



Continuous Quality Improvement 2022 CQI



Introductions

- Gregory Swartzlander – Program Analyst (OCDEL)
 - 10 years of experience working in direct care programs
 - Joined OCDEL in February
 - Member of PCADV and CTF



Presentation Outline

- CQI Background and Protocol
- CQI Opportunities -COIIN and CQI Practicum
- PA CQI Presentations



CQI Background

What is CQI?

- A systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of change strategies that may lead to improvements in performance.

Why is it Important?

- Increased adaptability
 - Increased productivity
 - Improved morale
 - Helps us work on the complex problem; and
 - Work through the messiness of life
-

SMARTIE Aim Goals

S – Specific

M - Measurable

A – Achievable

R - Relevant

T – Timely

I - Inclusive

E - Equitable



Current Protocol

- PDSA – Monthly
 - Due date 18th of each month
- Team Plan – Yearly
 - Due date once per year (August 30th or when implementing a new plan)
- Home visiting website - www.pa-home-visiting.org/cqi-guide
 - Currently working with IT to integrate documents into the data system



- What is a CoIIN?
 - A CoIIN brings together MIECHV awardees and LIAs around a common aim to share valuable information, network, and collaborate meaningfully using continuous quality improvement (CQI.) This voluntary experience offers free expert improvement coaching, tools, and resources to help home-visiting programs implement well-tested interventions to address service gaps swiftly and effectively.
- What Will We Do?
 - EDC and partners will run 12-month Collaborative Improvement and Innovation Networks (CoIINs) for each of the three initial topics. MIECHV Awardees and local implementing agencies (LIAs) can choose to join one of the three topic CoIINs.
 - ✓ Topics are Caregiver Depression, Staff Recruitment and Retention, and Health Equity
- If interested, please contact Greg Swartzlander at gswartzlan@pa.gov

CQI Practicum

- **What is the CQI Practicum?**
 - An 8-month virtual learning series during which awardees and local home visiting teams build their CQI capacity through interactive webinars and a hands-on, time-limited quality improvement project. Awardees also have the opportunity to build their coaching skills with the support of an improvement advisor.
- **What does participation entail?**
 - Each awardee will support one or two LIAs with a small-scale CQI project on a topic of their choice. Teams will participate in monthly webinars and 1:1 coaching calls with an improvement advisor.
- **If interested, please contact Greg Swartzlander at gswartzlan@pa.gov**

Resources

- **PA CQI GUIDE**

- <http://www.pa-home-visiting.org/cqi-guide/>
- Located on the PA Family Support Home Visiting Webpage
- Recordings that go over CQI in-depth recorded by my predecessor.

- **Continuous Quality Improvement Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting Program Awardees**

- <https://www.acf.hhs.gov/opre/report/continuous-quality-improvement-toolkit-resource-maternal-infant-and-early-childhood>
 - The toolkit contains nine modules, which may be delivered individually by CQI staff or as part of a multiday training activity. Use the links at the website above to access the modules
 - Can be used as a resource for more than just MIECHV recipients.
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Pennsylvania CQI Presenters

