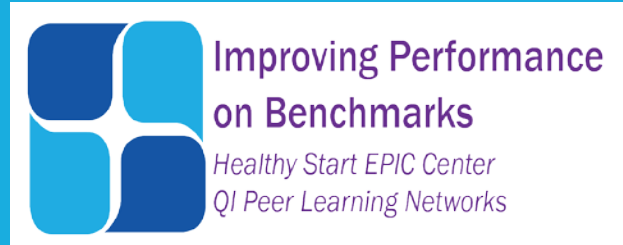# Linking Healthy Start Benchmarks, PDSA Cycles, and Measuring Impact

## Suz Friedrich, EPIC Center

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## November 16

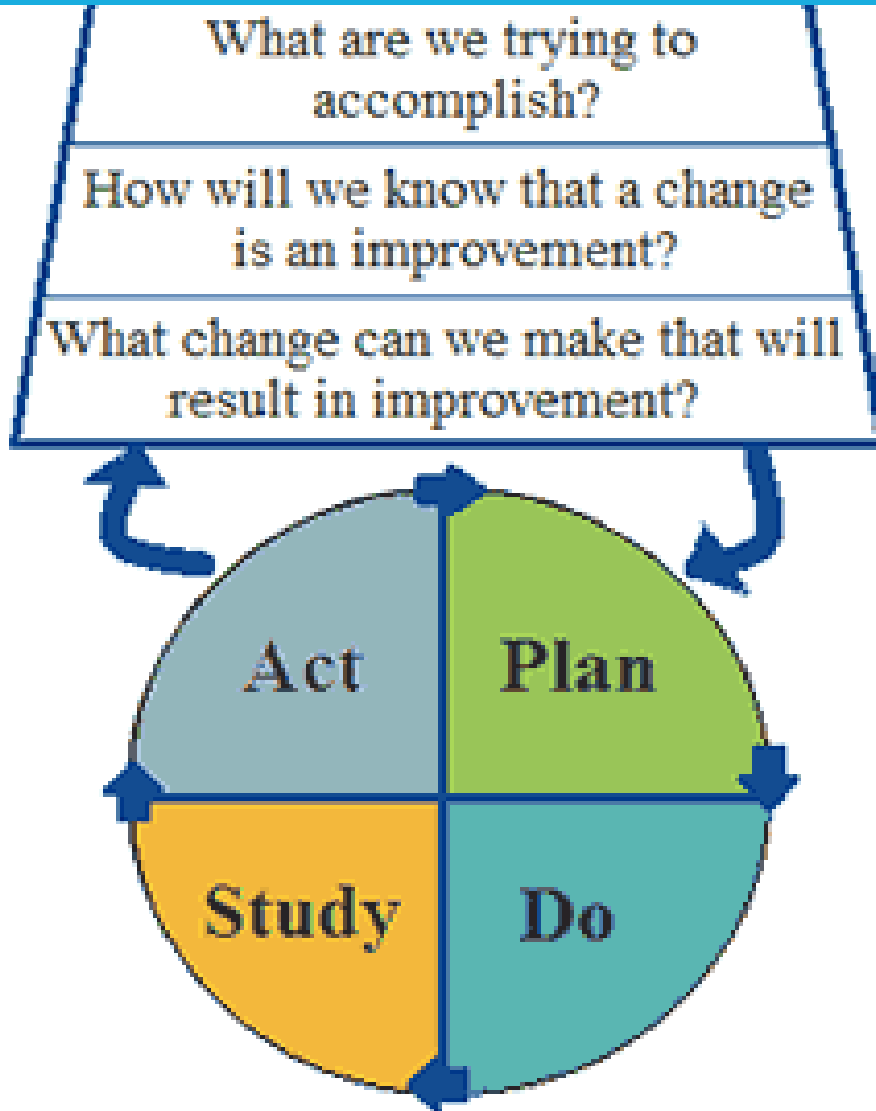# What is the purpose of QI?

**Systematic approach used to identify, prioritize and pursue opportunities to improve services.**

# Why are we focusing on QI now?

# Funders are looking for impact and continued funding depends on performance.

# Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Create a culture of improvement ...never accept the status quo!

Let's apply this framework to Healthy Start...

