Practice Level Implementation Tools for Pediatricians

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Section 1: Assessing your community and the practice environment:

Community Asset Mapping and Workflow Mapping

Pediatric providers are frequently tasked with innovating their practices to anticipate and address challenges that arise in the clinical setting. Two strategies have been identified as laying the foundation upon which further innovation can build. Community Asset Mapping and Workflow Mapping allow providers to visualize both the communities they serve and their practice environment from a clearer, more holistic perspective.

Community Asset Map


What is a Community Asset Map?

- Tells you what and who are the resources available in a community.
- A data collection method that provides information about the strengths and resources of a community.
- The goal is to inform and uncover solutions, building on assets to address community needs and improve health.
- Co-creating the resource map with community members, including family representatives being served by the clinic, encourages community involvement, ownership and empowerment for both families and the clinical team.
The “Map” can answer different types of questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are we looking for all the resources in a community?</td>
<td>grocery stores, schools, government offices, clinics</td>
</tr>
<tr>
<td>Are we looking for specific resources?</td>
<td>early childhood-focused assets--childcare centers; Women, Infants, and Children (WIC) offices; early intervention specialists</td>
</tr>
<tr>
<td>Are we looking to add a service or tool to our workflow that might capitalize on an existing strength?</td>
<td>partner with a resource navigator in a community-based organization to cocreate referral networks</td>
</tr>
</tbody>
</table>

Examples of Uses in the Pediatric Setting:

<table>
<thead>
<tr>
<th>Use</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making decisions within clinical practice about programming or workflow</td>
<td>An Asset Map in this scenario identifies what others in the community already do well and what the clinic does well.</td>
<td>Introducing a new service line to the clinic, adding a new measurement tool to clinical visits, writing a grant to add a social worker or therapist to the practice</td>
</tr>
<tr>
<td>Developing a new community engagement project or new local program</td>
<td>What resources are already available in the community?</td>
<td>youth or parent support groups, health fairs, formal partnerships with resource navigators at social service agencies or with organizations such as AAP chapters</td>
</tr>
<tr>
<td>Initiatives to mobilize and empower the community</td>
<td>Learn about initiatives in the community already working to mobilize families (eg, parent support groups, neighborhood coalitions, advocacy organizations) in order to refer families seeking further empowerment or a partnership in enhancing the collective impact of advocacy efforts.</td>
<td>Lobby local decision makers to improve local public services or programs, resulting in more funding, program recruitment, and dissemination of good models of care and service.</td>
</tr>
</tbody>
</table>
### What are the steps in performing a Community Asset Map?

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Define community boundaries. Use partnerships and community input to define these boundaries, as geographic boundaries may not always reflect community's shared identity.</td>
</tr>
<tr>
<td>02</td>
<td>Identify and involve partners. People and organizations with a shared vision, goal or interest, especially if a new program or design will impact them. (e.g. Parent Advisory Boards, community-based organizations, staff and clinical providers).</td>
</tr>
<tr>
<td>03</td>
<td>Determine what type of assets to include. 1) Financial/economic resources, 2) physical structures and places, 3) individual capacities, abilities, skills and knowledge, 4) business, social agencies, associations, nonprofit organizations.</td>
</tr>
<tr>
<td>04</td>
<td>List the assets of groups. Associations, organizations, institutions – include location, types of services offered, eligibility, or other details that may impact referred families, for example.</td>
</tr>
<tr>
<td>05</td>
<td>List the assets of individuals. Knowledge, skills, contacts, access to resources, etc. Might include community members, patients, families, as well as clinical staff and providers.</td>
</tr>
<tr>
<td>06</td>
<td>Organize assets on a “map”. Use a visual aid that makes the most sense, showing a relationship among assets if needed, or seeing physical locations to depict concentrations of programs, overlaps in services, gaps, or unmet health needs.</td>
</tr>
</tbody>
</table>
Examples: Two Types of Community Asset Maps

**Visual Diagram depicting resources for a specific question:**
What resources are available for my two-year-old patient who is in need of a high-quality child care center, but will also likely need speech therapy services and a Developmental Pediatrician to evaluate them further?

