Iowa Maternal, Infant and Early Childhood Home Visiting Program

2020 Continuous Quality Improvement Plan

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Part 1. Updates on Prior CQI Activities since Last Update

1. **What was your CQI Topic(s)?**

   During the previous year (February 2019 through January 2020) Iowa continued implementation of a bottom up quality improvement process. In this process Local Implementing Agencies' (LIAs) themselves choose which topic area would be the focus of their improvement efforts, following local community partnership input. Quality improvement projects for the past year included the following

topics:

- Increase breastfeeding rates.
- Increase healthy homes.
- Increase safe use of car seats.
- Reduce unsafe infant sleep deaths.
- Increase healthy communities (offered but not chosen).

These topic areas were previously selected after the Iowa MIECHV program director led a series of listening sessions as a segment of monthly LIA calls to learn more about the barriers that families were facing and what LIA's would like to see in quality improvement efforts. This process allowed the topics to align with both local and agency level goals. Once a LIA had chosen a specific topic for their group, they were to provide background information, propose goals, and indicate data collection and measurement techniques around that topic area. These goals and objectives were required to be included in the LIAs' proposals for funding.

2. What was your SMART aim(s)?

Individual LIAs were to set their own group's goals and objectives as part of Iowa's plan to have local level groups drive the decisions about which topics were important to their community and what data could provide appropriate measures of success or suggest areas for targeted improvement. SMART objectives were not explicitly requested within the funding proposals for the LIAs, which is an identified area of improvement.

Many LIAs reported on success surrounding the chosen quality improvement topic area, however, success was most often reported as successful distribution of concrete resources or client trainings held, and not as progress made on specific SMART aims. Addressing additional LIA support around SMART objectives and CQI processes will be a priority for our current year CQI plan update. Progress has already been made from last year in that LIAs have received training around how to create SMART objectives to guide and refine their improvement work. LIAs learned how to write a global aim statement, then drill down their global aim in to a specific, SMART aim statement that describes how they intend to meet the global aim. LIAs learned how to write a SMART aim statement that is measurable, targets a specific population, describes the amount of time needed to achieve the aim, and provides the CQI team with clear, well-defined goals.

3. Did you meet your SMART Aim(s)?

The previous year's SMART objective cannot be said to have been met because appropriate SMART objectives were not established for the quality improvement topics at the local level, which didn't allow LIAs to monitor progress on their quality improvement topics in line with SMART components. This, however, does not mean that strong progress was not made in the quality improvement topic areas by each LIA. All LIAs reported at least partial success in providing targeted support around their chosen topic areas, which followed a model for improvement and a PDSA approach. LIAs identified the goal they hoped to accomplish, how they would identify improvements, and areas they would change to result in more improvements moving forward. This was captured in their funding proposals. Below are some the measures of success shared by each LIA during the previous year:

Prior year's CQI Topic Areas and Successes of LIAs:

MIECHV Contractor (LIA)	2019 CQI Topic Area	Demonstrated Success
Lee County Public Health (Lee and Des Moines Counties)	Safe Sleep and Breastfeeding	• 79 cribs w/ education materials distributed • Implemented safe sleep questionnaire with local referring hospitals • Interviewed parents on their planned use of safe sleep practices and supplied educational materials during local events • Distributed breast pumps to 20 families
Lutheran Services in Iowa (Clinton, Scott, Muscatine, & Cerro Gordo Counties)	Car Seat Safety & Healthy Homes	• Expansion of partnerships brought additional families to the program • Addition of more car seat technicians into the community • Provided 68 car seat checks/events • Provided 52 new car seats to families • Implemented new data system that resulted in more timely documentation and increased inter-agency collaboration
Operation Threshold (Black Hawk County)	Breastfeeding & Car Seat Safety	• 40 staff members including nurses, home visitors, WIC staff, and others attended a Healthy Homes training • 6 organizations represented in the CQI Healthy Homes project • 2 local hospitals and 1 maternal health clinic partnered with breastfeeding and car seat prevention education • 5 families/caregivers trained on-site in Healthy Homes • 1 training conducted by Black Hawk Health Department • 4 home visitor and parent educators certified as child passenger car seat technicians • Increased parent advisory meetings from quarterly to 6 times per year • Hosted and participated in 3 breastfeeding events, 2 car seat education events, and 2 Healthy Homes community trainings
Promise Partners (Montgomery, Page, & Pottawattamie Counties)	Healthy Homes	• Staff engaged with families to provide education on clean homes • Families self-reported that infant and toddlers were able to explore and socialize in the home environment • Families self-reported less cleanliness related stress

		• Families self-reported pride in owning a new vacuum • 97 vacuum cleaners distributed • 97 buckets of cleaning supplies distributed
SIEDA (Wapello and Appanoose Counties)	Healthy Homes	• Modified HUD Healthy Homes curriculum to meet needs of individual families served • 5 fire extinguishers distributed • 22 smoke detectors distributed • 18 carbon monoxide detectors distributed • 23 vacuum cleaners distributed • 25 air purifiers distributed
Siouxland Human Investment Program (transitioning to Woodbury County Consortium for new grant period) (Woodbury County)	Healthy Homes	• Developed and began implementation of pre/post survey for healthy homes • Created educational curriculum around health homes and indoor air quality impacts • 154 vacuums with filters distributed

4. What progress can you report from the CQI project?

The FY 19 CQI statewide topic of emphasis of increasing participation in the PICCOLO^{tm} parent child interaction tool was chosen after reviewing the previous year's MIECHV benchmarks during federal reporting and recognizing the need for improvement on that particular measure. Benchmark 10 Parent Child Interaction only achieved a 38% screening rate for families and was thus targeted as a benchmark where significant progress could be made. LIAs and home visiting clients were engaged to understand the barriers to participation and help suggest potential changes that could improve families' willingness to participate. After being targeted for a year, this topic saw a significant increase from a 38% screening rate in FY 18 to a 54% screening rate in FY 19. Although increasing participation in the PICCOLO^{tm} parent child interaction tool will no longer be part of the ongoing CQI process for FY 20, the continued improvement in PICCOLO completion will continue to be monitored at the state and local level.