# What is the problem you are addressing with Healthy Start?

Reduce infant mortality and improve maternal outcomes

# What is your approach?

Apply evidence based practices to address individual risks for poor health outcomes.

Promote system-wide solutions to meet participant needs.

# How do you know if you are successful?

You serve at least the number of target participants (scale).
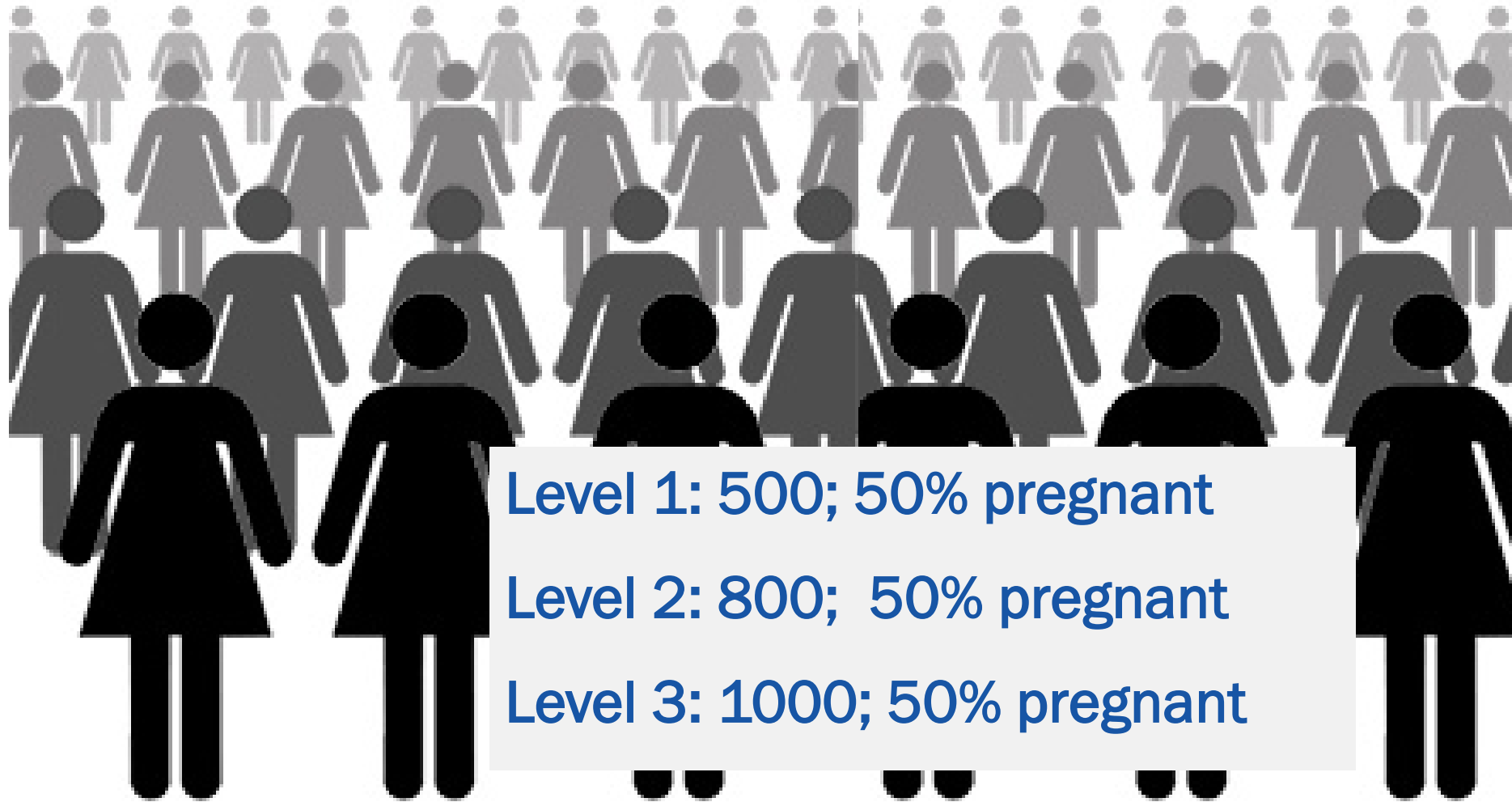
You achieve  Healthy Start benchmarks for your participants (impact).

