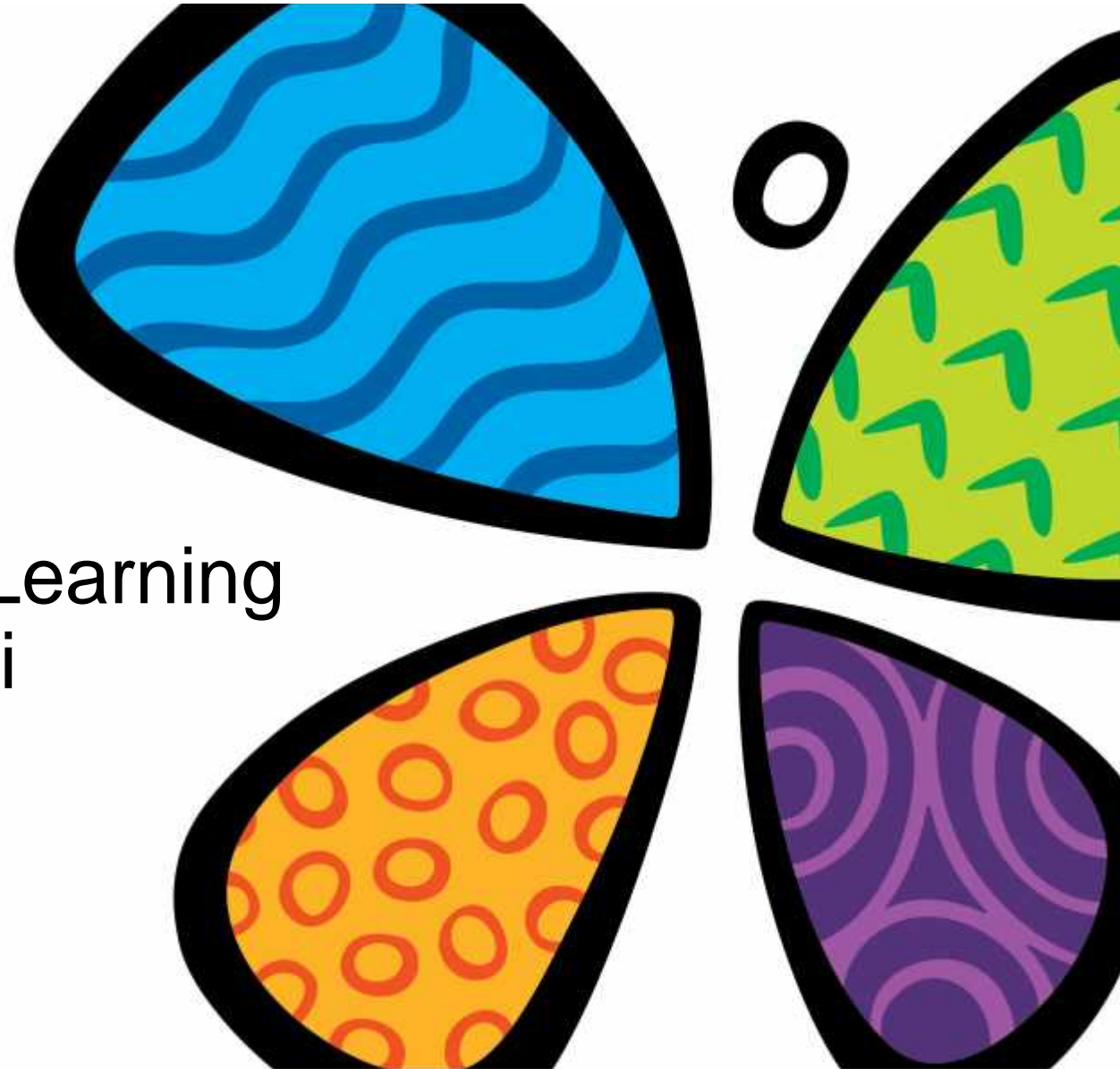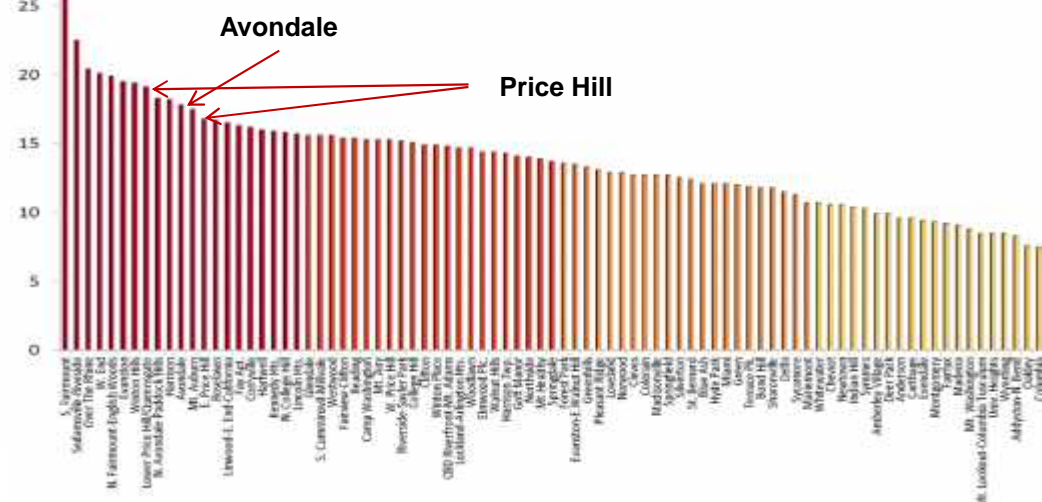# All Children Thrive Learning Network - Cincinnati
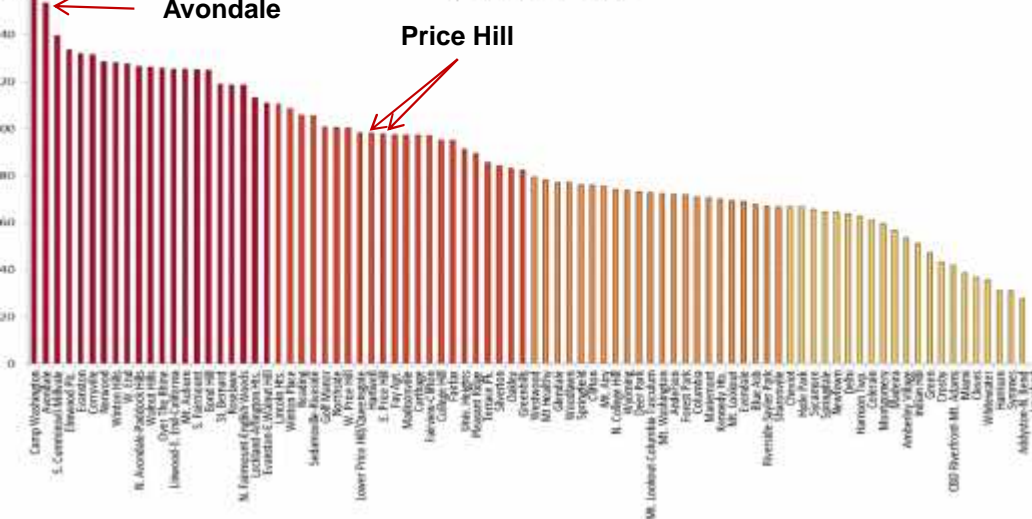
April 2019

