



Pre-Implementation Protocol

Preparing Staff for Implementation of the Well-Visit Planner

Deciding to Implement the Well-Visit Planner

Engaging your team in a decision to employ the Well-Visit Planner (WVP) is the first and most important implementation step. Solid buy-in from staff is essential to every aspect of implementation. For many Head Start agencies, this type of direct, hands-on patient and provider engagement activity may generate concerns about impact on time, capacity to respond to issues parents raise, and ensuring effective follow-up on issues raised by parents when completing the WVP tool.

Below are ideas for effectively preparing and educating your team about the WVP and ways to address common questions to help the process go as smoothly as possible. Keep in mind, initiating any new process is a change, and all change requires new learning and tolerance for temporary uncertainty.

Steps to Implementing the Well-Visit Planner

Once you have decided to implement the WVP, there are a number of steps that can help prepare your staff for this activity:

1. Identify which organizational model(s) is/are most appropriate for family engagement;
2. Identify key people and establish a leadership team to champion the WVP implementation;
3. Create an “implementation map” – a schedule and timeline of activities, accompanying documents, and leadership team assignments;
4. Assess your organization’s readiness to implement the WVP;
5. Prepare your staff for WVP implementation;
6. Monitor, track, and evaluate the implementation process.

Each of these activities is discussed in more detail below.

Time and Resources Needed to Implement the WVP

Time: One to two months should be allocated for learning about and preparing staff to implement the WVP. This may vary depending on the size and complexity of the agency or setting. The time required will also depend upon whether or not the WVP will be implemented in multiple settings (e.g. home visits, center-based visits or a combination of the two) and upon the level of engagement by pediatric healthcare professionals to ensure well-visits are scheduled and parent WVP visit guides are transferred prior to a child’s scheduled well visit.

Cost: There is no cost to use the WVP outside of the time needed to train staff, print additional materials for trainings, and prepare the program facility for implementation.

Resources: Your WVP Toolkit includes a number of resources that will assist you in working with your leadership team and staff. These include:

1. WVP Implementation Toolkit;
2. Staff and Family Engagement Slideset (Power Point Presentation);
3. HS/EHS Staff Questions About Using the WVP;
4. WVP Guide to Topics and Questions
5. Fast Facts for Families;
6. Family Engagement Scripts;
7. Paper copies of the WVP;
8. Posters and postcards in both English and Spanish; and,
9. Access to the CAHMI and WVP websites.

Assistance: Should you have any questions about the WVP, please visit the website:

www.wellvisitplanner.org or email the Child and Adolescent Health Measurement Initiative (CAHMI) at: info@cahmi.org

STEPS TO IMPLEMENTING THE WELL-VISIT PLANNER

Step #1: Choose the Best Method for Family and Provider Engagement at Your Center

Head Start and Early Head Start (HS/EHS) agencies vary in how they deliver services and how they interact with families. Some organizations are center-based and families come to them, while others reach families primarily through home visits; or they may use a combination of strategies. There are three HS/EHS Delivery Models to Consider

1. **Center-based:** A center-based model would consist of parents going to the HS/EHS center and completing the WVP at the center using a computer, iPad or laptop, etc. Ideally, a health service coordinator/ manager, or family service worker would go through the WVP with the parent.
2. **Home visit:** A home based model would consist of the WVP being completed by parents with assistance from home visitors in the parents' home.
3. **Independent:** In an independent model the parent would complete the tool on their own. The HS/EHS staff could then discuss the results with the parent either at the HS/EHS center or in the parents' home, depending on in which model of HS/EHS the parents' child is enrolled.

The WVP Toolkit contains additional information about how to implement the WVP based on these three models as well as information specifically on issues that may arise when implementing the WVP through home visits (see [WVP Toolkit, Section V](#)). It will be helpful to assess family readiness to use the WVP and determine whether the online tool or paper version is most appropriate and how best to interface with providers.

Family Engagement: Families vary in their level of engagement regarding their child's health as well as their access to and comfort with computers. The WVP is best used as an online tool, but this may not be appropriate for all sites or all families. A paper and pencil version is available. Regarding how families interface with providers and depending upon the population served at the HS/EHS agencies, staff may find that families have varied perspectives on how best to interact with healthcare providers, what is appropriate to ask, and what information is or is not appropriate to discuss with providers. Additionally, language may be an important issue for engaging families and providers. Cultural attunement to these issues will play an important role in the success of engaging families to use the WVP. Resources on this topic may be found at ACF's National Center for Cultural and Linguistic Responsiveness website (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>).

