Sharing Successes and Challenges:
**Measuring and Monitoring Our Impact During a Pandemic**
June 19, 2020

SESSION OVERVIEW

- Introductions
- CQI Community June Pulse Survey Results
- Breakout Groups
  - Facilitating Quality Improvement Meetings
  - Communication and Reporting Outcomes
  - Conducting Surveys and Case/Peer Record Review
  - How to Measure the Impact of Virtual Services
  - Maintaining Quality in Service Delivery and Practice
- Large Group Report Out
- Breakout Groups: CQI Recovery Post-COVID
- Large Group Report Out
- Wrap Up and Next Steps
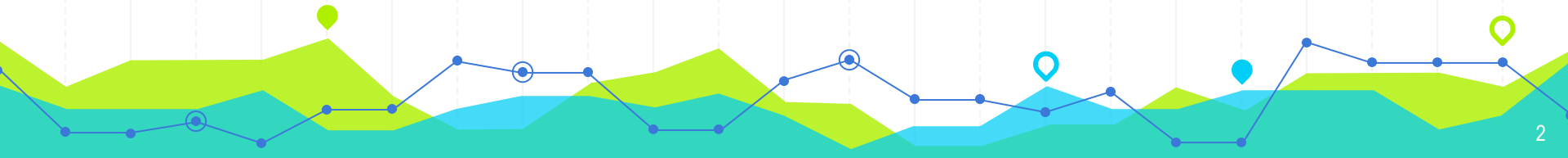
INTRODUCTIONS

In the Zoom chat, write your…

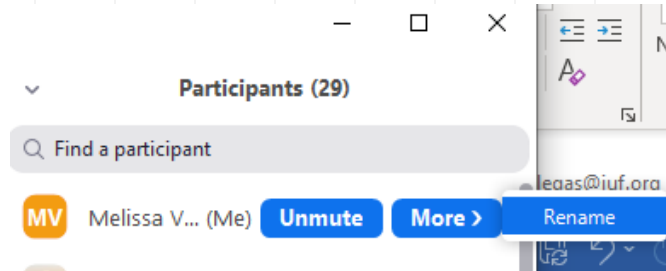✓ Name

✓ Organization

✓ Role/Job Title

SMALL GROUP BREAKOUT PREFERENCE

Please change your "Name" to where your group # preference is first (e.g., 4. First Name Last Name.)

1. Facilitating Quality Improvement Meetings
2. Communication and Reporting Outcomes
3. Conducting Surveys and Case/Peer Record Review
4. How to Measure the Impact of Virtual Services
5. Maintaining Quality in Service Delivery and Practice
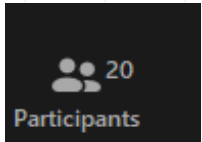
On the bottom/ menu bar, click on "Participants"

Find your name on the list and click on "More" then click on "Rename"