Another example of progress in Iowa's goal of building a culture of quality with LIAs and home visitors was the continuation of the Performance and Education Yield Success (PAEYS) program. The program was initially implemented to decrease home visitor attrition but had a secondary benefit of increasing the importance of data completion and quality to home visitors. Reports were developed to allow home visitors to track their progress on data entry and completeness in this way monitoring their own performance. Home visitation staff continue to report increased engagement with data entry as a result of the programs continuance.

In addition to the success mentioned in the above table, progress was made in other areas related to the quality improvement topics within the state and at the local level. LIAs continued to be encouraged to include families in the quality improvement process. LIAs were to actively engage with families and community partners to help guide quality improvement projects at their agencies and determine the focus of that community's efforts including incorporating parents' feedback when making decisions.

During 2019 LIAs continued to maintain their own program specific data systems to house client level data for program purposes. These systems were utilized to track quality improvement topic relevant information in some cases. In addition, for tracking of state level benchmarks and data entry goals, LIAs had access to data collection and reporting tools via the DAISEY data system which was provided to all MIECHV programs throughout the state. DAISEY allows for near real time collection of data and visualization of the corresponding measures. Visualizations include both process measures, such as completeness of data entry, and outcome measures for variables collected in the system. Given that each LIA maintained their own program specific data system but all were using DAISEY for MIECHV benchmark data collection, DAISEY was targeted as a potential data entry point for CQI data moving forward into 2020.

Using DAISEY as a central entry point will allow for data collection in a more streamlined and timely manner while also allowing for the development of future data visualizations to help with CQI project progress monitoring. A centralized data entry point will also allow CQI training and technical assistance staff to have a single point of access to assist each LIA with any project or data concerns.

Additionally, the University of Kansas Center for Public Partnerships and Research (KU-CPPR) was engaged in FY19 to provide technical assistance for the purpose of improving agency and local level practices around CQI. KU-CPPR has extensive experience working on CQI projects and providing support to implementing agencies. Once KU-CPPR came on board LIAs established CQI Leads to be trained using the Case Western Reserve University: Take the Lead on Healthcare Quality Improvement online curriculum to help establish a baseline understanding of a structured CQI process while working with KU-CPPR on their projects moving forward. KU-CPPR and Iowa MIECHV then implemented new CQI-specific monthly calls to discuss components of the online trainings and updates to the CQI process for the coming year with the remainder of the meeting dedicated to addressing technical and additional training support needs. KU-CPPR will be retained to provide CQI TA and training for Iowa as well as working with individual LIAs who are experiencing challenges with their CQI topic area.

Monthly MIECHV contractor calls continued to be another component in which staff from all LIAs participated and where quality improvement topics were discussed. During these calls LIAs were required to report out on their quality improvement topic project and share any successes, milestones, or challenges that may have taken place. LIAs were able to openly discuss any issues in their quality improvement projects and receive ideas from other LIAs that may have experienced similar problems.

5. **Did you encounter challenges in the implementation of your CQI project (e.g., provision of organizational systems and support, engagement of families in CQI work, testing changes or interventions, using methods and tools, developing and implementing measurement and data collection, monitoring and assessing progress, etc.)?**

Challenges were encountered during the previous year's approach of implementing a bottom-up locally driven CQI approach and ensuring that LIAs had the structure and support in place to implement CQI projects using SMART objectives. In FY 19, Iowa CQI made the transition to a new CQI technical assistance team with KU-CPPR. The transition to a CQI-specific technical assistance team came out of Iowa's recognition of the need for more a formalized structure around CQI processes that are in line with SMART objectives. In the previous bottom-up approach LIAs had successes in improving quality at their programs but lacked the structured monitoring process needed to achieve a true CQI approach. KU-CPPR assisted Iowa in putting a structure in place for CQI projects, which included new topic selection using a democratic, bottom-up approach that aligns with HRSA MIECHV performance

benchmarks.

Another challenge encountered during the transition to a more structured CQI process was getting the LIA CQI leads to devote sufficient capacity to completing the online CQI training. While several CQI Leads were able to quickly complete the training, others had a more drawn out path to completing the training than was anticipated. Those who reported taking a longer time for completion admitted that they often did not prioritize the training enough and so ran out of time within their schedules to complete the modules by the suggested timeframe. While the online training was chosen in the hopes of creating less of burden on the CQI leads, a more efficient approach may have been to host an in person training where CQI leads could gather and complete the needed training is one session.

LIAs reported that the Healthy Homes topic presented the most challenges with implementation. At the local level, LIA leads also reported initial lack of engagement from home visiting clients to participating in the healthy homes quality improvement projects. LIAs noted a perceived futility in participation, since many families lack the resources to maintain clean living environments without external support. It wasn't until it was disclosed that home visitors could help support families in maintaining healthy homes by providing cleaning supplies as incentives for participation in the curriculum that family engagement in the project increased.

In FY 20 Iowa will focus more on engaging families in the early planning stages to promote a more bottom-up CQI approach, with robust family engagement and buy-in from the beginning of CQI work. It is desired that families are engaged earlier in the process of CQI so they're not just on the receiving end of service delivery but can also help drive programmatic changes leading to a positive impact on the CQI topic. Engagement early in the CQI process may also lead to increased program participation and feelings of empowerment.

6. Did you engage support from technical assistance providers (e.g., specialized coaching, training or sharing of resources) or participate in quality improvement learning opportunities or special initiatives (e.g., HV CoIIN or CQI Practicum) for the purposes of improving practices and methods related to CQI?

