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### PLAN

Identify an opportunity and plan for improvement.

#### Area for Improvement

The CIS (Children’s Integrated Services) Program has undergone numerous name and service changes over the years. Local WIC staff were expressing uncertainty about the referral process and the results of referrals for the families we serve. We felt this must be impacting our referral numbers to the program. Increasing referrals to these services would help our families identify and coordinate early childhood prevention and early intervention resources and services, thus improving overall health outcomes.

#### Target Goal

Increase the number of new CIS referrals by 10% in the Newport DO WIC population who are seen in WIC Clinics by the end of September 2012.

#### Baseline Data

Total referrals based on average from 6 months data (Jan – June 2012): 12/month (9 pregnant women, 3 Birth to 5 yr - 1 infant, 2 children).

#### What change ideas (theories) did you have before you started testing changes?

Improve awareness of the CIS program with staff and the families we serve. Update CIS outreach materials available in clinic and waiting room area. Update WIC paperwork to reflect new program name.

### DO

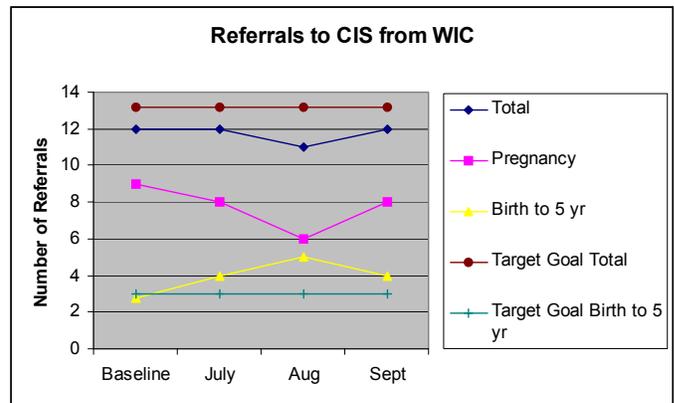
What ideas for improvement did you test?

We invited our local CIS coordinator to a staff meeting to review program services and the referral process with local WIC staff. We invited CIS home visitors and early interventionists to staff meeting to talk about developmental milestones and tools for making referral assessments. We ensured that all staff had the necessary criteria and tools to

make these referrals with families seen in WIC clinic. We obtained current referral information to have on site as well as requested central WIC office update their own paperwork.

### STUDY

What were the results of your test(s)? What is your final post-change data compared to the baseline data?



### ACT

What lessons did you learn from the process? How will this change be sustained?

There was no significant increase in the overall number of referrals from WIC to CIS over the course of 3 PDSA cycles. Small numbers in the study made it hard to prove positive outcome from the intervention. Also, the measure of total referrals did not take into account the need of the family or their acceptance of the referral. The positive gain in doing this project was removing the mystery involved in staff making referrals to a sister agency. The biggest outcome of the intervention was an increase in staff confidence and awareness of the referral process. A better measure of success would have been to conduct a qualitative pre and post intervention survey of staff awareness of CIS. Moving forward, WIC staff will approach every client as a potential CIS referral and we will also implement a follow-up to the referral process to close the loop between WIC and CIS.