CHANGE IDEA: Integrate home visitor drop-ins during well-child visits to strengthen coordination and personalized care.

STEP 1: GET READY (TASKS)

A. Establish partnerships with local home visiting programs such as maternal infant and early childhood home visiting.
B. Hold a kickoff meeting with key stakeholders from the health center and home visiting programs to align on goals, responsibilities, and processes.
C. Ensure shared understanding of program policies related to attending medical visits and discuss how clinical recommendations can be supported by home visitors.
D. Create a standardized family consent form explaining the purpose and benefits of home visitor attendance.
E. Develop a referral process to notify home visiting programs of upcoming well-child visits for enrolled families.
F. Obtain consent language approval from the health center's legal team.
G. Establish a communication process to confirm and schedule appointments.
H. Ensure home visitors have access to necessary information, with family consent.

STEP 2: PLAN AND PRACTICE

A. Select a small group of enrolled families for the pilot.
B. Obtain consent from these families to allow home visitors to accompany them during their well-child visits.
C. Train home visitors on collaborating with pediatric providers, focusing on roles, expectations, and communication.
D. Ensure health center staff understand the home visitor's role and how to integrate them without disrupting clinical flow.
E. Schedule well-child visits with home visitor attendance.
F. Coordinate scheduling to ensure home visitors can attend visits within their scope of work.
G. Develop a clear plan for what the home visitor will do during the visit (e.g., provide emotional support, reinforce educational content, help address family questions or concerns).

STEP 3: REVIEW AND REFINE

A. Track participating families and note scheduling or attendance challenges.
B. Record the number of successful visits where home visitors attended and any challenges encountered.
C. Collect feedback from participating families on their satisfaction and perceived value of home visitor participation.

D. Ask families how the home visitor addressed their questions or concerns and influenced their experience.
E. Gather staff feedback, including from pediatricians and nurses, on working with home visitors during visits.
F. Assess home visitor integration into the clinical workflow and contribution to social and emotional support.

STEP 4: EXPAND

A. Use family and staff feedback to refine the process and further improve communication, scheduling, and role clarity.
B. Adjust referral and scheduling processes to align with family and provider needs.
C. If the pilot is successful, gradually expand to additional families.
D. Monitor expansion closely to ensure the process is effective for a larger group of families and staff.

STEP 5: SUSTAIN

A. Embed home visitor drop-in into regular well-child visit standard processes.
B. Monitor outcomes such as family satisfaction, provider experience, and improved health indicators (e.g., adherence to care recommendations).
C. Identify challenges and any necessary adjustments.
D. Summarize outcomes and recommend clear next steps based on collected data.
E. Share results with key stakeholders (e.g., community partners, home visiting programs, health center leadership) to highlight the successes and lessons learned.
F. Seek funding and resource allocation to sustain collaboration.
G. Establish ongoing feedback from families and providers to monitor long-term impacts and refine the process as needed over time.