

PDCA STORYBOARD

DIVISION/OFFICE: Division of Health Promotion

SECTION: MIECHV

MEMBERS: Kassia Eide, Theresa Heaton, Ana Solorzano

PROJECT TITLE: Increasing the Number of Referrals of At-Risk, First Time Pregnant Mothers to Home Visitation Programs in Elgin

DATES OF PROJECT: August 1, 2013-December 31, 2014

PLAN
Identify an opportunity and Plan for Improvement

1. Getting Started

The MIECHV (Maternal, Infant & Early Childhood Home Visitation) program in Elgin consists of four home visitation agencies, three of which require a mother to be pregnant for the first time when she enrolls. Based on data collected in the Access Database, we realized that a sufficient number of first time pregnant mothers were not being referred to the home visitation programs from our Elgin referring partners to fill and maintain the MIECHV home visitation slots. As of August 1, 2013 the programs were only 68.6 % full. Baseline data showed an average of 14 referrals per month of pregnant first time mothers.

2. Assemble the Team

The entire KCHD MIECHV team was included in this process. Kassia Eide, Community Systems Developer (CSD), Ana Solorzano, Coordinated Intake Specialist (CI), and Theresa Heaton CSD/CI Supervisor, each played an active role on an individual and team level to complete this PDCA project. The team also sought input from the MIECHV Home Visiting Program Supervisors on a monthly basis.

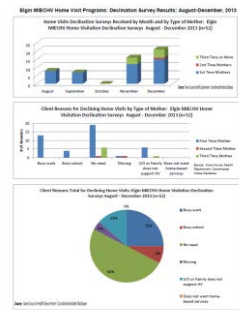
3. Examine the Current Approach

The MIECHV team uses a variety of methods to promote home visitation programs in Elgin including; consistent outreach to WIC pre-natal classes;

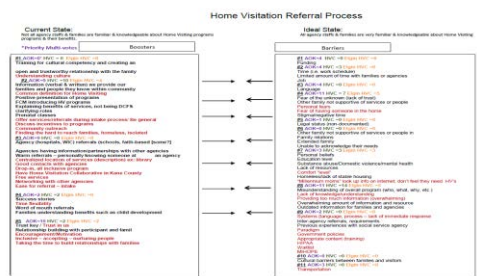
obtaining a Memorandum of Understanding (MOU) from referring agencies; using flow charts to increase the understanding of the referral process at referring agencies; setting priorities and creating a Referral Action Plan as a larger MIECHV team; tracking caseload enrollment since July 2012; and School District U-46 drop in preschool staff encourage parents to participate in home visiting.

Our team used three different QI tools to more closely examine the current approaches. In May, 2013 the team brainstormed ideas to increase enrollment in programs and then completed an Affinity Diagram with the results.

From August to December of 2013 the team created and implemented a Declination Survey with parents referred to home visitation that decided not to enroll. The data showed that 50% of parents did not believe that they needed any services.



In October of 2013, we also conducted a community-based Force Field Analysis with the input of MIECHV team members, AOK Early Childhood Network members, the Kane County Home Visit Collaborative members, and other social service agency members to discover boosters and barriers to home visiting referrals. Root causes included: parents lack understanding the benefits of home visiting; referring staff lack understanding of home visiting; parents have fears and doubts about someone entering their home; family members are not supportive; and work/school schedules impede participation.



4. Identify Potential Solutions

Based on the findings of the three QI tools, the MIECHV team came up with a list of possible solutions to the issue of not having full caseloads: Develop a script/talking points for agency staff; pair up home visitors to locate hard to reach families; retrain existing referring partners; offer community presentations on home visiting; encourage parents to refer friends/family; engage home visiting families in providing testimonies, video or written; communicate with families on the waiting list to update them on their status; create a website; and produce bus or radio ads.

5. Develop an Improvement Theory

Our AIM statement is: By 12/31/14 the MIECHV Home Visiting Programs will be 85% full. The MIECHV team selected two strategies:

1. To effectively educate parents and staff about home visiting programs, we wanted to capture the voice of the parents. Therefore we will collect testimonies of parents who actually have participated in home visiting. In order to capture the testimonies of parents we opted to create a video testimony DVD to share with referring agencies and parents in a variety of settings.

CSD and Home Visitation program staff combined efforts to find parents who were willing to share their experiences on camera. Subsequently we developed a simple form for home visitors to bring to parents to have them write down the best thing about home visiting and one word to describe their experience. Once the DVD was produced, CSD could revisit current referring agencies to share the information and use the DVD as a training tool for new agencies and staff.

2. Our second strategy was to formally incentivize and recognize the efforts of the referring agencies' staff. We designed a pilot Referral Rewards Program as a means to incentivize staff for sending referral of first time pregnant mothers to CI. Based on a point system per referral, CI calculates points that transfer to Wal-Mart gift cards for staff and agencies.

DO Test the Theory for Improvement

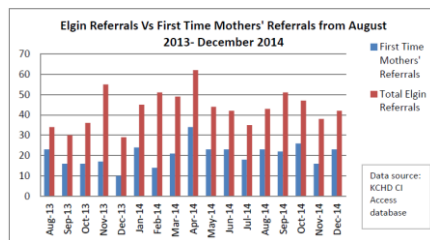
6. Test the Theory

In June of 2014 the parent testimony DVD was completed. Five mothers shared stories in English and Spanish. The CSD began to reach out to current referring agencies and schedule refresher trainings with the new DVDs and to offer the referral rewards program. CI collected the Referral Reward data for the Elgin referrals each month on total referrals received for first time mothers. CSD issue referral rewards to referring staff. Results were shared at monthly MIECHV team meetings for input. Supervisors reported active caseload data weekly.

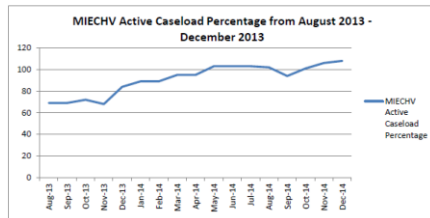
CHECK Use Data to Study Results of the Test

7. Check the Results

The number of referrals for first time pregnant mothers in Elgin increased to an average of 21.3 per month, and the number of overall referrals increased as well.



Also during this time period the percentage of MIECHV slots filled went from 68.6% to 108%.



During this period, the CSD completed 15 trainings with existing and new referring agencies and enrolled 9 agencies in the Referral Rewards program.

Staff have stated that watching a testimony as part of the training has increased their knowledge of home visitation programs and therefore they feel more comfortable in making a home visiting referral to Coordinated Intake.

ACT Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

To maintain the success of the plan that was implemented, Coordinated Intake will continue tracking the number of referrals, the number of home visit slots filled, and how early in the pregnancy the mothers are being referred. The team also decided to expand the Referral Rewards program beyond the initial pilot agencies. The rewards will be expanded to include any type of mother (second and beyond) to make the process clearer and easier for referring staff. From now on use of the DVD and/or website will be standard in all trainings for referring agencies.

9. Establish Future Plans

It took longer than we predicted to complete all of the trainings using the DVD to new and established referring partners, therefore we will continue to implement trainings. CI and CSD plan to coordinate their communication efforts to connect on a regular basis with each agency. As part of the ongoing communication, CI and CSD will create flow charts mapping the unique referral process for each agency. The team also will explore setting monthly referral goals with agencies to increase the volume of referrals.