Improving the Screening Process for Employability

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Hopple Street Health Center
BACKGROUND

The population Hopple Clinic mainly serves are among those living in HIGHEST POVERTY.

And this area has some of the HIGHEST UNEMPLOYMENT estimates.
Improving Screening Process for Employability Key Driver Diagram (KDD)

Project Leader(s): Lisa Leace, LISW-S, LCSW

Global Aim
Help families to obtain employment sustainability

SMART Aim
Increase screening for Career Resiliency and Employment Stability from 0% to 75% by May 16, 2019.

Population
Parents of newborn patients at Hoppie Clinic

Key Drivers
- Motivated and engaged families
- Encouraged and informed parents
- Activated staff to help with screening and triage
- Sufficient time to connect and work with families on employment
- Available resources to help families with employment issues
- Demonstrated desire for employment
- Strong community partnerships

Interventions (LOR #)
- Administer ROMA (Career Resiliency and Employment Stability) as a high level initial screen (LOR #1)
- Proactive screening of all newborn moms (LOR #1)
- Add employment screener to newborn bags (LOR #2)
- Incorporate screening questions onto tablets
- Just do it: Networking with community partners to build referral database
- Adopted: Develop in depth f/u employment history, career resiliency, & readiness for change screens (LOR #1)
- Adopted: Develop Career Action Plan based off Career Assessment screen (LOR #1)
- Adopted: Train MA staff on social screener “trigger” question and referral to SW CM (LOR #1)
- Abandoned: Sit with parent to go through social screener explaining what is being asked in the question (LOR #1)
- Adopted: Present screener as a useful tool that will help guide and direct parent’s employability (LOR #1)
- Adopted: Work with registration staff to flag patients who answer “yes” to lack of employment (LOR #1)

Legend
- Potential intervention
- Active intervention
- Adopted/Abandoned intervention

Note: LOR # = Level of Reliability Number, e.g., LOR 1
**LEARNING CYCLES**

<table>
<thead>
<tr>
<th>PDOSA Ramp Name: Employment Screening</th>
<th>Test Cycle 1</th>
<th>Test Cycle 2</th>
<th>Test Cycle 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLAN</strong></td>
<td>One month follow-up</td>
<td>Screen every available one month visit</td>
<td>Screen at every available visit of child or children</td>
</tr>
<tr>
<td><strong>Objective:</strong></td>
<td>Meet with mom during visit and administer employment assessment</td>
<td>Meet with mom during visit and administer employment assessment</td>
<td>Meet with mom during visit and administer employment assessment</td>
</tr>
<tr>
<td><strong>Prediction:</strong></td>
<td>I predict that I will be able to meet with mom and this will give me clarity on employment history and any other information that is available.</td>
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</tr>
<tr>
<td><strong>How will success of the test be measured?</strong></td>
<td>Number of assessments completed</td>
<td>Number of assessments completed</td>
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<tr>
<td><strong>PLAN</strong></td>
<td>RCOHA</td>
<td>RCOHA</td>
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<tr>
<td><strong>Objective:</strong></td>
<td>Meet with parents to administer the RCOHA scale</td>
<td>Increase the number of panels of parents at each visit that receive the RCOHA so that they will help identify a timeline for the patient’s age at this time.</td>
<td>Same as test cycle 2</td>
</tr>
<tr>
<td><strong>Prediction:</strong></td>
<td>This will allow us to determine if there are any weaknesses in the process and test new methods to mitigate that risk.</td>
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<tr>
<td><strong>How will success of the test be measured?</strong></td>
<td>Answer gathered will affect questions in the RCOHA assessment</td>
<td>Number of completed RCOHA</td>
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</tr>
</tbody>
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<tr>
<th>STUDY</th>
<th>Test Results (data &amp; observations):</th>
<th>Target assessment tool:</th>
<th>RCOHA does not impact information for the assessment tool. It will give a concise reading of how many states the cancer assessment would hit, or administer RCOHA does not impact information for the assessment tool. It will give a concise reading of how many states the cancer assessment would hit, or administer</th>
</tr>
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<tbody>
<tr>
<td><strong>Did results match prediction? Yes/No</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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<tr>
<th>ACT</th>
<th>Adapt, Adopt or Abandon</th>
<th>Reason to be adopted</th>
<th>Reason to be adopted</th>
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<td><strong>Learning:</strong></td>
<td>Continue with the cancer assessment and make necessary changes as patients move on.</td>
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**Tested our way into being able to screen all newborn moms.**

**Recognized where there were weaknesses in the process and tested new methods to mitigate that risk.**

All Children Thrive Cincinnati
Prior to the start of this project, no employment screenings were being done.

Of the 41 screened, 13 (32%) have completed an in-depth Career Assessment and have received a Career Action Plan.
MOST PROUD

- Being able apply **improvement science** to different aspects of my work (personal and professional)
- I now “think” QI all the time and see **QI opportunities** everywhere

**MISSION STATEMENT**

We are a compassionate group of women with a collective goal and desire to strengthen our community by working to develop young ladies into “Women with a Passion” by uplifting, empowering and motivating through groups and activities focused on building a stronger sense of self that promotes independent thinking while on the journey to future success.

Most **proud of and excited to apply QI** to my new community based organization Sistahs Sowing Seeds!
GREATEST CHALLENGE

In order to make the project a success, other disciplines have to be involved.

The time of year that the social screener is completed as it relates to this project may show variations around certain holidays.

An anticipated challenge will be the Overall logistics of this process because it is date dependent. I will be learning about how I can best manage this aspect in the process.

After the process had been in place, ASRs began to default to their old process and decreased the number of parents that were identified in the process.

Systems Thinking

Understanding Variation

Theory of Knowledge/Testing

Change Management/Psychology
TEAM MEMBERS
Lisa Leace (Lisa.Leace@cchmc.org)
London Jordan, MA
Shonda Gibson, ASR II
Tracey Wilson, ASR II
Sherria Evans, AECE, CHW
LaKeya McNary, MA, CHW