AUCD

LEND Program Quality Improvement (LPQI) Network: Tutorial for Faculty

Written by:

Natalie Martinez, Data Support Manager AUCD

Contents

1.	Intro	duction	. 2
2.	Dictio	onary	. 3
		Administrative Contacts	
		-To: Using the LPQI Application	
4	.1	Login Page	.4
4	.2	My Dashboard	. 5
4	.3	My Activities	.5
	4.3.1	Trainee Observation	.7

1. Introduction

Goal: The goal of the LEND Program Quality Improvement (LPQI) Network is to help individual programs improve the quality of LEND training in core competencies (e.g. family-centered care, interprofessional teaming) by: (1) using standardized measurement tools, (2) developing a voluntary inter-institutional database, (3) providing feedback to programs to use for quality improvement, and (4) identifying programs that demonstrate changes consistent with "best practices."

Need: Most LEND programs currently use a variety of internal data to judge the effectiveness of specific training efforts. Measurement of trainee progress in core LEND competencies such as interprofessional teaming or leadership skills varies among the LEND programs, however, and there is no simple way to judge short-term program effectiveness except through documentation of trainee improvement within a LEND program. Although each program can demonstrate gains in trainee outcomes, it may be that some training methods are more effective than others. The current NIRS system appropriately tracks broad long-term outcomes for LEND trainees, but does not provide data to judge the effectiveness of specific training practices. The proposed LPQI Network would allow participating LEND programs to judge the effectiveness of components of their curriculum by comparison to national averages.

History: The LPQI Network began in 2013 when some LEND directors began to wonder how we could harness the power of the AUCD network to improve the quality of our training programs. At LEND director meetings in 2014, a majority of LEND programs participated in discussions of what tools to use and how to implement a national database, as well as the rule for transparency and data-sharing. In 2015 and 2016, four LEND programs implemented pilot studies using an established trainee self-report measure (CCM) and a newly developed faculty observation measure (I-FOR). The first pilot suggested that both instruments were generally acceptable to trainees and faculty. The second pilot was a year-long formal research study of the two measures, focusing on feasibility and the metrics of each instrument. An analysis of 80 trainee/faculty data points is currently underway.

All stages of the project were shared for input from the LPQI Advisory Group, which consists of more than 20 LEND leaders. In addition, LPQI pilot leaders shared updates at every LEND directors meeting and with MCHB leaders starting in 2014. The online Application was designed by AUCD staff with input and testing by LEND training directors and administrators. The entire system is linked to NIRS and is being piloted in a user-friendly format starting in 2016-17, with the goal of network-wide participation by all interested LEND programs in 2017-18.

Key Elements

- A. Participating LEND programs will use two common tools, one trainee self-report (CCM) and the second a faculty observation tool (I-FOR) to enter baseline and follow-up data on long-term trainees into a database maintained by AUCD and linked to NIRS (the "LPQI Application"). The first pilot year (2016-17) will focus on the core MCH competencies of interprofessional teaming and family-centered / culturally competent care. Leadership, advocacy, and other competencies can be added in the future.
- B. The "LPQI Application" will automatically analyze the data from participating LEND programs to determine change in baseline for each competency area (mean change and effect size) for both trainee self-report (CCM) and faculty observation (I-FOR). Each LEND program will have access to reports on their own program's performance. These reports will also include information so that LEND programs to compare their outcomes with aggregate national data. LEND programs will not have access to outcomes of other individual programs.

- C. Participating LEND programs will use each year's LPQI data reports to determine areas for improvement, devise and implement a quality improvement plan, and measure outcomes in subsequent years.
- D. AUCD will provide annual reports on national outcomes, analyzing aggregate data by trainee discipline, intermittent vs. continuous training, etc. AUCD will not identify scores or "rank" of individual LEND programs.
- E. Starting with data at the end of Year 2 (2017-18), AUCD will begin identifying the approximately 10-20% of LEND programs that have demonstrated relatively large change in each MCHB competency area during the last year. This list would be available to LEND programs looking for models to help with their QI efforts. AUCD would not rank programs, and would not publicize lists of programs.
- F. Participating LEND programs can voluntarily share their individual program outcomes with MCHB as part of their annual progress report. This will allow programs to put outcomes in context (e.g. high baseline scores of LEND trainees led to low change – "ceiling effect") and describe how they are addressing outcome data (e.g. QI plan).
- G. The LPQI Network is a technical assistance tool offered by AUCD to LEND programs. It is not endorsed by or required by MCHB.