- Community Action Partnership of Lancaster County
 - Taylor Giambrone – Nurse Home Visitor
 - Meggin Santiago – NFP Nurse Supervisor
 - Chester County Health Department
 - Mary Fichter – NFP Supervisor
 - Patricia Yoder – NFP Administrator
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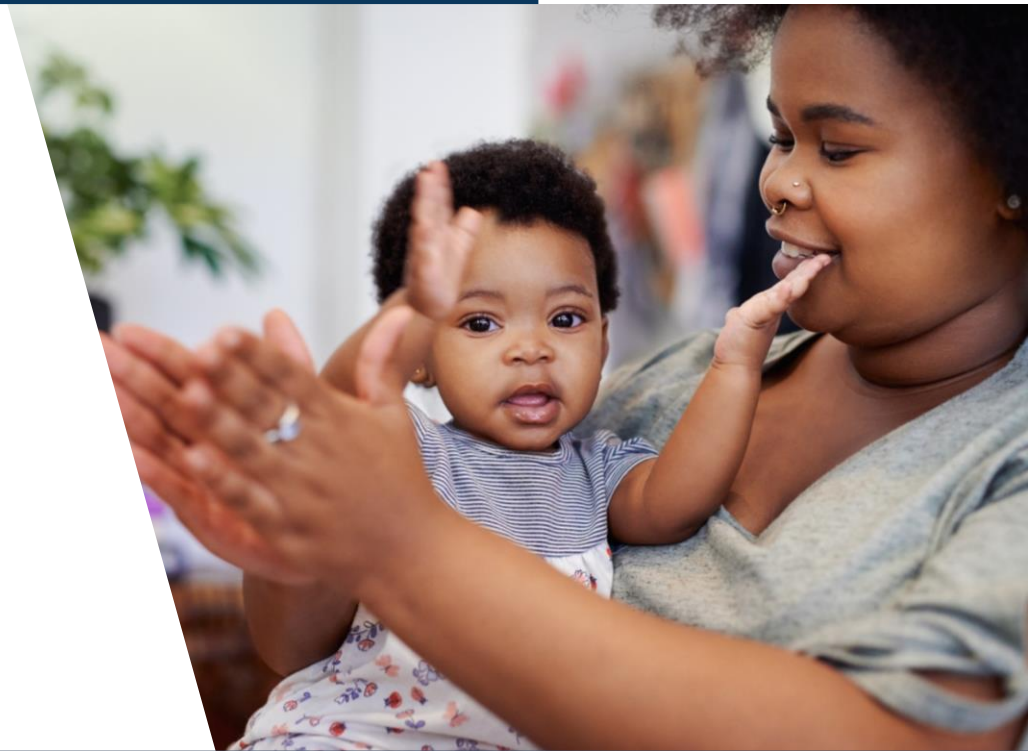
Lancaster Nurse Family Partnership

2022 CQI Practicum

Presented by:

Meggin Santiago MSN, RN, IBCLC

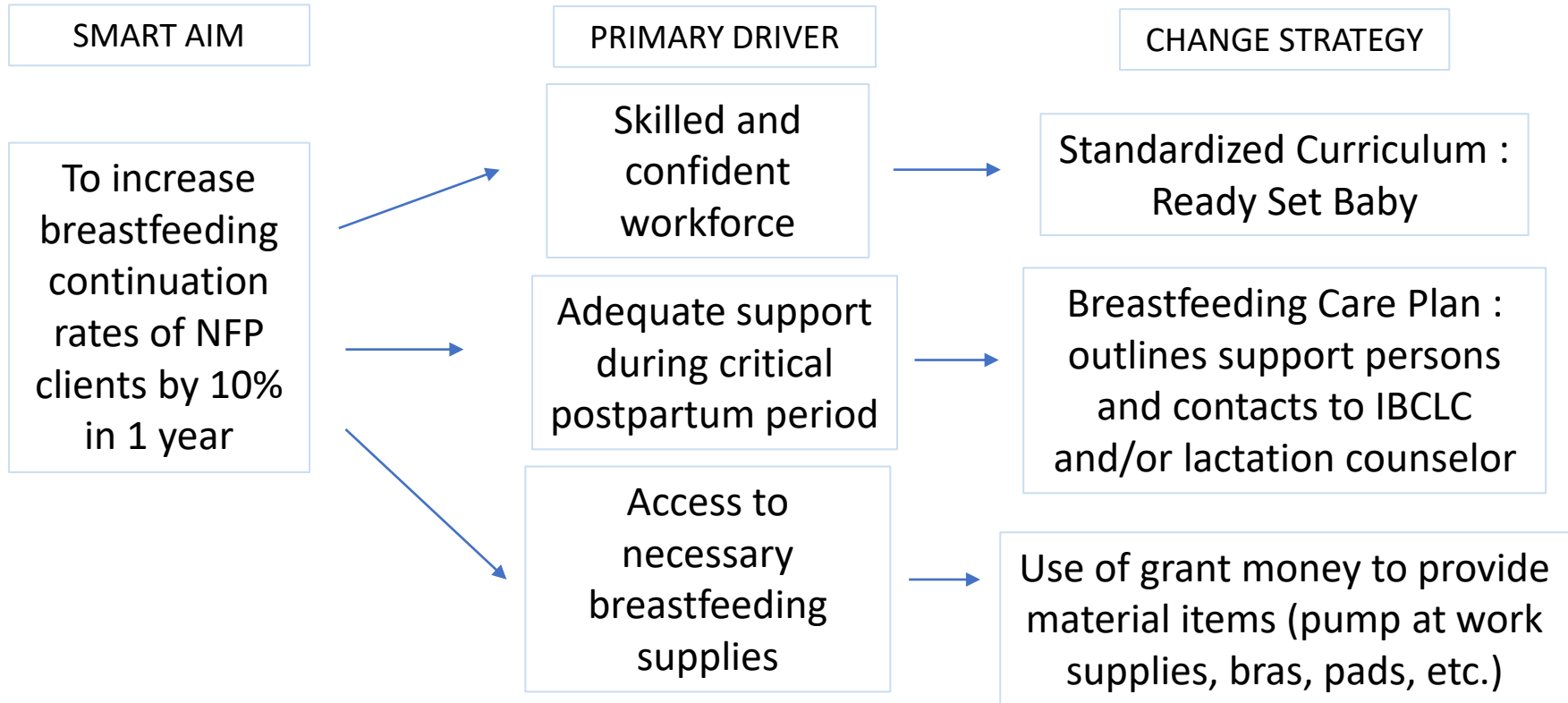
Taylor Giambone MPH, RN, CCRN



Aim Statement

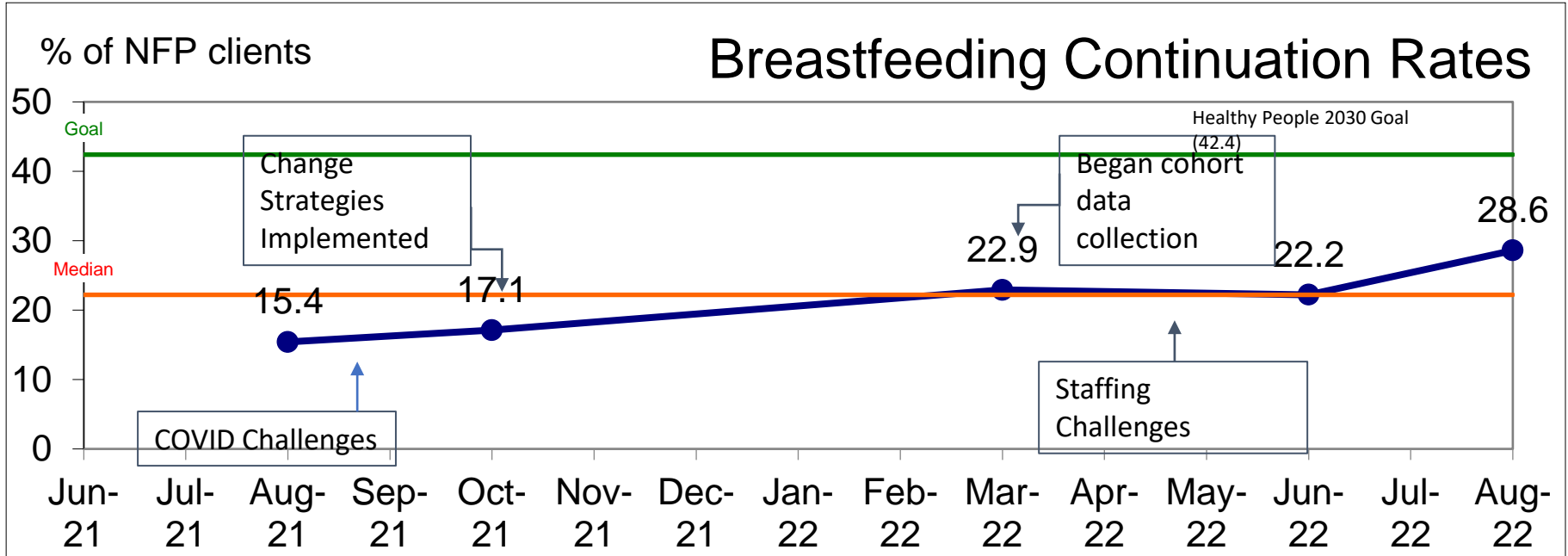
- **Project Aim:** To increase breastfeeding continuation rates of NFP clients by 10% in 1 year.
- **Importance:** Our team noted a decline in breastfeeding continuation rates at 6 months and felt clients needed more support during initial postpartum periods, in particularly in the setting of COVID.