While Iowa did not participate in special initiatives such as HV CoIIN or CQI Practicums, KU-CPPR was engaged to provide additional technical assistance and training around CQI during FY 20, and all LIAs participated in an online training for CQI. LIAs also had access to state and regional TA support and participated in monthly check-ins with those support providers. In addition to the monthly check-ins, monthly "lunch and learn" learning opportunities were held in which outside experts would provide education/training around different professional and home visiting topic areas, some of which include elements of CQI processes. KU-CPPR also held monthly trainings and TA sessions for the DAISEY data collections system used by Iowa. These trainings included the basics of how to use and navigate reports, but also discussed using the data for programmatic improvement including missing data and scheduling.

KU-CPPR also began to conduct monthly check-in calls to work with LIAs at a foundational level to establish a more structured CQI topic and approach for FY 20 that is informed by the LIA's past performance data and improvement goals using a community driven, bottom-up approach. The calls provided a time for KU-CPPR and LIAs to discuss specific aspects of home visiting work that are relevant to CQI, which includes updates on the CQI process and changes that are being tested. The calls also offer educational support, additional training opportunities, and other technical assistance and

support as needed. While strides have been made to prioritize training and education, CQI specific training will continue to be a target of 2020's CQI plan.

In addition to the above changes, Iowa and KU-CPPR began participating in monthly calls with their HRSA project officer and HRSA contracted CQI liaison. In these calls Iowa was able to talk through difficulties with the current year's plan and gain advice for ways to move forward. Additional training and TA materials were provided to assist in Iowa's effort to improve their CQI practice.

7. What are you doing to sustain the gains from your CQI project (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.)?

LIAs will continue to provide on-going education and support with families on the previous year's quality improvement topic. Although FY 19 topics will no longer be part of the ongoing CQI process for FY 20, they will continue to be funded and reported on by LIAs to IDPH as part of their regular reporting process. In FY 20 LIAs will be re-focusing CQI topic selection to better align with HRSA MIECHV benchmarks. To ensure best alignment with benchmarks, topic(s) were re-selected to address the needs of the communities that are served through MIECHV home visiting. LIAs used FY 19 performance data on statewide MIECHV benchmarks captured in DAISEY to identify potential CQI topics for FY 20.

Training and TA on CQI will continue to be a focus with the hope that knowledge gained from trainings made in the previous year will continue to inform program practice not just for the current CQI topic but for other aspects of work at the LIAs. Iowa has made CQI TA a priority for the coming year with the hopes that those gains are also maintained at the state level.

8. Please explain the method(s) that you used to spread successful CQI activities to other LIAs? Please send as separate attachments any resources that were used to disseminate results.

The main vehicle for the dissemination of the lessons learned from the state and LIAs occurred during the monthly all LIA check-in co-hosted by KU-CPPR and Iowa support staff. LIAs provide regular updates during these meetings where they can discuss both successes and issues encountered in their quality improvement projects. This process was a major contributor in spreading information about successful programs that could be implemented in by other LIAs. This was especially helpful in the previous year as many LIAs shared healthy homes as a quality improvement topic.

LIAs also attend an annual conference, which can serve as a vehicle for lessons learned from quality improvement projects and an opportunity to provide additional educational workshops and engage in CQI related activities. All LIAs are required to submit a yearly report on their quality improvement topic and any successes and challenges that were faced. This is also an opportunity for the LIAs to provide the data they have collected as evidence of their program's progress. Finally, LIAs are also encouraged to share information about their programs success with the local community be it during interactions with clients or during participation in community events. At the state level success and barriers are shared at events such as ASTHVI and other regional state MIECHV calls.

9. What lessons learned will you apply to your FY 2020 CQI plan?

LIAs will take programmatic lessons learned and relationships developed over the course of the previous year and continue to use those in the following year. Recognizing that in the first year of

Iowa's effort to empower local CQI projects LIAs had difficulty in setting SMART objectives, additional training and supports will be put in place to assist LIAs in the establishing a structured CQI process. LIAs participated in the Case Western Reserve University: Take the Lead on Healthcare Quality Improvement course offered via Coursera as an introductory course on CQI structure and processes. LIAs are now well-equipped to apply their newly acquired knowledge to use data to inform CQI topic selection, setting SMART objectives, and setting up Plan-Do-Study-Act (PDSA) cycles to test changes. LIAs have already begun to use their new skills by examining benchmark data from FY 19 to discern which benchmarks should be the focus of FY 20 CQI project work.

Data systems in place for FY 19 were inadequate to capture data in a conducive way for a CQI project. Quality improvement topic data was being stored in program specific data systems, but not being transferred in to DAISEY until it was time to report quarterly or annually. This prevented LIAs from being able to adequately monitor their progress and see if the implementation PDSA cycles were making a positive impact on families served. Given that each LIA maintained their own program specific data system but were all using DAISEY for MIECHV benchmark data collection, DAISEY was targeted as a potential data entry point for CQI data moving forward into 2020. Using DAISEY as a central entry point will allow for data collection in a more streamlined and timely manner while also allowing for the development of future data visualizations to help with CQI project progress monitoring. A centralized data entry point will also allow CQI training and technical assistance staff to have a single point of access to assist each LIA with any project or data concerns.

Involving home visiting clients more with local CQI teams is an identified goal for FY 20. LIAs state that home visiting clients have indicated satisfaction with services but are not engaged in the early/planning stages of the CQI process, including CQI topic selection. In FY 20 Iowa will focus more on engaging families in the early planning stages to promote a more bottom-up CQI approach. It is desired that families are engaged earlier in the process of CQI so they're not just on the receiving end of service delivery. While LIAs reported that not all families were explicitly asked for their input on CQI topics, home visitors were attentive to needs that were expressed by families during home visits and centered CQI projects on these expressed needs. Despite families not being engaged the desired amount in the beginning stages of CQI planning, one LIA did report progress was made in gaining consensus and input on topic selection at the ground level. When community partners, which included parent groups, were looped in from the very start, the LIA reported greater success in narrowing down potential CQI project topics and building consensus.

