



Children's Safety  
Network



Education  
Development  
Center

Children's Safety Network Webinar Series

May 3, 2018

# Resources and Strategies from the Child Safety Collaborative Innovation and Improvement Network



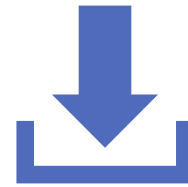
# Funding Sponsor

The Children's Safety Network is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422). The information or content and conclusions in this webinar are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# Technical Tips



Audio is broadcast through computer speakers



Download resources in the File Share pod (above the slides)



If you experience audio issues, dial **(866) 835-7973** and **mute computer speakers**



Use the Q & A (bottom left) to ask questions at any time



You are muted



This session is being recorded

# Agenda

- 1** Overview of the Child Safety CoIN
- 2** Child Safety CoIN Methods and Resources
- 3** Innovative Strategies from the Child Safety CoIN
- 4** A State Perspective on the Child Safety CoIN

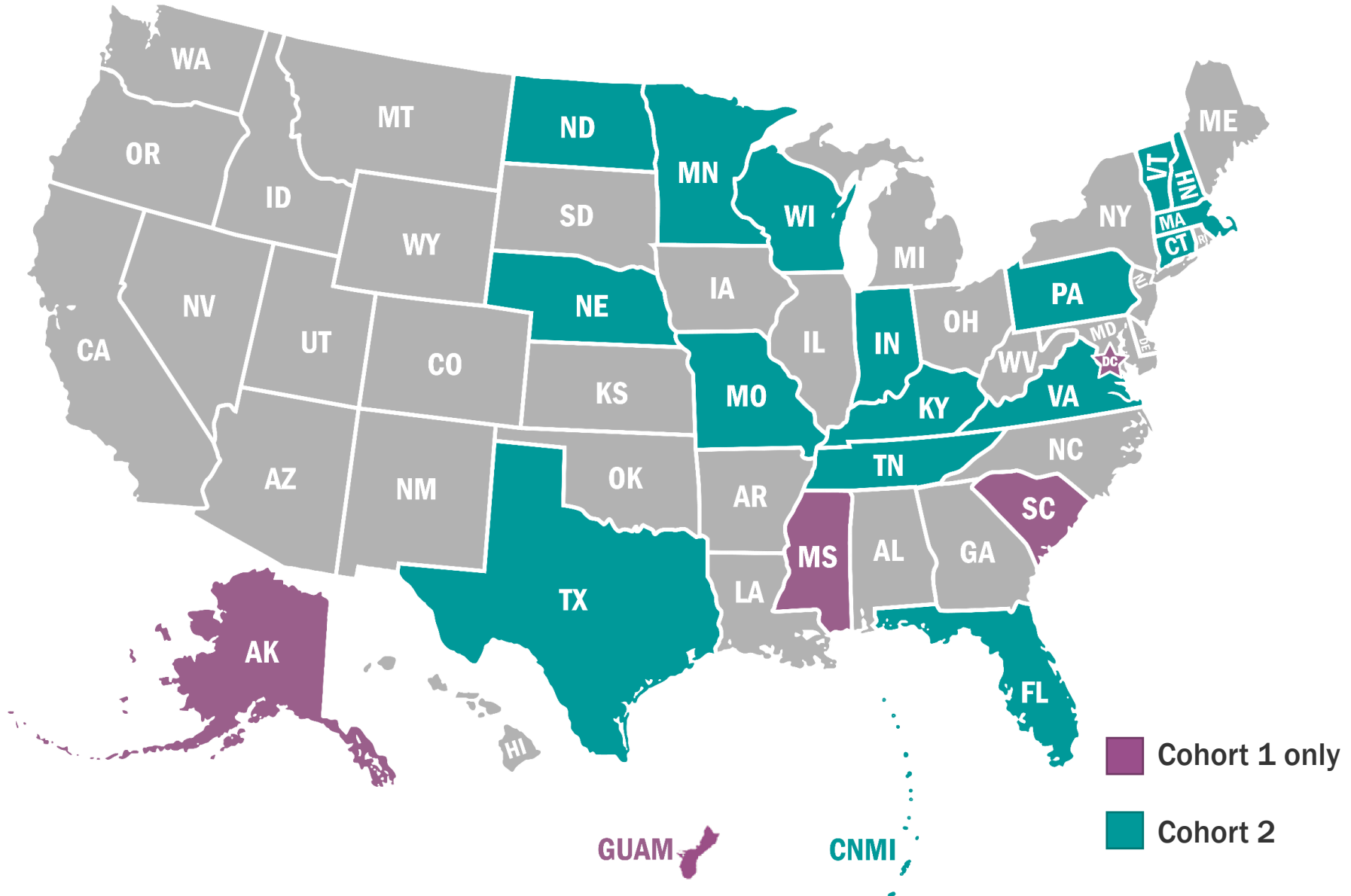
# Overview of the Child Safety CoIIN



**Jenny Stern-Carusone, M.S.W.**

**CS CoIIN Technology Director and Co-Manager**

# 21 States and Jurisdictions have been active in the CS CoIN over two cohorts



# 5 Child Safety CoIN Topic Areas



**Child Passenger Safety**



**Falls Prevention**



**Interpersonal Violence  
Prevention**

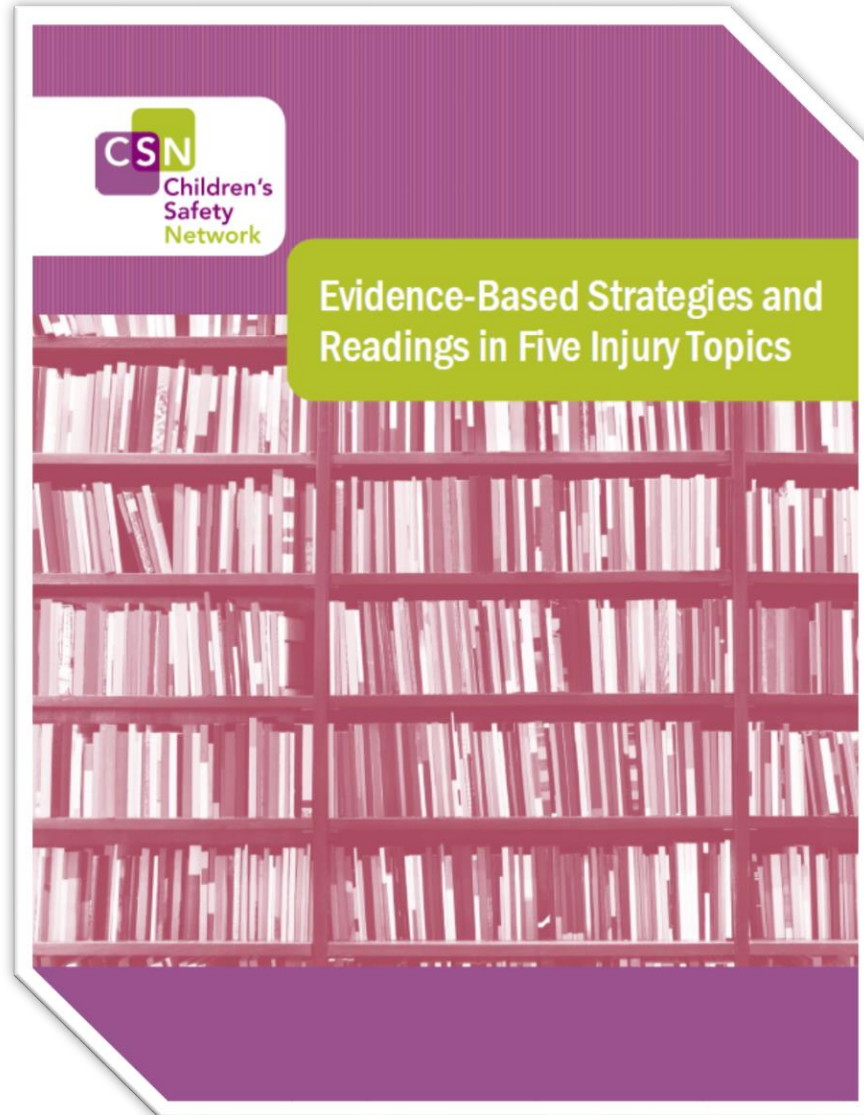


**Suicide and Self-Harm  
Prevention**



**Teen Driver Safety**

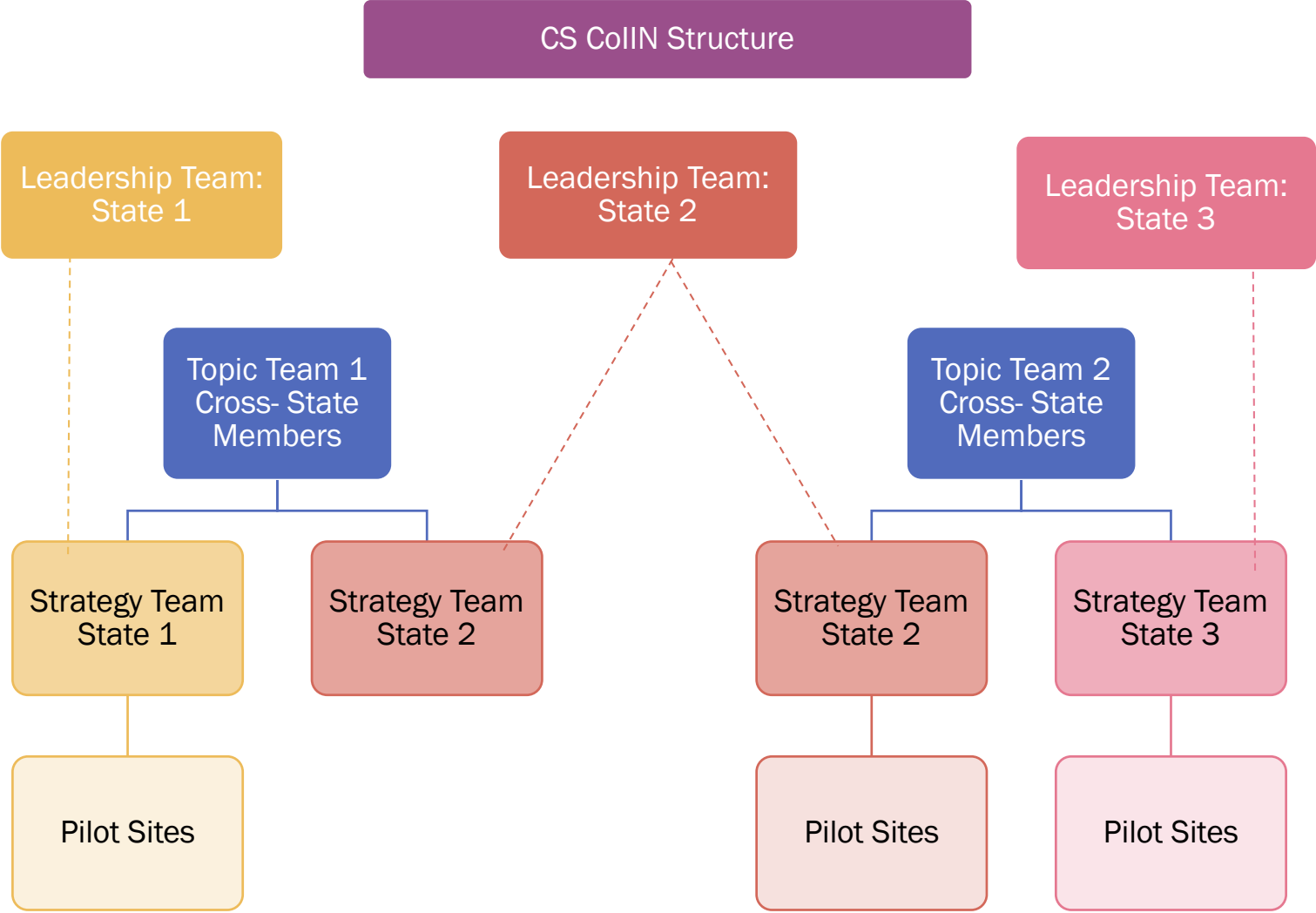
# Resource on the Five Topic Areas



This [resource](#) is available on the CSN website



# Structure of the Child Safety CoIIN



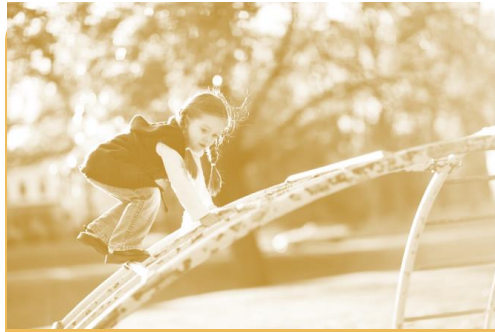
# Current Strategy Teams



## Child Passenger Safety

7 Strategy Teams

- Florida
- Indiana
- Kentucky
- Missouri
- Northern Mariana Islands
- Texas
- Vermont



## Falls Prevention (Home and Recreational Injuries)

4 Strategy Teams

- Florida
- Massachusetts
- Pennsylvania
- Tennessee



## Interpersonal Violence Prevention

8 Strategy Teams

- Florida
- Indiana
- Minnesota
- Missouri
- Nebraska
- Northern Mariana Islands
- Pennsylvania
