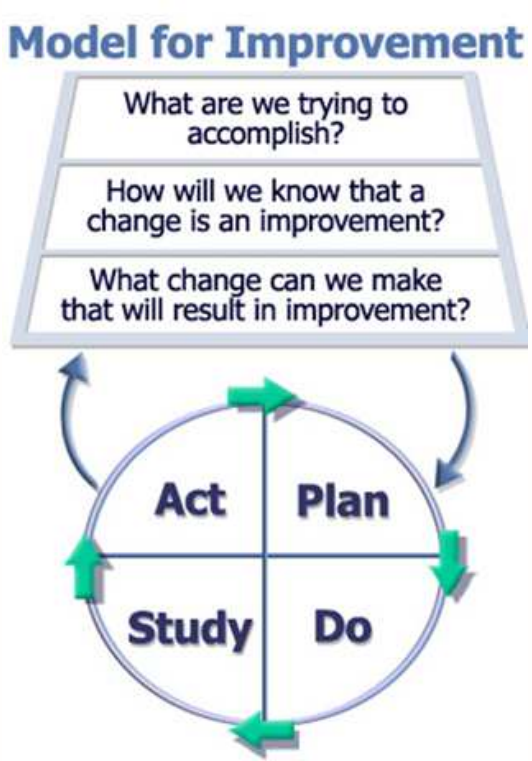
MIECHV Continuous Quality Improvement (CQI)

Orientation and Review



Public Health Division
Maternal & Child Health

Oregon Health Authority

CQI Orientation and Review

Agenda	Objectives
1. Welcome and overview 2. Introduction to CQI 3. MIECHV Benchmark and Performance Measures	1. Describe the Model for Improvement and PDSA Cycles 2. Learn how to use 2 CQI tools 3. Understand rapid-cycle PDSA testing and how to collect real-time data for measurement 4. Link MIECHV benchmark measures, performance indicators and data collection forms

Continuous Quality Improvement (CQI)

- Deliberate and defined improvement process
- Focused on community needs and improving population health
- Continuous and ongoing effort to achieve measurable improvements
- Use data to identify strengths and opportunities

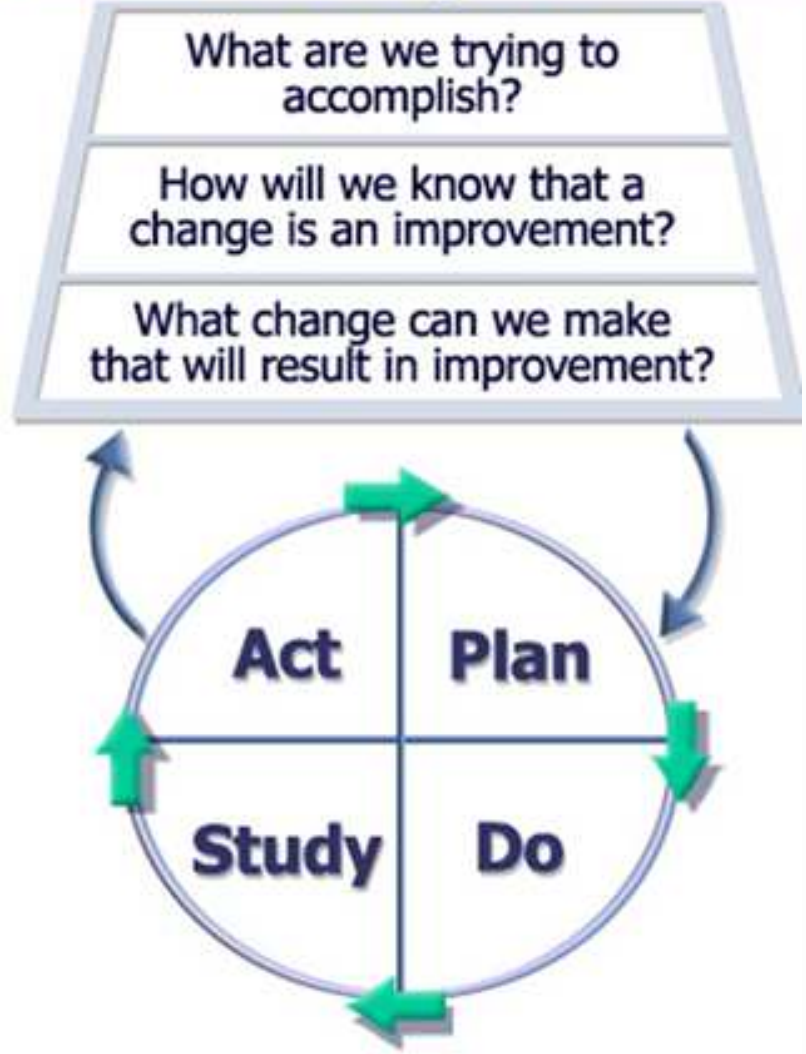
"While all changes do not lead to improvement, all improvement requires change."

– ***Institute for Health Improvement***

Quality Improvement vs. Quality Assurance

Quality Assurance	Quality Improvement
Guarantees quality	Raises quality
Relies on inspection	Emphasizes prevention
Uses a reactive approach	Uses a proactive approach
Looks at compliance with standards	Improves the processes to meet standards
Requires a specific fix	Requires continuous efforts
Relies on individuals	Relies on teamwork
Examines criteria or requirements	Examines processes or outcomes
Asks, “Do we provide good services?”	Asks, “How can we provide better services?”

Model for Improvement



An aim that is:
Specific,
Measurable,
Actionable,
Realistic,
Time bound

EXAMPLE OF A SMART AIM:

Oregon MIECHV-funded programs will increase the percent of infants under the age of 1 who are always placed to sleep on their backs, without bed-sharing or soft bedding from 18.3% to 25% by September 30th, 2018

Source:
Langley, G. J. (2009). *The improvement guide: A practical approach to enhancing organizational performance.* San Francisco: Jossey-Bass.

A measure, directly tied to the aim, to be collected regularly

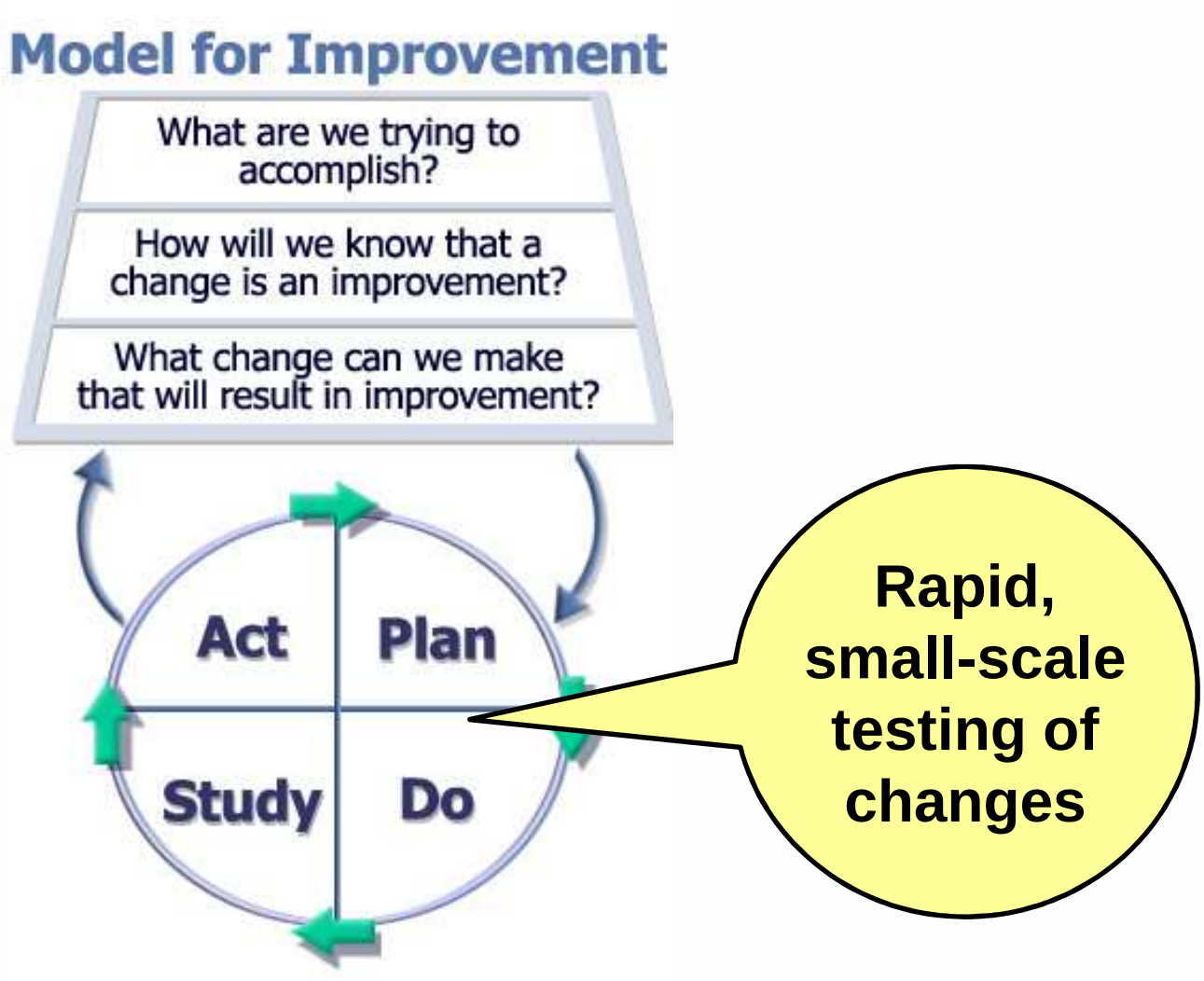
EXAMPLES OF MEASURES:

% of infants ages 0-3, 3-6 and 6-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding

Source:
Langley, G. J. (2009). *The improvement guide: A practical approach to enhancing organizational performance.* San Francisco: Jossey-Bass.

- **Data**
- **HV assessments**
- **Literature/Research**
- **Team expertise**
- **What has been done elsewhere?**
- **QI Tools**
- **HV Models**
- **Peer sharing**

Source:
Langley, G. J. (2009). *The improvement guide: A practical approach to enhancing organizational performance.* San Francisco: Jossey-Bass.



Source:
Langley, G. J. (2009). *The improvement guide: A practical approach to enhancing organizational performance.* San Francisco: Jossey-Bass.

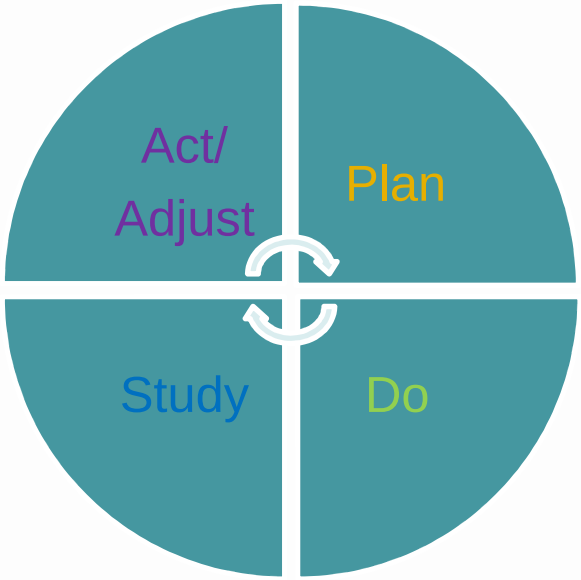
Why test for change?

- Risk/cost reduction – testing presents an opportunity to learn without severely impacting performance or using many resources.
- Increase (or decrease) your belief that the change will result in improvement.
- Learn to adapt change to your environment or other conditions.
- Gain buy-in for the change – this will make it easier when you are ready for implementation!

Plan-Do-Study-Act (PDSA)

- Also known as Plan-Do-Check-Act (PDCA)
- Used by quality professionals & health care professionals
- Science based and data driven: Hypothesize (plan), experiment (do), evaluate (study/act)
- A continuous process, not a one-time event
- Turns ideas into action and connects that action to learning

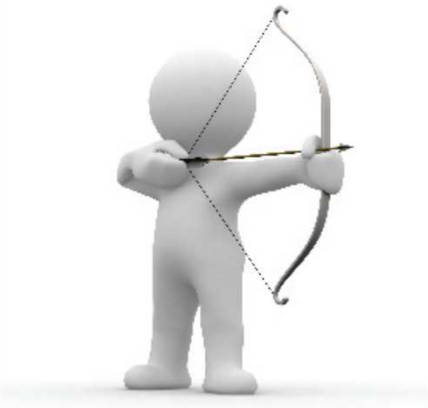
Plan-Do-Study-Act (PDSA)



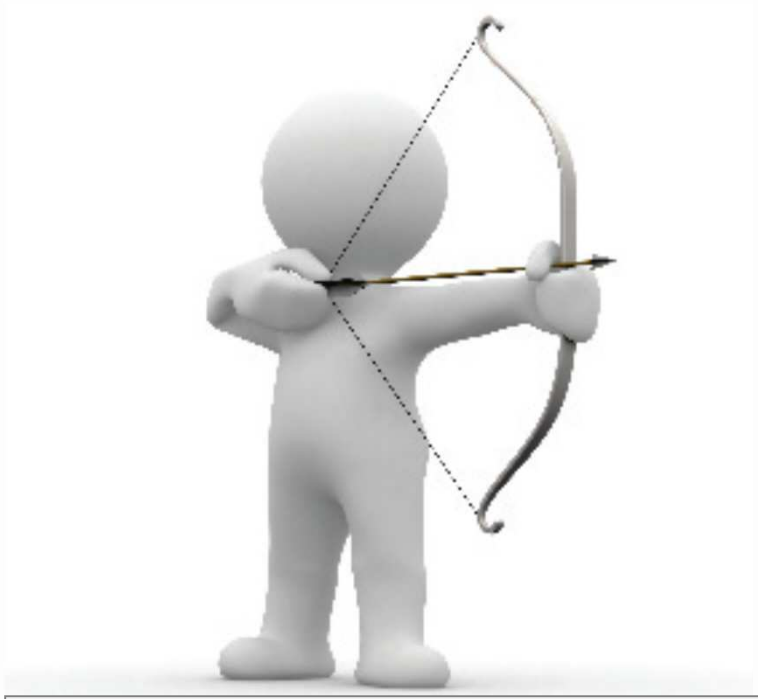
- Four stages
- Nine steps
- Repeatable steps
- Can be used by one person, a team, or an agency

PLAN Stage
Getting Started-Assemble the Team
Steps One and Two

- Identify area for improvement
- Convene team
- Discuss the improvement
- Identify roles and responsibilities
- Establish initial timeline
- Develop initial aim statement



Developing an Aim Statement

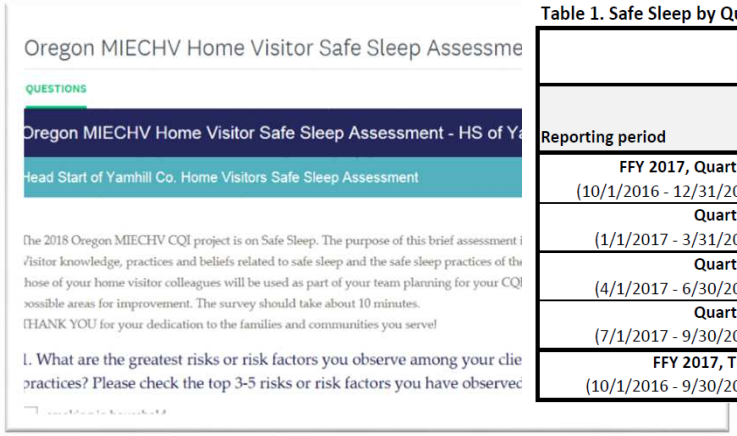


- **S**pecific
- **M**easureable
- **A**chievable
- **R**elevant
- **T**ime-Bound

EXAMPLE: Oregon MIECHV-funded programs will increase the percent of infants under the age of 1 who are always placed to sleep on their backs, without bed-sharing or soft bedding from 18.3% to 25% by September 30th, 2018.

