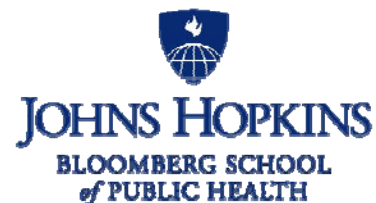


Continuous Quality Improvement and Central Intake: Enhancing Family Engagement in Home Visiting

Anne Lilly, Jack Dagg, Lori Burrell, Anne Duggan

Lenore Scott, Daniela Hellman, Lakota Kruse

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Objectives

- Discuss Family Engagement in Home Visiting (HV)
- Describe New Jersey's Statewide HV and Central Intake (CI) System
- Review Continuous Quality Improvement (CQI) Essentials
- Learn about CQI in New Jersey with Central Intake to improve family engagement

Family Engagement in Home Visiting

- Key to success of home visiting (HV) programs
- Challenge in HV programs across the US
 - Promoting Family Engagement is one of the ten Home Visiting Applied Research Collaborative (HARC) research priorities.
 - Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) identified Family Engagement as a topic area.

Family Engagement in Home Visiting: New Jersey

- New Jersey state leaders aimed to improve family engagement.
 - NJ uses capacity as an indicator of family engagement.
 - Capacity =
$$\frac{\text{number of active families at end of quarter}}{\text{number of families expected based on contract}}$$
 - NJ HV programs are expected to maintain a capacity of at least **85%**.
 - To address the challenge of meeting this capacity target, NJ adopted Central Intake and uses Continuous Quality Improvement (CQI) to improve performance.

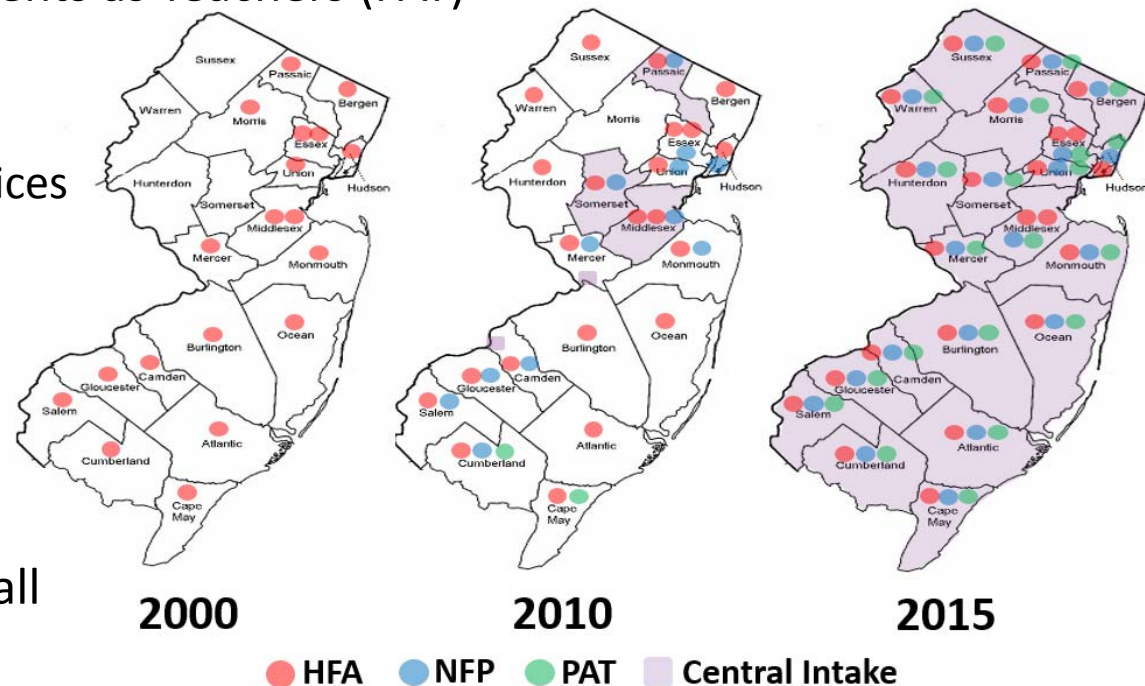
New Jersey's Statewide Home Visiting and Central Intake System

