

Continuous Quality Improvement Toolkit

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Continuous quality improvement overview

The Minnesota Department of Health (MDH) family home visiting section is dedicated to supporting continuous quality improvement (CQI) efforts at both the state and local levels to strengthen the delivery of home visiting services for families with young children. CQI is an ongoing process of using data, feedback, and small tests of change to regularly improve practices and outcomes. Local family home visiting programs are encouraged to focus on improving outcomes by:

- Creating a strong culture of CQI, incorporating the essential elements into program development, including leadership, employee empowerment, customer focus, teamwork, and collaboration.
- Building effective CQI infrastructure, which might include a team, performance management system, and plan.
- Embedding CQI practices into daily work, consistently using CQI methods in program planning, development, and evaluation.

What is CQI?

CQI is an ongoing, structured approach that uses data and frontline insight to improve outcomes, strengthen performance, promote efficiency and effectiveness and guide decision-making over time. CQI helps understand what is working, identify gaps early, and support targeted improvements that lead to better results for families. When engaging in CQI efforts, focus is on small, testable changes rather than big overhauls. It removes blame from any one individual or team and gives staff a structured way to improve what is not working and strengthen what is working.

Though they are distinct concepts, CQI is often confused with quality assurance. Quality assurance asks, “do we have a good program?” while CQI asks, “how can we make our program better?” The following characteristics help to differentiate CQI and quality assurance.

Quality assurance	Quality improvement
<ul style="list-style-type: none"> ▪ Reactive ▪ Good enough ▪ Point in time evaluation ▪ Led by management ▪ Responsibility of few ▪ Setting or meeting minimum standards ▪ Judgmental (pass/fail) ▪ Regulatory oversight (mandated) 	<ul style="list-style-type: none"> ▪ Proactive ▪ Best possible ▪ Continuous evaluation ▪ Led by staff ▪ Responsibility of all ▪ Constantly working to meet and exceed standards ▪ Educational (learn from success and failure) ▪ Culture shift (always seeking to improve)

CQI guiding principles

Embedded at the core of any CQI initiative are guiding principles that provide a framework for agencies to be adaptable and flexible and embrace a learning environment.

These guiding principles include:

- A focus on improving services from the family's perspective.
- Meaningful engagement across all levels of the team is required for success.
- Recognition that all processes can be improved.
- Continual learning using an "all teach, all learn" philosophy.
- Decision-making is improved by using both data and team knowledge.
- CQI data is used for learning and improvement, not for judgment or supervision.

MDH CQI support and technical assistance

MDH family home visiting staff provide local family home visiting agencies assistance using CQI methods to improve family home visiting services. This support includes, but is not limited to:

- Consultation
- Training
- Facilitation
- Coaching
- Peer learning opportunities
- Technical assistance
- Data collection, reporting, and analysis

CQI training modules

Various free CQI training modules exist to help local agencies build CQI knowledge and capacity.

James Bell Associates CQI toolkit

The [Continuous Quality Improvement Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program Awardees](#) includes nine modules which may be delivered individually or as part of a multi-day training activity for home visiting staff and leadership. Each module contains a facilitation guide, PowerPoint slides with facilitation notes, handouts, and activities for participants. MDH is available to support agencies with implementing CQI training for staff as well as parent leaders.

- Module 1: Introduction to CQI
- Module 2: Using data to drive CQI and identify topics
- Module 3: Creating the CQI culture and forming a team

- Module 4: Creating SMART aims
- Module 5: Understanding the PDSA process and measurement
- Module 6: Process maps
- Module 7: Root cause analysis tools
- Module 8: Key driver diagrams
- Module 9: Reliability concepts and sustaining gains

Note: While this toolkit was designed for MIECHV program, all family home visiting agencies may find the information valuable.

Institute for Healthcare Improvement training videos

The [Institute for Healthcare Improvement \(IHI\)](#) created several short YouTube video clips to explain different CQI processes and tools.

- [Model For Improvement Clip 1](#)
- [Model For Improvement Clip 2 - YouTube](#)
- [Whiteboard: Driver Diagrams](#)
- [Ask 'Why' Five Times](#)
- [The PDSA Cycle](#)
- [IHI Quality Improvement Games: Learn How to Use PDSA Cycles by Spinning Coins](#)
- [Whiteboard: Run Chart 1](#)

Starting a CQI project

This section will provide details of the following steps that may be helpful for agencies initiating a CQI project.

