Plan-Do-Study-Act Planning Form

Agency:	Pennsylvania	The Office of Child Development and Early Learning & Einstein Medical Center Montgomery
Cycle # (use a ramp planning form for multiple cycles):	**Start Date: 11/19/2019** **End Date: 01/02/2020 (CQI Team meeting, in person, to analyze data and determine Cycle success.)**	
What are we trying to accomplish?	Increase the % of caregivers who attend their PP (postpartum) visit within 56 days after delivery, by increasing the % of caregivers who have a conversation with their NHV (Nurse-Home Visitor) about the PP visit and family planning. SMART AIM statement: Increase the percentage of mothers enrolled in home visiting prenatally, or within 30 days after delivery, who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery by 30% from baseline by April 10, 2020.	
How will we know that a change is an improvement?	By the CQI Team reviewing the EMCM healthcare services form's baseline data and comparing it to the data collected from September 1, 2019 and on. Using Excel data tracker, uploaded in previous BOX work.	
What changes can we make that will result in an improvement?	Using NFP facilitaotrs as a guide, NHV will discuss with the caregiver the importance of a PP visit, what to excpect, and identify potential barriers and how to overcome these obstacles. Additionally, the NHV will discuss family planning and birth control with the caregiver. The conversations will be tested out in 2 different areas: • 36 weeks • Postpartum – first visit with baby • Both (conversation held at both times with caregiver)	
What question are you trying to answer in this PDSA cycle (If we do X, will it result in Y)?	**If we…talk about the PP visit and Family Planning (birth control) before and/or after the birth of the child,** **It will result in…the caregiver will be more likely to attend their PP visit because they know what to expect and have identified ways around potential barriers addressed with NHV.** Does adding an additional conversation about the PP visit at the 36 weeks visit and/or first baby visit PP increase the likelihood of a caregiver attending their PP visit within 56 days of delivery?	
What do we predict will happen in the cycle?	**We predict that the caregiver will feel more comfortable with scheduling and attending their PP visit within 56 days post delivery.**	
Plan	**Plan for this Test** 1. What – Increasing Postpartum visit and family planning education with caregivers. 2. Who – EMCM Nurse Home Visitor: Marylou (36 weeks) & Kristen (first birth visit) 3. With whom – Caregiver A (36 weeks with Marylou) & Caregiver B (first baby visit with Kristen) 4. Where – In the home with caregiver (A & B). Conversational, not a physical test of change. 5. Task or tools required to setup - Nurse-Family Partnership facilitators (available in Spannish and English) – PP Danger Signs and PP First 6 Weeks. Conversations with caregivers. Birth Control (Family Planning) tool (see uploaded in BOX) used to facilitate discussions with Caregiver A. **Plan for Collection of Data:** 1. What – NHV will document if conversation took place at 36 week visit and/or post delivery first visit with child on Excel data tracking sheet. 2. Who – EMCM Nurse Home Visitor: Marylou and Kristen.	

	3. With whom – Caregiver A & B, EMCM Data Speciliast: Shannon M. 4. Start date/End date – Start: immediately! Test of change was 11/19/2019 with 36 week visit with Caregiver A and a first baby visit with Caregiver B on 11/22/2019. End date: 01/02/2020. 5. Where – Excel Data tracking sheet (please see excel sheet attached).
Do	Was the test carried out as planned? What did you observe that wasn't part of the plan? Yes, the test was carried out on 11/19/2019 and 11/22/2019. Observations from NHV: • Caregiver A: Within EMCM network. Receptive to information, NHV did not think it stirred any big questions for caregiver. NHV reports caregiver did not feel opposed to education provided. NHV reports caregiver said she may not be able to use BC because of mental health concerns and current medication already using, however not currently on psych medicines and may not resume after birth. Caregiver is worried about burden BC could be on her and baby, NHV identifies may be a misconception of side-effects of BC. (CQI Team thoughts: if client does not see interest in using BC and feels "okay" after giving birth, would this make her less likely to attend PP visit?) • Caregiver B: Outside of EMCM network. Went well, PP was scheduled already. Caregiver liked the NFP facilitators of what to expect during PP visit. Already has BC pills from hospital and plans on using when safe, NHV believes Rx is good for 3 months. Does need to have stitches looked at in PP visit. NHV reports caregiver is not sexually active and is not thinking of resuming sexual activity. NHV reports caregiver had birth trauma, about 1 month early – 36 weeks and 3 days. Caregiver was having processing issues with not feeling ready (not enough pictures taken or prepared) for giving birth, NHV identifies client is at risk for PP depression and does have a visit scheduled with a mental health provider (encouraged by NHV) for an intake appt.
Study	What did the data tell you? *(include here the data that answers the question or prediction you sought to answer with this PDSA)* Compare your data to your predictions – Planning on reviewing data at 1/2/2020 CQI Team meeting. What surprised you? During 12/05/2019 CQI Team meeting CQI Team identifies that when discussing family planning, there is 1 question about BC and resuming sexual activity. NHV should be prepared to talk about resuming sexual activity with caregiver, and possibility of father/partner sitting there during visit as well. 1/2/2020 Meeting: Discussed as a CQI Team if a client does not want to use BC, does the NHV discuss cycle tracking as a way to prevent pregnancy? Is this something (smart phone apps) we could discuss further, increase knowledge of the effectiveness of this method. Questions discussed: Because of work, do moms want to attend their PP visit earlier to be "cleared" for return to work? Because some jobs require a paper to return to work. (NHVs discussed that yes sometimes moms attend earlier visits to get back to work). Wendy (NFP/NSO) – idenfitied in Ohio a NFP site just did a CQI Project on difficult conversations and retention. NHVs practiced "smart phrases", MI, and difficult conversations with each other. Is there a better way to phrase questions that yield a more appropriate way for the caregiver to answer? Important strategy – not just with this CQI project. Gives clients set lines to use when in situations they may "fail at". (example: how to say no when someone asks them for help, so they don't spread themselves too thin or get worn out). (NHV – is this like the facts and myths handouts we have?). Caregiver A: NHV reports this client does not want to use any BC methods, and concerned over mental health side effects of BC use. NHV did report that surprising method of BC use was done, client A allowed her partner to have an open relationship. CQI team and nurse discussed, was this really a BC issue or trying to keep the partner "happy". CQI Team identified that having this conversation before birth is so important, because some of the difficult conversations can be had in a timely manner. Caregiver A is not due for PP visit yet (due February), but has been back to OB. Caregiver has other services concurrent with NFP services, communication between service providers is strong in regards