Neighborhood asthma admission rate per 1000 children, Hamilton County, 3 year average (2010-2012)

Neighborhood Preterm Birth Rates per 100 births (2010-2012)

Neighborhood Injury rate per 1000 children aged 0-16 yrs (2010-2012)

3rd Graders reading proficiently or above, by building, ODE, 2014-2015

Cincinnati Children's | 2020 Strategic Plan

Care — Deliver exceptional, safe, and affordable care for every child and every family, every day

Community — Help Cincinnati's kids to be the healthiest in the nation through strong community partnerships

Discovery — Transform child health with our collaborative culture of discovery, translation and learning

Impact — Improve the lives of children everywhere by creating deeper connections with families, care providers and organizations

People — Realize our full potential by engaging, inspiring and enabling all employees to make a difference

SP20: Changing the Outcome Together

Cincinnati Children's
changing the outcome together

All Children Thrive Learning Network (ACT LN)

Help Cincinnati's 66,000 kids be the healthiest in the nation through strong partnerships

Morbidity and Mortality
- Reduce annual infant deaths in Hamilton County
- Reduce disparity in hospital bed days focusing on 2 high risk neighborhoods

Thriving
- Ensure 5 year olds have a 'healthy mind and body'*
- Increase percent of children reading proficiently or above by 3rd grade in Cincinnati Public Schools

*Bundle measure: immunization, BMI, dental, behavior, vision, emergent literacy, speech, hearing

Summary Elements

- Clear shared vision and goals
- Inherently motivated leaders
- Measurement system
- Children and family centered
  - Empathy and trust building
- Quality improvement approach
  - Frequent testing, transparent results, data for improvement not evaluation
- Share seamlessly, steal shamelessly

All Children Thrive Learning Network

Outcomes

Infant Mortality	Bed Day Disparity	Thriving at 5	3rd Grade Reading

Improvement Teams

Infant Mortality (Cradle Cincinnati)	Inpatient Bed Days Equity Team	Community Connected Primary Care	3rd Grade Reading

Cores

Community QI Capability

Social Influences in Neighborhood, Community Activation

Data Management and Analytics

In Home Supports
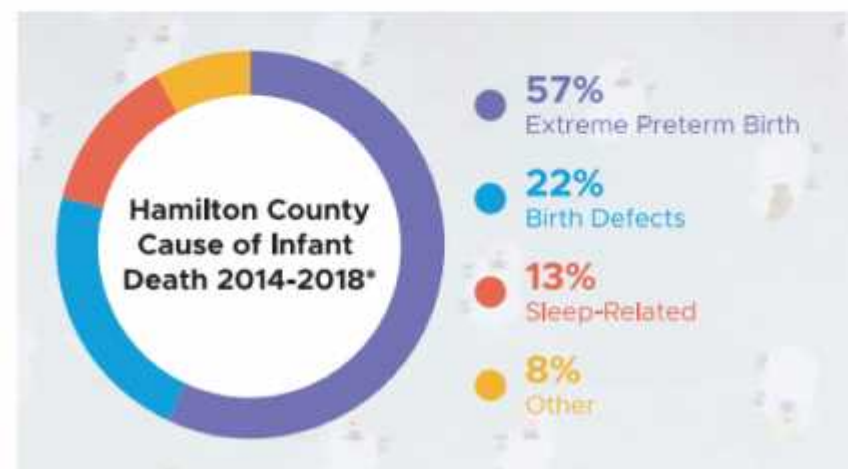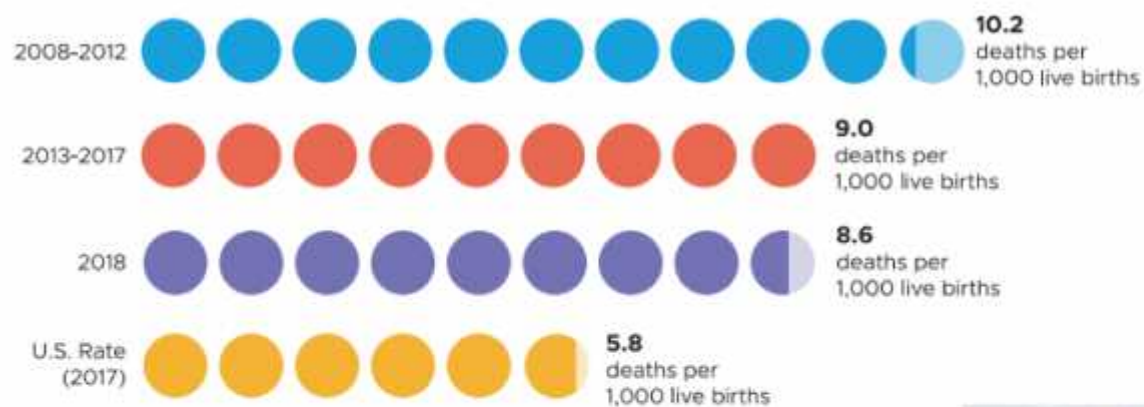
ALL CHILDREN THRIVE PRINCIPLES

1 **Equity is foundational to improving children's health.** We believe that financial, social, environmental and racial inequities affect the health and well being of children. Solutions must address basic needs of families first

2 **Children are at the center of our work.** We will work across family, community, organizational and funding boundaries to ensure the system works for children and their health. As we design solutions, we will view the system from the perspective of the family and child. We believe the opportunities and solutions come from within families and communities.

3 **We work together on solutions, building relationships and trust.** Family, community and organizational partnerships are a critical aspect of successful improvement. The network is designed to inspire and continuously develop relationships across Cincinnati that work together in a system focused on what works for children.

4 **We all teach and we all learn.** Network participants must humbly share and gratefully learn from others. The network is built on the fundamental belief that by transparently sharing successes and failures, and by learning from one another, participants can achieve their goals more effectively and quickly than working alone.

5 **We are action-oriented and sustainable-results focused.** Participants within the network are employing the methods of improvement science to reach goals. This emphasis on creating quality improvement capability will sustain the network to improve children's health. We must act with urgency and discipline, focusing on results for children.

