

CQI CONFERENCE 2021: CQI IS FOR EVERYONE

Pre-Conference Workshop

CQI 101: The How and Why of CQI
September 28, 2021
12:00pm – 3:00pm CT

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Why We're Here



CQI 101 Objectives

1. Gain a common understanding of the fundamental components of an effective CQI program.
2. Learn the basic demands of the improvement planning process.
3. Explore strategies for deploying a CQI program that addresses equity and includes broad stakeholder engagement.

Agenda

Part 1 – The What

- Key components
- System vs process
- Organizational culture
- Sphere of influence

Part 2 – The How

- Aligning mission with CQI
- Basic demands
- Deconstructing the Plan-Do-Study-Act (PDSA) cycle
- Equity and Inclusion in CQI

Part 3 – The Why

- What CQI Gets You
- The CQI Plan

Who's in the Zoom Room

- **Types of organizations** – private agencies, public agencies, healthcare, state agencies, universities, other (includes education, law/legal)
- **Job titles** – Almost half have a reference to “Quality” in their title
- **Currently working in a quality role** – 80%
- **Level of experience**
 - Beginner – 38%
 - Intermediate – 50%
 - Advanced – 12%
- **Years of experience**
 - 3 years or less – 45%
 - 3 years or more – 46%
 - Not in quality role – 9%

PRE-SESSION Word Cloud Activity

What is the first word that comes to mind when you think of continuous quality improvement?





What is quality...in social services?

“The degree to which interventions influence client outcomes in desired ways in applicable domains while being delivered in a sensitive manner consistent with ethical standards of practice and the best available practice knowledge.”

Megivern, D.A., McMillen, J.C., Proctor, E.K., Striley, C.W., Cabassa, L.J., & Munson, M. R. (2007). Quality of care: Expanding the social work dialogue. *Social Work, 52*, 115-124.

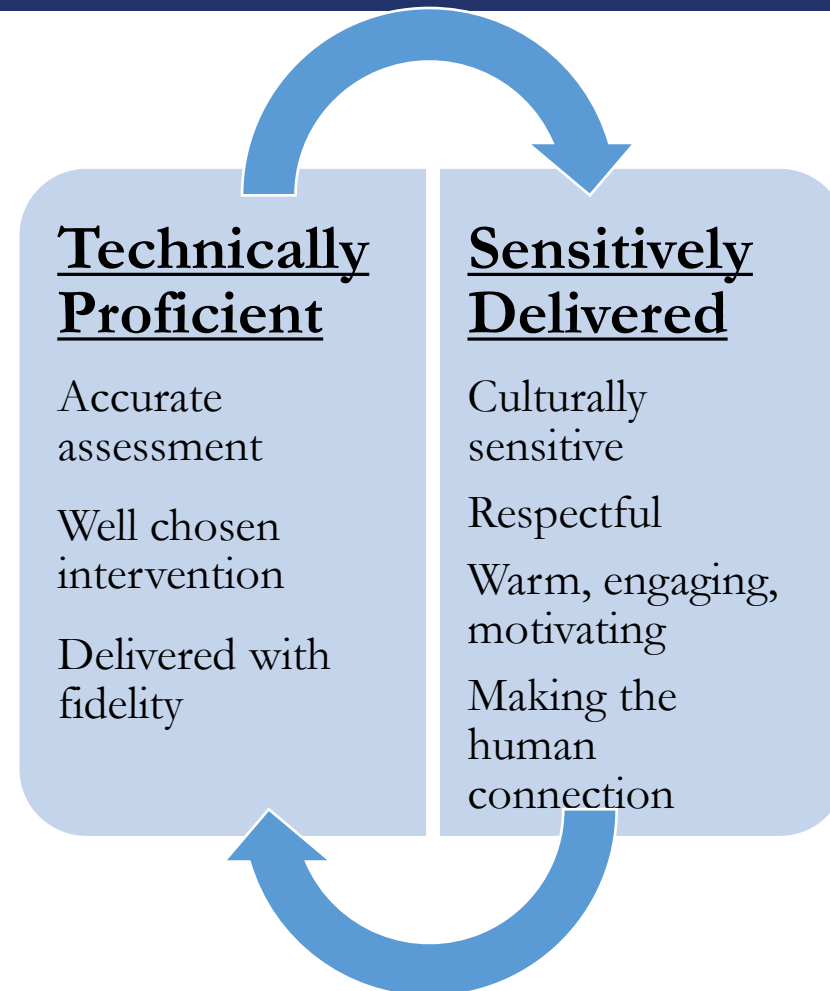
The ultimate goal of CQI is to enable organizations to improve their overall performance on an ongoing basis.

The CFSR Information Portal Section 3: Continuous Quality Improvement (CQI) in Child Welfare

What is quality...in social services?

- The degree of excellence
- Fulfillment of requirements
- The focus on specific services, requirements, or processes
- Improved organizational performance
- Current performance must be measured as a baseline for judging whether improvement has occurred.

Quality service is service that is...



Origins of CQI

- Walter Shewhart, W. Edwards Deming, Joseph Juran, Philip Crosby – pioneers of the quality movement.
- The concepts, philosophies, and methods these pioneers developed in the manufacturing, and business management fields provide the foundation for the quality movement today.
- Deming developed the Shewhart Cycle or Plan-Do–Check-Act Cycle – later called the Plan-Do-Study-Act (PDSA cycle) based on the scientific method (hypothesis, experiment, evaluation).
- “iteration” is a key principle – confirm (or negate) a hypothesis and execute the cycle again to extend the knowledge.

Impact of the quality pioneers & standards

- Much of the focus in Social Services has been on having a quality assurance system in place to make sure policies & processes are adhered to, and that certain benchmarks and targets are reached, but there was little focus on identifying and measuring improvement on an ongoing basis.
- QI is still developing in many areas of social services.

Quality Standards

- Council on Accreditation (COA)
- Commission on Accreditation for Rehabilitation Facilities (CARF)
- The Joint Commission
- Institute for Healthcare Improvement (IHI)
- Cognia
- Carnegie Foundation
- Children's Bureau
- Malcolm Baldrige Quality Awards

The Role of QA, CQI & Evaluation

| Quality Assurance (QA) | Continuous Quality Improvement (CQI) | Evaluation |
|---|---|---|
| Focused on accountability and directed “top down” | Focused on improvement and leadership is shared at all levels of staff and community | Focused on assessment and often led independently or externally |
| A separate activity | An activity integrated with regular practice | An external examination of regular practice |
| Uses standards that are established by professionals and compliance with professional requirements | Uses fluid constantly changing standards that are established by stakeholders and consumers working alongside professionals | Uses evidence-based standards determined by research questions |
| Involves selected staff and functions | Is agency-wide and crosses all functions | Involves a cross-section of actors and functions related to a single set of processes or outcomes |
| Is event-based | Is an ongoing process | Is retrospective |
| Relies on reviews or checks to identify errors or non-compliance | Seeks to prevent errors by continuously clarifying and improving policies and protocols | Identifies factors or activities associated with outcomes or impact |

POLL #1: QA-CQI-Evaluation

- **What activity are you engaged in most often?**
 1. Quality Assurance (QA)
 2. Continuous Quality Improvement (CQI)
 3. Evaluation
 4. All the above
 5. None of the above

Key components

The CQI approach identifies, describes, and analyzes strengths and problems and then **tests and revises solutions**.

CQI relies on an **organizational culture** that is proactive, supports continuous learning and is firmly grounded in the overall mission, vision, and values of the agency.

Effective CQI efforts depend upon the **active inclusion and participation** of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.

A high quality CQI approach incorporates the **rigorous use of evidence****

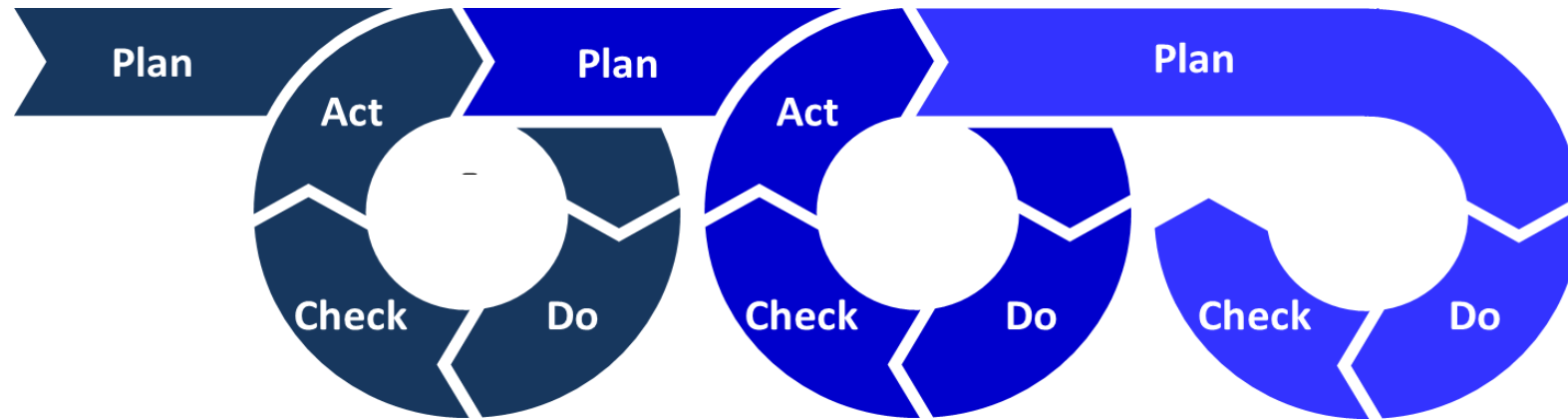
“Using Continuous Quality Improvement to Improve Child Welfare Practice – A Framework for Implementation”, Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, May 2005

“Children’s Bureau Information Memorandum – ACYF-IM-12-07, Continuous Quality Improvement in Title IV-B and IV-E Programs”

**Wulczyn, F., Alpert, L., Orlebeke, B., & Haight, J. Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare. Chapin Hall at the University of Chicago, 2014.

CQI Process

CQI is a cyclical process of problem-solving activities that requires the deliberate use of evidence.



CQI System

A coherent set of structures, functions, policies, and procedures that facilitate the CQI process

Adapted from: Wulczyn, F., Alpert, L., Orlebeke, B., & Haight, J. Principles, language, and shared meaning: Toward a common understanding of CQI in child welfare. Chapin Hall at the University of Chicago, 2014.



