# Continuous Quality Improvement Toolkit

A Resource for Maternal, Infant, and Early Childhood Home Visiting Program Awardees

## Module 1: QA vs. QI—What Is the Difference?

### Quality Assurance

QA is designed to prevent errors through a systematic measurement and monitoring of processes through a feedback loop. It establishes measurable standards of accountability for service delivery to ensure that families receive a minimum level of services.

*Characteristics*

- Ensures that specified requirements are met
- Includes a set of procedures intended to ensure that a product or service under development (before work is complete, as opposed to afterwards) meets specified requirements
- Historically has been regarded as reactive, retrospective, policing, and in many ways punitive; often involved in determining fault when something went wrong
- Can be answered with a Yes/No response.

*In home visiting*

- Verifies compliance
- Sets program and supervision standards
- Key to QI.

*Examples*

- Reflective supervision is conducted twice monthly, as indicated on the *Supervision Log.*
- At least 12 group connections are held over the course of the program year.
- Within 45 calendar days of the family enrolling in services, a developmental screen is performed on the child, as indicated on the *Client Chart.*

### Quality Improvement

QI is the process of using knowledge gained through QA audits and activities to ensure that programs are systematically and intentionally improving services and increasing positive outcomes for families being served.

*Characteristics*

- Conducts prospective and retrospective reviews
- Evaluates system and individual agency performance
- Establishes performance benchmarks
- Provides accurate and timely data for outcomes
- Utilizes small tests of change strategies.

*In home visiting*

- Promotes performance evaluation of system and individual agency over time
- Increases consistency among home visitors and agencies
- Establishes performance benchmarks to allow comparisons to other programs or standards
- Encourage more accurate and timely data for outcomes.

*Examples*

- By the end of the calendar year, the percentage of children who received a referral to early intervention services and screened positive for a developmental delay will increase from 80 percent to 90 percent.
- By the end of the quarter, 60 percent of clients will continue breastfeeding at 6 months postpartum.
- Program retention increases from 40 percent to 50 percent by the end of the fiscal year.

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