



Child Safety

Collaborative Innovation
& Improvement Network

Cohort 2 Charter

April 2017



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Cohort 2 Charter

Contents

Problem Statement.....	1
Purpose & Aim.....	1
Methods.....	2
The Summit & Change Package Development	3
Learning Sessions	3
Team Building.....	4
Strategy Teams	4
Topic Teams	5
Action Periods.....	5
Plan-Do-Study-Act Cycles.....	6
Monthly Reports.....	6
Topic Calls	6
Participant Roles & Expectations.....	9
Special Considerations for Cohort 1 Participants	12
Timeline	12
Glossary of Terms	13

Cohort 2 Charter

Problem Statement

More children and adolescents die from injuries and violence than from all diseases combined, and injuries are a leading cause of disability. Every year, nearly one in ten young people is injured seriously enough to be treated in the emergency department, with 441,202 requiring hospitalization¹. Injuries are a leading cause of medical spending for children and adolescents, a burden estimated at \$26 billion in medical costs annually². Suffering a serious injury can have a significant impact on a child's ability to live to their full potential, sometimes leading to a lifetime of special health care needs that can change the life course of both the child and their family.

During the past three decades, researchers and practitioners have successfully led efforts to understand the causes of these injuries and to generate an evidence base describing effective interventions. During that time, several notable reductions in rates of injury have taken place. However, these reductions have not occurred evenly across all populations, and a gap persists in the broad implementation of evidence-based programs, especially among high risk populations. Where evidence-based programs are being implemented, they often compete with one another for resources and audiences, leading to inefficient implementation. The Health Resources and Services Administration (HRSA), state/jurisdiction Maternal and Child Health programs, and their partners are well positioned to address these challenges. They support systems of care that serve children and their families, and they can drive system changes that integrate evidence-based child safety practices into these care settings.

Purpose & Aim

State/jurisdiction Maternal and Child Health programs and their partners who are participating in the Child Safety Collaborative Innovation and Improvement Network (CS ColIN) will work together to drive

By May 2018, participants in the CS ColIN will	
Deaths	Decrease the rate of injury-related mortality among 0-19 year olds by 5.83% relative to the participating state/jurisdiction baseline rate for the CS ColIN topic areas.
Hospitalizations	Decrease the rate of injury-related hospitalizations among 0-19 year olds by 3.81% relative to the participating state/jurisdiction baseline rate for the CS ColIN topic areas.
ED Visits	Decrease the rate of injury-related ED visits among 0-19 year olds by 3.74% relative to the participating state/jurisdiction baseline rate for the CS ColIN topic areas.

Figure 1: Aim Statements of the CS ColIN from Cohort 2

¹Hospitalizations estimated from CDC WISQARS query April 2017, 2014 data; and Emergency Department treated and released cases estimated from the Healthcare Utilization Project, Nationwide Emergency Department Sample, 2013.

² Estimated using the Injury Cost Model, described in Lawrence BA, Spicer RS, Miller TR (2015). A Fresh Look at the Costs of Non-Fatal Consumer-Product Injuries. *Injury Prevention*, 21:23-29

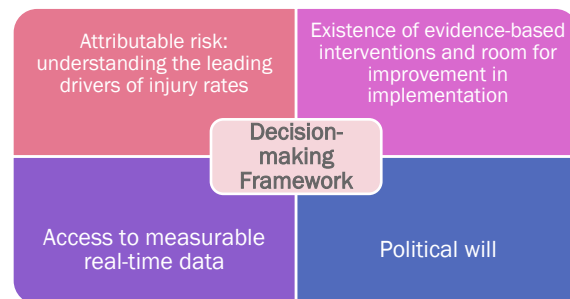
Cohort 2 Charter

system changes that integrate evidence-based child safety practices into relevant care settings. Participants will forge collaborative partnerships across silos and state lines, streamline child safety messages and activities, and increase the adoption of effective child safety interventions at state and local levels.

The overarching aim of the CS CoIIN is to reduce fatal and serious injuries among infants, children, and youth in participating states and jurisdictions by improving partnerships and the implementation and spread of best practices, especially among the most vulnerable populations. By looking at trend data and best evidence, the Children's Safety Network (CSN) developed tangible aims for the CS CoIIN in 5 injury topic areas. Additional aims for each of the 5 topic areas have been developed based on the states and jurisdictions participating in Cohort 2.

Participants will strive to meet the CS CoIIN aims by being bold enough to focus on those injuries that result in the greatest number of deaths, hospitalizations, and emergency department (ED) visits; that possess substantial political will; and that demonstrate room for improvement through more complete spread of evidence-based practices. The topic areas for Cohort 2 of the CS CoIIN are:

1. Child Passenger Safety
2. Falls Prevention
3. Interpersonal Violence Prevention
4. Suicide and Self-Harm Prevention
5. Teen Driver Safety



By sharing the best available scientific knowledge on the prevention of these injuries and by learning and applying Quality Improvement methods, the CS CoIIN states/jurisdictions will begin to implement a coordinated, system-wide approach to injury and violence prevention.

Figure 2: Decision Making Framework

Methods

Teams participating in the CS CoIIN come together to use the Breakthrough Series (BTS) Model from the Institute for Healthcare Improvement. “The Breakthrough Series is designed to help organizations close that gap by creating a structure in which interested organizations can easily learn from each other and from recognized experts in topic areas where they want to make improvements.” (Institute for Healthcare Improvement, 2016)

The BTS is composed of a series of events and activities all of which are grounded in the Model for Improvement (MFI). The MFI consists of three fundamental questions:

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement? (Langley, et al., 2009).

