PDSA Worksheet #6 Updated 10.10.17

Instructions: Each place-based community team that is testing improvement changes completes a worksheet for all PDSA cycles completed. Upload to CoLab on the 7th of each month for tests performed the previous month. (Hint: use this worksheet concurrently as you plan, implement, and evaluate the test – don't wait until the end of the month – it can be a good planning and documentation tool throughout the test)

Team: IndyEast Promise Zone

Primary Driver 3: Systems address social determinants of health, including related needs and stressors, and support families to minimize risk, and maximize healthy development

Secondary Driver 1: Benefits, stressors and risks associated with SDOH are incorporated into developmental health delivery, monitoring, screening, and follow-up

Change Idea 1b: Develop processes & policies for comprehensive monitoring and screening for social determinants of health in all settings.

Objective for this PDSA Cycle:
To understand and test the information collection process of community centers with the "Center for Working Families" model in order to begin to better address social determinants of health and insuring all community-wide systems are aligned and coordinated in order for community centers to provide seamless referrals to community health systems that promote developmental health and early identification of developmental needs for all children and families.

Is this cycle used to develop, test, implement, or spread a change?
This PDSA cycle will be used to implement the Family Development Matrix at enrollment to test the data collection process for Center for Working Families Centers.

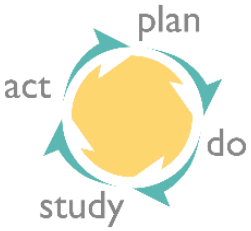
What question(s) do we want to answer on this PDSA cycle?
How can community-wide systems that address social determinants of health from a 2-generational approach better align and coordinate with those community health systems in order to address one's overall quality of life? What data could CWF centers be collecting in order to best link and coordinate services in a way that will continue to meet families where they are?

Plan:

Answer questions: Who, What, When, Where will the test of change occur?

Who: John H. Boner Community Center

What: Implementation the Family Development Matrix survey tool to collect more information about the status of health care for families enrolling into Great Families 2020



When: August-September 2017

Where: DayStar Childcare and Infant Learning Center and East 10th United Methodist Children and Youth Center. (46201 Zip Code)

Plan for collection of data: Who, What, When, Where?

John H. Boner Community Center will begin to incorporate questions on the health care status of a family in order to begin to address all needs of the family, including health, and connecting them to the appropriate services.

Predictions (for questions above based on plan):

We predict that families' social determinants of health and overall developmental health needs will be met once Boner begins to incorporate questions on a family's health care status because then the center can directly refer those patients to health services based on the idea of aligned and coordinated community-wide services.

Do:

Case Managers and Community Connectors complete Family Development Matrix with families enrolling in services.

Study:

As part of our Family Development Matrix completion with families enrolling into services, the center completed 85 assessments. 97% of all children had health care coverage, while only 73% of the parents/primary caregiver had health care coverage. Immediately, the coaches completing the assessments made referrals to health care navigators that have office hours at the center.

Act:

Are we ready to make a change? Plan for the next cycle.

The Center is ready to make a change. Once local team develops an improvement strategy – will run a PDSA along with the enrollment process and perhaps the follow-up process.