



# TACOMA-PIERCE COUNTY HEALTH DEPT

Office of Community Assessment

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Strengthening Families

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Home Visiting Nurses: Kathy Harsch, Brenda Parker, Michelle Punzel, & Yvette Barrows (Off To Alaska!)

# Setting Up the QI Project

*Understand the system and select the teams*

- Problem: The Pierce County low birth weight rate (LBW) for singletons is worse than the WA State rate.
- How identified: Review of WA State and TPCHD health indicators by TPCHD Quality Improvement Council led to the convening of a LBW Priority Health Indicator workgroup.
- Who: Home visiting nurses who provide prenatal education were selected to be on the workgroup
- What: Data and research on LBW were reviewed- decided to focus on internal processes

# AIM statement & outcome measures

- Increase the number of Maternity Support Services eligible pregnant women referred to TPCHD who receive a visit in the first trimester of pregnancy by 20%. (baseline 32%)

## **Short term outcomes**

- 1 a. Decrease the time from MSS referral to open (Prenatal or postpartum)
- 1 b. Develop a tracking process to understand reasons why eligible MSS women do not receive services

# AIM statement & outcome measures

## **Medium term outcomes**

- 2a. Increase % of referrals who are in their 1st trimester of pregnancy
- 2b. Increase the % of referrals who receive 3 or more MSS visits prenatally
- 2c. Survey clients who had more than 3 visits

## **Long term outcome**

- 3. Increase % of opened MSS eligible women who receive a MSS visit in the 1st trimester

# AIM Statement

*Analyze the causes*



- Fishbone analysis – We learned
  - Client barriers
  - No time limit requirement for contact
  - Prioritizing case loads
- Work flow analysis
  - Lack of standardized referral process
- Gantt Chart-activities and timelines
- Pareto Chart-reasons for not opening referral
- Line of Sight-connecting the dots

BW Mtg.

coord mtg's From Fax machine to PHN - DW to Von

### Comm capacity

### FSC process

C50 meeting point but what is missing how to improve info on referral

nfo - dispo use common + MSS

CHC not taking CSO referred

incomplete info - not enough to prioritize

on referrals

ACESV

online or call center referrals preferred mode of contact

or different no protocols / FSW - mcs

diff coord schedules

"yellow" stays on fax - Brenda

TPCHD not taking

↑ training

TPCHD capacity

skiffing ↓ PHS high case load

priority cases

time limits - WF - EIP

sense of acuity

↓ involvement & other agencies

↑ chronic cases

Δ's @ CPS on how they manage → creates in cluding

↑ time for PHN's (transfer CPS caseworker)