**Geographic Map of the Community Served**
A general approach where assets, and often challenges, are “pinned” on a map and labeled.
Some Community Asset maps may take the format of a Visual Diagram depicting resources for a specific question, for example “What resources are available for my two-year-old patient who is in need of a high-quality childcare center, but will also likely need speech therapy services and a Developmental Pediatrician to evaluate them further?”

Many of the maps that are created to address a specific issue are “dynamic” in that the resources change, perhaps as agencies lose or gain funding, change eligibility criteria, undergo changes in management, and so on.
Example 2: Geographic Map

Another format a Community Asset Map might use is a Geographic Map of the community served. This is a general approach where assets, and often challenges, are "pinned" on a map and labeled. A balance of assets and "deficits" are labeled, because some challenges can be seen as assets, depending on the lens. Plus, this helps to get a bigger picture of the community’s experience.
Let’s use an example to walk through the development of a Community Asset map:

In preparing to revamp their processes around Developmental Screening & Surveillance, a clinic would like to create a Community Asset Map of the resources in their clinic’s ecosystem related to Child Development.

**What and Who** are the resources available in a community to help inform and uncover solutions?

**Get Started:**
Begin by thinking about the assets available in these major categories of the Early Childhood Development “Ecosystem”.

**A Guiding Principle:**
During the process of developing your Asset Map, it is critical that you build in a method for meaningful representation of the voice of the patient, family and community served. They are the most important stakeholder in the process and their input should be centered.
After identifying the major categories of assets, the clinic begins to think about how they might create their Community Asset Map around each section, exploring all of the assets and components that will be needed to maximize work in each area.

**What and Who** are the resources available in a community to help inform and uncover solutions?

**Next, focus in on one category:**
Begin listing assets related to that category, whether currently accessible to your practice, or on a “wish list” of future resources you might develop a plan to access.

Each subcategory can then be further explored until you feel you have discovered the assets in each area sufficiently.
They can then apply the same process to each of the subcategories:
Tracking and Quality Improvement

Electronic: spreadsheet, tracking software, electronic health record

Tracking system in place

Communication Loop between PCP and Referral Agency

System for ensuring referral meets requirements, includes necessary information for referral agency.

System for obtaining evaluation and progress reports for PCP review.

Referral and Follow-up

resources in our Child Development ecosystem related
Audits and Routine Training on use of appropriate modifiers, CPT and ICD codes.

Other important funding sources explored:
- Non face-to-face codes
- When to code “Sick and Well” visits

Provider Training

Staff Training: Billing, Coding, Documentation

Advocacy/ Professional organizations

Coding, Documentation, Billing

AAP

Asset Map: The resources in our Clinic ecosystem related to Child Development

Co-collaboration, Communication, Engagement
The final product can be simple or rather complicated, depending on the area of focus, the question you are exploring, or the depth of asset mapping the team requires.
Workflow Mapping

A second strategy to introduce as a foundation of innovation is Workflow Mapping. This is also referred to as a Value Stream Map, and is a common methodology used in many industries to examine processes. Workflow mapping helps you “see” your processes in a way that helps give you a better idea of the experiences of families, staff, providers, and community practices as they engage with your practice. Once visualized in this way, practices can begin to develop solutions into your processes.

Examining the current state, designing the ideal state:

- This detailed look at how activities are carried out helps to eliminate waste, improve efficiency, and ensure value in every step along the way.

- This strategy can also help teams identify areas in the “flow” where challenges can be addressed, and opportunities for innovation can be discovered.

- It is a graphical representation of the steps in any given process—and in a clinical setting can depict the flow of patients, services, or information.

- Engaging in a Workflow Map encourages continuous improvement and empowers stakeholders to give ideas about small changes to the flow that can be tested in rapid form, often in the form of Quality Improvement projects or Plan-Do-Study-Act (PDSA) cycles.
Developing a Workflow Map

These are the steps for developing a workflow map:

► Defining your Workflow Map:

Step 1: What process are you focusing on?