A sound CQI **system** supports the CQI **process**

- The goals and outcomes the agency cares about are closely aligned with and drive CQI processes
- Specific methods for collecting and generating the data needed to support decision-making are clearly outlined in policy
- Improvement planning processes are clearly outlined & consistently followed



- Data are collected on the goals and outcomes the agency cares about
- Data are routinely converted into evidence to tell a story at the systems and case levels
- Meaningful reports are produced and shared with all levels of staff & key stakeholders

- Leadership promotes the use of evidence to make decisions
- Agency culture promotes continuous analysis and program improvement
- Adequate personnel, time and resources are devoted to CQI activities
- CQI training and skill-building opportunities are available for all levels of staff

CQI System Features Reflection Exercise

| CQI SYSTEM FEATURES | STRENGTH | CHALLENGE | COMMENTS |
|--|----------|-----------|----------|
| 1. Organizational Commitment to CQI | | | |
| <ul style="list-style-type: none"> • Leadership promotes the use of evidence to make decisions | | | |
| <ul style="list-style-type: none"> • Agency culture promotes continuous analysis and program improvement | | | |
| <ul style="list-style-type: none"> • Adequate personnel, time and resources are devoted to CQI activities | | | |
| <ul style="list-style-type: none"> • CQI training and skill-building opportunities are available for all levels of staff | | | |
| 2. CQI Policy and Priorities | | | |
| <ul style="list-style-type: none"> • The goals and outcomes the agency cares about are closely aligned with and drive CQI processes | | | |
| <ul style="list-style-type: none"> • Specific methods for collecting and generating the data needed to support decision-making are clearly outlined in policy | | | |
| <ul style="list-style-type: none"> • Improvement planning processes are clearly outlined & consistently followed | | | |
| 3. Data Collection, Analysis and Reporting | | | |
| <ul style="list-style-type: none"> • Data are collected on the goals and outcomes the agency cares about | | | |
| <ul style="list-style-type: none"> • Data are routinely converted into evidence to tell a story at the systems and case levels | | | |
| <ul style="list-style-type: none"> • Meaningful reports are produced and shared with all levels of staff and key stakeholders | | | |

The Influence of Culture

Organizational culture eats strategy
for breakfast, lunch and dinner

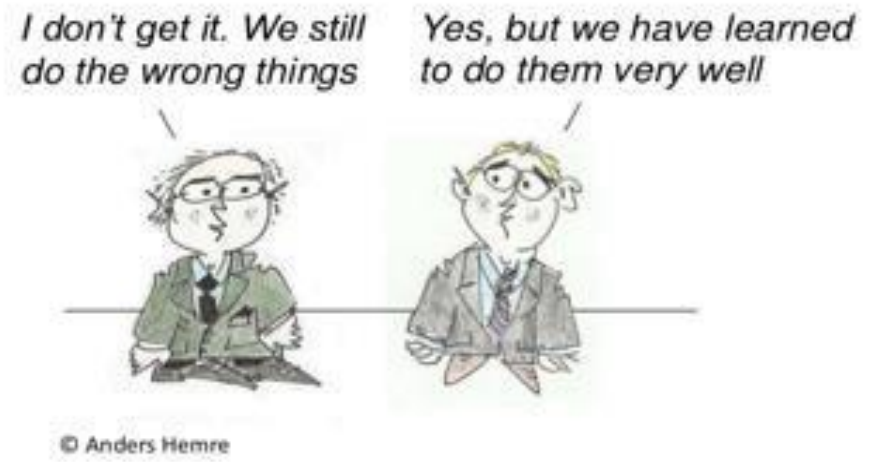


Culture



Strategy

TORBEN RICK – WWW.TORBENRICK.EU



Culture supports - or creates barriers for systems' efforts to innovate and learn.

Cultural attributes that positively influence quality improvement implementation and impact:

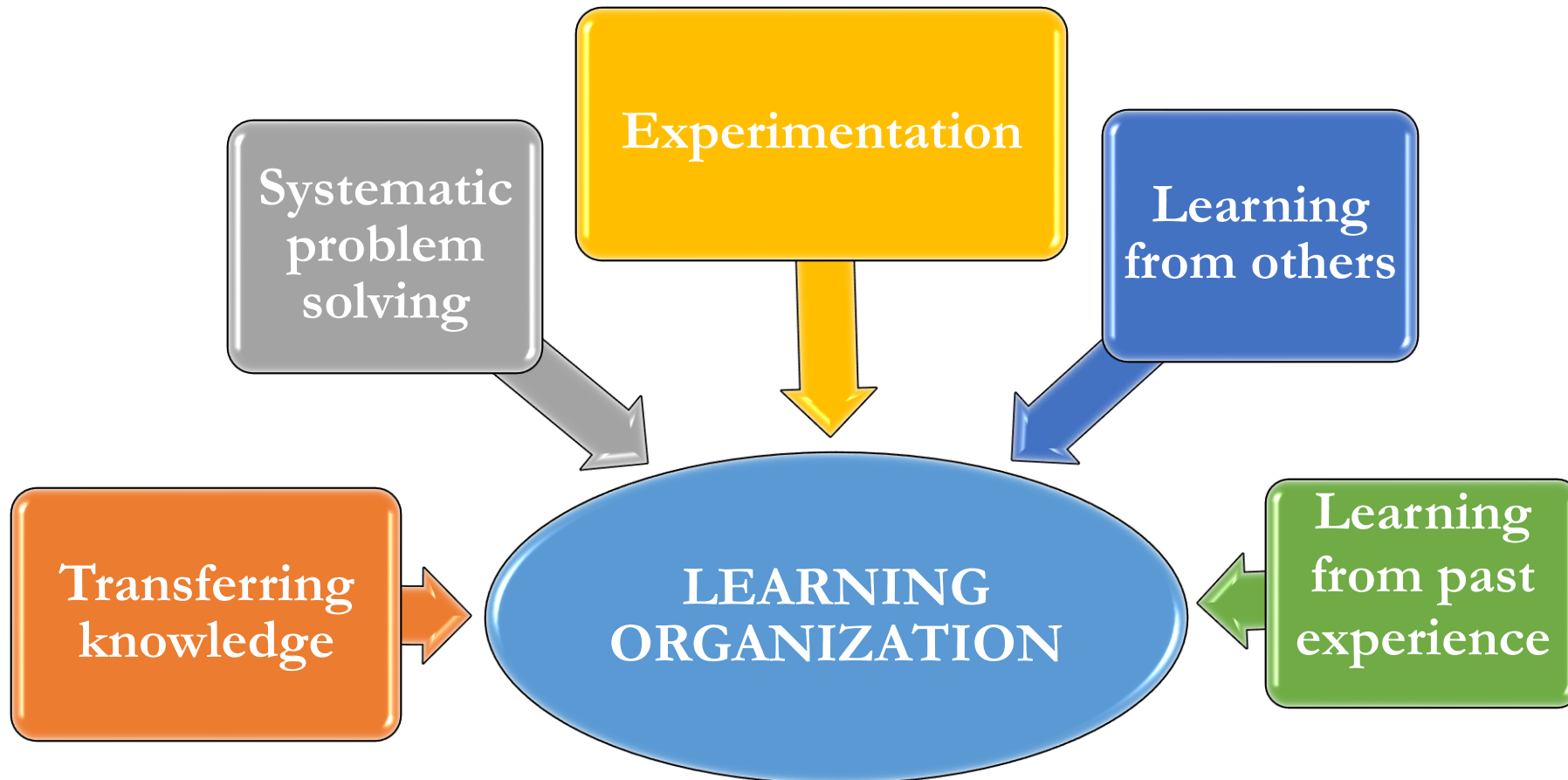
- **Employee empowerment**
- **Decentralized decision-making**
- **Team-work, consensus building**
- **Adaptability, flexibility, growth**

Cultures that emphasize affiliation, teamwork, and coordination implement and sustain more CQI initiatives.

(Glisson & Green, 2006; Leape, 2014; Zayas et. al., 2013)

Learning Organization

Continuous Learning to Improve

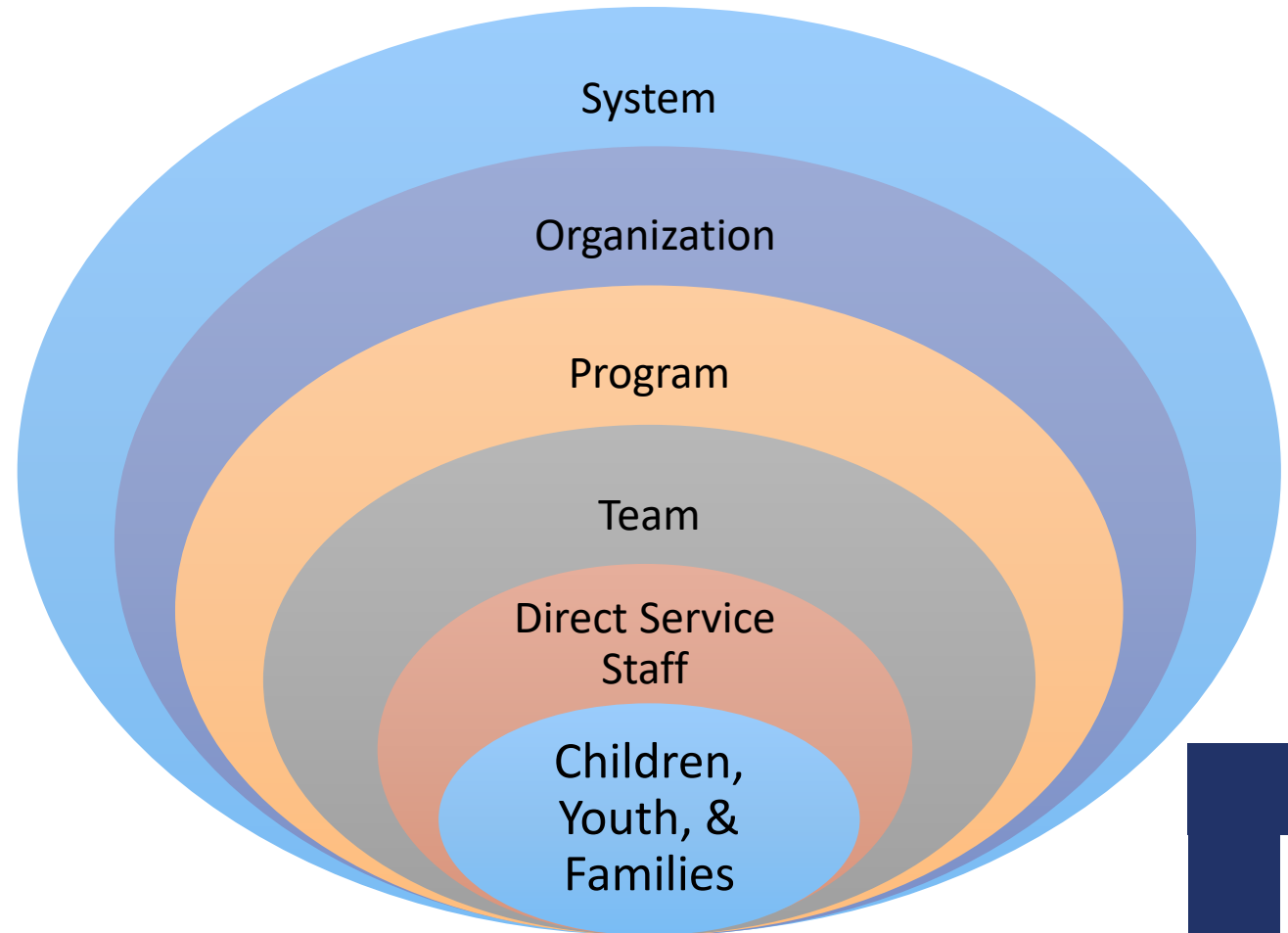


Sphere of Influence

CQI Happens in All Levels

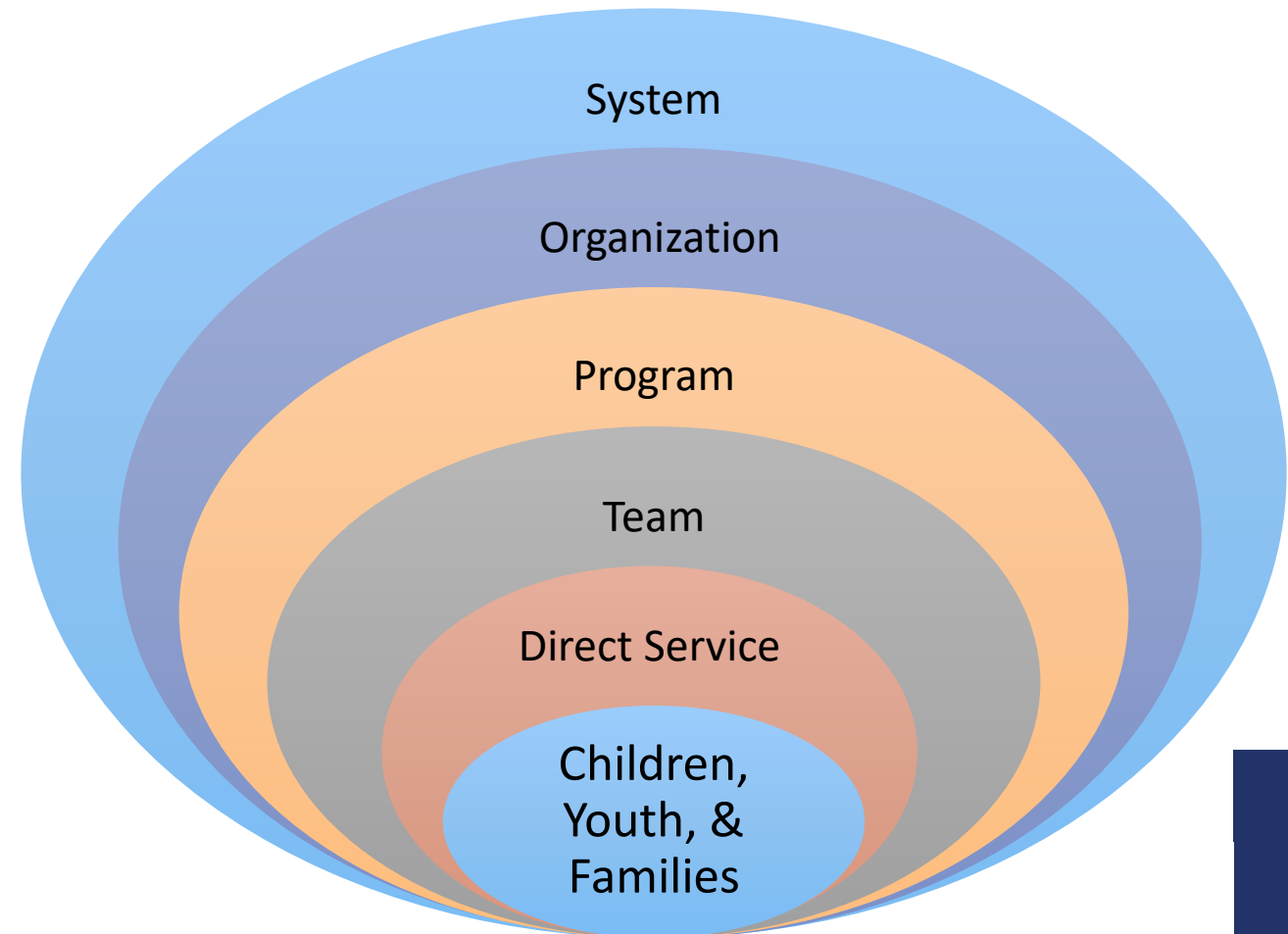
Sphere of Influence:

The professional areas within which your opinion holds some weight.



