

Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.



Silence your cell phone



Stretch



Close the door



Take a few deep breaths



Close browser windows



Emotionally release your to-do list



Check your audio and video



Take a bio break

Quality Improvement Strategies for Recruitment & Retention

Breakout Session

Thursday, November 4

3-4:20 pm ET

The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1 UF5MC327500100 titled Supporting Healthy Start Performance Project.



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National Institute for
Children's Health Quality

HEALTHY
start
TA & SUPPORT CENTER



Agenda

Housekeeping

Kim Sprunck, National
Institute for Children's
Health Quality

Welcome

Kim Sprunck, NICHQ

How to Build Engaging
and Effective Hybrid
Services

Jane Taylor, NICHQ

Closing

Kim Sprunck, NICHQ





Welcome & Introduction

Kim Sprunck

National Institute for
Children's Health
Quality

#HealthyStartVGM2021
#Healthy Start Strong
@HS_TASC @NICHQ

*Quality Improvement Strategies for Recruitment & Retention
Hosted by the Healthy Start TA & Support Center at NICHQ
on November 4, 2021*

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This session is being recorded.



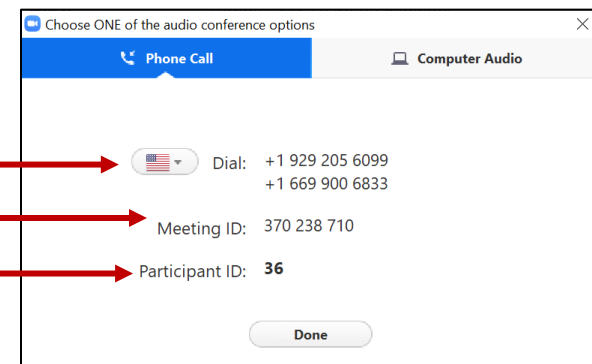
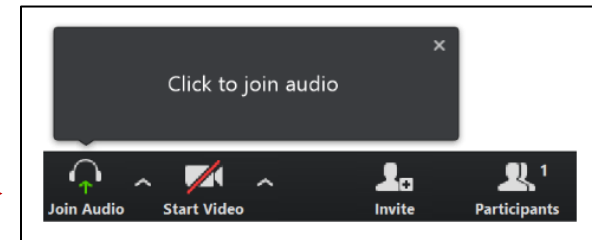
All participants are muted upon entry. We ask that you remain muted to limit background noise.



Participants are encouraged to share comments via the Chat module and ask questions via the Q&A module in Whova (on the mobile app or browser).

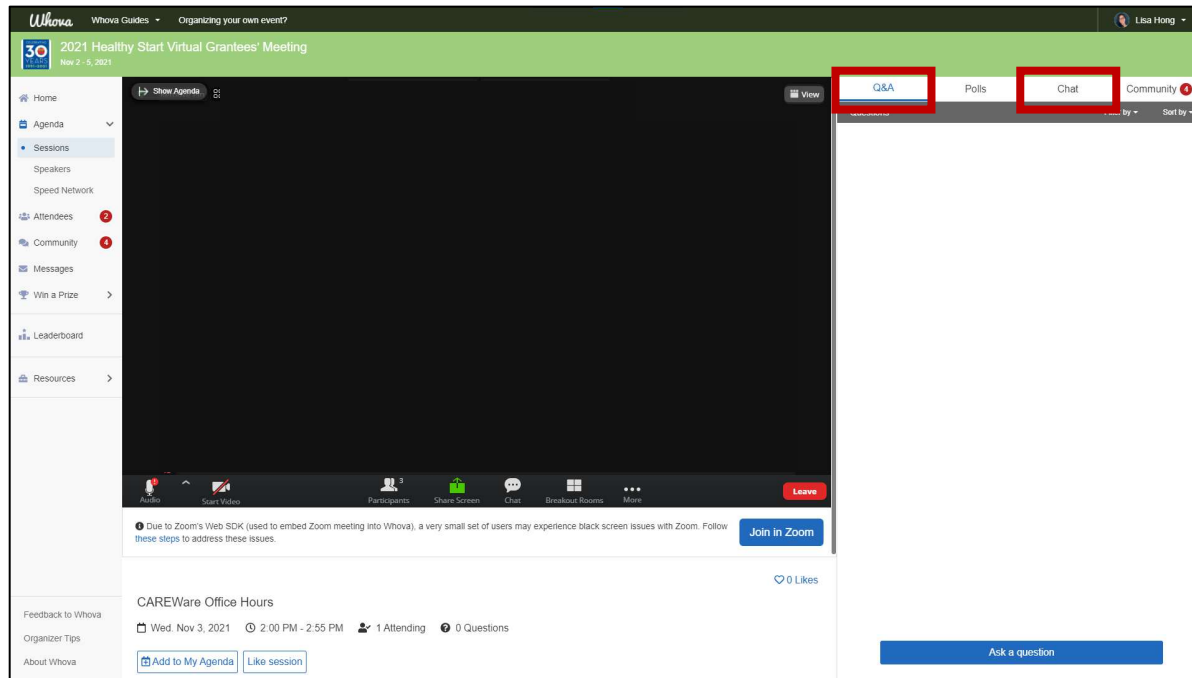
Audio

- After you join the Zoom session, an audio conference box may appear.
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If using the phone:
 - Dial one of the given numbers next to **'Dial'**
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**

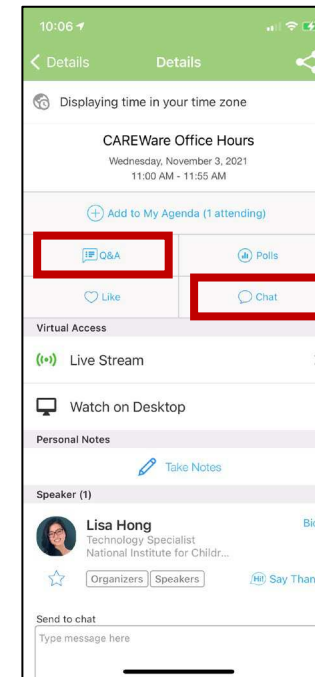


Chat and Q&A modules in Whova

Chrome Browser



Mobile Application



Like what you see?

The Healthy Start TA & Support Center is now active on social media!

1. Take a picture or a screenshot
2. Share on Instagram or Twitter!
3. Don't forget to tag @HS_TASC and @NICHQ and include hashtags #HealthyStartVGM2021 and #HealthyStartStrong

Technical Issues

If you experience any technical challenges with Whova, please email support@whova.com.

Welcome to the VGM!

We hope you have been enjoying today's sessions so far!

In this breakout, you will:

- Develop understanding of the utility of small tests of change and other QI principles in improving recruitment and retention strategies
- Learn from other Healthy Start projects that have successfully utilized QI skills to adapt their recruitment and retention practices
- Gain tools and strategies that can be implemented on the ground to better recruit and retain Healthy Start clients and staff

Our Speaker

Jane Taylor, EdD

Improvement Advisor

National Institute of Children's Health
Quality

Questions during the session?

Use the Q&A module in the Whova platform and make sure to identify the speaker to whom you are directing your question(s).

Questions will be answered during the session if time permits. Otherwise, questions will be addressed post-session.

Quality Improvement Strategies for Recruitment and Retention

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Agenda

What is the problem?

