# CHANGE IDEA: Use warm handoffs between providers.

## STEP 1: GET READY (TASKS)

A. Review your current process for referring families to external resources and internal team members. Explore strengths and gaps, including whether referral protocols include standardized warm handoffs.
B. Consider creating a process map of your current referral flow. Identify who informs the family of referral resources, who solicits the family's reaction to the referral(s), who completes the referral call or electronic health record (EHR) request, and how referrals are tracked and followed up. Warm handoffs increase the amount of time allotted to a scheduled visit. Consider options that are effective and efficient, while remaining family-centered.
C. List the referral resources most often used to enhance child development and early relational health. Identify a key person within each resource or organization to help determine the warm handoff protocol and create a smooth referral pathway. Create and maintain a list that includes the referral resource, key contact information, and referral information needed by the referral resource.

## STEP 2: PLAN AND PRACTICE

Identify your implementation process and test it. Consider starting small, with one provider team and one family receiving a referral.

**SAMPLE PROCESS:**

A. Define roles and responsibilities for each medical team member involved in the warm handoff. Warm handoffs can also be used between the nursing staff and provider after rooming a patient, especially for new families. Decide how broadly your practice will use warm handoffs.
B. Create a warm handoff protocol.
C. Train one team (e.g., provider and nurse, provider and care coordinator, provider and early childhood specialist, or care coordinator/liaison) to meet with the family and test the warm handoff protocol.
D. Identify one family needing a referral and warm handoff to test your referral protocol.
E. Create a script or handout for the team to use with the family to explain the warm handoff process and receive family feedback on the process. Include the reason for the referral, why the chosen referral provider is a good fit for the family, and a request for family consent. Consider what conversation prompts your team might use if the family declines the referral and/or warm handoff process.
F. Determine if a warm handoff is feasible before the family leaves the office. If so, proceed with the agreed-upon connection process with the referral resource and family. Prioritize a face-to-face connection if the referral resource is an internal member of your practice or co-located with your practice. Use phone or video conference if a face-to-face handoff is not possible.

G. Engage the family as an active participant in the referral process, including the conversation with the referral resource and the care plan.
H. Solicit family feedback on the process after the referral connection is completed and the family accesses the referral.
I. Gather data from your existing referral follow-up process to see if the resource was accessed.

## STEP 3: REVIEW AND REFINE

Participants in Step 2 review the results and adapt process steps as warranted. What worked well? How did the family respond? How did the referral resource respond? What needs additional thought?

## STEP 4: EXPAND

Once the review is complete and any adaptations are made, the team can begin to scale implementation with additional families and referral resources. Continue to huddle to ensure the process is working across circumstances, referral resources, and families.

## STEP 5: SUSTAIN

Once the process has been tested and is ready to be adopted by your community health center, ensure the process becomes part of your day-to-day workflow. Ensure all staff are oriented to the change idea and clear on their roles. Review the process periodically (e.g., quarterly) to support sustainability. Gather EHR data to track referral completion and obtain family feedback on whether the warm handoff helped connect them to the resource.