PLAN Stage
Examine the Current Approach
Step Three

- Obtain existing baseline data, or collect baseline data to understand current approach
- Examine the current approach using a process map
- Obtain stakeholder/client input


Oregon MIECHV Home Visitor Safe Sleep Assessme

QUESTIONS

Oregon MIECHV Home Visitor Safe Sleep Assessment - HS of Y

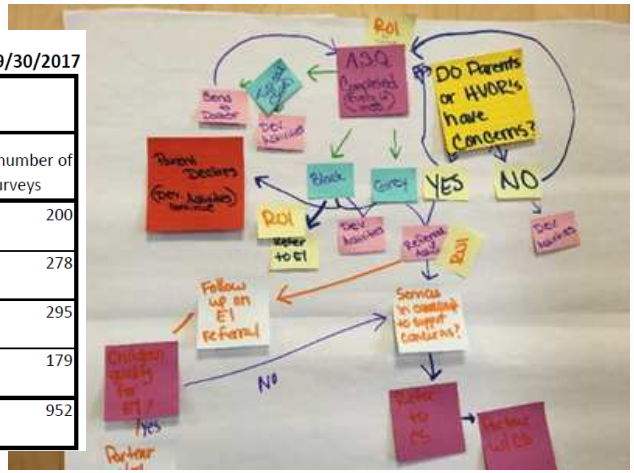
Head Start of Yamhill Co. Home Visitors Safe Sleep Assessment

The 2018 Oregon MIECHV CQI project is on Safe Sleep. The purpose of this brief assessment i
Visitor knowledge, practices and beliefs related to safe sleep and the safe sleep practices of th
hose of your home visitor colleagues will be used as part of your team planning for your CQI
ossible areas for improvement. The survey should take about 10 minutes.
THANK YOU for your dedication to the families and communities you serve!

1. What are the greatest risks or risk factors you observe among your clie
practices? Please check the top 3-5 risks or risk factors you have observed

Table 1. Safe Sleep by Quarterly Reporting Period, FFY 2017, 10/1/2016 - 9/30/2017

		ALL of 3 safe sleep conditions met?		
Reporting period		*Yes- ALL conditions met*	*No- Not met*	Total number of surveys
FFY 2017, Quarter 1 (10/1/2016 - 12/31/2016)	Count	32	168	200
	%	**16.0%**	84.0%	
Quarter 2 (1/1/2017 - 3/31/2017)	Count	55	223	278
	%	**19.8%**	80.2%	
Quarter 3 (4/1/2017 - 6/30/2017)	Count	57	238	295
	%	**19.3%**	80.7%	
Quarter 4 (7/1/2017 - 9/30/2017)	Count	30	149	179
	%	**16.8%**	83.2%	
FFY 2017, Total (10/1/2016 - 9/30/2017)	Count	174	778	952
	%	**18.3%**	81.7%	



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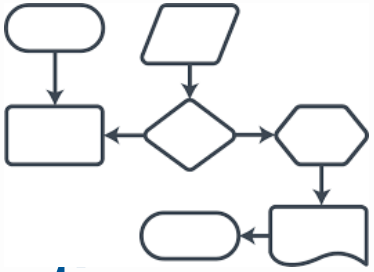
Process Maps



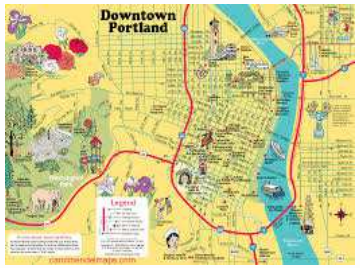
A visualization of the series of actions or operations leading to an end. They are a useful tool to:

- Establish a common understanding of the process.
- Learn how to simplify the process and remove non-value added steps.
- Identify the data elements needed to understand the process.
- Clarify roles and responsibilities for the process steps.
- Dream up the "ideal" process.

Source: Massoud R., Askov K., Reinke J., Franco L. M., Bornstein T., Knebel E., & MacAulay C. (2001). A modern paradigm for improving healthcare quality. *QA Monograph Series 1*. Bethesda, MD: Quality Assurance Project, US Agency for International Development (USAID).

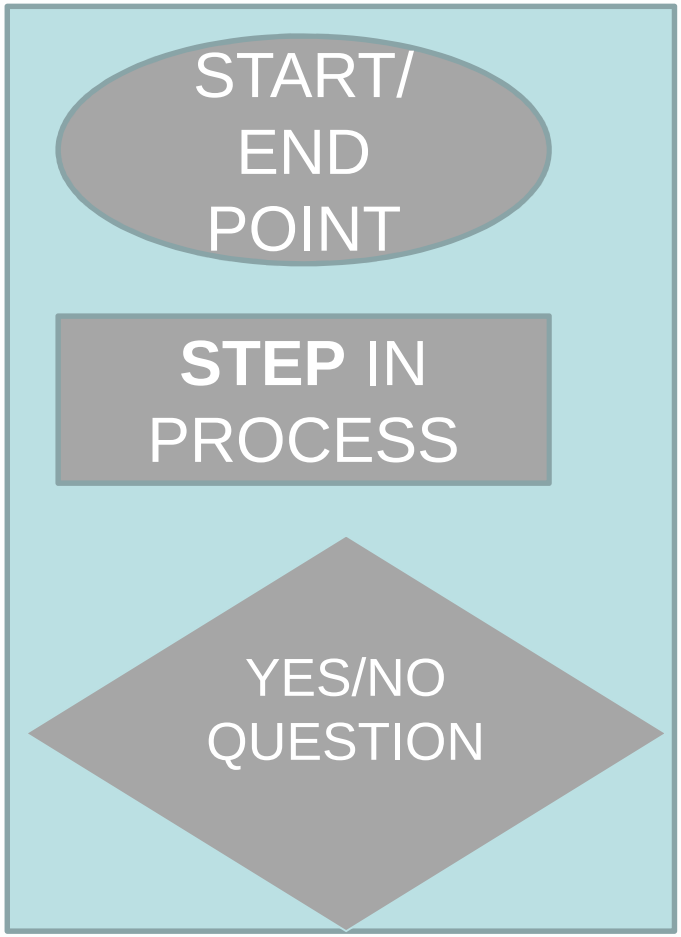
Different Types of Process Maps

	High-Level	Detailed
What are they?	"Bird's eye view" – Shows only the basic steps of the process	Detailed view – shows all of the steps and activities in the process
Advantages	Easy to build; identify participants; create rapid consensus in the group; inform measures	Identifies steps that should be redesigned to improve efficiency
When to use	First step; when short on time and need a general shared vision of the process	Identify parts of the process that require improvement



Source: Nocito, S. & Zeribi, K. (n.d.) Building a Swim Lane Flow Chart. Tutorial for ImproveCareNow. (n.p.)