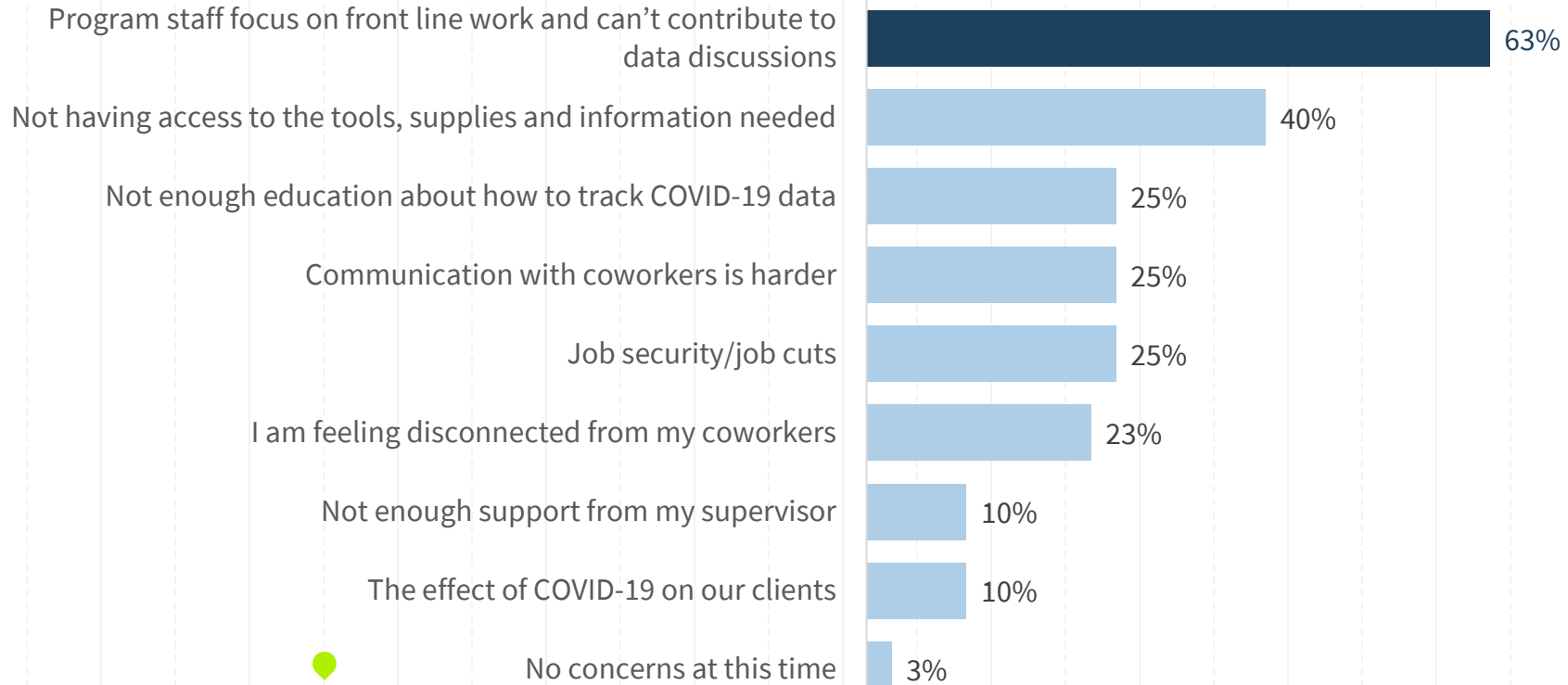# CQI Community Pulse Survey Results

40 Respondents

◉ 30 Service provider/agency

◉ 6 Government agency/department

◉ 3 University/college

◉ 1 Other: *Philanthropy*

Quality Improvement Data Concerns/Challenges and Practices Impacted By COVID-19

BIGGEST CURRENT COVID 19-RELATED QUALITY IMPROVEMENT DATA CONCERNS OR CHALLENGES

Concern or Challenge	Percentage
Program staff focus on front line work and can't contribute to data discussions	63%
Not having access to the tools, supplies and information needed	40%
Not enough education about how to track COVID-19 data	25%
Communication with coworkers is harder	25%
Job security/job cuts	25%
I am feeling disconnected from my coworkers	23%
Not enough support from my supervisor	10%
The effect of COVID-19 on our clients	10%
No concerns at this time	3%

OTHER CHALLENGES AND CONCERNS (13%)

◉ How to do my job effectively and be helpful for programs

◉ How to report out our fiscal year end data- 8 months of our year were typical, the last four were very different. What is the best way to communicate this out to funders?

◉ Our program supports student interns in a specialized training program with about 35 community agency partners/year. In times of crisis, understandably the agencies are focused on their clients rather than on the student intern experience, although they are certainly doing what they can. The quality of the intern learning experience may suffer, as agencies focus on more urgent matters - this is our chief concern. We are doing what we can to support student/intern learning and supplement with trainings that we are hosting and leading while they are not permitted on site.

◉ Transitioning back to the office

◉ Working remotely with ongoing computer problems. I have worked a great deal with IT with mixed results.

