

Healthy Start Virtual Grantees' Meeting
Quality Improvement Breakout Session
June 25, 2020

ronwhite: Good evening Ronald White MomsFirst Fatherhood Coordinator

christy edmonds: Only hearing every 3rd word or so. Phone in # would be appreciated/helpful.

Candice Raines: Candice Raines, Greater Harrisburg Healthy Start, PA; enrollment specialist

Rachel (She/Her/s): adaptability

Candice Raines: We didn't skip a beat and continued to serve our families in creative ways

KJ Andrews: Our client census has increased despite COVID

kicenhower: How rapidly and easily everyone switched over to telehealth

Jewel Wright: innovation; adaptability

Chaunda Cunningham: our resilience and willingness to adapt

Jill Miller: Flexibility and commitment to still serving families

Tia Britton: The resilience of the team to find new and innovate ways to meet the needs of participants.

Duane L Herron: Our community health workers are creative and saavy. They adapted and continued meeting client needs.

Victoria Ballard: how close our staff became

Greg David: Progressive thoughts

Lindsay Ciavarelli: How resilient our families are

Natasha Ray: It wasn't a surprise, but the innovation and flexibility

christy edmonds: Creativity - continued serving clients via new ways

lsmith: Management was very concerned about the health of the staff.

Tracey: Tracey-positive attitudes

lareina anthony: We keep going

Staci Kaczmarek: Our case managers ability to seek out clients and increase our enrollment even in the midst of telehealth

Lindsay Ciavarelli: How hard our staff work to keep families engaged

Chaunda Cunningham: our increase in team cohension

Duane L Herron: Also surprised we didn't need "office space" to meet our agency mission.

Art Howell: The ability to adapt and accept the changes.

Jewel Wright: Willingness to abandon their own fears and concerns to serve families facing similar concerns

Jihong Liu: Healthy start families need more support during COVID-19 than ever

Violet: My team never stopped doing the work

Melissa Hallenbeck: Melissa from Toledo Healthy Start, How much families enjoyed at home safe sleep classes due to the convenience for them

Candice Raines: I also continued enrollments throughout the pandemic and we continue to receive a good amount of referrals, as families are in more need than ever in some ways

Lindsay Ciavarelli: How we're ever going to get to our target numbers for the year with no end in sight

Tracey: Referrals are slow

Chaunda Cunningham: recruitment is low

Duane L Herron: Some agencies have been so used to the status quo and still haven't been able to adjust fully to at home working etc.

C.J. Pruitt UIC Healthy Start: The numbers seem astronomical

Jhoselyn Jara: recruitment is low

Jewel Wright: Recruitment

owusur: doing outreach

christy edmonds: Meeting HRSA targets

KJ Andrews: It's difficult to establish relationships with new clients virtually

Rachel (She/Her/s): not being able to do groups

Ismith: Recruitment of men

Duane L Herron: Community engagement is a challenge.

Lindsay Ciavarelli: Engaging participants in the CAN over the phone/video

Art Howell: Not able to reach our deliverables.

Tia Britton: We get a good number of referrals but participants actually engaging in groups virtually.

Jhoselyn Jara: trouble connecting with other agencies

Jihong Liu: recruitment is hard

Violet: Relationships with new referrals is hard

Jill Miller: Community outreach

Candice Raines: outreach can be difficult; not making as close of relationships with some of the mothers due to social distance/ technology limits

Duane L Herron: I dream of PDSA cycles and love them.

Duane L Herron: The current Covid-19 pandemic is a great example of charting day to day to see what the trends look like-

Tess Pritchard: <https://docs.google.com/document/d/1BTgWU6SHTR1SSxRkFRMp5Lh3kvz8Na1B/edit>

C.J. Pruitt UIC Healthy Start: Can you type the QUESTION in Group Chat?

Patricia Heinrich: Will using introductions and sharing something about ourselves create engagement? Will Marcus and Maria feel comfortable, will the care team? Will Marcus want to participate in future visits? Will Marcus feel comfortable asking questions? Will he leave the visit with at least one idea how to be supportive of Maria over the next 4 weeks? Will Marcus and Maria feel heard, understood and respected? Will sharing extend the visit time?

C.J. Pruitt UIC Healthy Start: Thanks Patricia Heinrich. So what was the scenario?

