Team Roadmap - *EXAMPLE #1*

Developed by the Center for Care Innovations

Organization:	Clinic A
Date Created:	3/2/2021
Date Last Modified:	3/2/2021
Team Lead(s) & Team Members:	Buffy (QI Manager, Team Lead), Sally (Pediatric NP), Frank (MA), Humberto (Medical Director), Rhea (LCSW), Sara (Clinic Manager)

What are we trying to accomplish?

Opportunity: Background and Reason for Effort

In the teams' own words, what's your "why"? What problem(s) are you trying to solve? With input from your organizational/clinic leadership, describe how this effort fits with overall organizational goals.

We recognize that our own staff in addition to our patients have histories of ACEs and trauma. We are embarking on this effort to better support our staff and patients with a trauma-informed lens and efforts to prevent the effects of toxic stress on everyone's health. A strengths-based approach is needed to understand the impacts of trauma and support sources of resilience for staff and patients.

2021 Aim Statement

What's your overall goal and by when? Remember SMART = Specific, Measurable, Ambitious, Relevant, Timebound. It is ok to have more than one aim or to have an overarching aim with multiple sub-aims (objectives).

***Resource*: Developing and Aim Statement**

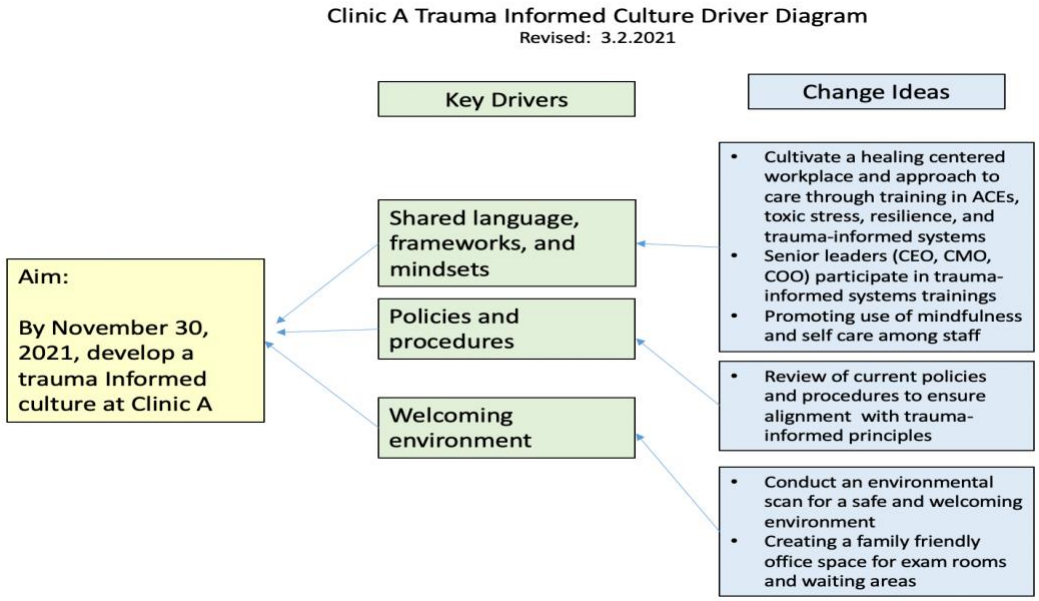
By November 30, 2021, develop a trauma Informed culture at Clinic A by:

1. Creating shared language an understanding of the nature and impact of trauma and resilience among all (approximately 240) staff and providers
2. Implementing trauma- and resilience informed policies and practices
1. Establishing a safe, welcoming, and accessible clinic and virtual environment at all 3 clinic sites

What changes will help you reach your aim?

Changes

Please list the changes or include a driver diagram. Changes are specific activities & interventions to help you reach your aims above. Tools that can help you identify changes include driver diagrams and journey maps.
***Resource*: The Value of the Driver Diagrams.**



Strengths

What existing strengths can you leverage to reach your aim? (e.g. existing infrastructure or roles already in place at your clinic, other related grants or initiatives, etc.)