- Tennessee



## Suicide and Self-Harm

7 Strategy Teams

- Connecticut
- Florida
- Kentucky
- Massachusetts
- Missouri
- Texas
- Virginia



## Teen Driver Safety

8 Strategy Teams

- Florida
- Kentucky
- Nebraska
- New Hampshire
- North Dakota
- Tennessee
- Texas
- Wisconsin

# The Focus of Work in the Child Safety CoIN

Identifying gaps and areas of need that are ripe for improvement

Testing, implementing, and spreading evidence-based strategies and programs

Innovating to improve data collection and outcomes

# Achievements



18 states/  
jurisdictions set up  
**data collection  
and monitoring  
systems** and  
selected  
intermediate  
measures on  
which to report



16 states/  
jurisdictions  
**submitted data** on  
intermediate  
measures



13 states/  
jurisdictions  
**showed progress**  
on measures



8 states began  
**reporting real-time  
outcome-level  
data**, partnering  
with  
epidemiologists,  
identifying new  
data sources, and  
using data to  
inform decision-  
making

## Accomplishments of CS CoIIN States and Jurisdictions



**106** schools increased access to evidence-based programs

**1,216** adolescents trained in non-violence skills

**289** safety seat events held

**39** safety seat inspection stations established

**8,996** safety seats distributed

**15,054** safety seat inspection forms submitted

**5,000** parents and teens received information/  
education on teen driver safety

**1,091** signed parent-teen driver agreements

# Improving Your IVP System

## Develop your aim statement

Scan your environment

Review state action plans, state data & state IVP priorities



## Determine your action plan

Choose your topic area(s)

Select key drivers and change ideas



## Implementation and spread of child safety strategies

Develop PDSA cycles to develop, test and implement strategies

Collect, report and analyze monthly data to identify areas for improvement

# Poll



Please answer the poll

# Child Safety CoIN: Methods for Innovation and Improvement



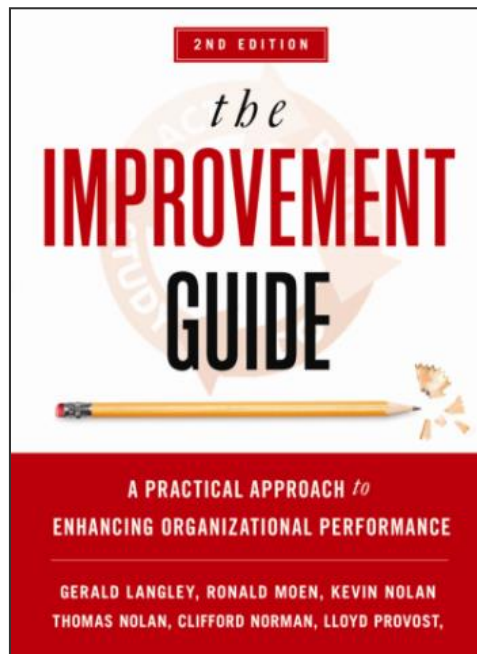
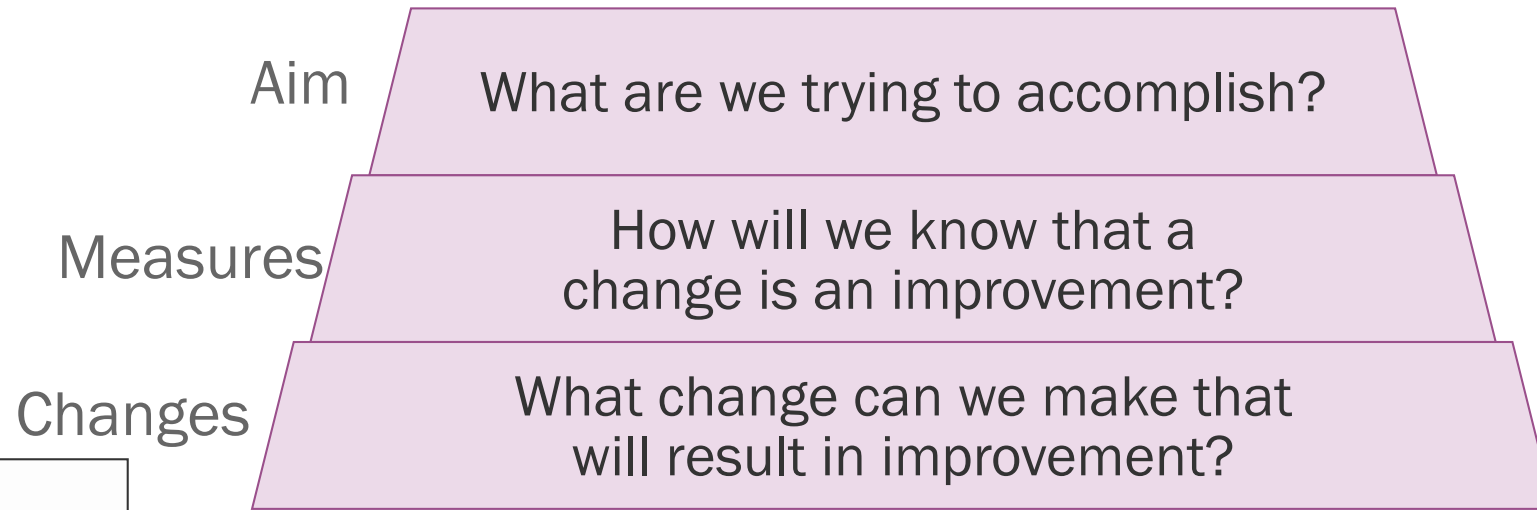
**Bina Ali, PhD**  
*Associate Research  
Scientist at PIRE*