ACESV MCM time competition links to step by step

CARENET

mom working hard to schedule

Early Referral

Late referral

1st tri

not interested

Yes

Delayed engage ment

MSS PHN

doesn't want MSS

had it before

don't need it

not explained at time apply for coupon

Privacy

dirty house

Client Specific

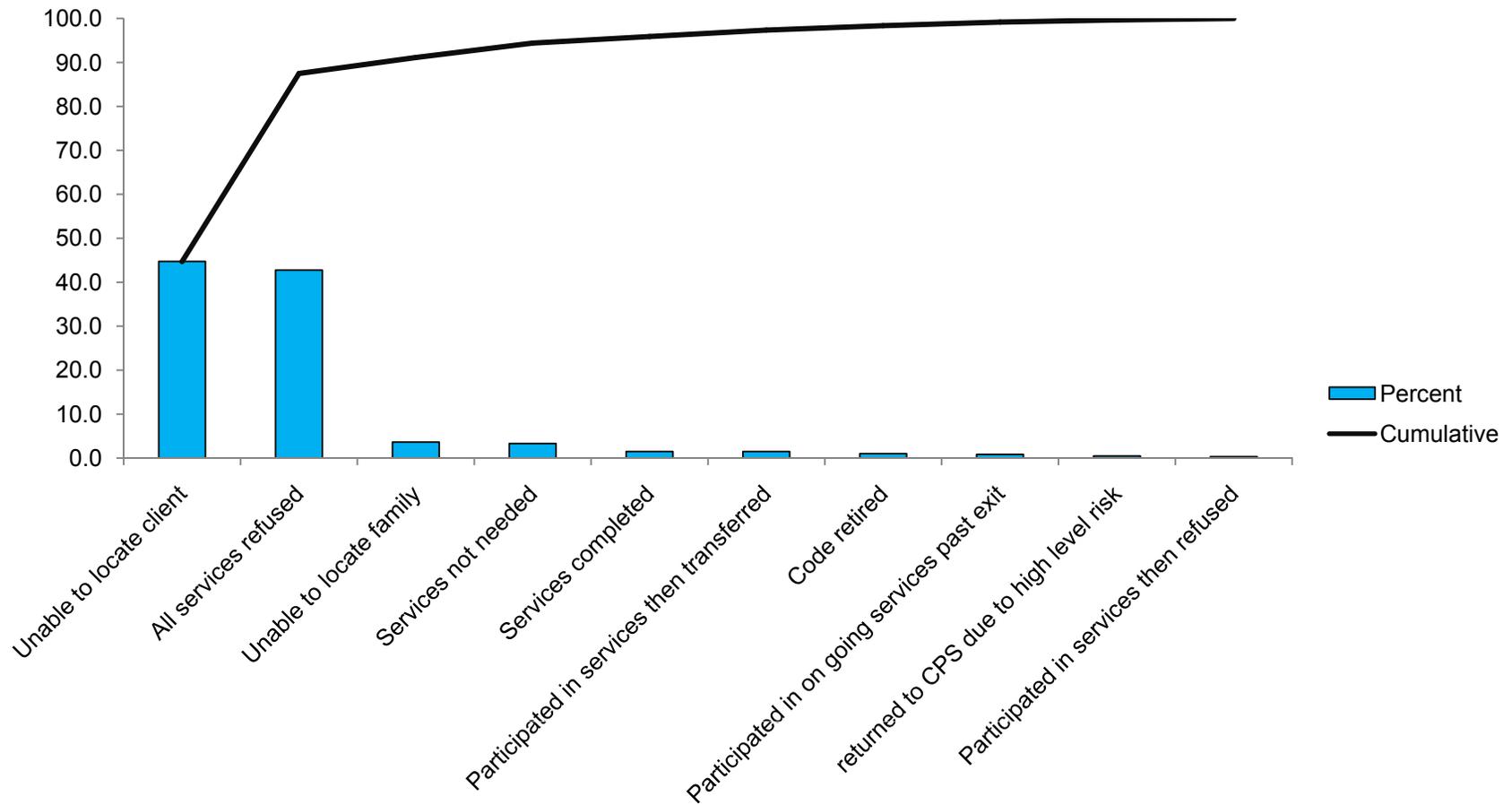
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DV focus internal