10. What successful innovations, tested during the course of your project, could be shared with other awardees?

While innovations from specific LIA level CQI topics are not available to be shared with other awardees from the previous year, there are other examples of successful statewide innovations in which a CQI approach was used to pursue initiatives that support the broader work of home visitors. Examples of successful innovations for statewide initiatives during the previous year include the PAEYS project mentioned above, where home visitors who met specific educational and performance targets received a financial incentive.

LIAs also modified HUD Healthy Homes curriculum to provide a tailored response to the individualized needs of the families they serve. Other LIAs reported that engaging with community partners from the beginning of projects led to increased innovation. Having various stakeholders help narrow down the areas of community need was beneficial in selecting quality improvement topic with buy-in.

11. The following continuum[1] can help you assess your organization's current CQI capacity, with higher stages indicating greater CQI capacity.

Using the continuum provided and discussions amongst state and local staff members involved in the CQI process, Iowa determined that the state and LIAs had elements in place from all three stages but had more elements in place in stage 1, basic data collection and report usage, during the previous year.

Iowa has made more progress in securing elements of stage 2, which includes expanding data collection to cover a wider range of outcomes and expanding the MIS data system to be larger, more flexible, and multi-purpose, evidenced by modifications in data collection and management practices in DAISEY. Using DAISEY as a central entry point will allow for data collection in a more streamlined and timely manner, with reports being produced on a regular basis that are utilized to inform decision-making. A centralized data entry point will also allow CQI training and technical assistance staff to have a single point of access to assist each LIA with any project or data concerns.

Stage 3 has seen progress in that dedicated professional CQI staff from KU-CPPR are engaged and part of the team to provide support to LIAs. Increased engagement of home visiting families in CQI efforts is an expressed interest and identified goal for FY 20. Iowa anticipates progress in other elements of stage 3, as CQI leads are all now trained in CQI processes, with at least 1 staff member from each LIA having participated in the Case Western Reserve University: Take the Lead on Healthcare Quality Improvement course. This training provided LIAs with a foundational knowledge of CQI processes and will enable staff and LIA members to use the same language and material when discussing CQI needs.

For the revised plan this year Iowa would like to see the LIAs move to more fully incorporate the elements of stage 2 and those of stage 3, and for state and regional support staff to be able to provide support fully for the stage 3 level (Continuum provided in Appendix A).

Part 2. CQI Plan Updates for FY 2020

Awardee Level

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2020?

The table below has a list of recipient level personnel who will be working on CQI efforts with LIAs. In addition to the below staff, Iowa will be contracting with the University of Kansas Center for Public Partnership and Research (KU-CPPR) to provide TA and support around LIA CQI efforts.

State Personnel Assigned to CQI:

State Personnel	Experience w/ CQI	LIAs/CQI Team Supported
Anne Plagge IDPH	5 ½ years of CQI support work with LIAs, participated in online course Case Western Reserve University: Take the Lead on	Statewide CQI support; Contract Management for LSI & Woodbury County Consortium

	Healthcare Quality Improvement	
P.J. West IDPH	9 years of CQI support work with LIAs, participated in online course Case Western Reserve University: Take the Lead on Healthcare Quality Improvement	Contract Management for SIEDA & Operation Threshold
Kristy Roosa IDPH	4 years of CQI support work with LIAs, participated in online course Case Western Reserve University: Take the Lead on Healthcare Quality Improvement	Contract Management for Promise Partners & Lee County
Owen Cox KU-CPPR	7 years of community-based work implementing CQI and shared measurement initiatives, participated in online course Case Western Reserve University: Take the Lead on Healthcare Quality Improvement	Statewide CQI support
Marion Boyd KU-CPPR	Limited CQI experience. 7 months of work supporting LIAs to facilitate program fidelity and skill building, participated in online course Case Western Reserve University: Take the Lead on Healthcare Quality Improvement	Statewide CQI support

2. In FY 2020, will you make modifications to the method and/or frequency of CQI trainings you provide to local teams? This may include training to strengthen CQI competencies or to understand and interpret data collected for CQI projects.

In FY 2020 Iowa will continue to hold all of the previously held MIECHV related meetings, which include monthly check in meetings, monthly lunch and learn education/training sessions, and the annual LIA conference. In addition, LIAs also participate in 60 minute monthly check-in calls with KU-CPPR staff specifically focused on CQI. The bulk of the meetings will be focused on discussing updates on the CQI process and sharing changes that are being tested, with the remainder of the meeting being dedicated to additional technical assistance and training needs as they arise.

For FY 2020 Iowa boosted CQI training for local teams by requiring at least one member of the LIA CQI team to participate in an online CQI training course. Iowa chose the Case Western Reserve University: Take the Lead on Healthcare Quality Improvement course offered via Coursera as an introductory course on CQI for the LIAs. This web-based course allows the LIAs more flexibility from a time management standpoint to complete the necessary modules. All LIAs had at least one staff member participate in the

training during FY 2019. At the time of this report, 100% of LIAs have successfully completed training.

Training methods may be modified for FY 20 based on several factors. The selected course Take the Lead on Healthcare Quality Improvement provided LIAs with a strong introductory and foundational understanding of CQI, and a common language for the state and LIA staff to use when talking about CQI efforts both internally and with outside technical assistance providers, however, feedback from the LIAs on the efficacy of the course and course delivery was mixed. The selected course was specific to a medical practice setting, which made it challenging for LIAs to apply the concepts learned to their home visiting work. Moving forward, the state will modify training to pursue training materials that are more specific to home visiting. Additional feedback from LIAs indicated that an in-person training instead of online training may be would be more conducive to their learning. LIAs indicated that the hands-on support and direct feedback in an in-person training would help CQI concepts be more quickly mastered and readily applied to their project work. Iowa is exploring options for in-person training opportunities in FY 20.