POLL #2: Spheres of Influence

Where is your Sphere of Influence?

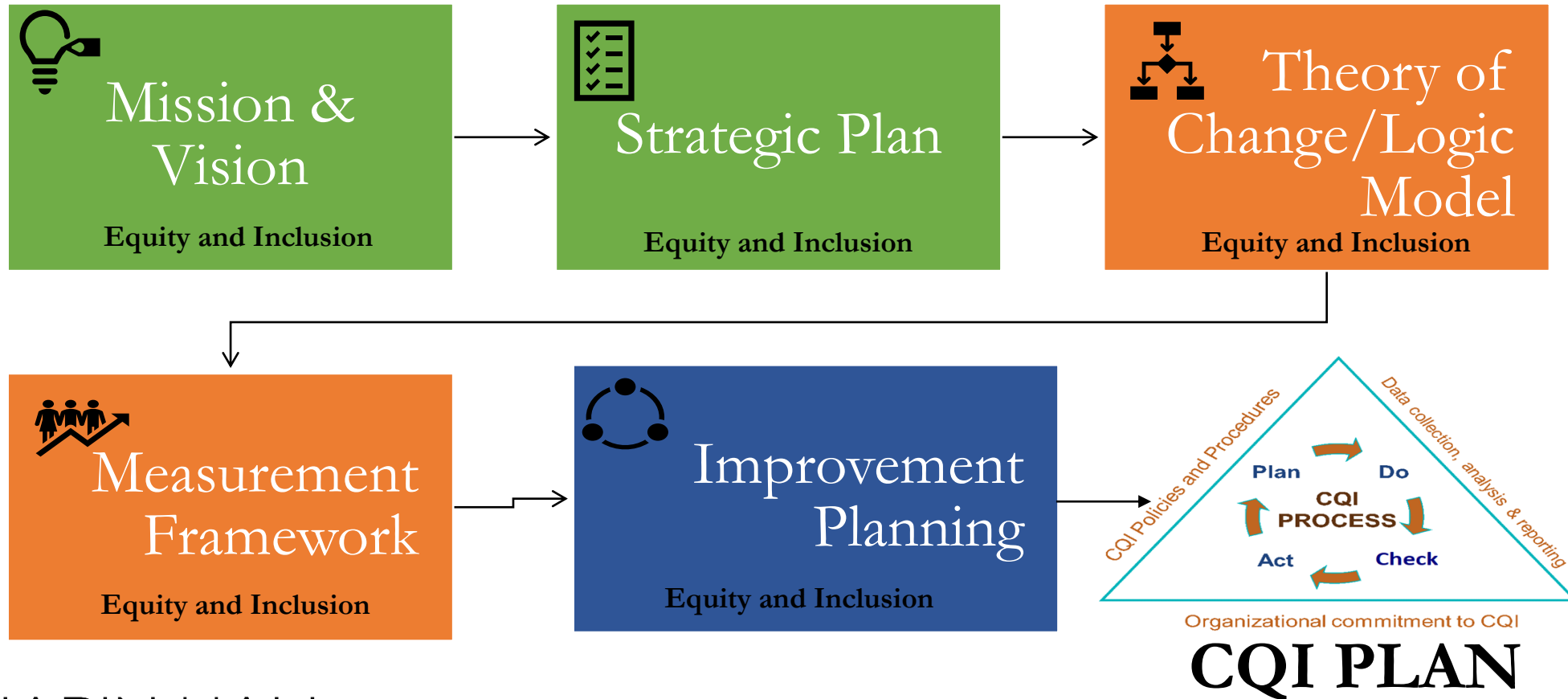


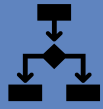
Re-cap-Reflections-Questions





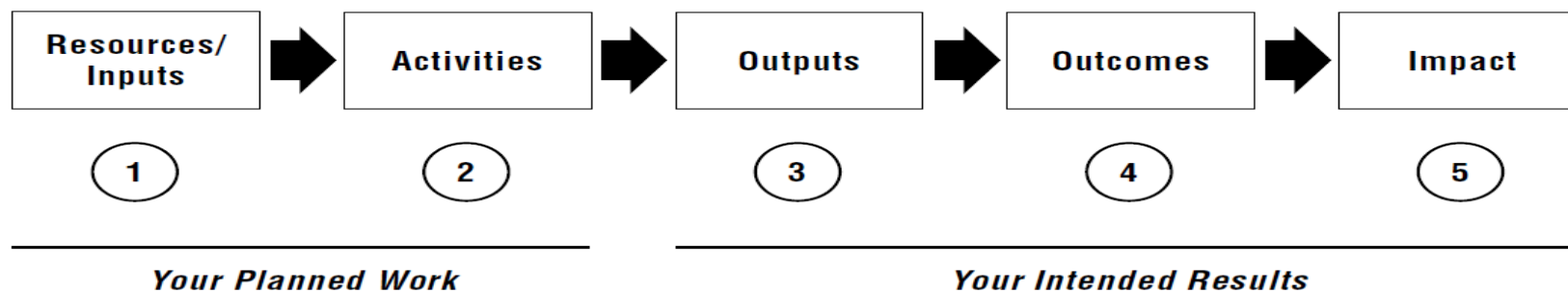
Aligning Organizational Mission with The CQI Process





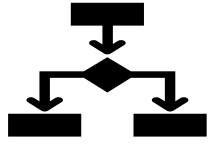
Logic Models

- A tool for showing how your organization uses **resources** to carry out **activities** that create positive social **change**
- A **roadmap** for a quality improvement plan
- A **symbol** of shared vision among staff
- A **graphic** communicating impact to stakeholders and partners



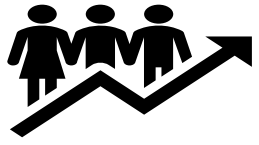
Logic Model Format Example

| INPUTS/RESOURCES | ACTIVITIES | OUTPUTS | OUTCOMES | | |
|--|---|--|--|--|---|
| | | | SHORT TERM | INTERMEDIATE | LONG TERM |
| <p>INPUTS are resources dedicated to or consumed by the program.</p> <p>Examples of INPUTS or resources include (but are not limited to):</p> <ul style="list-style-type: none"> ✓ Money ✓ Staff ✓ Volunteers ✓ Equipment ✓ Supplies <p>Examples of constraints include:</p> <ul style="list-style-type: none"> ✓ Laws ✓ Regulations <p>Whenever possible quantify INPUTS (for example, 2.5 FTE social workers or 270 volunteer hours.)</p> | <p>ACTIVITIES are what the program does with the INPUTS and resources to fulfill its mission or to achieve its outcomes.</p> <p>Examples of ACTIVITIES or services include:</p> <ul style="list-style-type: none"> ✓ Training ✓ Education ✓ Counseling ✓ Mentoring ✓ Internships <p>Whenever possible quantify ACTIVITIES to show information about frequency, duration, participation, etc.</p> | <p>OUTPUTS are the direct products of program ACTIVITIES</p> <p>Examples of OUTPUTS or products include:</p> <ul style="list-style-type: none"> ✓ Classes taught ✓ Counseling sessions conducted ✓ Educational Materials distributes ✓ Hours of service delivered ✓ Participants served | <p>OUTCOMES are the benefits for people, for participants during and after program activities; effects on knowledge, attitudes, skills, behavior, condition or status during the program. Whether stated or implied, OUTCOMES are presented in terms of the benefit to the participant.</p> <p>[Participants benefit from...]</p> <ul style="list-style-type: none"> ✓ New knowledge ✓ Increased skills ✓ Changed attitudes or values | <p>[Participants benefit from...]</p> <ul style="list-style-type: none"> ✓ Modified behavior | <p>[Participants benefit from...]</p> <ul style="list-style-type: none"> ✓ Improved condition ✓ Altered status |



Logic Models

- At a high-level logic models are a graphic representation of the strategic plan.
- At a practical level logic models describe actionable change efforts.
- For the CQI process, the logic model informs the identification of the outcomes of interest that will be monitored.



Apply a Measurement Framework

- Determine the questions to be answered in the CQI process (should be aligned with the logic model)
- Measure the extent to which services are reaching the target population, being implemented with fidelity, and achieving desired outcomes, consider tracking measures in these areas:

AGENCY CAPACITY

Measures that assess the degree to which the agency devotes the necessary resources to support implementation of services.

REACH

Measures related to assessments, referrals, service uptake and completion.

FIDELITY

Measures that assess the degree to which the service was carried out according to requirements.

OUTCOMES

Measures that assess the impact of services on service recipient outcomes.

Logic to Indicators

| RESOURCES/INPUTS | ACTIVITIES | OUTPUTS | OUTCOMES | | |
|---|---|--|--|--------------|------------------|
| | | | SHORT TERM | INTERMEDIATE | LONG TERM/IMPACT |
| <i>Resources dedicated to or consumed by the program.</i> | <i>What the program does with the INPUTS and resources to fulfill its mission or to achieve its outcomes.</i> | <i>The direct products of program ACTIVITIES</i> | <i>The benefits for people, for participants during and after program activities; effects on knowledge, attitudes, skills, behavior, condition or status during the program. Whether stated or implied, OUTCOMES are presented in terms of the benefit to the participant.</i> | | |
| Agency Capacity Measures | Program Performance/Reach Measures | Social, Behavioral & Economic Measures | | | |
| Capacity | Lead Measures Process & Quality | Lag Measures | | | |

Develop a performance monitoring plan

Reporting Process: *"How will progress be communicated to key stakeholders?"*

Target Metrics: *"How much change are you aiming for?" Have baselines & interim benchmarks/targets been established?"*

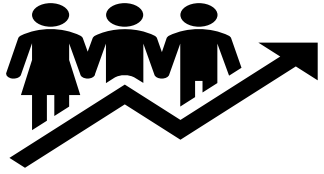
Data Sources: *"What data will you use to monitor progress toward the desired changes?"*

Strategies & Initiatives: *"What activities will you engage in to impact/influence/support the desired changes?"*