Setting Direction
The Model for Improvement

The Model for Improvement

Understanding if we are Moving in the Right Direction

What Changes will Move us in The Right Direction

Iterative Nature of Improvement



Session Objectives

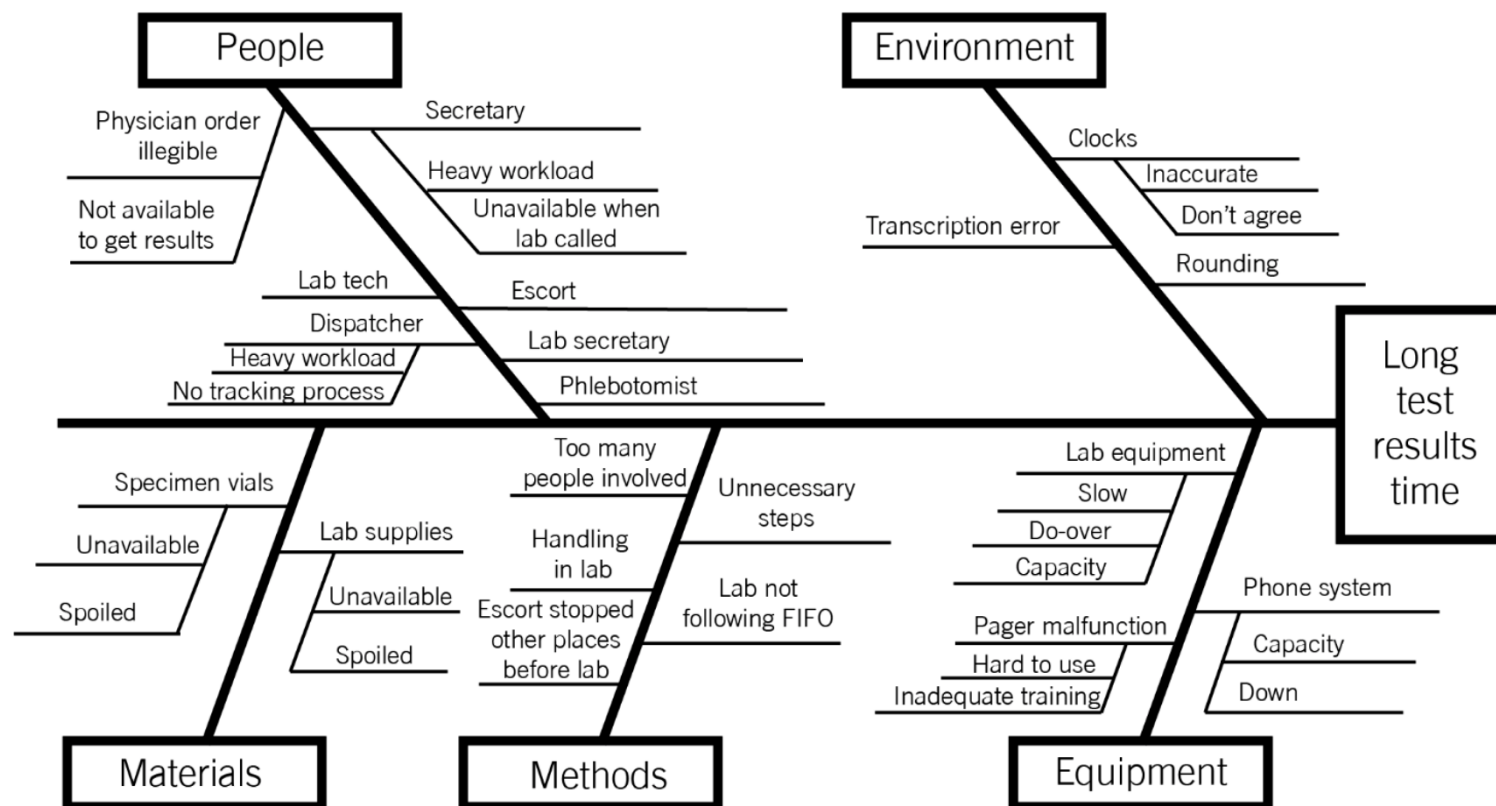
Use Improvement Approaches to Improve Client Recruitment and Retention:

- Understand the problem
- Setting a direction
- Learning the way to what you want to achieve
- Using Data
- Making Changes
- Iterative Nature of Improvement

What is the problem?

**Before improvement,
let's start with understanding the problem**

Example: Cause and Effect Diagram



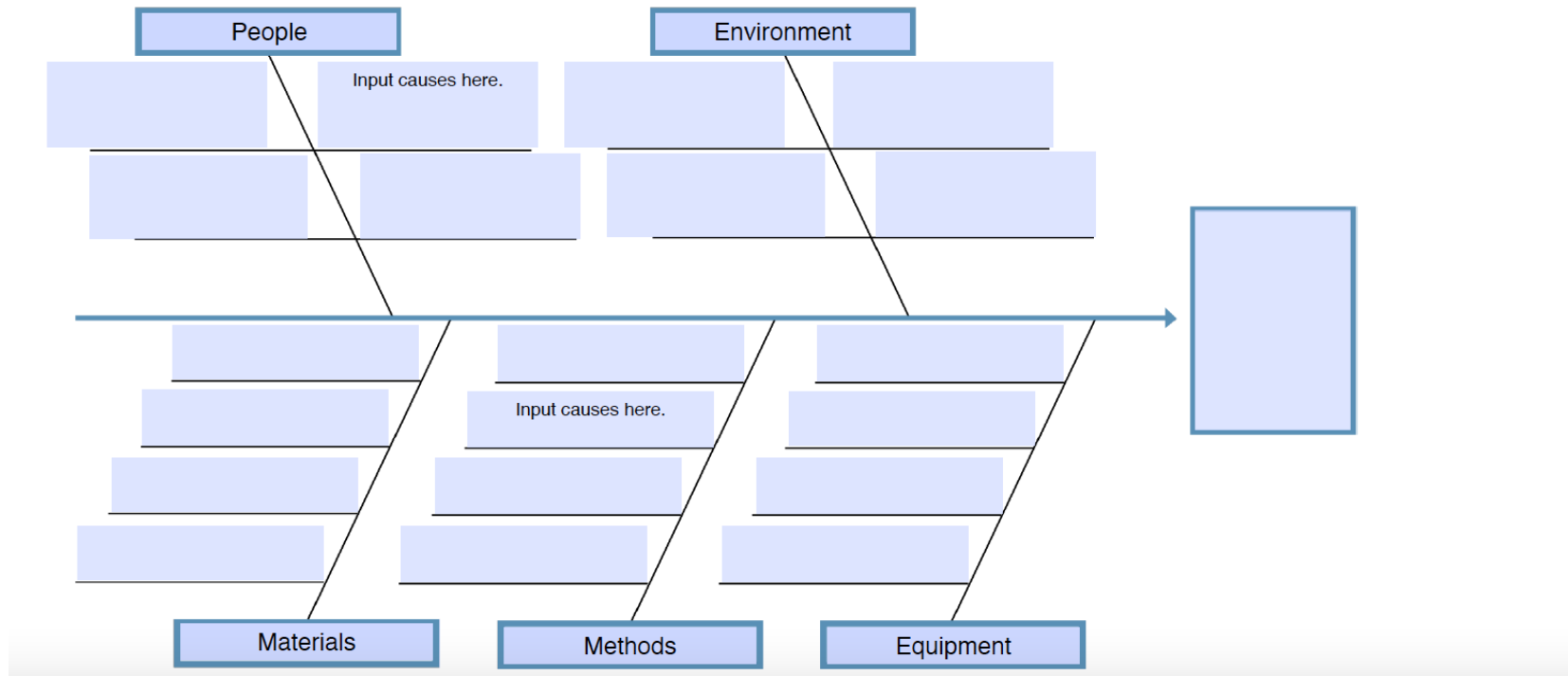
Source: IHI Essential QI Toolkit. IHI.org

Template: Cause and Effect Diagram

Team:

Project:

- 1) Input the effect you'd like to influence.
- 2) Input categories of causes for the effect (or keep the classic five).
- 3) Input causes within each category.