# What are the Healthy Start scale benchmarks?

# Benchmarks - Scale

Level 1: 500; 50% pregnant

Level 2: 800;  50% pregnant

Level 3: 1000; 50% pregnant

# How do we define participant?

Women of child bearing age (15 –45 years old) <u>and</u> their infants (0-2 years) who are enrolled in the Grantee Healthy Start program and receive one or more services during the reporting year (January- December).

# What do you know about your participants?

Who is seeking your services and who is not? (demographic, geo, etc)

When are they seeking services and when are they not? (perinatal period)

Where are they coming from and where aren't they coming from? (referral source)

How did they hear about you?

➔If you understand what is bringing participants to you and who is missing – you can develop strategies to respond.

# Poll

Have you set goals?  Y or N

Are you tracking progress? Y or N

Do you report progress at least quarterly? Y or N

Do you share progress with all staff? Y or N

# Benchmarks - Impact

# What are the Healthy Start impact benchmarks?

**Benchmarks**

*Improve Women's Health*

Increase proportion of HS participants with health insurance to 90%.

Increase proportion of HS participants who have a documented reproductive life plan to 90%.

Increase proportion of HS participants who receive a postpartum visit to 80%.

Increase proportion of women, infants, and children participating in HS who have a medical home to 80%.

Increase proportion of well woman visits among HS participants to 80%

*Promote Quality*

Increase proportion of HS participants who engage in safe sleep behaviors to 80%.

Increase proportion of HS infants who are ever breastfed to 82%

Increase proportion of HS infants who breastfed at 6 months to 61%.

Increase abstinence from cigarette smoking among HS pregnant women to 90 %.

Reduce proportion of HS pregnancies conceived within 18 months of a previous birth to 30%.

Increase proportion of well child visits (including immunization) for HS participants' children between ages 0-24 months to 90%.

Reduce proportion of HS participants with elective delivery before 39 weeks to 10%.

*Strengthen Family Resilience*

Increase proportion of HS participants who receive perinatal depression screening and referral to 100%.

Increase proportion of HS participants who receive follow up services for perinatal depression to 90%.

Increase the proportion of HS participants who receive intimate partner violence screening to 100%.

Increase the proportion of HS grantees that demonstrate father and/or partner involvement during pregnancy to 90%

Increase the proportion of HS grantees that demonstrate father and/or partner involvement with child 0-24 months to 80%

Increase the proportion of HS participants that read daily to a HS child between the ages of 0-24 months to 50%.
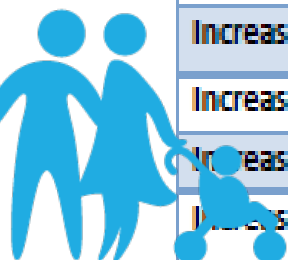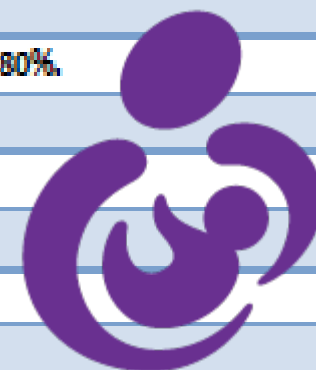
# Poll

Are you tracking all benchmarks?  Y or N

Do you have baselines? Y or N

Have you set goals? Y or N

Do you report progress at least quarterly? Y or N

Do you share progress with all staff? Y or N

# What do you know about your performance on benchmarks?

What is your current process in support of the benchmark? (flow diagram)

What do staff need to know to support the benchmark? (training & messaging)

What barriers impact success? (root cause)

What best practices contribute to success?

➔ *If you understand processes and staff skills needed to achieve benchmark success – you can develop strategies to respond.*

# Data Dictionary

# Defining the Healthy Start Benchmarks

Supporting communities to
give every child a Healthy Start.
**Healthy Start EPIC Center**

