



Thrive at 5



# BACKGROUND



Our team strives to ensure all children have access to care, have healthy mind and body and are ready to enter Kindergarten by age 66 months



### System Level Key Driver Diagram (KDD) Thrive @5\_FY'20 (Draft)

Accessible continuity of health care &

providers

Engaged families see value in health

promotion and prevention services

Early and reliable identification of health

promotion and prevention needs

Optimized access to health developmental and educational services

Enhanced promotion of wellness

Portfolio Manager, Zeina Samaan, MD



#### **Global Aim**

Cincinnati's Children are the healthiest in the nation through strong community partnerships

#### **Strategic Goal**

Ensure all 5 year-olds have healthy mind and body

#### **Population**

66,000 children age 0-66 months in Cincinnati

#### **FY20 Improvement Critical Drivers Focus Areas**

66 Month Population Bundle: physical health (fully Strengthened partnerships to build trust in immunized, healthy hearing and vision, healthy teeth the system/medical home and healthy BMI), normal speech, normal literacy and normal socio-emotional screen

Thrive At 5 Visit level Excellence:

Standardize and optimize workflows to create standard and reliable process at every visit with focus on age 48-66 months for PS bundle delivery

Revision Date: 04/22/19 (v#2)

Early Childhood Education & Development Connection

**Emerging Literacy** 

Behavioral Health Integration into Primary Care

Proactive Population Engagement: (Newborn Model) Develop a prototype for a model of care designed to build trust and develop authentic relationships between families and care teams

Innovative outreach to community for health promotion and care gap closure Positive engagement and buy-in from all staff and stakeholders