All Children Thrive Cincinnati
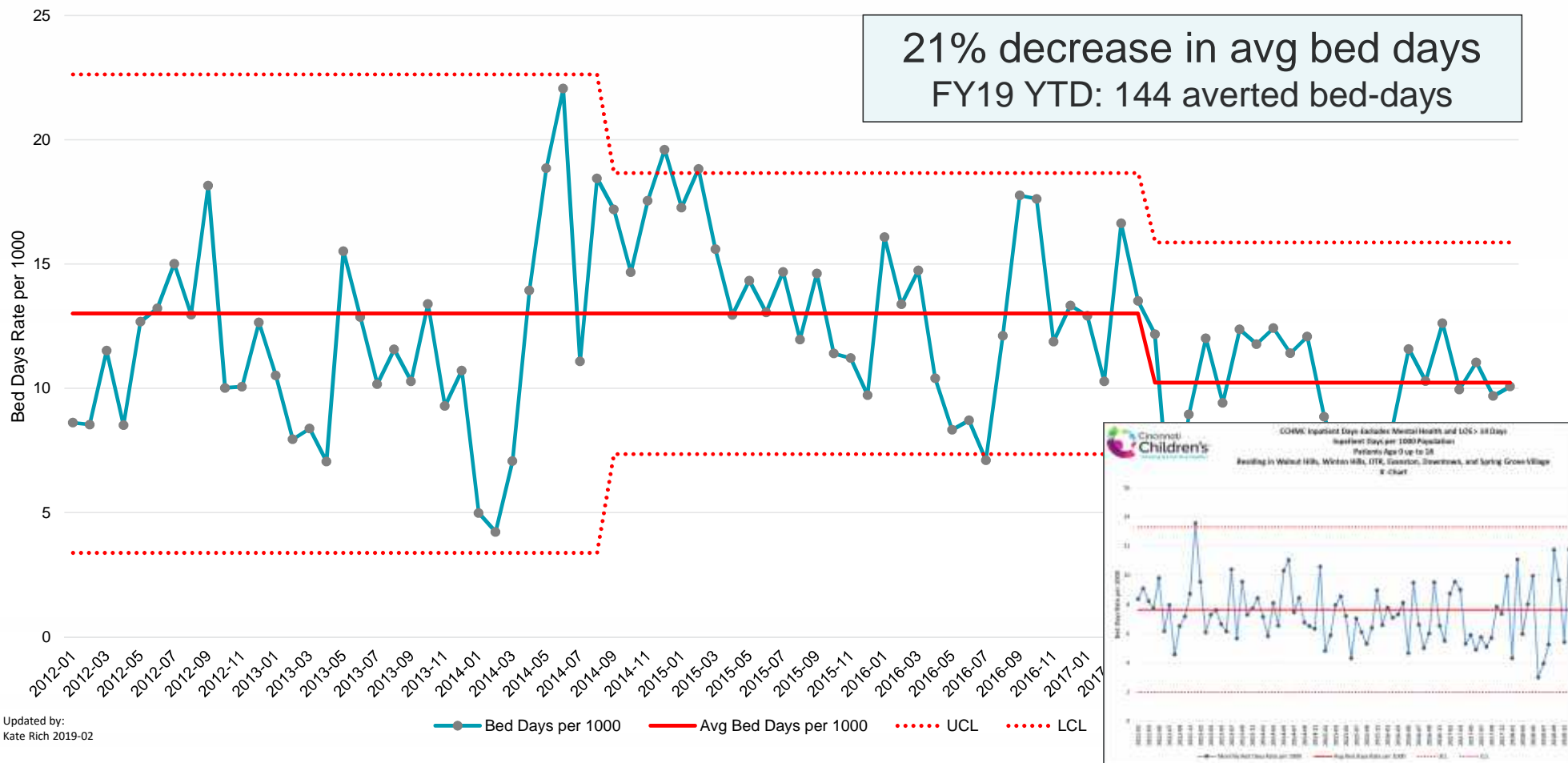
Infant Mortality Improvement Team