- Strong quality improvement infrastructure and culture
- Our behavioral health lead was recently certified as a Trauma-Informed Systems trainer
- Leadership buy-in and engagement

How will we know if a change is an improvement?

What are your 3-5 measures for 2021?

Measures should relate to the changes you are making. They tell you if the changes are working or not.

***Resources*: Establishing Project Measures. Measuring the Impact of Trauma-Informed Primary Care.**					
Driver or Change Idea	**Measure**	**Baseline**	**Target**	**Operational Definition** What's in the numerator, denominator, and what is excluded?	**Who will collect data? How often?**
Shared language, frameworks, mindsets	*% of staff trained*	3% (6 staff)	100% (240 staff)	Numerator: # of staff who attend at least on of the offered training sessions Denominator: Total # of staff	Buffy will track training session attendance in June
Shared language, frameworks, mindsets	*% of workforce with improved knowledge, attitude, and skills related to trauma informed care and racial justice.*	0	75% (180 staff)	Numerator: # of staff that improve overall score from pre- to post-training questionnaire. Denominator: total # of staff	Rhea will administer a pre-training questionnaire before the June workforce trainings and a post-training questionnaire in early July.
Policies and procedures	*All policies and procedures have been updated to be trauma-informed and racially just*	0	100% (20 policies)	Numerator: # of policies reviewed Denominator: total number of policies	Buffy will track as policies are reviewed August - October
Policies and procedures	*% of clinic sites that complete the environmental scan*	0	100% (3 sites)	Numerator: # of clinic sites that submit a completed environmental scan form Denominator: total # of clinic sites	Buffy will distribute and collect forms from sites in August

Team Roadmap - *EXAMPLE #2*

Developed by the Center for Care Innovations

Organization:	Clinic B
Date Created:	3/8/2021
Date Last Modified:	3/8/2021
Team Lead(s) & Team Members:	Yiana (NP, Team Lead), Rafael (Family Coordinator, Team Lead), Willow (Pediatrician), Jaiden (Behavioral Health), Gwen (Quality Director), Shanthi (Referral Specialist)

What are we trying to accomplish?

Opportunity: Background and Reason for Effort

In the teams' own words, what's your "why"? What problem(s) are you trying to solve? With input from your organizational/clinic leadership, describe how this effort fits with overall organizational goals.

Clinic B has a strong commitment to care excellence and positive outcomes for its patients. This requires that we proactively prevent, identify, and respond to early childhood adversity and mitigate the impact of ACEs for our patients.

2021 Aim Statement

What's your overall goal and by when? Remember SMART = Specific, Measurable, Ambitious, Relevant, Timebound. It is ok to have more than one aim or to have an overarching aim with multiple sub-aims (objectives).

Resource: **Developing and Aim Statement**

Improve the health of our pediatric patients by identifying and responding to their ACEs:

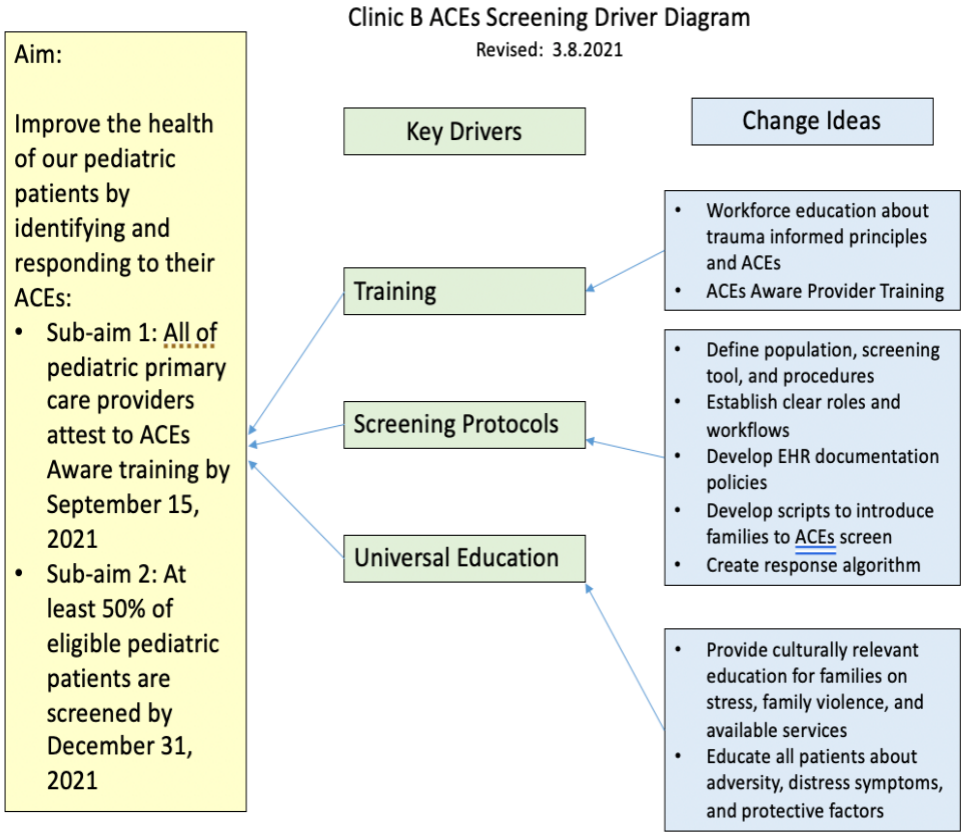
a. Sub-aim 1: All of pediatric primary care providers attest to ACEs Aware training by September 15, 2021
b. Sub-aim 2: At least 50% of eligible pediatric patients are screened by December 31, 2021

What changes will help you reach your aim?

Changes

Please list the changes or include a driver diagram. Changes are specific activities & interventions to help you reach your aims above. Tools that can help you identify changes include driver diagrams and journey maps.

***Resource*: The Value of the Driver Diagrams.**



Strengths

What existing strengths can you leverage to reach your aim? (e.g. existing infrastructure or roles already in place at your clinic, other related grants or initiatives, etc.)

- Clear roles and workflows for other patient screenings
- Strong clinical champions
- Culture of collaboration & team-based care
- Referral network

How will we know if a change is an improvement?

What are your 3-5 measures for 2021?

Measures should relate to the changes you are making. They tell you if the changes are working or not.
***Resources*: Establishing Project Measures. Measuring the Impact of Trauma-Informed Primary Care.**

Driver or Change Idea	**Measure**	**Baseline**	**Target**	**Operational Definition** What's in the numerator, denominator, and what is excluded?	**Who will collect data? How often?**
Training	*% of pediatric clinicians that completed the ACEs Aware training*	20% (3 pediatric providers)	93% (14 pediatric providers)	Numerator: # of clinicians that self-report completing the training Denominator: total # of pediatric clinicians	Gwen will work with HR to maintain a list of pediatric providers and update their training status in July and in September.
Screening protocols	*% of eligible population screened*	0	50% (350 patients)	Numerator: # of eligible patients screened Denominator: # of patients 0-5 receiving annual well child visits at main site Exclusions: Dr. Lorca and Dr. Ho's patients	Gwen will run Peds report weekly
Universal education	*% of providers reporting stress busting education*	12% (2 providers)	100% (25 providers)	Numerator: # *of providers reporting providing stress busting education to at least half of their patients in the last week* Denominator: total # of providers	Yiana and Willow will poll providers at provider meetings each quarter

Team Roadmap - *EXAMPLE #3*

Developed by the Center for Care Innovations

Organization:	Clinic C
Date Created:	2/25/2021
Date Last Modified:	2/25/2021
Team Lead(s) & Team Members:	Valarie (Project Manager, Team Co-Lead), Rita (Behavioral Health Director, Team Co-Lead), Ronnie (Physician), Sylvia (Family specialist), Diep (Social Worker)

What are we trying to accomplish?