Example: High-level Process Map



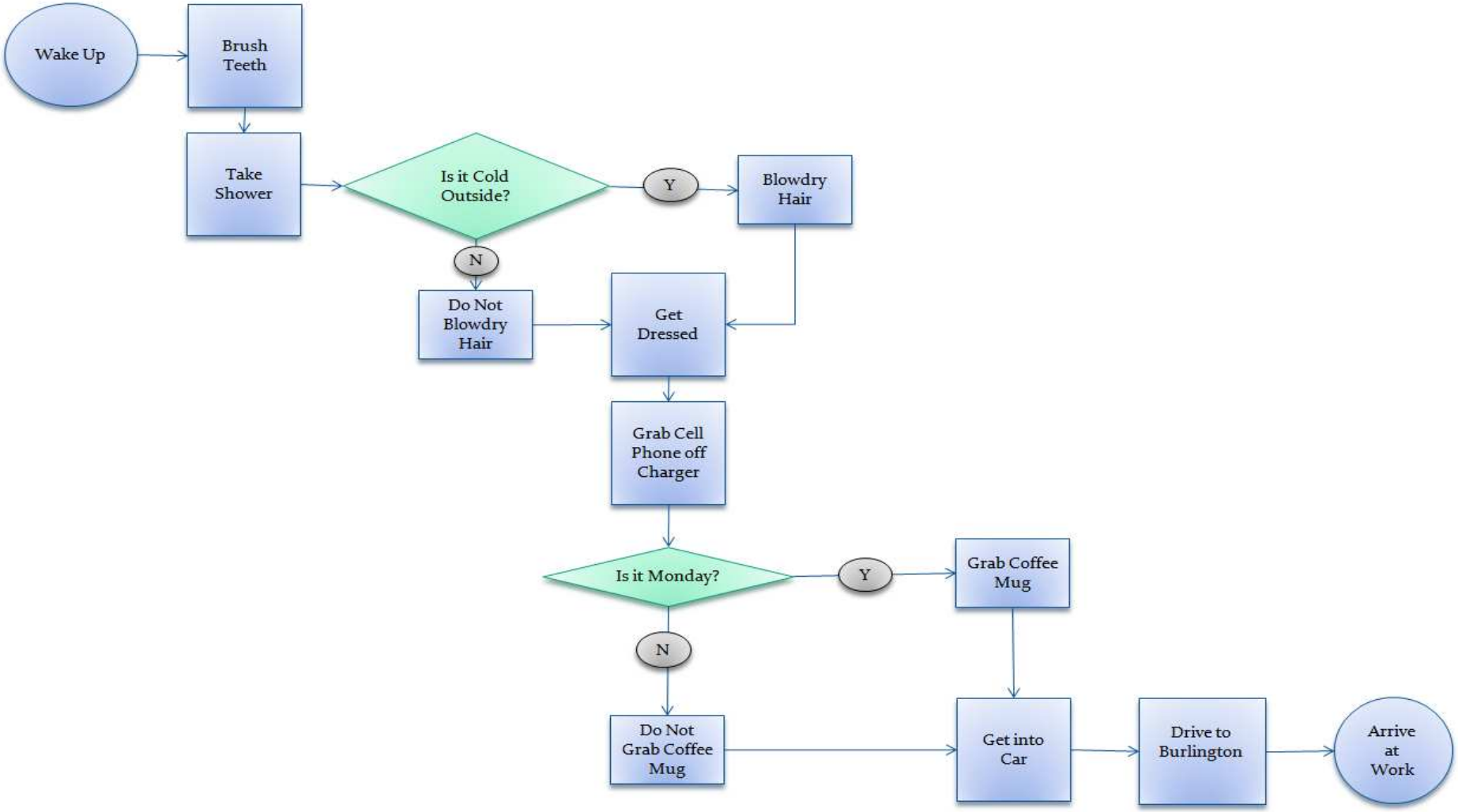
Source: Nocito, S. & Zeribi, K. (n.d.) Building a Swim Lane Flow Chart. Tutorial for ImproveCareNow. (n.p.)

Different Types of Process Maps

	Summary	Detailed
What are they?	"Bird's eye view" – shows only the basic steps of the process	Detailed view – shows all of the steps and activities in the process
Advantages	Easy to build; identifies participants; creates rapid consensus in the group; informs measures	Identifies steps that should be redesigned to improve efficiency
When to use	First step; when short on time and need a general shared vision of the process	To identify parts of the process that require improvement

Nocito, S. & Zeribi, K. (n.d.) Building a Swim Lane Flow Chart. Tutorial for ImproveCareNow. (n.p.)

Example: Detailed Process Map



Nocito, S. & Zeribi, K. (n.d.) Building a Swim Lane Flow Chart. Tutorial for ImproveCareNow. (n.p.)

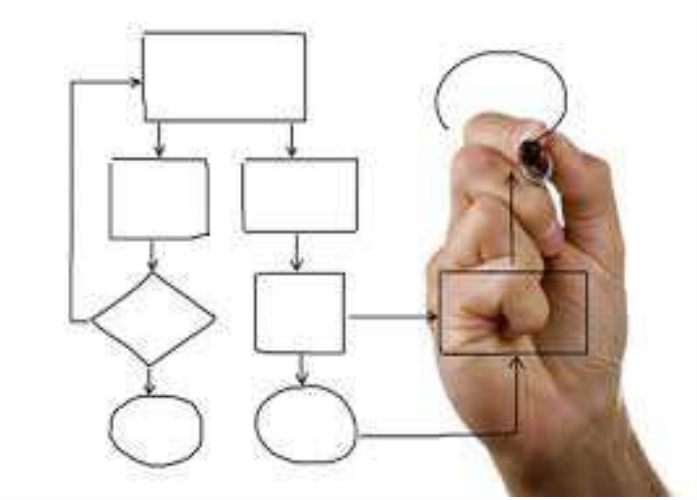
Tips for Making a Process Map

- Use large flipchart paper & Post-it notes
- **Start by defining the first and last step of the process** so everyone has a shared understanding of beginning and end
- **Put each step on a separate post-it note**. This will allow you to move them around, insert steps you remember later, etc.
- **Do not spend more than 2-3 minutes in one step**. If a step isn't clear, mark it with a cloud and move on!
- Allocate time to put on paper a draft of the whole process. Then, identify parts that are unclear or that need improvement – these are opportunities to try new ideas!

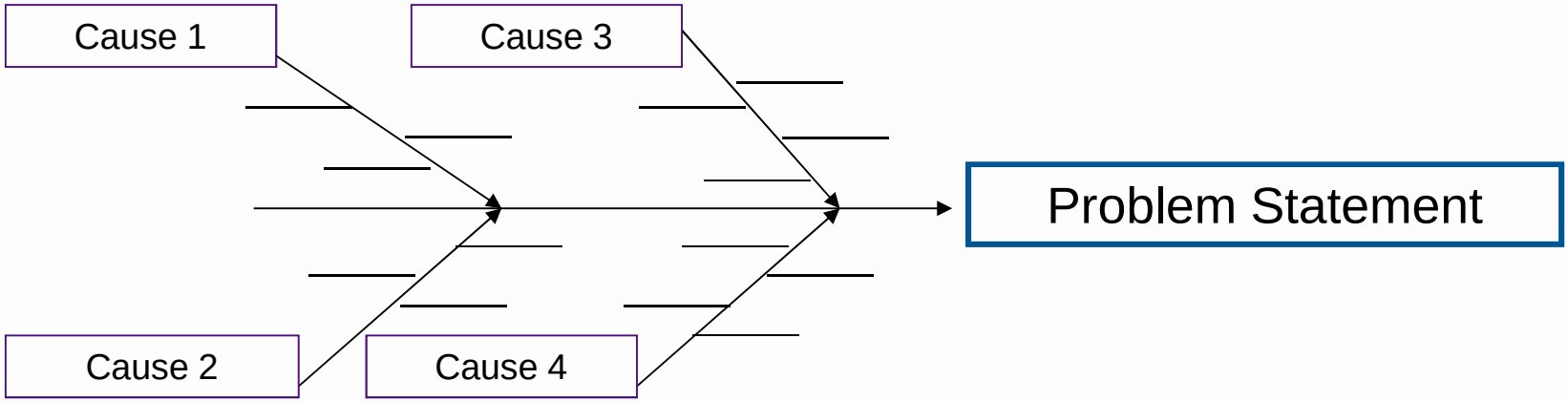
Small Group Exercise: Creating a Process Map

- **TOPIC: arranging travel for attending this meeting**
- Define the first and last step of the process
- Create a high-level flow chart, with the 5–7 main steps of the existing process of travel approval and arrangements.