Infant Mortality Rate, Hamilton County*

2008-2012
10.2 deaths per 1,000 live births

2013-2017
9.0 deaths per 1,000 live births

2018
8.6 deaths per 1,000 live births

U.S. Rate (2017)
5.8 deaths per 1,000 live births

Hamilton County Cause of Infant Death 2014-2018*

57% Extreme Preterm Birth

22% Birth Defects

13% Sleep-Related

8% Other

Cincinnati Children's
changing the outcome together

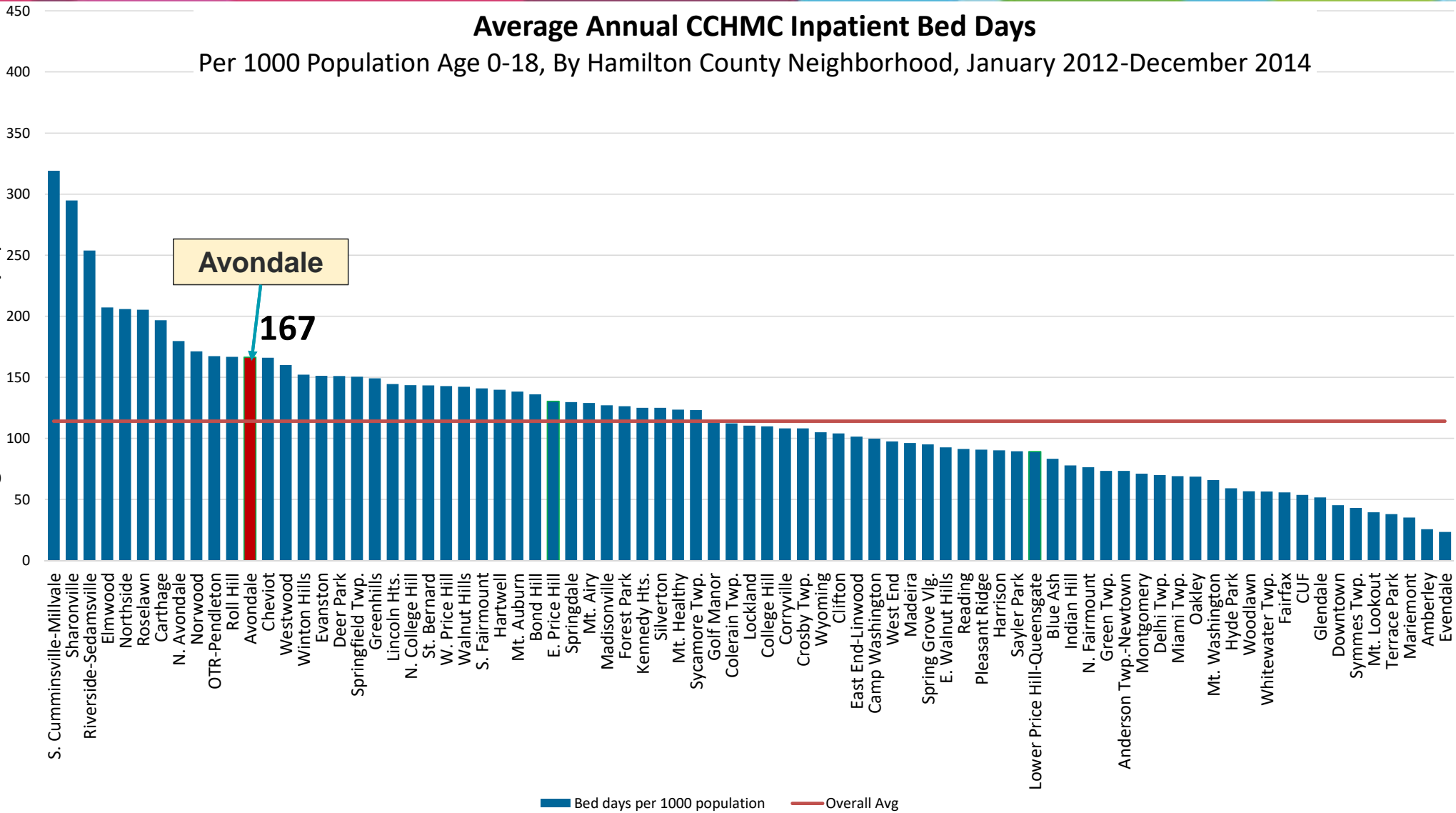# Inpatient Bed Day Improvement Team

CCHMC Inpatient Days-Excludes Mental Health
Inpatient Days per 1000 Population
Patients Age 0 up to 18 Residing in Avondale, East & Lower Price Hill (Population=8,830)
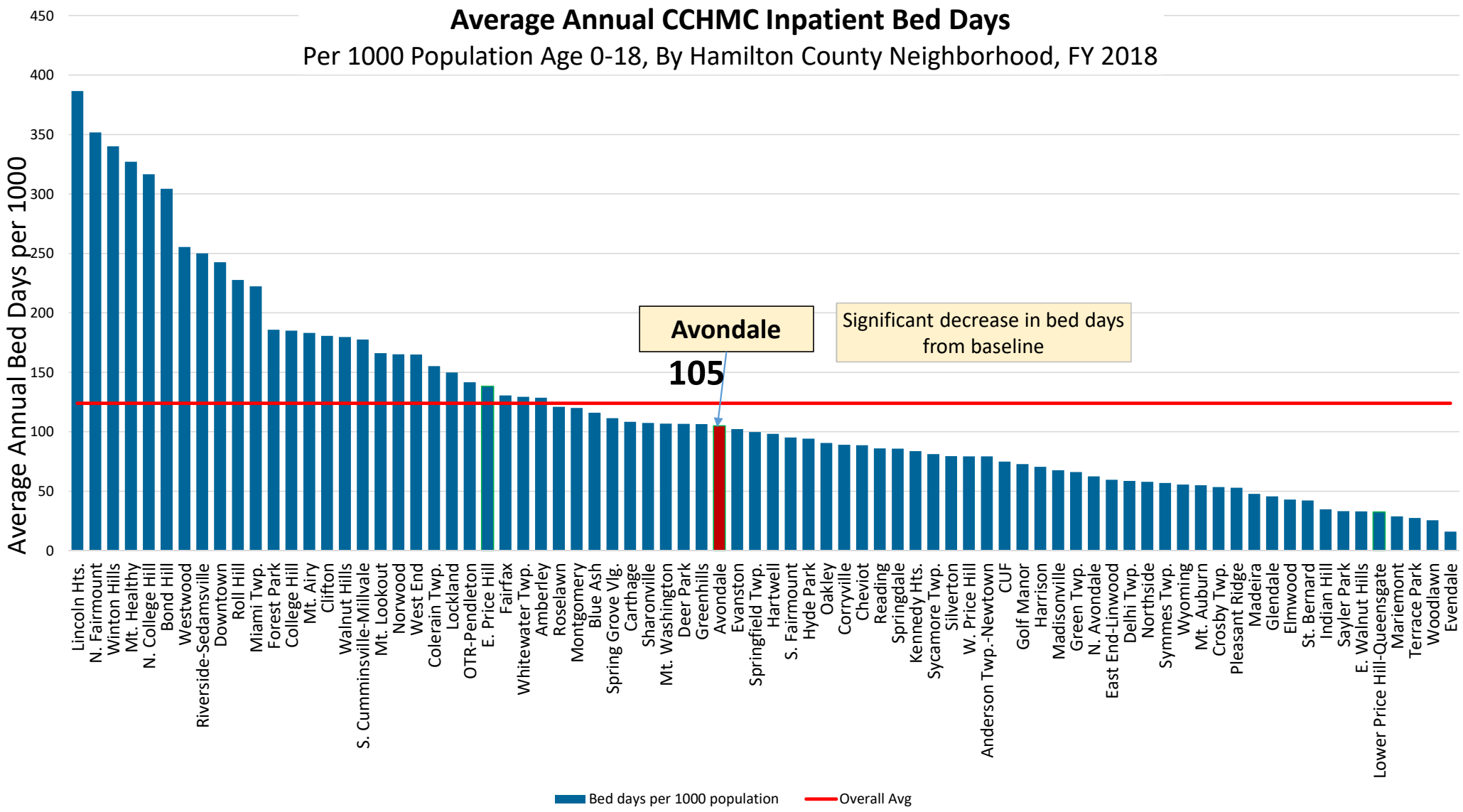X -Chart

21% decrease in avg bed days
FY19 YTD: 144 averted bed-days

Bed Days Rate per 1000

Updated by:
Kate Rich 2019-02

Bed Days per 1000   Avg Bed Days per 1000   UCL   LCL

Average Annual CCHMC Inpatient Bed Days
Per 1000 Population Age 0-18, By Hamilton County Neighborhood, January 2012-December 2014

Average Annual CCHMC Inpatient Bed Days
Per 1000 Population Age 0-18, By Hamilton County Neighborhood, FY 2018