Home Visiting

- By 2015, 65 programs in all 21 NJ counties
- Each county has 3 HV models: Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT)

Central Intake (CI)

- Aims
 - Connect families efficiently to services based on needs and eligibility
 - Simplify referral process
 - Maximize appropriate use of available resources
 - Eliminate duplication of effort
 - Improve care coordination
- Started in 2010 expanded to reach all 21 counties in Fall 2015



Continuous Quality Improvement (CQI) Essentials

Principles

- Family Focus
- Systems View
- Solution Identification
- Teamwork
- Data-driven Culture

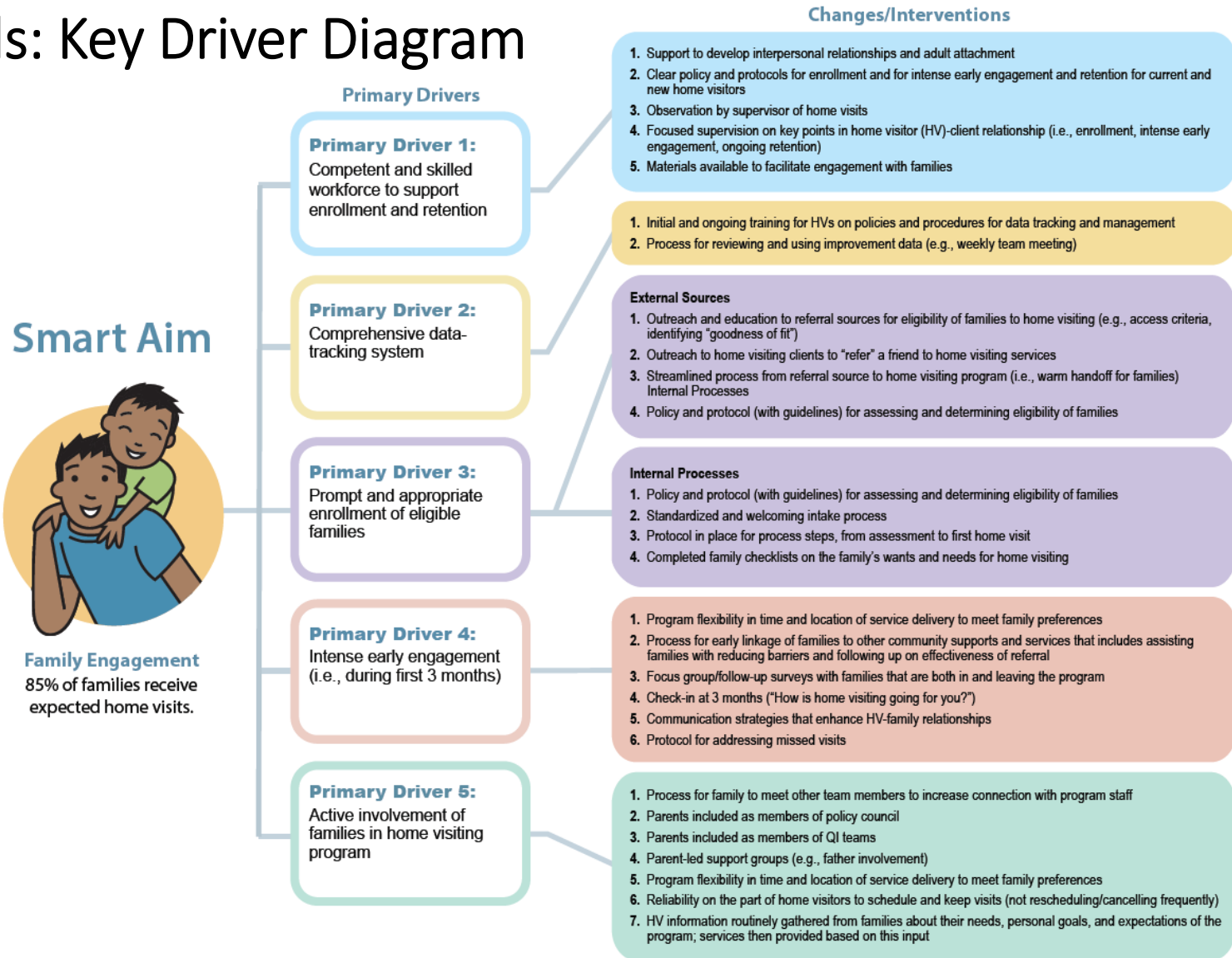
Tools

- Key Driver Diagram
- FOCUS Framework and PDSA cycles