Performance Measures: *"How will you know change is occurring?"*

Priority Outcomes *"What overall changes do you want to make?"*

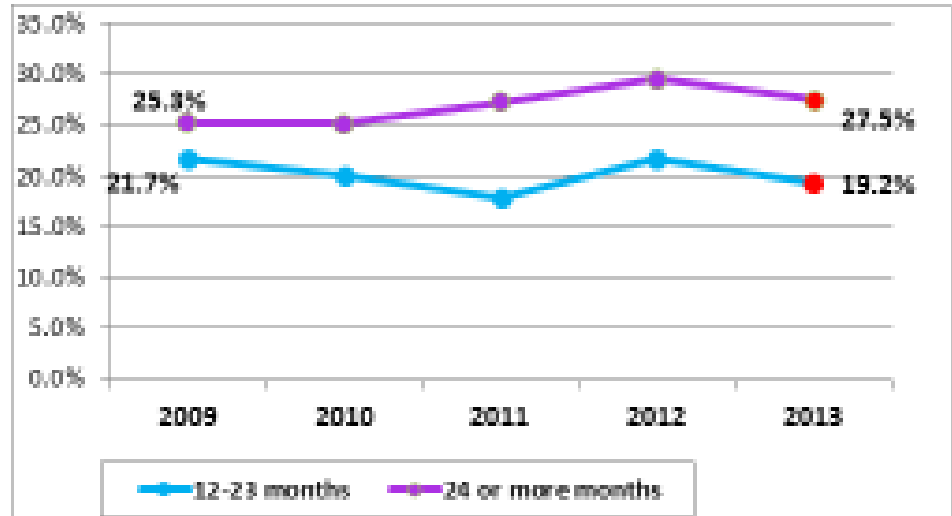
Strategic Priorities: *"What are the requirements and priorities informing the agency's strategic direction?"*



Apply a Measurement Framework, cont.

| | Identify Data Sources | Identify Data Elements | Plan data collection, analysis & Dissemination |
|--------------------------|---|------------------------|--|
| Agency Capacity Measures | Administrative data, surveys | | |
| Reach Measures | Administrative data | | |
| Fidelity Measures | Contract monitoring, external partnerships, case reviews, surveys, focus groups | | |
| Outcome Measures | Administrative data, evaluation data | | |

Permanency for Children in Care



Federal Standards:

12-23 months 43.6%

24 or more months 30.3%

Permanency outcomes for children in care represent the percent of children in care at a point in time (e.g. January 1, 2013), who had been in care for 1-2 years, or more than 2 years as of that date, who are discharged to permanency within one year (e.g. by January 1, 2014).

| | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|-------|-------|-------|-------|-------|
| Number of children in care for 12-23 months at the beginning of the year | 3,273 | 3,008 | 2,948 | 2,808 | 2,457 |
| Number of children discharged to permanency within 12 months | 711 | 608 | 526 | 611 | 469 |
| Number of additional permanency discharges that would need to have occurred in order to meet the federal standard | 716 | 708 | 738 | 615 | 594 |
| Number of children in care for 24 or more months at the beginning of the year | 7,841 | 7,529 | 7,015 | 6,738 | 6,187 |
| Number of children discharged to permanency within 12 months | 1,980 | 1,846 | 1,910 | 1,990 | 1,698 |
| Number of additional permanency discharges that would need to have occurred in order to meet the federal standard | 385 | 375 | 216 | 49 | 171 |

Telling the Story

Integrating Stop Lights and Trends

| Performance Indicator | Description |
|-----------------------|--|
| | Meeting or exceeding performance goals and trend is degrading |
| | Meeting minimum acceptable performance and trend is unchanged |
| | Not meeting minimum level of acceptable performance and trend is improving |

POLL #3: Using Logic Models

- Does your organization use logic models to inform data collection and reporting?
 - Yes
 - No
 - Not sure
- If no, use the chat box to indicate what is done to inform data collection and reporting?



It's Time For A Break

Let's STOP just
admiring
the
data!!



The Basic Demands of the CQI Process

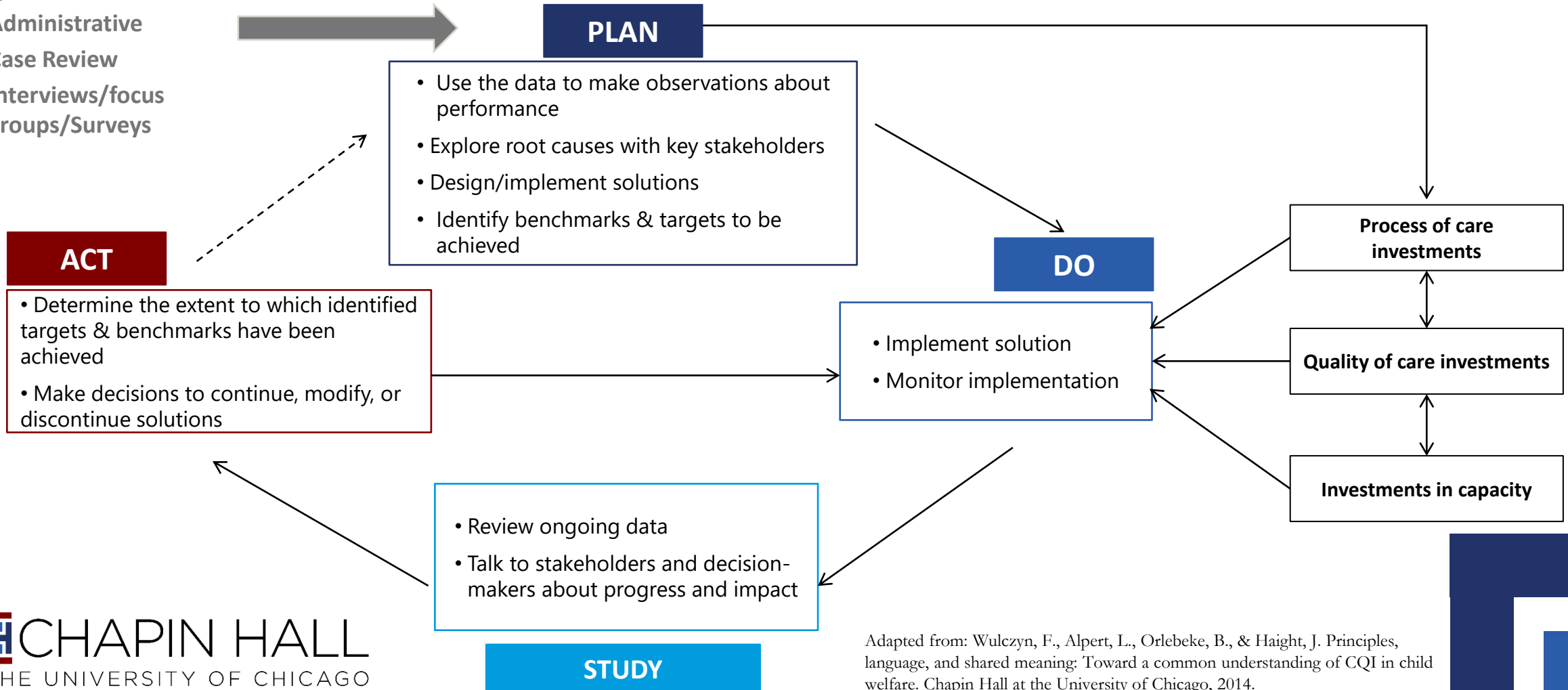
- Identifying gaps in performance and strengths to build on
- Understanding the underlying conditions and root cause
- Identifying potential solutions
- Testing a solution and revising the approach
- Using evidence (qualitative or quantitative) at each step of the process to support an observation, claim, hypothesis, or decision

Adapted from: A Guide to Build Capacity for Child Welfare Using the CQI Process, APHSA/NAPCWA National CQI Workgroup, 2014

Improvement Planning and Decision-Making Using the PDSA

Data:

- Administrative
- Case Review
- Interviews/focus groups/Surveys



A Few Other Approaches...

- Four Disciplines of Execution (4DX)
- Data-Driven Decision Management (DDDM)
- Results-Based Accountability™
- Lean/Six Sigma

ARE YOU AWARE OF ANY OTHER PERFORMANCE IMPROVEMENT METHODS?

An Improvement Process Is Driven by Evidence

How Do I Know it is Evidence?

- Reports give us data but not all data is evidence. Evidence is “making meaning” of data.
- Evidence is information that is used to support a claim, an assertion, a decision or observation.
- Evidence answers the question, “How do you know?”
- Show the data with context - Evidence to build improvement

Where is Evidence Found?

- Case-level administrative data (e.g., intake data, assessment, service plans, service delivery, etc.)
- Organization-level administrative data (e.g., staffing levels, trainings, court mandates, etc.)
- Survey, Focus groups, Stakeholder Interview Responses
- Social science literature
- Research regarding best practice and strategies

Adopting a Model and Process for Improvement

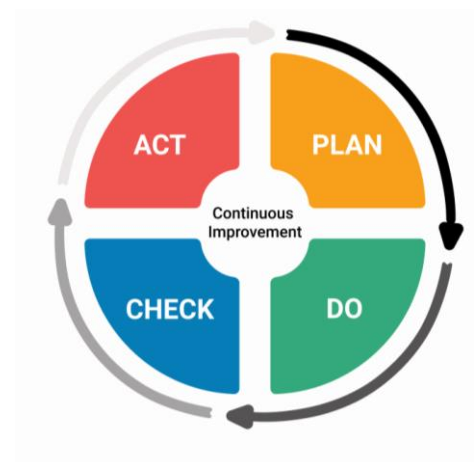
5 Fundamental Principles

1. Know why improvement is needed
2. Establish a feedback mechanism
3. Develop an effective change
4. Test change BEFORE implementation
5. Know when and how to make the change permanent

Start with 3 Questions

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

Langley, G. et al. The Improvement Guide, 2nd Edition, 2009



Model for Improvement



The PLAN Phase

TASK 1: We observe ... [some outcome that we want to improve].

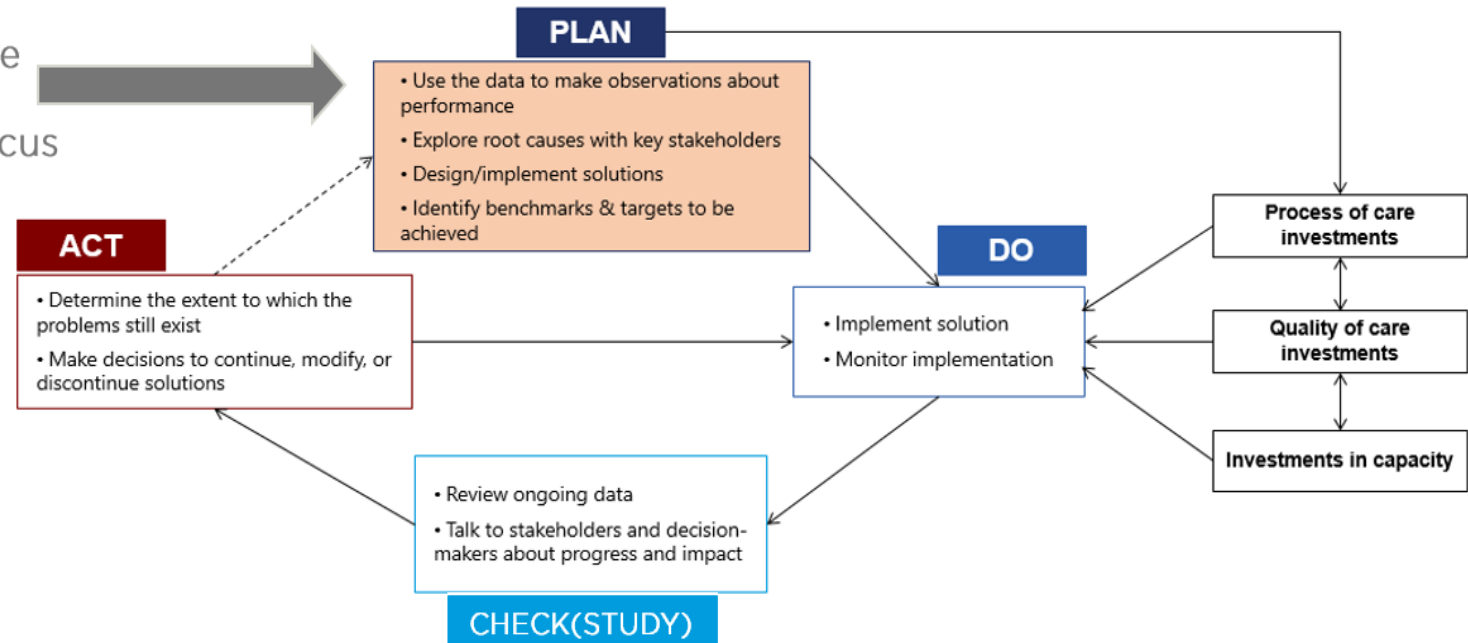
TASK 2: We think it's because of ... [this reason].

