

Prenatal Care Coordination (PNCC) Program Evaluation Overview and Findings



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Introduction: Wisconsin 2013

- 66,566 babies born
- 7% low birthweight (<2,500 grams, about 5.5 lbs.)
- 1% very low birthweight (<1,500 grams, about 3.3 lbs.)
- About 10% born prematurely
- Infant death: 414



(DHS, 2014; CDC, 2015; DHS, 2015)

Significance of the Problem: Impact of Poor Birth Outcomes

- Lifelong implications
- Annual societal economic burden estimated at greater than \$26 billion for preterm birth (2/3 for medical care)
- Emotional hardship on families
- Acute and chronic health conditions



(IOM, 2006; CDC, 2014)

Prenatal Care Coordination (PNCC) Program Overview

- Nurse home visiting program
- In 2015:
 - 300 referrals
 - 258 mothers enrolled
- In 2016:
 - 6 nurses work in PNCC- part time.
 - Total of 3.85 FTE but this time also includes working 1-2 WIC clinics/Week as the MCH Nurse.
- No prior evaluation of the program



State-level PNCC Short Term Goals

- Women at high risk for a poor birth outcome:
 - Identified early in pregnancy
 - Receive psychosocial support and services
 - Receive early and continuous prenatal care
 - Receive necessary health and nutrition education
 - Referred to community services as appropriate
 - Assessment and assistance in obtaining needed health and social service

(Gillespie, 2013)