QUALITY IMPROVEMENT PRACTICES IMPACTED BY COVID-19

Practice	Percentage
Data Collection	73%
Case Record Review/Peer Review	63%
Quality Improvement Meetings	53%
Ongoing Data Review	43%
Logic Models and Evaluation Plans	35%
No Changes	3%
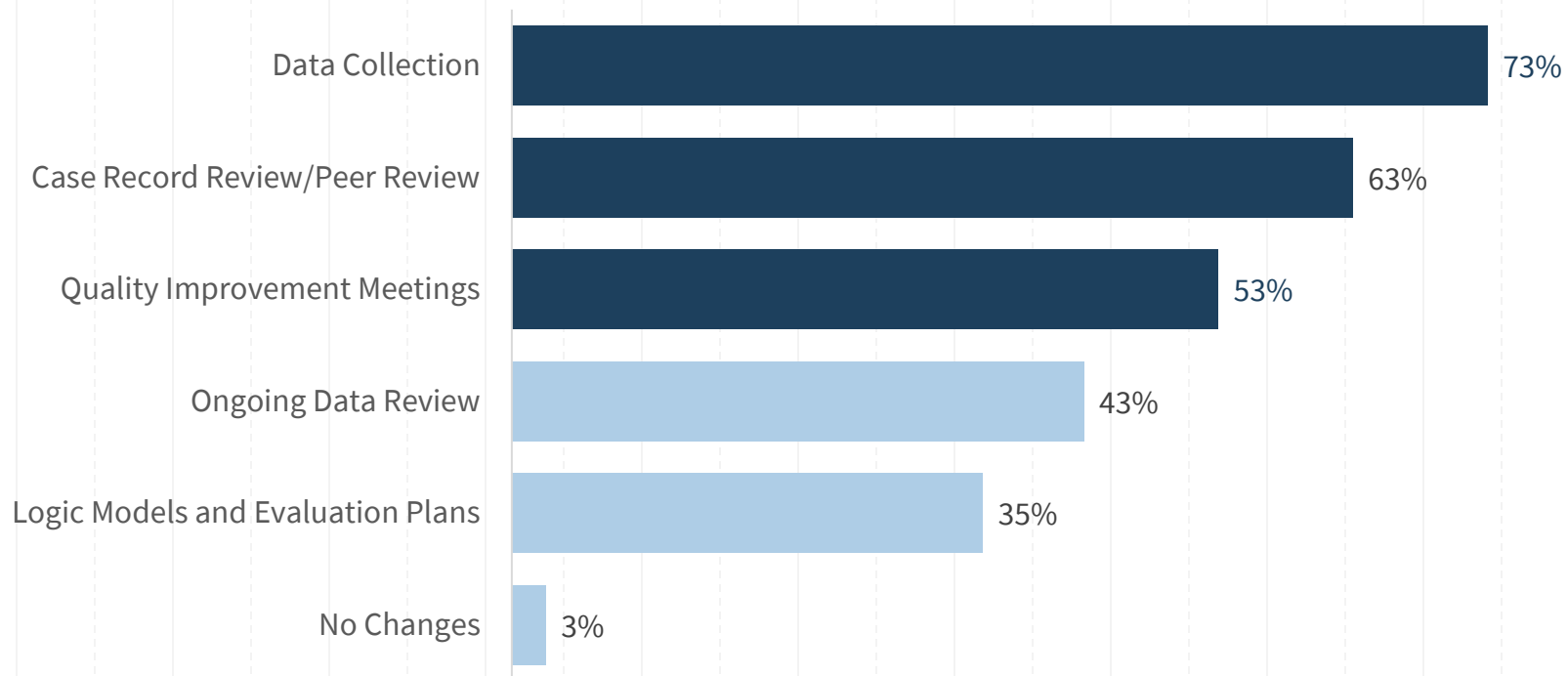
OTHER QUALITY IMPROVEMENT PRACTICES IMPACTED BY COVID-19 (20%)

