support caregiver depression screening, home visitor training modules for infant feeding and lactation, etc.
 - d. *Methods and tools to support CQI work* – e.g., process mapping to assist teams with prioritizing areas for improvement, Plan-Do-Study-Act template to help teams formulate efficient and well-planned tests of change, etc.

- e. *Measurement and data collection processes* – e.g., development of short-term measures to assist teams with tracking 90-day goals, tracking forms to capture data on improvement, local data systems to collect variables in an appropriately frequent manner, etc.
 - f. *Monitoring and assessing progress* – e.g., regular reviews of data reports to monitor change by local teams, using lessons learned from CQI work to guide decision-making, etc.
 - g. *Equity related project updates* – e.g., updates about understanding and addressing the social and structural factors that affect health outcomes for some families in home visiting programs; analyzing data to identify inequities; working with community partners to share program data, identify focus areas, or gather change ideas aimed at improving equity; etc.
5. Did you encounter challenges in the implementation of your CQI project (e.g., provision of organizational system and support, involvement of families in CQI work, testing changes or interventions, using methods and tools, developing and implementing measurement and data collection, monitoring and assessing progress, challenges due to COVID-19, etc.)?
Yes or No
- a. If yes, please explain.
6. Did you engage support from technical assistance providers (e.g., specialized coaching, training or sharing of resources) or participate in quality improvement learning opportunities or special initiatives (e.g., HV CollIN or CQI practicum) for the purposes of improving practices and methods related to CQI?
Yes or No
- a. If yes, describe the format (e.g., coaching, training, resource document) and successful outcome of TA or participation.
 - b. If no, explain why.
7. What are you doing to sustain the gains from your CQI project (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.)?
8. Please explain the method(s) or strategies that you used to spread successful CQI activities to other LIAs. Please send as separate attachments any resources that were used to disseminate results.
9. What successful innovations, tested during the course of your project, could be shared with other awardees?
10. What lessons learned will you apply to your FY 2023 CQI plan?

11. What goals do you have for growing your CQI capacity in the next year?

Part 2. CQI Plan for FY 2024 - FY 2025

Awardees should provide information for their planned CQI activities from September 30, 2023, through September 29, 2025. For activities not yet planned, please describe the process you will follow (e.g., how will you identify topics, methods, and change ideas).

Organizational System and Support

Awardee Level

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2024 - FY 2025?

Yes or No

a. If yes, you can use the [optional table](#) format below or provide a description of specific changes in personnel. If no, move to question 2.

Staff Roles Assigned to CQI Teams	Experience with CQI (years in role and specific skills)	Professional Development Needed to be Successful in This Role (e.g., training, written resources)	LIAs Supported (List)
<i>Ex. CQI Lead</i>	<i>5 years providing CQI training and coaching to local MIECHV teams, trained in IHI framework, LEAN and Six Sigma.</i>	<i>Tools and resources for developing and analyzing run charts</i>	<i>List team names</i>

Tip: If personnel are not already identified, share your plan for securing personnel to adequately support local CQI work.

- How will you ensure LIA teams are trained in CQI? This may include methods and/or frequency of CQI trainings you provide to LIA teams, additional trainings to strengthen CQI competencies or trainings to understand and interpret data collected for CQI projects.

You can use the optional table format below or provide a detailed description below.

Element	Method	Frequency	Additional Comments	Indicator(s) of Effectiveness
1. Describe point person and training methods planned to strengthen CQI competencies for state/territory and LIA teams.	<p>Example:</p> <p><i>CQI Lead</i></p> <p>Methods:</p> <p><i>Annual CQI conference</i></p> <p><i>Virtual topic calls</i></p> <p><i>1:1 team coaching</i></p> <p><i>Group coaching</i></p>	<p>Example:</p> <p><i>Monthly calls</i></p> <p><i>1:1 check-in with each team monthly</i></p> <p><i>Group coaching and 1:1 per requests within 72 hours</i></p>	<p>Add specific information on the type of training that will be done</p>	<p>How will you know that teaching/coaching is effective?</p> <p><i>Survey to LIAs on how their comfort and knowledge has changed from the training</i></p> <p><i>Training satisfaction data</i></p>
2. Describe how you will integrate learning based on data into training and coaching.	<p>Example:</p> <p><i>Collaborative run charts and individual team run charts with LIA-identified data shared in monthly topic calls</i></p>	<p>Example:</p> <p><i>Monthly</i></p>	<p>Example:</p> <p><i>Will encourage peer-to-peer sharing of PDSA testing and data results</i></p>	<p>What methods will you use for collecting data on efficacy and satisfaction? How will you share this back with LIAs?</p> <p>Example:</p>

				<i>Specific survey questions regarding data comfort and knowledge</i>

3. Do you anticipate changes in the level of financial support at the awardee level over the next two years (e.g., allocation of resources and staff time)?
Yes or No

a. If yes, please describe modifications. If no, move to question 4.

4. Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods (e.g., TARC, CQI practicum, HV CoIN, etc.).