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These questions focus teams on their aim statements, measurement strategies, and changes for improvement. The identified aims are achieved through testing and measuring changes using Plan-Do-Study-Act cycles. Additional information on PDSA cycles is provided further on in this document.

The following information provides further details about the events and activities of Cohort 2 of the CS ColIN.

The Summit & Change Package Development

In December, 2015, child safety experts and states and jurisdictions participating in Cohort 1 of the CS ColIN gathered to discuss the leading causes of child and adolescent injuries, what it would take to move the needle and reduce those injuries, and the priorities and capacity for injury and violence prevention in the Cohort 1 states and jurisdictions. Following the Summit, CS ColIN staff worked with child safety experts and state and jurisdiction child safety leaders to develop change packages outlining the drivers, change ideas, and measurement strategies needed to achieve the topic-specific aims of the CS ColIN. Utilizing the experience of Cohort 1, the CS ColIN change packages have been revised for re-launch at the Cohort 2 Learning Session and Summit in May 2017.

Learning Sessions

Learning Sessions occur approximately every 6 months and are typically virtual sessions in which all members of the CS ColIN come together to increase their Quality Improvement knowledge and skills. A typical Learning Session includes:

- Development and sharing of a storyboard which describes the tests, lessons learned, and next steps of a Strategy Team in both qualitative and quantitative terms;
- Presentations from Quality Improvement experts;
- A review of what the CS ColIN has achieved to date and where it is going.

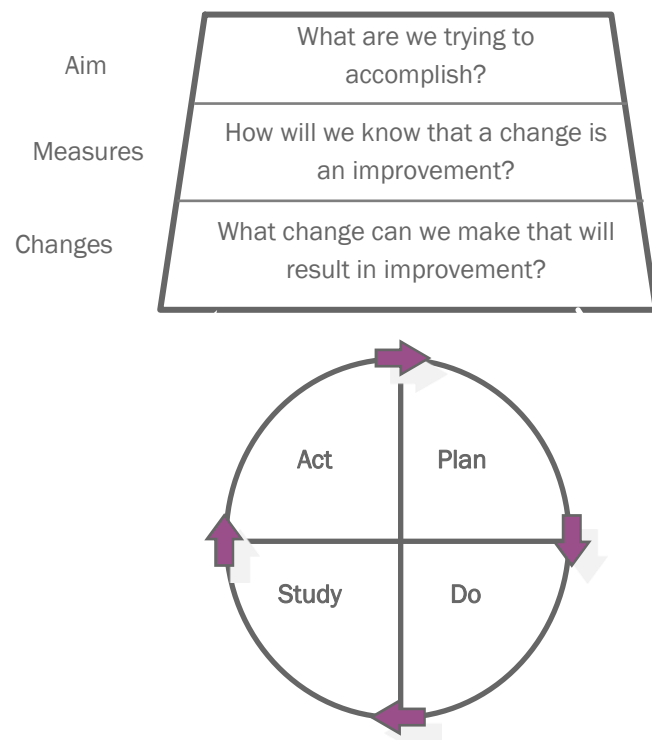


Figure 3: The Model for Improvement

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The Learning Session and Summit for Cohort 2 May 25 and 26, 2017, in Waltham, Massachusetts

During this interactive meeting, participants will learn key Quality Improvement concepts and methods that will inform their work throughout Cohort 2. Participants will:

- Explore the newly revised CS CollIN change packages that were designed by child safety experts and tested by Cohort 1 of the CS CollIN
- Develop a driver diagram for each topic on which they will be working
- Develop a preliminary plan of action for recruiting key participants to their Strategy Team(s)
- Develop a preliminary plan of action for collecting data for monthly reports

The driver diagram will consist of an aim statement and change ideas that both align with pre-existing work in the team's state/jurisdiction and fill in any gaps in implementation. It will also include a measurement strategy that will enable the state/jurisdiction to determine whether the changes it is implementing represent an improvement in child safety. When developing their driver diagrams, states/jurisdictions should ask themselves "What could be done better in my state/jurisdiction?" and "Are we trying anything new that should be tested?"

Following the Learning Session and Summit, participants will return home to refine and implement their action plans. (Note: States and jurisdictions that participated in Cohort 1 and are continuing to Cohort 2 may not need to recruit key participants for their Strategy Team(s) and instead can leverage the team(s) they already built for Cohort 1)

Team Building

Strategy Teams

Strategy Teams are composed of key staff and external partners who are working on a given topic area. Strategy Team members are tasked with implementing the change ideas selected in the driver diagram, reporting monthly data, and participating in monthly topic calls.

All Strategy Team members must create an account on the CS CollIN web portal.

