Applying QI to Maternal and Child Health: Initial Stories from the NNPHI QI Award Program-Prenatal Care Coordination (PNCC)

Presented By:
Brittany Boyer, RN BSN
Clark County Health Department
Outline

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• Prenatal Care Coordination (PNCC) Program Overview
• Reason For Choosing PNCC for A QI Project
• Aim Statement
• Completed Work Thus Far
  • QI Tools Utilized
• Challenges
• Key Lesson(s) Learned
• Anticipated Goals/Results
• Questions/Comments
Clark County, Wisconsin

- Very rural county- located in the heart of Wisconsin
- Characterized by rustic roads, grazing cattle, an abundance of wildlife, agricultural land, forests, lakes, parks, atv/dirtbike/snowmobile/horseback riding trails, numerous recreational activities, historic sites, residential communities, and outstanding businesses and industry
Clark County, Wisconsin

- Total county population = 34,412 people
  - Estimated that 1/3 of our total county population is comprised of Amish or Mennonites - poses unique public health nursing considerations, challenges, and opportunities
  - 2011: 243/585 births were Amish/Mennonite = 42%
What is PNCC?

- A Medicaid and BadgerCare Plus benefit that helps pregnant women get the support and services they need to have a healthy baby
- Introduced in 1985 as a Medicaid benefit to impact low birth weight and prematurity
- Services include:
  - Outreach and assistance finding services in the client’s community
  - Initial assessment
  - Providing personal one on one support-listening to client concerns, answering questions, developing a personalized confidential plan of care from pregnancy, to delivery, to the postpartum/newborn care stage
  - Providing nutrition counseling and health education on a variety of topics
  - Ongoing care coordination and monitoring
Prenatal Care Coordination (PNCC) Program Overview

● What is the goal of the PNCC program?
  – Improve birth outcomes among women who are deemed at high risk for poor birth outcomes based on the Prenatal Care Coordination Pregnancy Questionnaire

● Who is eligible for services?
  – Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes during pregnancy through the first 60 days following delivery
Prenatal Care Coordination (PNCC) Program Overview

- Who are the coordinators?
  - 4 Public Health Nurses who provide services in Clark County
- Where do we receive referrals from?
  - Women, Infants, Children (WIC) program, local hospitals, high schools
- Clark County PNCC enrollment
  - 2010: 33 clients
  - 2011: 25 clients
Benefits of PNCC Program—Women Enrolled in Program

- Single women less likely to deliver low birth weight babies (LBW) (Baldwin et al., 1998)
- More likely to seek support from family, friends, have a labor support person, and involve father of baby (Olds et al., 1986)
- Teen mothers have reduced rates of LBW births (Hardy et al., 1987; Korenbrot et al., 1989; Olds et al., 1989; Baldwin et al., 1998)
- Increased weight gain (Olds), increased vitamin use (Piper et al., 1996)
- More medical prenatal visits (Hardy)
- Receiving psychosocial assessment & intervention reduced risk of LBW baby (Wilkinson et al., 1998)
- Reduction in preeclampsia (Hardy et al., 1987)
- Significant reductions noted in smoking behaviors (Olds et al., Middelton & al.; Reicketts et al. (2005))
Reason For Choosing PNCC for A QI Project

- The provision of PNCC (Prenatal Care Coordination) services has been occurring in Clark County for many years.
- Program has not been evaluated or updated for quite some time.
- Realized several improvement opportunities exist.
- Had several other QI projects in mind, however the PNCC program was our priority focus.
  - Important program that makes a significant impact.
  - Wanted to ensure our program was being conducted in the most evidence based manner.
  - Saved our brainstorm list of other potential QI projects and will initiate those in the future.
Reason For Choosing PNCC for A QI Project