Provider Engagement: HS/EHS agencies have a variety of arrangements for interfacing with providers, from co-location to intermittent, as needed communication. Regardless of the arrangement, the WVP can be used as a tool to bridge the gap and help build relationships with providers. However, introduction of the WVP may raise concerns by all parties – staff, parents and providers, so care should be taken to identify potential challenges and barriers and trouble-shoot these issues prior to implementation. There is a resource included in WVP Toolkit, the [Pre-Implementation Provider Survey](#), that can be used for this purpose. It will be helpful to determine if you will share the WVP results before the well visit; this will depend on family preferences and feasibility. There is also a section in the WVP Toolkit that addresses collaboration with providers (see [WVP Toolkit, Section IV](#)).

Step #2: Develop Your Leadership Team

The second step in the implementation process is to identify key people and establish a Leadership Team who will lead the implementation of the WVP at your site. This team will be called on to champion the WVP tool, ensure that staff are trained on the use of the WVP (perhaps using a “Train the Trainer” model), and be a resource for trouble-shooting implementation issues. The Leadership Team will also provide a support system for implementation to ensure its success at your Head Start Center. The staffing structure of every head start organization is different, so key members will vary based on different circumstances. The leadership team might include such individuals as: (1) the health services manager/coordinator, (2) the family service manager/coordinator; (3) the family service worker; (4) a home visitor; (5) a teacher; and/or (6) a parent representative. In addition, engaging your program governance, such as the HS/EHS Health Services Advisory Committee, in a decision to employ the WVP may also be useful.

In developing this team, you will want to familiarize the group, either through individual or group meetings, with how the WVP works; what are the benefits of the WVP to families, children and your HS/EHS center; explore the team’s concerns; and identify potential implementation challenges as well as solutions to those challenges. Through this process, the goal is to secure buy-in from leadership team and make sure everyone on the team is enthusiastic about and familiar with all aspects of the WVP. This Pre-Launch Protocol, the WVP Toolkit, and other resources such as presentation slides and other materials are available to assist in communicating with your team (see [WVP Toolkit, Implementation Resources](#)). An example of an introductory meeting with your leadership team might be as follows:

Meeting #1: Introductory Presentation for the Leadership Team

- Invite key staff members and present an overview of the WVP, drawing upon the *WVP Overview Slideset* and other materials described in the WVP Implementation Toolkit and other implementation resources.
 - Prior to the meeting, ask each attendee to read Sections I and II of the Implementation toolkit.
 - If time permits, it might also be useful to ask them to visit the WVP site and try out the tool (www.wellvisti planner.org).
- Describe the WVP and demonstrate how it works using the online tool.
- During the meeting have discussions about:
 - Why you want to implement the WVP in your HS/EHS program. What direct and indirect benefits might result, including improving efficiency and effectiveness of family/patient encounters, such as HS/EHS center and home visits, meeting parents’ priorities, identifying what parents want to discuss, and engaging parents more directly.
 - How will the staff perceive the value and impact of the WVP as well as any concerns they might have. These could include working with the WVP in a child care setting or classroom, case management, work flow, relationships with healthcare community, demonstrating performance improvement, or meeting performance standards and other goals for funding agencies.
 - How the WVP can fit into your existing well-child visit flow. Use the Sample *Pre-Implementation Focus Group* (see [WVP Toolkit, Appendix A](#)) to help determine work flow improvements and how to integrate the WVP
 - What resources are available and are needed to support implementation.

- How might parents react and feel about being asked to use the WVP and ways to optimize their involvement. Especially note importance of staff and pediatric health professional buy-in and support to achieving parent participation.
- Potential barriers to the WVP implementation process and recommendations for rolling out the tool (e.g. in phases, with a subset of parents and/or pediatric health professionals, etc.)

During the meeting be sure to solicit feedback from your team on excitement, reservations, and general questions and end the meeting with a list of what there is to learn and gain by continuing the process for implementing the WVP. Sometimes, just one staff member may have already tried the WVP with a few families. They can then report on ease of use, strengths, possible issues, and proposed solutions at the meeting. There are big advantages to having a small sample group try out the WVP first:

- Get initial buy-in from the Leadership Team, which will help generate enthusiasm and buy-in from the staff;
- Get participants excited after hearing initial results;
- Help alleviate concerns;
- Identify potential pitfalls and generate solutions prior to full implementation.