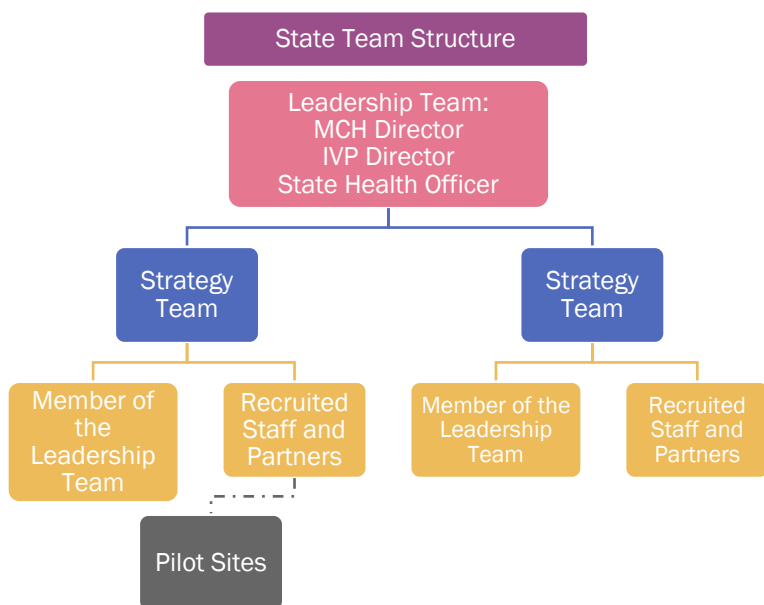


Figure 4: State Team Structure for the CS CollIN

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Recruitment to the Strategy Team depends largely on the change ideas selected in a driver diagram. The nature of some change ideas will involve recruitment of sub teams consisting of front line workers at pilot sites. In these cases, core Strategy Team members will be the main point of contact between the CS ColIN and the pilot sites. They should be prepared to recruit pilot sites, teach Quality Improvement methods, and provide feedback and technical assistance to the pilot sites.

Topic Teams

Strategy Teams participate on Topic Teams, which include all the CS ColIN members working on a particular injury topic area, change idea, or setting, regardless of geographic location. Topic Teams share their experiences on monthly topic calls during the CS ColIN action periods in order to accelerate learning.

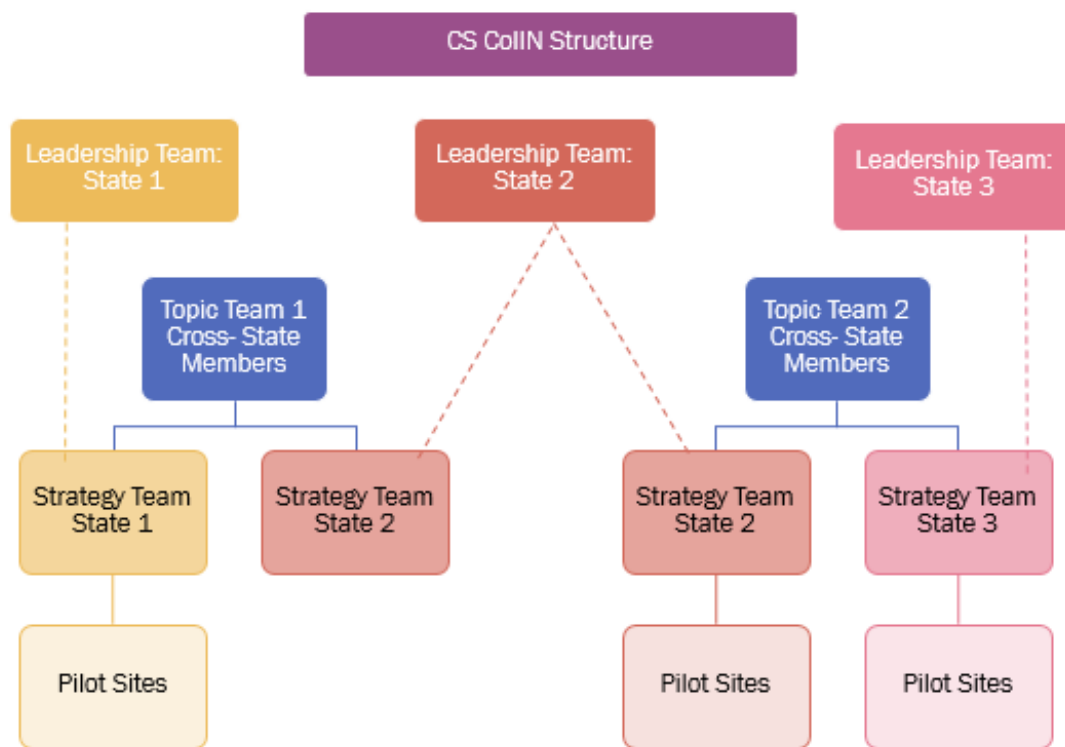


Figure 5: Structure of the Topic Teams and CS ColIN

Action Periods

During the action periods, Strategy Teams implement their change packages in their home state or jurisdiction, reporting monthly on the progress and changes experienced. The three main components of action periods are: PDSA cycles, monthly reports, and topic calls. Technical assistance related to Quality Improvement methods and injury topic areas is provided to the Strategy Teams on an as-needed basis by CS ColIN staff and selected topic experts.

Cohort 2 Charter

Plan-Do-Study-Act Cycles

The PDSA cycle, a core component of the Model for Improvement, is the framework for developing, testing, implementing, and spreading changes. The four parts of a PDSA cycle are:

1. Develop a plan (Plan),
2. Carry out the plan (Do),
3. Observe and learn from the results (Study),
4. Determine whether to adapt, adopt, or abandon the change (Act).

PDSA cycles are intended to be small tests of change ideas. Often, it is necessary to run several PDSA cycles to test a change under a wide number of conditions.

Monthly Reports

Strategy Teams are expected to report monthly on:

- Outcome measures (deaths, hospitalizations, and ED visits related to the topic(s) on which the Strategy Team is working);
- Process measures that are related to the drivers and change ideas the Strategy Team selects;
- The lessons learned, barriers and next steps of the Strategy Team.