McLaughlin, C.P. and Kluzny A.D. (2006) Continuous Quality Improvement in Health Care: Theory, Implementations and Applications. Sudbury, MA: Jones and Bartlett Publishers.

Ohio State University, College of Public Health, Center for Public Health Practice. Continuous Quality Improvement for Public Health: The Fundamentals. Module 1- Introduction and Principles. Available from: <https://cph.osu.edu/practice/cqi-public-health-fundamentals>.

CQI Tools: Key Driver Diagram



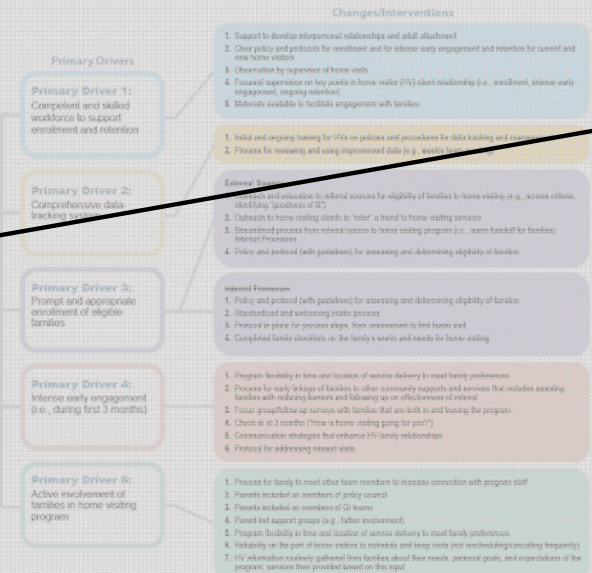
CQI Tools: Key Driver Diagram



Smart Aim



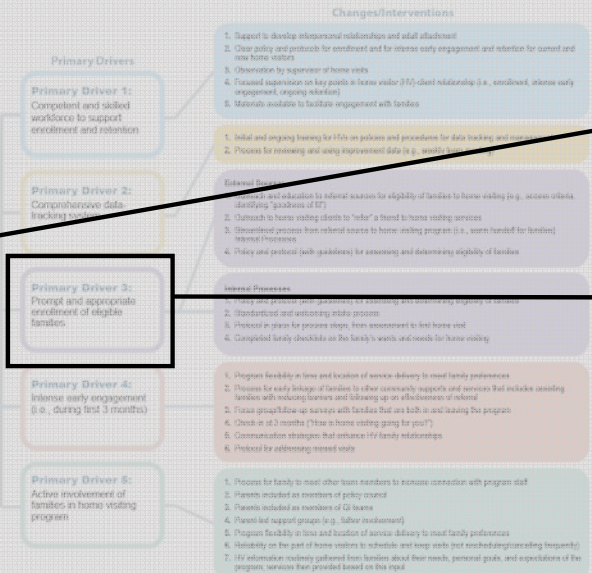
Family Engagement
85% of families receive expected home visits.



Education Development Center, Inc. | HVCollIN Refined Family Engagement KDCI 1-2017

Smart Aim
Family Engagement
 85% of families receive expected home visits.