- **Start & End**:
- **Activity**:
- **Decision**:
- **Flow**:



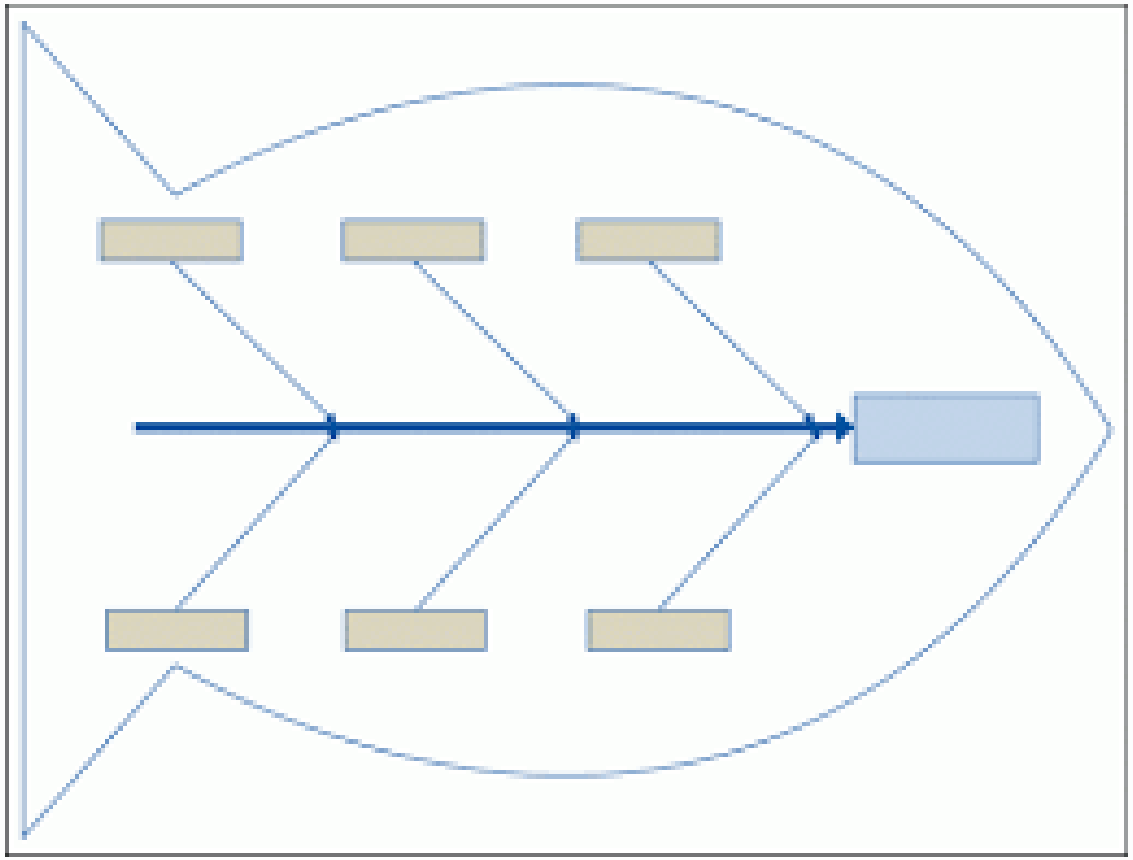
PLAN Stage
Examine the Current Approach
Step Three (cont.)



- Write the Problem/Effect in a box on the far right side
- Draw an arrow (backbone) leading to that box.
- Draw smaller arrows (bones) leading to the backbone, and label these arrows with your major causes.
- For each cause, brainstorm minor causes related to it and note them on the diagram by placing lines on each of the major bones.

*Slide adapted from the Michigan Public Health Institute MIECHV CQI Training

Large Group Exercise: Creating a Fishbone Diagram



Problem:
Arriving late for work

PLAN Stage
Identity Potential Solutions
Step Four

- Using findings from examining the current approach
- Brainstorm for possible solutions
- Select 1-2 solutions:
  - Those you have control and influence over
  - Those that will have a greater impact
  - That is/are most likely to be accomplished
- Revisit AIM statement and revise if needed

PLAN Stage
Develop an Improvement Theory
Step Five

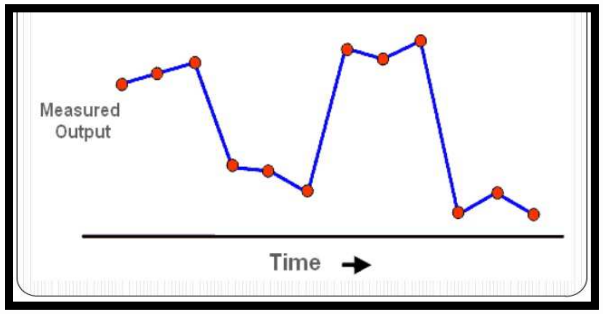
- Develop a theory for improvement
  - What is your prediction?
  - Use "If…then" approach

> *"**If** we provide homework activities for parents on developmental milestones, **then** it will increase family engagement in healthy child development."*

- Develop a strategy to test the theory
  - What will be tested? How? When?
  - Who needs to know about the test?

DO Stage
Test the Theory
Step Six

- Carry out the test on a small scale
- Collect, chart and display data to determine effectiveness of the test
- Document problems, unexpected observations and unintended side effects



CHECK Stage
Study the Results
Step Seven

- Compare results against baseline data and the measures of success in the AIM statement
  - Test work?
  - Results match prediction?
  - Trends?
  - Unintended side effects?
  - Improvement?
  - More testing?
- Describe and report what was learned

ACT Stage
Standardize or Repeat?
Step Eight

- If improvement was successful on a small scale test it on a wider scale
- Continue testing until an acceptable level of improvement is achieved
- Make plans to standardize the improvement (Update policies/procedures/staff trainings)
- If theory was not an improvement, develop a new theory and test it; often several cycles are needed to produce the desired improvement

ACT Stage
Future Plans
Step Nine

- CELEBRATE success!!
- Communicate accomplishments to internal and external stakeholders
- Take steps to preserve gains and sustain your accomplishments
- Make long term plans for additional improvements
- Conduct additional PDSA cycles, when needed

Coin Spinning Game

developed by Dave Williams, Institute for Healthcare Improvement
https://www.youtube.com/watch?v=3U9lLiPOhtM

Objective:

- Spin the coin as long as you can

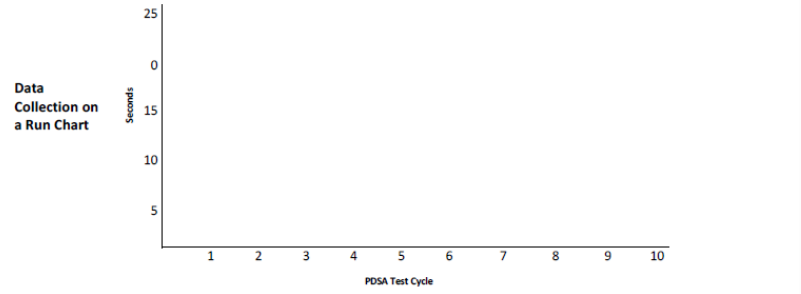
Use & test any technique, any coin and any surface (you define what a surface is)

Materials:

- ✓ 4 coins of different sizes
- ✓ A timepiece
- ✓ A time keeper
- ✓ PDSA tracker worksheet

PDSA Tracker

#	Plan		Do	Study	Act
#	What questions? Theories?	Prediction	What do you see? How Long?	How did what you see match prediction?	What now? Adopt, adopt, abandon?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



Coin Spinning Game Debrief

- What was your theory about what makes a coin spin the longest? Was your theory different before you started spinning coins?
- Did you use the PDSA tracker to track your predictions and results?
- What did you learn by collecting data on the length of time your coin was spinning? Do you think you would have arrived at the same result without data collection?
- What got you to that longest spin?

Tips for PDSAs

- Be creative in generating ideas for improvement
- Make a prediction and articulate a theory for each change idea
- Don’t forget to collect data!
- Collect just enough data to build your degree of belief in a change
- Use testing to explore hunches without judgement
- Document your tests so you have evidence of what worked
- Use simple data collection to make measurement easy
- Redesign the system when you reach the limit

Data Collection

MIECHV BENCHMARK MEASURES

Public Health Division
Maternal & Child Health

Oregon Health Authority

Why do we collect these data?

- All MIECHV grantees are required to collect data on the benchmarks and constructs. They help us showcase the work of MIECHV at a national level.