The monthly reports help the Strategy Team and the CS CollIN Improvement Advisor assess progress towards achieving the team's aim, as well as the efficacy of the changes and PDSA cycles the team is running. The CS CollIN Improvement Advisor reviews the team's reports each month. **Monthly reports are due on the second Tuesday of every month.**

Topic Calls

On a monthly basis, cross-team collaboration will be fostered on topic calls. **Teams are expected to actively participate in at least one topic call a month.** There are three types of topic calls:

- **Topic Team Team updates:** During these calls, Strategy Teams will share information about what they are working on, their lessons learned, barriers, next steps, and data as displayed on run charts. These calls take place by Strategy Team and occur every other month.
- **QI Corner:** Participants will hear from improvement advisors and QI experts about core concepts, including how to build QI capacity within their own context. These calls occur every other month. All CS CollIN participants are welcome.
- **Populations and Settings:** Participants will explore the system of injury prevention by diving deeply into commonly occurring change ideas across the change packages (for example, working with schools, parents, or on campaigns). Experts and Strategy Teams will share knowledge on particular populations and settings. These calls occur every other month. All CS CollIN participants are welcome.

Cohort 2 Charter

Cohort 2 Topic Call and Monthly Report Schedule

Month	Monthly Report Due Date	Topic Calls				
June	June 13 th , 2017	Populations and Settings June 27 th , 1pm ET			QI Corner June 20 th , 1pm ET	
July	July 11 th , 2017	CPS Topic Team July 25 th , 1pm ET	FP Topic Team July 27 th , 10 AM ET	IPV Topic Team July 20 th , 3pm ET	SSHP Topic Team July 19 th , 1pm ET	TDS Topic Team July 18 th , 1pm ET
August	August 8 th , 2017	Populations and Settings August 22 nd , 1pm ET			QI Corner August 15 th , 1pm ET	
September	September 12 th , 2017	Learning Session				
October	October 10 th , 2017	CPS Topic Team October 24 th , 1pm ET	FP Topic Team October 26 th , 10 am ET	IPV Topic Team October 19 th , 3pm ET	SSHP Topic Team October 18 th , 1pm ET	TDS Topic Team October 17 th , 1pm ET
November	November 14 th , 2017	Populations and Settings November 28 th 1pm ET			QI Corner November 21 st , 1pm ET	
December	December 12 th , 2017	CPS Topic Team December 12 th 1pm ET	FP Topic Team December 21 st , 10 am ET	IPV Topic Team December 21 st , 3pm ET	SSHP Topic Team December 20 th , 1pm ET	TDS Topic Team December 19 th , 1pm ET
January	January 9 th , 2018	Populations and Settings January 23 rd 1pm ET			QI Corner January 16 th , 1pm ET	
February	February 13 th , 2018	CPS Topic Team February 27 th , 1pm ET	FP Topic Team February 22 nd , 10 am ET	IPV Topic Team February 15 th , 3pm ET	SSHP Topic Team February 21 st , 1pm ET	TDS Topic Team February 20 th , 1pm ET
March	March 13 th , 2018	Populations and Settings March 27 th 1pm ET			QI Corner March 20 th , 1pm ET	
April	April 10 th , 2018	Learning Session				
May	May 8 th , 2018	CPS Topic Team May 22 nd , 1pm ET	FP Topic Team May 24 th , 10am ET	IPV Topic Team May 17 th , 3pm ET	SSHP Topic Team May 16 th , 1pm ET	TDS Topic Team May 15 th , 1pm ET
Dates and times subject to change. Calendar invitations distributed in May, 2017.						

Cohort 2 Charter

Learning Session

- Meeting of all Topic Teams. May occur virtually or in person
- Content includes action planning and accelerating learning
- May include pre-work, such as storyboard development

Topic Calls

- Virtual meeting of a sub-set of Strategy Teams working on a particular topic or strategy
- Takes place monthly during the action periods, which occur between Learning Sessions
- Topic calls take an all teach all learn approach. Active participation is expected, and at least one presentation over the life of the CS CoIIN is requested.

PDSA Cycles

- Occur continuously and are reported using the web form at least monthly
- Are reviewed by the CS CoIIN Improvement Advisor
- Impact process measures

Monthly Report

- Outcome Measures (ED Visits, Hospitalizations, Deaths)
- Process Measures from the change package that relate to selected drivers
- Statements on lessons learned, barriers and success
- Team Self-Assessment and Improvement Advisor Assessment using the Progress Scale (see glossary for additional information)