- Documentation/Case Record Review Related
  - Adequate support for front-line staff's documentation
  - Part of this due to the transitions in programs to all electric record keeping just before covid-19. Staff are most often working off site and can't check paper records, a lot of which haven't been scanned into the electronic records!
  - Peer reviews, typically done by front line workers, were instead completed by the CQI department. This was intentional, to take something off front line worker's plates as they adjusted to social work during the pandemic.
- Performance Improvement /PDSA Related
  - Performance Improvement Plans as it relates to programs and completion of documents
  - QI Projects to dig into problem-solving in specific areas have been put on hold
- Lack of communication from funders on changes in staffing, processes, operations
- Not that logic models or eval plans have changed, but the program spec process has really taken a hit.
- Unsure

Helpful Services/Tools/Resources in Supporting CQI Efforts

SERVICES/TOOLS/RESOURCES

◉ Specific Resources/Training Related

  o Free online webinars and conferences (e.g., Good Tech Fest, SurveyMonkey's Curiosity Conference), daily short check-ins with the team.

  o https://www.hhs.gov/ash/oah/sites/default/files/cqi-intro.pdf

  o Kainexus Blog; Good Tech Fest

  o National Child Welfare Workforce Institute

  o Related to COVID - CDC & IDPH Data, Governor's briefings, Webinar from NCCD Children's Research Center on the impacts of COVID 19 (hearing other state's barriers & solutions)

  o Resources from the Institute for Healthcare Improvement

  o Weekly Zoom meetings with the Illinois Community Behavioral Healthcare Association, providing helpful Medicaid and telehealth updates

  o Zoom, PsychU webinars

  o The last CQI meeting this group held was helpful.
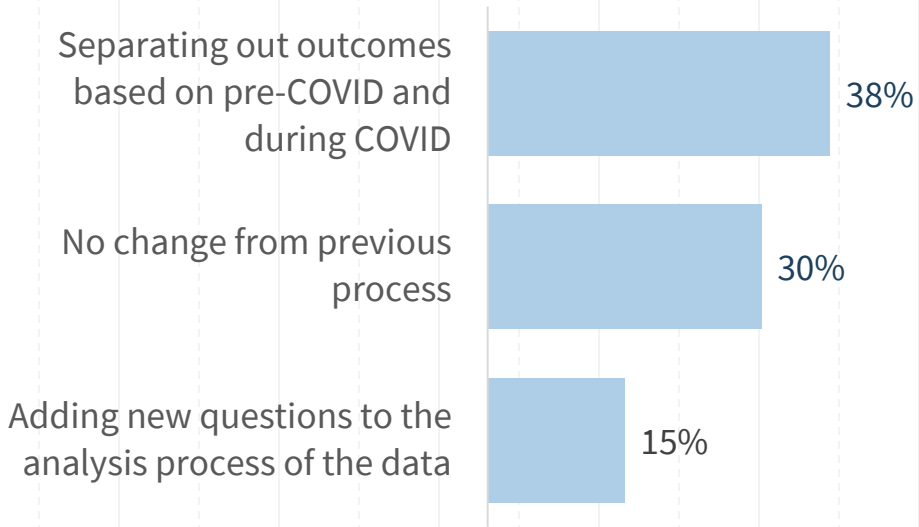
  o Webinars (x3)

SERVICES/TOOLS/RESOURCES

- Technology and Tracking Related
  - Access to our org. VPN to login the on premise database
  - Early on having a way to designate Covid-19 impacted families in Salesforce. This makes it easier to analyze our data and set up our dashboards.
  - Microsoft Teams (x3) / Our agency just rolled out Microsoft Teams, which has been essential in keeping us organized when collaborating on new procedures related to COVID.
  - Continuing to meet weekly for RCQI. Tracking weekly data from our trainees and adding COVID related questions. Taking advantage of Telehealth training and information to develop a stronger Telehealth module for our interns/trainees.

Plans for Fiscal Year Reporting

HOW DO YOU PLAN TO ANALYZE AND REPORT OUT ON OUTCOMES FOR THE FISCAL YEAR?

Separating out outcomes based on pre-COVID and during COVID — 38%

No change from previous process — 30%

Adding new questions to the analysis process of the data — 15%

Other (18%)

◉ To be Determined
  - o Have to think this through.
  - o Not really sure. We are unable to complete our year end surveys as our clients do not have internet access and we have moved to a more contactless service model.
  - o Not sure/Unsure (x2)
  - o Still determining how our processes will be impacted

◉ Comparing outcomes to the same time last year to demonstrate impact of COVID, particularly on Medicaid service delivery.