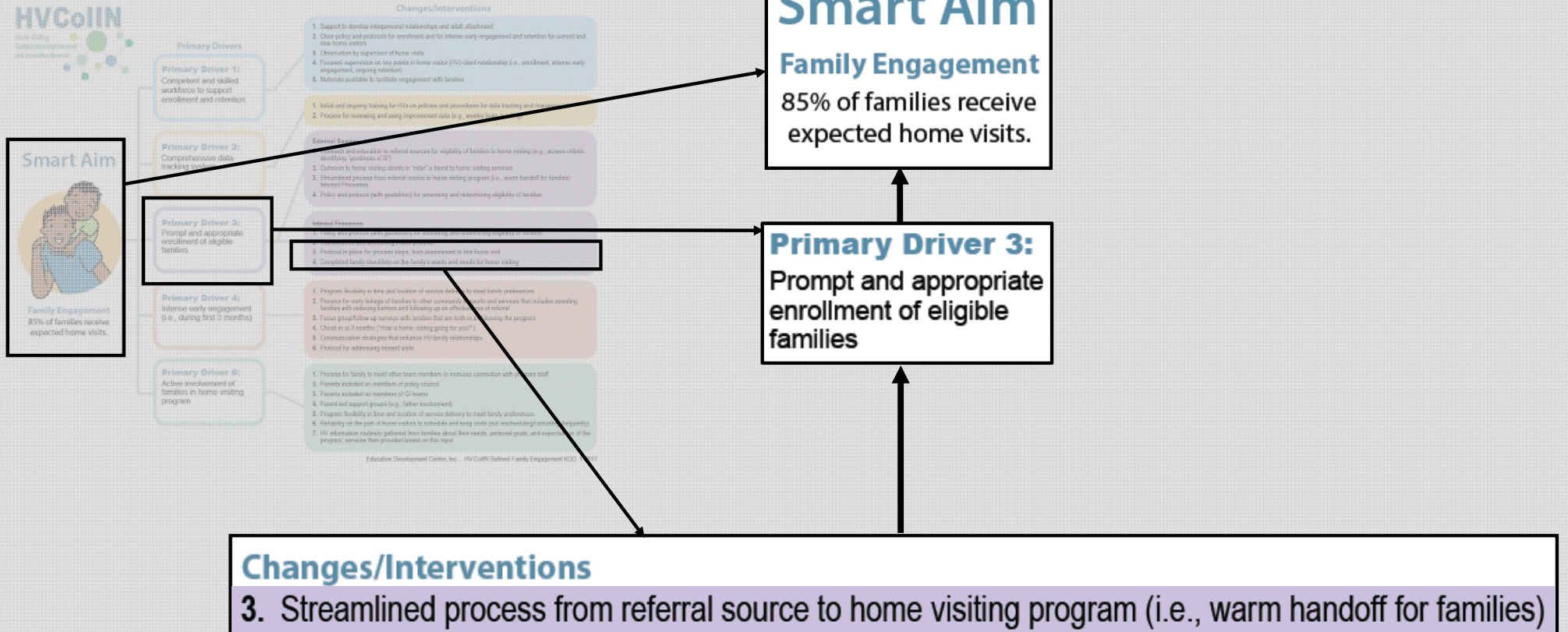
CQI Tools: Key Driver Diagram



Smart Aim
Family Engagement
 85% of families receive expected home visits.