Local Level

5. Describe the resources and strategies in place to involve home visiting families on LIA CQI teams.

a. To what extent are home visiting families partnering in CQI activities? (e.g., families are involved in ad hoc ways through surveys or focus groups; families are trained in CQI methods; families lead or co-lead CQI activities).

b. What steps will you take to grow your partnership with home visiting families in CQI activities over the next two years?

Tip: [Partnering with Families in CQI](#) resources present a continuum of stages and strategies for engaging families in different ways, based on a scale developed by Cincinnati Children’s Hospital and

Medical Center. Consider using these resources to assess and plan for deepening your partnerships with families. HV CoIIN’s [Parent Leadership Toolkit](#) offers a continuum to help awardees and LIAs partner with parents within their CQI work. Some awardees might be just beginning their parent partnership in CQI journey by assessing and increasing their team’s readiness to partner in CQI. Others might already be engaging in short-term strategies to build relationships and recruit parent partners. And some might be implementing long-term strategies to sustain parent partnership. Wherever your team is now, how will you move forward partnering with parents in your CQI work?

6. Have modifications been made to financial support at the LIA level for CQI, including allocation of resources and staff time? Do you anticipate changes in the level of financial support at the LIA level over the next two years?

Yes or No

a. If yes, you can use the optional table format below or provide a detailed description of modifications. If no, move to question 7.

LIA name	LIA management lead and time allocated to CQI (e.g., 10%)	How are families involved in CQI teams?

Tip: If home visiting program families are not on CQI teams, explain how they will play an active role in CQI work.

CQI Priority(s)

7. Describe the current topic(s) of focus for each LIA using the below. Teams may continue to consider their [Demonstration of Improvement](#) data when identifying priorities for FY 2024.

Use the optional table format below or describe the changes. Be sure to include how topics were identified and explanation for how those efforts align with statewide priorities.

LIA Participating in CQI (List name)	Topics selected for CQI	How were these topic(s) chosen?	How does the topic(s) align with state / territory priorities?	How does the topic(s) address health equity goals in your state / territory?

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Tip: When identifying topics, consider health equity goals set by your state/territory or identified by the local communities. Also consider how health equity will be addressed in other aspects of your plan (e.g., through the inclusion of family and community voices when setting an aim statement and identifying change ideas, and in the ways you look at and ask questions of your data). Remember to include CQI practicum and HV CoIIN work for participating LIAs.

- Describe your process for how you will select future CQI topics.

Goals and Objectives

- Describe SMART/SMARTIE aim(s) for the topic(s) listed above. You can use the [optional table format](#) or describe the SMART/SMARTIE aims for each LIA; include CQI practicum and HV CoIIN aim(s) for participating LIAs.

Tip: Remember to include SMART aims that indicate “how much, by when, and for whom.” Consider a [SMARTIE aim](#): one that is specific, measurable, attainable, relevant, time-bound, inclusive, and equitable. A sample SMARTIE aim is included [here](#).

Changes to Be Tested

- Describe your process for identifying changes that teams will test out to achieve the goals and objectives of your CQI projects. If known, please include changes that teams will test.

Tip: Changes to test can be identified in many ways. The changes should reflect practices that have already been shown to be effective or promising in the field or that build off your evaluation findings. Teams can have brainstorming sessions to identify specific changes ideas based on change concepts. Change concepts are approaches to change that have been found to be useful in developing specific ideas for changes that lead to improvement (IHI). Some examples of change concepts are to eliminate waste, improve workflow, manage time, error proof, etc. Check out the Institute for Healthcare Improvement’s [article](#) about change concepts for additional ideas.

Methods and Tools

- Identify the CQI tools that are used by your LIA teams during the implementation period (September 30, 2023 – September 29, 2025) below or in the [optional table format](#).
 - Charter that outlines the scope of the CQI project
 - Key driver diagram that displays the theory of change underlying the improvement efforts
 - Fishbone diagrams
 - Root-cause analysis
 - Process mapping or flow charts

- Data graphs such as frequency plots, run charts, and Pareto charts
- Other, please describe:

Tip: For LIAs participating in HV CoIIN, tools include a charter that outlines the scope of the CQI project, a key driver diagram that displays the theory of change underlying the improvement efforts, process mapping or flow charts, and data graphs such as frequency plots, run charts, and Pareto charts. Fishbone diagrams, root-cause analysis, and other tools will be used as needed. For awardees with an LIA team participating in the CQI practicum, tools will include key driver diagrams that display the theory of change underlying the improvement efforts, fishbone diagrams, root-cause analysis, process mapping or flow charts, and run charts.

12. Identify the CQI methods that are used by your LIA teams during the implementation period (September 30, 2023 – September 29, 2025) below or in the [optional table format](#).

- Plan-Do-Study-Act cycles
- Six Sigma
- FADE
- Model for Improvement
- Other, please describe:

Tip: For LIAs participating in HV CoIIN, methods include the Model for Improvement, Breakthrough Series model, and Plan-Do-Study-Act cycles. For awardees with an LIA team participating in the CQI practicum, methods will include the Model for Improvement and Plan-Do-Study-Act cycles.