◉ No change, just notes/caveats/additional or different data

New Metrics and Data Points Helpful to Track in Relation to COVID-19

NEW METRICS/DATA POINTS

◉ Service Delivery/Community Needs Related
- % of enrolled clients reached remotely; mechanism used to reach clients; more narrative data collection to understand clients' experiences
- Best practices
- Changes in service delivery (e.g., increases in financial and food assistance) and other community needs changes.
- Contact with clients
- Face to face contacts with clients; custody entries and exits
- Our behavioral health services had to quickly pivot to telehealth, so we area tracking client engagement in that mode of delivery.
- PP level of impact by COVID-19. New services being provided.
- Referral Type - Screen In
- Specific telehealth services for our counseling programs
- Transition to telehealth delivery at each site; impact on patients
- Use of telehealth services

NEW METRICS/DATA POINTS

- Workforce Related
  - Impact on the workforce (x2)
  - Tracking staff training on COVID
  - Methods for continuity of training and internships remotely

- Specific COVID/Illness/Health and Safety Related
  - CDC & IDPH Data - specific to our service area (right now, as IL is opening up more, monitoring cases so if there is an increase in cases, we can adjust accordingly for staff and client safety)
  - Cleaning, QA measures on cleaning and wearing masks
  - Contact tracing to reduce risk
  - Date clients reported they were directly impacted by Covid-19- whether actually becoming infected with it or being impacted financially due to job loss/reduced hours.
  - I've been required to track youth and staff illness, but with the small nature of our staffing, it hasn't been helpful.
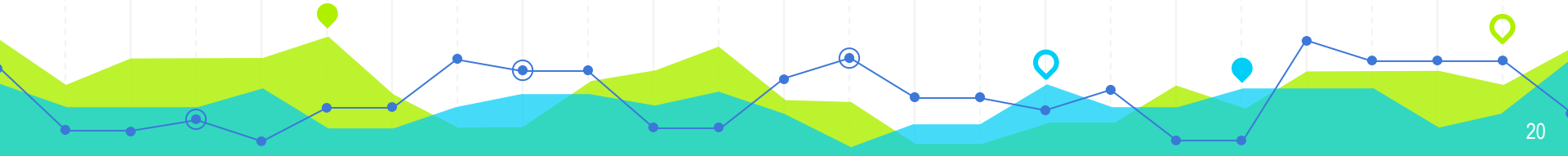 - Staff members reporting family member Covid-19 results

NEW METRICS/DATA POINTS

◉ Survey Related
- o Pulse surveys for staff, foster parents, youth in the community and students
- o Record Review Worksheets now have four columns: Yes, No, N/A and "unable to review due to Corvid-19 Restrictions!

◉ No Changes/Unknown
- o None/We haven't do any (x2)
- o Unknown
- o Using the same system

Thinking past COVID-19, how are you planning for recovery? How do you see your quality improvement processes changing or evolving?

PLANS/CHANGES

- Technology/Virtual
  - Case file review process that was developed to be done electronically. Reviewers preferred the process over the in person group review (x2)
  - More online accessible materials
  - Moving towards electronic case records
  - Our service array is based on a federally funded training grant, so we are moving training activities online where possible, and modifying our curriculum to include telehealth and other clinical training that can be completed remotely. Our grant supports student interns out in 35 agencies/year so each agency is different and we are offering support as needed to sites. We are planning supports that will work for both on site and remote learning.
  - Increased use of virtual meetings
  - Increasing the use of technology (no more hand counting); more pulse surveys (shorter surveys, more frequent check ins)
  - More flexibility around meetings (i.e., allowing for virtual meeting options and moving away from how traditionally meetings had to be in-person). If telehealth therapy and virtual programming continues as a new norm post-COVID, having stronger metrics around evaluating the effectiveness of those approaches.