Primary Driver 3:
 Prompt and appropriate enrollment of eligible families

CQI Tools: Key Driver Diagram



CQI Tools: FOCUS Framework and PDSA Cycles

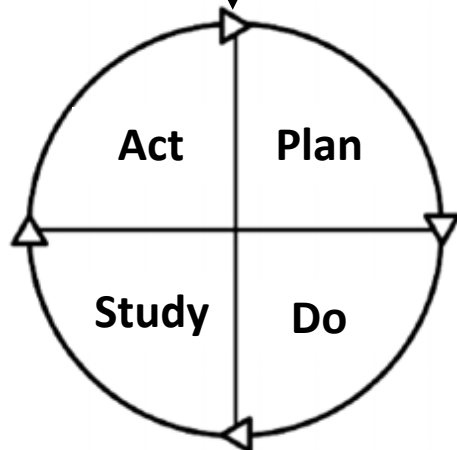
Find a process to improve

Organize a team that knows the process

Clarify current knowledge of process

Understand causes of process variation

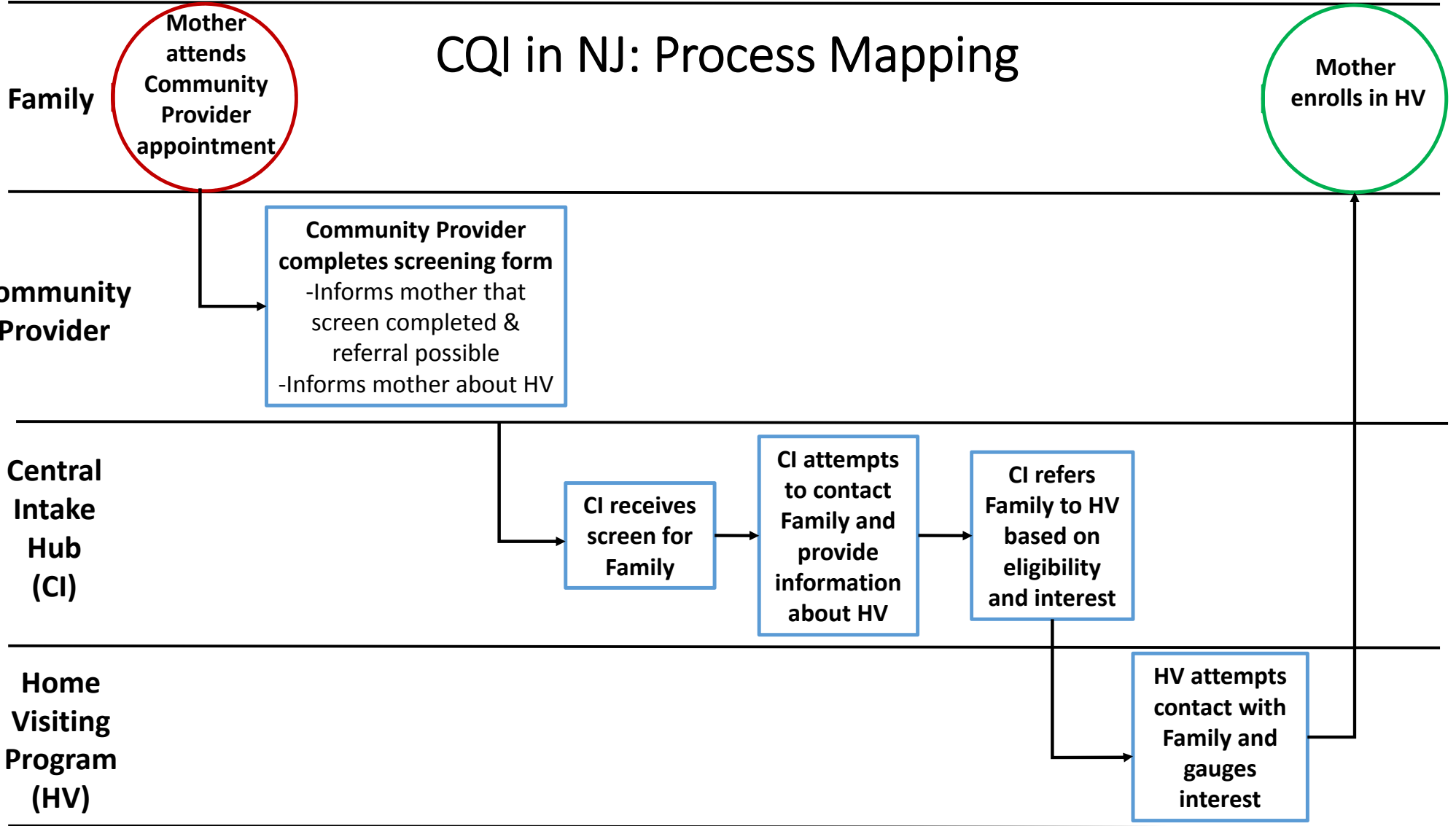
Select the process improvement