Data for Accountability

Aspect	Comparison or Accountability
Aim:	Comparison, choice, reassurance, spur for change
Methods:	
Test observability	No test, evaluate current performance
Bias	Measure and adjust to reduce bias
Sample size	Obtain 100% of available, relevant, data
Flexibility of hypothesis	No hypothesis
Testing strategy	No tests
Determining if change is improvement	No change focus
Confidentiality of data	Data available for public consumption

MIECHV performance measures

→ is the agency meeting the state/territory's goals?

Includes characteristics of families served

Data collected from all participants

State/territory determines how widely to share their own data

T… …ment, Accountability, Research

Data for Improvement

Aspect	Improvement
Aim:	Improvement of care
Methods:	
Test observability	Test observable
Bias	Accept consistent bias
Sample size	"Just enough" data, small sequential samples
Flexibility of hypothesis	Hypothesis flexible, changes as learning takes place
Testing strategy	Sequential tests
Determining if change is improvement	Run charts or Shewhart charts
Confidentiality of data	Data used only by those involved in the improvement

Table 2.1: Data for Improvement, Accountability, Research

Are the changes we are testing leading to improvement for our clients?

EXAMPLE: if aim is to increase duration of exclusive breastfeeding, may track data on only those women currently breastfeeding and test ideas to improve how long they breastfeed

*probably not representative of all women enrolled in home visiting

* May involve small number of women

Individuals' data is tracked & used internally, not reported or published

What types of data are collected for the benchmark measures?

- Demographic Information
- Referrals (monthly)
- Number of Home Visits (monthly)
- Screening Results (ASQ-3, PHQ-9, RAT)
- Follow-up Questions (breastfeeding, parenting behaviors)

Overview of MIECHV Benchmarks and Measures

- Benchmarks written into the original legislation, used to monitor and measure performance of MIECHV state programs
- Measures are indicators of benchmarks, can be changed or revised by HRSA
- In combination, benchmarks and associated measures are “dashboard” of outcomes for children and families

MIECHV Benchmarks

1. Maternal and Newborn Health
2. Child Injuries, Abuse, Neglect, Maltreatment and Emergency Department Visits
3. School Readiness and Achievement
4. Crime or Domestic Violence
5. Family Economic Self-Sufficiency
6. Coordination and Referral for other Community Services

Benchmark Areas and Performance Measures

19 measures across the 6 Benchmark areas

BENCHMARK TABLE

Benchmark	Maternal and Newborn Health
Measures	1. Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment. 2. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at six months of age. 3. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally). 4. Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule. 5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery. 6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and who were referred to tobacco cessation counseling services within three months of enrollment.
Benchmark	Child Injuries, Abuse, Neglect and Maltreatment and Emergency Department Visits
Measures	7. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. 8. Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting. 9. Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period.
Benchmark	School Readiness and Achievement
Measures	10. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool. 11. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories and/or sang songs with their child daily, every day. 12. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool. 13. Percent of home visits where the primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior or learning.
Benchmark	Crime or Domestic Violence
Measure	14. Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within six months of enrollment using a validated tool.
Benchmark	Family Economic Self-Sufficiency
Measures	15. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting. 16. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months.
Benchmark	Coordination and Referral for other Community Services
Measures	17. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts. 18. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. 19. Percent of primary caregivers enrolled in home visiting with a positive screen for IPV (measured using a validated tool) who receive referral information to IPV resources.

- Pre-term birth
- Breastfeeding
- Depression screening
- Well child visit
- Postpartum care
- Tobacco cessation referrals
- Safe sleep
- Child injury
- Child maltreatment
- Parent-child interaction
- Language and literacy
- Developmental screening
- Behavioral concerns
- IPV screening
- Primary caregiver education
- Health insurance coverage
- Completed depression referrals
- Completed developmental referrals
- IPV referrals

Spotlight:
Measure 7: Safe Sleep Practices

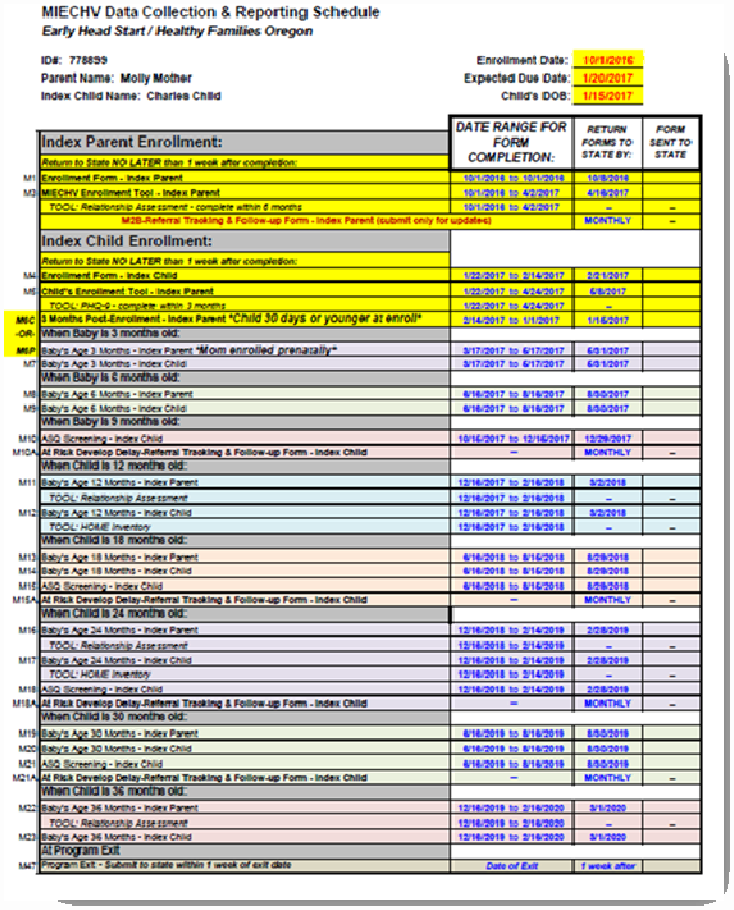
Definition:

- Percent of infants enrolled in home visiting that are always place to sleep on their backs, without bed-sharing or soft bedding.

Methods:

- Series of 3 questions asked at enrollment/birth, 3, 6, and 12 months (Answer: *always, sometimes, never*)
  - *How often do you place your infant to sleep on their back?*
  - *How often do you bed-share with your infant?*
  - *How often does your infant sleep with soft bedding?*

Data Collection and Reporting Schedules



MIECHV Data Collection & Reporting Schedule

Early Head Start / Healthy Families Oregon

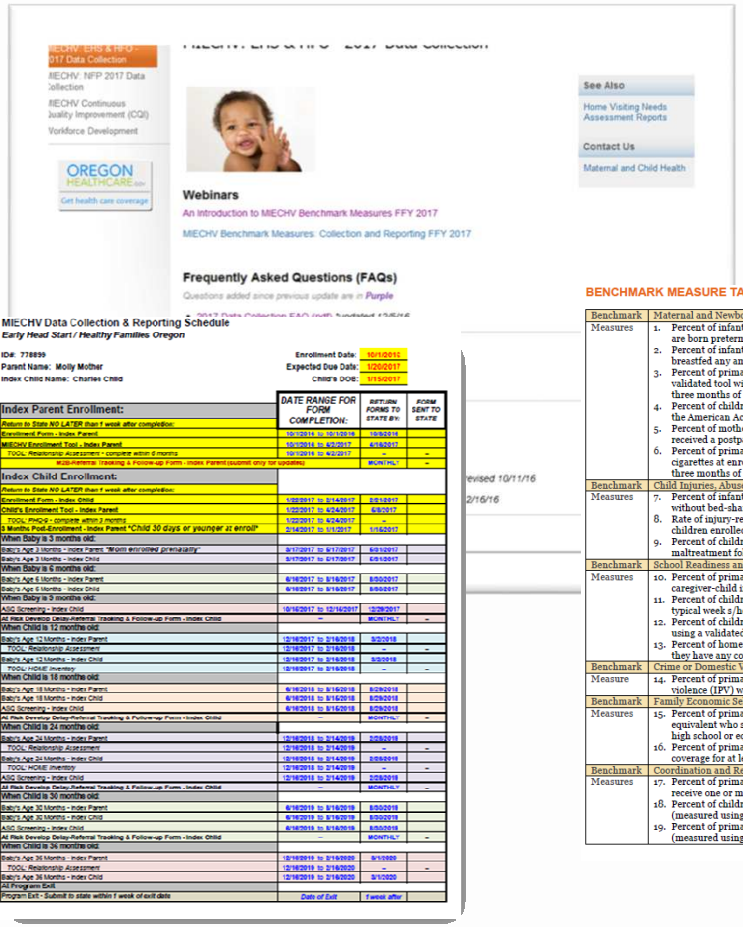
ID#: 778839
Parent Name: Molly Mother
Index Child Name: Charles Child