TASK 3: So we plan to ... [implement this action plan/solution/intervention].

TASK 4: Which we think will result in ... [an improved outcome].

Data:

- Administrative
- Surveys
- Interviews/focus groups



The PLAN Phase

TASK 1: - “We observe that...” [some outcome that we want to improve].

- Define the problem
- Make observations from the data about the problem you are trying to solve - what is the analyzed data saying about the outcomes and goals you are concerned about.

The PLAN Phase

TASK 2: - “We think it’s because of...” [this reason].

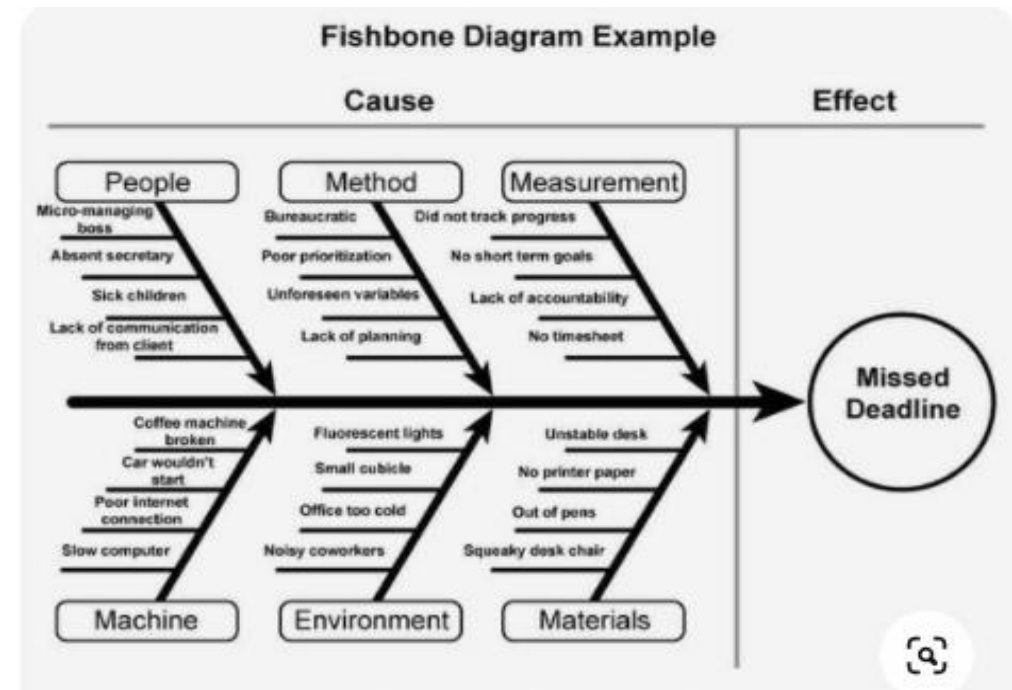
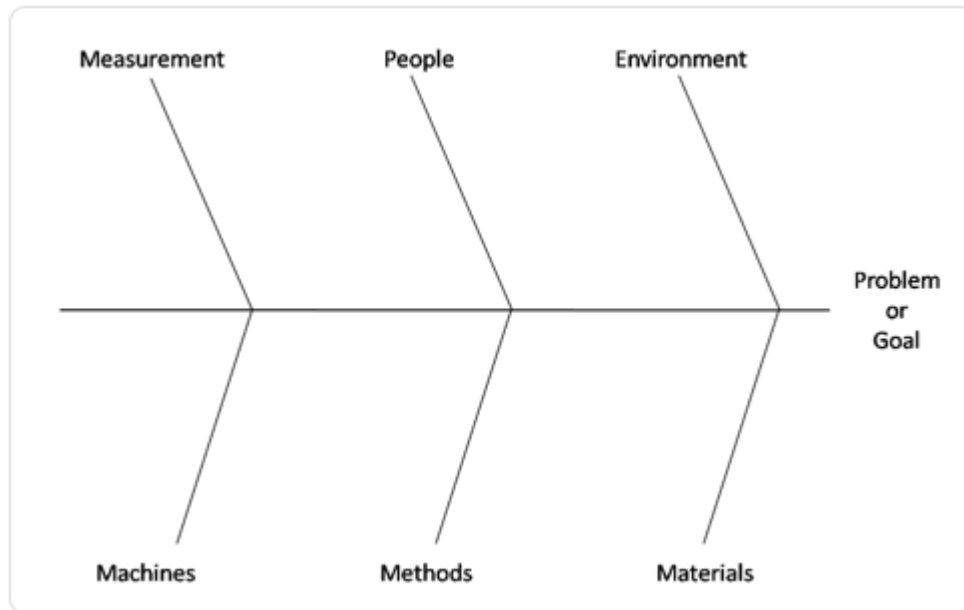
- Think about possible causes
- Be intentional about having meaningful conversations, with all the right stakeholders at the table to hypothesize about possible causes of variation, problems, under performance...

Understanding Underlying/Root Causes

- Where might these conversations happen at your organization?
- Who should be involved?
- What tools can be used to facilitate this type of conversation (for example - 5 Whys, Fishbone diagrams, process mapping)

Root Cause Analysis Tools

- Fishbone/Cause & Effect/Ishikawa Diagram

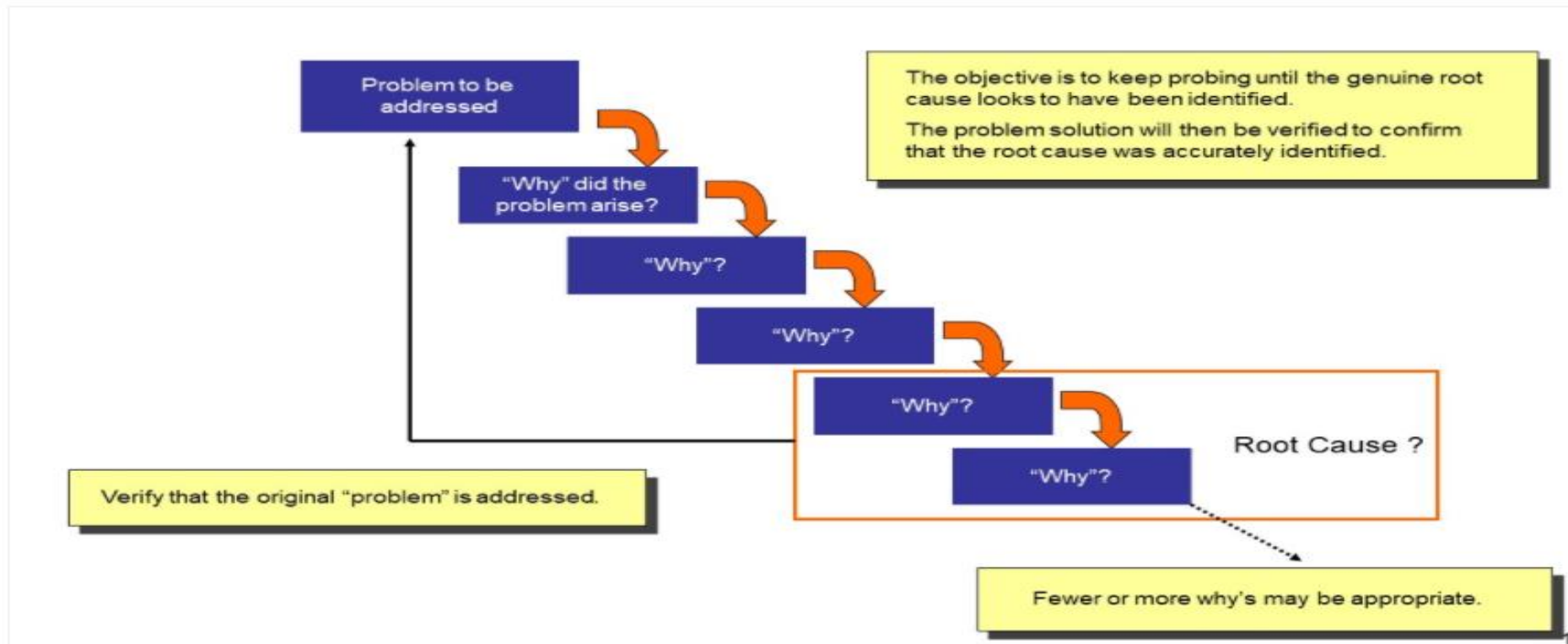


Root Cause Analysis Tools

• 5 Whys

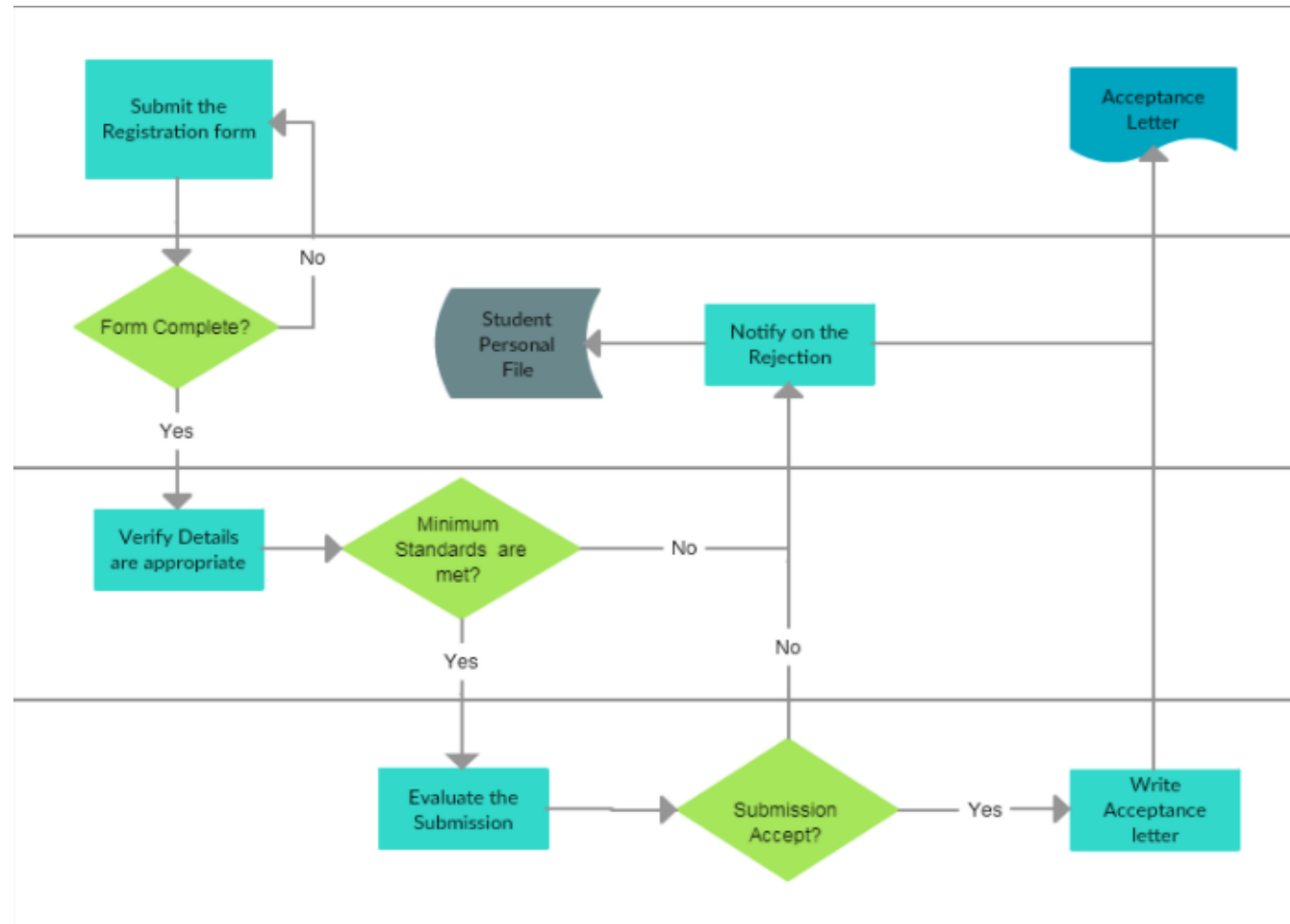
The benefits of 5 whys analysis include:

- Simplicity, i.e this is not a highly technical process, can be understood by all and yet is highly effective.
- Is a process which helps identify the root cause of a problem.
- Can lead to an understanding of the relationship between different root causes of a problem.