# Ground Rules

1. FOA Goals are not subject to revision

2. FOA benchmarks are not subject revision

3. Benchmarks should reflect HS program impact

4. No exclusions based on "threshold"

5. Data definitions are sufficient to assure consistency in reporting

6. Participant must be enrolled during reporting year – Jan-Dec

# Framework for Discussion

**Benchmark definitions are <span style="color:red">DRAFT</span>**

**Seeking your input...**

- Clarity of definition

- Reasonableness of reporting

- Identification of additional considerations

# Definitions

Number of participants meeting standard

numerator
-----------
denominator

Universe of participants included in measure

# PARTICIPANT

- INSURANCE
- MEDICAL HOME

## CHILD (0-24 mo)

- WELL CHILD VISITS
- EVER BREASTFED
- BREASTFED FOR 6 MO
- FATHER/ PARTNER INVOLVEMENT

## WOMAN (child bearing age)

### ALL

- REPRODUCTIVE LIFE PLAN
- ANNUAL WELL WOMEN VISIT
- DEPRESSION SCREENING → SCREENED POSITIVE → FOLLOW UP SERVICES
- PARTNER INVOLVEMENT
- IPV SCREENING

### PRE/INTER-CONCEPTION

### PRENATAL (pregnant)

- NO SMOKING
- FATHER/ PARTNER INVOLVEMENT
- EED < 39 WEEKS Exclude medically necessary
- INFANT DEATH (0-1 Year) — BIRTH OUTCOME (birth weight)
- WOMEN W/PREVIOUS BIRTH
- BIRTH SPACING (<18 Mo since previous)

### POSTPARTUM (gave birth)

- POSTPARTUM VISITS
- SAFE SLEEP
- READ DAILY

# Poll – choose three

Health Insurance

Reproductive Life Plan

Postpartum visit

Medical home

Well woman visits

Safe sleep

Breastfed (ever and exclusive for 6 mo)