This same process will be used with all the Head Start staff when you begin full WVP implementation at your center (see “Working with Staff” below)

Step #3: Create an “Implementation Map”

Next, you will want to develop with your team a map and timeline of WVP implementation activities. The “Implementation Map” is a schedule of all activities, meetings, and trainings that are needed to fully implement the WVP. Additionally, the map should include a list of resources and documents that accompany each activity (if relevant) and the name of the leadership team member(s) responsible for carrying out the activity. This process helps promote teamwork and accountability to a successful implementation. (See [Appendix A: Implementation Map](#))

Step #4: Assess Your Organization’s Readiness to Implement WVP

Engage your leadership team in assessing the extent to which you HS/EHS is ready to implement the WVP. The purpose of this assessment is to identify potential issues and give your team time to create solutions and address these issues before the WVP is fully launched with the staff. This will help ensure that the implementation process is smooth, efficient and successful. The HS/EHS implementation readiness assessment includes a number of steps:

- Assess the current level of and issues with family engagement (for more information and tools for family engagement see also the Head Start Technical Assistance Centers: National Center for Parent, Family and Community Engagement <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family> or the Head Start National Center on Health/Health Literacy and Family Engagement <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/health-literacy-family-engagement/health-literacy-and-family-engagement.html>)
 - What are the current issues with family engagement in your agency?
 - What are the interfacing issues of the WVP, cultural sensitivity, and family engagement? What might need to be in place to facilitate implementation of the WVP in a culturally sensitive way?
 - Identify existing challenges and potential solutions

- Assess staff readiness and determine how WVP implementation will fit into the agency's work flow
 - Who (and how many staff) will be using the WVP?
 - What if any issues or resistance from staff do you anticipate? (see [WVP Toolkit, Appendix A, HS/EHS Staff Questions About Using the WVP](#))
 - What are the potential issues for work flow?
- Identify technology issues
 - What technology issues are present at your HS site?
 - What technology issues are likely to be present for your families?
 - Which version of WVP will work best for your families?
- Assess provider engagement
 - What processes are currently in place to communicate with providers?
 - What is any processes need to be added or changed to ensure that both you and the providers receive a copy of the WVP (or at least promote this happening)?

Step #5: Work with Staff to Implement the WVP

Prior to implementing the WVP, a meeting or a series of meetings may need to occur to discuss the work flow and cultural changes that will be taking place. For these meetings, consider the following:

Meeting #1: Introduction to the WVP

This meeting should follow the same protocol as Meeting #1 with Leadership Team – see above.

Meeting #2: Staff Focus Group

Use the [Pre-implementation Focus Group and Questions to Determine Office Work Flow](#) (see [WVP Toolkit, Appendix A](#)) to help generate discussion and feedback. These can be adapted to your site. At the focus group, participants will discuss how to implement the WVP, with deeper analysis of work flow changes, and assessment of content covered in the WVP.

Meeting #3: Follow up and training for all staff affected by WVP implementation

Additional, ongoing discussion to address concerns and questions may be required, but eventually the staff will require training on how the practice or community setting will implement the WVP. Have staff practice with each other to engage families to use WVP. Suggestions for implementation can be found in the [WVP Toolkit, Section V](#).

Step #6: Monitor and Evaluate the Implementation Process

To determine how the implementation process is going, it will be helpful to develop a tracking process and evaluation tool. The Implementation Map will have a list of activities, documents and staff assignments and can be used to track implementation success. It will also be helpful to use the WVP Tracker (see [Appendix B: Well-Visit Planner Tracker](#)) to determine how many families are using the WVP and what issues are arising. Issues can be discussed at Meeting #3 and other staff meetings to trouble shoot and revise processes as needed.

Summary Checklist of Items Needed for WVP Implementation

- A leadership team that feels family engagement and partnership is critical
- Fostering an environment that enhances family engagement in health services
- 1 to 2 months to plan for and prepare implementation into your practice
- 1 Leadership team and 3 staff education and planning meetings
- Implementation map
- Organizational readiness assessment
- WVP Tracker
- Nominal printing costs

Appendix A

Well-Visit Planner Implementation Map

(Available on the cahmi.org [WVP Implementation Portal](#))

Appendix B

Well-Visit Planner Tracker

(Available on the cahmi.org [WVP Implementation Portal](#))