Arizona Healthy@Home Quality Improvement Project

Summary of Measurable Results

Approximately 233 families were surveyed at the home visiting pilot program sites and were pregnant or postpartum women with children 0-2. These families are at high risk for or currently have health problems.

| Success Measure | Successful if | Preliminary Results | Conclusions |
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| Composite Score calculated for Home Safety and Family Wellness  Composite Base = Healthy@Home Assessment + Education on Home & Health Safety Hazards + Ed & Referral for CDSM (if identified) + Ed & Referral for Environmental Health Resources (if identified)  Score: # Yes / # Composite Base | Criterion for success is 80% of families will receive at least a 70% composite score. | 154 out of 208 (74%) had at least 70% composite score  47 out of 208 (22%) had between 50% and 70% composite score  7 out of 208 (3%) less than 50% composite score | Target: 80% of families received at least 70% composite score  Results: 74% of families received at least 70% composite score  Conclusions: Did not meet target but trend is in the preferred direction |
| Increased knowledge and practice of providing education when indicated to environmental health or chronic disease resources. | Criterion for success is a 70% increase in home visitor knowledge of environmental health and chronic disease resources.  Criterion for success is a 70% increase in provision of education materials by home visitor to family when indicated by scores on Healthy@Home Assessment | Knowledge: Potential Lead Hazards:  Pre: 62.8%  Post: 84.6%  Percent increase: 34.7%  Knowledge: Chronic Disease:  Pre: 79.7%  Post: 94.9%  Percent Increase: 19.1%  Aggregate: 26.9% increase  Chronic Disease Education:  202.8% increase  Environmental Health Education: 100.0% increase  Aggregate: 151.4% increase | Target: 70% increase in knowledge  Results: 26.9% increase in knowledge  Conclusion:   1. Did not meet target. 2. Pre-Knowledge of home visitors in pilot was underestimated.   Target: 70% increase in provision of education materials  Results: 151.4% increase in provision of education materials  Conclusion: Target was exceeded |
| Increased number of referrals provided by home visitors when need is indicated by score on Healthy@Home Assessment. | The criterion for success is a 30% increase in referrals by home visitor when indicated by family answers on Healthy@Home Assessment. The percent change between pre and post is calculated.  Data is collected at baseline, after the pilot, and monthly until October 2013. | Chronic Disease Referral:  Pre: 27.3%  Post: 31.5%  Percent Increase: 15.3%  Environmental Health Referral:  Pre: 13%  Post: 23.2%  Percent Increase: 43.9%  Aggregate Referral:  Pre: 21.4%  Post: 31.1%  Percent Increase: 45.3% | Target: 30% increase in referrals  Results: 45.3% increase in referrals  Conclusion: Target was exceeded. |
| PHAB Standard 7.2.2 A Collaborate to implement strategies to increase access to health care services | The measure of success is documentation of (a) a cooperative system of referral between partners that shows the methods used to link individuals with needed health care services, and (b) program/work plans documenting that strategies developed collaboratively have been implemented | 2 referrals to Arizona Living Well Institute for CDSMP; both referrals documented and sent to CHAT team. | Target: Documentation of collaboration  Results: 100% of documentation received from ALWI on referrals  Conclusion: Target was met |
| PHAB Standard 9.2.2 A Implement quality improvement activities | The measure of success is documentation of quality improvement activities based on the QI Plan and demonstration of staff participation in quality improvement activities based on the QI Plan. | * CHAT Charter developed * Minutes of each CHAT team meeting * Corresponding documentation developed as a result of the QI activities * Attendance at each meeting documents the participation of staff * Data collected and being analyzed on pilot CHAT project * Results of CQI presented | Target: Sufficient documentation of CQI activities  Results: All required documentation is in place  Conclusion: High staff participation was demonstrated in CQI process and product was high quality |