



## PDSA #4 Worksheet

**Instructions:** Each place-based community team that is testing improvement changes completes a worksheet for all PDSA cycles completed. Upload to CoLab on the 7<sup>th</sup> 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: Indiana: IndyEast Promise Zone

**Primary Driver 1:** Early Identification of Developmental Needs: Aligned & coordinated community-wide systems promote developmental health and early identification of developmental needs for all children & families, especially those that are vulnerable

**Primary Driver 4:** Systems Promote Developmental Health and Meet Needs of Children & Families: Services throughout the Early Childhood Comprehensive System that promote developmental health are available, of high quality, and are used by families

**Objective for this PDSA Cycle:** To understand if medical homes are providing developmental screenings. To determine how often screenings are being administered and how the process is facilitated with families.

### Is this cycle used to develop, test, implement, or spread a change?

Develop a tool to test for change

### What question(s) do we want to answer on this PDSA cycle?

What developmental screening, monitoring, and assessment are you providing? What tool(s) are you using? What is the process of administering it with the family? How often is it being administered? Is any information being sent home with families? Would you be willing to partner with our ECCS efforts?

Plan:

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

**Who:** Health care providers who provide services to families who are pregnant or have children ages 0-5

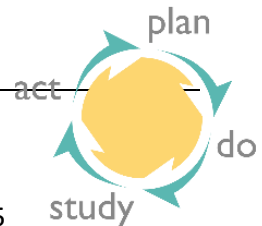
**What:** Design a survey to ask health care providers about whether they provide developmental screenings, monitoring, and assessment. We will pilot the designed survey for feedback with Dr. Sherer, Dr. Swec, and any other willing doctors they are connected with.

**When:** May 11<sup>th</sup>-June 30<sup>th</sup>

**Where:** John Boner Neighborhood Center

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

**Who/What:** Adis Coulibaly, ECCS Impact Coordinator, will contact the ISDH MOMS Helpline to identify health clinics in the zip codes of 46201, 46202, 46203, 46218, and 46219 (which encompasses the IndyEast Promise Zone). Whitley Wynns, PBC data manager, will design a survey to ask health care providers the following: What developmental screenings, monitoring, and assessment are you providing? What tool(s) are you using? What is the process of administering it with



the family? How often is it being administered? Is any information being sent home with families? Would they be willing to partner with our ECCS efforts?

Whitley Wynns will reach out to Dr. Sherer and Dr. Swec (and any of their willing contacts) to pilot the survey to obtain additional feedback on how the survey could be improved.

**When:** May 11th-June 30<sup>th</sup>

**Where:** John Boner Neighborhood Center

**Predictions (for questions above based on plan):**

We predict that developmental surveillance is happening more frequently than the administration of a developmental screening.

**Do:**

*Report the completed change or test, data collected and begin analysis.*

We put together a survey with specific questions about developmental screening and surveillance for providers to answer. We began to brainstorm about the best ways to engage providers. We shared this information with our place-based team physicians and received the following feedback found in the *study* section.

**Study:**

*Complete analysis of data*

We originally had planned to have providers complete the survey during a lunch and learn held in our local community. After reaching out to Dr. Sherer, the physician on our PBC team, we learned that it would be better to reach out to a known contact at each local clinic. We learned that doctors tend to not take much of a lunch break (patient care runs over, continue charting and documenting on morning patients, etc.) We learned that we probably wouldn't get a good turn out for a lunch and learn without doing some prior reaching out and building of relationships. It was also suggested that when the time comes an "onsite" lunch and learn to connect with doctors at the clinic would probably be more successful.

**Act:**

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

From this information the following plan was created: 1. Identify which clinics we want to connect with. 2. Determine if a member of the ECCS team knows a physician at each site with whom we could connect. 3. E-mail the contact to provide an overview of ECCS CoIIN and brief survey about developmental screening practices at that facility. 4. Follow-up with an invitation for a lunch and learn.