

PDCA STORYBOARD

DIVISION/OFFICE: Division of Health Promotion

SECTION: MIECHV

MEMBERS: Kassia Eide, Theresa Heaton, Ana Solorzano

Increasing the Number of Referrals of At-Risk, First Time

PROJECT TITLE: 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

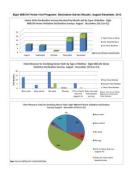
The MIECHV team uses a variety of methods to promote home visitation programs in Elgin including; consistent outreach to WIC pre-natal classes;

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.

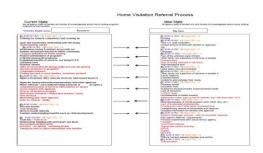
Our team used three different QI tools to more closely examine the current approaches. In May, 2013 the team brainstormed ideas to increase enrollment in programs and then completed an Affinity Diagram with the results.

Cor Patricks
Kens Charley Health Departmen MIECHY Team Meeting May 28, 2025
Affinity Diagram Using the Quality tool, and infinite Diagram, MRCHY Team Mannberry
Boardonned ideas to answer our question. How can we increase envolvents into our MISCHV promises?
Sorted these ideas into related groupings in order to identify potential strategies Use planned orrigts to assist with conversations with potential dients
Improving contact language to avoid home violt refusals Pair up to look for people we cannot contact by phone
Create a script for agency outreach - staff - family
2. Maintain relationships with families who could become home visit clients
Keep in contact with welt list families to make ours they are still interested Items referrals via Parent (atth and COT) family.
Build relationship with reference
3. Develop advertising and communication methods for informing and educating the community about home visiting
tement's and availability Triffador/locial Media ads
Create ratio ats Advertise on billboards
Flyers at grociery stores.
Build local Home Violation website "more" into then brochuse
Increase extremely to charches, schools, and community One presentations at area charches
Result out more to local churches Increase public awareness thru faith-based institutions
Try to get more referrals from school murses/social workers Heavy presentations at schools for team more groups
Be present at school FTA/FTD meetings.
Visits to high schools Amend more consequity events
Meane Visiting Fair Mean our removement of a community halfs shower
Team up with Circle of Wise Wirenen and offer more community haby showers Ourreach (table and personnel) at fies markets, food parryr, persons, summer events
Outreach (table and personnel) at this markets, food parkty, parades, summer events One presentations as every MH counseling staff meeting.
Provide staff instring to referring agencies Insolve 245 in referral system
Reach out to any organization that has not already been tapped for referrals
Inservice for deriver effice staff on making referrels Educate (or re-efected) all WX intake staff
Strengthen partnership with prenatal providers
Cortaborate with Sterman's prenatal dasses Make sure all Medicaid OB doctors are offered a lunch and learn
"nurture" referrals by frequent stop by's
Expand home visit referral data feedback
Give WYC staff data feedback
Create regular opportunities to give feedback/date to referring apercies.
7. Involve parents
Train parents to de outreach Involve current HV mome in doing testimenies
Encourage enrolled parents to refer their friends/family
8. Incorporate additional Data Analysis
Look at reasons why clients may decline services. Look at how we could change them from declined to enrolled Look at which agencies give our reference that turn into actual excelled referrals.
Analyze date for WII
"Refusers" what are the characteristics Discover who they refuse
Increase Community Sund Presence Presentations at Health Contest and WIC
Offer a class or promotion about HV at WVC or FDM to clients:
Ubrary Calendar - look to outreach opportunities
20. Develop an incertive program
 Incerdives to our families who refer families to MIECHI//bigger incentive if they enroll (like employee referral bonus)
Create incentives for FCM (+other non-MIECHV) to make solid referrals
incertives for referring people/agencies infri erribassadors
TRaffer for referrals
11. Deplore Group Door to Door Recruitment
Consistent contact with housing authority personnel to alert us on new families Group door Recruitment

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

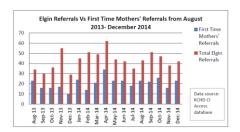
In June of 2014 the parent testimony DVD was completed. Five mothers shared stories in English and Spanish. The CSD began to reach out to current referring agencies and schedule refresher trainings with the new DVDs and to offer the referral rewards program. CI collected the Referral Reward data for 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.