No smoking

Birth spacing

Elective delivery < 39 weeks

Perinatal depression screening

Depression FU services

IPV screening

Father  involvement

Daily reading to child

# Choose three measures that are important to your site

A. Health Insurance

B. Reproductive Life Plan

C. Postpartum visit

D. Medical home

E. Well woman visits

F. Safe sleep

G. Breastfed (ever and exclusive for 6 mo)

H. No smoking
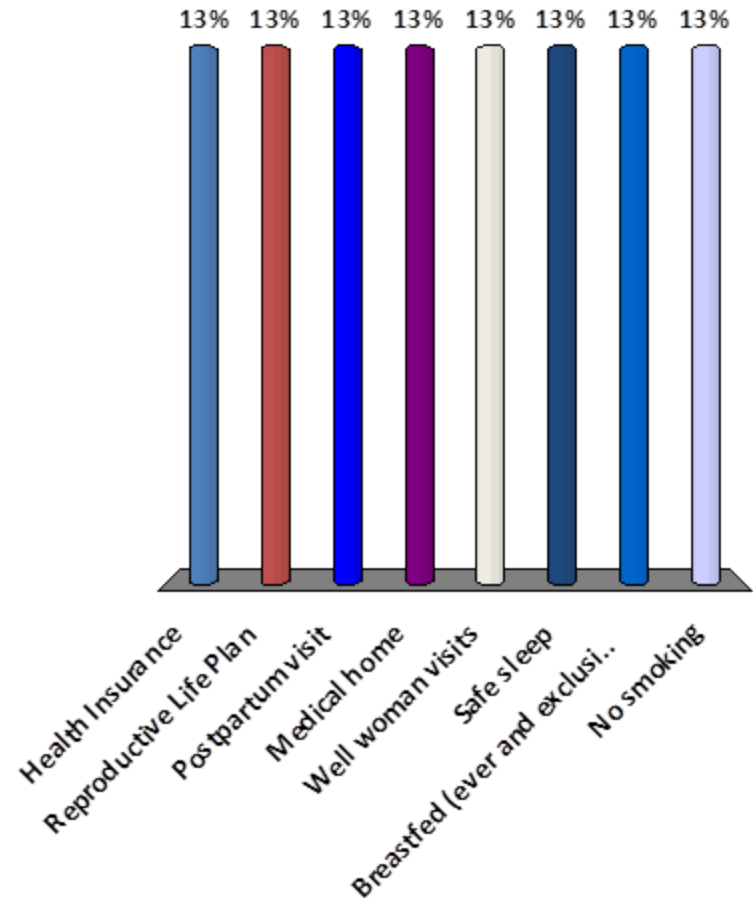
# Choose three measures that are important to your site

A. Birth spacing

B. Elective delivery < 39 weeks

C. Perinatal depression screening

D. Depression FU services

E. IPV screening

F. Father involvement

G. Daily reading to child
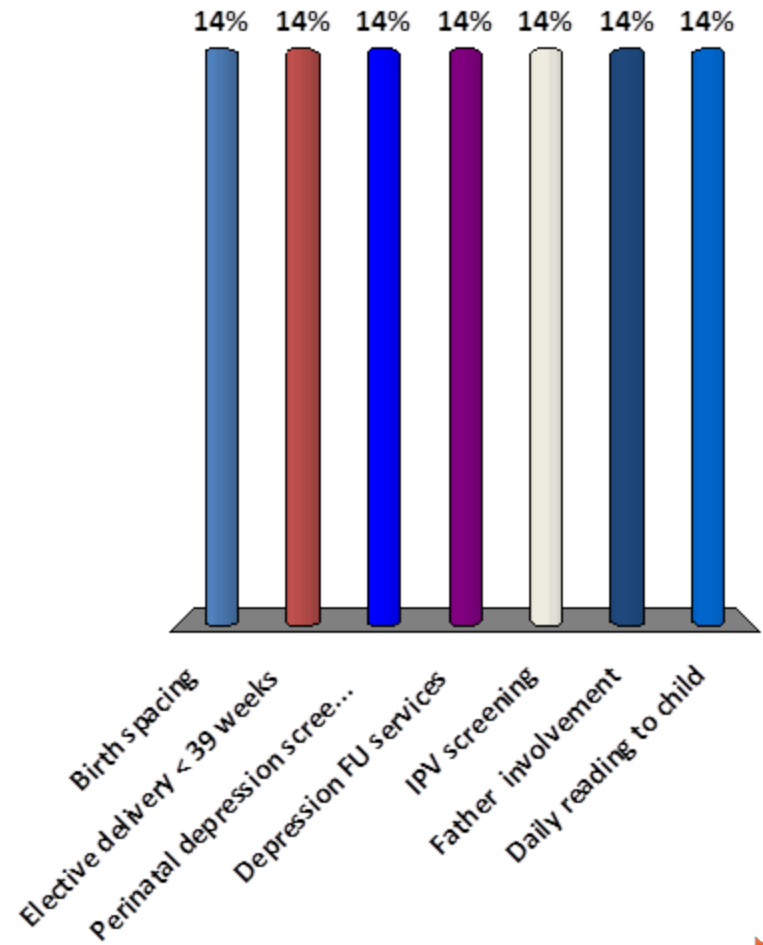
# 1. % with Health Insurance

## Numerator

Number of HS participants with health insurance as of their last visit

## Denominator

Number of total HS participants (includes women and children)

## Health insurance must cover medical care

# 2. % with RLP

## Numerator

Number of HS women participants with a documented reproductive life plan

## Denominator

Number of HS women participants excluding women with permanent birth control

No required format. Requires annually updated goals for having or not having children documented in record and how to achieve goal

# 3. % with Postpartum Visit

## Numerator

Number of HS women participants who had a postpartum visit between 4-6 weeks after delivery

## Denominator

Total number of HS participants who were enrolled before 6 weeks postpartum

ACOG recommends that the postpartum visit occur between 4-6 weeks after delivery.

# 4. % with Medical Home

## Numerator

Total number of HS participants that have a medical home

## Denominator

Total number of HS participants (women and children)

Medical home is a usual source of primary care.