2. Dictionary

T1 data period: Designated time (set by individual programs using the LPQI Application) in the beginning of the training year during which trainees report baseline knowledge and skills related to specific competency areas

T2 data period: Designated time (set by individual programs using the LPQI Application) several months into the training year during which faculty rate current knowledge and skills of trainees related to specific competency areas

T3 data period: Designated time (set by individual programs using the LPQI Application) in the end of the training year during which trainees report current knowledge and skills and faculty rate current knowledge and skills of trainees related to the same competency areas as T1 and T2, respectively

CCM: "Core Competency Measure"; trainee self-report measure developed by the Children's Hospital of Philadelphia LEND program, completed for interdisciplinary care (6 items) and family-centered / culturally competent care (8 items) as part of LPQI at T1 and T3

I-FOR: "Interdisciplinary and Family-Centered Care Observation Rubric"; faculty observation tool specific to the LPQI initiative that was originally adapted from competencies in the Pediatric Milestones Project and refined based on a review of MCH Leadership Competencies, completed for interdisciplinary care and family-centered /culturally competent care as part of the LPQI at T2 and T3

Fiscal Year

The definition of "Fiscal Year" for the LPQI Application will match the definition of "Fiscal Year" in NIRS; it begins July 1 and ends on June 30. Collected data from previous Fiscal Years will be available for review but will be locked for modifications to users with all security levels, with the exception of AUCD Administrators.

3. Key Administrative Contacts

For general Application or LPQI questions, please contact: Natalie Martinez Data Support Manager <u>nmartinez@aucd.org</u> or (301)588-8252 ext. 221

If you have technical problems or need to report Application errors, please contact: Oksana Klimova Director, Web Services oklimova@aucd.org or (240)821-9378

4. How-To: Using LPQI Application

As a Faculty member who works closely with one or more Trainees as part of their LEND experience, you will receive an invitation to participate in the LPQI Application. This invitation will contain a link to a login page, where you'll input the same information as you do for the NIRS database. If don't remember your NIRS login information, use the "Forgot your password" feature.

4.1 Login Page

creenshot		
creensnot	C AUCD NIRS Rational Information and Reporting System	
	Welcome to the AUCD NIRS Database UCEDD#/LNDs, enter your center name, username, and password to login. PPCs, LEAHs, & DBPs, <u>login here</u> . CC SDHGs, <u>login here</u> . LPOI. <u>login here</u> . (AUCD Central Office)	NIRS default login page https://www.aucd.org/nirs/db/index.cfm Will have option for LPQI <u>login here</u>
	Username Password Remember me Password2 Log In	If user will clink link "here" for option "LPQI", the user will be directed to the LPQI login page <u>https://www.aucd.org/nirs/db/index4.cf</u> <u>m</u>
	AUCD NIRS Automation and Reporting System	Pull down list of "Center Name" will only include centers that are participants of LPQI.
	LPQI, enter your center name, username, and password to login. UCEDD's & LEND's, <u>login here</u> . PPCs, LEAHs, & DBPs, <u>login here</u> . CDC SDHGs, <u>login here</u> .	
	(AUCD Central Office)	
	Username	
	Password	
	✓ Remember me	
	Forgot your password?	
	Log In	

Functional Description

On the NIRS default login page (<u>https://www.aucd.org/nirs/db/</u>), you will see a new option: **LPQI, login** <u>here</u>

Click "here" to be prompted to the LPQI login page. Select your program from the "Center Name" drop-down list. This list will only include programs that decided to participate in LPQI.

4.2 My Dashboard

Screenshot	Image: Section 1
Functional	After successfully logging in to the LPQI Application, you will be directed to your personal dashboard.
Description	You will be able to see two important items: (1) the schedule of data collection times (there are two for Faculty) for the current Fiscal Year, and (2) a visual report on the status of your Trainee observation (I-FOR) submissions.

