LGFCU Excellence in Innovation Award Project Evaluation

Project ID	HS-10
Title of Program	Universal Newborn Home Visiting: A Family Connects Program
Program Category	Human Services
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Implementation Date	7/1/2015
FLSA Designation	Both (if applicable to a team)
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Description of Productivity Improvement

The birth of a baby is a joyous event that can also be accompanied with a vast array of challenges, concerns and questions. Parents often surround themselves with the latest baby care books in hopes that the answer to any problem that may arise can be located in a moment's notice. Unfortunately, the questions and concerns of the new or even experienced parent are often too complex for a textbook answer. Parents want and need a personal touch to get them and their babies off to a healthy start.

For over 15 years, the GCDHHS, DPH has provided support to over 30,000 families in Guilford County through its Universal Newborn Home Visiting Program. The program has been primarily funded through the Guilford County Partnership for Children (GCPC), our local Smart Start Agency and we receive reimbursement through Medicaid.

Nurses with experience in public health, perinatal nursing and lactation support provide assessments of mom and baby within three to twelve days following discharge from the hospital. The initial visit includes a comprehensive physical assessment of mother and baby, a psychosocial assessment of the

family and environment, referral and follow-up of identified needs/risks and educational counseling. Subsequent visits are scheduled as needed.

In an effort to improve our level of service and increase our funding streams, it was clear that we needed to incorporate evidence based practices. In July 2015, we successfully implemented the Family Connects evidence-based model for Nurse Home Visits that was developed and piloted in Durham County, NC. "The Family Connects model is a community-level approach that is based upon a theoretical and evidence-based assessment of child and family strengths and needs. The underlying assumption is that all families with newborns need support, education, recommendations, and referrals to community resources. The Family Connects model has a rigorous approach to the evaluation of program performance, fidelity to the home visit protocol, community penetration, and benefits for family recipients" (Family Connects Nurse Home Visits Policy and Implementation Manual, 2014). Services are provided free of charge by registered nurses.

The improvements to our program included our nurses being trained to provide health and psychosocial assessments of the newborn, mother and family. We incorporated the systematic assessment (Family Support Matrix tool) to determine the family's strengths, risks and needs. Nurses learned to provide more in-depth information on key topics, anticipatory and supportive guidance on health and safety measures. Nurses initiate referrals and follow up to complete assessments and ensure connection to resources. Supervisors conduct quarterly quality assurance reviews to ensure adherence to protocol, accurate assessment of family risks and needs, customer satisfaction and rater reliability in rating the Family Support Matrix. All documentation is completed in a newly created internal electronic health record.

An essential component of the model was incorporating an electronic health record (EHR). Instead of using the database presented to us by Durham, we decided to develop a true electronic system verses using a software application to store information. Over the last eleven months, our internal programmer and project team developed the Family Connects electronic health record that tracks all patient information. Delivery information is initially generated at the hospital and entered. The supervisor reviews patient information, organizes patients geographically and assigns visits by zip codes. Each visit assigned drops in the nurse's box. The nurse pulls her caseload and begins to contact patients. Nurses document all contacts (phone calls and letters), all visits (completed, attempted and follow up) and all screenings/assessments in the database within 24 hours. This application generates reports monthly, quarterly and annually. It also allows us to generate reports or retrieve information as needed. The application has greatly improved productivity by streamlining the documentation process through direct real-time entry. It is available through a secure website and enables nurses to input information from anywhere, including in the patient's home. The application also serves as a scheduling system and caseload manager for our nurses. Productivity also improved by allowing instant retrieval of reports and statistical data.

Description of why this project was initiated

While our Universal Newborn Home visiting program was successful in meeting the basic needs of families, the processes used to log data were antiquated. An administrative assistant spent 2-3 hours daily logging delivery information in an excel spreadsheet and entered visit outcome data as nurse

completed visits. Nurses were documenting visits on multiple hard copy forms and made copies of visits to send for billing and tracking. Monthly, statistics were tallied from several sources which was not reliable. One of our largest funders GCPC, required all programs be evidence informed or evidence based by 2015 in order to maintain funding and we met the deadline. We knew that becoming evidence based would also allow us to be more competitive in applying for additional grant dollars.

In adapting the Family Connects' model, we had the opportunity to also use the database developed by Durham Connect. This database tracked all the patient information and nurse contacts but requires nurses to come into the office to upload the current database and download patient information weekly. A computer technician has to assist with this process, generate and run reports. Instead of using this system, we felt we could come up with a more user friendly system that streamlined documentation and is web-based.

Quantifiable results (sustainability, cost savings, cost avoidance and/or a higher level of service). Indication of what resources were used and what was done with any accrued time savings

Positive outcomes of the Family Connect's model and benefits to families include; high customer satisfaction, increased community connections, improved quality of parenting and child care, enhanced mother well-being, higher home environment quality/safety, and fewer infant medical emergencies. The program has a profound cost benefit savings (average cost of approximately $700 per family) due to significant reduction in ED visits at birth with further reduction by six months of age. (January 2013, Toward Population Impact from Home Visiting, Zero to Three).

Because we had a similar program in existence for several years, it was easy to adapt the changes needed to incorporate the evidence based procedures. Our agency paid the Center for Child and Family Health in Durham a reasonable fee for onsite fidelity assessment & consultation; training, observation & consultation related to nurse home visits in Durham and on-site consultation related to data collection and reporting. Our highly skilled stall all successfully scored high on the fidelity rating on their initial observational visit.

Implementation of this model has allowed us to apply for additional funding that will increase our staffing. One of the greatest benefits of developing our own database is eliminating duplicating patient information on multiple forms or screens. The information is entered once and pre-populated in areas required. Not only has this reduced documentation time, it has also reduced the number of errors made in transcribing information.

Other descriptive information

In an effort to obtain feedback, patients complete an online customer satisfaction survey developed in collaboration with GCPC at the end of the initial visit regarding the value of the services provided. Patients are asked to submit their email address so that a six month follow up survey is emailed to inquire about well child appointments, breastfeeding continuation, current immunizations and access

to community resources. The survey responses have been very positive and reiterate the value of this service.

The success of our program is largely due to our phenomenal community partners who promote the program. Our local obstetricians, pediatricians, general practitioners and hospital staff continuously encourage their patients to take advantage of this program. Lastly, our patients have helped to spread the word to their family and friends of how the program made a difference in their lives and helped to get their family off to a great start.