1. **Select a topic:** Identify an area that needs improving
2. **Form a team:** Establish who needs to be involve
3. **Determine a CQI method:** Identify the CQI model, methods, and tools
4. **Write a project charter/outline:** Document the plan, including goals, and the who, what, when steps in the process

Select a topic

Areas within your program that may be well-suited for improvement include those that:

- Show a gap between current performance measures and established benchmarks based on data indicators.
- Have strong stakeholder interest and readiness for change.
- Already have improvement efforts underway that can be built upon.

- Are supported by evidence-informed best practices that are not yet widely implemented.
- Demonstrate better outcomes in real-world settings.
- Have the potential—if expanded—to produce meaningful benefits for the families served.

Form a CQI team

Making CQI successful requires a strategic, team-based approach, supported by thoughtful planning and dedicated staff who have adequate time and resources. The following key concepts are important to consider when forming a CQI team.

- An effective CQI team may vary in size and composition. Ideally, teams include 5–10 members. Teams that are too small may lack essential perspectives or expertise, while teams that are too large can struggle with decision-making and efficiency.
- CQI teams should include representatives from all groups impacted by the improvement goal, such as leadership or management, supervisors, frontline staff, and families.
- Sometimes agencies may already have a CQI team formed prior to the topic area based upon time, knowledge, and resources. Regardless of when the team is formed, it is important that the individuals on the team are invested in the project goals and outcomes.

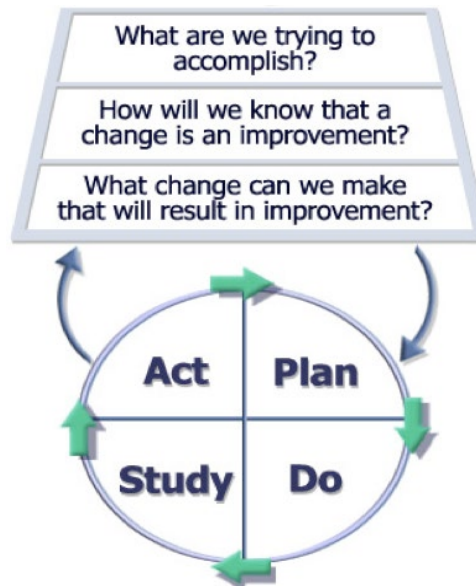
Potential CQI members

- **Administrator or senior leader:** The individual from the home visiting agency who is responsible for providing leadership, support, and advocacy on behalf of the team. They are a champion of the project idea(s), actively guiding the work of the team, and are available for troubleshooting barriers.
- **Manager or front-line supervisor:** The person responsible for providing direct supervision to home visiting staff.
- **Home visitor(s):** One or more staff that are actively working with families.
- **Data specialist:** Staff dedicated to collecting and analyzing data gathered.
- **Parent leader:** A current or former client who received home visiting services.
- **MDH family home visiting staff:** When appropriate, MDH staff may support agencies through meeting participation, data assistance, training, or other resources.

Determine a CQI method

While there are additional structured methods and ideology for continuous quality improvement, MDH uses the Institute of Healthcare Improvement’s Breakthrough Series collaborative model as a framework for CQI in family home visiting. MDH utilizes the Model for Improvement. The model for improvement (Figure 1) is a simple and practical framework for testing changes in a structured way. It has two main parts: answering three basic questions and then trying out changes using the Plan–Do–Study–Act (PDSA) cycle. This approach works well in public health settings by helping programs make improvements more quickly, learn from what works, and achieve lasting results.

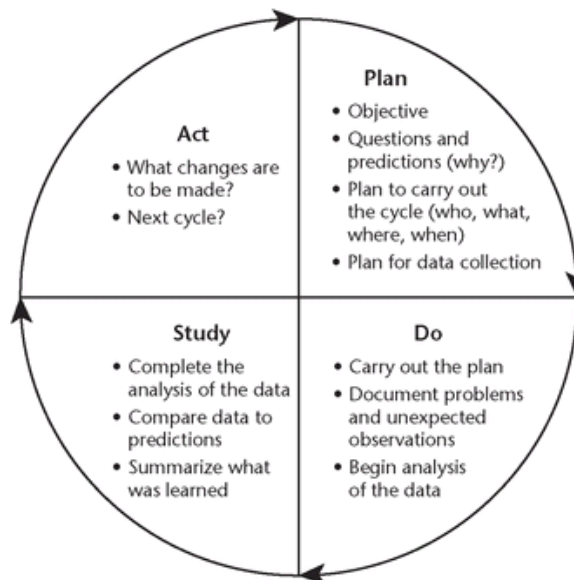
Figure 1. Model for improvement



Langley, G.J., Nolan, K.M., Nolan, T.W, Norman, C.L., & Provost, L.P. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd Ed.). San Francisco: Jossey-Bass. P.24.