Enrollment Date: 10/1/2016
Expected Due Date: 1/20/2017
Child's DOB: 1/15/2017

		DATE RANGE FOR FORM COMPLETION:	RETURN FORMS TO STATE BY:	FORM SENT TO STATE
	Index Parent Enrollment:			
	Return to State NO LATER than 1 week after completion:			
M1	Enrollment Form - Index Parent	10/1/2016 to 10/1/2016	10/8/2016	
M3	MIECHV Enrollment Tool - Index Parent	10/1/2016 to 4/2/2017	4/16/2017	
	TOOL: Relationship Assessment - complete within 6 months	10/1/2016 to 4/2/2017	–	–
	M3B-Referral Tracking & Follow-up Form - Index Parent (submit only for updates)		MONTHLY	–
	Index Child Enrollment:			
	Return to State NO LATER than 1 week after completion:			
M4	Enrollment Form - Index Child	1/22/2017 to 2/14/2017	2/21/2017	
M5	Child's Enrollment Tool - Index Parent	1/22/2017 to 4/24/2017	5/8/2017	
	TOOL: PHQ-9 - complete within 2 months	1/22/2017 to 4/24/2017	–	
M6C	3 Months Post-Enrollment - Index Parent *"Child 30 days or younger at enroll"*	2/14/2017 to 1/1/2017	1/15/2017	
-OR-	When Baby is 3 months old:			
M6P	Baby's Age 3 Months - Index Parent *"Mom enrolled prenatally"*	3/17/2017 to 6/17/2017	6/8/2017	
M7	Baby's Age 3 Months - Index Child	3/17/2017 to 6/17/2017	6/8/2017	
	When Baby is 6 months old:			
M8	Baby's Age 6 Months - Index Parent	6/18/2017 to 9/18/2017	9/25/2017	
M9	Baby's Age 6 Months - Index Child	6/18/2017 to 9/18/2017	9/25/2017	
	When Baby is 9 months old:			
M10	ASQ Screening - Index Child	10/16/2017 to 12/16/2017	12/29/2017	
M10A	At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
	When Child is 12 months old:			
M11	Baby's Age 12 Months - Index Parent	12/16/2017 to 3/16/2018	3/23/2018	
	TOOL: Relationship Assessment	12/16/2017 to 3/16/2018	–	–
M12	Baby's Age 12 Months - Index Child	12/16/2017 to 3/16/2018	3/23/2018	
	TOOL: HOME Inventory	12/16/2017 to 3/16/2018	–	–
	When Child is 18 months old:			
M13	Baby's Age 18 Months - Index Parent	6/16/2018 to 9/16/2018	9/26/2018	
M14	Baby's Age 18 Months - Index Child	6/16/2018 to 9/16/2018	9/26/2018	
M15	ASQ Screening - Index Child	6/16/2018 to 9/16/2018	9/26/2018	
M15A	At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
	When Child is 24 months old:			
M16	Baby's Age 24 Months - Index Parent	12/16/2018 to 2/14/2019	2/28/2019	
	TOOL: Relationship Assessment	12/16/2018 to 2/14/2019	–	–
M17	Baby's Age 24 Months - Index Child	12/16/2018 to 2/14/2019	2/28/2019	
	TOOL: HOME Inventory	12/16/2018 to 2/14/2019	–	–
M18	ASQ Screening - Index Child	12/16/2018 to 2/14/2019	2/28/2019	
M18A	At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
	When Child is 30 months old:			
M19	Baby's Age 30 Months - Index Parent	6/16/2019 to 9/16/2019	9/25/2019	
M20	Baby's Age 30 Months - Index Child	6/16/2019 to 9/16/2019	9/30/2019	
M21	ASQ Screening - Index Child	6/16/2019 to 9/16/2019	9/25/2019	
M21A	At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
	When Child is 36 months old:			
M22	Baby's Age 36 Months - Index Parent	12/16/2019 to 2/16/2020	3/1/2020	
	TOOL: Relationship Assessment	12/16/2019 to 2/16/2020	–	–
M23	Baby's Age 36 Months - Index Child	12/16/2019 to 2/16/2020	3/1/2020	
	At Program Exit			
M47	Program Exit - Submit to state within 1 week of exit date	*Date of Exit*	*1 week after*	

- Tracking data collection for your clients
- Date range for form completion
- Client discharge – within 1 week

Connecting Benchmarks Measures and Performance Indicators to Data Collection: Small Group Exercise



MIECHV Data Collection & Reporting Schedule

Early Head Start / Healthy Families Oregon

ID#: 778899
Parent Name: Molly Mother
Index Child Name: Charles Child

Enrollment Date: 10/1/2016
Expected Due Date: 1/20/2017
Child's DOB: 1/13/2017

Index Parent Enrollment:	DATE RANGE FOR FORM COMPLETION:	RETURN FORMS TO STATE BY:	FORM SENT TO STATE
Return to State NO LATER than 1 week after completion:			
Enrollment Form - Index Parent	10/1/2016 to 10/1/2016	10/8/2016	
MIECHV Enrollment Tool - Index Parent	10/1/2016 to 6/2/2017	6/9/2017	
TOOL: Relationship Assessment - complete within 6 months	10/1/2016 to 4/2/2017	–	–
M2B-Referral Tracking & Follow-up Form - Index Parent (submit only for updates)		MONTHLY	–
Index Child Enrollment:			
Return to State NO LATER than 1 week after completion:			
Enrollment Form - Index Child	1/20/2017 to 2/14/2017	2/21/2017	
Child's Enrollment Tool - Index Parent	1/20/2017 to 6/24/2017	6/9/2017	
TOOL: PHQ-9 - complete within 3 months	1/20/2017 to 4/24/2017	–	
3 Months Post-Enrollment - Index Parent *"Child 30 days or younger at enroll"*	2/14/2017 to 5/1/2017	5/16/2017	
When Baby is 3 months old:			
Baby's Age 3 Months - Index Parent *"Month enrolled prenatally"*	5/17/2017 to 5/17/2017	6/2/2017	
Baby's Age 3 Months - Index Child	5/17/2017 to 5/17/2017	6/9/2017	
When Baby is 6 months old:			
Baby's Age 6 Months - Index Parent	8/16/2017 to 8/16/2017	8/30/2017	
Baby's Age 6 Months - Index Child	8/16/2017 to 8/16/2017	8/30/2017	
When Baby is 9 months old:			
ASQ Screening - Index Child	10/16/2017 to 12/16/2017	12/29/2017	
At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
When Child is 12 months old:			
Baby's Age 12 Months - Index Parent	12/16/2017 to 2/16/2018	3/2/2018	
TOOL: Relationship Assessment	12/16/2017 to 2/16/2018	–	–
Baby's Age 12 Months - Index Child	12/16/2017 to 2/16/2018	3/2/2018	
TOOL: HOME Inventory	12/16/2017 to 2/16/2018	–	–
When Child is 18 months old:			
Baby's Age 18 Months - Index Parent	6/16/2018 to 8/16/2018	8/30/2018	
Baby's Age 18 Months - Index Child	6/16/2018 to 8/16/2018	8/29/2018	
ASQ Screening - Index Child	6/16/2018 to 8/16/2018	8/29/2018	
At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
When Child is 24 months old:			
Baby's Age 24 Months - Index Parent	12/16/2018 to 2/14/2019	2/28/2019	
TOOL: Relationship Assessment	12/16/2018 to 2/14/2019	–	–
Baby's Age 24 Months - Index Child	12/16/2018 to 2/14/2019	2/28/2019	
TOOL: HOME Inventory	12/16/2018 to 2/14/2019	–	–
ASQ Screening - Index Child	12/16/2018 to 2/14/2019	2/28/2019	
At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
When Child is 30 months old:			
Baby's Age 30 Months - Index Parent	6/16/2019 to 8/16/2019	8/30/2019	
Baby's Age 30 Months - Index Child	6/16/2019 to 8/16/2019	8/30/2019	
ASQ Screening - Index Child	6/16/2019 to 8/16/2019	8/30/2019	
At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	–	MONTHLY	–
When Child is 36 months old:			
Baby's Age 36 Months - Index Parent	12/16/2019 to 2/16/2020	3/1/2020	
TOOL: Relationship Assessment	12/16/2019 to 2/16/2020	–	–
Baby's Age 36 Months - Index Child	12/16/2019 to 2/16/2020	3/1/2020	
All Program Exit			
Program Exit - Submit to state within 1 week of exit date	Date of Exit	1 week after	