Figure 6: Activities of the CS CoIIN

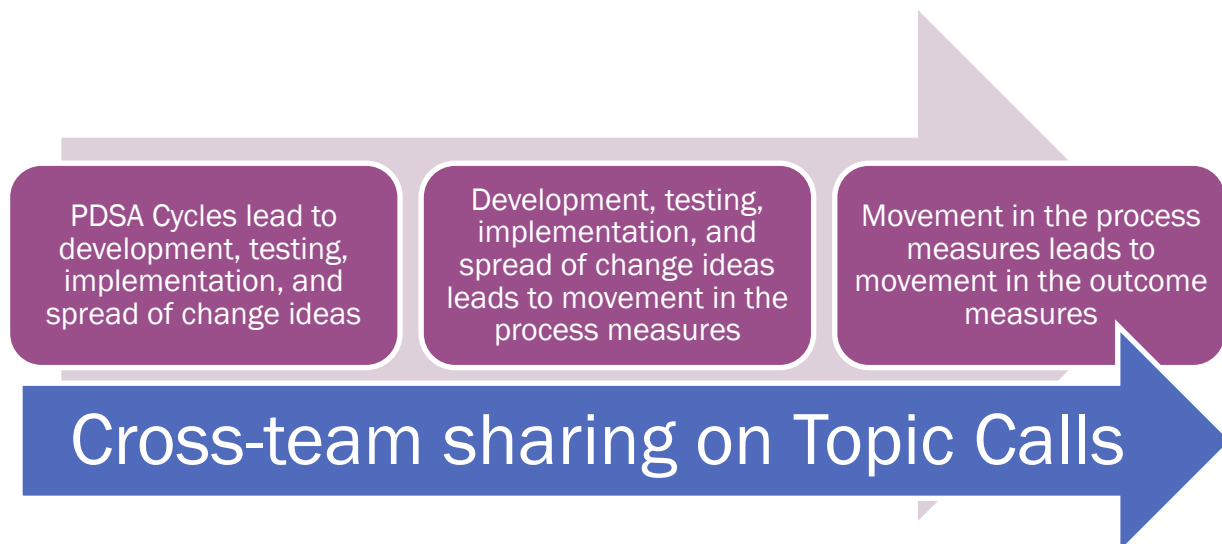


Figure 7: CS CoIIN Concept

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Participant Roles & Expectations

States and jurisdictions will form a Strategy Team for each of the topic areas they select. Strategy Teams are composed of a Leadership Team and state/jurisdiction staff and partners. The tables below outline the expectations of those participants. Individuals can participate on more than one Strategy Team and fill more than one role.

Leadership Team	
Role	Responsibilities
State Health Officer	<ul style="list-style-type: none">• Provide guidance and accountability to the Strategy Teams;• Support and allow staff to conduct the work necessary for the CoIIN• Provide ongoing consultation and support to the Strategy Teams for problem solving and overcoming barriers. <ul style="list-style-type: none">• Participate in the Child Safety CoIIN in-person Learning Session and Summit and virtual Learning Sessions;• During the in-person Learning Session and Summit, adapt the change package by updating the state/jurisdiction aim statement and selecting drivers, change ideas, and measures• Recruit state/jurisdiction staff and partners for each of the topic areas selected;• Provide guidance and accountability to the Strategy Team;• Attend Strategy Team meetings and topic calls as necessary;• Review monthly reports and provide feedback to the Strategy Teams;• Provide ongoing consultation and support to the Strategy Teams for problem solving and overcoming barriers.
MCH Director	
IVP Director	
Data Manager	

Tips for the Leadership Team: To ease the burden on each state/jurisdiction leader, you may want to designate one State/Jurisdiction Leadership Team Member to oversee/liaise with each Strategy Team. If you choose this option, regular communication with the rest of the leaders about the progress of their designated team(s) is advised.

Cohort 2 Charter

State/Jurisdiction Strategy Team Members		
Role	Individual Responsibilities	Collective Responsibilities
Coordinator	<ul style="list-style-type: none"> • Report to the Leadership Team on progress and challenges; • Act as a liaison to CSN staff; • Provide day-to-day oversight of tests of change and related CoIIN work; • Participate in monthly topic calls convened by CSN; • Participate in 3 Learning Sessions; • Convene regular meetings of the Strategy Team. 	<ul style="list-style-type: none"> • Complete pre-work activities to prepare for Learning Sessions; • Share information with the CoIIN, including details and measurements of changes made, both during and between Learning Sessions; • Present the teams' experiences and results at Learning Sessions to celebrate success and prepare for sustainability and/or spread of changes; and • Perform tests of changes using PDSA rapid cycle methods; AND/OR: <ul style="list-style-type: none"> ○ Recruit pilot site ○ Teach QI methods and concepts ○ Provide feedback and guidance ○ Collect and report PDSAs to collaborative web portal
Data Manager(s)	<ul style="list-style-type: none"> • Collect and compile CoIIN data; • Send data reports to the Strategy Team leader monthly; • Upload data reports to the CS CoIIN website monthly; • Participate in monthly topic calls convened by CSN; • Participate in Learning Sessions; • Participate in regular meetings of the Strategy Team. 	
Member <ul style="list-style-type: none"> • as many as necessary • Front line workers at pilot sites 	<ul style="list-style-type: none"> • Test and report on changes in the change packages; • Report on progress to the data manager and Strategy Team leader; • Participate in monthly topic calls convened by CSN; • Participate in Learning Sessions; • Participate in regular meetings of the Strategy Team. 	

Cohort 2 Charter

CS CoIIN Staff and Faculty		
Role	Individual Responsibilities	Collective Responsibilities
Co-Managers	<ul style="list-style-type: none"> • Organize and host monthly topic calls for Strategy Teams; • Offer coaching to Strategy Teams; • Provide communication strategies to keep the Strategy Teams connected to one another and to the faculty; • Connect Strategy Teams with experts; • Serve as sounding boards; and • Review monthly reports. 	<ul style="list-style-type: none"> • Organize and attend all topic calls; • Organize and attend all Learning Sessions; • Be readily available to Strategy Teams; • Assist Strategy Teams to identify barriers to change and problem solve solutions.
Data Manager	<ul style="list-style-type: none"> • Review monthly reports; • Collect, clean and compile monthly reports from all Strategy Teams; • Present data trends on topic calls and at Learning Sessions. 	
Coordinator	<ul style="list-style-type: none"> • Provide technical, logistical, and administrative support to CoIIN Learning Sessions and topic calls. 	
Faculty	<ul style="list-style-type: none"> • Provide evidence-based information on subject matter, application of that subject matter, and methods for process improvement, both during and between Learning Sessions; • Offer coaching to the Strategy Teams; • Serve as sounding boards; • Know key information on Plan Do Study Act (PDSA) rapid cycle improvement, as well as change concepts and methods. 	
Quality Improvement Advisor	<ul style="list-style-type: none"> • Review and provide feedback on monthly reports, PDSA cycles, and run charts • Provide feedback and encouragement to Strategy Teams • Present QI concepts on topic calls 	