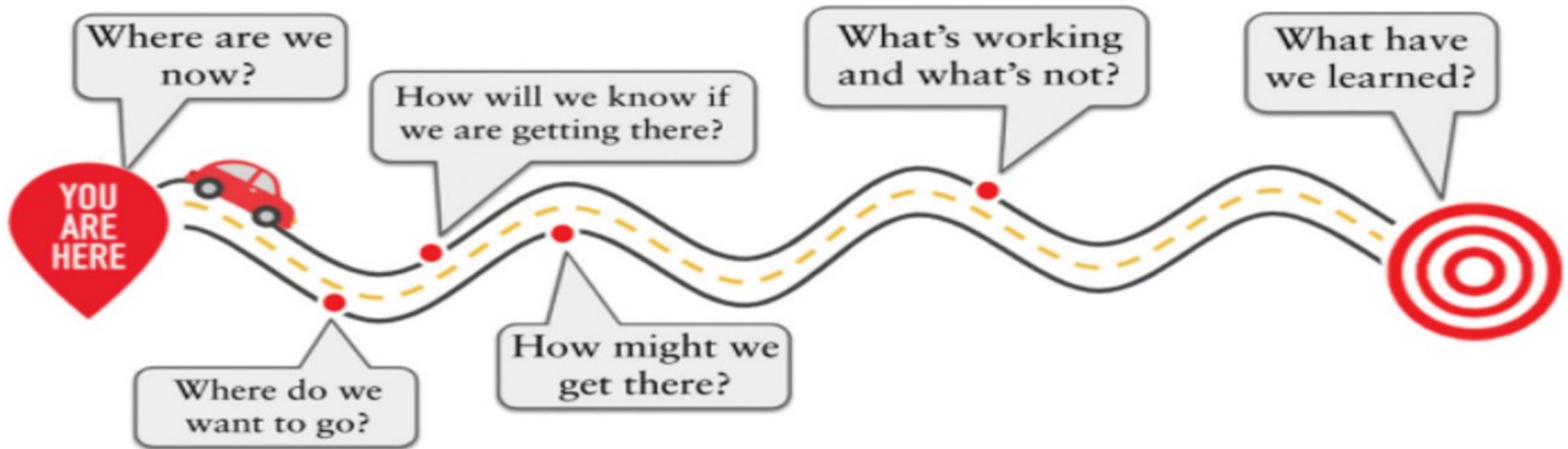


Source: IHI.org/QI Essentials Toolkit. H.O.1

Breakouts:

3 people, 15 minutes

- Develop a cause and effect diagram of why we lack clients.
- Think beyond the pandemic. It is a root cause, but what are the problems now?



Meyer, A. (2021, May 12). Improvement as a journey: Going the distance with improvement science. High Tech High Unboxed. Retrieved October 21, 2021, from <https://hthunboxed.org/unboxedposts/improvement-as-a-journey/>.

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The Model for Improvement

A Useful Approach to Improvement

Meyer, A. (2021, May 12). Improvement as a journey: Going the distance with improvement science. High Tech High Unboxed. Retrieved October 21, 2021, from <https://hthunboxed.org/unboxedposts/improvement-as-a-journey/>.

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Model for Improvement

What are we trying to accomplish?

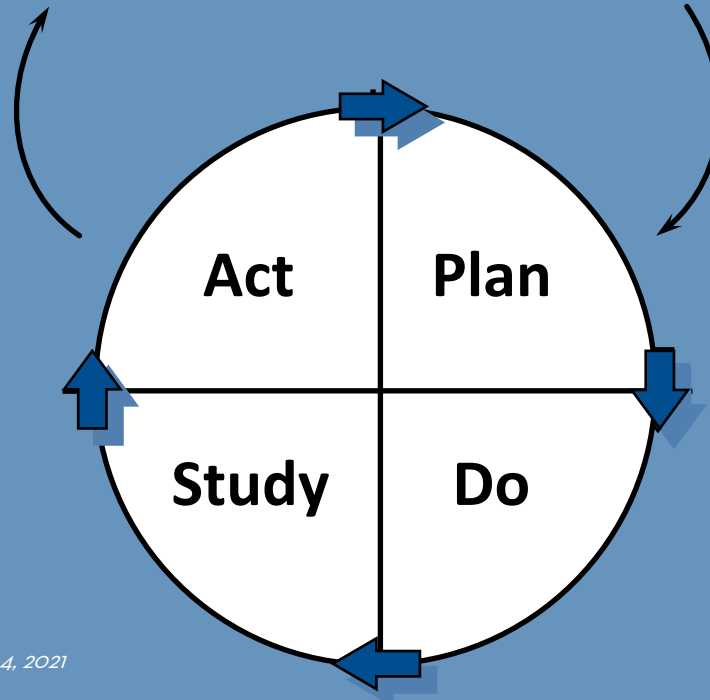
Aim

How will we know that a change is an improvement?

Measures

What change can we make that will result in improvement?

Changes



Question 1:

What are we trying to accomplish?

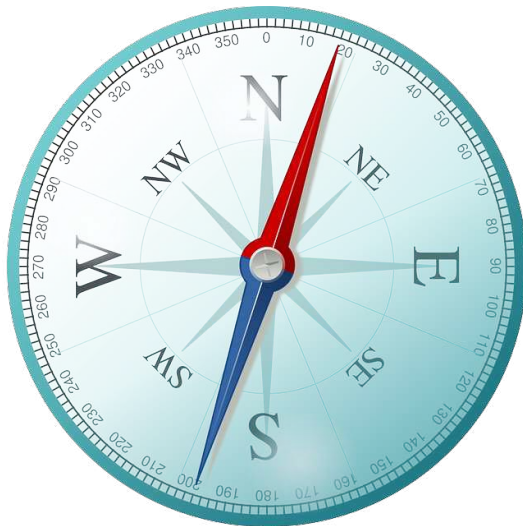
- By when?
- What we want to do
- How much improvement?
- For whom? Who will benefit the most?

Example of “What are we trying to accomplish?”

- By June 2022, ABC Healthy Start site wants to restore service to those who benefit the most from service interruption caused by the pandemic. We want to increase our current client load to 700 by improving recruitment and retention of clients in our service zip codes
- By June 2022, the ABC Healthy Start wants to serve 300 new moms and add an additional 100 additional people into the Fatherhood program.
- By December 2022, we want to return our enrolled clients to pre-pandemic levels.