Tess Pritchard: <https://docs.google.com/document/d/1BTgWU6SHTR1SSxRkFRMp5Lh3kvz8Na1B/edit>

Staci Kaczmarek: practically, how do you suggest structuring meetings or conversations? Do we meet once to Plan? And then meet again to Study and Act? How much time should be between these steps ideally?

Tia Britton: Can we also implement this in prenatal/parenting health education classes to better develop them?

Patricia Heinrich: Stacy that is right plan then actually move to do the test then meet again to study and decide what to do next

Patricia Heinrich: good to keep tests small and you don't need a huge meeting you can have a huddle or a check in

Patricia Heinrich: If you want to test changes in your education classes, be sure to break down the parts and test them. If they work better keep it in your redesign if not well received you might want to tweak (adapt) or abandon

Patricia Heinrich: Sorry that was supposed to be answers for both previous ?s here

owusur: is the difference between conformance and compliance

owusur: thank you

Hope Tackett: More activities had to shift to virtual instead of home visits including community group and peer support groups.

Victoria Ballard: no changes...

Tracey: more check ins with people

Andrea Fletcher: thank you. this was good info

owusur: started telehealth

Duane L Herron: I mainly do reporting and this has not changed much for me working virtually. I think the biggest thing is that we learned we don't have to be in the office to accomplish our mission.

Candice Raines: more technology based contacts

Staci Kaczmarek: We've highly emphasized mental health and made it a part of every visit

Andrea Fletcher: can i use this for CAN

Jill Miller: Being in a public health dept. many of the staff have been deployed to Covid activities.

Lindsay Ciavarelli: We have a lot of people reassigned within the public health dept

KJ Andrews: Our Health Educator cant hold lectures and trainings, she has modified her role to assist in outreach for Case management

Hope Tackett: Find ways to submit documentation and reports electronically vs pen and paper

Violet: Virtual visits, groups and classes. Staff working in our EOC and others picking up their work

Bianca Noroñas: More focus in basic needs, sharing information about services and supplies/food/meals in the community

Andrea Fletcher: Could i get a copy of your sample PDSA

owusur: no changes in responsibilities or roles

Tia Britton: virtual groups, telehealth, implemented social media platforms to provide more education

Candice Raines: overall adjustment for changes to work at home, some reduced hours, different ways to communicate with families, less resources and a greater need for them

Tracey: By text, phone or email

Synthia Johnson: My internet is in and out a bad storm has arrived. Virtual meetings contact

Hope Tackett: One of the most important criteria for virtual activities is finding a cost effective HIPAA compliant platform

Tamela Milan-Alexander: Lot of texting

Tamela Milan-Alexander: We use Microsoft teams so far and have called consumers in for virtual meetings.

Duane L Herron: Our CHWs are lay persons without the medical or professional background as us, so we have to be patient.

Violet: We're trying to figure out what it will take for home visiting staff to enter homes again.

KJ Andrews: I believe staff and clients will be apprehensive at having physical contact when we resume face to face visits

Candice Raines: ongoing use of technology

Hope Tackett: Hopefully can find a hybrid method that would include face to face and virtual

Jill Miller: Maintaining virtual to meet the comfort levels for staff and families

owusur: increase work load

Lindsay Ciavarelli: Comfortability of families in allowing us back in the home

Duane L Herron: Our Managed Care Plans have started giving us referrals and this has almost overwhelmed us. For example- ED Diversion programs for pregnant clients.

Lindsay Ciavarelli: Scrambling to enroll families when referrals pick back up

Tony: Maintaining virtual for staff and clients

Synthia Johnson: Safety challenges

Tia Britton: Participants are worried about physical contact

Tamela Milan-Alexander: Help set up emails as well is something that can be done.

Andrea Fletcher: Ensuring clients have what they need to stay in gage for virtual contact

Tamela Milan-Alexander: They not scared of us in outreach neccessarily but they are of health care settings, so we have to eleviate their concerns

Hope Tackett: Thank you!

Victoria Ballard: Thank you for presenting

Jill Miller: Jane Taylor you are a wonderful teacher. I have learned something every time I have heard you speak.! Thank you!

KJ Andrews: Thank you Jane!

Violet: Thank you!

Duane L Herron: Thank you so much Jane!

Synthia Johnson: Awesome Presentation~!!!