

CQI STORYBOARD TITLE:

Agency: Building Blocks/Nurse Family Partnership

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Date Submitted:

1. AIM STATEMENT	2. PLAN	3. DO
<p>State of Missouri has identified completing AAP recommended well child visits as a State Priority Focus. Southeast Health Building Blocks/ Nurse Family Partnership (BB/NFP) will increase percentage of completed well-child visits from 74% to 85% as determined from submitted age forms. The primary focus of this goal is for the MIECHV grant in the counties of Pemiscot, Dunklin, and Butler.</p> <p>The start date of data collections was 7/1/2019 with an expected end date of 6/30/2020. Data collection ended 2/29/2020 due to COVID 19 restricting visits to telehealth only. M. Theresa</p>	<p>Children of BB/NFP clients are not receiving a portion of the recommended well-child visits. This was despite repeated education and encouragement from the Nurse Home Visitors (NHV) on the importance of keeping the visits with the child's Primary Healthcare Provider.</p> <p>1)The NHV's discuss the importance of well-child visits with clients before delivery and as the child approaches the age when a visit is due. The NHV provide the client with information on the CDC recommended immunizations, which closely mirrors the AAP</p>	<ol style="list-style-type: none">1) NHV's will discuss the importance/significance of well-child visits with clients. This has been standard practice of BB/NFP.2) If the NHV learns a well-child visit has not been scheduled, the NHV will offer to assist the parent in making the appointment or observe the parent making the appointment.3) If the parent indicates that they would prefer to make the appointment on their own, without the assistance of the NHV, the NHV will comply with the parent's choice.

<p>Glastetter BSN, RN Nurse Supervisor</p>	<p>recommended well-child visit schedule. 2)If the NHV discovers an appointment has not been scheduled or is overdue, she will either offer to assist with making the call or observe the parent scheduling the appointment. 3)Data on well-child visits will be collected using the Redcap Age forms.</p>	<p>4) Clients/children will be divided into Test and Control groups. The Test group will be the group who received the intervention. The Control group will be all clients who have not received the intervention and/or have indicated to the nurse that the appointment has already been made. 5) Data on completed well-child visits will be collected on the appropriate Redcap age form.</p>
<p>4. STUDY</p>	<p>5. ACT</p>	<p>6. FUTURE CQI</p>
<p>1) The Nurse Supervisor and Admin. Assistance did a data search of NHV documentation on all MIECHV clients, from 7/1/2019 till 2/29/2020. The search was to determine which clients had received the intervention described in Do portion of the Storyboard. Data after 2/29/2020 was not collected</p>	<p>1) The results of the SMART Aim goal show that the NHV's addressing the scheduling of well-child visits prior to the time when the visit is due, improves the parents getting the checks done. This is true to both the clients who had already scheduled the visit, as well as those who had not. The</p>	<p>1) Continue to address the importance of well-child visit data with staff during Team meetings. 2) Continue to monitor the data results from REDCap regarding completed well-child visits.</p>

due to telehealth preventing the NHV from being able to implement the intervention.

- 2) The clients were then separated into the two group as described in Do portion of the Storyboard.
- 3) Using a REDCap data search of all completed well-child visits as compared to the number of AAP recommended visits that should have occurred, the following data emerged:
 - A) The Test group had a numerator of 47 and a denominator of 57, giving the Test group a score of 82.46%. This shows that, with the intervention, this group had an improvement of over 8% as compared to the previous score of 74%.
 - B) The Control group had a numerator of 62 and a denominator of 70, giving

NHV's will begin doing this for all clients of BB/NFP.

- 2) The results of the project will be shared with the team. This will be done on 7/8/2020.
- 3) Have the nurses reflect on successful methods they used to communicate the importance of well-child visits to the clients.
- 4) Have the nurses reflect on any challenges they faced discussing well-child visits with clients and explore ways to mitigate these challenges.
- 5) Add discussion of well-child visits to Team meetings as indicated.

the Control group a score of 88.57%. As this group often reported to the NHV that the well-child visit was either already scheduled or completed, it is not surprising that this score is higher than that of the Test group.

C) The combined score for both the Test and Control groups is 85.83%, nearly 12% higher than the previous score of 74%. As a group, the goal of 85% completed well-child visits was attained.