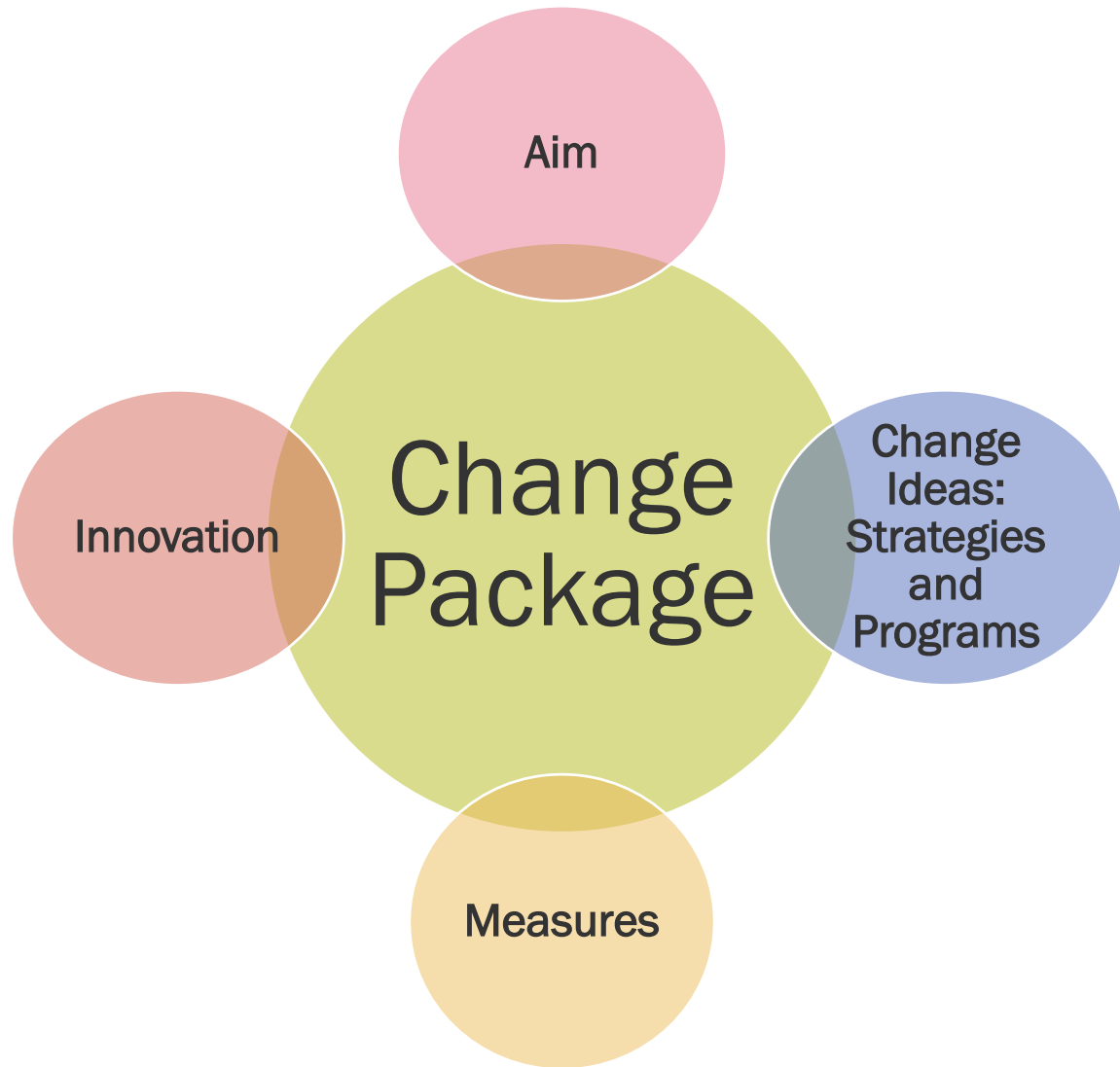
**Jen Leonardo, PhD**  
*Improvement Advisor*



# Model for Improvement



# Child Safety CoIN Change Packages



The [Child Safety CoIN change packages](#) are available on our website

# Child Safety CoIN Aim Statement

Decrease the rate of injury-related deaths, hospitalizations, and emergency department visits among 0-19 year olds



**Child  
Passenger  
Safety**



**Falls  
Prevention**



**Interpersonal  
Violence  
Prevention**



**Suicide and  
Self-Harm  
Prevention**

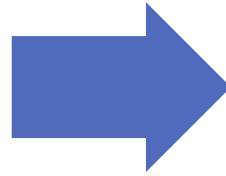


**Teen Driver  
Safety**

# Child Safety CoIN Measurement Strategy

## Process Measures (Intermediate Measures)

- 5-7 measures
- From the Topic Team measurement strategy
- Flexibility to create new measures

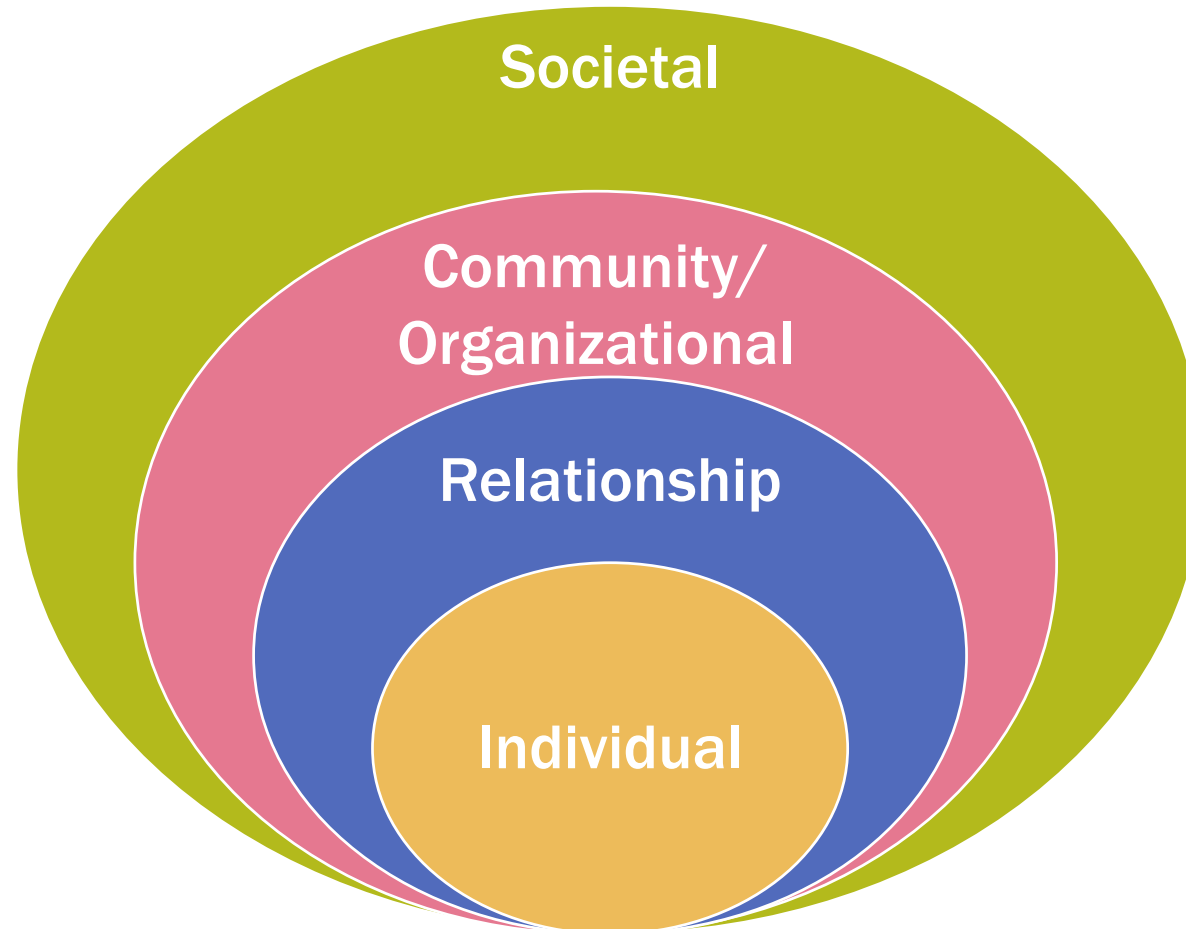


## Outcome Measures (Long-term measures)

- Fatalities
- Hospitalizations
- ED Visits

# Prevention Strategies at Multiple Levels

## Social-Ecological Model



Source: Centers for Disease Control and Prevention, 2015

# Sample of the Teen Driver Safety Driver Diagram

Primary Driver	Secondary Driver	Change Ideas
<p><b>PD3: Relationship/ Individual level</b></p> <p><b>Families and teens knowledgeable in teen driver safety best practices</b></p>	<p><b>SD1:</b></p> <p>Interactive learning and dissemination of teen driver safety educational materials</p>	<ol style="list-style-type: none"><li>1. Provide a primer to parents on teen driver safety, such as Checkpoints Learn, and effective education on the state's current GDL requirements</li><li>3. Educate parents and teens about driving agreements (e.g., outlines the rules of the road, including driving at night, passengers, cell phones and texting, seat belts, and use of alcohol and other drugs), such as the CDC Parent-Teen Driving Agreement</li></ol>

# Sample of the Teen Driver Safety Measurement Strategy

Measure	Numerator / Denominator	Data Collection	Reporting Frequency
12. Percent of parents reporting enforcement of GDL with their teen driver	<p><b>Numerator:</b> Number of parents reporting enforcement of GDL with their teen driver</p> <p><b>Denominator:</b> Total number of parents in the population of interest</p>	<p>Define the population of interest (e.g., parents receiving teen driver safety and GDL education).</p> <p>Define “enforcement of GDL with your teen driver” in your measurement tool and the response(s) that indicate enforcement of GDL (e.g. number of practices selected in a GDL requirements checklist that they enforce with their teens).</p> <p>Track the number of parents in the population of interest reporting enforcement of GDL with their teen driver. Collect the data pre-intervention and post intervention. Ideally, you would also collect the data 3-6 months post-intervention. Track samples of 20 over time.</p>	Baseline, post intervention, 3-6-month follow up

# PDSA Example: Teen Driver Safety

**Drivers and Change Idea:** Improved awareness of and adherence to Graduated Driver Licensing (GDL) requirements through parent and teen education on teen driver safety and GDL. This first PDSA focuses on parents.

Adapt the GDL card from feedback received. Feedback will then be sought from a larger parent group as well as law enforcement and drivers education teachers.

**Act**

**Plan**

**Tasks:** Find 5 parents to fill out the GDL card survey

**Prediction:** 4 out of 5 parents will find the card informative

**Measures of Success:** Number of surveys completed with feedback for possible changes

- 5 out of 5 parents found the card informative.
- Parents gained more knowledge about GDL than anticipated. Received feedback surveys in a timely fashion.