Average Annual Bed Days per 1000

Avondale

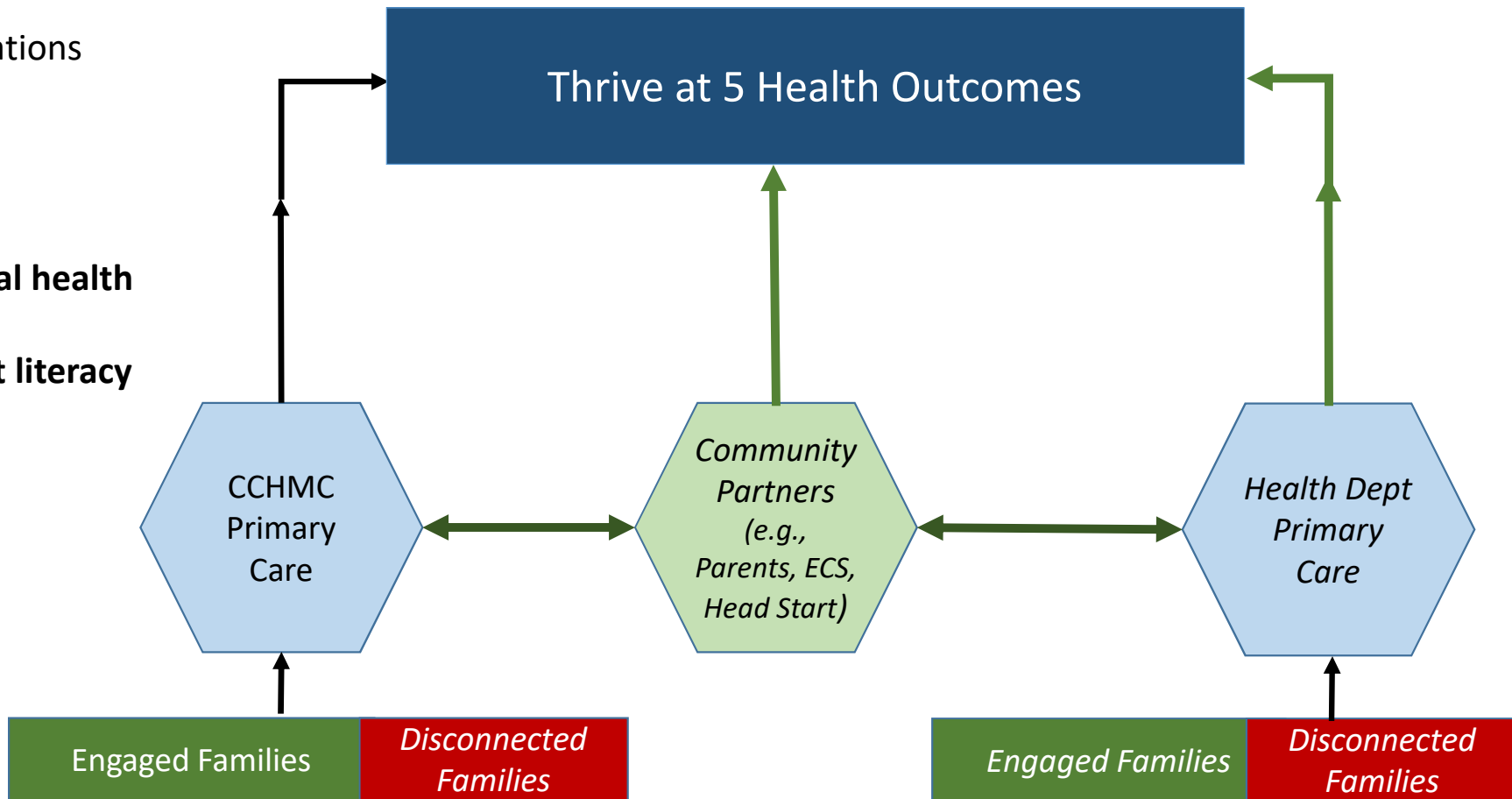**105**

Significant decrease in bed days from baseline

Bed days per 1000 population — Overall Avg

450
400
350
300
250
200
150
100
50
0

Lincoln Hts.
N. Fairmount
Winton Hills
Mt. Healthy
N. College Hill
Bond Hill
Westwood
Riverside-Sedamsville
Downtown
Roll Hill
Miami Twp.
Forest Park
College Hill
Mt. Airy
Clifton
Walnut Hills
S. Cumminsville-Millvale
Mt. Lookout
Norwood
West End
Colerain Twp.
Lockland
OTR-Pendleton
E. Price Hill
Fairfax
Whitewater Twp.
Amberley
Roselawn
Montgomery
Blue Ash
Spring Grove Vlg.
Carthage
Sharonville
Mt. Washington
Deer Park
Greenhills
Avondale
Evanston
Springfield Twp.
Hartwell
S. Fairmount
Hyde Park
Oakley
Corryville
Cheviot
Reading
Springdale
Kennedy Hts.
Sycamore Twp.
Silverton
W. Price Hill
Anderson Twp.-Newtown
CUF
Golf Manor
Harrison
Madisonville
Green Twp.
N. Avondale
East End-Linwood
Delhi Twp.
Northside
Symmes Twp.
Wyoming
Mt. Auburn
Crosby Twp.
Pleasant Ridge
Madeira
Glendale
Elmwood
St. Bernard
Indian Hill
Sayler Park
E. Walnut Hills
Lower Price Hill-Queensgate
Mariemont
Terrace Park
Woodlawn
Evendale

Thrive at Five Improvement Team

Immunizations
Vision
Dental
Hearing
Speech
Behavioral health
BMI
Emergent literacy

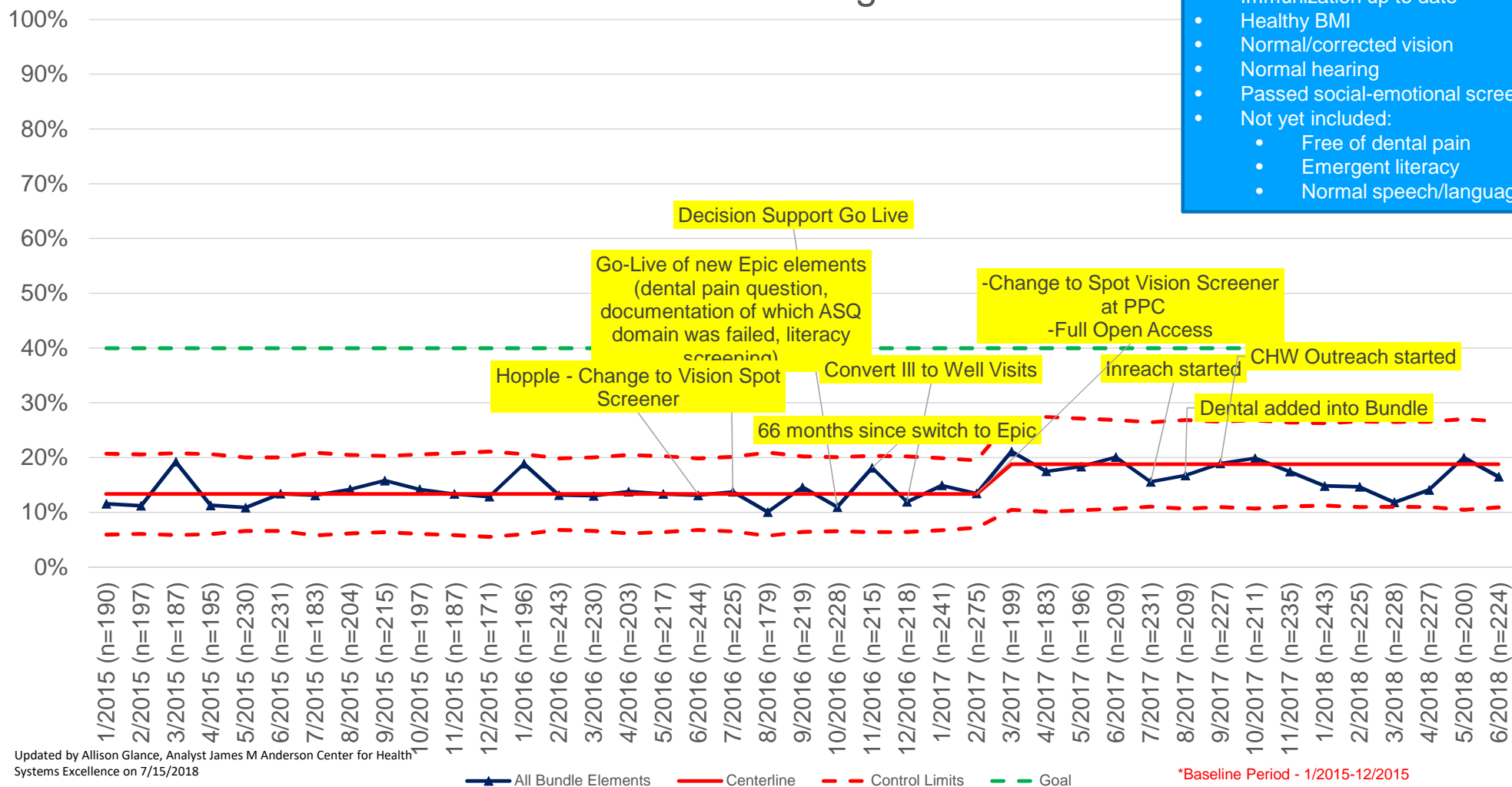Thrive at 5 Health Outcomes

CCHMC Primary Care

Community Partners (e.g., Parents, ECS, Head Start)

Health Dept Primary Care

Engaged Families | *Disconnected Families*

Engaged Families | *Disconnected Families*

Cincinnati's Children and Families

Percent of Gen Peds Patients Thriving at 66 Months

All Children Thrive Cincinnati

3rd Grade Reading Improvement Team
Cincinnati Public Schools

Project Leader: Lucie Collier

K - 3 Student Literacy KDD

Revision Date: *3/11/2019 (v31)*

Cincinnati Children's
changing the outcome together

Global Aim

All children in the greater Cincinnati Public Schools area are reading at an appropriate level by the end of third grade.