3. Will you make changes in the level of financial support (e.g. allocation of resources and staff time at the state/territory level and allocation of staff time) for CQI in FY 2020?

There are no anticipated changes to the level of financial support for CQI in FY 2020. However, the allocation of staff time for CQI activities has been adjusted with the addition of KU-CPPR staff as CQI technical assistance providers. State staff FTE allocation is as follows: Anne Plagge .05 FTE, PJ West .01 FTE, Kristy Roosa .01 FTE. KU-CPPR will allocate staff time as Owen Cox and Marion Boyd at 1.0 FTE cumulatively for technical support and data analysis needs.

4. Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods in FY 2020 (e.g., HV-PM/CQI, HV CoIIN 2.0, HV-ImpACT, etc.).

KU-CPPR will be engaged to provide technical assistance for the purpose of improving agency and local level practices around CQI during FY 2020. KU-CPPR has extensive experience working on CQI projects and worked with Iowa for much of the previous year. KU-CPPR will work with LIAs to help refine their SMART objectives and implement appropriate data collection techniques and tools. Monthly LIA check-ins will continue to be hosted by state staff but will include KU-CPPR staff for assistance during the CQI portion of the meeting. KU-CPPR will also conduct additional hour long CQI-specific monthly calls to discuss updates on the CQI process and changes that are being tested, with the remainder of the meeting dedicated to addressing technical and training support needs. KU-CPPR will be retained to provide individual CQI TA on an as needed basis for LIAs who are experiencing challenges with their CQI topic area.

Iowa will also work with HRSA-contracted TA providers to ensure the CQI trainings and plans are in fitting with HRSA goals. KU-CPPR currently has monthly/regular check-in phone calls with HRSA technical assistance liaison Julie Leis to ensure that CQI trainings and plans are in fitting with HRSA goals. Iowa has identified CQI as one of their needed technical assistance topics with HRSA. The state will continue to search for opportunities to engage with technical assistance providers around CQI. This would include working with HRSA on LIA CQI objectives to ensure goals are created using the SMART objectives framework. Iowa will work with lessons learned from other providers (i.e., HV-PM/CQI, HV CoIIN 2.0, HV-ImpACT) as relevant for the project.

Local Level

5. Describe the resources and strategies in place to involve home visiting clients in local CQI teams.

LIAs are required to have a local advisory board in which a minimum of 51% of membership must be parents participating in the program. The local advisory boards are an avenue for parents to provide critical feedback to the program and the services provided. This feedback guides local programs in setting priorities for their CQI agenda. This participation includes helping LIAs determine which CQI topic area is most beneficial to the community. Increased family engagement will help build consensus on CQI topic areas that are important to individual communities, in addition to increasing buy-in for participation. Iowa is already seeing increased family engagement in CQI processes, as one LIA reported increased frequency of parent advisory meetings from 4 times per year to 6 times per year.

Home visiting clients will also be an important piece of the PDSA cycles. Clients will provide insight into successes and barriers at the ground level and suggest any changes that can create additional buy in. LIAs will share any lessons learned and suggestions from home visiting clients during the monthly all LIA check-in meetings.

Involving home visiting clients more with local CQI teams and early planning stages of a CQI project is an identified goal for FY 20. LIAs stated that home visiting clients have the ability to indicate satisfaction with services, but are not engaged in the CQI process, including CQI topic selection. In FY 20 Iowa will focus more on engaging families in the early planning stages to promote a more bottom-up CQI approach. Attention will also be given to ensure home visitors work with clients in ways that recognize different cultural backgrounds present in Iowa. KU-CPPR and Iowa state staff will engage with LIAs and home visitors to generate ideas on how to increase family engagement in the CQI process and provide hands on support to implement their ideas.

6. Describe the extent to which local implementing agency (LIA) management will support direct involvement in CQI activities and allocation of staff time (for those LIAs participating in CQI efforts).

All LIAs will have a staff person who is responsible for managing their group's CQI efforts and reporting those efforts back out to the state and other LIAs in Iowa. These individuals will be responsible for working with state staff and KU-CPPR on developing and implementing their CQI plans at the local level. They will also be responsible for integrating home visiting clients into the CQI process and incorporating their feedback into CQI plans and changes.

LIAs Staff Assigned to CQI and Time Allotment:

LIA Name	Staff Role Assigned to Manage CQI	Time Allocated to CQI
Lee	Program Supervisor	7-10%
LSI Eastern + Cerro Gordo	Project Manager, Early Childhood	7-10%
Operation Threshold	Director, Early Learning and Family services	7-10%
Promise Partners	Early Childhood Coordinator	7-10%
SIEDA	MIECHV Supervisor	7-10%
Woodbury County Consortium	HOPES Family Support Worker	7-10%

7. Have modifications been made to financial support for CQI, including allocation of resources and staff time

at the LIA level?

FY 19 CQI topics will not be funded as a part of the CQI allotment from MIECHV funds for FY 20. Instead, Iowa will fund a single statewide CQI topic of emphasis selected via democratic process by LIAs for FY 20. There are no anticipated changes to the level of financial support provided to the LIAs for CQI in FY 20.