**Study**

**Do**

GDL card and brief survey sent to 5 parents



# Sample of the Child Passenger Safety Driver Diagram

Primary Driver	Secondary Driver	Change Ideas
<b>PD2:</b>  <b>Organizational level</b>  <b>Organizational policies and procedures support the culture and practice of child passenger safety</b>	<b>SD2:</b>  Expanded and coordinated network of child passenger safety technicians, fitting stations, and sites for distribution of child safety seats	<ol style="list-style-type: none"><li>1. Maintain an optimal number of child passenger safety technicians with up-to-date certifications (e.g., Safe Kids Worldwide, National Child Passenger Certification Training Program)</li><li>2. Establish mobile fitting stations and car seat inspection stations to ensure car seats are properly installed</li><li>3. Establish sites (e.g., local health departments, hospitals, community health centers, social service agencies) that distribute free or discounted child safety seats and booster seats to parents/caregivers</li></ol>

# Sample of the Child Passenger Safety Measurement Strategy

Measure	Numerator / Denominator	Data Collection	Reporting Frequency
7. Number of sites operating mobile fitting and car seat inspection stations	N/A	<p>Define where you are working in your state or jurisdiction.</p> <p>Track the aggregate number of sites operating mobile fitting and car seat inspection stations.</p> <p>Note: It is recommended to define a goal for this measure.</p> <p>Additional data you may find useful to track: Number of car seat inspections performed at each site.</p>	Monthly

# PDSA Example: Child Passenger Safety

**Drivers and Change Idea:** Increase the number of mobile fitting stations and car seat inspection stations to ensure car seats are properly installed.

Adopt the approach to spread successful strategies widely. Run a PDSA to increase attendance at meetings. Run a PDSA to develop a spread plan and communications strategy.

**Act**

**Tasks:** Hold a CPS CS CoLIN workgroup meeting to identify successful strategies and counties without fitting stations

**Prediction:** Less than 100% of members will attend. Priorities will be identified.

**Measures of Success:** % attendees; prioritized list of strategies

**Plan**

- 50% of members attended
- Consensus on successful strategies was reached
- Consensus on high priority counties was reached

**Study**

**Do**

Meeting was held and members discussed successful strategies. Contact information for each of the 19 county areas without fitting stations was identified

# Sample of the Interpersonal Violence Prevention Driver Diagram

Primary Driver	Secondary Driver	Change Ideas
<p><b>PD3:</b></p> <p><b>Relationship/ individual level</b></p> <p><b>Families and youth knowledgeable in interpersonal violence prevention</b></p>	<p><b>SD1:</b></p> <p>Training and education of families and youth in interpersonal violence prevention</p>	<ol style="list-style-type: none"> <li>1. Build parenting skills through evidence-based programs (e.g., Triple P Positive Parenting Program, Incredible Years, Strengthening Families, Period of PURPLE Crying Program®, Nurse-Family Partnership, Healthy Families America, Early Head Start, Parents as Teachers)</li> <li>2. Teach adolescents non-violence skills (e.g., Safe Dates, Coaching Boys into Men)</li> <li>3. Develop youth social and emotional skills through participation in evidence-based programs and curricula, such as Incredible Years, the Good Behavior Game, Life Skills Training, and Positive Behavioral Interventions and Supports</li> </ol>

# Sample of the Interpersonal Violence Prevention Measurement Strategy

Measure	Numerator / Denominator	Data Collection	Reporting Frequency
9. Percent of children and youth receiving EB SEL, positive youth development, and non-violence skills	<p>Numerator: Aggregate number of children and youth receiving EB SEL, positive youth development, and non-violence skills</p> <p>Denominator: Total number of children and youth in the population of interest</p>	<p>Define the population of interest.</p> <p>Track the aggregate number of children and youth in the population of interest who are receiving evidence-based social emotional learning, positive youth development, and non-violence skills.</p> <p>Additional data you may find useful to track: Site offering the training; type of evidence-based program(s); completion of training or program(s) by participants.</p>	Monthly

# PDSA Example: Interpersonal Violence Prevention

**Drivers and Change Idea:** Develop youth social and emotional skills through participation in evidence-based programs and curricula, such as Green Dot

Adopt the idea to track data by proactive and reactive green dots. Run a PDSA cycle on testing additional dating/sexual violence booster sessions in addition to the Green Dot curriculum.

**Act**

**Tasks:** Separate data collection and monitoring by proactive (preventative) and reactive green dots in the 8 high schools implementing Green Dot

**Prediction:** 50% proactive and 50% reactive green dots

**Measures of Success:** % of proactive dots; % of reactive dots

**Plan**

Baselines were established for green and red dots. 157 reactive green dots (an escalating incident is interrupted) were reported in the first month of data collection.

**Study**

**Do**

Create an additional field in the Sexual Violence Data Registry to separate proactive and reactive green dots; collect monthly data

# How to Use a CS CoIIN Change Package

Make revisions to the aim statement, based on your state or local data, organizational mission, and available resources



Select the drivers and change ideas that will allow you to accomplish your aim



Select measures that will allow you to monitor progress toward your aim. Be flexible in leveraging existing data and considering measures you use for other programs



As you test, adapt, implement, and spread change ideas, review your data and ask what progress you are making toward your aim and if you need to work on additional drivers or change ideas

**Be flexible and open to learning as you test your theory of change and make improvements**

# More on Outcome Data



# Outcome Measures: Identifying Sources of Injury Data

## Injury Records and Surveillance Systems

Data Type

Source Type

Mortality data

Vital records

Medical examiner and coroner records

Morbidity data

Hospital inpatient records

Trauma registries

Emergency medical services records

Post-acute-care data

Risk factor data

Injury surveillance data (transportation injuries, residential injuries, occupational injuries, violence and firearms)

Behavioral surveys

# Tools for the Collection of Real-Time Outcomes Data

## Outcome Measure Worksheet Child Passenger Safety

### Instructions

Complete the first page of this worksheet. Then, using the second page of the worksheet, identify which datasets are used in your state and who is the individual responsible for reporting to that system. Contact that individual to explore options for getting real time data on a monthly basis.

### Why We Need Data and How It Will Be Used

We are looking for real-time data for the purposes of Quality Improvement and determining the impact our work is having on rates of child-passenger-related deaths, hospitalizations, and emergency department (ED) visits. The data will be used to:

- Assess progress made towards the achievement of aim statements
- Compare injury trends to tests of change conducted by the CS CollN Strategy Team(s)

### Description of the Data

In an ideal world, these data will:

- Be collected and reported on a monthly basis
- Relate to this geographic region: \_\_\_\_\_  
\_\_\_\_\_
- Relate to this age group: \_\_\_\_\_  
\_\_\_\_\_
- Relate to populations with these characteristics: \_\_\_\_\_  
\_\_\_\_\_

[Outcome Measure Worksheet](#)

# Tools for the Collection of Real-Time Outcomes Data

- Reflect the following International Classification of Diseases (ICD) codes:

**Table 1: Child Passenger ICD Codes**

ICD system	Hospitalizations and Emergency Department Visits		Deaths
	ICD-9-CM	ICD-10-CM	ICD-10
<b>Child Occupant</b>	<p><b>Motor vehicle traffic accident:</b> E810-E819</p> <ul style="list-style-type: none"> <li>• where the 4th digit is.: 1 (vehicle passenger)</li> </ul>	<p><i>To compute incidence, exclude all cases with 7<sup>th</sup> digit = "D" (subsequent health care encounter) and "S" (sequela of injury)</i></p> <p><b>Car: V40-48:</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .6 (passenger), .9 (unspecified occupant)</li> </ul> <p><b>Car: V49:</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .5 (passenger), .6 (unspecified occupant)</li> </ul> <p><b>Pick-up truck, minivan, SUV, truck, van: V50-58</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .6 (passenger), .9 (unspecified occupant)</li> </ul> <p><b>Pick-up truck, minivan, SUV, truck, van: V59:</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .5 (passenger), .6 (unspecified occupant)</li> </ul> <p><b>Motorcycle V20-28</b></p> <ul style="list-style-type: none"> <li>• (motorcycle): where the 4th digit is .5 (passenger), .9 (unspecified rider)</li> </ul> <p><b>Motorcycle V29</b></p> <ul style="list-style-type: none"> <li>• (motorcycle): where the 4th digit is .5 (passenger), .6 (unspecified rider)</li> </ul> <p><b>Bus: V70-78</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .6 (passenger), .9 (unspecified occupant)</li> </ul> <p><b>Bus: V79</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .5 (passenger), .6 (unspecified occupant)</li> </ul> <p><b>All-terrain Vehicle: V86</b></p> <ul style="list-style-type: none"> <li>• where 4<sup>th</sup> digit is .1 (passenger), .3 (unspecified rider)</li> </ul>	<p><b>Car: V40-49</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .6 (passenger), .9 (unspecified occupant)</li> </ul> <p><b>Pick-up truck, minivan, SUV, truck, van: V50-59</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .6 (passenger), .9 (unspecified occupant)</li> </ul> <p><i>Other types of vehicles:</i></p> <p><b>Motorcycle: V20-29</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .5 (passenger), .9 (unspecified occupant)</li> </ul> <p><b>Bus: V70-79</b></p> <ul style="list-style-type: none"> <li>• where the 4th digit is .6, .9 (passenger)</li> </ul> <p><b>All-terrain Vehicle: V86</b></p> <ul style="list-style-type: none"> <li>• where 4th digit is .0 (driver), .1 (passenger), .3 (unspecified rider)</li> </ul> <p><i>There is no 7<sup>th</sup> digit in ICD10 codes used with death data</i></p>

[Outcome Measure Worksheet](#)



These data do not need to be cleaned to the same extent that they are cleaned for federal data systems. From the Quality Improvement standpoint, some data is better than no data. We encourage you to explore your options.

# Real-Time Outcome Data Collection Strategies



**CSN** Children's Safety Network  
of Education Development Center

## Stories of Innovation

### Collecting Real-Time Outcomes Data for Injury Prevention

Participants in the Child Safety Collaborative Innovation and Improvement Network (CS CoIIN) are identifying and developing innovative ways to collect real-time outcomes data. Typically, data on injury-related deaths, hospitalizations, and emergency department (ED) visits are centrally collected at the state level. On an annual basis, these data are cleaned by the state, released, and submitted to a national dataset. The cleaning and release process leads to a two-year or more delay in the availability of the data. However, because states centrally collect and house the data, there are opportunities for innovation in using real-time data. Some states in the CS CoIIN are now able to collect and report real-time data on injury-related deaths, hospitalizations, and ED visits, enabling them to incorporate this information into their injury prevention efforts.

