

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): 2	Start Date: 1/3/2020 End Date: 2/3/2020	
What are we trying to accomplish?	Continuation of Cycle 1 – with adaptations. 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 facilitators as a guide, NHV will discuss with the caregiver the importance of a PP visit, what to expect, 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 now be tested out in <u>3</u> different areas: <ul style="list-style-type: none">• 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? Questions for Cycle 2: If we...use some of the new (distributed/released January 2020) NFP Facilitators with caregivers, It will result in...stronger level of understanding with the caregivers, and result in the caregivers scheduling and attending a PP visit, and securing birth control (family planning)?	
What do we predict will happen in the cycle?	We predict that the caregiver(s) will feel more comfortable with scheduling and attending their PP visit within 56 days post delivery. Cycle 2: Predict the NHVs will feel more equipped with the resources from NFP, and feel more comfortable with having the conversations with the caregivers. Feel more prepared with additional graphics, updated pictures, and instruction guides. Ensure that NHVs have all available – what resources do the nurses feel most comfortable? Are the most current resources being used as equipment?	
Plan	Plan for this Test 1. What – Increasing Postpartum visit and family planning education with caregivers.	

	<p>2. Who – all EMCM Nurse Home Visitors. Now the NHVs are more trained and equipped for the conversations due to the updated NFP facilitators made available in January 2020.</p> <p>3. With whom – all eligible NFP clients</p> <p>4. Where – In the home with caregivers. Conversational, not a physical test of change. Now in Cycle 2, NHVs are using conversations and updated/more current NFP facilitators to carry out the education and conversations with caregivers.</p> <p>5. Task or tools required to setup – January 2020 – <i>UPDATED</i> Nurse-Family Partnership facilitators (available in Spanish and English). Conversations with caregivers. Birth Control (Family Planning) tool(s) used to facilitate discussions with Caregivers.</p> <p>Plan for Collection of Data:</p> <p>1. What – NHVs will document if conversation took place at 36 week visit and/or post delivery first visit with child on Excel data tracking sheet. Continue to track balancing measures as well.</p> <p>2. Who – EMCM Nurse Home Visitors.</p> <p>3. With whom – Caregivers and EMCM Data Speciliast: Shannon M.</p> <p>4. Start date/End date – Start: 1/3/2020 End date: 2/3/2020</p> <p>5. Where – Excel Data tracking sheet (please see excel sheet attached).</p>
Do	<p>Was the test carried out as planned? What did you observe that wasn’t part of the plan?</p> <p>Yes, the test is being carried out. In the middle of the cycle currently.</p> <p>Observations from NHVs:</p> <ul style="list-style-type: none">• Client willing to have an IUD, and had appt set up. Caregiver’s current partner wants to have a baby now, because the caregiver’s current child is with a previous partner. Caregiver canceled appt for IUD.• Caregivers are misinformed and think that if breastfeeding stops menstration and they do not need to go on BC. Now equipped to talk about this misinformation with a new NFP facilitator.• Age – fear of pregnancy because caregiver is older in age. How much of “our” judgement is part of education? Our struggle with clients desires and knowing how caregivers see what part a new pregnancy/infant can play in their life. If NHVs and caregivers views on family planning (“hard to stay in your lane” – caregiver is the expert on their own life, but challenging when client makes decision that could hurt them, and providing unbiased support is difficult at times.)• NHVs barriers: If NHVs are continuing to hear that caregivers priorities are not aligned with BC/family planning, lack of urgency, then PP visit not completed. Examples:<ul style="list-style-type: none">○ Younger clients had their own caregivers make appts for them, now unsure how to schedule appts and attend on their own○ Supporting caregivers wishes vs NHVs knowing the medical side of safe birth spacing and pregnancies
Study	<p>What did the data tell you? <i>(include here the data that answers the question or prediction you sought to answer with this PDSA)</i></p> <p>Unable to report on final data due to currently in data collection phase. Please review spreadsheet uploaded to BOX for current data collection.</p> <p>NHVs: Without looking at spreadsheets, “gut feelings”:</p> <ul style="list-style-type: none">• Challenges: one NHV reports that a majority don’t care if they get pregnant again and attending PP visit.• Depends on what phase of NFP the client is in.• Barrier: Insurance coverage and lack of. <p>What surprised you?</p> <p>N/A.</p>
Act <input type="checkbox"/> Adapt <input type="checkbox"/> Adopt	<p>What changes are to be made to the process (decisions made/action to take)?</p> <p>N/A.</p>

<input type="checkbox"/> Abandon	
Parent Contribution	<div><input type="checkbox"/> 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.</div> <p>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:</p> <div><div>1. What stops you from going to Dr. appointments?</div><div><div>• Anything that would help?</div></div></div> <div><div>2. Do you remember going to your PP check?</div><div>3. Any advice for new Moms about PP check?</div><div>4. Thinking about your pregnancy and birth, when do you think would be the best time to talk & begin thinking about birth control?</div><div>5. When would be the most convenient time to get birth control (before leaving the hospital, at your postpartum visit, other)?</div></div> <p>1/2/2020: During Cycle 1 the NHVs obtained feedback from caregiver A and B through conversational feedback.</p>