# 5. % with Well-woman Visit

## Numerator

Number of HS women participants who received a well-woman visit

## Denominator

Total number of HS women participants



**Well woman visit is an annual preventive care visit to obtain age appropriate preventive services**

# 6. % Who put Infant to Sleep on Back

## Numerator

Number of HS infants who are put down to sleep following safe sleep practices

## Denominator

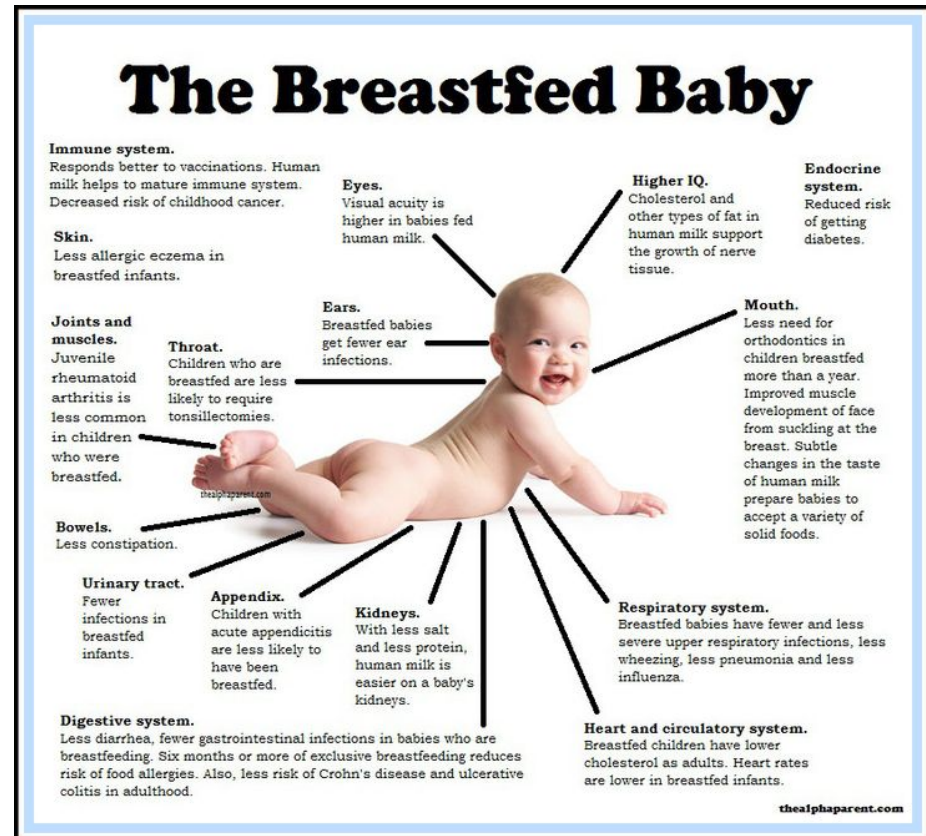Number of HS women participants with an infant aged 0 to 12 months old

# 7. % Ever Breastfed or Fed Breast Milk

## Numerator

Number of HS women participants who enrolled prenatally who ever breastfed or pumped breast milk to feed their infant

## Denominator

Total number of HS women participants who were enrolled prenatally with an infant aged 0 to 2 years of age



## The Breastfed Baby

**Immune system.**
Responds better to vaccinations. Human milk helps to mature immune system. Decreased risk of childhood cancer.

**Skin.**
Less allergic eczema in breastfed infants.

**Joints and muscles.**
Juvenile rheumatoid arthritis is less common in children who were breastfed.

**Throat.**
Children who are breastfed are less likely to require tonsillectomies.

**Bowels.**
Less constipation.

**Urinary tract.**
Fewer infections in breastfed infants.

**Appendix.**
Children with acute appendicitis are less likely to have been breastfed.

**Digestive system.**
Less diarrhea, fewer gastrointestinal infections in babies who are breastfeeding. Six months or more of exclusive breastfeeding reduces risk of food allergies. Also, less risk of Crohn's disease and ulcerative colitis in adulthood.

**Eyes.**
Visual acuity is higher in babies fed human milk.

**Ears.**
Breastfed babies get fewer ear infections.

**Higher IQ.**
Cholesterol and other types of fat in human milk support the growth of nerve tissue.

**Endocrine system.**
Reduced risk of getting diabetes.

**Mouth.**
Less need for orthodontics in children breastfed more than a year. Improved muscle development of face from suckling at the breast. Subtle changes in the taste of human milk prepare babies to accept a variety of solid foods.

**Kidneys.**
With less salt and less protein, human milk is easier on a baby's kidneys.

**Respiratory system.**
Breastfed babies have fewer and less severe upper respiratory infections, less wheezing, less pneumonia and less influenza.