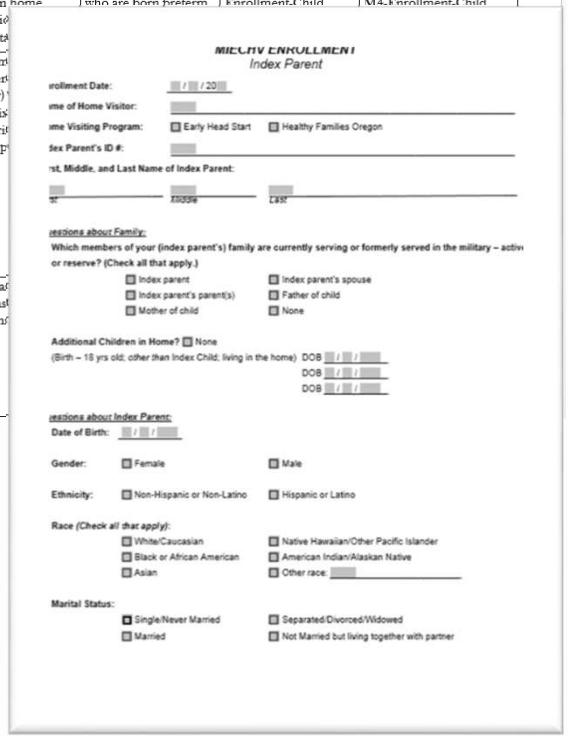
BENCHMARK MEASURE TABLE

Benchmark	Maternal and Newborn Health
Measures	1. Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment. 2. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at six months of age. 3. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally). 4. Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule. 5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery. 6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and who were referred to tobacco cessation counseling services within three months of enrollment.
Benchmark	Child Injuries, Abuse, Neglect and Maltreatment and Emergency Department Visits
Measures	7. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. 8. Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting. 9. Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period.
Benchmark	School Readiness and Achievement
Measures	10. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool. 11. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories and/or sang songs with their child daily, every day. 12. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool. 13. Percent of home visits where the primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior or learning.
Benchmark	Crime or Domestic Violence
Measure	14. Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within six months of enrollment using a validated tool.
Benchmark	Family Economic Self-Sufficiency
Measures	15. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting. 16. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months.
Benchmark	Coordination and Referral for other Community Services
Measures	17. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts. 18. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. 19. Percent of primary caregivers enrolled in home visiting with a positive screen for IPV (measured using a validated tool) who receive referral information to IPV resources.

MIECHV Benchmark Measures: Brief Version

Oregon Health Authority

Benchmark	Measure	Target Population	Measurement	Collection Schedule	Data Source
	(1) Preterm Birth	Pregnant women enrolled in home visiting prio weeks gesta	Percent of infants who are born preterm	Enrollment-Parent, Enrollment-Child	M1-Enrollment-Parent M4-Enrollment-Child
	(2) Breastfeeding	Infants (am mothers en prenatally) reached six of age duri reporting p			
		Primary ca with at leas months en			


MIECHV ENROLLMENT
Index Parent

Enrollment Date: __/__/20__
Name of Home Visitor:
Name Visiting Program: ☐ Early Head Start ☐ Healthy Families Oregon
Index Parent's ID #:
First, Middle, and Last Name of Index Parent:
First Middle Last

Questions about Family:
Which members of your (index parent's) family are currently serving or formerly served in the military – active or reserve? (Check all that apply.)
☐ Index parent ☐ Index parent's spouse
☐ Index parent's parent(s) ☐ Father of child
☐ Mother of child ☐ None

Additional Children in Home? ☐ None
(Birth – 18 yrs old; other than Index Child; living in the home) DOB __/__/__
DOB __/__/__
DOB __/__/__

Questions about Index Parent:
Date of Birth: __/__/__
Gender: ☐ Female ☐ Male
Ethnicity: ☐ Non-Hispanic or Non-Latino ☐ Hispanic or Latino
Race (Check all that apply):
☐ White/Caucasian ☐ Native Hawaiian/Other Pacific Islander
☐ Black or African American ☐ American Indian/Alaskan Native
☐ Asian ☐ Other race:
Marital Status:
☐ Single/Never Married ☐ Separated/Divorced/Widowed
☐ Married ☐ Not Married but living together with partner

Public Health Division
Maternal & Child Health

Oregon Health Authority

Large Group Exercise: Breastfeeding Data Collection Questions

- What benchmark is breastfeeding under?
- What is the target population for this measure?
- How is breastfeeding measured?
- When is data on breastfeeding collected? Is the collection schedule the same for EHS/HFA and NFP programs?
- What forms are used to collect this data?
- What are the specific questions asked on breastfeeding?
- What data do we collect on breastfeeding that won't be included in the MIECHV performance measure on breastfeeding?

Breastfeeding Data Collection

Benchmark	Measure	Target Population	Measure-ment	Collection Schedule	Data Source
Maternal and Newborn Health	Breast-feeding	Infants (among mothers enrolled prenatally) who reached six months of age during the reporting period	Percent of infants (among mothers enrolled prenatally) who received any amount of breast milk at age six months	EHS/HFA: Enrollment-Child; Child's age 6, 12, 18, 24, 30, 36 months NFP: Infant birth; 6, 12, 18, 24 months	EHS/HFA: M4-Enrollment-Child M9-Baby's Age 6 mos- Child M12-Baby's Age 12 mos- Child M14-Baby's Age 18 mos- Child M17-Baby's Age 24 mos- Child M20-Baby's Age 30 mos- Child M23-Baby's Age 36 mos- Child NFP: MIECHV Infant Birth Infant Health Care (6, 12, 18, 24 months)

Large Group Exercise: Safe Sleep Data Collection Questions

- What benchmark is safe sleep under?
- What is the target population for this measure?
- How is safe sleep measured? Why might this be the way HRSA chose to measure it?
- When is data on safe sleep collected? Is the collection schedule the same for EHS/HFA and NFP programs?
- What forms are used to collect this data?
- What are the specific questions asked on safe sleep?
- What data do we collect on safe sleep that won't be included in the MIECHV performance measure on breastfeeding?

Example: Safe Sleep Data Collection

Benchmark	Measure	Target Population	Measure-ment	Collection Schedule	Data Source
Child Injuries, Abuse, Neglect, Maltreatment and Emergency Department Visits	Safe Sleep	Index children less than one year during the reporting period	Percent of infants that are always placed to sleep on their backs, without bed-sharing or soft bedding	Enrollment /infant birth; Child age: 3, 6, 12 months	EHS/HFA: M4-Enrollment-Child M7-Baby's Age 3 mos- Child M9-Baby's Age 6 mos- Child M12-Baby's Age 12 mos- Child NFP: MIECHV Infant Birth N3 Baby's Age 3 Months- Index Child Infant Health Care