- An essential part of CQI is investigating the process of interest to make sure that it is correctly understood before testing occurs.
- Recommended strategies for this investigation include:
 1. Process mapping
 2. Data Analysis
 3. Stakeholder engagement and interviews

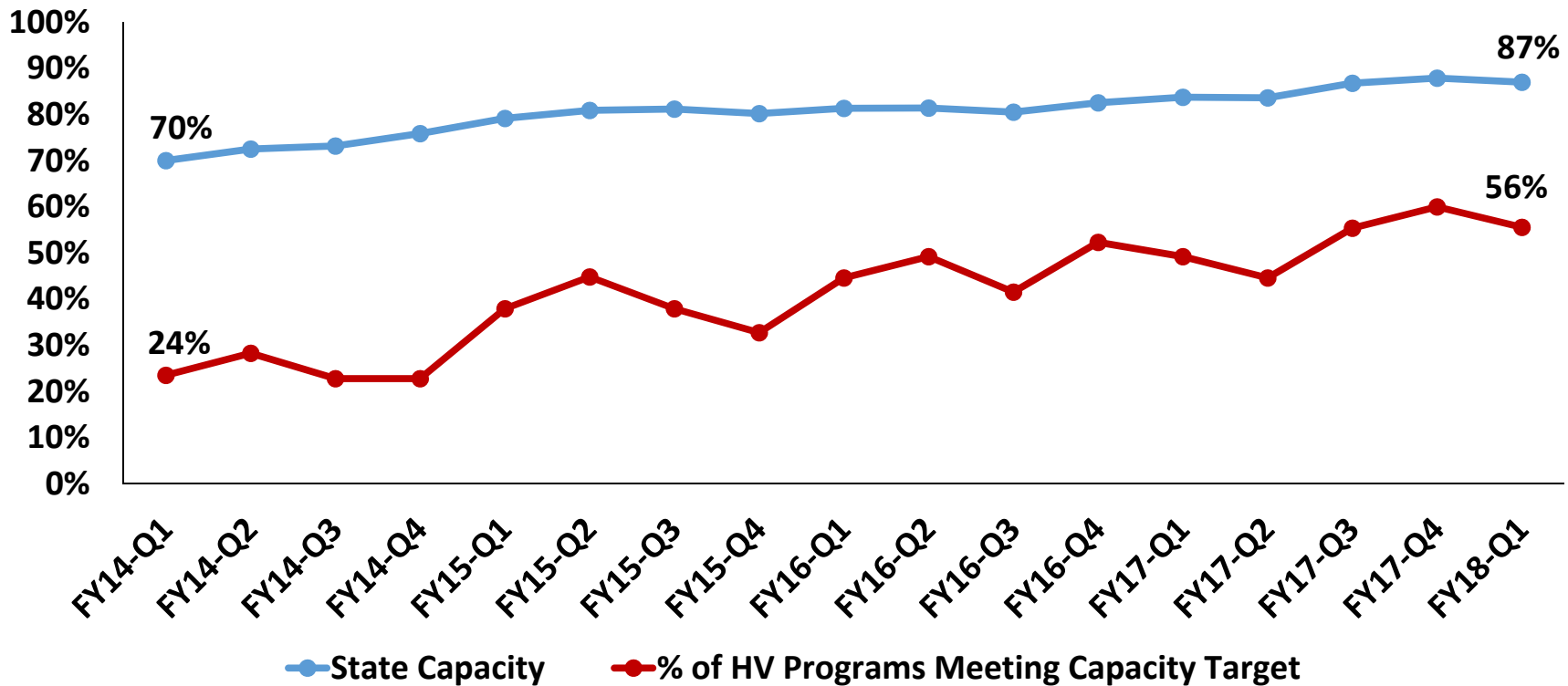
*Taylor MJ, McNicholas C, Nicolay C, et al. BMJ Qual Saf 2013
doi:10.1136/bmjqs-2013-001862
Reed JE and Card AJ. BMJ Qual Saf 2015
doi: 10.1136/bmjqs-2015-005076*