Cohort 2 Charter

Special Considerations for Cohort 1 Participants

Strategy Teams who participated in Cohort 1 and are continuing to Cohort 2 have the same roles and expectations as new Cohort 2 teams. However, because teams continuing on from Cohort 1 have already been formed, have been trained in QI, and have started testing the change package, their trajectory leading up to the May 2017 in-person Learning Session/ Summit and participation in the CS CollN is slightly different than the new Cohort 2 teams.

Leading up to the May 2017 Learning Session and Summit, Cohort 1 teams will be asked to help revise the change packages and review the second generation change packages. They may also provide input into web design and topic call structure for Cohort 2. Continuing teams also have the opportunity to add Strategy Teams before the Learning Session and Summit. At the May 2017 Learning Session and Summit, continuing teams have the same opportunity as new teams to work on their driver diagrams, measurement strategy, recruitment plan (if necessary), and work plan. At the Learning Session and throughout the life of the CS CollN, continuing teams may be called upon to provide coaching to new teams, either one-on-one, through storyboards, and/or in presentations.

Timeline

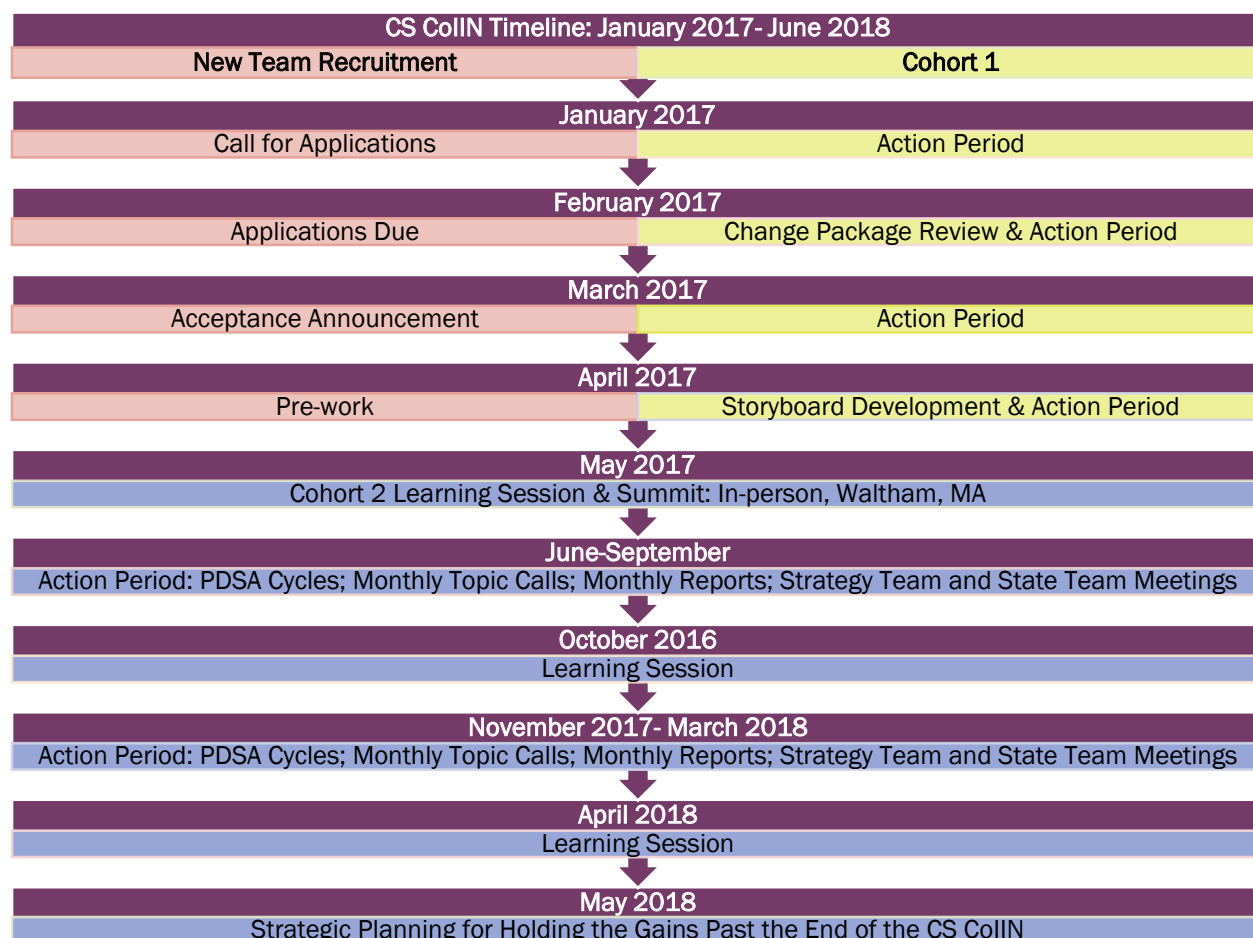


Figure 8: Timeline of the CS CollN

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Glossary of Terms

Action Period: The period of time between Learning Sessions when teams work on implementing the Child Safety (CS) CoIIN change packages in their home states/jurisdictions by conducting multiple tests of change using the Model for Improvement. During the Action Periods, teams are supported by the CS CoIIN staff and faculty, and they are connected to other CS CoIIN team members.

