1. Problem Identification: In 2010 it was estimated that 4,396 children were eligible for WIC benefits in Yellowstone County, and of these only 1,392 were served. Based on these numbers, it is clear a substantial need exists. In the month of June 2012, 1,731 children were enrolled in WIC and only 85% utilized WIC services.

RiverStone Health secured a 9-month grant for $5,000 and 15 hours of QI coaching to implement a QI project to increase the retention rate in WIC.

2. Assemble the Team
Team members were chosen by the WIC and Family Health Services directors for their involvement and expertise in WIC and the services provided as well as their decision making capabilities. They included a WIC nutrition educator, previous WIC client, home visiting nurse, the WIC director, the Family Health Services Director, a Population Health prevention health specialist, and the Population Health Program Director.

3. Examine the Current Approach
In order to examine the current approach, team members created flow charts, as well as group brainstorming. Data was analyzed for the local clinic, and interviews were conducted with past and present WIC participants. The team used weighted multi-voting to identify a potential improvement: standardize the appointment making process in the clinic. This decision was based on data that showed that for 78% of clients who had benefits terminated, they did not have an appointment scheduled.

4. Identify Potential Solution: WIC staff will begin to consistently schedule clients for their next appointment before they leave the office.

5. Develop an Improvement Theory
By scheduling upcoming appointments with participants before they leave the office, the WIC staff will be aware if they have missed their scheduled appointment. Staff will be able to reschedule the client before their benefits expire which will prevent the participant from being automatically terminated from WIC.

6. Test the Theory
From April to August 2013, WIC staff worked to schedule as many clients as possible for their next appointment before they left the office. Staff decided to address overall retention instead of targeting only those children over the age of 1.

7. Study the Results
The clinic increased the percentage being scheduled, and for several months decreased the number of clients who had benefits terminated. However, the percentage of participants who meet WIC definition for active participation did not significantly increase.

8. Standardize the Improvement or Develop New Theory
The QI team, after studying the results, decided to standardize the change made to scheduling clients. Progress will be monitored to ensure gains are maintained. DPHHS will continue to provide data through 2013 so staff can track their progress.

9. Establish Future Plans
Overall, the main aim was not met. In order to address the retention of participants, the QI team would like to do another round of QI using data collected in the first cycle, as well as lessons learned. Feedback from the QI for improvements to the process included:

- “In the future, have even more staff from the program involved to also see the process and have a voice.”

Possible future QI projects identified by the QI team in the first PDSA cycle include:

- Send automated text message reminders to clients before their appointment
- Create a Facebook page to reach out to clients
- Change curriculum for moms to avoid being repetitive for returning moms
- Encourage clients to provide two phone numbers
- Change the time of day reminder calls are made
- Have more options for when WIC is open
- Send more reminders through the mail instead of calling