Root Cause Analysis Tools

- Process Mapping



Re-cap-Reflections-Questions



The PLAN Phase

TASK 3: So we plan to [implement this action plan/solution/intervention]...

- Consider what “small test of change” will have the intended effect or change in performance (e.g., changes to business as usual to improve the identified outcome):
 - Process
 - Quality
 - Capacity
- What evidence supports potential solutions, strategies?
- Who else do you need to partner with to implement the small test of change to achieve the outcomes (clinical team, community providers)?

The PLAN Phase

TASK 4: Which we think will result in [an improved outcome].

- Set performances target(s) to monitor progress towards indicators
 - consider mandates, available resources, and organization's capacity to track performance
- Identify a “starting point”/baseline using initial observations and/or historical performance
- A baseline is the standard against which all subsequent changes are measured

Moving Forward: Shifting from **PLAN** to **DO**

The **PLAN** phase should result in:

- An **action plan** that outlines exactly what will be implemented to improve performance, it includes:
 - ✓ Who will be involved in implementing the small test of change (e.g. line staff, program managers)?
 - ✓ How long it will take to implement the change?
 - ✓ What resources will be needed?
 - ✓ Who will be responsible for leading and monitoring implementation?
- A **data measurement plan** outlining how change will be measured:
 - ✓ Data collection sources, baselines, targets and tracking mechanisms

PDSA Data Collection Plan

| Outcome | Indicator(s) | Strategy | Data | Metrics | | When will data be collected? | Who will collect the data? | How will data be collected? | How will data collection be monitored? |
|---|--|--|--|---|---|---|---|---|---|
| | | | | Baseline | Target | | | | |
| What overall changes do you want to make? | How will you know when you've achieved the outcome (lag measure) ? What will you measure that tells you if you are likely to achieve the outcome (lead measure) ? | What activities will you engage in to impact/influence the desired changes? Describe the strategies that will be implemented. | What data will you use to monitor progress toward the desired changes? List data sources. | What data has been/will be collected to give you a starting point? List data to measure against as you monitor progress toward the desired changes. | What is the desired level of achievement? Identify targets for test of change. | Describe the timing and frequency of data collection. | Identify who will be responsible for collecting the data. | Describe the steps that will be taken to implement the data collection. | Identify processes to monitor the data collection for quality, consistency, and alignment with target(s). |

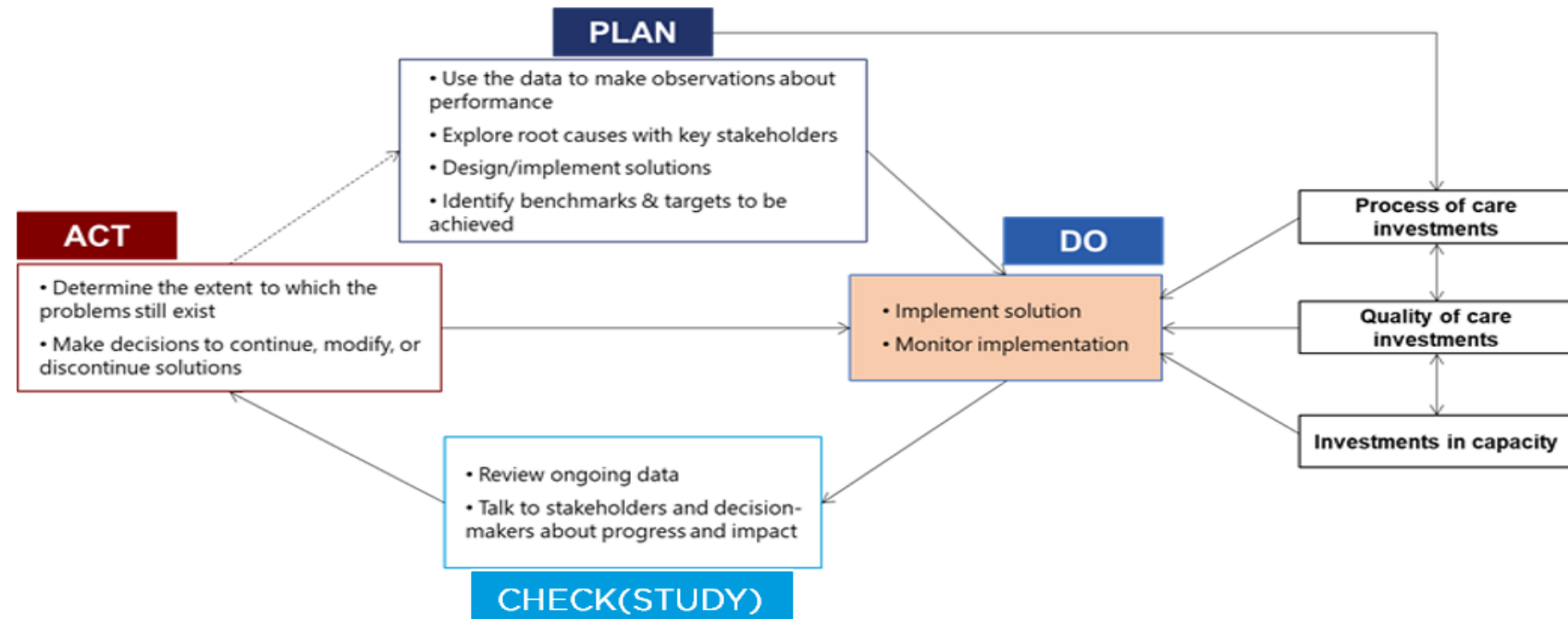
The DO Phase

Implement the small test of change

- Collect data

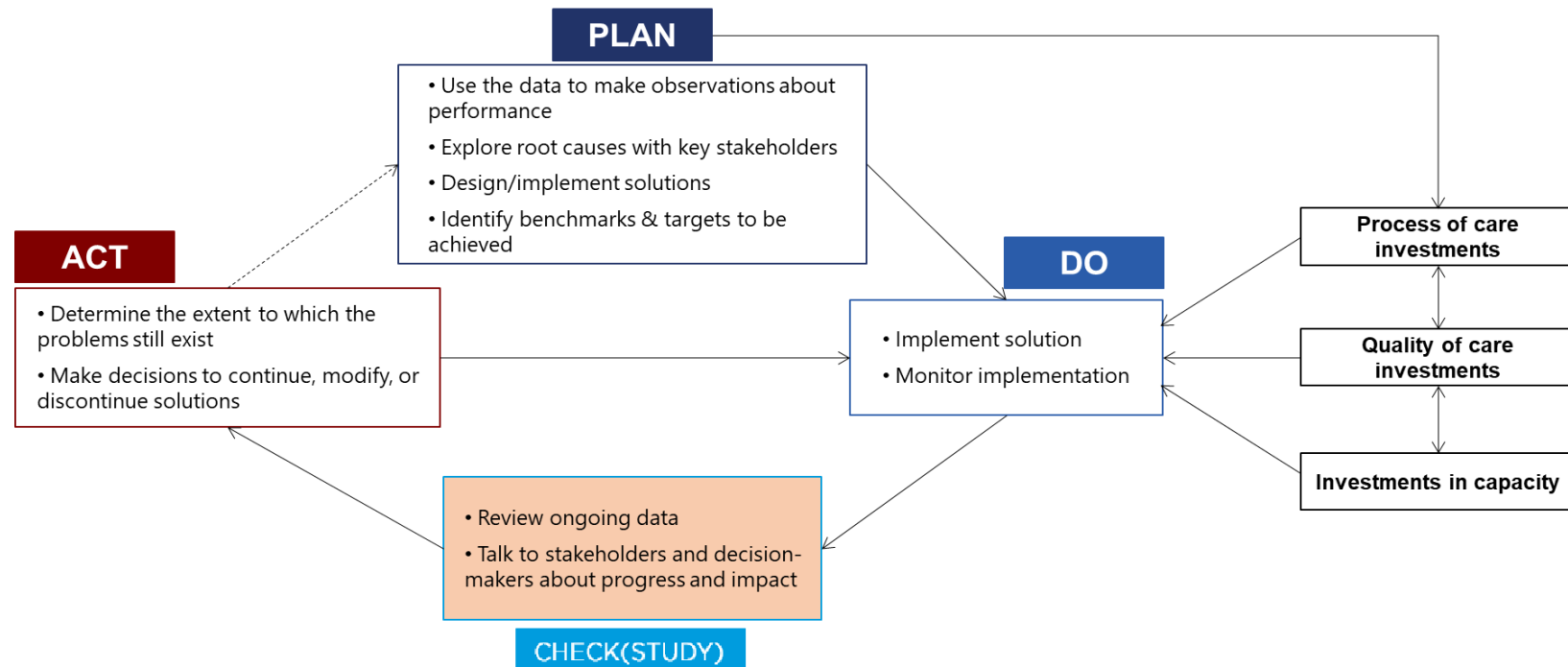
Monitor implementation

- Is the small test of change being implemented with fidelity



The STUDY Phase

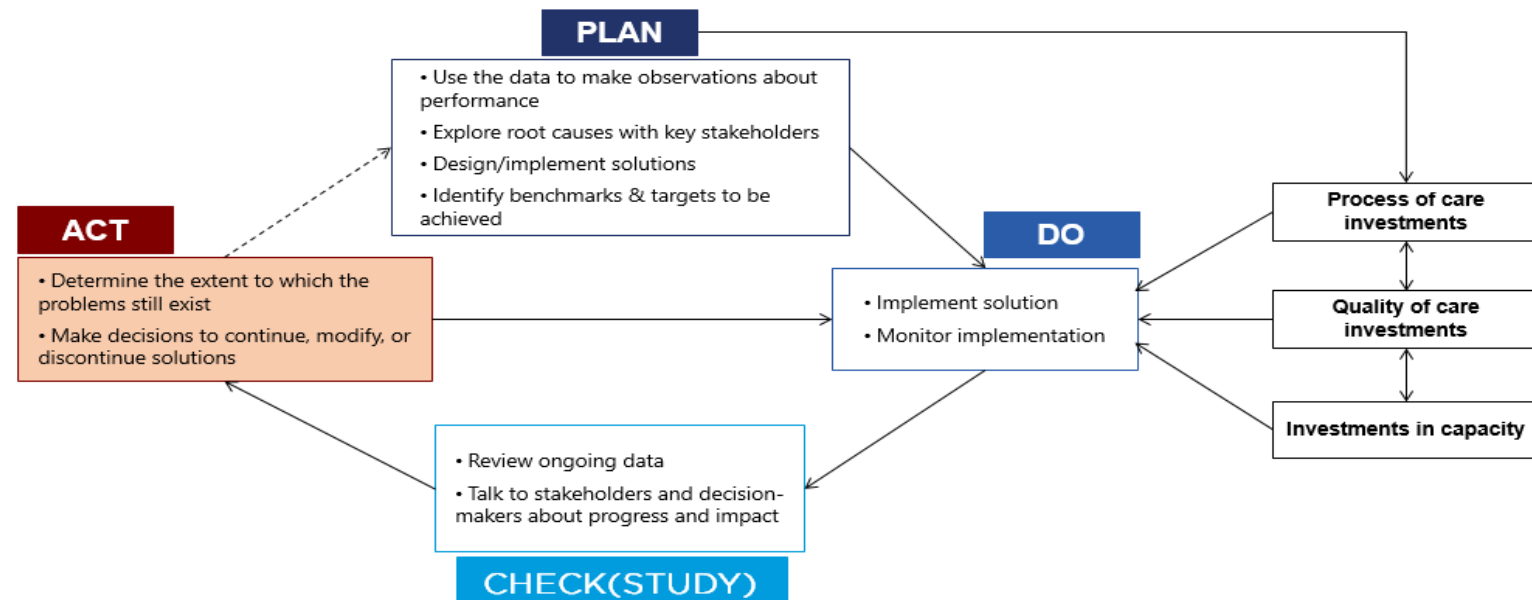
- Review collected data – does it make sense?
- Measure actual performance against the benchmarks and targets set in the **PLAN** Phase
- Was the “test” implemented with fidelity? How do you know?
- Share with stakeholders for feedback



The ACT Phase

- Confirm or refute the hypothesis.
- Determine the extent to which the problem still exists; is the intervention still needed?
 - ADAPT/MODIFY – Determine changes & run another “test” cycle
 - ADOPT/CONTINUE – Test on a larger scale
 - ABANDON/DISCONTINUE – Do not do another test

Prepare for the next PDSA...