PLANS/CHANGES

◉ Protocols/Policies
- o Creating a return to work task force of our org. while establishing a playbook for staff and clients
- o Establish protocols and checklists, for Covid-19
- o Finding opportunities for streamlining & simplifying to reduce burden on frontline staff.
- o I see it being more of a rapidly evolving process as opposed to one we talk about, but never actually change
- o I think the recovery process will be a long one. We will need to get back on track with our typical processes to catch up on work lost while also taking time to review our current procedures and be sure we are better prepared for this type of situation in the future. I look forward to having a debriefing meeting with leadership around what worked and what didn't so we can learn from the experience.
- o Processes will be updated to reflect COVID-19 effects
- o We've been documenting what changes have been made during the pandemic, what's worked, what hasn't worked, made adjustments to what hasn't worked for now, and talked about how to adopt some of those changes for life post-COVID. My agency is a learning organization, and that has been very evident amidst the pandemic. We have all adjusted our services and practices to work for the new "normal." We are taking it slow in determining when/how to re-open offices, considering staff and client safety. Since we have some larger offices, it will be a while until all staff are back in offices together.
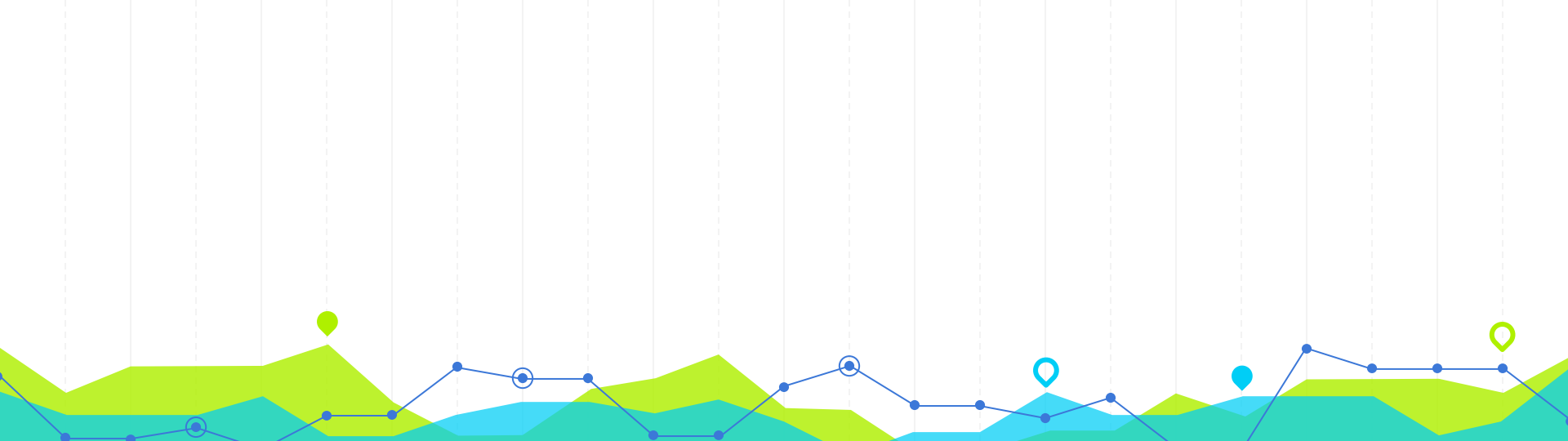
PLANS/CHANGES

◉ Data Reporting
- Doing an audit of what are essential measures
- It appears that the speed of which we need to report and analyze data is increasing.
- It's going to be challenging to catch up, especially since we are at end of fiscal year. I'm hoping that the data won't be too skewed, but I think, or I fear, that I will find various errors. It will be a clean up recovery.
- We have discussed changing our current peer review tools to be more focused on qualitative questions rather than just compliance
- Changing annual reporting to have room to have space for pandemic insights; looking at everything through a new lens of how would we do this if this happened again

◉ To be Determined/In Progress
- I don't know
- Lots of changes in progress which will have to be addressed as things unfold.
- Pending

Small Group Breakouts