Below are descriptions of the approaches that three of these states are taking.

**Massachusetts: Suicide and Self-Harm Emergency Department Visit and Death Data**  
The Massachusetts Office of Emergency Medical Services (OEMS) collects emergency medical services (EMS) data, using the Massachusetts Ambulance Trip Record Information System (MATRIS). MATRIS data are used to improve and support the EMS systems, conduct research, and assure delivery of quality patient care. The Massachusetts Suicide Prevention program partners with OEMS and uses the data from MATRIS as a proxy to identify suicide-related emergency department visits. Though this collaboration is still in its early stages, the team plans to test the feasibility of using MATRIS data to identify young adults experiencing a psychotic episode and provide follow up services to ensure they receive behavioral healthcare.

The Massachusetts Registry of Vital Records provides the Massachusetts Suicide Prevention program with updated bi-monthly files containing information on deaths that occur in the state. Because these files contain real-time information, the program finds that the status of the possible suicide cases are still "pending closure". Despite this limitation, they are able to estimate the number of suicide deaths on a monthly basis using the files.

**Tennessee: Death and Hospitalization Data on Falls**  
Previously, the Tennessee Department of Health used the state's Hospital Discharge and Vital Statistics data to collect and report death, hospitalization, and ED visit data related to falls for the CS CoIIN. Because these data sources lagged by almost a full year, the Tennessee team turned to the Tennessee Traumatic Brain Injury (TBI) Registry. The TBI Registry collects data on all hospitalizations and deaths (whether in or before hospital) related to traumatic brain injuries from all non-federal hospitals in Tennessee. Hospital facilities are required to report to the Registry either monthly or quarterly, which allows for more real-time data.

While the TBI Registry is closer to real-time, it does have limitations. Since facilities are only mandated to report TBI-related hospitalizations and deaths to the Registry, limited data on TBI-related ED visits are available. New research suggests that most youth concussions are seen in EDs or, more often, primary care settings. (Arbogast KB, 2016) This may prove to be a barrier when measuring the full impact of the fall prevention activities the team is conducting. The team is examining other data sources that may include real-time ED visit data.

This [resource](#) is available on the CSN website

# List of Commonly Used Injury Data Sources

Data Source	Years Data Collected	State Data Available	Link to Access Data
CDC Web-based Injury Statistics Query and Reporting System (WISQARS) - Fatal Injury Data	1981-present	Y	Centers for Disease Control and Prevention - <a href="https://www.cdc.gov/injury/wisqars">https://www.cdc.gov/injury/wisqars</a>
National Violent Death Reporting System (NVDRS)	2003-present	Y	Centers for Disease Control and Prevention - <a href="https://www.cdc.gov/violenceprevention/nvdrs">https://www.cdc.gov/violenceprevention/nvdrs</a>
Fatality Analysis Reporting System (FARS) Traffic-related fatalities	1975- present	Y	National Highway Traffic Safety Administration - <a href="https://crashstats.nhtsa.dot.gov">https://crashstats.nhtsa.dot.gov</a>
National Electronic Injury Surveillance System (NEISS)	1979- present	N	Consumer Product Safety Commission - <a href="http://www.cpsc.gov/library/neiss.html">www.cpsc.gov/library/neiss.html</a>
National Ambulatory Medical Care Survey (NAMCS)	1989-present	N	Centers for Disease Control and Prevention - <a href="http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm">www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm</a>
National Hospital Ambulatory Medical Care Survey (NHAMCS)	1992-present	N	Centers for Disease Control and Prevention - <a href="http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm">www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm</a>
Healthcare Cost and Utilization Project (HCUP)	1988-present	N	Agency for Healthcare Research and Quality - <a href="https://hcupnet.ahrq.gov">https://hcupnet.ahrq.gov</a>
National Child Abuse and Neglect Data System (NCANDS)	1995- present	Y	U.S. Department of Health and Human Services Administration for Children and Families - <a href="http://www.ndacan.cornell.edu/">http://www.ndacan.cornell.edu/</a>
National Crime Victimization Survey (NCVS)	1973- present	N	Bureau of Justice Statistics - <a href="https://www.bjs.gov/index.cfm?ty=dcdetail&amp;iid=245">https://www.bjs.gov/index.cfm?ty=dcdetail&amp;iid=245</a>
National Child Death Review Case Reporting System (NCDR-CRS)	2005 - present	Y	<a href="https://www.ncfrp.org/resources/child-mortality-data/">https://www.ncfrp.org/resources/child-mortality-data/</a>
National Survey of Children's Health (NSCH)	2003, 2007, 2011/2012, 2016-present	Y	<a href="http://childhealthdata.org/browse/survey">http://childhealthdata.org/browse/survey</a>
National Health Interview Survey (NHIS)	1957-present	N	Centers for Disease Control and Prevention - <a href="https://www.cdc.gov/nchs/nhis/index.htm">https://www.cdc.gov/nchs/nhis/index.htm</a>
Youth Risk Behavior Surveillance System (YRBS)	1991-present (biennial)	Varies	Centers for Disease Control and Prevention - <a href="https://www.cdc.gov/healthyyouth/data/yrbs/index.htm">https://www.cdc.gov/healthyyouth/data/yrbs/index.htm</a>
Behavioral Risk Factor Surveillance System (BRFSS)	1984-present	Y	Centers for Disease Control and Prevention - <a href="https://www.cdc.gov/brfss/index.html">https://www.cdc.gov/brfss/index.html</a>
Monitoring the Future (MTF)	1975-present (12 graders); 1991-present (8 <sup>th</sup> and 10 <sup>th</sup> graders)	N	<a href="https://www.icpsr.umich.edu/icpsrweb/ICPSR/series/35">https://www.icpsr.umich.edu/icpsrweb/ICPSR/series/35</a>

# Innovative Strategies in the Child Safety CoIN



Jennifer Allison, Ph.D.

Children's Safety Network Director

# Poll



Please answer the poll

# Child Safety CoIIN Cross-Cutting Change Ideas

## Societal Level:

Culture surrounding injury and prevention

- Knowledgeable partners and policy makers
- Policies that reflect best practices in injury and violence prevention
- Multi-stakeholder partnerships
- Macro, real-time data collection systems that identify trends

## Community/ Organizational Level:

Organizational policies and procedures support the culture and practice of injury and violence prevention

- Enforcement of policies, laws, and regulations that promote protective factors, address risk factors, and support individuals at risk
- Knowledgeable and proactive practitioners
- Expanded, coordinated, and collaborative networks of practitioners
- Outreach and training to at-risk communities
- Increased access to programs, services, and safety equipment

## Relationship/ Individual Level:

Families and teens knowledgeable in injury prevention practices, including risk and protective factors

- Interactive learning and dissemination of educational materials
- Outreach and training to at-risk families and individuals
- Culturally and linguistically competent educational materials and practices

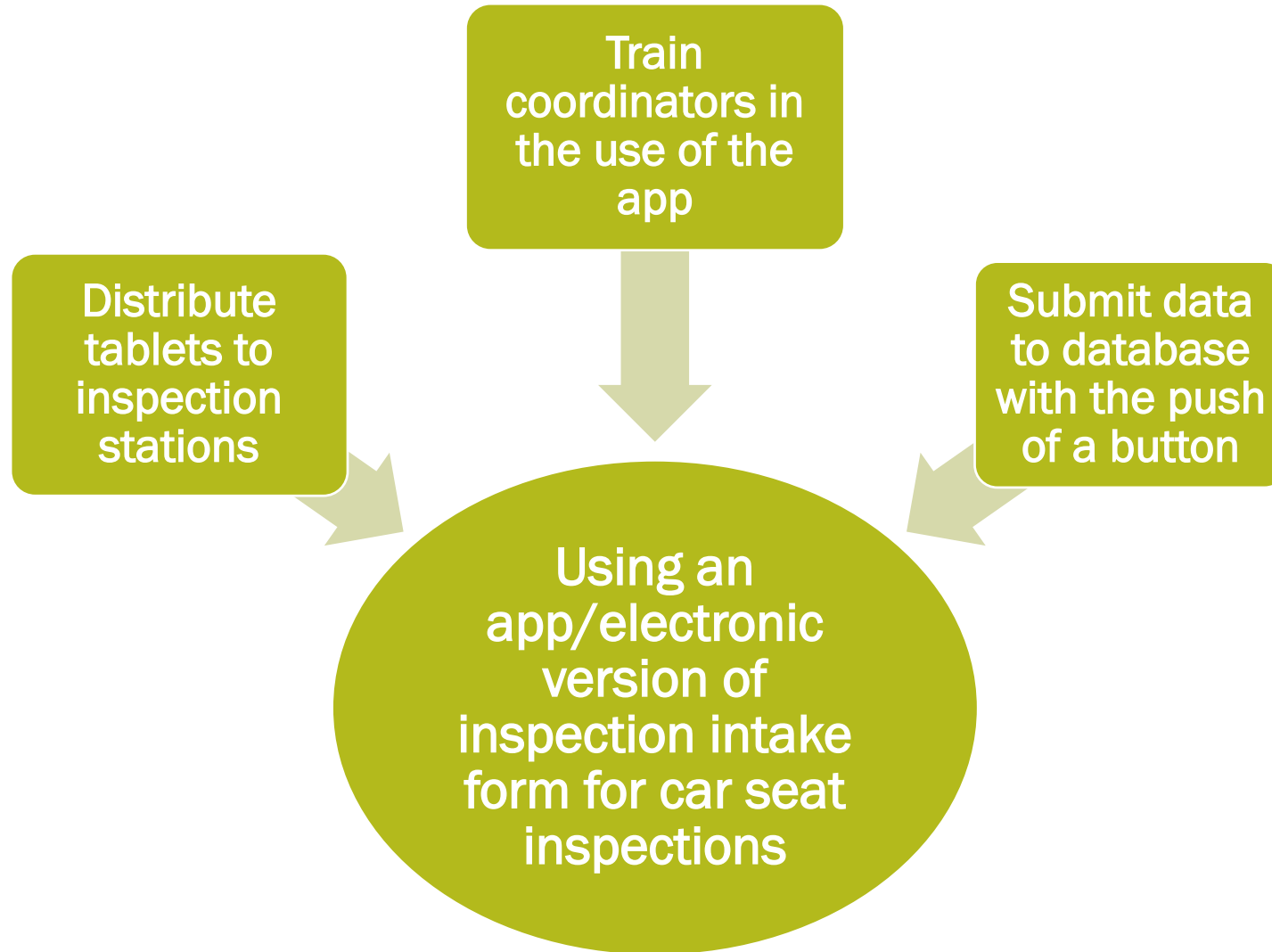


# Child Safety CoIN: Innovative Strategies

- Technology
- Incentives
- Cross-sector training
- Safety standards
- Integration of child safety into home visiting
- Partnerships
- Learning collaborative