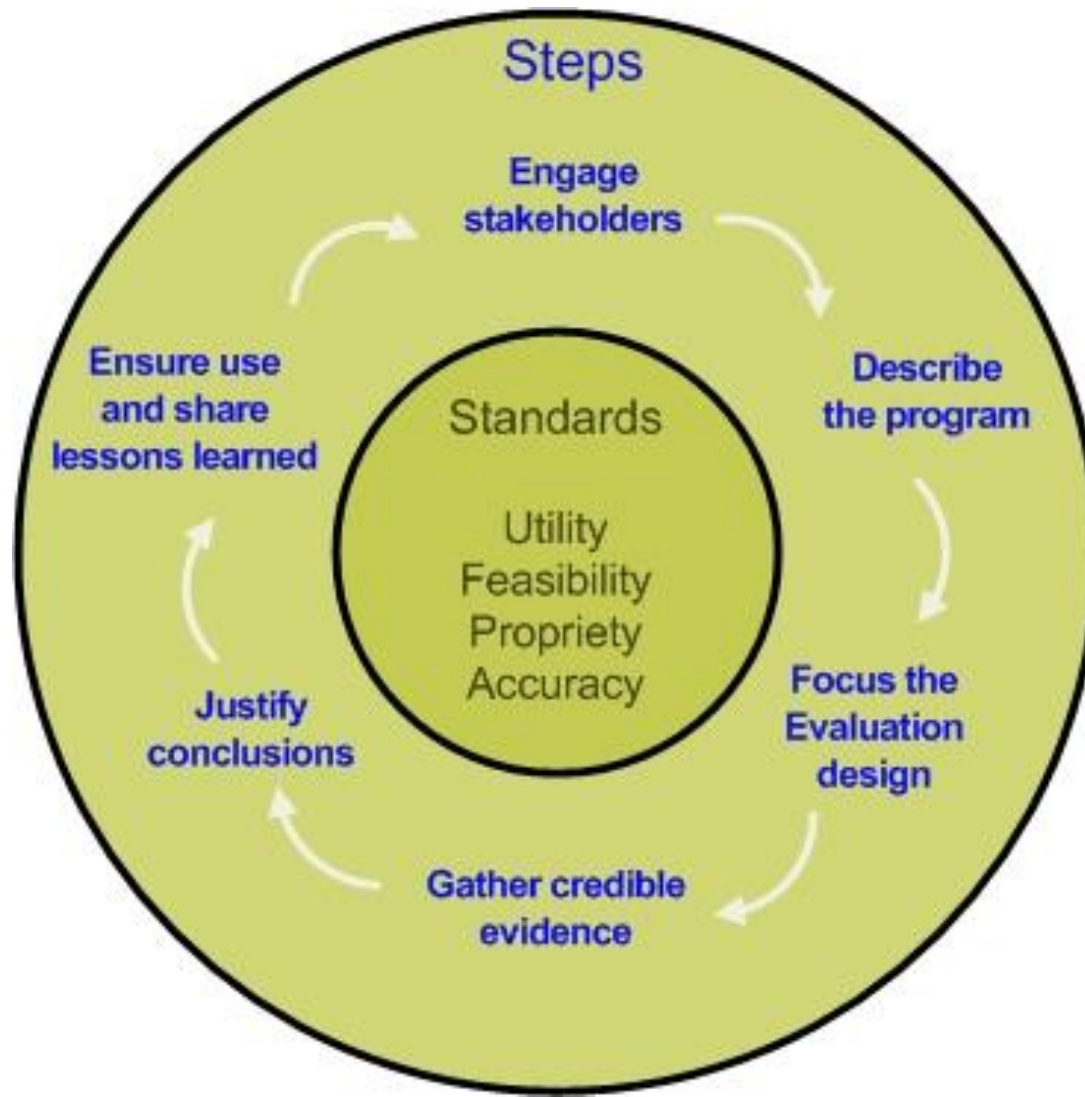
State-level PNCC Long Term Goals

- Women at high risk for a poor birth outcome:
 - Improved birth outcomes
 - Better life trajectory for health for babies



(Gillespie, 2013)

Utilized CDC Framework for Evaluation



Evaluation Purpose

- Process evaluation to improve service delivery and ultimately birth outcomes
- Evaluate the extent to which program services are:
 - Client centered
 - Delivered with consistency and integrity across program

PNCC Evaluation Design

- September 2014-November 2015
- Three phases:
 - Phase 1: Chart audits (n=56)
 - Phase 2: PNCC nurse interviews (n=8)
 - Phase 3: PNCC client interviews (n=20)

#1 - Chart Audit

- 56 client charts were reviewed
- Focused on priorities areas of PHMDC & factors known to impact birth outcomes
 - Overweight/Obesity
 - Hypertension
 - Diabetes Mellitus/Asthma
 - Depression/Mental Health
 - Smoking and smoke exposure
 - AODA
 - Assessment of and follow-up prenatal care
 - Safe Sleep
 - Breastfeeding
 - Family planning/contraception

FORWARDHEALTH
PRENATAL CARE COORDINATION
PREGNANCY QUESTIONNAIRE

Instructions: Type or print clearly. Before completing this form, read the Prenatal Care Coordination Program Pregnancy Questionnaire Completion Instructions, F-1105A.

SECTION I – GENERAL INFORMATION

| | | | | | |
|---|--|---|---|--|--|
| 1. Name – Member (Last, First, Middle Initial) | | 2. Date of Birth – Member | | 3. Age – Member | |
| 4. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | | 5. Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian | | <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | |
| 6. Education (Indicate highest grade completed.) <input type="checkbox"/> Primary / Secondary (1-12) _____ <input type="checkbox"/> College (1-4 or 5+) _____ | | | 7. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | |
| 8. Address – Member (Street, City, State, ZIP Code) | | | | 9. County | |
| 10. Telephone Number – Member | | | 11. Other Telephone Number – Member | | |
| 12. What is the best way to contact you? When is the best time to contact you? | | | 13. Name and Telephone Number – Emergency Contact Person | | |
| 14. Name – Medical Provider or Clinic (Doctor, Nurse Practitioner, Midwife) | | | 15. Member Identification Number | | |
| <input type="checkbox"/> I do not have a medical provider. | | | | | |
| 16. How many times have you been to a dentist or dental clinic in the last two years? | | | | | |