- Continuing from the example above (see Community Asset Mapping section), a clinic is discovering innovative strategies that are particular to a clinical environment—in the context of the communities served—in order to optimize care involving developmental surveillance and screening practices.

- In this introduction to Workflow Mapping, the team can focus on the current process for conducting developmental surveillance, screening, referral and tracking at their clinical site.

- It is critical to gain perspectives from all stakeholders involved in this process, including families, clinical staff and providers, referral partners and community-based organizations.

Step 2: Bound the process.

- Determine the limits or scope of your Workflow Map. Perhaps it is more manageable to focus on one piece of the process—screening, for example—before evaluating all processes involved in the "big picture" of developmental surveillance, screening, referral, and tracking. Others might prefer to map out their entire process, at least from a high-level view, and then identify a specific piece of the process that needs the most attention.
Workflow Map “Walk”

Step 3: Do the Workflow Map “walk”:

- Depending on the focus of the map being developed, teams approach the “walk” in different ways. An important principle to remember when performing a Workflow Map walk is to experience the process you are studying as directly as possible, whenever possible. Additionally, teams should have efforts in place to gain knowledge about the experiences of those closest to the process—especially from families and the community served.

Here are some examples of how to map the movement of services provided to support child development in your clinical site:

- Meet and discuss steps in your process during a collaborative stakeholder meeting.
- With appropriate permissions, accompany a family at a Well Child visit and take notes about the steps and perspectives witnessed by the team member. If a referral takes place, continue to “follow” the family in mapping their journey through the process.
- Perform a chart review to explore documentation of developmental surveillance, screening, referral, and follow-up tracking.
Diagram the process:

- Note the significant steps, or categories of steps in the process
- Sub-steps can be listed underneath in vertical stack
- Label whether there is a team member responsible for the step, or a process in place to ensure the step takes place
Ideal State Workflow Map

- Step 4: Collect data and create a timeline:

  - “Time” spent in each step is often the metric used in Workflow Maps, or Value Stream Maps. However, teams may find a different metric is more useful for the map they are creating. For example, an output such as “number of referrals with documented status at three-month follow-up” might be more useful in a Workflow Map that is exploring ways to improve referrals for developmental delays.

  - Teams may also find it important to identify “wastes” in their processes. These wastes can include steps in the workflow where excessive waiting, redundancy, or even ineffective use of individual skills or capacity exist.
Well Child Check

Registration
- Front Staff
  - Check-in
  - Demo form
  - SEEK
- 8 min

Triage
- Nursing
  - Prework
  - EHR note
  - Paper Chart
  - Vitals, Ht/Wt
  - SDH Triage
- 5 min

Patient to Room
- Nursing
  - Whiteboard
  - ASQ, etc.
  - Flips flag
  - Chart to Rack
- 1 min

Provider Prep
- Provider
  - EHR Review
  - SEEK, SDH triage review
  - ROR book
  - Forms/paper chart
- 5 min

Visit
- Provider
  - History: NMQS3, SEEK, SDH triage
  - Physical
  - Anticipatory guidance
- 22 min

Orders
- Nursing
  - Nurse prep vaccines, orders
  - Administers orders
- 11 min

Wrap-up
- Provider, Nursing, SW
  - Rx
  - Consults/referrals
  - SW/BH PRN
  - Nurse ed PRN
  - Forms
- 5 min

Discharge
- Nursing or Provider
  - Front desk PRN
- 2 min

Total: 59 expected, 102 actual
Step 5: Reflect on current state Workflow Map:

- Ask yourselves why certain steps are done a certain way.
- Reflect on which steps, although not ideal in execution, are critical to keep. Perhaps these are steps that reflect a value of the clinic, such as keeping a longer appointment duration to spend valuable face-to-face time with patients in favor of adding more slots.
- Any priorities emerging from the map? Any “easy wins” to address?