## LEARNING CYCLES

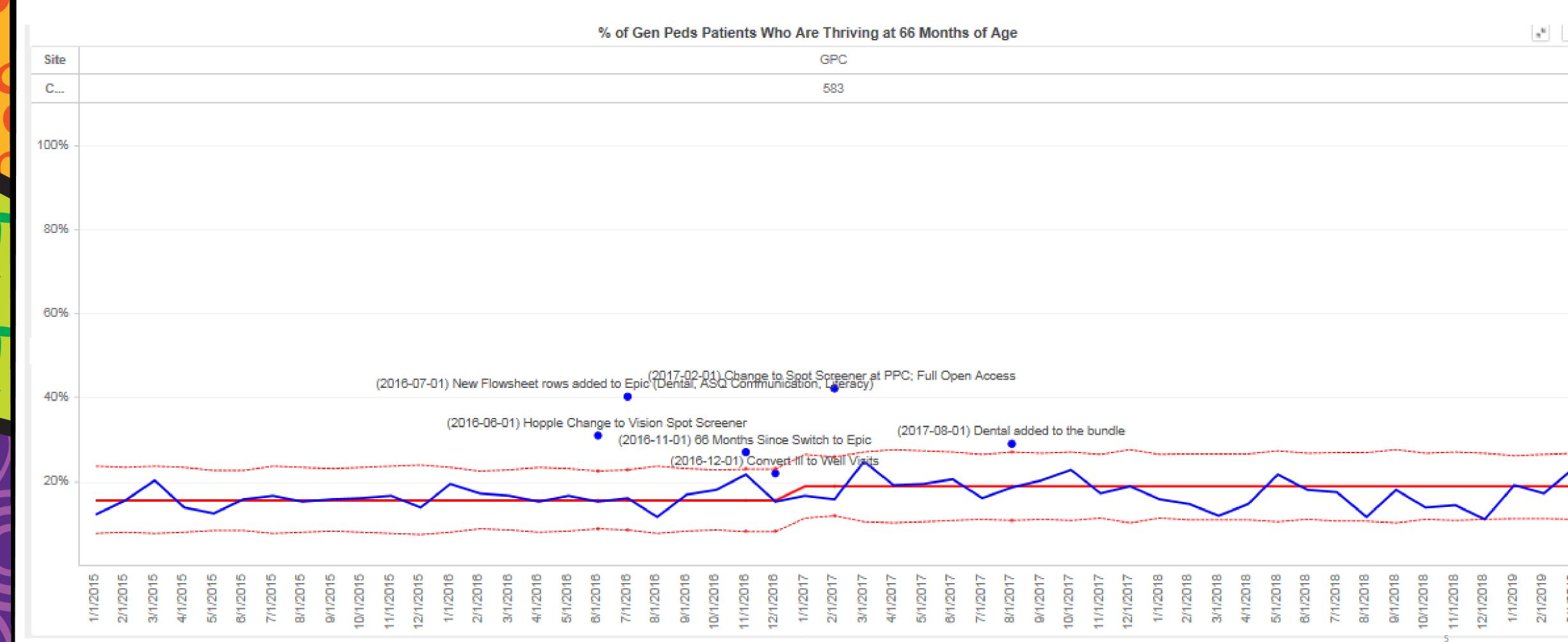


- At a steering team level, most of our PDSA learning cycles have evolved from our biweekly huddle call that includes the three primary care site clinical managers, the team leader, the education specialist, and the quality outcome manager
- We have focused the huddle calls around our FY19 three visit-level goals. Each of the sites reports out to share learnings and share what they are testing each week
- For recalls/future appointments, hearing, and social emotional screening, we have been able to share and spread learnings across sites to maximize improvement



## 66 Month Population Measure

Age 5 Health (full immunizations, normal speech, normal hearing and vision, no cavities normal socio-emotional screen)



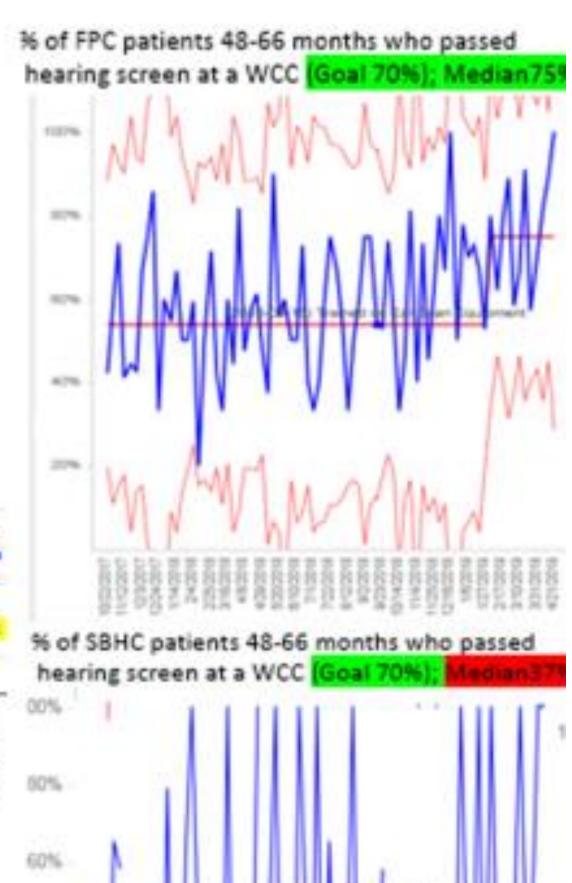
# % of HPC patients 48-66 months who passed hearing screen at a WCC (Goal 70%); Median 899 hearing screen at a WCC [Goal 70%]; Median 61%