Key Driver Diagram



[Ready, Set, BABY - UNC Gillings School of Global Public Health](#)

Run Chart with Annotations



Root Cause Analysis – 5 WHY'S

1. Why? Our team noticed we had great breastfeeding initiation rates but they dropped off sharply at 6 months and even more so at 12 months. What is causing this and how can we best support our clients?
2. Does the client feel supported in their choice to breastfeed or exclusively pump?
3. Will the client be able to pump at work/school and do they have the supplies needed?
4. Are there barriers the client is experiencing? Do they have access to the support needed postpartum?
5. Is the client prepared for the potential challenges of breastfeeding?

PDSA Ramp

- **Plan:** Nurse Home Visitors will share breastfeeding education with clients desiring to breastfeed between 32-36 weeks. The nurse will discuss common challenges and solutions. The nurse will develop a personalized care plan for challenges the client identifies and leave contact info and resources for extra support. The nurse will call the client 3-5 days after discharge from the hospital to arrange a home visit. The nurse will assess for any challenges and refer to Lactation Department as needed for extra support.
- **Do:** Nurses used the new education materials with ½ of their clients who desired to breastfeed and continued with discussing breastfeeding with the other ½ of clients as they had done previously.
- **Study:** We collected breastfeeding surveys from clients for 6 months post delivery to determine if they were still breastfeeding and if they stopped, why. Used NFP data outcomes to measure percentage of clients breastfeeding.
- **Act:** Following data review, we adopted this practice for all clients. We looked at the comments from clients and noted some of the most important factors for continuing to breastfeed were adequate support and better understanding of what to expect.

Team Assessment of Key Learning

Reflection questions:

- Compared to this time 6 months ago, I now know...
 - Prenatal education prepares the client for what to expect
 - Identifying support for postpartum period is critical
- The most important thing I've learned about improvement/using data for improvement/working with a team is...
 - Incorporate different points of view / skills
 - Adapting to data collection challenges that are beyond our control
- The advice I would give to another team working to improve this topic is...
 - Empowering a client in their feeding choices
 - Identify and remove barriers to achieve their goals
 - NFP Parent on the committee – new insight

Next Steps

- What are the next steps for your project?
 - Continue to use of the Ready Set Baby curriculum while supported by nurses.
 - Incorporate into the onboarding process for new nurses.
 - Reinforce importance of referral to lactation support throughout breastfeeding journey.
- How will you share your learning with others?
 - Shared curriculum with referral sources/community organizations

CCHD CQI Team

Reducing preterm births



Chester County Health Department

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Home Visiting Services

History of MCH home visiting at CCHD

- Title V Healthy Moms, Healthy Families
- Nurse-Family Partnership



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Aim Statement

- By June 30th 2022 the rate of preterm birth among clients enrolled in CCHD's Nurse-Family Partnership program will be at or below 10%.
- Healthy People 2030 target: 9.4%