	to mental health and care PP. Baby is just over 2 weeks old and has been back to OB twice already/ped visit 4 times, just as mental health check in – NHV not sure if client is aware of this. NHV feels strongly that she will attend her PP "official visit". Caregiver B: Baby was born Nov 6th, conversation was due by Jan 1 for PP visit – client did attend in December! Baby was in NICU, CQI Team identified this could have been a barrier to attending the visit. NHV identifies that Caregiver B had received the Rx for BC pills before birth. But "not looking for a relationship" so not taking them yet, but NHV discussed importance of taking BC prior to "getting into a relationship" so prepared. NHV says that the caregiver did receive a call from pharmacy that the pills were ready to be picked up, and has picked up since. Refills are available, but still not using yet. NHV identifies that during pregnancy her abdominal muscles split, and forgot to ask during her PP visit. NHV thinks it was not assessed or it was fine. Caregiver will call to follow up, concerns with exercise or therapy needed. NHV said that the client said she didn't have questions about herself, it's all about the baby now. Reports the PP visit "went fine". Follow up on birth trauma: still feels unprepared ("Is he really mine?"). Had an intake appointment with a new therapist, a little nervous because it is a male. NHV did discuss giving him a chance, and attending visits. Caregiver is on medicine for mental health, was seeing providers in city (Philly) and moved outside of city, seeing new doctors closer to home now.
Act ☐ **Adapt** ☐ **Adopt** ☐ **Abandon**	What changes are to be made to the process (decisions made/action to take)? 100% of PP visits due were completed. (1/1). – Caregiver B. Caregiver A is not due yet, and team will consider this data when collected. Moving forward to larger test of change (more caregivers) in Cycle 2. Some caregivers like handouts, and other caregivers do not like handouts. NHV will idenfity with client what style of learning they prefer, conversational versus reviewing a handout together, and use this method when reviewing the education with the client. CQI Team identifies that even if the NFP Facilitators are/are not used the same message is being relayed to all caregivers during this project. CQI Team identifies that positive feedback was given, and Caregiver B did attend the PP visit, Caregiver A seems like they will as well. Will follow up with data collection on Caregiver A. Changes: No changes, continue to Cycle 2 on a wider scope. Only "changes" would be to add 36 weeks (PP and Family Planning) conversation on to-do lists. Action: Continue with conversations at 36 weeks and/or first baby visit with larger scale of clients. Continue to collect data add to run chart – look for trends if needed.
Parent Contribution	☐A parent contributed to the development, testing, or adaptation of this change. Parent contribution could involve suggesting the change idea, helping to plan or execute the PDSA, studying the results or planning next steps. Yes, we obtained caregiver contribution through a conversational survey with two female caregivers. Their feedback was used to develop the test of change of having the conversation about family planning/birth control, caregivers were asked: 1. What stops you from going to Dr. appointments? • Anything that would help? 2. Do you remember going to your PP check? 3. Any advice for new Moms about PP check? 4. Thinking about your pregnancy and birth, when do you think would be the best time to talk & begin thinking about birth control? 5. When would be the most convenient time to get birth control (before leaving the hospital, at your postpartum visit, other)? 1/2/2020: During Cycle 1 the NHVs obtained feedback from caregiver A and B through conversational feedback.