Aim Statement: A written, measurable, and time-sensitive statement of the expected results of an improvement process. For the CS CoIIN, these relate to injury-related ED visits, hospitalizations, and deaths (outcome measures). They exist for the overarching CS CoIIN, for each Topic Team, and for each Strategy Team.

Astronomical Point: A single point of data on a run chart that is clearly set apart from others. It could be a sign of a flaw in a system and an area ripe for improvement.

Change Idea: A specific, identifiable change, based on evidence that can lead to improvement. A change idea can be tested and measured so a decision can be made to adapt, adopt, or abandon the idea.

Change Package: The list of essential process, programmatic, or policy changes that will help lead to breakthrough improvement. Each topic area has a Change Package, which includes the CS CoIIN topic aim statements, goals, drivers, change ideas, and measures. It is developed by CS CoIIN experts and CSN staff and based on evidence-based practice, professional experience, and input from state and jurisdiction leaders and Strategy Team members gleaned at the Cohort 1 Summit and through the experience of Cohort 1 teams. Each CS CoIIN Strategy Team will receive a change packet, which will be adapted to the context of each state/jurisdiction participating in that Strategy Team at the in-person Learning Session and Summit for Cohort 2.

Charter: A document to describe and launch the CS CoIIN, establishing a common vision for the work.

Collaborative: A time-limited effort (usually 6 to 12-18 months) in which multiple organizations come together with faculty to learn about and to create improved processes in a specific topic area. The expectation is that the teams share expertise and data with each other, thus, “Everyone learns, everyone teaches.”

Develop a change: Developing a change involves preparation for altering how work or activity gets accomplished. Detail around who, what, when, where, and how is needed. A PDSA cycle for developing a change could focus on developing relationships among agencies and buy-in and commitment to the work, planning for data collection, and preparing activities prior to testing a change.

Driver Diagram: An improvement tool used to organize strategies and change ideas in an improvement effort. It is the best theory to date, based on evidence, to get results.

Cohort 2 Charter

Driver: Drivers are the underlying strategies that have a significant and direct impact on the improvement aim you are trying to achieve. Primary drivers are typically major processes, operating rules, or structures. Secondary drivers are often system components necessary to impact primary drivers.

Implement a change: The goal of implementing a change is to make it a permanent part of your system. Only changes tested under a wide variety of conditions, that demonstrate improvement, should be implemented. Implementing a change often requires creation of support systems and may occur in phases or in parallel with a present system. Creation of policies, procedures, trainings, and new job descriptions may be necessary.

Leadership Team: The State/Jurisdiction Health Officers, Maternal and Child Health Directors and Injury and Violence Prevention Directors who have committed to participate in the CS CoIIN.

Learning Session: Virtual meetings during which all members of the CS CoIIN come together to learn about Quality Improvement methods, including how to implement changes, approaches for accelerating improvement, and methods for overcoming obstacles to change. State and jurisdiction teams leave these meetings with new knowledge, skills, and materials that prepare them to make immediate changes.

Measures: Included in the change package and reported monthly using real-time data. Each Strategy Team is encouraged to report on all 3 outcome measures (deaths, hospitalizations and ED visits), and choose 5-7 process measures that relate to the change ideas on which they are working.

Model for Improvement: This model consists of two parts: First, addressing the following three fundamental questions: A.) What are we trying to accomplish? B.) How will we know if a change is an improvement? and C.) What changes can we make that will result in improvement? And second, engaging in tests of change through PDSA cycles (Langley et al., 2009).

Monthly Report: Data collection on the 3 outcome measures, 5-7 process measures selected by a Strategy Team from the change package, as well as a progress report consisting of 2 open-ended questions and the Progress Scale. These data are entered directly into the CS CoIIN web portal.

Organizations: In the change packages (driver diagrams and measurement strategies), “organizations” is used as a catch all term for agencies, departments, coalitions, systems, institutions etc. Teams are encouraged to define organizations in the drivers, change ideas, and measures that they select.

Outcome Measures: Deaths, hospitalizations and ED visits caused by the topics of the CS CoIIN.

PDSA Cycle: A framework to develop, test, implement, and spread a different way of doing your work (aka Change). For the CS CoIIN, the PDSA cycle consists of the following questions and sections:

- Contextual information:
 - What driver and change idea the cycle relates to

Cohort 2 Charter

- The objective of the cycle as a statement and a phase (develop, test, implement spread; see glossary for further clarification)
- Plan:
 - Tasks, Who is responsible, Location where it occurs, Due date
 - Prediction: What you believe the result of the test will be.
 - Measurement for determining whether or not the test was a success
- Do:
 - What happened when the plan was carried out
- Study:
 - An analysis of the measurement of the test and the qualitative information from carrying out the test
- Act:
 - Make a decision to:
 - Adapt the change: start the cycle over again with a slightly different plan that incorporates what you learned during this cycle because the change nearly succeeded
 - Adopt the change: begin using the new approach systematically because the change was successful and is an improvement
 - Abandon the change: a decision not to use the change or modify the change because it was not successful

Pilot Sites: Local programs, counties, districts, or other sites where Strategy Teams test change ideas through PDSA cycles and collect data for monthly reports.

Population of Interest: In the process measure guidance, population of interest refers to the agencies or organizations you plan to work with. This could relate to types of organizations (e.g., specific schools, types of schools, hospitals etc.), specific geographic areas (e.g., towns, counties, state, etc.) or any other defined and finite group.