Aim

- Direction - true north
- Communicates magnitude of change
- Usually involves consensus and agreement



What?

By when?

How much improvement?

For whom?

Another Example

Heart-felt Healthy Start will improve recruitment by doubling the number clients by June 2022 so that we grow from 50 to 100 fathers and have 250 or more women in our programs.

Chat in: try it!

- Draft an aim statement of something you want to do.
- By when
- What
- For whom
- How much improvement

Model for Improvement

What are we trying to accomplish?

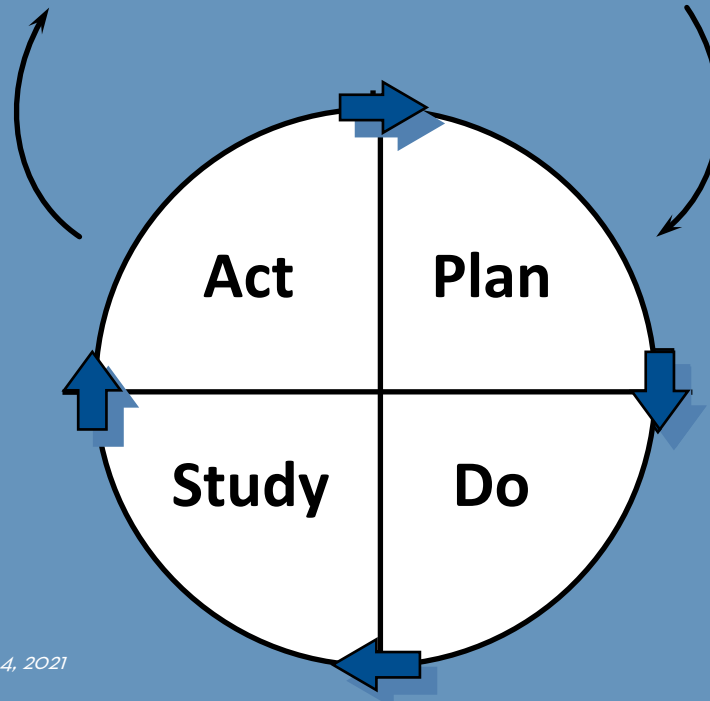
Aim

How will we know that a change is an improvement?

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Changes



Data
Value
(e.g.

tested

tested

Annotated Run Chart

Plot small samples frequently over time

We answer how would we know a change is an improvement with data

- Qualitative and Quantitative
- Just enough data
- No data is perfect; we strive for usefulness
- Use sampling and stratification (race, ethnicity, gender, zip code, age, etc.)
- Sequence data – usually over time
- Data informs better action to serve clients

Run Charts

- Graphical display of data in a sequence, usually time.
- Simple to construct and use
- Require no calculation
- Simplicity – enduring quality
- Encourage visualization of a process
- Answer: are we moving in right direction; are we holding the gains? How fast are we improving and what is the magnitude of improvement?
- Use 4 simple rules to understand if we are improving

Run Chart Interpretation Rules

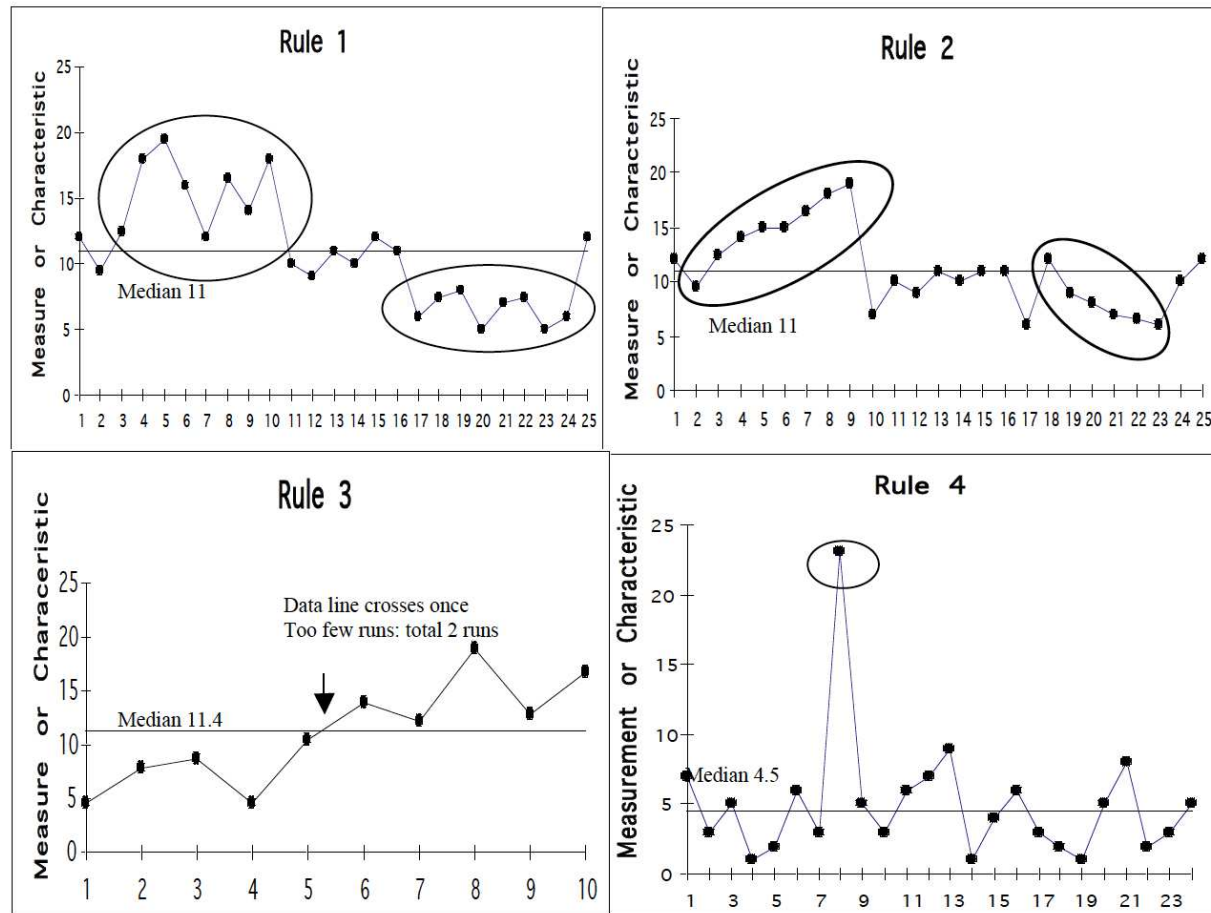
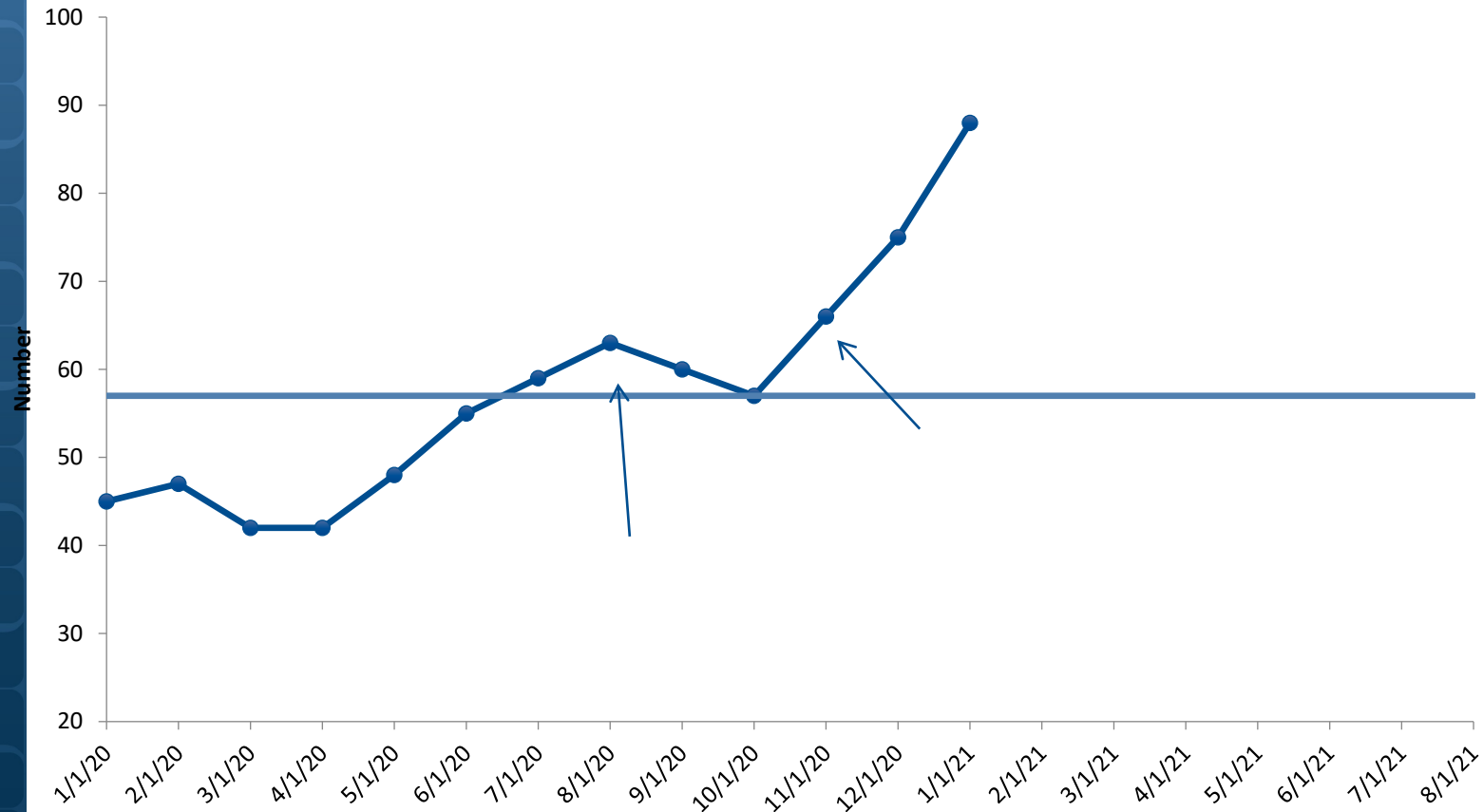