**Heart and circulatory system.**
Breastfed children have lower cholesterol as adults. Heart rates are lower in breastfed infants.

thealphaparent.com

# 8. % Breastfed Exclusively at 6 Months

## Numerator

Number of HS infant participants who were breastfed or fed breast milk exclusively from birth to 6 months of age

## Denominator

Total number of HS infants aged 7 months to age 2 whose mother enrolled prenatally

exclusive breastfeeding during the first six months

'Exclusive' refers to mother's feeding their infants only breast milk with no combination of formula or soft foods

# 9. % Prenatal Women who Abstain from Smoking

## Numerator

Number of HS prenatal participants who abstained or reduced the total number of tobacco products used daily during pregnancy

## Denominator

Number of HS prenatal women participants who smoked at the beginning of their pregnancy

# 10. % who Conceive within 18 mo of Previous Birth

## Numerator

Number of HS women participants whose current pregnancy was conceived within 18 months of a previous live birth

## Denominator

Total number of HS women participants with a prior pregnancy who were enrolled prior to the current pregnancy

# 11. % Infants who Receive Well-child Visit

## Numerator

Number of HS infant participants who received the last recommended visit based on the AAP schedule

## Denominator

Total number of HS infant participants



A well child visit is a preventive care visit to obtain the recommended preventive services that are age and developmentally appropriate including immunizations

# 12. % with EED

## Numerator

Number of HS prenatal participants with elective delivery (i.e., exclude medically necessary delivery) before 39 weeks

## Denominator

Total number of HS prenatal participants who gave birth

# 13. % who Receive Perinatal Depression Screening and Referral

## Numerator

Number of women participants who were 1) screened for depression with a standardized tool and, if screened positive for depression, 2) had a referral for follow-up services



## Denominator

Number of HS women participants excluding women with an active diagnosis for depression or bipolar disorder who are already in treatment

The standardized screening tool must be appropriately validated for the population in which it is being utilized.

# 14. % Who Receive Follow-up Services for Perinatal Depression

## Numerator

Number of HS women participants who received follow up services

## Denominator

Number of HS women participants who received a new diagnosis of depression



**Follow-up services include treatment by a practitioner who is qualified to treat depression.**

# 15. % Who Receive IPV Screening

## Numerator

Number of HS women participants who received intimate partner violence screening

## Denominator

Total number of HS women participants



**The standardized screening tool must be appropriately validated for IPV screening.**

# 16. % Who Demonstrate Male Involvement During Pregnancy

## Numerator

Number of HS prenatal participants who report supportive male partner involvement



## Denominator

Total number HS prenatal women participants

# 17. % Who Demonstrate Male Involvement with Infant 0-2 Years of Age

## Numerator

Number of HS postpartum and parenting women participants who report supportive male partner involvement with infant age 0 to 2 years



## Denominator

Total number HS postpartum and parenting women participants



**Supportive Male Partner is the male a HS woman participant identifies as having a significant and positive parental role for the child.**

# 18. % Who Read Daily to Infant

## Numerator

Number of infant participants who were read to 3 or more times a week on average

## Denominator

Total number infant participants age 0 to 2 years

# Using Data for Improvement

# QI Process and Introducing the QIPLN

# QI PLN

**Purpose:** Build capacity of HS grantees to use QI for program improvement.

**Number of PLNs:** 5-6 each targeting a benchmark

**Timeframe:** January – September, 2016

**Expectations for Participation**

- ID QI Lead(s) to attend monthly 1.5 hour calls

- QI Lead to establish and facilitate project team to implement QI process between calls

- Develop QI plan and test one PDSA cycle with intervention

# QI Process

1. Identify QI Team Lead

2. Create QI Team

3. Obtain Support of Management

4. Identify QI Opportunity

5. Develop AIM Statement

6. Analyze Current Process

7. Collect Baseline Data

8. Identify Root Causes

9. Develop QI Plan

10. Test and Evaluate

# PDSA:
# Testing Change

**Healthy Start EPIC Center**
*Supporting communities to give every child a Healthy Start.*

## AIM

State the overall goal you want to achieve

## PLAN

*What is happening now? What will happen if we try something different?*

What is the change you plan to test?

*Develop a plan (who is going to do what, by when, and where?*

| List of tasks needed to set up this test of change | Person responsible | When to be done | Where to be done | Measure to determine success |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4 | | | | |

## DO

*Let's try it!*

Carry out your test. Document your data and observations:

## STUDY

*Did it work?*

Analyze data. How do the results compare with your prediction and summarize knowledge gained:

## ACT

*Decide what do to.*

Are you going to: Adopt? Abandon? Adapt? Next steps:

14

# Questions?

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