K-3 SMART Aim

Outcome:
Increase the percent of *active K-3 classrooms in CPS QI schools who meet or exceed the grade level National Norm score from 46% (Spring '18 MAP Test) to 60% on the ELA MAP Test by 5/31/19

2020 SMART Aim Gr. 3

Increase the percent of children reading proficiently by 3rd grade in CPS schools from 46.5% in June 2016 to 71% by June 30, 2020.

Population

K-3 students in QI classrooms (#?)

Primary Drivers

Quality, Evidence Based Literacy Instruction

Effective, Collaborative, Reflective Teachers

Equitable Student Access

Healthy in Social and Emotional domains

Activated, Motivated Parents

Secondary Drivers

Effective, consistent delivery of Literacy Frameworks for Instruction

Consistent and Timely use of evidence based strategies and interventions to meet students social-emotional and academic needs

Valid, reliable data used effectively to support instruction and learning

Quality Instruction, Resources and Services available to all students based on need

Calm dedicated time on instruction

Consistent expectations for learning shared by teacher, parents and student

Caring, nurturing conducive learning environments

Consistent, relevant communication to parents designed to meet their interests and needs

Project Portfolio

Reading Specialist Group 1, Fluency:
Increase the number of students with an accuracy rate of 98% or higher from X to Y by the end of the year
Weekly cold read assessments for both accuracy and fluency
Reading Specialists

Reading Specialist Group 2, Vocabulary and Context Clues:
Increase the performance on DIBELS MAZE adjusted score by 5 points by April 15th, 2019
Erin Kernohan

Reading Specialist Group 3, Compare and Contrast:
Increase the performance on weekly compare and contrast assessment from 0 to 4 by April 15th, 2019
Reading Specialists

2nd Grade SRA Lesson Mastery:
Increase the students that are not on track to on track or better at the 5 schools by end of year using SRA lesson mastery
Process measure: Lessons mastered per week
Lucie Collier

Kindergarten Improvement at Roll Hill:
Increase from well below to benchmark or higher by end of school year for 27 students at Roll Hill
Lucie Collier

K-6 ELA Teachers in 5 QI Schools:
ELA teachers have been trained to do PDSA in the classroom. Teachers have the freedom to do PDSA work based on their individual classroom needs, aligned to KDD
Classroom Teachers