4.3 My Activities

Wy Activities Home / My Activities Home / My Activities	Screenshot	EPQI Portal	AAA-Test Center, U), fy 2017 (July 1, 201)	6 - June 30, 2017)			🧕 John Doe 🤜
Protect Scall RD Francescond Francescond Francesco			Home / My Activities						
Mathematicanal MBC Taranese Tabania Enable Taranese Tabania Stational									QUICK EMAIL
219 Balany Ayee Hear@partime Hear@partim			Select to Email	MED	Trainses liame 🖤	Enal	12	T3 🐨	Lorem ipsum dolor sit amet, consect sodales sed, dignissim pretium nunc.
6975 juneses, Ga text 23genetism X Instance 7-962 Molex, Max energissing X pre-raction 6153 Molex, Max text 240g plantsprint X instance 71987 Basewa, Jan text 240g plantsprint Der restance Context				2110	Ballarny, Frank			_	Trainee Recipient(s)
Trage Monte Suda Marcing Anno Marcing Annono Marcing Anno Marcing Anno Marcing Annoo Marci				71785	Fredericks, Art	tes IC on 20@ au col.org	×		
etablishing from United Statements (Content) example and Statement (Content) TRET Newers, Intr. exploration (Content) for instated (Content)				69179	Johanson, Gua	tes t123@gmail.com	×		Subject Line
Et tal and and any tal Staty and any interval (and tal any interval and tal any interval any interva Interval any interval any i						area@test out	×		
					MoOlinty Oreg	tes S45@yehco.com	(view evaluation)		Content
Pyrown Email Reset				75657	Stevens, Jim	dsgdgds1@mein.edu	(vew evaluation)	(view evaluation)	
									Provine Email Reset

Functional Description	The "My Activities" page will display a list of Trainees that were assigned to you by your program's administrator. For each Trainee, you will be able to see the following information: name, e-mail address, and submission status. Submission status can be:
	(1) A "complete evaluation" link in if you have not yet completed the I-FOR for that particular Trainee during the active data collection period (either T2 or T3, depending on the time of year).
	(2) A red "X" if you did not complete the I-FOR for that particular Trainee during a data collection period that is now closed.
	(3) An "edit evaluation" link if you've already completed the I-FOR for that particular Trainee during an active data collection period.
	(4) A "view evaluation" link if you successfully completed the I-FOR for that particular Trainee during a data period that is now closed.
	Quick E-mail Tool: By selecting check boxes (Select to Email), you will add trainee(s) email addresses into field "Trainee Recipient(s)". You can send custom email by manually typing in Subject line and Content text.