Step 6: Create ideal state Workflow Map:

- What would an ideal process look like?
- How will your team implement it?
- Can you use your Community Asset Map to brainstorm solutions?
Using the same example as the section above, here’s how you might get started on a Developmental Screening & Surveillance Workflow Map:

Use to Column Headings to begin building the steps underneath that area demonstrating what your clinic’s usual practice is:

- **Surveillance**
  - Provider
    - Provider training/education
    - Ask about concerns.
    - Assess strengths, risks, protective factors.
    - Observe child.
    - Document.
    - Obtain, share results with early childhood professionals.

- **Screening**
  - Provider
    - Provider training/education
    - Screening tool administered (mail, email, in-person)
    - Review.
    - Discuss results with caregivers.
    - Plan for tracking at future visits as needed.

- **Referral**
  - Provider, Caregiver, PCC
    - Referral recommended to caregiver if needed.
    - Provider sends message to Patient Care Coordinator (PCC) to follow-up with family about referral in 1 week.
    - Provider places referral for further medical eval or specialist visit as needed.
    - Follow-up apt scheduled w PCP
    - Dev promotion resources provided.

- **Billing/Coding**
  - Provider, Front Office Supervisor
    - Front office supervisor reviews visit log daily.
    - Coding and documentation reviewed with individual providers on quarterly schedule.
    - Correct use of Diagnosis Codes, as well as modifiers.
    - Ongoing provider education/training on general billing/coding every year.

- **Tracking**
  - Provider, Caregiver, PCC
    - PCC internally tracks referrals placed for positive screens.
    - PCC tracks clinical site practices around surveillance, screening, referral, etc. and presents quarterly at All Staff meeting.
You may have started with a specific question as you built your Workflow Map, or the process of mapping your process out may have led you to a question:
Identifying the area of concern in your workflow map helps you to then articulate what the issue is:

**Surveillance**
- Provider training/education
- Ask about concerns.
- Assess strengths, risks, protective factors.
- Observe child.
- Document.
- Obtain, share results with early childhood professionals.

---

**Screening**
- Provider training/education
- Screening tool administered (mail, email, in-person)
- Review.
- Discuss results with caregivers.
- Plan for tracking at future visits as needed.

---

**Referral**
- Referral recommended to caregiver if needed.
- Provider sends message to Patient Care Coordinator (PCC) to follow-up with family about referral in 1 week.
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- Dev promotion resources provided.

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**Billing/Coding**
- Front office supervisor reviews visit log daily.
- Coding and documentation reviewed with individual providers on quarterly schedule.
- Correct use of Diagnosis Codes, as well as modifiers.
- Ongoing provider education/training on general billing/coding every year.

---

**Tracking**
- PCC tracks referrals placed for positive screens.
- PCC tracks clinical site practices around surveillance, screening, referral, etc. and presents quarterly at All Staff meeting.

---

Need a Closed Loop system for Communication between referral agencies and Medical Home!
Gaining a holistic perspective of all of the steps involved in your Workflow map around a certain process can lead to solutions:

**Surveillance**
- Provider training/education
- Ask about concerns.
- Assess strengths, risks, protective factors.
- Observe child.
- Document.
- Obtain, share results with early childhood professionals.

**Screening**
- Provider training/education
- Screening tool administered (mail, email, in-person)
- Review.
- Discuss results with caregivers.
- Plan for tracking at future visits as needed.

**Referral**
- Referral recommended to caregiver if needed.
- Provider sends message to Patient Care Coordinator (PCC) to follow-up with family about referral in 1 week.
- Provider places referral for further medical eval or specialist visit as needed.
- Follow-up appt scheduled w PCP
- Dev promo resources provided.

**Billing/Coding**
- Front office supervisor reviews visit log daily.
- Coding and documentation reviewed with individual providers on quarterly schedule.
- Correct use of Diagnosis Codes, as well as modifiers.
- Ongoing provider education/training on general billing/coding every year.

**Tracking**
- PCC tracks referrals placed for positive screens.
- PCC tracks clinical site practices around surveillance, screening, referral, etc. and presents quarterly at All Staff meeting.