Measurement and Data Collection

13. Describe the type of data that will be collected for your CQI project(s), how often, and how data will be reviewed and utilized below or in the [optional table format](#).

Modified SMART/SMARTIE Aim	Method(s) Tool(s)	Data Type	Data Collection and Timeline	Data Review and Utilization
SMART Aim: <i>By September 2024, there will be a 20 percent increase in families asked at every home visit about their child’s</i>	Example: <i>Teams will be supported to develop a key driver diagram delineating their theory</i>	What kind of data will you collect? Examples: <i>LIAs collect data directly from home visits to see how often</i>	How often will LIAs collect and share the data required for each measure? What form will the data take?	How will awardees support LIAs in reviewing and using the data? How often will LIAs review data together? Examples:

<p><i>development, behavior, and learning.</i></p> <p><i>SMARTIE Aim:</i></p> <p><i>By September 2024, we will increase the percentage of Hispanic children enrolled in home visiting who receive timely services following a positive screen for developmental delays from 41% to 68%.</i></p>	<p><i>of change and a subsequent change package.</i></p> <p><i>Teams will use PDSA cycles to test changes.</i></p>	<p><i>families are asked about their child’s development, behavior, and learning.</i></p> <p><i>LIAs utilize survey data gathered from home visitors to track how comfortable and confident they are feeling discussing child development.</i></p>	<p>How and how often will it be cleaned and analyzed?</p> <p>Examples:</p> <p><i>LIAs will collect data at every home visit and complete monthly surveys.</i></p> <p><i>LIAs report measures monthly using an Excel template that they send directly to the awardee by the 10th of the following month.</i></p> <p><i>Awardee will check for completeness and ensure data looks correct. They will aggregate all LIA level data to share out with participating LIAs by the 15th of each month.</i></p>	<p><i>Data reviewed monthly through collaborative team calls.</i></p> <p><i>Strengths, barriers, and need for mid-course correction are discussed.</i></p> <p><i>Individual or group coaching is set up with teams that have unreliable or stagnant data or regression in their data.</i></p>

Sustaining the Gains

14. Describe strategies to be used at the awardee and LIA levels to sustain the gains after the CQI project has ended (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.).

Tip: Set aside time immediately following your CQI project to support LIAs to develop a sustainability plan that determines what measures will be monitored on an ongoing basis, how frequently, by whom, and a plan for action if data regress beyond a certain point.

Awardees can consider additional activities that they could do with LIAs during this period – e.g., continue team calls to share on implementation successes and strategies.

Spread and Scale

15. Describe the methods and strategies you will use to spread and scale successful interventions and lessons learned to additional LIAs. Consider when these activities will occur given the two-year period.

Tip: Remember that spread refers to replicating your CQI work in additional locations. Scale involves the rapid uptake of interventions at a large scale while overcoming the infrastructure barriers that may come up during spread. There are many ways to scale successful interventions to additional LIAs. Learn more about finding a strategy that will work best for your circumstances [here](#).

Infrastructure elements can include staffing to adequately support the quality of LIA testing, data systems that can export data in real-time for teams to use in driving their improvement efforts, etc. Institute for Healthcare Improvement's [Spread Planner](#) can help you identify and put in place key elements for successful spread and scale-up.

Additional Tip: Consider building in an intentional period following your CQI project where you dedicate time to focus on spreading and scaling your successful changes. Rather than beginning a new project, teams could serve as mentors to LIAs that did not work in the topic area by teaching changes and advising on implementation.

Health Equity

16. Describe strategies that you can take to advance health equity in your CQI work over the next two years. What is the next step you could take?

Tip: HV Colln has developed a [health equity framework](#) to advance and sustain health equity with families served by home visiting. Five primary drivers have been identified along with possible change ideas. There are many different ways to approach health equity in your CQI work. There are also many [resources](#) to help your team think about how to incorporate health equity into your projects.

17. What steps will you take to identify disparities rooted in inequitable systems in your available data within your CQI topic? (e.g., analyzing data by race, ethnicity, primary language, geography, income or other relevant subgroups)

Tip: Within your CQI topic, what kind of data can you analyze to identify disparities? Not all awardees are serving multi-racial participants, so how else can you analyze your data to identify disparities? Are there different outcomes for families based on the language they speak or whether they live in

an urban versus rural community? How do home visiting families' outcomes compare to others in their community? There are many ways to look at your CQI topic data. [Applying a Health Equity Lens to Analyze Performance Data and Inform Continuous Quality Improvement Work](#) can help your team think through additional strategies to delve into your data.

18. Describe strategies you will use to partner with community members in dialogue about your CQI topic, including identifying change ideas for meaningful improvement.

Tip: Think about the agencies and partnerships you have in your communities. Often this looks different at the awardee level and at the LIA level. Who is coming to the table to help identify change ideas? Caregivers might be wondering partners to support health equity within your CQI topic. Take a look at how to elevate parent voice in home visiting [here](#).