all children thrive

Home Work Team

Healthy Homes Block By Block

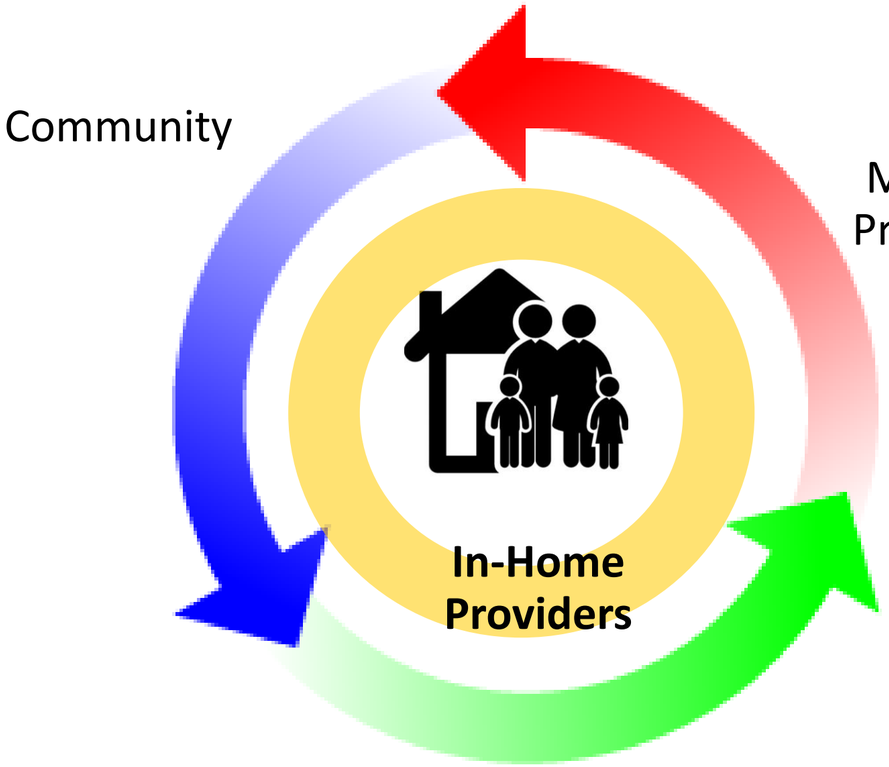
BACKGROUND

Home Work Team "Big Picture"

Cincinnati Children's Health & Well-being

How Home Work Works:

Use tools & strategies to connect with families, improve in-home service delivery, and link with social programs and providers



Home Work Purpose:

To bring change to the health/social in-home service model

Applying QI methods to improve connectivity among families, in-home social programs, schools, and medical providers

Home Work FY19 Focus

In-home Connectedness

Increase the rate of high quality* connections between and among in-home providers

***High quality to be determined within the Connections Operational Definition statement**

Trust & Engagement

Increase communication, aligned client support management, and referral generation between in-home providers and external ACT partners (community, school, healthcare provider)

Home Work Partners:

Healthy Homes BLOCK BY BLOCK

beechacres PARENTING CENTER

The Children's HOME of Cincinnati AMAZING STORIES. CREATED DAILY.

EVERY CHILD SUCCEEDS

SANTA MARIA COMMUNITY SERVICES

eliminating racism empowering women ywca Greater Cincinnati

city of CINCINNATI HEALTH DEPARTMENT

cradle cincinnati every baby, every day

Health Care Access Now

TriHealth

October 2018 | version 3

Revision Date: 10/12/2018 (v2)

All Children Thrive Learning Network ~ Home Work Improvement Team
Key Driver Diagram (KDD)

Project Leader(s): Jennifer Mooney, Judith Van Ginkel

QIC: Connie Stewart

VISION

Help Cincinnati's 66,000 children be the healthiest in the nation through strong community partnerships

MISSION

To build trust and develop relationships that are fundamental to engage a community in in-home services