PCC will pursue developing closed communication loop with a point-of-contact at referral agency, obtain evaluation and progress reports, and provide to PCP.
Section 1: Assessing your community and the practice environment:

Summary

● Using a Community Asset Map, clinical teams can collect data about the strengths and resources of a community in order to inform and uncover solutions.

● A Workflow Map, also known as a Value Stream Map, is a graphical representation of the steps in any given process. In a clinical setting it can depict the flow of patients, services, or information--and facilitates identification of both challenges in the flow and opportunities for innovation.

● Community Asset Mapping and Workflow Mapping are two strategies that can be widely applied to various clinical processes and help guide practices toward a holistic, comprehensive, strengths-based perspective that integrates authentic community voice.
Section 2: Framing the Practice Change:

- Organizational Change Worksheet
- Project Planning Tool Template
### Organizational Change Worksheet

Framing the practice change or project your team is embarking on is a critical element of success. To do so, the team must examine the organizational and leadership structures to best determine where to focus your efforts, as well as achieve leadership buy-in. This process can also be informed by insights from the Community Asset Map and Workflow Map.

### Find Your Focus: Organizational Levels and Leadership

Determine any organizational levels and members of leadership that need to support the change your team is seeking to implement.

<table>
<thead>
<tr>
<th>Brief Description of Project or Practice Change:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Which steps in your practice change will require a change in organizational infrastructure or leadership support?</td>
<td></td>
</tr>
<tr>
<td>Performing a Workflow Map can help identify where in the “flow” your team will apply the change.</td>
<td></td>
</tr>
<tr>
<td>Next, your team can brainstorm which specific steps are required to implement that change, and whether there are organizational/infrastructure changes or leadership “asks” involved.</td>
<td></td>
</tr>
<tr>
<td>Identify organizational level</td>
<td></td>
</tr>
<tr>
<td>e.g. Clinic, hospital, department</td>
<td></td>
</tr>
<tr>
<td>Who are the members of leadership to approach for support?</td>
<td></td>
</tr>
<tr>
<td>e.g. Medical Director, department chair, hospital administrators</td>
<td></td>
</tr>
</tbody>
</table>
Project Planning Tool Template

To ensure success of the project, teams can use an organized framework that clearly states their plans and helps them manage their progress.

The Plan might include details like:

- The Vision Statement, Goals, and Objectives
- Timeline
- Team Leads/Champions
- Assessment and evaluation
- Stakeholder engagement
- Plans for Leadership Buy-in and Engagement
- Sustainability, Budget
An example template is available in Excel format to modify to fit your team’s needs. Here’s a glimpse:

<table>
<thead>
<tr>
<th>Goals</th>
<th>Description</th>
<th>Work Plan</th>
<th>Timeline/Date due</th>
<th>Project Lead</th>
<th>Comments</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation</td>
<td>Develop project goals and objectives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop Timeline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goal 1: Detailed item for Goal 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goal 2: Detailed item for Goal 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>Develop assessment and evaluation plan</td>
<td>project metric 1</td>
<td></td>
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<tr>
<td></td>
<td>project metric 2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>project metric 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>project metric 4</td>
<td></td>
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</tr>
<tr>
<td>Capability</td>
<td>Staff/provider feedback plan</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community partner feedback</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family/patient feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision, Goals, Objectives</td>
<td>Perform exploration of funding streams</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Submit grant proposal for funding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Plan for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 3: Communicating your Progress and Presenting to Leadership

- Project Proposal Summary Template
- Progress Updates Template

Project Proposal Summary Template

A key step in executing a successful project is the ability to present it to leadership (or staff, the community, and so on) and communicate your team’s progress. A Project Proposal Summary is a clear and concise summary of the project, and often contains an “Ask” when presenting to stakeholders or leadership.

This summary organizes a few key elements, and includes the following:

- Highlights the project aim/vision.
- Presents a high-level overview of the project planning tool.
- Appeals to priorities of leadership team.
- Articulates “The Ask.” Teams may be preparing their Project Proposal Summary to seek funding, or The Ask may simply be a plea for leadership support.
- Consider presenting anticipated challenges and how team might address.