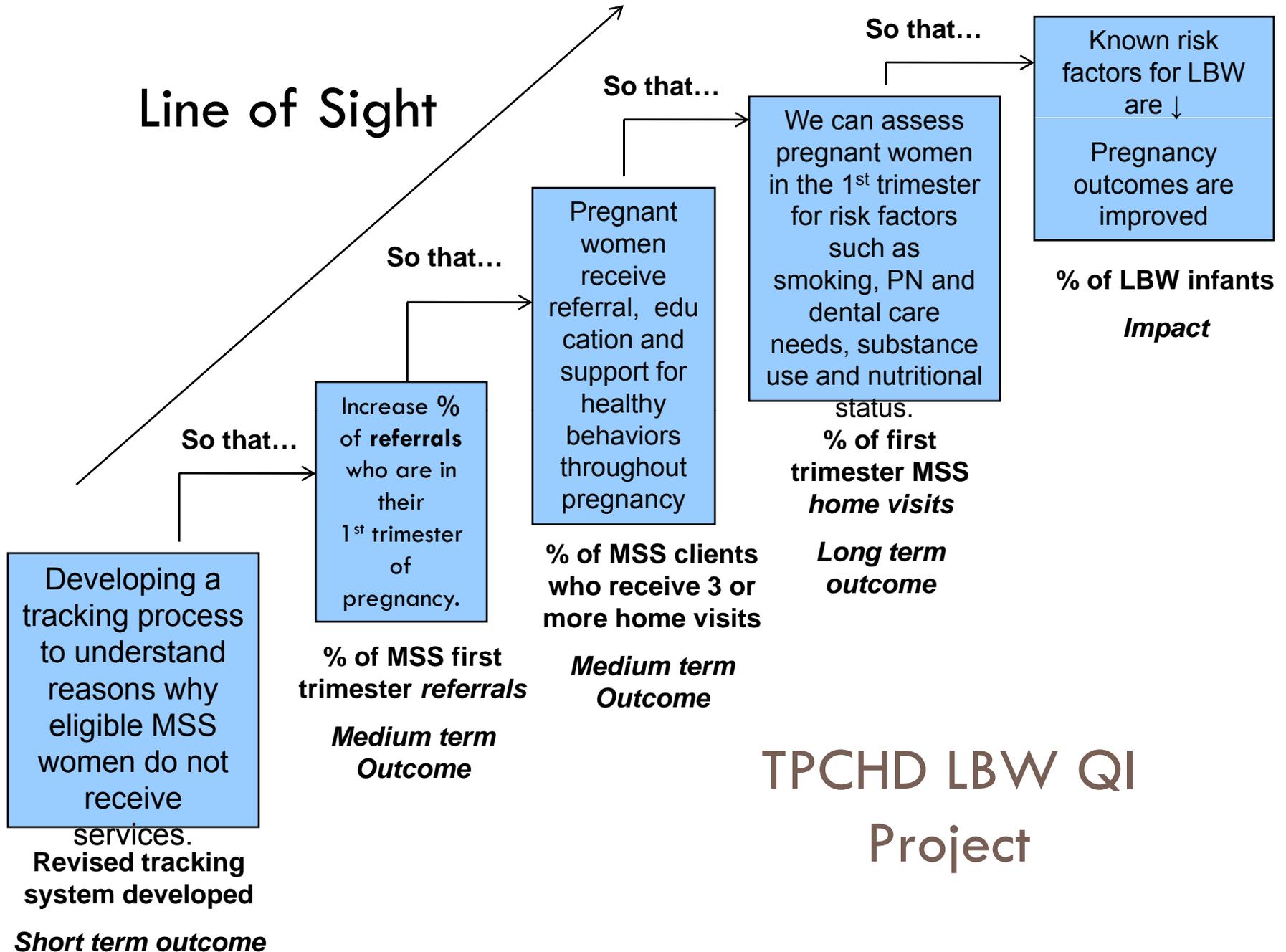
# AIM Statement

Analyze the causes

2008 MSS disposition reasons (referrals not opened)



# Line of Sight



## TPCHD LBW QI Project

# PDSA

*Select and develop a theory for improvement*



- Improve internal processes
- Promote earlier and accurate referrals from external sources

New data collection

Electronic client record-Nightingale Notes

1. EDC-due date
2. First attempt to contact date
3. Trimester prenatal care began

# Results

*Study the results*

1. Standardized internal referral process
2. Implemented first → 10 working day rule (performance standard) for contact = sustaining at 90% or greater
3. 20 days home visit 2008 60%, 2009 target 75%
4. 1st quarter 2009 =59% 2nd quarter 2009=66%
5. Established baseline data for 1st trimester referrals and openings with new data collection
6. Selected strategies (the “Do”) for next measures after reviewing model and best practices

# Lessons Learned



- ❑ This takes a lot of time!
- ❑ Life happens!
- ❑ Criteria change for MSS program dramatically impacted our project
- ❑ Changed project focus to African American pregnant women based on new data
- ❑ Outcome measures revised
- ❑ Building on an existing program and will apply QI tools to further develop the Black Infant Health project in Pierce County

# Next Steps



- Data analysis from DSHS indicated that improved AA birth outcomes were associated with prenatal Maternity Support Services

## Revised Aim Statement

- Increase % of MSS eligible AA women who receive MSS in Pierce County-more new data!

## QI and planning tools

- Flow charts-BIH referral process
- Relations diagram-BIH referral network