PDSA Worksheets



Model for Improvement 3 Questions

| | Enter Comments / Ideas Below |
|--|------------------------------|
| 1. What are we trying to accomplish? | |
| 2. How will we know that a change is an improvement? | |
| 3. What change can we make that will result in an improvement? | |

PLAN (Task 1)

TASK 1: We observe that ... [what we want to improve]

| PDSA: PLAN | Enter Comments / Ideas Below |
|--|-------------------------------------|
| <p>TASK 1</p> <ul style="list-style-type: none">• <i>Restate what we have observed related to the Model for Improvement questions</i>• <i>Review data and put into context for planning the small test of change</i> | |

PLAN (Task 2)

TASK 2: We think it is because ...[this reason]

| PDSA: PLAN Task 2 | Enter Comments / Ideas Below |
|---|------------------------------|
| <p><i>Engage in an exploration of the possible causes of the issue we want to improve utilizing structured root cause analysis techniques</i></p> | |

PLAN (Task 3)

TASK 3: So we plan to ...[implement this small test of change]

| PDSA: PLAN Task 3 | Enter Comments / Ideas Below |
|---|-------------------------------------|
| <i>Describe the small test of change and the process for implementing the small test(s) of change</i> | |
| <i>How long and with whom?</i> | |

PLAN (Task 4)

TASK 4: Which we think will result in ...[an improved outcome]

| PDSA: PLAN Task 4 | Enter Comments / Ideas Below |
|--|------------------------------|
| <p><i>Indicate the expected improvement</i></p> | |
| <p><i>Compared to what? (baseline, benchmark, different group, etc.)</i></p> | |

DO

| PDSA: DO | Enter Comments / Ideas Below |
|---|------------------------------|
| <ul style="list-style-type: none">• <i>Execute the small test of change</i>• <i>Collect data</i>• <i>Ensure implementation goes according to plan</i> | |

STUDY

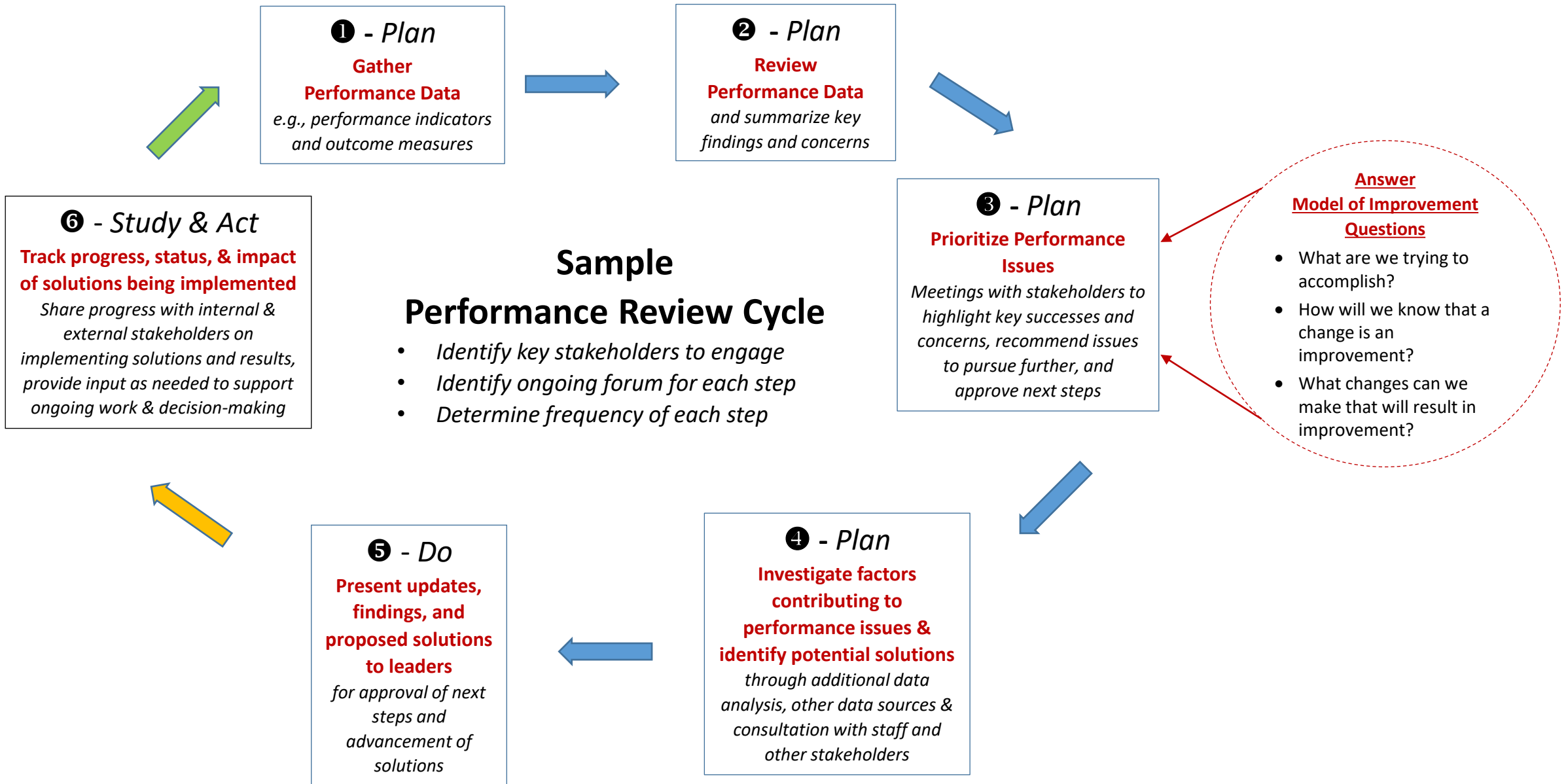
| PDSA: STUDY | Enter Comments / Ideas Below |
|--|------------------------------|
| <ul style="list-style-type: none">• <i>Monitor and measure the implementation of the change and the outcome(s)</i> | |

ACT

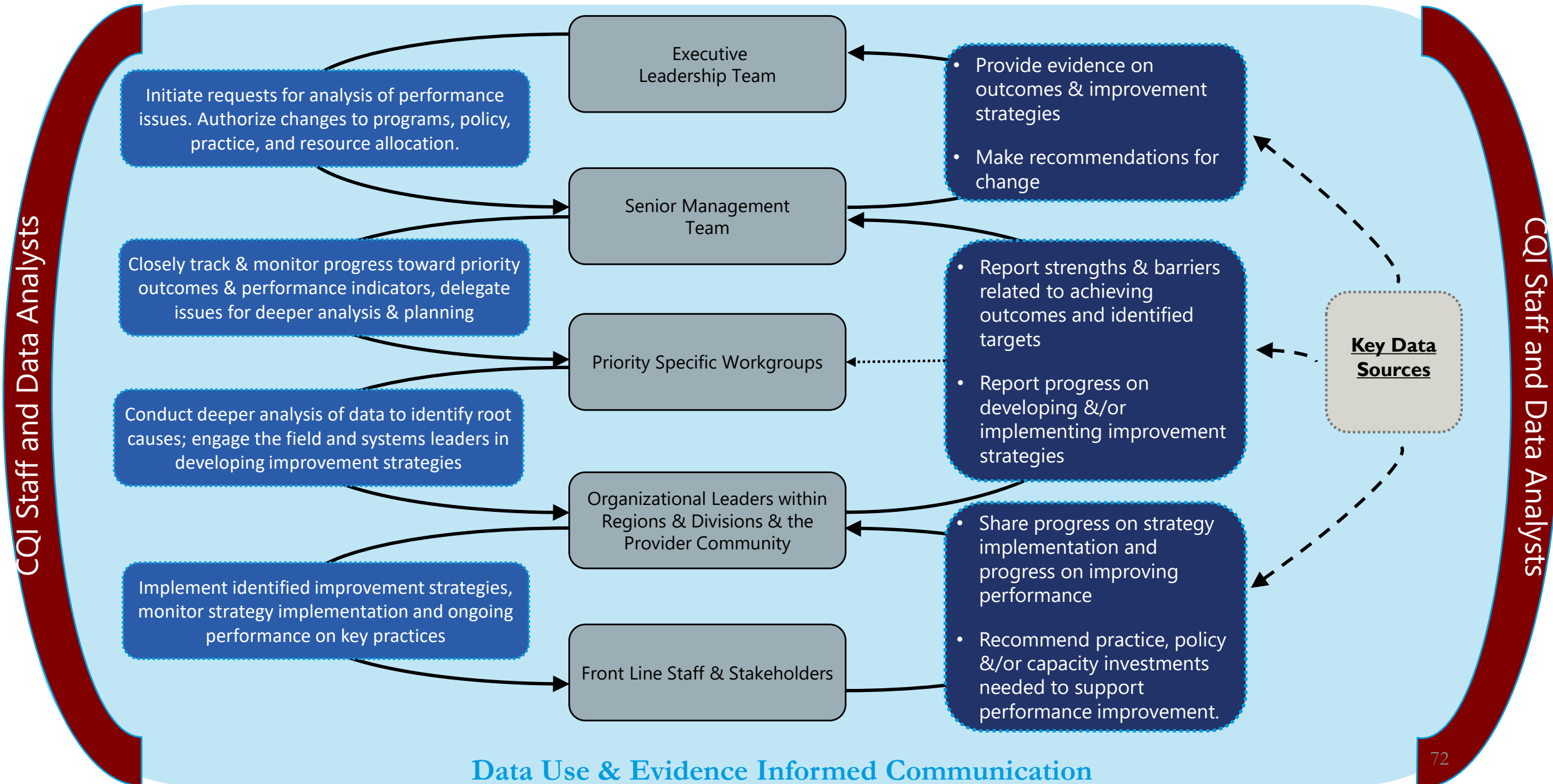
| PDSA: ACT | Enter Comments / Ideas Below |
|---|------------------------------|
| <ul style="list-style-type: none"><i>Use the information from the “study” phase to decide whether to adapt, adopt/continue or abandon/discontinue</i> | |

Re-cap-Reflections-Questions





Flow of Information & Activities within the CQI Process



CQI at ALL Levels of the Organization

Build capacity for staff to have a strong and actionable understanding of the core principles of CQI:

- Assess and leverage existing CQI methods and approaches.
- Define a common CQI language.
- Develop explanatory CQI materials; tailor materials to your audience and their roles/responsibilities.
- Define and assess the skills of key players in the improvement cycle

CQI at ALL Levels of the Organization

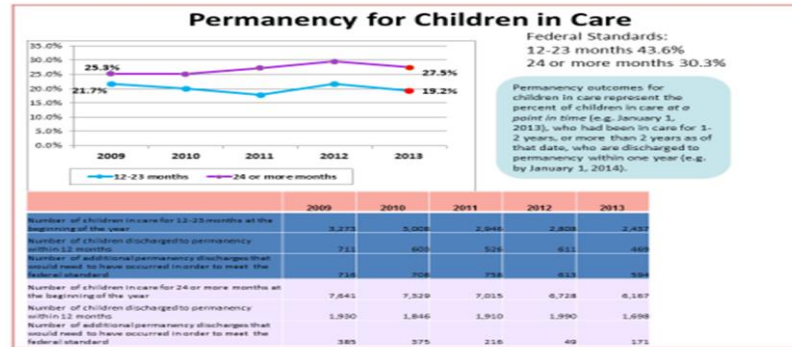
Build capacity for staff to have a strong and actionable understanding of the core principles of CQI, cont'd :

- Develop or enhance training curricula, learning modules and exercises for the development of applied knowledge of CQI.
- Develop tools to facilitate each step in the improvement cycle.
- Model and promote the value of using data and evidence to understand issues and monitor progress.
- Coach and mentor all levels of staff to participate in the CQI process.