Consider what might appeal to Leadership:

The Organization: Think mission, values, standards.

Numbers? Think funding/costs, sustainability, impact, outputs/outcomes.

Best practice? Think recommendations, guidelines, impact of interventions.

Program visibility? Think publications, presentations, recruitment, marketing.
Solicit input and modifications to proposal from core practice change team.

Include a discussion where team anticipates requests for clarification, resistance, noncommitment.

An example template is available in Excel format to modify to fit your team’s needs. Here’s a glimpse:

<table>
<thead>
<tr>
<th>Project Proposal Summary: [ Title of Project ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Team Members:</td>
</tr>
<tr>
<td>[ Parent Representative ], [ Provider Champion ], [ Community Partner ], [ Resident/Student ]</td>
</tr>
<tr>
<td>Statement of Vision, Key Aims:</td>
</tr>
<tr>
<td>E-align with organization’s missions/values</td>
</tr>
<tr>
<td>Goals and Objectives:</td>
</tr>
<tr>
<td>1)</td>
</tr>
<tr>
<td>2)</td>
</tr>
<tr>
<td>3)</td>
</tr>
<tr>
<td>Example:</td>
</tr>
<tr>
<td>* Our team performed family interviews, community partner surveys, as well as focus groups with staff/providers to learn about interest and readiness to implement a new screening tool.</td>
</tr>
<tr>
<td>* Began preparing our practice environment for transformational change with presentations at All Staff meetings regarding importance of screening.</td>
</tr>
<tr>
<td>* Workflow Map performed with input from core team, including family/community voice.</td>
</tr>
<tr>
<td>* Community Asset Map performed to assess referral network and begin developing more linkages to service agencies.</td>
</tr>
<tr>
<td>Preparation</td>
</tr>
<tr>
<td>Implementation</td>
</tr>
<tr>
<td>Example:</td>
</tr>
<tr>
<td>* First PDSA cycle as outlined below:</td>
</tr>
</tbody>
</table>
This tool can help your team organize your Progress Updates based on the Summary you prepared above, which aligns with the larger Project Planning Tool as well.

Plan for communicating progress updates, whether to leadership, your staff, families, community partners or other stakeholders:

- Schedule regular updates.
- “Communicating Your Progress” Excel doc has worksheet tabs for Progress Updates:
  - Adapts the project planning tool/project proposal summary to depict goals, progress, as well as to communicate ongoing needs and sustainability goals.
An example template is available in Excel format to modify to fit your team’s needs. Here’s a glimpse:

<table>
<thead>
<tr>
<th>Progress Update: [Title of Project]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statement of Vision, Key Aims, Major Goals and/or Objectives:</strong></td>
</tr>
</tbody>
</table>

| **Our Team Highlights:** |
| (Consider a short narrative summary. Here you might report a high-level progress update that will be detailed below, for example "Our project is officially up and running! Screening has initiated..." or perhaps, "We had an incredible session with our family advisory group this quarter, where we gained significant insights about the issues that are priorities to them". |

| **Challenges, concerns, questions:** |
| "Our team was met with a significant challenge this quarter due to a sudden staffing shortage, but we developed an innovative strategy to address the issue, which I'll review below..." |

<table>
<thead>
<tr>
<th>Progress on Key Objectives</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOAL: Optimize the practice environment for change and innovation.</strong></td>
<td></td>
</tr>
<tr>
<td>Team reviewed and completed the list of steps toward preparing our clinic culture for change</td>
<td>Staff will complete post-training survey to assess whether culture change is in progress.</td>
</tr>
</tbody>
</table>

| **GOAL: Workflow map** |
| Completed a workflow map, now with the involvement of our family advisor group as well as a separate map with the nursing staff. | Team will present to All Staff Meeting to brainstorm where screening tool might be implemented in round two of our PDSA cycle. |

| **GOAL: Community Asset map** |
| Medical students worked together with community partners to put together a first draft of a community asset map around social determinants of health. | Next, they will meet with the family advisor group to gather assets of priority to families. |