- Became aware of program inconsistencies among staff
  - Lack of staff adhering to the State of WI Medicaid Prenatal Care Coordination Services Handbook
  - Current policy and procedure is outdated and not reflective of up-to-date evidence-based practices
  - Outdated program forms
  - No clear billing guidelines in place
  - Recognition of staff turnover/lack of staff orientation to PNCC program
  - Lack of communication/resource sharing
  - No PNCC flow sheet/checklist in place to ensure consistency and chart compliance
Aim Statement

- By November 30, 2012, after the Clark County Health Department’s prenatal care coordination (pncc) policy and procedure has been updated reflecting the WI Medicaid Prenatal Care Coordination Services Handbook, program forms have been updated/revised, pncc flow sheet checklist developed, and staff training conducted on the pncc revisions, 100% of the pncc client charts will be in compliance after a chart review process.

  - Sub Aim Statement

- This improvement will improve billing practices since all required forms and information will be update and in compliance. This will result in an increase in Medicaid reimbursement for the pncc program from a current level in 2012 (being determined) by 5% in 2013.
Completed Work Thus Far

- Described the current process
  - Developed a flowchart on the PNCC process
  - Involved all staff members and their input
- Collected data on the current process
  - Found 0% of PNCC chart audits are in compliance
  - Realized the department had a significant staff turnover rate
    - Developed a run chart
    - From 2008-2009 the health officer, program assistant, and 3 PHN’s left
    - Since 2009, 3 New PHN’s, a program assistant, and a new health officer started
      - 2010, 1 PHN left
      - 2011, 1 PHN left, 1 new PHN started
      - 2012, 1 new PHN started
  - Documented length of current charting process
    - Time staff are spending on the process
Completed Work Thus Far

- Identified possible causes
  - Developed a fishbone diagram
    - 4 major cause categories included: people, resources/materials, time, training/orientation

- Identified potential improvements
  - Update policy and procedure to reflect WI Medicaid PNCC handbook guidelines
  - Update all program forms
  - Develop chart audit flow sheet/checklist form
  - Train staff on the new PNCC program revisions

- Developed improvement theory
  - By November 30, 2012, after the Clark County Health Department’s prenatal care coordination (pncc) policy and procedure has been updated reflecting the WI Medicaid and BadgerCare Prenatal Care Coordination Services Handbook, program forms have been updated/revised, pncc flow sheet checklist developed, and staff training conducted on the pncc revisions, 100 % of the pncc client charts will be in compliance after a chart review process.

- Developed a detailed action plan
  - Identified what needs to be done, who is responsible, and when it should be completed
  - Developed with staff members

- Action plan is in process
Challenges

- **Time**
  - Lack of time to dedicate to program due to other public health nursing duties/responsibilities
    - Learned to dedicate a designated time each week (even 30 minutes) to work specifically on the QI project
    - Divided tasks among staff members to decrease work load burden

- **Lack of experience using QI tools**
  - Utilized the public health memory jogger pocket guide of tools for QI (concise-user friendly)
  - Used the NNPHI website-public health performance improvement toolkit
Key Lesson(s) Learned

- Have patience
- Don’t procrastinate
  - Dedicate a designated time each week to work specifically on QI projects to stay on task
- Can’t do everything yourself
  - Involve all respective staff members/ask for help with duties
- Don’t hesitate to ask for assistance for questions/feedback
- Use QI tools/resources available
  - Wealth of resources—take advantage of them
- Can’t expect change to occur over night
  - Little steps do make a difference and add up over time
- There is always a program/process that can be improved
  - Realized QI work needs to be a continuous process
Anticipated Goals/Results

● Measurable objective in the aim statement will be met
  – By November 2012, 100 % of the PNCC client charts will be in compliance after a chart review process
  – Therefore hoping to adopt-standardize the improvement

● Celebrate our success and hard work

● Continue the momentum
  – Start next potential QI project
Questions/Comments
References

- Department of Health Services-Division of Care Access and Accountability-P1046
- State of Wisconsin Medicaid Prenatal Care Coordination Services Handbook