Figure 15: Four Rules for Identifying Statistically Significant Change Using Run Charts

The Health Care Data Guide. Provost and Murray. Jossey-Bass 2011.

Number of Fathers Enrolled Per Month Run Chart

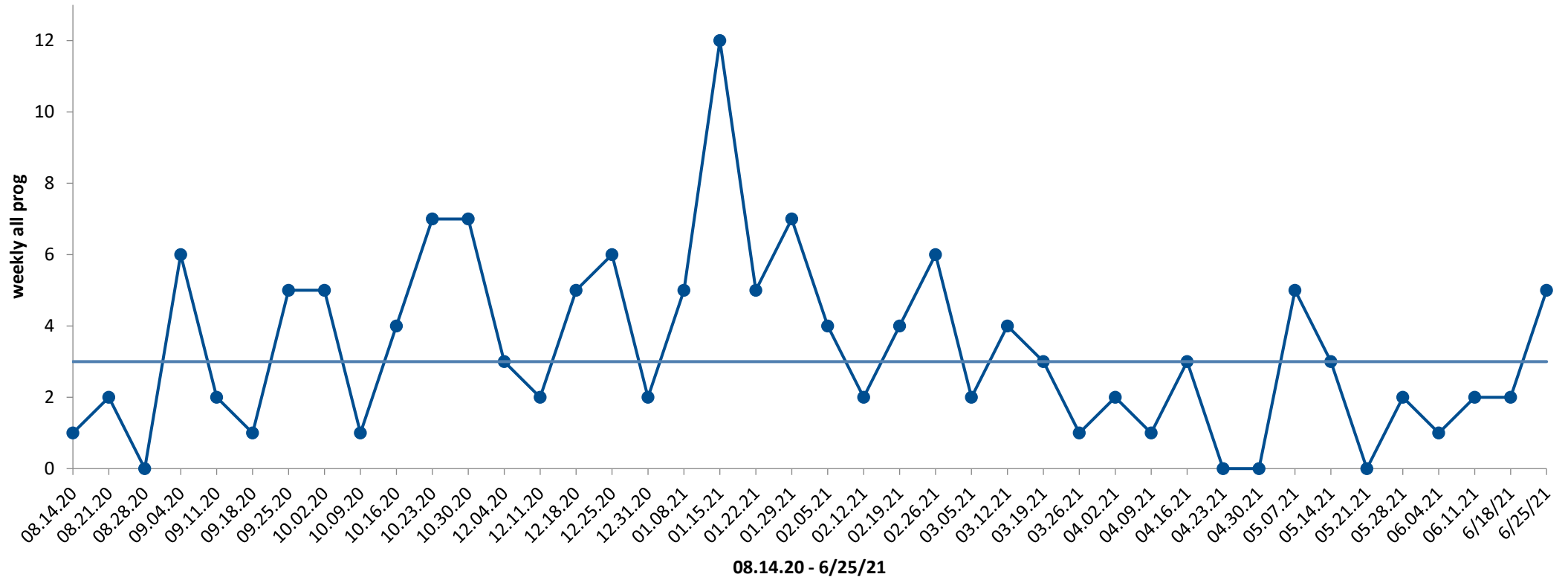


Run Chart Rules

- 1- shift of 6 points steadily above or below median
- 2 - trend of 5+ points steadily ascending or descending
- 3 - too few or too many times data crosses median
- 4 - Data point a SME would say is very atypical of the current process

What do we notice? 5 data points in a row? A shift of 6 points in a row without crossing median

Weekly Stork enrollment



Three Types of Measures

- Outcome Measures: Voice of the client. How is the system performing? What is the result?
- Process Measures: Voice of the workings of the system. Are the parts/steps in the system performing as planned?
- Balancing Measures: Looking at a system from different directions/dimensions. What happened to the system as we improved the outcome and process measures (e.g. unanticipated consequences, other factors influencing outcome)?

Healthy Start Family of Measures

- Outcome measures: voice of clients Number of women exclusively breast feeding
- Process measures: how you do what you do % women at FQHC enrolled in prenatal BF counseling
% of women d/c from hospital successfully BF and enrolled in continuing BF support
- Balancing measures: unintended consequences of making these changes % participants in non-BF programs

What should we measure for recruitment and retention?