Legend

- ☐ Potential
- ☐ Active
- ☐ Adopted
- ☐ Project/Idea

Cincinnati Public Schools
% of 3rd Grade Students
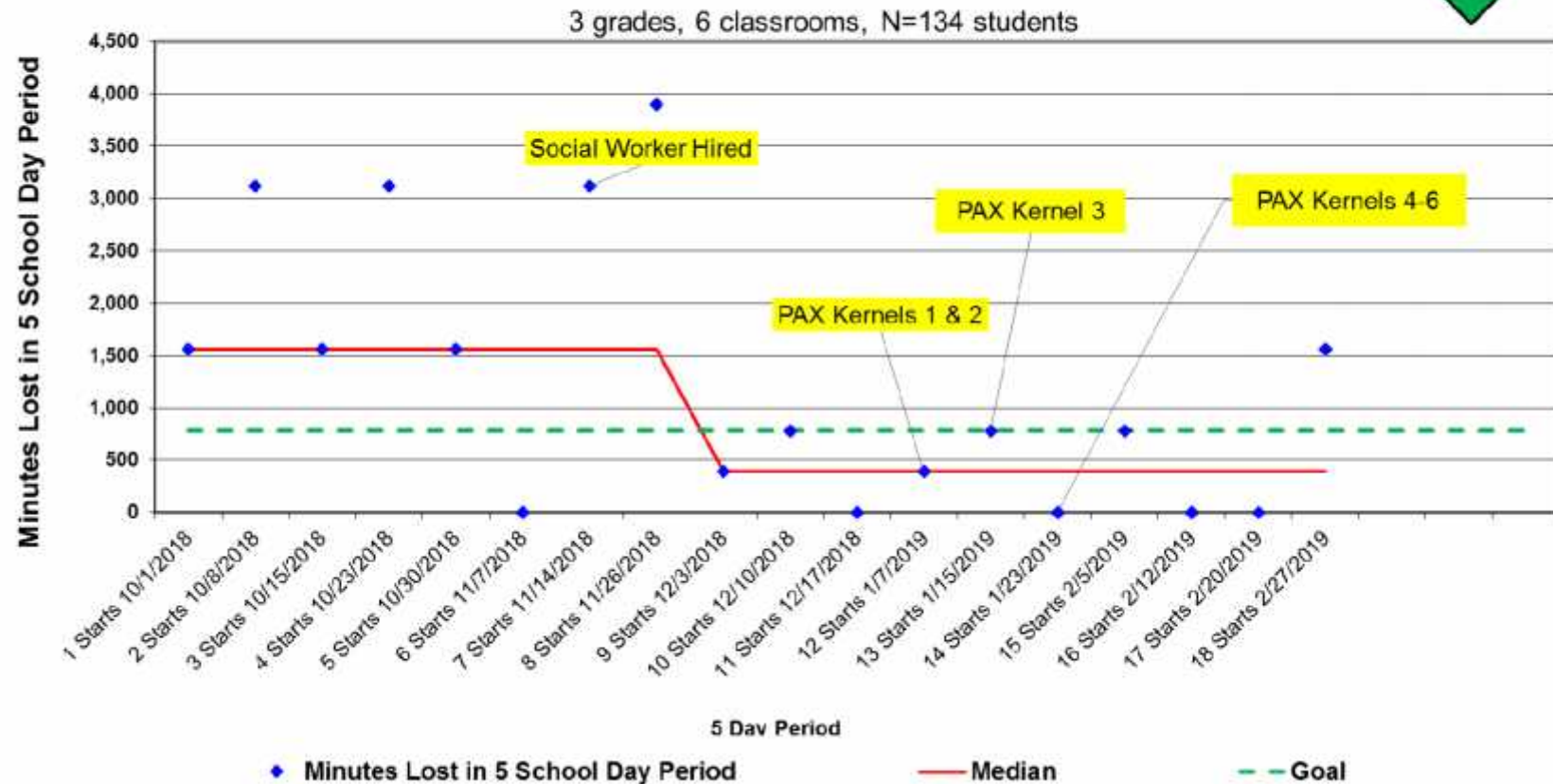Meeting or Exceeding National Benchmark on MAP Reading Test
2017-2018
Includes students who were in same CPS school all year and took all three tests
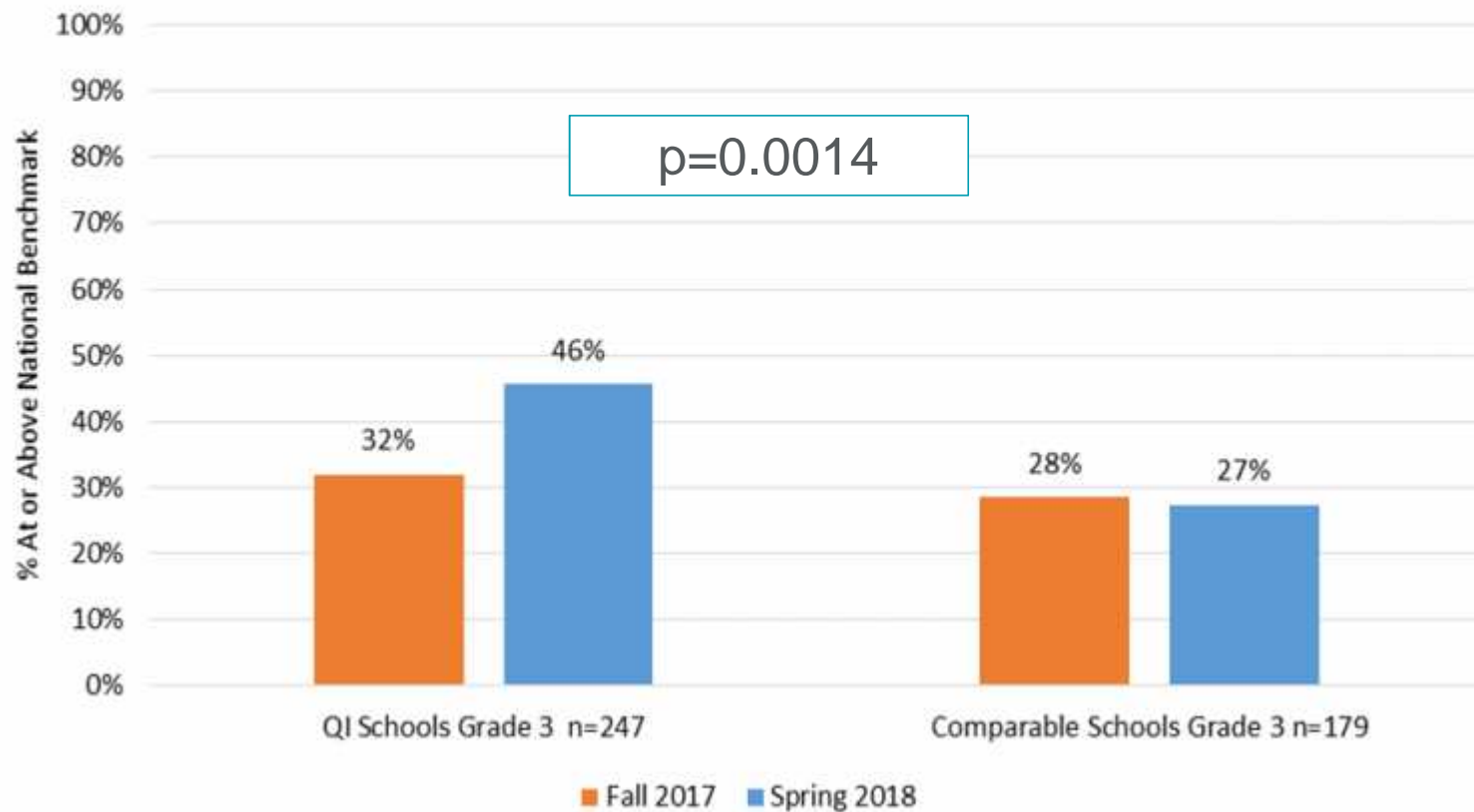
Cincinnati Public Schools: Emotional and mental health

Minutes of Lost Instruction Due to Behavioral Infractions, School a

3 grades, 6 classrooms, N=134 students

Community QI Capability

ImpactU Sessions

Course sessions are designed to develop a community of improvement leaders through class discussion, feedback, lectures, critical reflection, exercises and assigned reading.

The underlying theory of improvement is W. Edwards Deming's System of Profound Knowledge and the core methodology is the Model for Improvement. Specific sessions include:
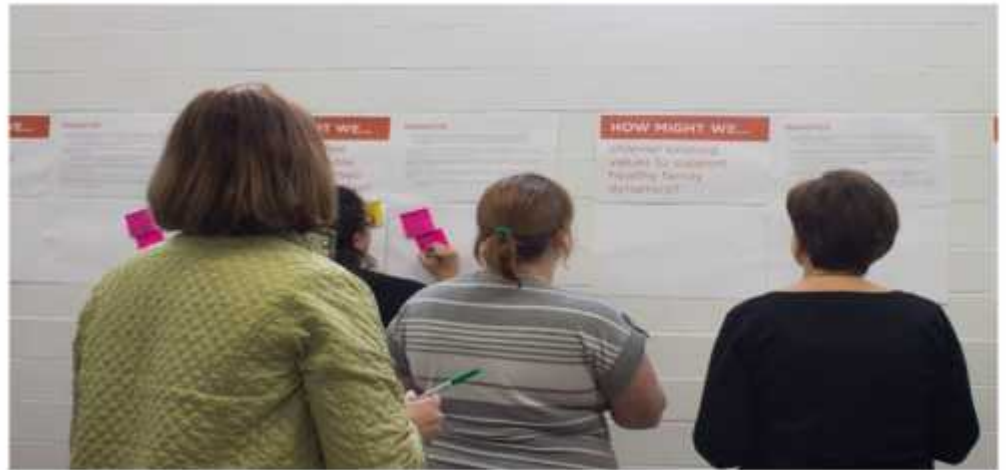
- Roadmap for leading improvement
- Deming's Red Bead experiment
- Improvement measurement and analysis
- PDSA and PDSA ramp strategies
- Introduction to Reliability
- Empathy and Improvement

- Equity and Improvement
- Psychology change management
- Service quality
- Systems thinking
- Implementation, Sustainability & Spread
- Managing an improvement portfolio