Embedding CQI



Surveys & focus groups



Dashboards



CQI meeting



Coaching & mentoring

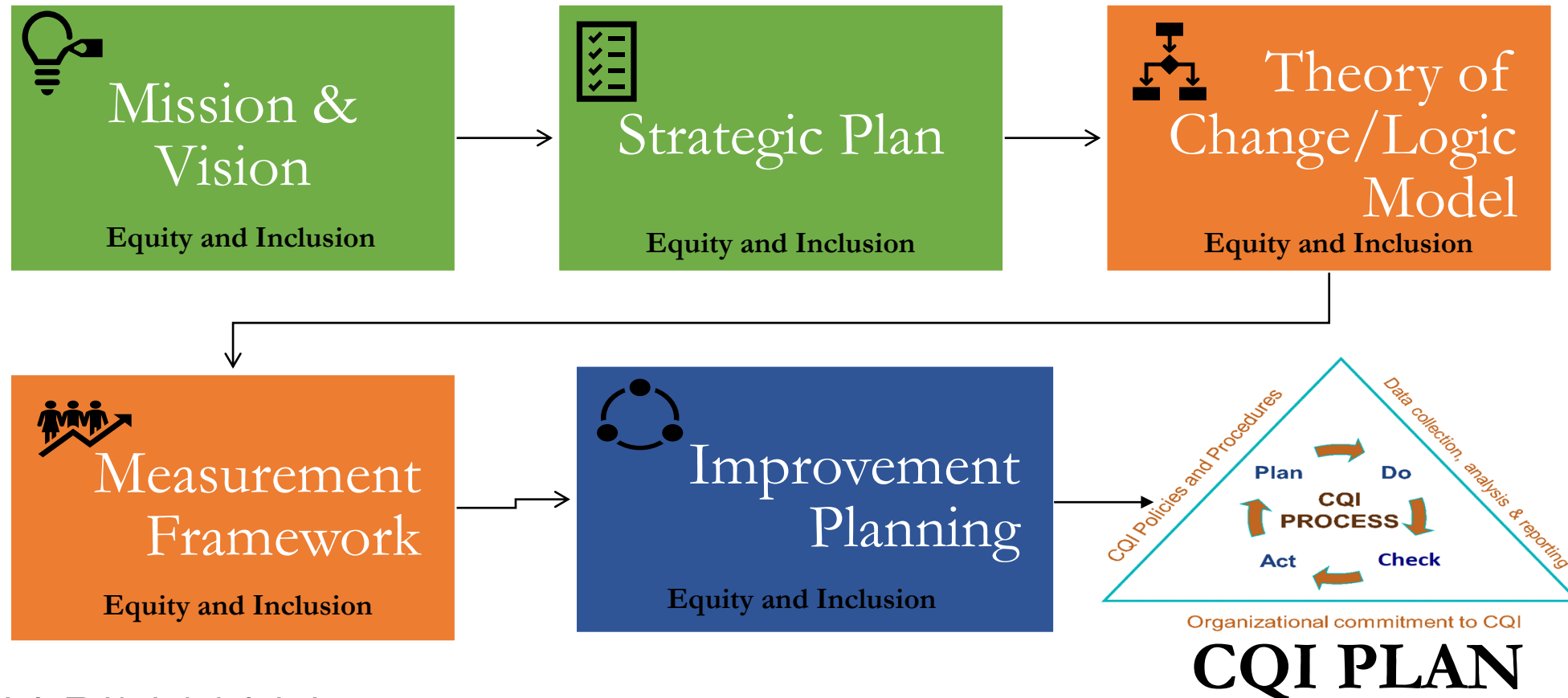


Organizational communication





The CQI Plan

- Articulates the organizations **approach** to QI
- Describes the CQI systems' **structure and activities**
- Defines **staff roles** and assigns responsibility for implementing and coordinating the CQI program
- Identifies performance and outcome **measures** at every level
 - ✓ Client
 - ✓ Program
 - ✓ Management
 - ✓ Regulatory requirements
- Describes **procedures for data** collection and aggregation (including case record review processes), and data review and analysis
- Outlines processes for **reporting** findings and **monitoring** results
- Describes the performance **improvement** cycle

Equity and Inclusion



Equity and Inclusion in CQI *(Resource in development)*

| FOUNDATIONAL CQI ACTIVITIES | RACE EQUITY STRATEGIES | OUTCOMES |
|--|------------------------|----------|
|  MISSION-VISION-STRATEGIC PLAN | | |
|  THEORY of CHANGE/LOGIC MODEL | | |
|  MEASUREMENT FRAMEWORK | | |
|  IMPROVEMENT PLANNING | | |





Mission-Vision-Strategic Planning

Race Equity Strategies:

- Build/expand partnerships across organizations to increase collective impact
- As part of the visioning work, ask the following questions (from Child Trends 2019, P.10, 11, 16):
 - How does the community like to be approached and what is the appropriate gateway? (For example, are there key community leaders who need to “give their blessing” for others to agree to engage?)
 - How do you refer to individuals in your setting?
 - How does the community view the issue or concern? Why?
 - What language does the community use to discuss the issue or concern?
 - How much time will key stakeholders need to invest in the CQI effort?
 - How will you compensate key stakeholders for the time they have invested?
- In a vision statement ensure race equity is clearly a strategic priority (Urban Institute, 2019; Dean-Coffey, Casey, & Caldwell, 2014)
- Establish an understanding of race equity and inclusion principles (RE Crosswalk Tool)

Potential Outcomes:

- Increased inclusion, empowerment, and representation of the subjects of research in the research process itself from start to finish.
- Reduced application of dominant/oppressor conceptual frameworks and values in evaluation and CQI activities.
- Increased substantive knowledge and awareness among policymakers about issues impacting BIPOC communities.
- Increased normalization of race equity consideration.



Theory of Change/Logic Model

Race Equity Strategies:

- Look to community organizers and other groups with strong ties to the community for insight and to foster understanding of the historical context impacting current social, political, and economic factors.
- Engage community in conversations around what issues need to be addressed and what data need to be collected and analyzed.
- Co-create a hypothesis based on your analysis and exploration of strategies. Think about how to include race equity strategies and provide targeted interventions that address racial bias.
- Use a race equity impact assessment to routinely evaluate decisions and process to ensure they continue to advance equity.

Potential Outcomes:

- Strategies will increase race equity across identified issues.
- Balance measures will be included to guard against unintended negative impact on any group.



Measurement Framework

Race Equity Strategies:

- As part of designing the data collection strategy (*from Child Trends 2019, P. 19, 22*):
 - Engage community stakeholders to understand what type(s) of data the community trusts.
 - Determine how the community likes to receive data and ensure the data accurately reflects their preferences
- Collect only what is necessary (Hawn, 2020)
- Include in the measurement plan a commitment and specific details about how results will be shared with the community and include their perspectives in interpretation of the results.
- What and whose mental models are the data and outcomes being interpreted through?
- How might implicit bias be affecting your analysis?
- Disaggregate data, so that variations in how different groups experience process measures or outcomes are transparent and able to be considered and discussed.

Potential Outcomes:

- Increased co-ownership of findings by diverse communities (The California Endowment, 2005)
- Increased representation of stakeholder voice and certain communities' experiences in the data being collected
- Increased power sharing
- Build data literacy amongst all partners (Hawn, 2020)



Improvement Planning

Race Equity Strategies:

- Attendance by individuals with lived experience at quarterly CQI meetings where root causes and solutions to performance issues are identified.
- Participants have an opportunity to provide insight into what may be driving factors behind the data and potential solutions based on their expertise and experiences with the system. Close feedback loops with participants to confirm how their feedback informed agency change efforts.
- Invest the time and energy needed to explore and understand the cultural context(s) you are working within for any CQI or evaluation effort (Stern, Guckenburg, Persson, and Petrosino, 2019; PPA, 2015; Child Trends Working Paper, 2019)
- Conduct race equity impact analysis for all policies and decision making (RE crosswalk tool)

Potential Outcomes:

- Increased transparency about race equity in findings and recommendations
- Increased capacity to contextualize CQI/evaluation decisions, activities, findings, and recommendations
- Increased appreciation for cultural differences
- Increased facility engaging in cross-cultural conversations
- Increased capacity to draw accurate conclusions

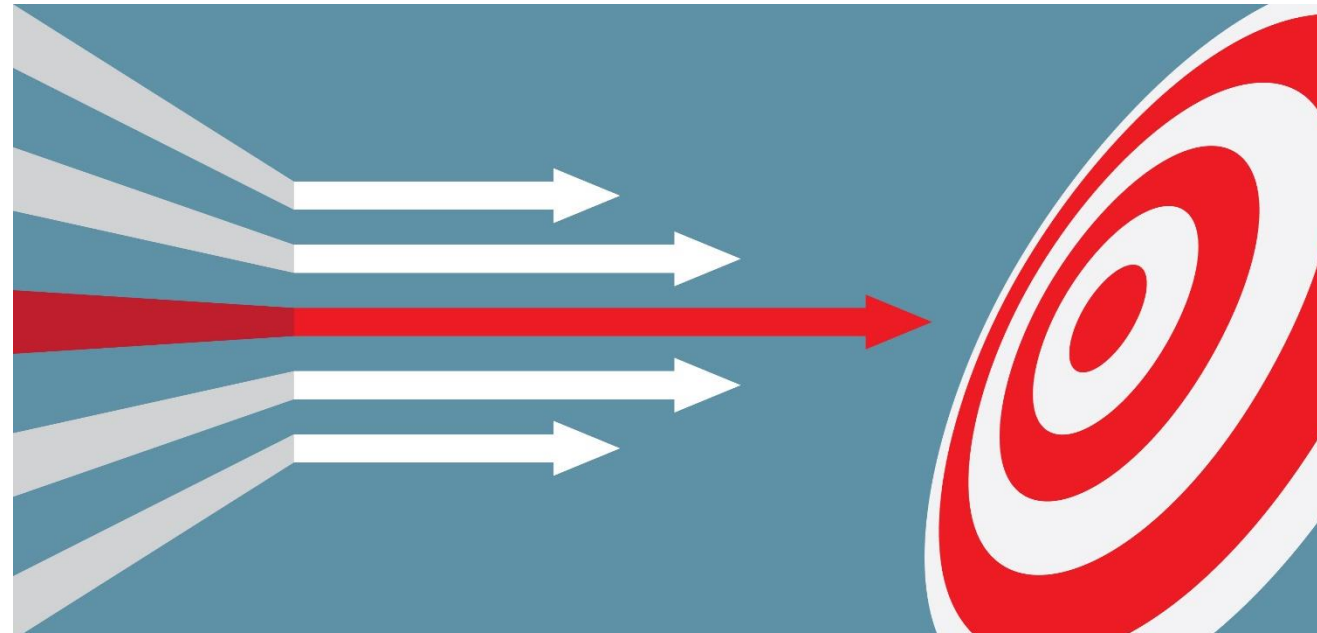
Re-cap-Reflections-Questions





What CQI Gets You

1. Understanding of how processes are performing/trending in service of outcomes
2. Early warning system for deteriorating trends
3. Continually improved performance
4. Drive for excellence
5. A line of sight



Why We're Here



Re-cap-Reflections-Questions



CHAT BOX QUESTION

- What can you do to be a champion of quality within your sphere of influence?
- What's the right next step for you in your CQI journey?

POST-SESSION Word Cloud Activity

What is the first word that comes to mind when you think of continuous quality improvement?



THANK YOU!!!!!!

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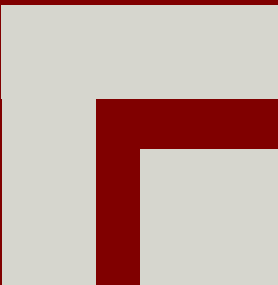
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Website: <https://cqi.cfrc.illinois.edu>



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