CQI in NJ: Process Mapping

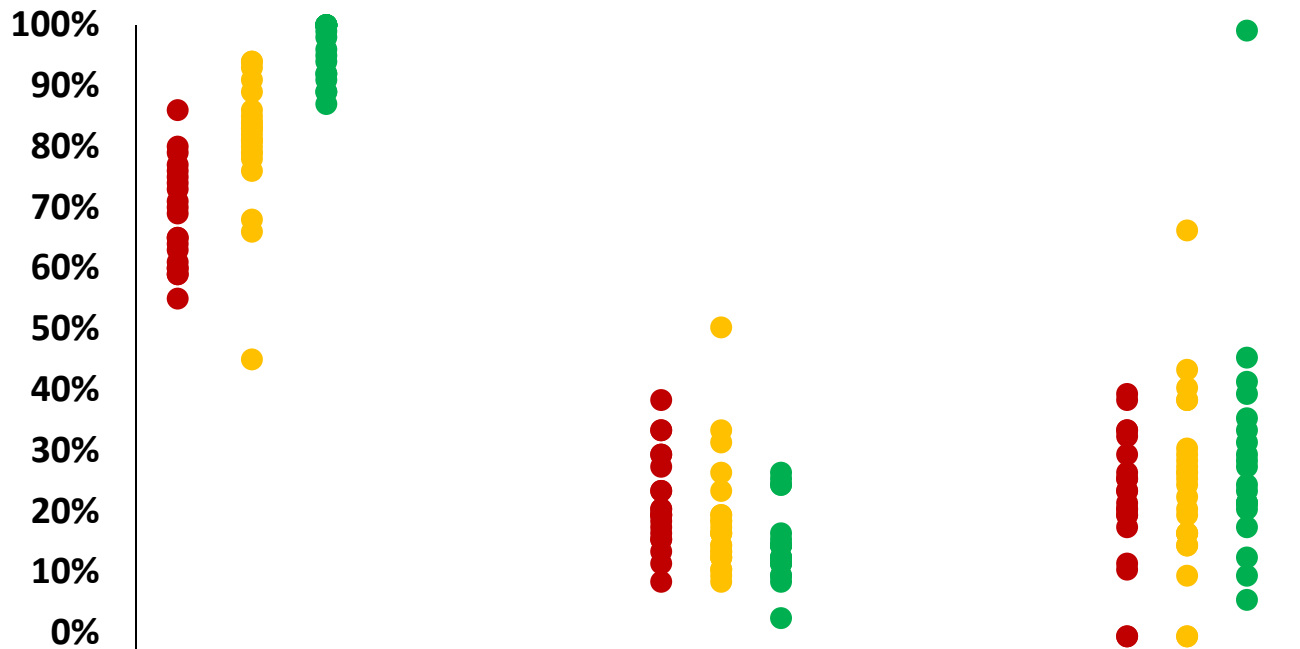


CQI in NJ: Data Analysis

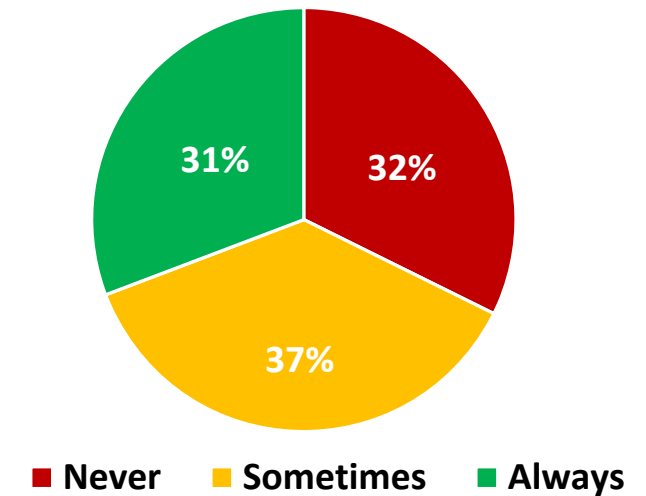
At the state level, capacity has improved over time. However, there is still room for improvement in the proportion of programs meeting the capacity target.



CQI in NJ: Data Analysis



Proportion of HV Programs Meeting Capacity Target in FY16



CQI in NJ: Stakeholder Engagement and Interviews

- Since 2013, NJ has convened state-level CQI committee on quarterly basis.
 - Includes variety of stakeholders: Department of Children and Families, Department of Health, model representatives, local agencies implementing Central Intake and HV programs, evaluation team
 - Most recent focus: How can CQI be used to improve the efficiency of the flow of families through Central Intake into Home Visiting?
- In December 2017 and January 2018, JHU conducted interviews with 3 Central Intake Hubs and 5 HV programs with strong performance on Capacity target.



CQI in NJ: Stakeholder Engagement and Interviews

Promising Practice 1: Central Intake successfully contacts mothers before sending their contact information to HV programs.

Central Intake Specialist: *“I only pass families along to home visiting if I had contact with the family. I have to get permission from the family to pass their name along to the home visiting program. Feels a little like a hamster wheel sometimes.”*

Parents as Teachers Supervisor: *“Our CI Specialist is very good at connecting. CI has to call each family to tell them about home visitation. This is arduous, but the Parent Educators benefit from this work.”*

CQI in NJ: Stakeholder Engagement and Interviews

Promising Practice 2: Central Intake meets with referring providers formally and on an ad hoc basis to coordinate efforts.

Central Intake Manager: *“We invite providers to our Community Advisory Board meetings, but they don’t always have the time or capacity to attend, so we take the show on the road. We have ad hoc meetings where we go out to provider offices and talk to the clinical staff about what the screen is all about and we discuss with them how the screening can work best for them.”*