## Hearing Pass Rate @ Visit

6 points over current Median of 62%





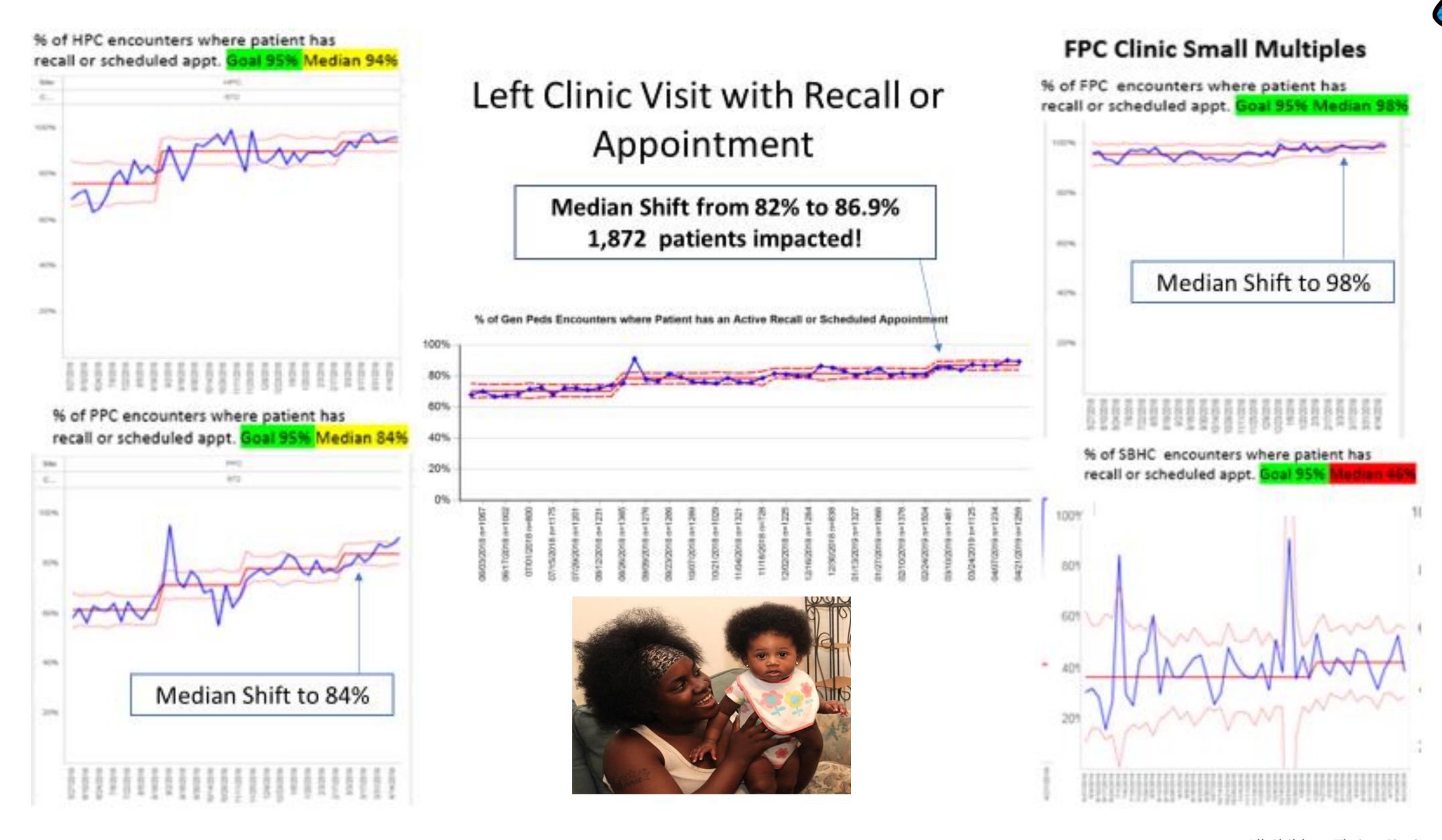


40%

20%

All Children Thrive Cincinnati







# MOST PROUD & WHY

• Our team has worked very collaborative together this year to review failures, spread interventions, and learn from each other across sites

 This has resulted in a lot of exciting improvement over the past several months!



## GREATEST CHALLENGE

 There is much that must get done at the visit in primary care, and many competing priorities

 Walk in clinic has been a great way to be able to get patients in to be seen quickly, but it makes our system overall less predictive

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