Figure 2 displays the Plan, Do, Study, Act cycle, which is a method for quickly testing a change. It involves planning the test (plan), carrying it out (do), reviewing and learning from the results (study), and deciding what adjustments to make next (act). This approach allows teams to adapt quickly to real-world conditions and speeds up learning and improvement. More information can be found on [Tools and Training - PDSA: Plan-Do-Study-Act](#).

Figure 2. Plan, Do, Study, Act Cycle



Langley, G.J., Nolan, K.M., Nolan, T.W, Norman, C.L., & Provost, L.P. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd Ed.). San Francisco: Jossey-Bass. P.97.

Write a project charter

A project charter (or CQI plan) is an agency's roadmap for improving services, processes, capacity, and outcomes. It aligns staff, collaborators, and stakeholders around shared priorities and goals, and outlines how performance is assessed, improvements are tested, and results inform ongoing work. It summarizes the three questions of the model for improvement:

1. What are we trying to accomplish
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

Typical elements people expect in a CQI project charter

- Improvement goals and focus areas
- Measures or data sources
- Roles and responsibilities
- Improvement methods (e.g., PDSA cycles)
- How learning and results are shared

Note: MDH created a [project charter template](#) that can be downloaded and saved. The IHI's [QI Project Charter](#) can be also be helpful during development

A charter is a more formal tool for agencies wanting to share their work with community stakeholders. A project charter ideally includes:

1. **Problem statement of call to action:** A brief description of the issue or gap that the project aims to address. Completing a root cause analysis (i.e. [the Five Whys](#)) may be useful to identify problems/gaps.
2. **SMART goal(s):** A specific, measurable, achievable, relevant, and time-bound (SMART) statement of what the project intends to accomplish. More information at [Tools and Training - Objectives and Goals: Writing Meaningful Goals and SMART Objectives](#).
3. **Team members and roles:** List of who is involved in the project and what each person is responsible for (i.e. project lead, data analyst, frontline staff).
4. **Scope:** Defines what is included and what is excluded in the project.
5. **Data and measures:** Includes specific measures that will be used to track project progress and success. These often include outcome measures (results), process measures (how the work is done), and balancing measures (unintended effects).
6. **Baseline data:** Shows the current performance before changes are made so improvements can be compared over time.
7. **Change ideas/interventions:** A description of strategies or actions the team plans to test to improve and work toward the aim.
8. **Implementation plan/timeline:** A high-level schedule of the project with key phases and deadlines. It is important to keep the project on track and allow for progress monitoring.

Note: An example project charter is included in Appendix A.

Managing a CQI project

The following resources can be helpful to teams managing a CQI project:

- Data tracking system
- Project planning and monitoring
- Quality improvement tools

Data tracking system

Measures are key data indicators that are used to evaluate performance and track improvement. Regular review of data is essential to determining if the progress of an improvement project is on track and if goals of an improvement project have been met. There are three key types of measures: Outcome, process, and balancing.

Outcome measures

Did it make things better?

Tell us whether the change made/helped families or improved results.

Tied to aim statement/SMART goals.

Examples:

- Percentage of families who complete home visits on time
- Percentage of children who receive developmental screenings
- Percentage of families who stay enrolled for 12 months.

Process measures

Are we doing the work we planned?

Track whether the steps believed to lead to better outcomes are happening. Tied to key objectives and change ideas. Help teams see where things are breaking down in the process.

Examples:

- Percentage of families who receive visit reminder texts
- Percentage of visits scheduled before the home visitor leaves the previous visit
- Time from referral to first complete home visit

Balancing measures

Are there any unintended side effects?

Make sure improvements in one area don't cause problems in another.

Examples:

- Home visitor caseload stress or burnout
- Family satisfaction with visit length or frequency
- Staff turnover or sick time

The project team should identify at least one outcome measure that would be used for your SMART aim and three to five process measures to evaluate progress along the way. Teams should create a data tracking system for how they will regularly collect, report, and review data. A run chart is often helpful to see the data visually over time. For more information on run charts, visit [Tools and Training - Run Chart](#).

