### Scorecard Measures or Initiatives Affected

<table>
<thead>
<tr>
<th>Scorecard Measure or Initiative</th>
<th>Data Frequency</th>
<th>Date</th>
<th>Target</th>
<th>Actual</th>
<th>Target</th>
<th>Actual</th>
<th>Date</th>
<th>Target</th>
<th>Actual</th>
<th>Date</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of eligible referral screens receiving no-contact from HANDS employee</td>
<td>Quarterly</td>
<td>Dec 2012</td>
<td>March 2013</td>
<td>13-Apr</td>
<td>May-July 2013</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Additional Operational QI Data to Collect

<table>
<thead>
<tr>
<th>Op QI Indicator</th>
<th>Data Frequency</th>
<th>Date</th>
<th>Target</th>
<th>Actual</th>
<th>Date</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of babies aging-out (&gt;12 weeks) noted as reason for not completing parent assessment</td>
<td>Quarterly</td>
<td>Nov-March</td>
<td></td>
<td>0%</td>
<td></td>
<td>April-June</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Action Plan

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>What (Major Action Step)</th>
<th>By Whom (Lead)</th>
<th>Target Date</th>
<th>Revised Date</th>
<th>Actual Date</th>
<th>Comments</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ensemble QI Team</td>
<td>Beth Willett</td>
<td>12/12/13</td>
<td>01/13/13</td>
<td>02/11/13</td>
<td>Holidays delayed start of team; Director and HANDS Director had to pick appropriate team members</td>
<td>Source of Evidence for Plan</td>
</tr>
<tr>
<td></td>
<td>Develop team on purpose, charter, QI tools</td>
<td>Beth Willett</td>
<td>01/13/13</td>
<td>02/13/13</td>
<td>02/11/13</td>
<td>Data collection was changed throughout Plan stage due to suggestions from QI coach; process mapping and cause-and-effect diagraming occurred in team meetings throughout Feb. and March</td>
<td>Evidence We Will Generate</td>
</tr>
<tr>
<td></td>
<td>Gather initial data on current process</td>
<td>Beth Willett, Krystal Walling</td>
<td>01/13/13</td>
<td>04/13/13</td>
<td></td>
<td>If lead parent visitor management style is appropriate for a high-functioning HANDS program.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Process map current Parent Visit processes occurring in WIC and Family Planning clinic</td>
<td>HANDS QI team</td>
<td>01/13/13</td>
<td>02/25/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cause-and-effect diagram to identify root causes of why eligible referral screens are not</td>
<td>HANDS QI team</td>
<td>02/13/13</td>
<td>03/11/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify potential solutions</td>
<td>HANDS QI team</td>
<td>03/13/13</td>
<td>04/01/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implement improvement theory process changes</td>
<td>Krystal Walling</td>
<td>03/13/13</td>
<td>05/01/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Study data to determine if process changes are improvements</td>
<td>Beth Willett, Krystal Walling</td>
<td>07/13/13</td>
<td>08/01/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adopt, Act, or Return to Plan stage</td>
<td>HANDS QI team</td>
<td>07/13/13</td>
<td>08/12/13</td>
<td>Final QI team meeting; this project has lead to the start of another HANDS QI project concerning the average</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submit final grant report and invoice</td>
<td>Beth Willett</td>
<td>08/27/13</td>
<td>08/27/13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop PHQIX submission</td>
<td>Beth Willett</td>
<td>08/30/13</td>
<td></td>
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</tbody>
</table>

### Scorecard Measures or Initiatives Affected

- **Scorecard Measure or Initiative:** % of referral screens assessed with a parent assessment
  - **Data Frequency:** Monthly
  - **Track Scorecard Measures here if more frequent than quarterly**
  - **Date:**
    - 12-Dec
    - 13-Jan
    - 13-Feb
    - 13-Mar
    - 13-Apr
    - 13-May
    - 13-Jun
    - 13-Jul
  - **Target:**
    - 0%
  - **Actual:**
    - 11%
    - 16%
    - 22%
    - 24%
    - 56%
    - 54%
    - 52%

- **Scorecard Measure or Initiative:** % of eligible referral screens receiving no-contact from HANDS employee
  - **Data Frequency:** Quarterly
  - **Track Scorecard Measures here if more frequent than quarterly**
  - **Date:**
    - Dec 2012
    - March 2013
    - 13-Apr
    - May-July 2013
  - **Target:** 0%
  - **Actual:** 8%

### Additional Operational QI Data to Collect

- **Op QI Indicator:** Incidence of babies aging-out (>12 weeks) noted as reason for not completing parent assessment
  - **Data Frequency:** Quarterly
  - **Track all operational QI measures here, regardless of frequency**
  - **Date:**
    - Nov-March
    - April-June
  - **Target:** 0%
  - **Actual:** 15%
  - 0%

### Action Plan

- **Essemble QI Team**
  - By Whom (Lead): Beth Willett
  - Target Date: 12/12/13
  - Actual: 01/13/13
  - Revised Date: 02/11/13
  - Comments: Holidays delayed start of team; Director and HANDS Director had to pick appropriate team members

- **Develop team on purpose, charter, QI tools**
  - By Whom (Lead): Beth Willett
  - Target Date: 01/13/13
  - Actual: 02/13/13
  - Revised Date: 02/11/13
  - Comments: Data collection was changed throughout Plan stage due to suggestions from QI coach; process mapping and cause-and-effect diagraming occurred in team meetings throughout Feb. and March

- **Gather initial data on current process**
  - By Whom (Lead): Beth Willett, Krystal Walling
  - Target Date: 01/13/13
  - Actual: 04/13/13

- **Process map current Parent Visit processes occurring in WIC and Family Planning clinic**
  - By Whom (Lead): HANDS QI team
  - Target Date: 01/13/13
  - Actual: 02/25/13

- **Cause-and-effect diagram to identify root causes of why eligible referral screens are not**
  - By Whom (Lead): HANDS QI team
  - Target Date: 02/13/13
  - Actual: 03/11/13

- **Identify potential solutions**
  - By Whom (Lead): HANDS QI team
  - Target Date: 03/13/13
  - Actual: 04/01/13

- **Implement improvement theory process changes**
  - By Whom (Lead): Krystal Walling
  - Target Date: 03/13/13
  - Actual: 05/01/13
  - Comments: Process changes: reinstate gift card incentives for families to complete PV; change in organization of referral book; different lead PV assigned without caseload or managerial responsibilities; same forms being used in WIC and FP clinic

- **Study data to determine if process changes are improvements**
  - By Whom (Lead): Beth Willett, Krystal Walling
  - Target Date: 07/13/13
  - Actual: 08/01/13

- **Adopt, Act, or Return to Plan stage**
  - By Whom (Lead): HANDS QI team
  - Target Date: 07/13/13
  - Actual: 08/12/13
  - Comments: Final QI team meeting; this project has lead to the start of another HANDS QI project concerning the average

- **Submit final grant report and invoice**
  - By Whom (Lead): Beth Willett
  - Target Date: 08/27/13
  - Actual: 08/27/13

- **Develop PHQIX submission**
  - By Whom (Lead): Beth Willett
  - Target Date: 08/30/13