Project Measurement Table

AIM STATEMENT:

- The Aim of this project is to support high-quality implementation of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program by streamlining data collection at the state and local levels, improving the quality of monthly program data sent from local programs to state team staff, and optimizing effective use of data to improve services to children and families being served by two targeted evidence based home visiting (EBHV) programs by 9-30-13. This is important because EBHV programs improve child health and development, pregnancy outcomes, and parenting skills for the most vulnerable families. Early intervention using best practices can strengthen protective factors for parents and children to improve outcomes. Using data effectively will empower programs to be accountable for identifying and correcting problems quickly to improve staff performance and client participation, and ensure clients receive appropriate care.
- This will be achieved by assessing sites' current data processes as well the state team's utilization of these data to identify barriers, determine opportunities for process improvement, and increasing the communication feedback loop to programs in order to efficiently make changes.

Goals	Measure and Operational Definition	Data Collection					
		Sample Size *(How many?)*	How will it be collected? *(Method)*	How often? *(Frequency)*	When will it be collected? *(Time period)*	Who will collect and display the data?	Notes
(1) Increase the percentage of site monthly team meetings in which the Monthly Data Discussion Form is completed from 0% to 100%. Project result = 92%	**Percentage complete:** The number of completed Monthly Data Discussion Forms / the number of pilot sites in the reporting period ***(Process Measure)***	2 MIECHV sites: 1.Durham HF 2. Northeastern NFP	Programs will e-mail completed Monthly Data Discussion Form to MIECHV Data and QI Coordinator	• Baseline • Project End	• Oct.,2012 – Feb., 2013 • March, 2013 – August, 2013	Shruti	Program consultants will use the Monthly Data Discussion Forms to f/up with individual sites as a way to promote communication feedback loop. *Baseline 0/10 = 0% Comparison 11/12 = 92%*
(2) Increase percentage of sites submitting Monthly Data Update on time* from 91% to 100%. Project result = 98%	**Percentage On Time:** The number of completed Monthly Data Updates submitted on time / the number of Monthly Data Updates submitted in the reporting period *On time: Submission of the MIECHV Monthly Data Update by the 10th of each month to the MIECHV Data	7 MIECHV sites: 1.Buncombe NFP 2.Gaston NFP 3. Northeastern NFP 4. Robeson NFP 5. Durham HF 6. CVHF 7. MYHF	Using a MIECHV monthly tracking sheet to track for timeliness.	• Baseline • Project End	• Oct., 2012 – Feb., 2013 • March, 2013 – August, 2013	Shruti	We're collecting data from all 7 MIECHV sites. Sites other than the 2 pilot sites will be control group who do not have a structured data process in place. *Baseline 32/35 = 91% Comparison 41/42 = 98%*

	and QI Coordinator. *(Process Measure)*						
(3) Increase percentage of Monthly Data Update submissions without errors* from 66% to 90% Project result = 71%	**Percentage Accurate:** The number of completed Monthly Data Updates submitted without errors / the total number of Monthly Data Updates submitted in the reporting period *(Process Measure)*	7 MIECHV sites: 1.Buncombe NFP 2.Gaston NFP 3. Northeastern NFP 4. Robeson NFP 5. Durham HF 6. CVHF 7. MYHF	Using a MIECHV monthly tracking sheet to track for errors	• Baseline • Project End	• Oct., 2012 – Feb., 2013 • March, 2013 – August, 2013	Shruti	*The state MIECHV team has limited ability to check for site level errors. There is the ability to utilize the NFP live database (ETO system) to verify program data however not specifically for our MIECHV funded participants but rather for total program populations. For purposes of this measure, "errors" is defined as outliers or discrepancies identified during MIECHV team meetings when examining data trends over time. *Baseline 23/35 = 66%* *Comparison 30/42 = 71%*
(4) Increase percentage of staff satisfied with the relevancy and usefulness of the monthly data from 91 to 100%. Project result = 100%	**Percentage Staff Satisfied w/Relevancy and Usefulness:** Number of respondents (pilot site and state team) who indicate "satisfied" or "highly satisfied" with the relevancy and usefulness of the data / the total number of survey respondents for data utilization survey *(Outcome Measure)*	2 MIECHV sites : 1.Durham HF 2. Northeastern NFP & members of MIECHV State Team	Staff satisfaction (local pilot sites and State Team) on data utilization questionnaire through Survey Gizmo (Question # 18)	• Baseline • After the implementa-tion of the discussion form • Project End	• January, 2013 • April, 2013 • August, 2013	Shruti & Elizabeth	Tools can include completed Monthly Data Update, Monthly Data Discussion Form, and any relevant forms, templates or reports. *Baseline 10/11 = 91%* *Comparison 7/7 = 100%*

| (5) Increase the percentage of sites indicating they have used the MIECHV monthly data to improve services from 25% to 100%. Project result = 80% | **Percentage of Site Service Improvement:** The number of respondents who indicated with a rating of 4 or higher on the survey question / the total number of survey respondents for the service improvement survey.

Note: With regard to "improve services" key quantitative data points (see column 4 for this goal) will be tracked monthly on run charts throughout the project for our two pilot sites. Qualitative survey of service improvement will be administered to all seven MIECHV sites at baseline and at project end.

(Outcome Measure) | 7 MIECHV sites:
1.Buncombe NFP
2.Gaston NFP
3. Northeastern NFP
4. Robeson NFP
5. Durham HF
6. CVHF
7. MYHF | *Qualitative* survey on service improvement will be administered to all seven MIECHV sites at baseline and the end of the project. *Quantitative* data collected from two pilot sites to measure the following key data points:
- caseload
-referrals
-# enrolled
-home visits completed. Key data points will tracked on run charts monthly starting at baseline and throughout the project. | *Qualitative* with 7 MIECHV sites:
• Baseline
• Project end

Quantitative with 2 pilot sites tracked monthly from baseline to project end. | *Qualitative* with 7 MIECHV sites:
• February, 2013
• August, 2013

Quantitative with 2 pilot sites tracked monthly from October 2012 to August 2013. | Shruti Elizabeth Jeannie | This measure would allow us to compare whether using a structured data process was effective for the 2 pilot sites as opposed to the other 5 sites who did not implement a structured data process. Quantitative and qualitative data will be analyzed together to provide a more complete picture of the sites' progress. This is a long-term goal that will be tracked throughout the project and after project end. Sites may or may not see improvement during the QI project schedule, but tracking this measure will help us to focus on our ultimate, long-term aim.
Baseline 1/4 = 25%
Comparison 4/5 = 80% |

BALANCING							
Goals	**Measure and Operational Definition**	Data Collection					
		Sample Size *(How many?)*	**How will it be collected?** *(Method)*	**How often?** *(Frequency)*	**When will it be collected?** *(Time period)*	**Who will collect and display the data?**	**Notes**

| (6) Maintain site satisfaction with the data collection process at 100% Project result = 100% | **Site Satisfaction:** Number of respondents (pilot site and state team) who indicated "satisfied" or "highly satisfied" with QI process / total number of survey respondents during reporting period | 2 MIECHV sites: 1.Durham HF 2. Northeastern NFP and members of MIECHV State Team | Staff satisfaction on data utilization questionnaire through Survey Gizmo (Question #10) | • Baseline
• After the implementation of the Monthly Data Discussion form
• Project End | • January, 2013
• April, 2013
• August, 2013 | Shruti & Elizabeth | *Baseline 7/7 = 100% Comparison 4/4 = 100%* |