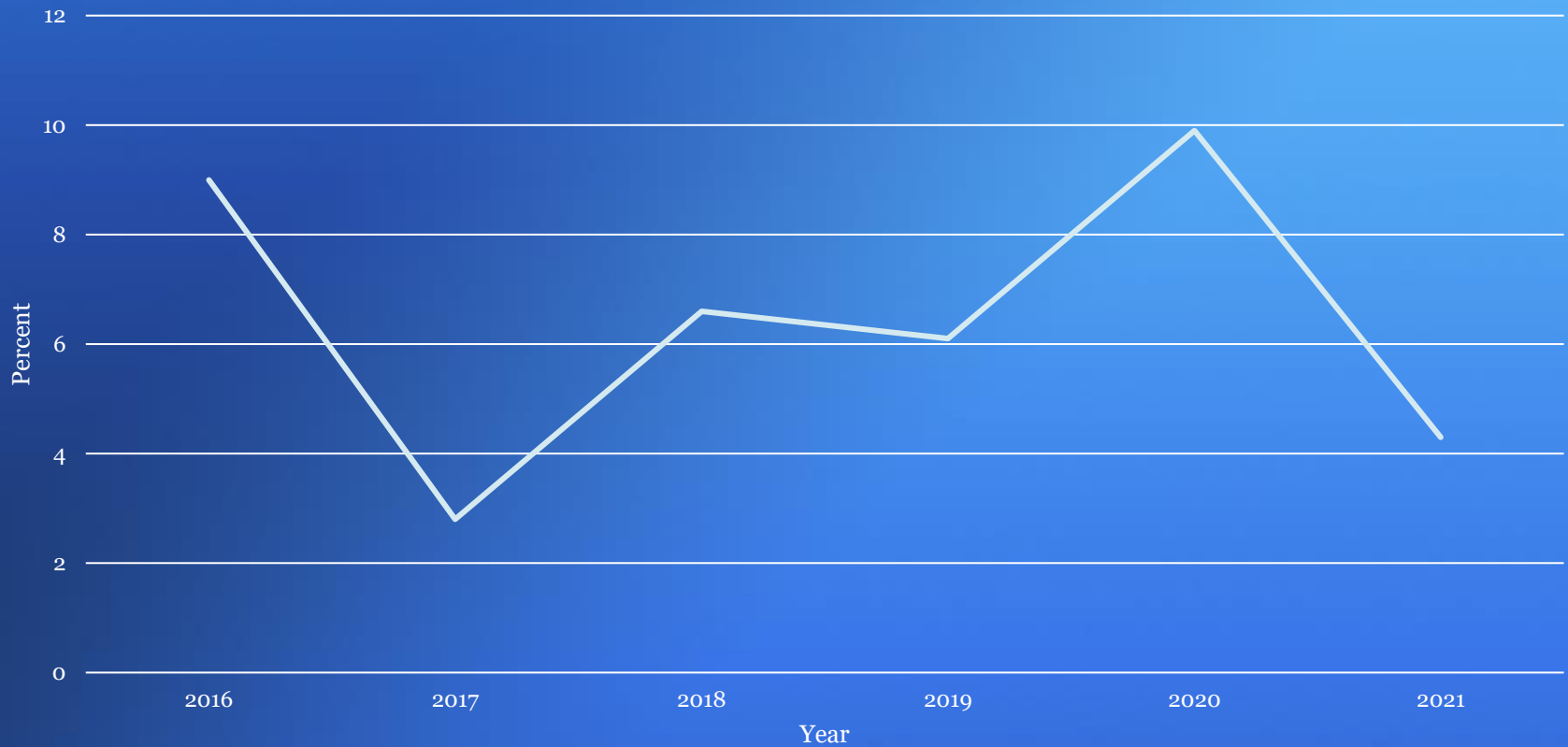
History and Context

- Historically CCHD's NFP program has accomplished PTB and LBW rates that are lower (better) than county, state, and national rates and disparities have been minimized.
- COVID hit !!



Data Alert

Preterm Delivery Rates (<37 Weeks Gestation):