Opportunity: Background and Reason for Effort

In the teams' own words, what's your "why"? What problem(s) are you trying to solve? With input from your organizational/clinic leadership, describe how this effort fits with overall organizational goals.

Our patients have suffered trauma for generations as a result of historical racism, structural inequities, and trauma related to immigration. Coupled with personal traumas and other health disparities that are being exacerbated by the COVID pandemic, our patients need our support and services now more than ever. Mental health is tied to physical health, yet we see that there is cultural and community sensitivity and stigma around mental health issues for many of our patients. We see the opportunity to transform relationships and increase connection through integrated mental and behavioral health supports and services so that our patients and their families can heal.

2021 Aim Statement

What's your overall goal and by when? Remember SMART = Specific, Measurable, Ambitious, Relevant, Timebound. It is ok to have more than one aim or to have an overarching aim with multiple sub-aims (objectives).

***Resource*: Developing and Aim Statement**

By the end of 2021, improve prevention and support for healing of ACEs by having at least 3 integrated behavioral health clinicians that provide at least two new interventions: Parent Child Psychotherapy and Brazelton Touchpoints.

What changes will help you reach your aim?

Changes

Please list the changes or include a driver diagram. Changes are specific activities & interventions to help you reach your aims above. Tools that can help you identify changes include driver diagrams and journey maps.
***Resource*: The Value of the Driver Diagrams.**

BH clinicians train in different therapeutic modalities

- Touchpoints Training
- Child-Parent Psychotherapy training and supervision

Coordination and Referrals

- Strengthen IBH referral process through standardizing warm handoffs procedures
- Convene medical & behavioral health clinicians to discuss cases in a "multidisciplinary rounds" model
- Integrate brief interventions that immediately follow the medical visit
- Develop partnership with CBO for parenting support group/classes to fill this gap in our services

Strengths

What existing strengths can you leverage to reach your aim? (e.g. existing infrastructure or roles already in place at your clinic, other related grants or initiatives, etc.)

- Long history of integrated behavioral health (since 2016)
- Screening pediatric patients and families for ACEs, protective factors, and resiliency during well child visits since 2019
- Clinic staff and leadership are reflective of our local community and patient population and have a deep understanding of the historical trauma and social determinants of our patient's health

How will we know if a change is an improvement?

What are your 3-5 measures for 2021?

Measures should relate to the changes you are making. They tell you if the changes are working or not.
***Resources*: Establishing Project Measures. Measuring the Impact of Trauma-Informed Primary Care.**

Driver or Change Idea	**Measure**	**Baseline** Current State	**Target** Ideal State	**Operational Definition** What's in the numerator, denominator, and what is excluded?	**Who will collect data? How often?**

Training	*% of providers trained in CPP*	0	50% (3 clinicians)	Numerator: # of behavioral health clinicians who complete CPP training Denominator: Total # behavioral health clinicians	Rita will track on a spreadsheet as providers are trained.
Training	*% of providers training in Brazelton Touchpoints approach*	0	50% (3 clinicians)	Numerator: # of behavioral health clinicians who complete Brazelton Touchpoints Training Denominator: Total # behavioral health clinicians	Rita will track on a spreadsheet as providers are trained
Referrals	*% of qualifying patients referred*	0	35%	Numerator: # of pediatric patients referred to behavioral health to behavioral health for new intervention. Denominator: # of qualifying pediatric patients	Valerie will track monthly
Warm handoffs	*# of warm handoffs from primary care to behavioral health*	26	45-50	# of direct introductions to behavioral health by primary care provider	Valerie will track weekly
Multidisciplinary rounds	*Structure/ process for rounds*	No structure /process	Structure/ process for rounds defined	Structure, process, and frequency documented	Ronnie and Rita will develop and test structure/process between July and August