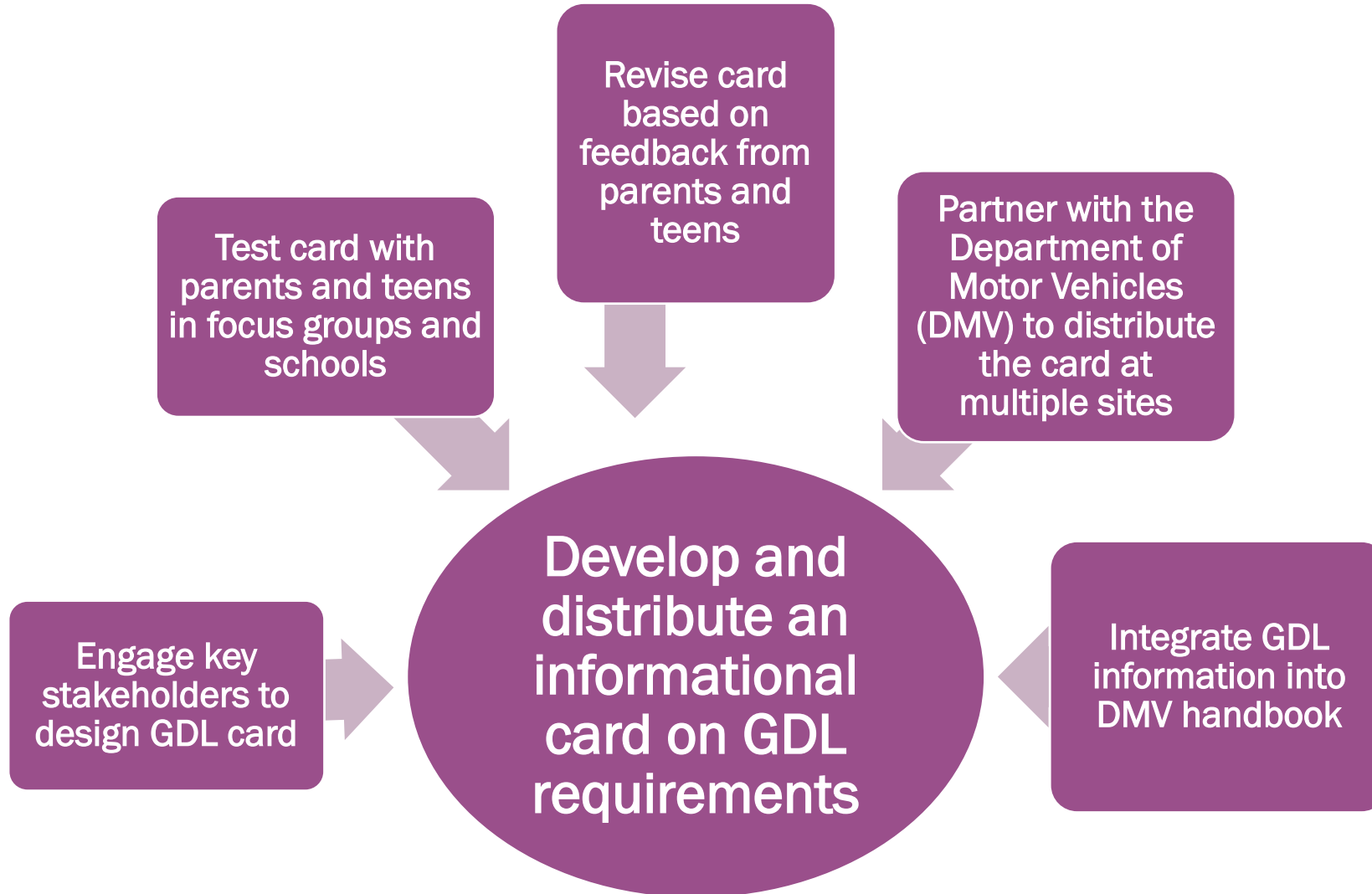
# Child Passenger Safety

## Use an Electronic Form to Collect Data on Car Seat Inspections



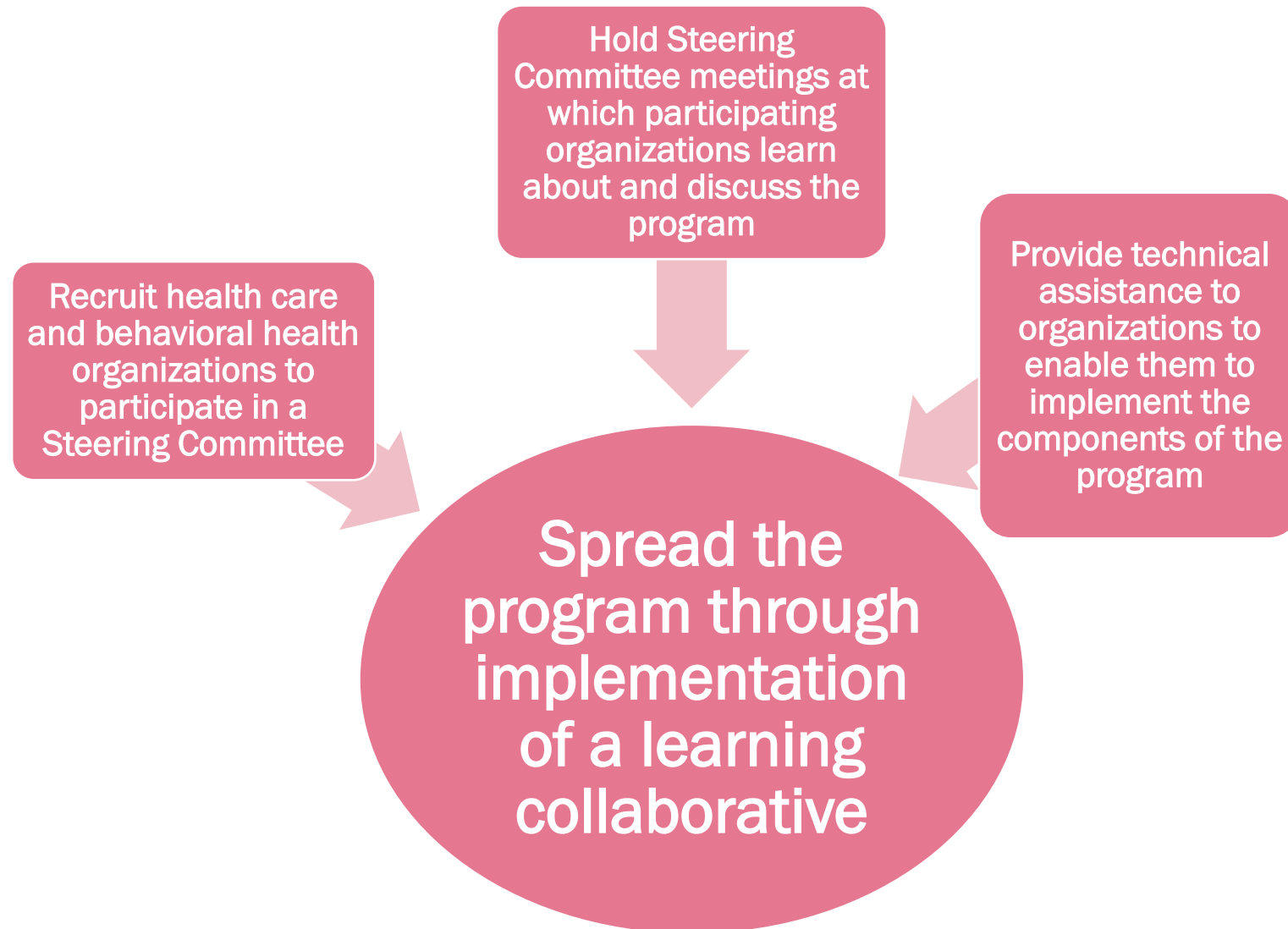
# Teen Driver Safety

## Develop and Distribute an Informational Card on GDL Requirements



# Suicide and Self-Harm Prevention

## Use a Learning Collaborative to Implement and Spread a Program



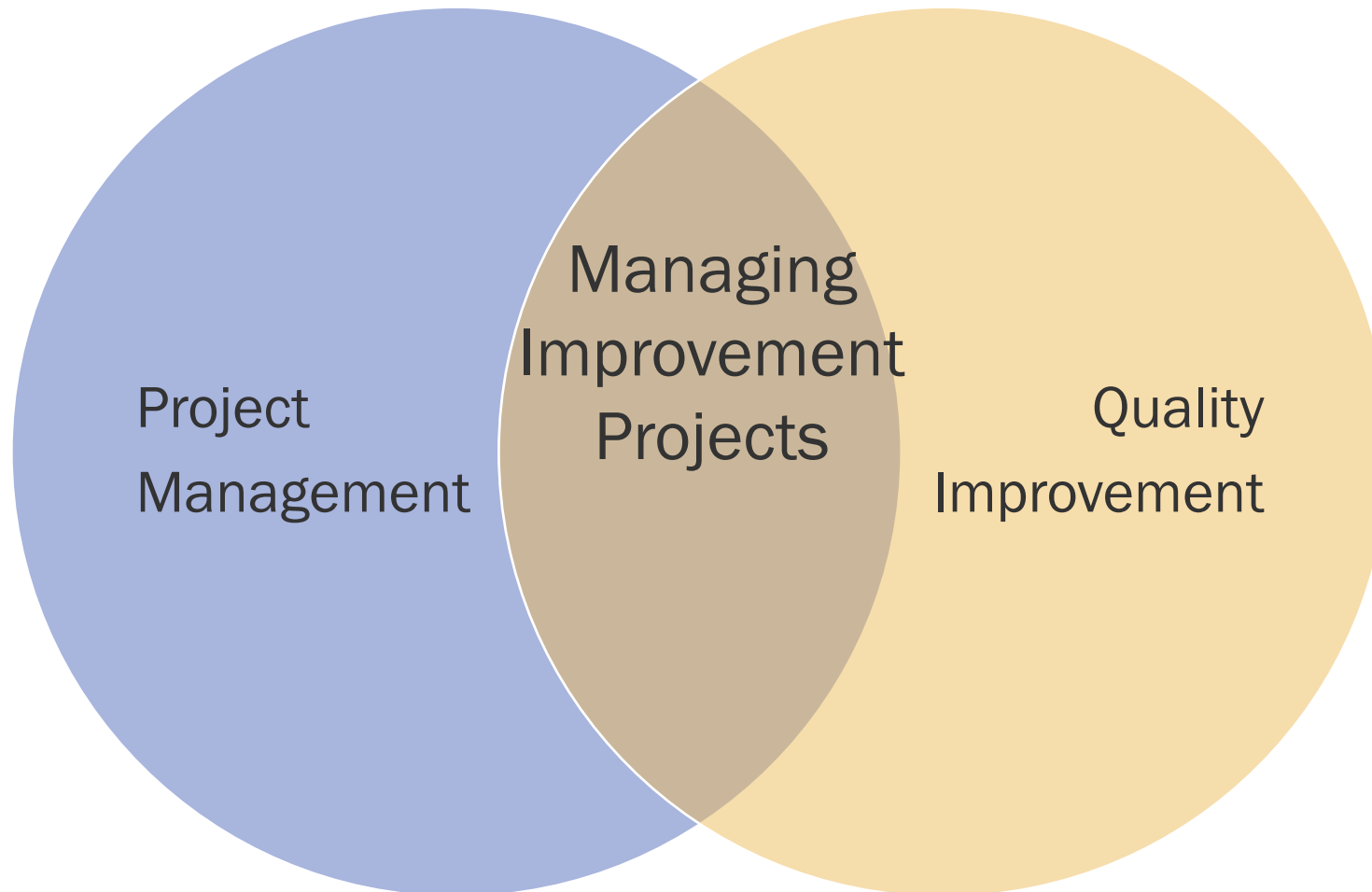
# Applying CS CoIN Principles to the Massachusetts Injury Prevention and Control Program

## Reflections on 6 Months in State Service



Bekah Thomas, Director of Injury Prevention and Control  
Massachusetts Department of Public Health

# Managing & Learning from Improvement Projects



Source: The Institute for Healthcare Improvement: [5 Practical Strategies for Managing Successful Improvement Projects](#)

# Building the System of Improvement

1. Establishing Constancy of Purpose
2. Understanding the Organization as a System
3. Designing and managing a system for gathering information for improvement
4. Conducting planning for improvement and integrating it with strategic planning