CQI Priority(s)

8. Will topic(s) of focus for each LIA participating in CQI change from your FY19 CQI plan?

Iowa will focus on a different statewide topic of emphasis in FY 20. Iowa and KU-CPPR in consultation with HRSA reviewed the benchmark reports determine which benchmarks have the greatest opportunity for improvement and were most conducive for a CQI project. To keep the process locally driven, LIAs, in consultation with Iowa and KU-CPPR, narrowed down the topics to 4 benchmarks. Below is the topic list recommended by the state of Iowa in consultation with HRSA along with goals of each benchmark topic:

- Tobacco Cessation Referrals – increasing the amount of referrals for tobacco cessation counseling or services
- Increase positive Parent-Child Interaction –increasing the amount of completed PICCOLOs
- Increase Completed Depression Referrals –increasing amount of completed referrals for caregivers who screen positive for depression
- Increase Safe Sleep Practice—increasing number of infants who are always placed to sleep on their backs without bed-sharing or soft bedding

To determine which topic would be the statewide topic of emphasis for FY 20, each LIA voted on their first preference for CQI topic using a ranked choice voting ballot. Ultimately, CQI leads voted for Benchmark 7, Safe Sleep, as the FY 20 statewide topic of emphasis. Benchmark 7 Safe Sleep reported in FY 19 that only 28% of infants were always placed to sleep on their backs, without bed-sharing or soft bedding making an ideal topic for improvement. KU-CPPR engaged with LIAs to better understand the barriers to not achieving a higher percentage on this benchmark in order to suggest potential changes that could improve data collection and reporting on this benchmark.

The process of community driven topic selection will hopefully lead to additional buy-in at the local level as LIAs and clients feel more ownership over the topic areas and recognize them as areas of important focus in their community. Newly developed SMART objectives by LIAs with the support of state staff and KU-CPPR will bolster the LIAs ability to develop their CQI processes. State staff and KU-CPPR will provide written feedback to each LIA on their CQI plan. The table below is a comparison list the of CQI topic areas chosen by each LIA for FY 19 and FY 20.

Locally Driven CQI Topics for FY 2019 and FY 2020:

MIECHV Contractor	**FY 19 Topic Area**	**FY 20 Topic Area**
SIEDA	Healthy Homes	Safe Sleep

Operation Threshold	Healthy Homes, Car Seat Safety & Breastfeeding	Safe Sleep
Lee	Breastfeeding & Safe Sleep	Safe Sleep
LSI Eastern + Cerro Gordo	Healthy Homes & Car Seat Safety	Safe Sleep
Promise Partners	Healthy Homes	Safe Sleep
Siouxland Human Investment Program/Woodbury County Consortium	Healthy Homes	Safe Sleep

In addition to working with the LIAs to establish a locally driven CQI topic, Iowa is committed to utilizing its CQI plan to help drive health equity goals. The CQI team will begin conversations with the Title V Health Equity Advisory Board to help direct and provide feedback on work related to the promotion of safe sleep in underrepresented populations. The Health Equity Board was created as a component of the most recent Title V Needs Assessment to gather in-depth information on underrepresented populations in Iowa. The Health Equity Board is made up of individuals from the following priority populations:

1. African American, Black or African
2. Asian or Pacific Islander
3. Fathers
4. Hispanic or Latinx
5. Lesbian, Gay, Bisexual, Transgender, Queer, Intersex plus (LGBTQI+)
6. Native American or Alaska Native
7. Persons with Disabilities
8. Refugees or Immigrants

This board provides key insight into underrepresented populations and will serve as a collaborator and sounding board for the CQI team in the promotion of safe sleep practices. This group may also provide feedback and guidance on innovative ways to connect with underrepresented populations to share safe sleep information in a culturally sensitive way.

Goals and Objectives

9. Will LIAs modify current SMART Aim(s) for the CQI projects underway for FY 2020?

SMART objectives for CQI projects will be modified in FY 20 since the CQI topics have changed from the previous year. During the previous year LIAs made tremendous progress on their quality improvement topic areas, however, most LIAs had difficulty putting together SMART objectives and instead focused more on evaluation question type goals that are often difficult to measure. A renewed focus will be put on supporting and assisting LIAs on the CQI process and the setting of strong SMART objectives. Both LIAs and the state as a whole will have an overall goal of the increasing performance on Safe Sleep practices, but LIAs will have the opportunity to set a local SMART aim based on their community's past performance. This process will still be driven from the local level up as Iowa remains committed to having local communities determine what are the best aims for efforts, but more assistance will be provided to ensure LIA success.

A statewide SMART goal will be created for Safe Sleep, and LIAs set a local SMART aim based on their individual community's performance on the Safe Sleep benchmark. While the 2 of the LIAs set objectives

slightly lower than the Iowa statewide objective because of their past performance, IDPH and the CQI TA support team will work with both of those LIAs specifically to increase their performance and ensure that Iowa hits the statewide objective. See table below for SMART objective and methods used to monitor progress.

FY 2020 Statewide CQI Objective:

SMART Objective	**Methods/Tools**	**Data Collection**	**Data Review & Interpretation**
Iowa-MIECHV funded programs will increase the percent of infants 0-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding from 28% to 60% by the end of 2020.	State staff and KU-CPPR will partner with LIAS to create a process map to determine key activities and pinpoint possible areas of change. PDSA cycles will be used to implement and test changes. Possible changes could include targeted trainings on how to talk to families about the importance of Safe Sleep practices, and additional staff support for data management. LIAs will work with state staff to determine changes that they feel will work best in their community.	Home visitors will collect and enter information concerning Safe Sleep to the DAISEY data collection site. Data on the Safe Sleep will be aggregated by DAISEY to produce real time reports that are pulled by state staff.	State staff will present reports on families educated on Safe Sleep practices during the monthly check-ins attended by all LIAs, state staff, and KU-CPPR. Any successes or barriers that were encountered with implementing changes will be discussed during the check-in. Trends in the data will be reviewed and any contextual factors that may have occurred during the data collection timeframe will be discussed. If LIAs are experiencing problems achieving progress additional support will be setup with state staff and KU-CPPR.

FY 2020 LIA Specific SMART Objective:

LIA	**SMART Objective**
Lee County Public Health	To increase the percent of infants 0-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding from 32% to 60% by the end of 2020.