- Might it depend on the group or program you are intending to effect?
- Is there a way to sequence your recruitment strategies to build learning as you go? If so, how would you do it?
- Might it make sense to develop different strategies for recruitment and for retention based on the program, age group, etc.?

Breakouts: 3 people, 15 minutes

Developing Measures:

- Introduce yourselves to each other
- Appoint a recorder who will keep track of your ideas
- Use worksheet, share your desktop as you work:
 1. Generate a list of as many measures as you can think of to indicate you are growing clients
 2. Generate a list of how you would measure retention of clients?

Debrief

Each group will share 2 or 3 measures

I will be inviting volunteers to share!

What Changes Will Move Us in the Right Direction?

Meyer, A. (2021, May 12). Improvement as a journey: Going the distance with improvement science. High Tech High Unboxed. Retrieved October 21, 2021, from <https://hthunboxed.org/unboxedposts/improvement-as-a-journey/>.

Model for Improvement

What are we trying to accomplish?

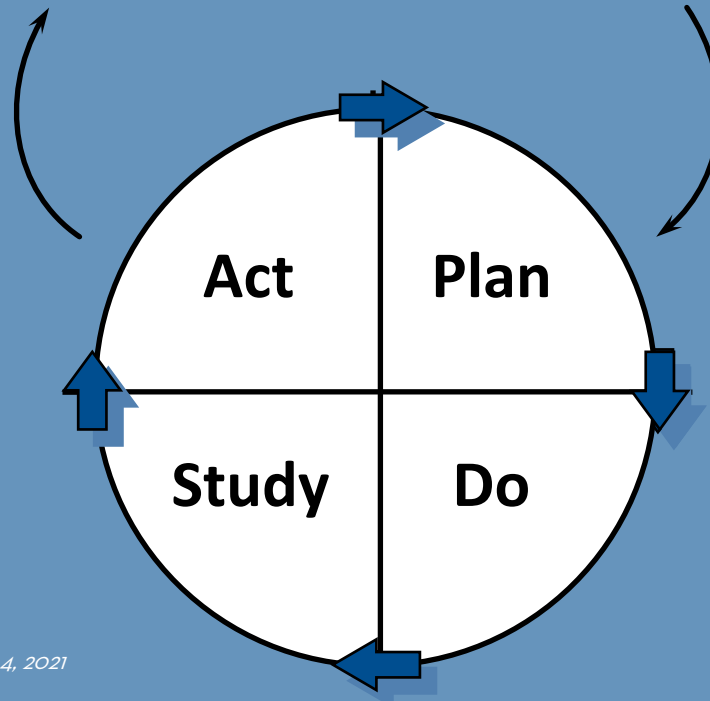
Aim

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Key to improvement are good ideas that work: What do we know that works?

Outreach. Fairs, etc.

Daily team huddles

Incentives for enrollment

Incentives to continue

Incentives to complete

Word of mouth

Focusing on locations

Contracting with MCOs

Recalling participants from pandemic isolation

Barber shop detailing

FQHCs co-location and referral relationships

Co-referral with sister agencies

Auto-referrals

Community Action Network

Hospital L & D

Home Visiting Programs

Collaboration with other partners

Doulas

CHWs

QR Code links on other websites to you

Outreach

Relationships

And . . .

Breakouts: 4 people, 10 minutes

- Make this rapid fire!
- Generate as many ideas as you can, without judgment or internal censorship
- Select a recorder. Use handout to record.
 - List ideas you know work
 - What ideas would you like to try that you have not yet tried?

Now What?

Take your ideas and do a quick test!

Quick Test:

- Try with 1 person
- Try with 1 partner and 5 people
- Try with 1 CAN member
- Try with 1 program
- Try for 1 day
- Try for 1 huddle

Quick Test Template

We want to try _____

How small can we test it and still learn? _____

How long is the shortest period we can try this? _____

What do we think will happen? _____

How will we know what happened? _____

What data do we need to see if it did happen?

Let's do it!

What happened and what did we learn? _____

What will we do next?

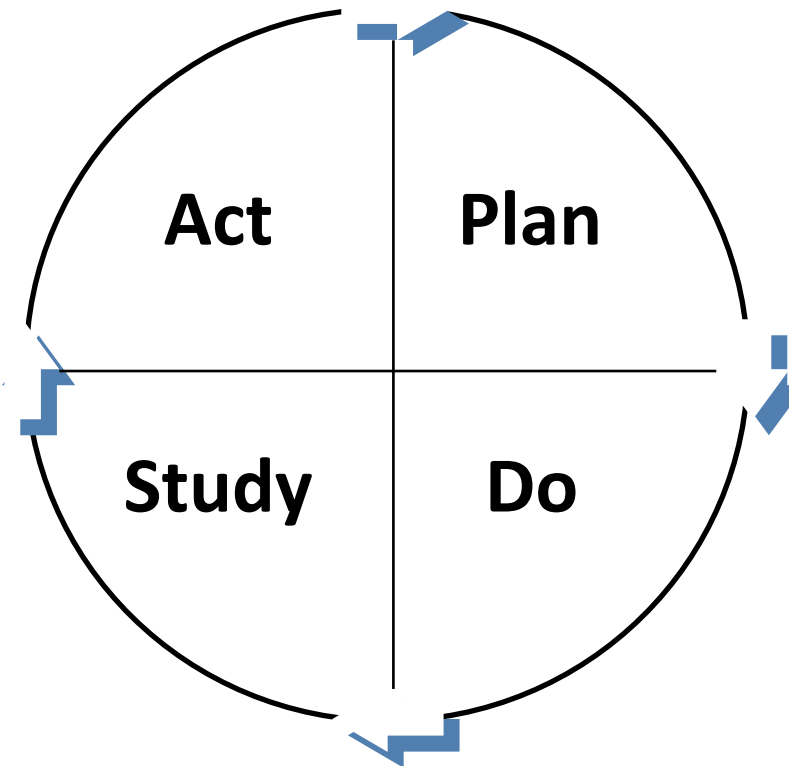
Breakouts: 4 people, 15 minutes

- Work with the handout
- Complete a sheet for one idea that you have in your group.
- Prepare to share