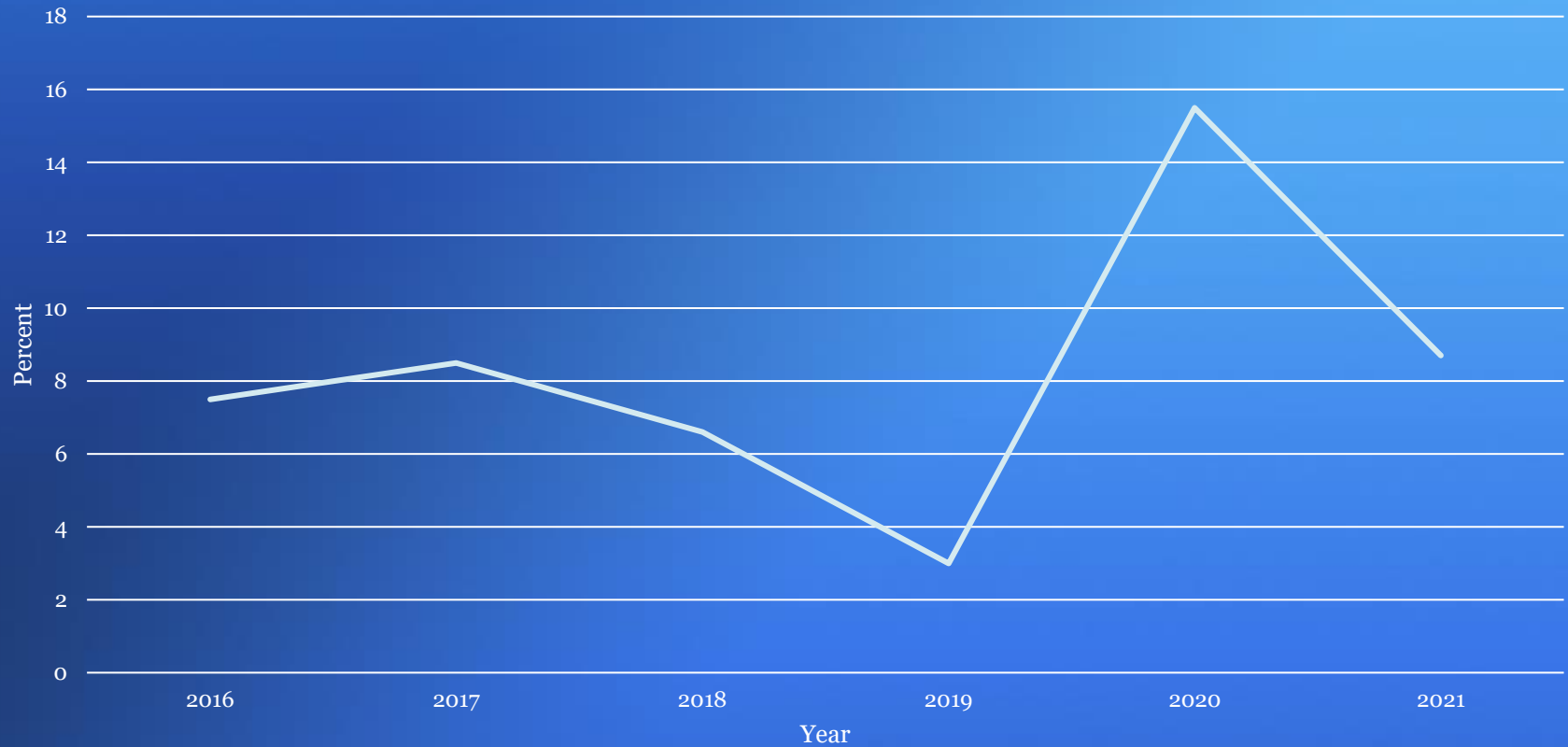
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Data Alert

Low Birthweight Rates (<2500 grams)



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PDSA cycles

- 1) Stress assessment and impact
- 2) Preterm Labor education:
telehealth vs. in-person
- 3) Preeclampsia assessment and education



Challenges

- Small denominators – potential to misinterpret data/trends
- Communicating/experiencing the value of data and CQI
- Carving out time
- Participant input
- Health literacy



Key Learnings

- Integrate CQI into existing practices
Example: Case reviews
- Qualitative and quantitative data
- Staff value relevant professional development opportunities and connection with community providers
- Value of OCDEL trainings and structure



Key learnings continued

- CQI team champion and team effort
- Staff input generates commitment, creativity, and collective wisdom
- Using data to make a difference !



Parent-child connection and wellbeing

- “I truly believe you have made me the mother I am today.”



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Q & A