LSI Eastern + Cerro Gordo	To increase the percent of infants 0-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding from 20.8% to 60% by the end of 2020.
Operation Threshold	To increase the percent of infants 0-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding from 20.8% to 50% by the end of 2020.
Promise Partners	To increase the percent of infants 0-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding from 24.6% to 60% by the end of 2020.
SIEDA	To increase the percent of infants 0-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding from 7% to 40% by the end of 2020.
Woodbury County Consortium	To increase the percent of infants 0-12 months who are always placed to sleep on their backs, without bed-sharing or soft bedding from 30.8% to 60% by the end of 2020.

Changes to Be Tested

10. What changes will teams test out to achieve the goals and objectives of the CQI project? If your changes need further input and development, describe how you will accomplish that.

Changes for the FY 20 CQI topic will be determined by LIAs and reviewed during the monthly check-ins. State staff and KU-CPPR will provide feedback on goals and help monitor progress. For the state driven CQI project on increasing Safe Sleep practices, changes will be locally driven based on the individual needs of the local community. Examples of changes to be tested include targeted staff training on how to educate the family on Safe Sleep practices, dedicated staff for data entry, and modified data collection practices. Additional changes will be tested out as the state and LIAs partner to review successes and any additional roadblocks that are encountered.

Through conversations with LIAs, it was learned that data collection practices will need to be changed in order to achieve the goals of increasing Safe Sleep practices in Iowa. Safe Sleep is a benchmark that is only reported on the annual report, and the data collected is not being regularly updated and stored in DAISEY until it is time for annual reporting. The most up to date data on Safe Sleep at any given time is collected and stored in a paper folder that home visitors take to visits with them. In order to monitor progress on Safe Sleep goal and to implement and monitor PDSA cycles, data will need to be collected more frequently and stored in a safe, central, electronic location. KU-CPPR will create a home visiting form in the DAISEY system that captures Safe Sleep data from every single home visit. This will allow LIAs to measure the progress made on their chosen SMART objectives in nearly real time, allowing them to monitor and make course corrections immediately, if needed.

Additionally, Iowa will continue the effort of delivering culturally competent/sensitive services to families who participate in home visiting, Iowa will strive to recognize differences in cultural norms in infant sleep practices. Many Iowa communities are a constellation of diverse identities, including different cultures, language, and racial and ethnic identities. These differences make our communities stronger, and more vibrant. Learning from the families about norms in infant sleep will help guide home visitors in the small-scale changes to provide more sensitive and tailored home visiting experiences to the families they serve. An example of this might be a culturally specific/tailored educational materials about safe sleep practices.

Methods and Tools

11. Identify the CQI tools below that will be utilized by LIA teams in FY 2020.

LIAs will work with state staff and KU-CPPR to develop process maps to plot how their activities and inputs will lead to the desired objective. LIAs will be provided support to ensure that the steps and logic of their process map are appropriate and achievable. Run charts will also be developed based on the new data collection process to allow effective and increased monitoring of progress. CQI-specific calls conducted monthly by KU-CPPR will be a dedicated space to review process maps and discuss if PDSA cycles are yielding desired results.

12. Identify the methods below that will be utilized by LIA teams in FY 2020.

PDSA cycles will be utilized at the state and local levels. LIAs should incorporate PDSA cycles into CQI process to test any changes that are proposed and implemented. These changes should be tested over short timeframes and results can be shared at the monthly LIA check-in calls. CQI specific check-in calls will be a dedicated CQI exclusive space for LIAs to share which changes are yielding desired results, and if not, how to respond/course correct to implement something that might work. Calls will be an important method of dissemination and communication tool between the LIAs, KU-CPPR, and the state.

Measurement and Data Collection

13. Will you make changes in CQI data systems at the local level, including plans for how CQI data will be collected in an appropriately frequent manner (e.g., monthly) in FY 2020?

LIAs will continue to utilize their program specific data systems and DAISEY as they have in previous years for collecting data on statewide CQI initiatives, with modifications to suit the needs of data collection for the statewide topic of emphasis, Safe Sleep.

KU-CPPR engaged with LIAs to learn their current data collection and management processes for safe sleep. Safe Sleep is a benchmark that is only reported on the annual report, and the data collected is not being regularly updated and stored in DAISEY until it is time for annual reporting. The most up to date data on safe sleep at any given time is collected and stored in a paper folder that home visitors take to visits with them. In order to monitor progress on safe sleep goal and to implement and monitor PDSA cycles, data will need to be collected more frequently and stored in a safe, central, electronic location. KU-CPPR will create a home visiting form in the DAISEY system that captures safe sleep data from every single home visit. This will allow LIAs to measure the progress made on their chosen SMART objectives in a nearly real time frequency.

14. Will you make changes in the mechanisms available to CQI teams and home visitors at the local level to track progress, determine if change ideas tested result in improvement, identify the need for course corrections, and use data to drive decision making in FY 2020?

Changes to how CQI teams and home visitors track progress will be in the form of the updated DAISEY home visiting form. The home visiting form will be a set of questions that the home visitor asks the family during each visit and will be updated in DAISEY after each visit. The frequency of this data reporting will

result in a nearly real time data collection of how safe sleep benchmark is performing, which will allow LIAs to monitor the implementation of their PDSA cycles and to identify the need for course corrections as needed. Using DAISEY as a central entry point will allow for data collection in a more streamlined and timely manner while also allowing for the development of future data visualizations to help with CQI project progress monitoring. This centralized entry point will also allow CQI training and technical assistance staff to have a single point of access to monitor and assist each LIA with any project or data concerns.

Sustaining the Gains

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

LIAs will work with state staff to evaluate which LIA implemented changes have shown measurable gains. Once promising programmatic changes are identified, LIAs will work with state staff to create systematic implementation plans with the LIAs to ensure that the gains continue to be realized. Ongoing data collection and monitoring in DAISEY using the home visiting form will continue to take place in Iowa to track the gains made and respond to any changes in progress. Regular progress checks will be made by state and regional staff and check-ins will also give local agencies the opportunity to discuss any challenges that might have come about since the project end. Specific time will be set aside in each monthly check-in call to discuss how the implemented changes are working for each LIA. Also, through the additional training around CQI for state and local staff it is hoped that staff will incorporate CQI practices into other aspects of their program's work and continue to sustain any improvements made during the project.