To Be Completed By Health Professional

Lim Eng
A+ <20
A+ >39
E+ H
R+ AAI, A
B, HPI, O

ED+12
MS- S

SECTION II – CURRENT PREGNANCY

| | | | |
|---|--|--|--|
| 1. When is your baby due? | | 2. What was the date of your last menstrual period? | |
| 3. If you could change the timing of this pregnancy, when would you want it? <input type="checkbox"/> Earlier <input type="checkbox"/> No change <input type="checkbox"/> Later <input type="checkbox"/> Not at all | | 4. When was your first medical appointment for prenatal care? _____ (month / year) <input type="checkbox"/> I have not seen anyone yet <input type="checkbox"/> I have an appointment set for _____ | |

TIM- L3AAA
PNC- 23X

PHMDC - PNCC Prenatal Flow Sheet

Client Name: _____ Phone: _____ EDD: _____
Preferred language: _____ Provider/Clinic and Phone: _____
MA# _____

| Staff providing service (PHN / Interpreter) | Date of service / Service notes | |
|--|---------------------------------|--|
| General prenatal assessment and guidance | | |
| <ul style="list-style-type: none"> Weeks gestation Prenatal medical care Complications past pregnancies Complications current pregnancy <ul style="list-style-type: none"> Pre-term labor Other warning signs/sx Hypertensive disorder Blood pressure check Current meds/use of meds Self-care issues/limitations Other prenatal issues and guidance | | |
| Resource needs | | |
| <ul style="list-style-type: none"> Health care access and services | | |

#2 - PNCC Nurse Interviews

- PNCC nurse interviews (individual)
- PNCC nurse interview (group)
- Data placemats – chance for nurses to provide feedback on analysis

Lessons Learned



Risk Assessment

- Compared:
 - Main themes from nurse interviews
 - Risk factors identified on initial risk assessment

#3 - Client Interviews

To understand:

- Why clients enter the HD's PNCC program
- If client expectations were met in the program
- If met or unmet expectations impact client retention



Client Interviews - Methods

- UWM IRB determination
- Identified client clusters
 - 2014 PNCC clients ≥ 18 yrs.
- Interview tool
- Recruitment letters & phone calls
- Qualitative semi-structured interviews
 - \$15 thank you
- Qualitative content analysis
 - trustworthiness



Client Interviews - Demographics

| | PNCC CLIENTS | INTERVIEWED CLIENTS |
|-------------------------------------|------------------------------|------------------------------|
| | n=100 | n=20 |
| Age (years): mean | 25.8 | 28 |
| Race/Ethnicity | White, Hispanic: 28% | White, Hispanic: 55% |
| Primary language | English: 69% Spanish: 20% | English: 55% Spanish: 40% |
| Serviced by registered nurse number | RN 4: 10% | RN 4: 0% |
| Cluster number | Cluster 3: 19% | Cluster 3: 5% |
| Referral Source | WIC: 59% | WIC: 85% |

Findings from Client Interviews

- Summary
 - Why clients enter the HD's PNCC program
 - Met and unmet expectations in the HD's PNCC program
 - Client retention in the HD's PNCC program
 - Clients' suggested changes for the HD's PNCC program



Evaluation Recommendations

Recommendations

1. Electronic charting
2. Standardized documentation forms
3. Review staffing models
4. Formal training plan for new staff including defined objectives
5. Ongoing regular training for nurses in evidence-based practice (mandatory and identified by program manager)
6. Training in Motivational Interviewing and Trauma Informed Care
7. Support “emotional refueling” (e.g. recognize and celebrate successes as a team)

Recommendations

8. Support PHMDC value of equity:

Staff do not reflect clientele in various aspects-

- Appears to have an impact on how services are provided and appears to create internal conflict for some nurses.
- Nurses understand the importance of being client-centered, but at times due to their own values and experiences seem to struggle to remain client-centered.
- Support nurses in understanding how their own values and experiences may impact the way they interact with their clients.
- Provide opportunity for and support reflective practice.

Thank You!

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