The PDSA Cycle

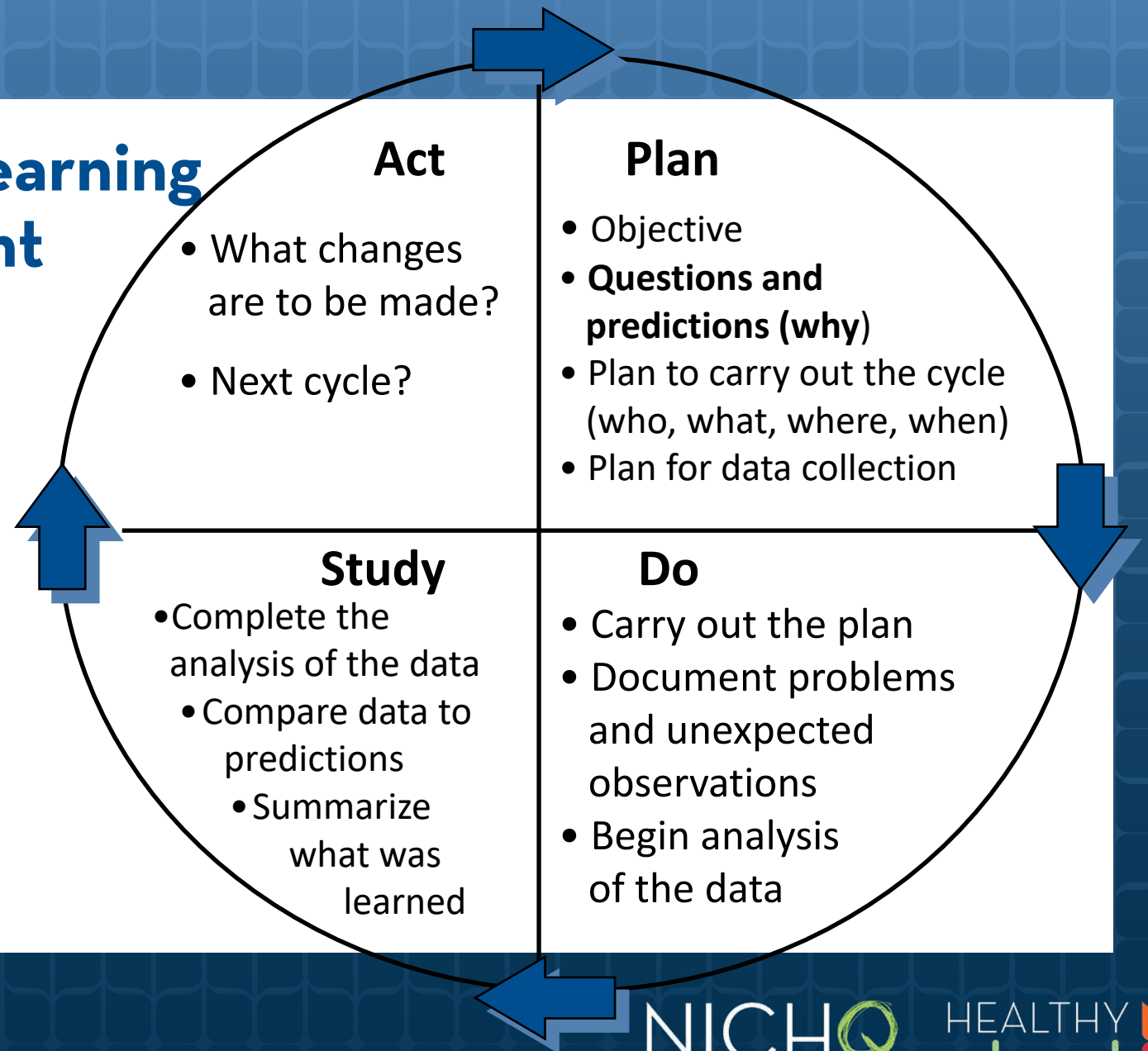
Four Steps: Plan, Do, Study, Act

- Also known as:
- Shewhart Cycle
- Deming Cycle
- Learning and Improvement Cycle



The PDSA Cycle for Learning and Improvement

- Small scale test
- Series of tests
- Wide-scale tests
- Implementation



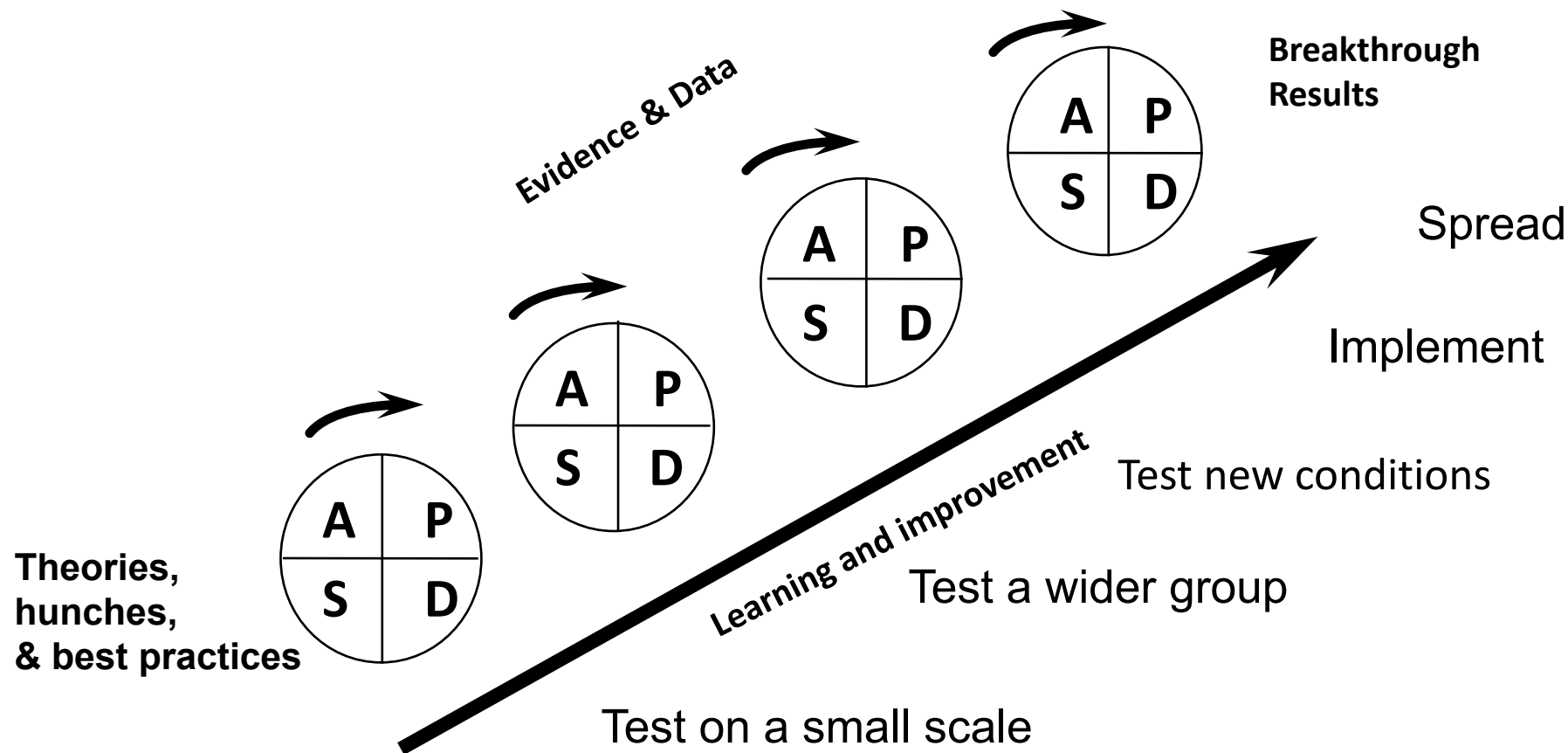
Why Test

- Increase the belief that the change will result in improvement
- Predict how much improvement can be expected from the change
- Learn how to adapt a change to conditions in the local environment
- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation
- Localize a good idea to your setting

