



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.