4.3.1 Trainee Observation

My Activities: Ot Hame - Hydronia	servation Rubric						
EVALUATION: LC	RENZO TEST						
Interdisciplinar Interprofession Team Building		Family Partne	-Professional rships	1	Policy/Leader	rship	Th
Interdisciplinary/Inte foundational skills, an	nd advanced skills that are expected of MCH lead	ers,				eral Health Resources and Services Administration (H	
	nsions below, please select the option that best r						
	1		15	2	2.5	3	
A	Does not yet understand other disoplin significance	es and their	n	Beginning to understand general roles, esponsibilities, and scope of practice of or disciplines	ter	Identifies and assembles team membe knowledge and skills appropriate to a give clinical, research, and policy challen	en tatik (e.g.
	0		0	0	0	0	
	Does not yet participate in interdisciplin	ary activities	Begi	inning to participate in interdisciplinary ac	tivites	Participates actively in interdisciplinary a excellent team player	activities;
	0		0	0	0	0	
¢	Does not yes recognize the need to use accessible to other discipline	terminology s	5017	Beginning to understand the value of an retimes employ terminology accessible to disciplines	d other	Adjusts terminology to meet the needs members	ofteem
	0		0	0	0	0	
D							
	Dees ner yet neograe seen dynamics conflicts	nor resolve	5eg t	preling to recognize toam dynamics; lister but does not routinely work to improve te Tunction	s vel	Builds truct and respect; fosters collabor cooperation	ration and
	conflicts	nor resolve	Beg	pring to recognize team dynamics; loser out dies not muticity wont to indrove te	s well		ation and
Wy Activities: Observation	conflicts	nor resolve	Beg	oning to recognize team dynamics; lister of does not nuclearly wont to improve te 	s well		ration and
(MyAclanat	contras	norresolve	Seg 2	pring to recognize team dynamics; lister of dies not mutoey wont to ingrow te	a sell :		ation and
	contras	Family-Profession Partnerships		pring to recognize team dynamics; later out does not muchey wont to improve te 	s will an Policy/Leadership		ation and Thank You
evaluation: LORENZO TE Interdisciplinany/ Interprofessional Team Building Family-Indextional Partechies	contras n Rubric 57 Sause Conserve Timo of Lanati in the Macrow	Family-Profession Partnerships	nal	Anden	Policy/Leadership		Thank You
EVALUATION: LORENZO TE EVALUATION: LORENZO TE Interdick/plinaty/ Interprofessional Torm Building Mails v-PoolessionAn Partner Pholessional Tenner ships Annue v-PoolessionAn Partner The UP() Rocky Team developed	conflicts Rubbric ST Same Same Same Same Same Same Same Sam	Family-Profession Partnerships nd Child Health (MCH Leas Samily-Professional Partne	nal desnija Competencies, k	Instein	Policy/Leadership n/HealthResource and Serv	tosperation	Thank You
My Accession LUATION: LORENZO TE terdisciplinary/ terprofessional am Building litk-Paperessional Professional Partnersity to y-holdscional Partnersity to professional Partnersity	Conflicts	Family-Profession Partnerships wid Chill Health (MCH Leas Family-Professional Partne et minee is currently doing	nal desnija Competencies, k	Inciden	Policy/Leadership n/HealthResource and Serv	tosperation	Thank You
UATION: LORENZO TE Idisciolinary/ professional multicage Vebossional Paramobia di sili si se re eserci d ul faculty Team developed on d'one dimensions berow,	conflicts Rubbric ST Same Same Same Same Same Same Same Sam	Family-Profession Partnerships nd Child Health (MCH Leas Samily-Professional Partne	not Jerahija Competencices, k mihija Jacailes to heljo con notos competency area Reginning to enjoj	Instein	Policy/Leadership of Health Resources and Serv ou to review those examples. I .25	tosperation	Thank You
Ng Acatalan LUATION: LORENZO TE actiliscipinacityi raro of existinal m Building: Ly PROFESSIONAL PARTNEE Professional Partneepide d Building act are respected to the site state are respected	contrice Rubric ST States Gamma States States States States States States States States States Stat	Family-Profession Partnerships wid Chill Health (MCH Leas Family-Professional Partne et minee is currently doing	not Jerahija Competencices, k mihija Jacailes to heljo con notos competency area Reginning to enjoj	Inciden Inciden Incident Additional Systematic Systemat	Policy/Leadership of Health Resources and Serv ou to review those examples. I .25	cooperation cooperation toos Administration (PRSA) in 2015. Disk here to see o keiver Dampies > 3. Tota and Imprements Technical Primaria in the cooperations of the cooperation of	Thank You
ALLATION: LORENZO TE ALLATION: LORENZO TE erendersonal un thuidenge LYCA Faculty Team developed action of medianessions below. A Do	conflicts 1 Rubric 51 States Comparison (Sour of 12 sould) in the Meterwik Michi leaders. complete shall a "3" and a "4" are for the FPP preses select the option that bets reflects how at 1 1 source and the shall be a state of the selection of the PPP preses select the option that bets reflects how at 1	Family-Profession Partnerships and Child Health (MCPL Cen Samty-Professional Partne et trainee is currently doing 15	nol derarhijo Competencies, i rating i scales to help con in titiz competency area in titiz competency area area prior institucianistic institucianistic Beginning to con	Inciden Incident Inci	Policy/Leadership ni Health Resources and Serv to to review crose examples. I 2.5 5d	toppention tes: Administration (MEA) in 2015. Click here to see a kervier Dampies > 2 Inte and implements individualifiems), input in the design of delivery of chinals or public hearts services, programs, metricol, and research	Thank You e formal definition, a
Ng Acontese LUATION: LORENZO TE and Disciplinangi reprofessional ma Building Ly Professional Partnersky Professional Partnersk	controls	Family-Profession Partnerships and Only Health (NGO Lean Samty-Professional Partne et rainee is currently doing 1.5	nol derarhijo Competencies, i rating i scales to help con in titiz competency area in titiz competency area area prior institucianistic institucianistic Beginning to con	Inciden Incident Inci	Policy/Leadership of Harth Resources and Service ou to review those examples. J 25 0 0	cooperation cooper	Thank You a formal definition, a 35
	conflicts Rubric ST Stepp	Family-Profession Partnerships and Child Health (MCPL Cen Samty-Professional Partne et trainee is currently doing 15	not deschip Comparencies, i instal scales to help con instal scales to help con instal comparency area and prior instal comparency area area area prior instal comparency area area prior instal comparency area area area prior instal comparency area area area area area area area area	Inciden Inciden Incident Incid	Policy/Leadership rel Health Resources and Serv to to review doore examples. J 25 0 9 0 9 1 1 1 1	cooperation cooper	Thank You e formal definition, a
	Conflicts	Family-Profession Partnerships and Only Health (NGO Lean Samty-Professional Partne et rainee is currently doing 1.5	not deschip Comparencies, i instal scales to help con instal scales to help con instal comparency area and prior instal comparency area area area prior instal comparency area area prior instal comparency area area area prior instal comparency area area area area area area area area	Andréen Function Frauen-ACIthues was published by the field frauen-ACIthues was published by the field resconstant de AGR. The Team encourages y accoss all accossrubble activities accoss accoss activities accoss accoss accossrubble activities accoss accoss accossrubble activities accoss accossrubble activities accoss accossrubble activities a	Policy/Leadership rel Health Resources and Serv to to review doore examples. J 25 0 9 0 9 1 1 1 1	cooperation coope	Thank You a formal definition, a 35