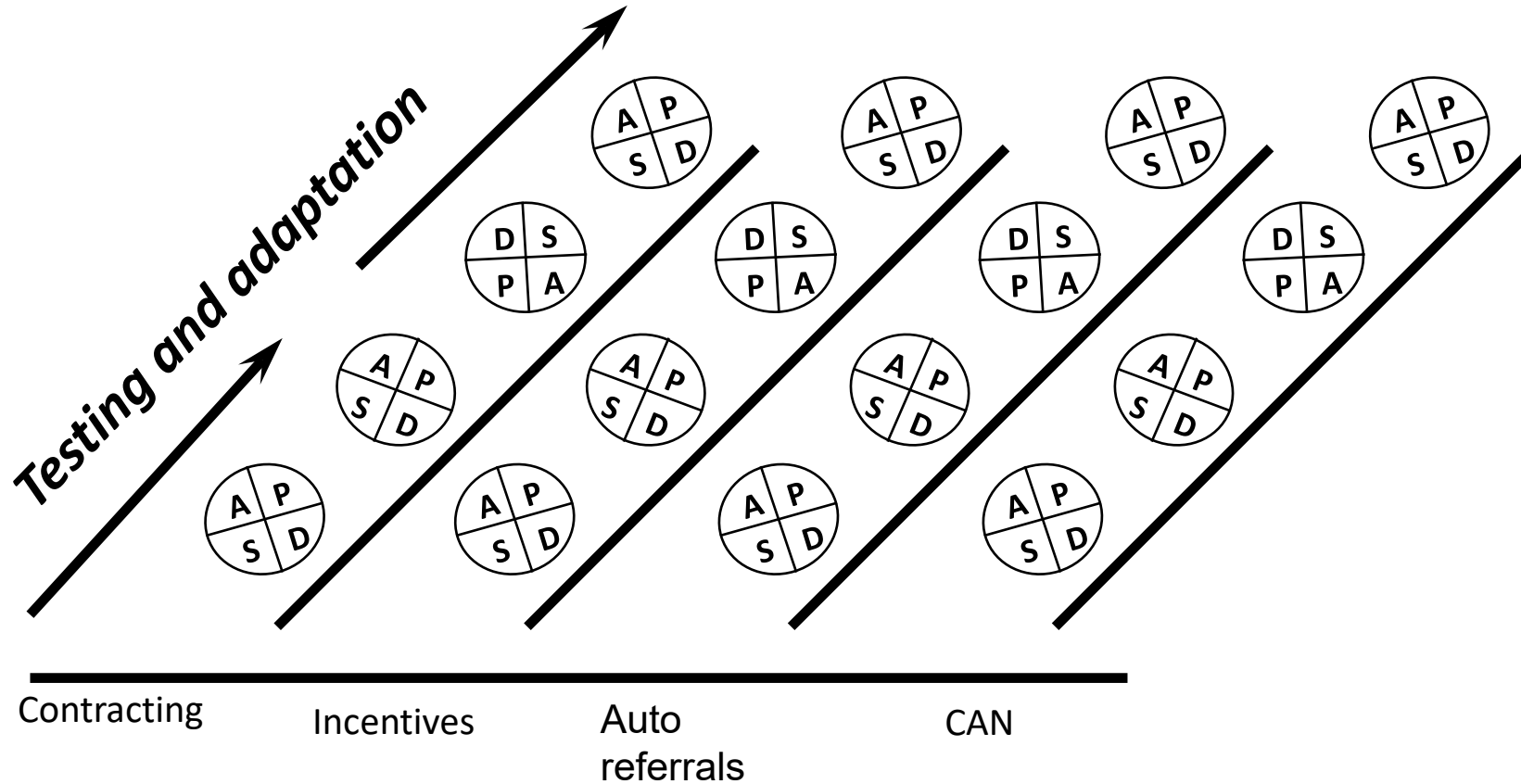
Test on a Small Scale

- Conduct the test with one community partner, one client, next 5 clients, with one staff member
- Test the change on a small group of volunteers
- Develop a plan to simulate the change in some way

Sequential Building of Knowledge Includes a Wide Range of Conditions in the Sequence of Tests



Multiple PDSA Cycle Ramps for Recruitment and Retention



Tip: Decrease the time Frame for a PDSA Test Cycle



Drop down next “two levels” to plan early test cycles!

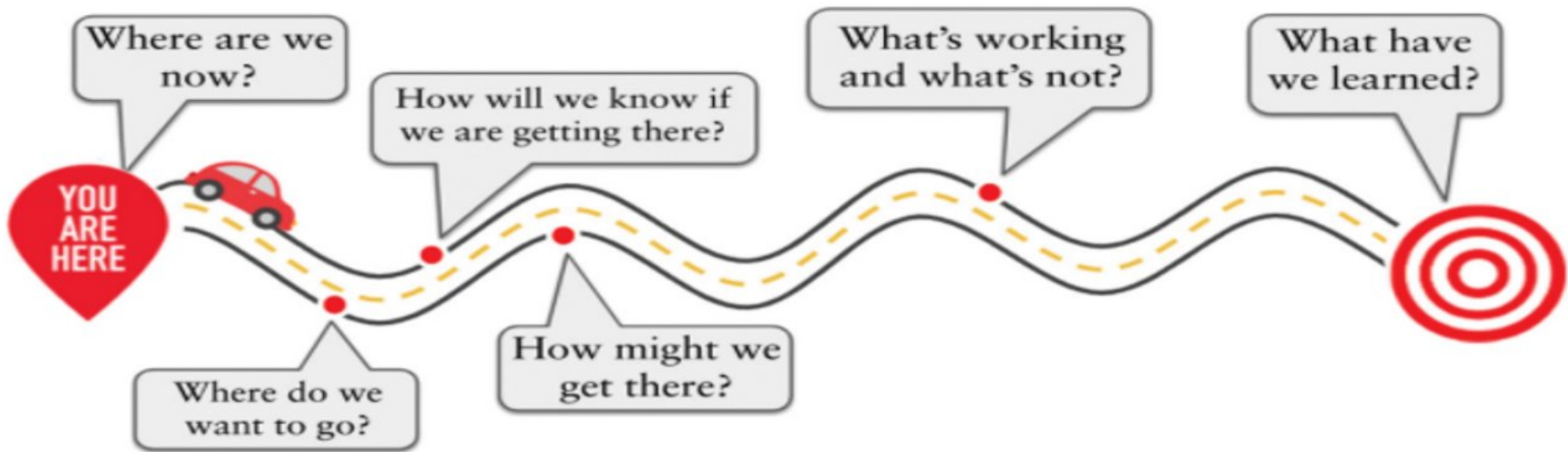
Iterative Nature of Improvement

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The logo graphic for Healthy Start features a stylized plant with two green leaves and two red leaves, positioned to the right of the text.



Meyer, A. (2021, May 12). Improvement as a journey: Going the distance with improvement science. High Tech High Unboxed. Retrieved October 21, 2021, from <https://hthunboxed.org/unboxedposts/improvement-as-a-journey/>.

My Best Advice for Using QI

- Know why you need to change things (C& E diagram)
- Make some predictions about what needs to change and how you might try your ideas
- Learn from other Healthy Starts
- Ask your staff and be willing to try their ideas and learn with them
- Test small and try things often
- Increase size of test as your confidence grows
- Be strategic about where to start and where to go next
- Dream large and use historic success to inspire you
- Measure what is easy and available

Q&A

Please submit questions using the Q&A module in the Whova platform.

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Thank you for joining us!

If you need any support...

Please email healthystart@nichq.org

Upcoming Session:
**Division of Healthy Start and Perinatal
Services Update**