Project planning and monitoring

There are four key phases to a CQI project: development, testing, implementation, and sustainability. There are tools available to help your team plan strategically for each phase. These may be called a **project planning form**, **action plan**, **work plan**, or **implementation plan**. These living documents help your team break down a high-level SMART aim into a logical set of smaller goals and actions. Your team can use them to establish timelines, tasks, and individuals responsible for completing the work. Team members can then use **PDSA Forms** to document and report on their efforts. These tools are reviewed during team meetings to assess the status and monitor progress of the actions needed to move the project forward.

Continuous quality improvement tools

The MDH Center for Public Health Practice created a [Public Health and Quality Improvement \(QI\) Toolbox](#) with nearly 40 QI tools and instructions on how to use each tool. Figure 3 lists commonly used QI tools and when they may work best through each phase of your project.

Figure 3. Which tool when?

Plan			Do	Study	Act
Define	Assess	Analyze	Improve		Sustain
What is the problem? What results do we want?	What is happening? Where should we focus?	Why is it happening? What are the root causes of problem?	How can we fix it? What solutions should we implement? Did the solutions achieve our desired results?		What adjustments should we make? How will we sustain results?
Tools	Tools	Tools	Tools		Tools
<ul style="list-style-type: none"> • Project Charter • Team Norms • Aim Statements • Driver Diagram • Voice of the Client Techniques 	<ul style="list-style-type: none"> • Flowchart (Process Map) • Check Sheet • Focused Conversation • Pareto Chart • Data / Statistics 	<ul style="list-style-type: none"> • Brainstorming • Cause and Effect (Fishbone) Diagram • 5 Whys • Affinity Diagram • SWOT Diagram • Focused Conversation • Surveys • Interviews • Focus / Advisory Group 	<ul style="list-style-type: none"> • Brainstorming • Ranking and Voting • Impact-Effort Plot • Check Sheet • Pareto Chart • Run Chart • Focused Conversation • Surveys • Interviews • Focus / Advisory Group 		<ul style="list-style-type: none"> • Storyboard • Flowchart (Process Map) • Data / Statistics • Dashboard • Protocols • Training • Onboarding

Additionally, HV-CoIIN developed the [Family Leadership Toolkit and Resources](#) page to assist teams establish a process for regularly engaging caregivers and families in program CQI efforts.

Concluding a CQI project

The following steps are helpful when finishing a CQI project:

1. **Celebrate successes**
2. **Sustain the gains**
3. **Spread improvements**
4. **Harvest lessons learned**
5. **Tell your story**

Celebrate successes

It is important to take the time to celebrate the successes of your project. You can do this in a variety of ways, and make sure that team members are recognized for their valuable contributions and commitment to seeing the project through. Celebration is often overlooked in a busy work environment, but it is essential to building buy-in for CQI efforts, motivating staff to lead and participate, and maintaining momentum for improvement work and outcomes.

Sustain the gains

To ensure long-term sustainability, it is important to embed successful changes into established processes. This can be accomplished by creating or updating protocols, procedures, and practice guidelines; incorporating changes into new staff training and ongoing competency assessments; and including regular check-ins during individual supervision and staff meetings.

It is also considered best practice to continue tracking, monitoring, and discussing key data measures for at least six months. The HRSA [Sustainability Worksheet](#) is a helpful tool to guide and support your sustainability planning efforts.

Spread improvements

Spread means purposefully and thoughtfully expanding your improvements. This includes increasing the number and types of people, teams, or organizations that adopt the changes.

Teams should share their best practices and lessons learned with others who may benefit, including peers, other home visiting models (both evidence-based and traditional), other departments, and community or regional partners serving similar populations.

Harvest lessons learned

A key step to concluding a CQI project is harvesting the lessons learned. Your team will want to consider not just the topic that you worked on, but also how you worked on it as a team. Did you have the right people at the table? Did you have measures that effectively informed your work? Were you working with a realistic timeframe? Did you have the resources and support you needed to be effective? Discussing and documenting these types of questions and feedback will put your team in a better starting position when launching your next CQI project.

Tell your story

Your team worked hard! You went above and beyond to improve something that you cared about in your work. Make sure that others know about it and can learn from it. Consider creating some product that can help tell your story. This may include an executive summary, project report, topic brief, and/or topic toolkit. This also may include a storyboard, or a poster that provides a visual representation and high-level summary of a project and can be presented to a variety of audiences. To learn more about CQI storyboarding, visit [Tools and Training - Quality Improvement Storyboard](#).

