Date	7/15/13	
Date	1/10/10	

PLAN

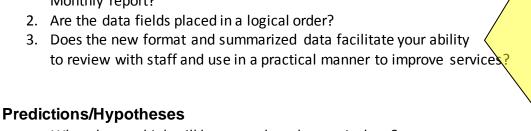
Objective for this cycle

What do you hope to learn?

Is the new format for the MIECHV Compiled Monthly Report easier to follow?

Specific questions to address:

- 1. Is the new format easier to follow compared to old Compiled Monthly report?



Plan

Act

Do

Study

• What do you think will happen when the test is done?

Sites will find the updated format to be a more user friendly presentation of the data resulting in the data being used more by sites to improve services.

Plan

For test: who, what, when, how, where:

Test with all 3 HFA supervisors through use of these three qualitative questions and the Buncombe NFP site as well through interviews by 7/30/13.

For data collection: who, what, when, how, how long:

Shruti will email supervisors the three qualitative questions to gather feedback.

DO Carry out the change/test.

- Collect data.
- Note when completed, observations, problems encountered, and special circumstances

STUDY Analyze and summarize data (quantitative and qualitative)

- What went well?
- What could be improved?

ACT Document what was learned and plan next cycle

- Should Adapt, Adopt, or Abandon the change?
- What adaptions are needed?
- Are you confident that you should expand size/scope of test?

PDSA Cycle Tracking Form

Name of Person Testing Change:	
Change Tested:	

Cycle No.	<u>PLAN</u>	<u>DO</u>	<u>STUDY</u>	<u>ACT</u>
1.01	What did you test?How did you test it?Who and how many did you test it with?	Date Tested	What did you learn?What worked well?What could be improved?	How will you adapt the change?
1	Is the new format for the MIECHV Compiled Monthly Report easier to follow? Testers answered three qualitative questions listed above. Test with all 3 HFA supervisors through use of these three qualitative questions and the Buncombe NFP site as well through interviews by 7/30/13.	7-30-13	Nickey Stamey (MYHF) agrees that the report is easier to follow and answered yes to all three questions. Jan Williams (HFD) indicates that the new format is easier to follow and much easier on the eyes. She also likes how all the HF programs are on one sheet – much easier to compare apples to apples. When asked if data fields were placed in a logical order, she indicates: 'The only thing confusing to me is in section 2. Program capacity is in "weighted caseload", right? Then current caseload is in "number of clients" Would it make it clearer to have current caseload be in weighted caseload also? Seems like we might need to be more specific on the form about which fields are weighted caseload and which fields are "actual client numbers." This would be particularly true if somebody who	Discuss HFA program capacity at next state MIECHV team meeting. At we received guidance from Marshall, since these reports are filed with HRSA, we need to ensure that we are defining program capacity at achievable scales that would make sense to an outside audience. So, while HFA might define program capacity as a maximum based on FTE FSW and max caseload of 25, if this 25 is not a realistic goal to report across the board, then the program consultant should work with sites to assess their program's capacity in terms of families that can be served throughout the

didn't know Healthy Families was looking at the form'.

Jan confirmed that the new format facilitates her ability to review with staff and use in a practical manner to improve services.

Dollie Adcock (CVHF) states that new format is easier to follow, the data fields are placed in a logical order and it is very clear and easy to review so it does facilitate her ability to use in a practical maner.

Jennings Garry (Buncombe NFP): This tool is much more helpful than the older report. I like to look at discharges...if we have a large number and another site has none I may call them to ask about their success. I also like knowing we are doing "our share" with visits etc. This is a quick glance that tells me where we are in comparison to other sites. I think looking at the NFP data like this with other non-MIECHV sites would be very interesting. Maybe you and Mandy already are but it is a great barometer (the report) It also lets me know areas where our team could improve on. Like referrals to our MIECHV nurse. Maybe I should be giving her more in order for her to get to a caseload of 25. Things like that jump out at me.

funding year. With this in mind, we may need to reassess how we collect from our HFA sites and go back to initial capacity numbers, those used prior to revisions to this tool.

Adapt tool with these revisions and continue to test another phase with the state MIECHV team analyzing data at next team meeting.

2	Cycle 2 test will be to distribute this Compiled Monthly Report to all seven MIECHV sites.	9/6/13	
3			
4			

5		