Children and Youth Branch/Women’s and Children’s Health Section/NC Division of Public Health

NC Division of Public Health, Six Forks Rd. Raleigh, NC

Northampton County Health Department. Jackson, NC

Center for Child and Family Health Services. Durham, NC
MIECHV PeAk Team

Striving for excellence and to work at our PEAK potential to reach our ultimate goal of providing high quality services to North Carolina’s vulnerable children and families.
Aim Statement

• Program Intent: To provide support services to vulnerable NC children (ages 0-5) and families through evidence-based home visiting service models

• Aim Statement: Support high quality program implementation by:
  – Streamlining data collection process
  – Improving quality of data
  – Optimizing effective use of data by sites and state team
Change Ideas That Worked

- Site Satisfaction Survey Response
- Monthly Data Update Template
- Compiled Monthly Data Report
- Data Discussion Form
- Quarterly Email Update
Change Ideas That Didn’t Work

• Idea: Survey to ask sites “How much have you used data to improve services?”

• Why didn’t it work? Poor response rate to utilization surveys during both pre and post periods (February n = 3 / August n = 5). The survey was sent out to all 7 MIECHV site supervisors but not all completed the survey.

• We learned: Reconsider whether we have enough buy-in from sites to ask uncomfortable questions.

![Chart showing actual use of data by sites to improve services]

**Actual Use of Data by Sites to Improve Services**
Goal is to increase rating to 4 or higher
Goal was to increase use from 25% to 100% and we are at 80%!!

Response Rates: February n= 3 / August: n= 5
Changes made led to improvements

- Data is more accurate and timely
- New report layout has given more context and reduced the back and forth to get it right
- New fields have made reports more valuable to sites
Improved Site Satisfaction

Relevancy of Monthly Data
Goal is to maintain Highly Satisfied and Satisfied
Maintained our goal at 100% satisfaction

Usefulness of Data to Improve Services
Goal is to increase Highly Satisfied and Satisfied
Achieved our goal - 91% to 100% satisfaction!
Reflection on Your Team’s Experience

MIECHV Team’s greatest success:

- Creating a streamlined reporting template. Defect-free request providing defect-free response in PDSAs.
Reflection on Your Team’s Experience

Biggest challenge our team faced:

- Communicating across locations and different evidence-based models.
- Completing our Project Measurement Table.

We overcame this by:

- Structured team conference calls and used Adobe Connect.
- Willingness to continue discussing until we reached consensus.

We learned:

- Structured communication times are important, as is the expectation that everyone participate in them.
- Ask the right questions and design adequate measures and you can achieve the desired results.
Return on Investment (ROI)

Intangible Benefits:

- Streamlined process: reduced hand-offs, loops and re-work
- Improved accuracy in reporting
- Enhanced model fidelity
- Added value to consultation services
- Increased local sites’ ownership of the data and use of data to improve services
Return on Investment (ROI)

Total Financial Benefits - Total Costs / Total Costs = ROI

- Total benefits $46,553
- Total project cost $19,440
- Total ROI $1.39

- Cost of project, including staff time, travel and materials is ~$19,440.08.
- Financial Benefits for **Internal** Process Improvements:
  Reduction in site submission errors led to reduction of time involved in site follow-up and streamlining of reports led to time savings for sites and state team. Total internal savings of ~$7,985.67 next year.
- Financial Benefits to **External** Community:
  Increased attention to capacity will enable programs to increase efficiency and serve an average of 4 more families each year. Increased efficiencies will benefit local sites. Will save ~$38,568.00 next year.
Future Plans

Sustain & spread this QI project:

- Continue using new templates; Assess their usefulness then adjust as changes in circumstances dictate
- Spread the data collection and utilization process to all seven MIECHV sites by December, 2013
  - Monthly data updates
  - Monthly data discussion forms
  - Compiled monthly data reports
  - Quarterly email updates
- Work toward common database for HFA sites (FamilyWise)