Pre-work: A packet of materials distributed to CS ColIN state and jurisdiction teams and CS ColIN experts prior to ColIN meetings to prepare participants for the work of the ColIN. Materials may include pertinent readings, requests for state and jurisdiction level information (e.g., state/jurisdiction plans, baseline data, etc.), instructions to prepare state and jurisdiction level data presentations, etc.

Process Measures: Measures that relate to the drivers on which each team is working. Teams will have an opportunity to develop additional process measures if nothing in the change package meets their needs or data availability. Recorded on a monthly basis.

Progress Scale: Informed by the Institute for Healthcare Improvement, Assessment Scale for BTS Collaboratives, 2004, the CS ColIN Progress Scale is a 5-point scale through which Strategy Teams and Improvement Advisors mark the progress a Strategy Team has made in their work. It is used on a monthly bases and consists of the following points:

Cohort 2 Charter

- 1.0: Forming a team and planning for the project: Team is formed and aim is determined. Scanning the environment and obtaining necessary data to focus the work is complete.
- 1.5: Focusing the work: Drivers, change ideas, and process measures are selected.
- 2.0: Partnerships formed: Partnerships across agencies and engagement with frontline workers established.
- 2.5: Testing changes: Components of the CS CoIIN driver diagram are tested.
- 3.0: Data submitted: One or more CS CoIIN outcome or process measures reported.
- 3.5: Progress: One or more CS CoIIN process measures moving in the right direction.
- 4.0: Improvement: Evidence of a shift or trend in at least one or more CS CoIIN process measures.
- 4.5: Increasing improvement in process measures and planning for spread: Evidence of a shift or trend in at least two or more CS CoIIN process measures or evidence of spread in at least one or more CS CoIIN process measures.
- 5.0: Significant improvement: Improvement in one or more CS CoIIN outcome measures and changes implemented for many components of the Driver Diagram.

Run Chart: A graph that displays observed data in a time sequence.

Shift: Six or more consecutive data points on one side of the median of a run chart. Demonstrates a signal of improvement if it moves in the correct direction.

Spread a change: Spread is the intentional and systematic expansion of the number and type of people, units, or organizations using the change. Communication that the change addresses an existing problem and evidence of the advantage of the change over the status quo facilitate adoption. (Source: Langley et al., 2009 & Rogers, 1995)

Spread: The intentional and systematic expansion of the number and type of people, units, or organizations using the improvements. The theory and application comes from the literature on Diffusion of Innovation (Everett Rogers, 1995).

Strategy Team Meetings: A meeting of the members of the Leadership Team and state/jurisdiction representatives who are working on a specific topic.

Strategy Team: Strategy Teams are composed of state/jurisdiction representatives and Leadership Team members. They focus on one of the topics of the CS CoIIN. One Strategy Team will be formed for each of the topic areas on which the state/jurisdiction chooses to work. For example, if the state/jurisdiction participates on 3 Topic Teams, they will have 3 Strategy Teams, which may or may not overlap in membership. Between 3 and 5 staff and partners from each state/jurisdiction will participate on the Strategy Teams. State/jurisdiction team members are recruited by the Leadership Team. These team members will come from relevant state/jurisdiction departments or programs (such as departments of transportation, school health programs, substance abuse treatment programs, etc.) Team members will work with colleagues in their state/jurisdiction to implement the change package. Pre-existing work groups, coalitions, committees, or subcommittees are welcome to act as the state/jurisdiction team members.

Cohort 2 Charter

Summit: A 2-day session in which state/jurisdiction leaders come together to learn about the topic areas of the CS CollIN, determine which topic areas their state/jurisdiction will work on, discuss and prioritize specific child safety strategies to be implemented during the CS CollIN, and develop a team recruitment action plan.

Team Meetings: A meeting of all the individuals involved in the CS CollIN for a particular state/jurisdiction. You can request to have CS CollIN staff or faculty join this type of meeting if you think it would be helpful.

Test a change: Once a change is developed, it should be tested and refined, with as few resources and as little risk as necessary to attain learning. Changes are tested through small-scale trials of new approaches or processes. Changes should be tested under a wide variety of conditions and refined to fit the organization and the people it serves. When an unpredicted result is obtained, this is not viewed as failure. The success of testing a change is to learn whether the change resulted in improvement.

Test: A small-scale trial of a new approach or a new process. A test is designed to learn if the change results in improvement and to fine-tune the change to fit the organization and the people it serves. Tests are carried out using one or more PDSA cycles.

Topic Area: The types of injuries and causes of injuries addressed through the CS CollIN: Child Passenger Safety; Falls Prevention; Interpersonal Violence Prevention; Suicide and Self-Harm Prevention; and Teen Driver Safety.

Topic Calls: Virtual monthly meetings of the CS CollIN Topic Teams that provide in-depth focus and support on CS CollIN topic areas as they relate to Quality Improvement and implementation of the change package. During these meetings, Strategy Teams learn from one another about their PDSA cycles and how they have achieved improvement, and they work together to accelerate change.

Topic Team: Each CS CollIN topic area will be addressed through a cross-state/jurisdiction team. This team is called a Topic Team, and it will be composed of Strategy Teams from each of the participating states/jurisdictions. Topic Team members support one another in Quality Improvement learning and in the implementation of the change package. States/jurisdictions are expected to participate in 2 to 4 Topic Teams.

Trend: Five data points on a run chart that are heading in the same direction. If it's moving in the right direction, this is a signal of improvement