



ROOTED IN OUR COMMUNITY



## Early Access Prenatal Care Eliminating Barriers by Improving Processes

<b>Osceola County Health Department (OCHD)</b>
Kissimmee, Florida
250 employees
Serving 280,000 residents

<b>Team Members</b>
Belinda Johnson-Cornett - Administrator
Susan Crawford - Project Coordinator
Shannon Whitston - Assistant Nursing Director
Donna Parker - Eligibility Department Manager
Hector Gonzalez - Eligibility Supervisor
Camille Bissainthe - Public Information Officer
Jason Martinez - Data Analyst

### PLAN Identify an opportunity and Plan for Improvement

#### 1. Opportunity for Improvement:

- Health Status Indicators:
  - Late prenatal care – 44%
  - Low birthweight – 8%
  - Premature births – 14%
  - Infant mortality – 6.3 / 1,000 live births
- OCHD Mission – “protect & improve the health of all residents in Osceola County”
- Linkage to our 2011-2013 Strategic Plan Objectives:
  - “monitor & improve the community’s health status”
  - “improve access to health care services”
  - “integrate culture of organizational performance excellence”

#### 2. Assemble the Team

- QI Award Project Team established

#### 3. Improvement Theory Prediction

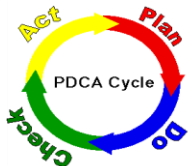
**IF**...we reduce barriers to accessing care...  
**THEN**...we will have a positive impact on:

- Women obtaining earlier prenatal care
- Reducing poor birth outcomes

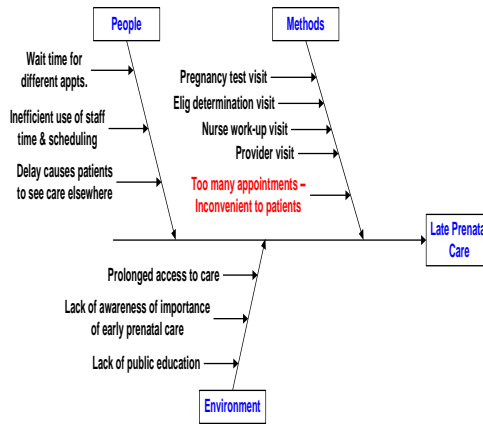
#### 4. Examine the Current Approach

##### QI Tools Used

- 9-Step Process Management Model with PDCA – roadmap for QI project
- Input/Output Diagram – to define prenatal care process
- Process Flow Charting – visual depiction of process from pregnancy test to first prenatal medical exam
- Fishbone Diagram – to categorize potential causes of process problems
- Root Cause Analysis – to reach consensus on most probable root cause; then tested by data analysis to verify



**Fishbone Diagram** - Root Cause = artificially imposed barriers to make system work for OCHD...not necessarily for the patient. I.e. *too many separate, specialized visits.*



#### Aim Statement

*“By November 2012, improve access to prenatal care services by increasing percentage of pregnant women receiving their initial prenatal medical exam within 2 weeks of a positive pregnancy test, from baseline of 4% to 75%.”*

### DO Test the Theory for Improvement

#### 5. Identify Potential Solutions

Revised Process Flow - eliminated 1 of 4 process steps by dropping “*separate, specialized nurse work-up visit*” which was determined as the root cause; combined visit activities with steps before and after.

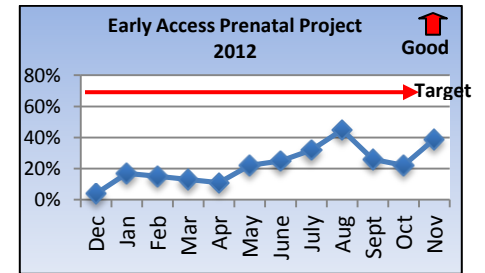
### CHECK Use Data to Study Results of the Test

#### 6. Test the Root-Cause Theory –

<b>PDCA Cycle 1 –</b> Eliminated Nurse Work-up Visit	Base-line	After Process Change
Target = ≥75% 1 <sup>st</sup> provider visit within 2 weeks after positive pregnancy test	4%	17%

**PDCA Cycles 2 - 5** - to test improvement interventions (see chart below where data coincides with each intervention):

2. Added 1 eligibility staff – March
3. Revised eligibility schedules - April
4. Started new Early Access Prenatal Clinic – for 1<sup>st</sup> prenatal exams only - May
5. Retrained staff re: correct scheduling of 1<sup>st</sup> prenatal exam appt slots (i.e. not using for well-woman exams) – June



**Data Source:** Eligibility Tracking Log  
**Target:** 75% of prenatal exams within 2 wks after positive pregnancy test  
**NOTE:** Root cause of drop during September-October was “extended absence of one prenatal provider”

### ACT Standardize the Improvement and Establish Future Plans

#### 7. Standardize the Improvement and Establish Future Plans

- Although we did not achieve our **Aim Statement**, we did achieve a 35% improvement over baseline.
- Other achievements:
  - Wait for eligibility appointment – improved from 23 days to 8 days
  - Wait for 1<sup>st</sup> provider visit improved from 16 days to 12 days.
- Sustainability (continuation) of project efforts will be achieved through:
  - Linkage to OCHD 2011-2013 Strategic Plan
  - Leadership commitment to public health accreditation
  - **Based on project data, leadership approved hiring an additional prenatal provider!**