All Children Thrive Learning Network: Current Network QI Capability
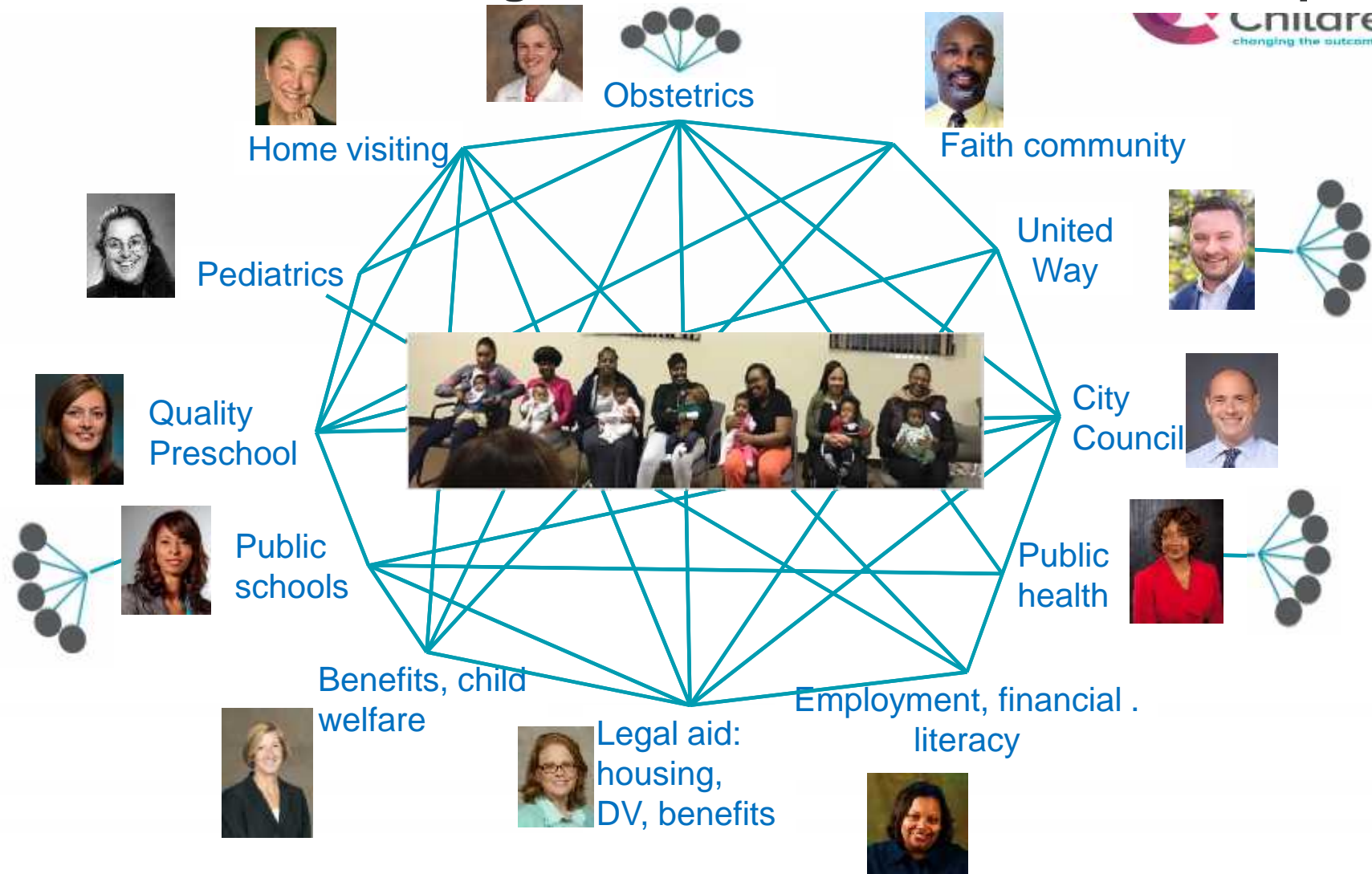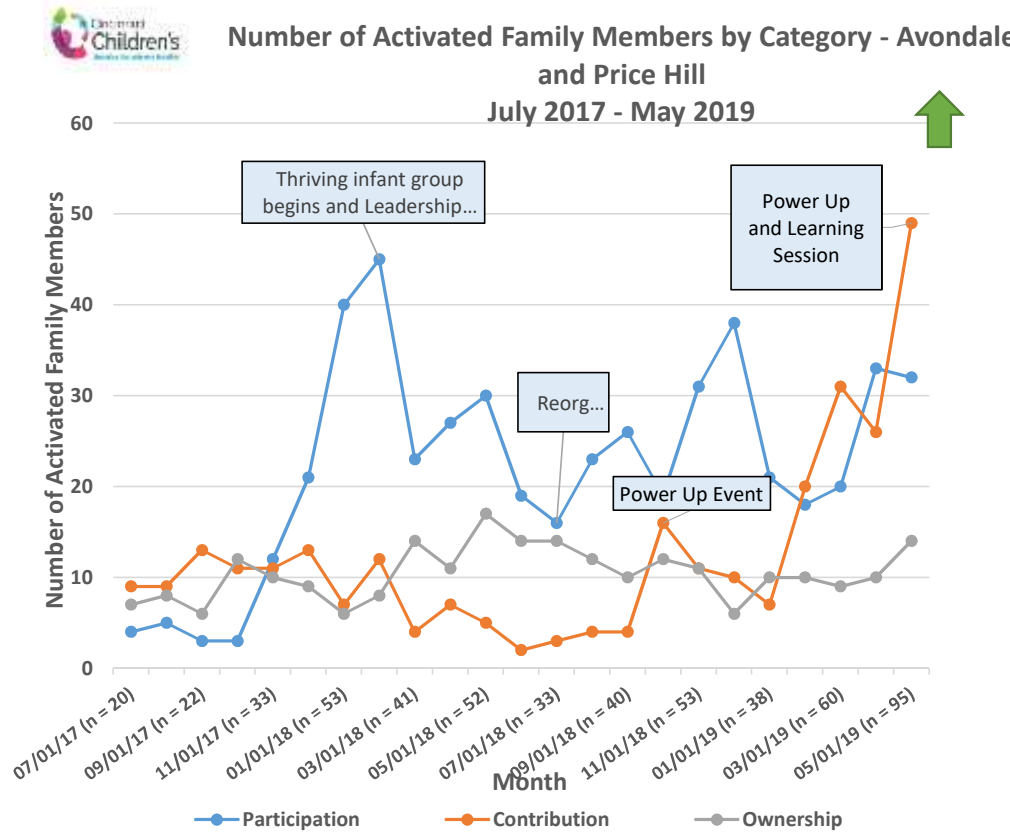
Family Centered Design and Activation

Family Centered Design

Community activation

Level of Activation	Definition	Examples	FY 19 Monthly Median
Participation	Use of existing tools or events	Number of people attending community outreach events, learning sessions, network meetings, courses, number of people adopting changes	
Contribution	Improving existing tools, knowledge or resources	Presenting at events, number of people involved in quality improvement at sites, number of people posting to sites, number of people serving on committees	
Ownership	Creating new resources / tools or leading initiatives	Testing new ideas, co-leaders of work streams, parent leaders of activation projects	

Number of Activated Family Members by Category - Avondale and Price Hill
July 2017 - May 2019

Building trust and solutions through coproduction

- **Avondale Caring Families – Reading -** Parent to parent coaching to increase home literacy

- **Family Strong Feast** - Pregnant women and parents share a meal with health care providers

- **Justice Promoters** - Parent to parent coaching around remediable barriers beginning with housing

Progress and Integration

All Children Thrive Learning Session

- Families at the center
- Across teams, sectors
- Rapid learning