CQI in NJ: Stakeholder Engagement and Interviews

Promising Practice 3: Central Intake meets with HV programs formally and on an ad hoc basis to coordinate efforts.

Nurse-Family Partnership Supervisor: *“There’s a quarterly meeting where the hub staff meet with all the home visiting program supervisors in the county. We discuss what’s going well, any challenges the programs are experiencing, program updates, any updated resources in the community that have become available. It gives supervisors across programs the ability to talk about where they stand with referrals and intakes, and if they’re requesting a different type of referral.”*

CQI in NJ: Stakeholder Engagement and Interviews

Promising Practice 4: Referring providers shadow home visits to learn about home visiting.

Central Intake Manager: *“One pediatrician in our county has all of her residents shadow a home visit. Once they have participated in a home visit, we’ve found that residents are more likely to talk about home visiting with their patients.”*

Nurse-Family Partnership Supervisor: *“We have residents and nursing students from the local university shadow home visits. For us it is a recruiting tool for new nurses, but it also means that when they finish their training and are working in the community, they know what home visiting is.”*

CQI in NJ: Ongoing Efforts

- Statewide CQI Committee continues to meet quarterly
- Ongoing discussion of what changes to test and how to use data to learn whether tests have led to an improvement
- Sharing lessons learned about best practices back to all CI Hubs and HV programs to improve family engagement more broadly

Many thanks to the team and our HV and CI partners!

New Jersey Department of Children and Families



Lenore Scott



Daniela Hellman

New Jersey Department of Health



Lakota Kruse

Johns Hopkins Bloomberg School of Public Health



Jack Dagg



Lori Burrell



Anne Duggan



Anne Lilly