5. Managing and learning from a portfolio of improvement initiatives

Source: The Improvement Guide, Pg. 312

# The System: Strategic Initiatives in MA's IPCP

Child Fatality Review

Emergency Medical Services for Children

Infant Safe Sleep

Older Adult Falls

Poison Prevention

Spinal Cord Injury Research

Transportation Safety

Youth Sports Concussion





# Prioritizing Improvement Projects

Which should  
take place  
first?

Can they take  
place at the  
same time?

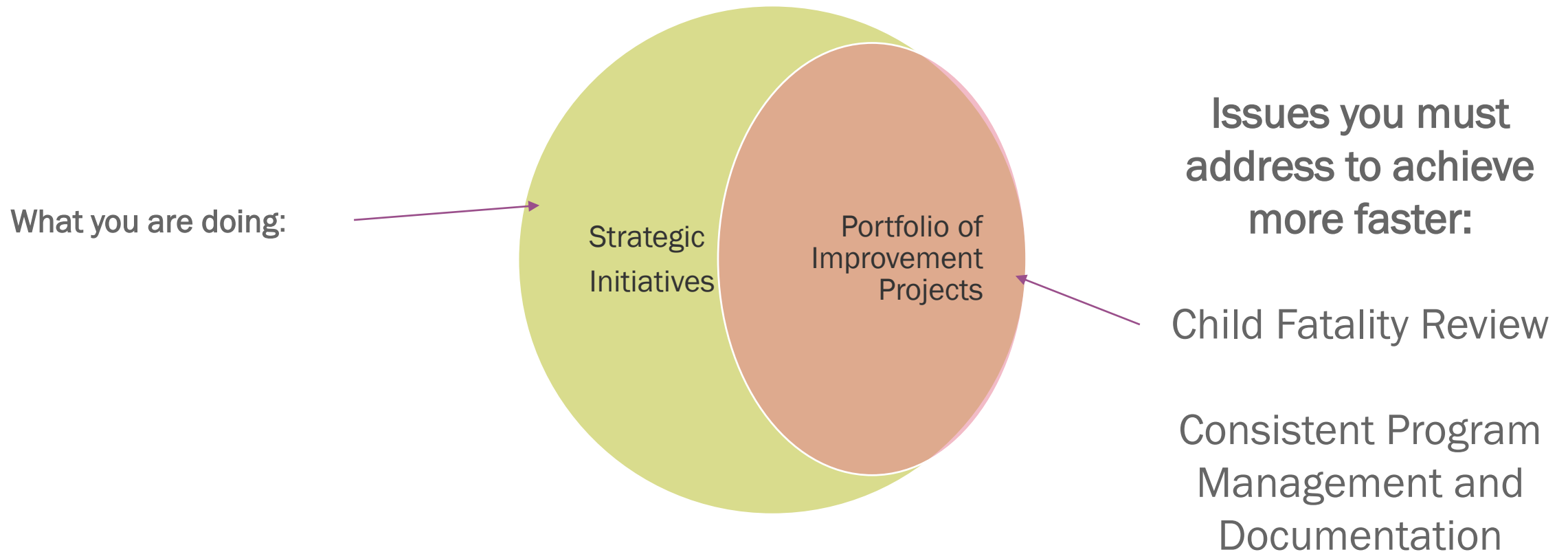
For how long should  
the project last?

(hint: it's not forever, nor for as long as  
you have funding)

Source: The Improvement Guide, Pg. 325

# IPCP's Prioritized Improvement Projects

Select a group of complementary change ideas that are necessary and vital to achieving your aim.



Source: The Improvement Guide, Pg. 321

# Consistent Program Management and Documentation

Provide Professional Development Opportunities, Especially Related to Leveraging Technology

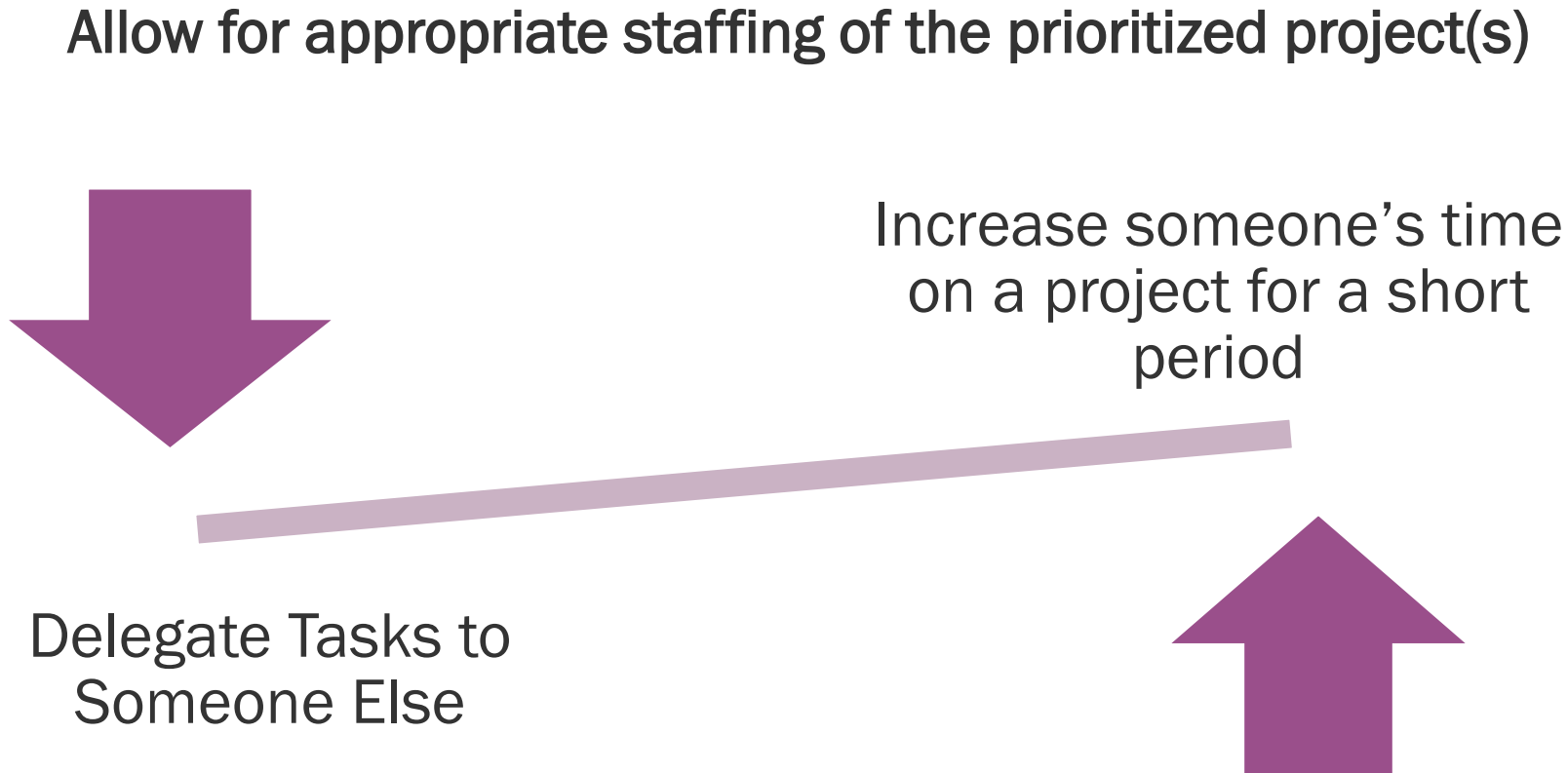
Establish consistent management tools such as:

Increase Usability and Utility of Webpages

Leverage surveillance data for Program Design and Improvement

Create a Strategic Communication Plan

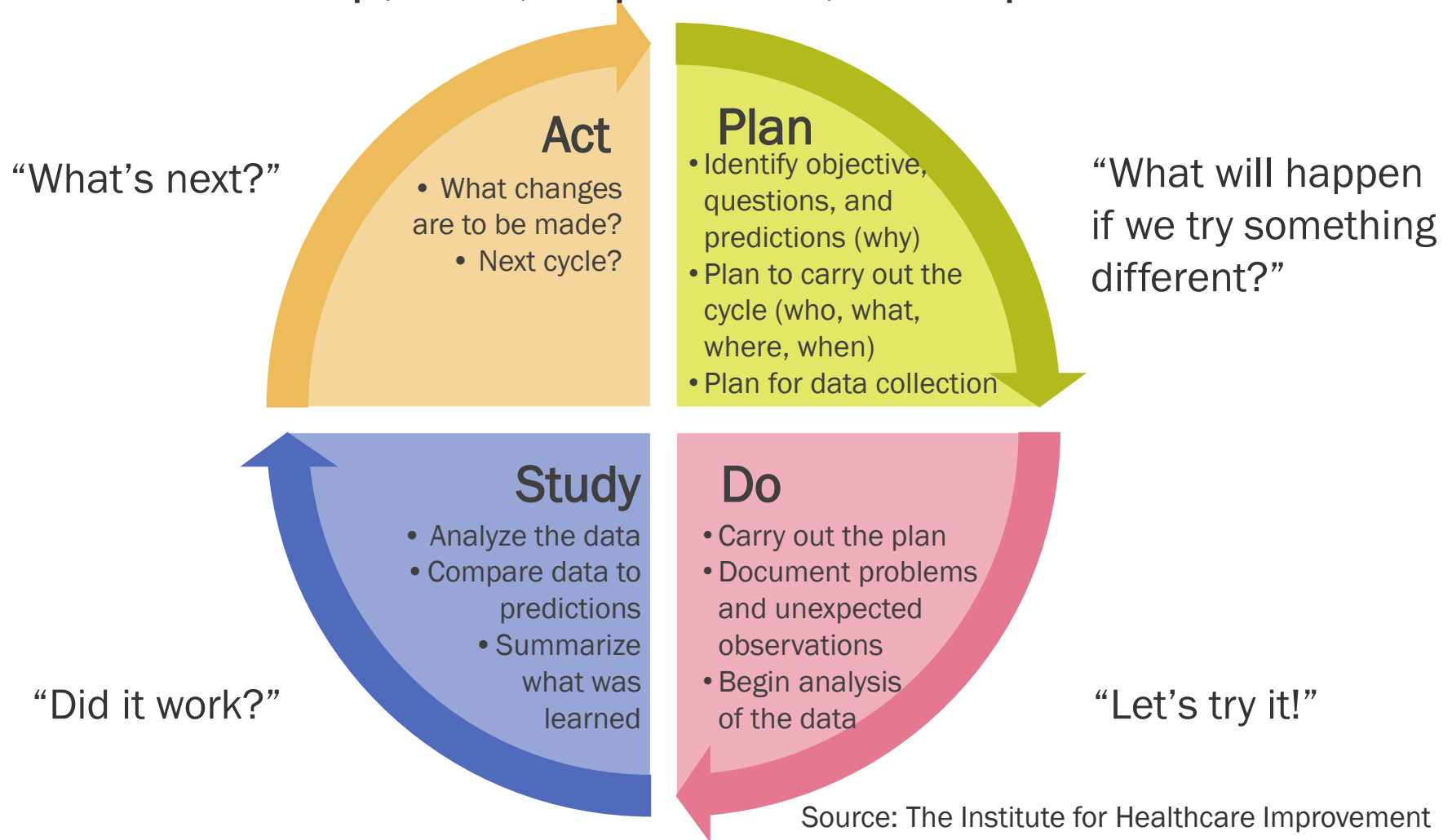
# Prioritization Requires Dedicated Staff & Leadership



Source: The Improvement Guide, Pg. 325

# Treating Everything as a Small Test of Change

Develop, Test, Implement, and Spread



Source: The Institute for Healthcare Improvement

# Consistently Review Progress

Monthly, with the team, and whomever the leader reports to



A good plan, early on makes review more efficient and effective

If it's not achieving it's goals, figure out why, then make a plan

Source: The Improvement Guide, Pg. 327-328

# Make it Easy & Fun

Use existing structures to get work done

Incorporate improvement work into already scheduled meetings

Make improvement talk the best part of a team member's day

Sharing about how this work makes a positive impact

Focus on learning, not perfection

Stay flexible

Everything should be in pencil

# Lessons Learned So Far

**You can't do it all at once**

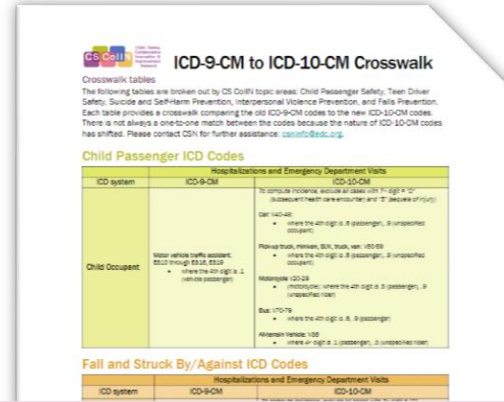
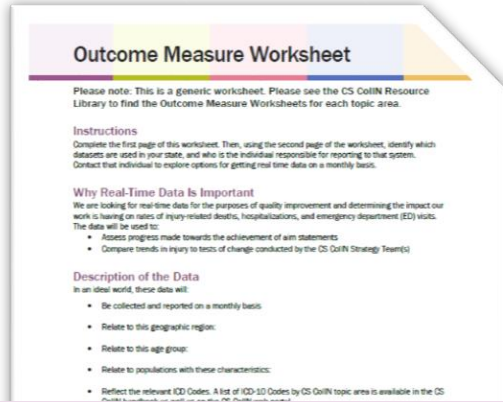
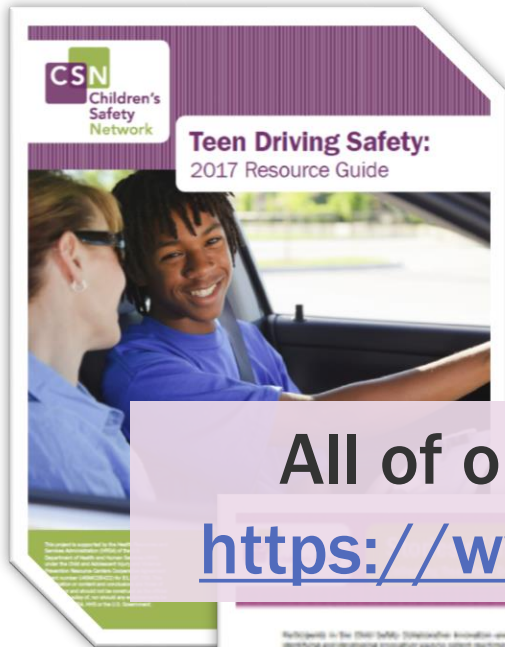
**Make space for priorities**

**Small tests of change are disarming**

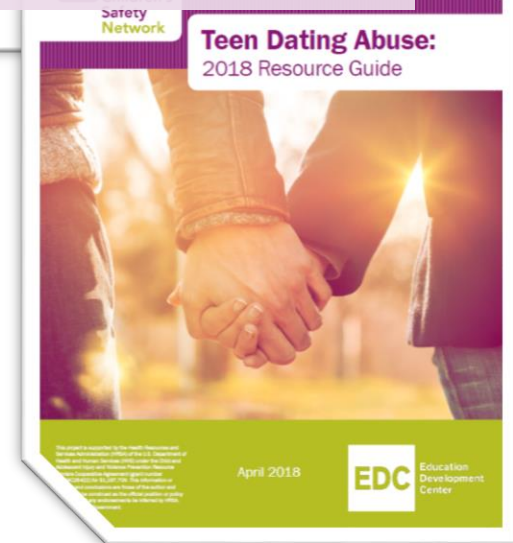
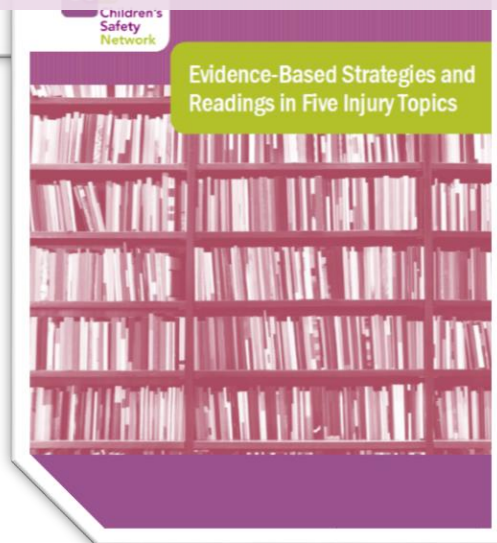
**Consistent documentation and communication improves buy-in and collaboration**



# CSN Resources



All of our resources can be found on our website:  
<https://www.childrenssafetynetwork.org/publications>



# Questions?



Please enter your questions in the Q & A pod

# Thank You for Participating!

Please fill out our brief evaluation:

<https://www.surveymonkey.com/r/JZBYPSK>

Questions or Comments? Contact:

[csninfo@edc.org](mailto:csninfo@edc.org)

For more information, visit:

<https://www.childrenssafetynetwork.org>