Spread and Scale

16. Describe the methods and strategies you will use to spread and scale successful interventions and lessons learned to additional LIAs.

LIA efforts including successes, challenges, and lessons learned will be collected and combined in one statewide report. This report will be shared with HRSA upon completion and will also be published on the IDPH MIECHV website. The report and additional CQI resources will be publicly available via the website. LIAs and other local stakeholders, including home visiting clients, will be encouraged to make use of the website and suggest any additional content. LIAs will continue to share lessons learned during the CQI process during the monthly check-in calls and will support other LIAs working on similar challenges. Lessons learned will also be shared with other MIECHV awardees during conferences and other awardee meetings through storyboards. A storyboard is a visually appealing, useful tool for presenting a team's work. The primary purpose of the storyboard is for the content to be presented in such a way that it is accessible and understandable to a wide audience, whether to other staff within the LIA, other organizations, or to the larger community.

17. What infrastructure elements do you have in place to support spread and scale up of successful CQI projects?

KU-CPPR will be engaged to provide technical assistance for the purpose of improving agency and local level practices around CQI during FY 2020. KU-CPPR has extensive experience working on CQI projects

and providing support to implementing agencies. Monthly calls with KU-CPPR will be a CQI specific, intensive time spent discussing CQI project processes, including PDSA cycles that are generating intended outcomes, based on DAISEY data collected in the home visiting form. These conversations will be a time for LIAs to learn from each other and to build on their successes. KU-CPPR will be retained to provide CQI TA on an as needed basis for LIAs who are experiencing challenges with their CQI topic area.

The updated home visiting form in the DAISEY is another infrastructure element that will support spread. Being able to measure progress made on SMART objectives in a nearly real time frequency allows LIAs to replicate interventions that are successful, and to correct course in a timely fashion when an intervention is not yielding the desired outcome.

Communication

18. Describe processes for assessing progress and providing support to LIAs when needed.

PDSA cycles will be the main process for assessing progress on the CQI statewide topic of emphasis. The Plan-Do-study-Act is a cycle of activities, focused on a common change strategy, that are used to monitor and achieve process or system improvement. The goal of the PDSA cycle is to build upon each cycle from testing and refine the change strategy being tested. The PDSA cycle is an effective way to rapidly identify which changes being tested are effective, which change strategies need to be modified, and which ones need to be abandoned. Implementing a small change strategy to start and continuing its use only when it is yielding the intended outcome is a way to build knowledge more quickly, and to inform future scale-up efforts. Due to the small scale of tested change, there is also a reduced waste in resources.

The updated home visiting form in DAISEY will be a key method in assessing progress. This form will allow LIAs to monitor progress on their established SMART objectives allowing them to take corrective action in a timely manner if a change strategy is not yielding the desired results. Additionally, direct access to data in DAISEY and being able to monitor progress in real time frequency will allow a central point of access for technical assistance providers to track LIA progress outside of the monthly calls.

KU-CPPR will continue to be engaged to provide technical assistance for the purpose of improving agency and local level practices around CQI. KU-CPPR will utilize CQI-specific monthly calls to monitor progress made on CQI projects changes that are being tested, with the remainder of the meeting dedicated to addressing technical and training support needs. KU-CPPR will work with LIAs to help refine their SMART objectives and implement appropriate data collection techniques and tools. KU-CPPR will be retained to provide CQI TA on an as needed basis for LIAs who are experiencing challenges with their CQI topic area.

Appendix A: CQI Capacity Continuum from FY 2020 CQI Plan Update Instructions

The following continuum[1] can help you assess your organization's current CQI capacity, with higher stages indicating greater CQI capacity. For each stage listed below, check all elements that apply, and rate your organization on a scale of 1 to 3 with:
1 – no or few elements currently in place;
2 – most elements currently in place; or
3 – all elements currently in place.

Stage 1: Basic Data Collection and Report Usage
□3 A culture of quality exists in the organization whereby data are valued and striving for process improvement and optimal outcomes is a shared vision of all members including both front-line staff and management.
□3 Data collection is sufficient to document benchmarks and facilitate CQI.
□3 Management Information Systems (MIS) are sufficient to allow for collection and storage of required performance measures.
□2 Reports are produced on a regular basis and reflect important aspects of service provision (processes) and outcomes.
□2 Reports are used by key stakeholders to track performance and outcomes.
□2 Staff are trained in the basic concepts of quality improvement.
Stage 1 Assessment (1 – 3):

Stage 2: More Advanced Reporting and Systematic Improvement Efforts
□2 Data collection is expanded to cover a wider range of outcomes and service delivery elements.
□2 MIS are larger, more flexible, and serve multiple purposes.
□2 Reports are produced on a regular basis and are used to inform decisions at all levels of the organization.
□2 Deep understanding of processes and outcomes is achieved through systematic inquiry.
□2 New strategies and approaches are systematically tested and evaluated.
□2 Effective strategies and approaches are disseminated throughout the organization and monitored.
□2 Staff receive ongoing training and coaching.
Stage 2 Assessment (1-3):

Stage 3: Additional elements of quality improvement are integral to day to day work, such as critical incident monitoring
□2 Dedicated professional CQI staff are part of the team.
□1 Experimental tests of change are implemented.
□2 Constant efforts to accelerate improvement.
□2 Home visiting families are engaged in CQI efforts.
□2 Regular opportunities exist for peer-to-peer learning.
Stage 3 Assessment (1-3):

1 Adapted from Design Options for Home Visiting Evaluation, *Suggested Guidelines for Continuous Quality Improvement for MIECHV Grantees*, June 2011.