Collaborative Use of Qualitative Data for Continuous Quality Improvement Efforts

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Introduction

Family Home Visiting (FHV) programs use Continuous Quality Improvement (CQI) to better meet the changing needs of families. Each month, we collected qualitative data from 12 MIECHV-funded Local Implementing Agencies (LIAs) about their CQI work, including the strengths, challenges, and overall CQI processes. We used this data to share information about LIA CQI efforts with other LIAs seeking change ideas for their FHV programs. We also performed thematic coding of the qualitative data to identify strengths and barriers to LIA CQI work. We found our facilitation of information sharing led to collaborations between LIAs and improvements in more FHV programs.

Methods: 2023 Process



Planning tasks

- LIA survey
- CQI project announcement
- Change package

Yearly process with LIAs

- Monthly retention data dispersed
- Monthly qualitative data gathered
- Quarterly team connections

Qualitative analysis

- Qualitative thematic coding process
- Reliability coding practice with two coders
- Major and minor themes emerged

Examples of Sharing Information to Support CQI

Example 1: Home Visiting Introduction Videos -

An LIA, Kanabec County, experienced a challenge related to outreach and marketing. Through CQI qualitative data collection, MDH learned that a MIECHV-funded LIA, Carlton-Cook-Lake-St. Louis (CCLS), created a series of videos with parent voice describing the benefits of FHV.



 $\underline{www.youtube.com/watch?v=J6YVhIV5O7o\&t=2s}$

MDH shared this idea, including links to the videos. Kanabec decided to create their own home visiting introduction videos, and successfully applied for a grant to support the project.

Example 2: Teaching Tools Visual Roadmap for Families

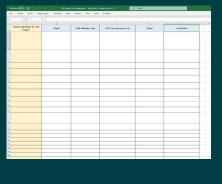
MIECHV-funded LIA First Steps (Benton-Sherburne-Stearns-Wright Counties) implemented a change idea for family engagement that involved creating a schedule for using family support supplies as 'teaching tools' in conjunction with the FHV model curriculum.



This project resulted in a visual roadmap to show families what is upcoming in future home visits. MDH connected First Steps with other LIAs to share this tool and spread and scale this change idea across Minnesota.

Example 3: PDSA Tracking Sheet

MIECHV-funded LIA
Olmsted County created
an Excel tracking sheet to
document their iterative
PDSA cycles, including the
issue that they wanted to
solve, what change ideas
were tried, staff responsible
for the test, testing outcomes,
and next steps.



MDH learned that several other LIAs needed more efficient ways to document their CQI work. MDH shared a version of Olmsted's PDSA tracking sheet with other LIAs, who appreciated not having to create something on their own.

Findings: Strengths and Barriers

Strength themes

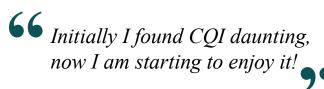
- Staff buy-in
- Formalized CQI process
- Health equity
- Collaboration efforts

Barrier themes

- Staff capacity
- Family engagement and referrals
- Data reporting

Lessons Learned

- LIAs experience similar barriers to implementing CQI projects.
- Collaboration at multiple levels (within and between LIAs, between LIAs and MDH) is vital to the CQI process.
- Collaboration saves time and leads to spreading and scaling of change ideas.
- MDH qualitative data collection facilitates relationships between LIAs and fosters positive attitudes toward CQI. One home visitor said,



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2023 CQI support process for MIECHV grantees