	My Activities: Observation Rubric										
	EVALUATION: LOREN	IZO TEST									
	interdisciplinary/ interprofessional Team Building	\sim	Family Profession Partnerships	u 🗸	Policy/Leadership	×	Tharik You				
	POLICY Policy is Competency 12 (s expected of MCH leaders.	ut of 12 total) in the Maternal and Child Health (MCH) Leaderst	np Competencies, Ver	sion 4.0 that was published by the federal Health Resources and	d Services Administration (H	RSA) in 2018. Click here to see a formal definition, as well	as the resided knowledge as				
			o examples of what a "3" and a "4" are for the Policy scale to help complete the LFOR. The Team encourages you to noisen those examples Police Examples >								
		1 Does not yet demonstrate knowledge of policy-	15	2 Beginning to understand general aspects of policy-	25	3 Can explain policy-making or rules/regulations at the	35				
	, , , , ,	making or rules negulations.		making or ruleshedule ore.		loca, isate, and/or national levels.					
		0	0	0	0	0	0				
	р 0 1 1 с	Does not yet recognize the public policies and private-sector initiatives that impact the MOH population.		Beginning to understand the public policies and private-sector initiatives that impact the MCH population.		Articulates general understanding of the public policies and private-sector initiatives that impact the MCH population.					
		0	0	0	0	0	0				
	S t r y	Does not yet recognize the importance of telling or eliciting staries to motivate change.		Beginning to tel/relicit stories about the needs of the MCH population that could be used to motivate systems change.		Able to tell/effort relevant stories about the MCH population that integrate pertinent facts/statistics.					
		0	0	0	0	0	0				
	My Activities: Ob:	servation Rubric									
	Home 7. My Antivities										
	EVALUATION: LO	RENZO TEST									
	Interdisciplinary Interprofession Team Building				~						
				for	THANK						
		Dear Colleague:	for completing Lorenzo Test's evaluation Dear Colleague: You likely noticed that the questionnaire you just completed has been updated from previous versions. We are eager to continue to improve this process, so if you have any:								
					Submit Con	nmert					
	Back to My Activities										
Functional											
Requirement											
S											
			about	your assigned Train	nee's skil	Is related to Fam	ily-				
	 Centered Care Page with questions about your assigned Trainee's skills related to 										
	Policy/Leadership										
	- Thank you page										
	Note that all questions require an answer. You cannot move to the next page without selecting an answer for each question. The screenshots above do not show all questions and answers.										