To leverage the experience of organizations and capitalize on existing programs & resources that reach families to identify and spread best practices to drive outcomes among programs

POPULATION

Providers delivering services in the home

SMART AIM

To increase rate of high quality* connections among In Home providers, and between in-home providers and external providers from x% to y% by June 30, 2019

To increase communication, aligned client support management, and referral generation between in-home providers and external ACT partners (community, school, healthcare provider) by June 30, 2019

*High quality to be determined within the Connections Operational Definition statement

DRIVERS

- Connectedness among in-home providers
- Engaged and activated families
- Awareness of partner programs, outcomes, and eligibility criteria for enrollment
- Supported staff
- Appropriate and timely referral for engagement in services
- Trusted relationships between families and staff
- Care coordinated and collaboration with key partners to meet families' needs

INTERVENTIONS

- Use of tools to facilitate connections (outlining services along the continuum)
- Engagement in Home Work meetings, trainings, etc.
- Standardized communication among in-home providers to avoid duplication in services
- Program staff know each other, how to connect and refer for services (i.e. Housing)
- Utilized tools & strategies to connect and establish trust with families (Strategies for Establishing Trust Tip Sheet)
- Implemented training to develop skills for connecting with families (Trauma Informed Care 6/18)
- Family Centered support – frequency and timing of home visits, communication style, etc.
- Involve parents in decision making
- Shared case studies to better understand connections & communication
- Standardized program presentation for referral

Key
White shaded box = Potential intervention
Gray shaded box = Completed intervention
Green shaded box = What we're working on right now

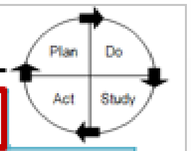
LOR # = Level of Reliability Number (e.g., LOR 1)

CHANGE WE ARE TRYING

Referral Connections

Cincinnati Children's
changing the outcome together

PDSA Worksheet – Home Work Team |_____



Ramp #: 1	Test #: 1	Test Start Date:	Test Complete Date:

Project SMART Aim: **To increase connections among Home Work providers, external partners, and external providers**

What key driver does this test impact? **Connectedness among Home Work providers**

What is the objective of the test? **Team knows each other, how to connect & refer for services**

PLAN:

A. Briefly describe the test:

Within the next 5 days, make one referral connection to another Home Work provider. Track your steps and what happened with the connection.

B. How will you measure the success of this test?

Write down the steps for your connection. Note any steps you had to repeat or change in your normal process.

C. What would success look like?

Being able to share what happened with the connection and make suggestions on how the connection process could improve.

D. What do you predict will happen?

E. Plan for collection of data:

Once your connection PDSA is complete, please send to Stephanie at Stephanie.Marston@cchmc.org

F. Tasks:

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where

DO: Test the changes.

Was the cycle carried out as planned? ☐ Yes or ☐ No

Record data and observations.

What did you observe that was not part of the plan?

STUDY:

Did the results match your predictions? ☐ Yes or ☐ No

Compare the result of your test to your previous performance:

What did you learn?

ACT: Decide to Adapt, Adapt or Abandon (shade one box).

☐ **Adapt**. Improve the change and continue testing the plan.
Plan/changes for next test:

☐ **Adopt**. Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability.

☐ **Abandon**. Discard this change idea and try a different one.

Testing in Progress

- **Pre-filled PDSA** Worksheet Template
- **Data** collected to be used **to identify connection gaps** and future **interventions**

Healthy Homes | Block By Block

A Price Hill **neighborhood-based network of community members** to support entire families, foster child health and well-being, and reduce poverty

Activated community members **perform door-to-door personal outreach** to support the needs and hopes of households with children under the age of six and pregnant women

CONTACT US

Chellie McLellan, CEO

Healthy Homes
BLOCK BY BLOCK

Healthy Homes | Block By Block
2118 St. Michael Street
West Annex - Suite 203
Cincinnati, OH 45204

(513) 254-0612

www.healthyhomesbbb.org

chellie.mclellan@healthyhomesbbb.org