Managing barriers

Integrating CQI can be met with barriers and resistance at times. This may include opposition to utilizing formal or informal CQI tools and processes, as well as hesitation to embrace change and try new things. MDH encourages agencies to utilize and share this toolkit and the resources within with staff at all levels to help support an understanding of the importance and benefits of CQI efforts. The Institute for Healthcare Improvement also published the [Psychology of Change Framework](#), a white paper that may provide a supportive information to better understand the reasons for resistance to change and tips to address this within your agency.

Contact

If you have questions regarding this document or continuous quality improvement efforts within the MDH family home visiting section, email health.fhvcqi@state.mn.us.

Appendix A: Example project charter – Family retention

Date/version: 3/05/2025

Division/Section/Unit/Program: Family home visiting

Executive sponsor: Leadership/supervisor name

Project lead: Lead home visitor name

Project description/Statement of work

What do you intend to do?

Family home visiting would like to improve the length of time families remain in the program. We would like to improve our graduation rates.

Business case/statement of need

Why is this project important now?

Families enrolled in family home visiting have inconsistent retention, with only 60% graduating from the program. Staff believe that this reduces program effectiveness in improving child health and family outcomes.

Data indicating a performance gap

How do you know a problem exists? Include all quantitative and qualitative data available. If data is not available, indicate how and when baseline data will be collected.

For families enrolled beginning in 2025, only 60% were still enrolled at the end of 2025. 10% of these families were closed due to non-intervenable reasons such as moving out of the service area where 30% appear to have reasons such as 'unable to locate client.' Data shows that these families who left the program early did not receive their recommended dosage frequency of home visits from their nurse, only having about 70% of their scheduled home visits.

Project definition

Project goals

List goals that are specific, measurable, achievable, relevant, and time bound.

Increase the number of enrolled families completing the recommended frequency dosage of home visits from 70% to 80% by September 2026.

Project scope

Indicate the first and last steps in the process. List what is out of scope.

We plan to focus on the frequency of completed home visits among enrolled families.

Included: All active families enrolled in family home visiting, home visits completed by home visitors, and closing reasons identified for families closed.

Excluded: Families on temporary hold, and group attendance/participation.

Data/measures

Which outcome, process, and balancing measures are relevant to this project?

- Outcome measure: Percentage of families completing all recommended home visits.
- Process measures: Number of visits scheduled vs. completed; Average days between scheduled and completed visits.
- Balancing measures: Home visitor caseload satisfaction; family engagement and retention rates; family satisfaction scores collected via surveys.

Cost/budget/resources needed

The cost of implementing this project is focused more on time rather than monetary cost. There will be some ‘cost’ associated with family home visiting nurses having the ability to complete home visits during non-traditional hours work hours. There will also be some ‘time’ put into planning for the project, documenting change ideas implemented, and tracking outcomes

Project team

Roles and responsibilities of team members

Team member	Role/position	Anticipated project responsibilities
Name	CQI lead	Oversees project, keeps on track
Name	Family home visiting supervisor	Provides coaching and staff support, implements test of change
Name(s)	Home visitor(s)	Implements test of change
Name	Data lead	Tracks, analyzes, and shares data with the team

Implementation plan/milestones

Example target dates and activities

Date	Milestone
March	Draft project charter
March	Collect and identify baseline data
April 1	Recruit project team
April 10	Convene team: Finalize charter and review lean principles
April 20	Asses current state: Map process
April 30	Brainstorm and prioritize solutions
April 30	Develop improvement theory/theories and action plan
June	Test improvements, make modifications, test again
July	Test improvements, make modifications, test again
August	Test improvements, make modifications, test again
September	Implement and monitor effective new processes
September	Report outcomes to stakeholders

Change ideas/interventions

What change ideas may be implemented over the course of this project?

1. Implement reminder tests or calls to families before visits
2. Standardized scheduling visit at the end of previous visit
3. Use flexible visit options (evenings when appropriate)
4. Monthly supervisor check-ins focused on visit completion barriers
5. Utilize incentives to keep families from canceling
6. Ensure correct entry of closure reason in families that are closed.

Communication plan

What needs to be communicated? When is communication needed? To whom? How?

The CQI team will report about the change ideas tried and what was learned in monthly team meetings. This will allow the team to recruit additional team members to participate in spreading change ideas. What is learned and outcomes will also be communicated to agency leadership.

Participant focus/engagement

How will you engage participants in the improvement project?

One of the ways to study this project will be to ask families what helps them with scheduling and then follow-through with scheduled home visits. We will also ask families if anything would motivate them as an incentive.

Sponsor sign-off

Name:

Date: