Early Access Prenatal Care
Eliminating Barriers by Improving Processes

Osceola County Health Department (OCHD)
Kissimmee, Florida
250 employees
Serving 280,000 residents

Team Members
- Belinda Johnson-Cornett - Administrator
- Susan Crawford - Project Coordinator
- Shannon Whitston - Assistant Nursing Director
- Donna Parker - Eligibility Department Manager
- Hector Gonzalez - Eligibility Supervisor
- Camille Bissainte - Public Information Officer
- Jason Martinez - Data Analyst

1. Opportunity for Improvement:
- **Process Flow Charting**: Input/Output Diagram
- **Fishbone Diagram**: Root Cause = artificially imposed barriers to make system work for OCHD...not necessarily for the patient. I.e. **too many separate, specialized visits**.
- **Objectives**: County Health Status Indicators:
  - Infant mortality = 17
  - Premature births = 250
  - Low birthweight = 8%
- **PDCA Cycle 1** - Eliminated Nurse Work-up Visit
  - **Target**: 75% of prenatal exams within 2 weeks after positive pregnancy test
  - **Base line**: 4%
  - **After Process Change**: 17%

2. Assemble the Team
- QI Award Project Team established

3. Improvement Theory Prediction
**IF**...we reduce barriers to accessing care...
**THEN**...we will have a positive impact on:
- Women obtaining earlier prenatal care
- Reducing poor birth outcomes

4. Examine the Current Approach
- **QI Tools Used**: 9-Step Process Management Model with PDCA - roadmap for QI project
  - **Input/Output Diagram**: to define prenatal care process
  - **Process Flow Charting**: visual depiction of process from pregnancy test to first prenatal medical exam
  - **Fishbone Diagram**: to categorize potential causes of process problems
  - **Root Cause Analysis**: to reach consensus on most probable root cause; then tested by data analysis to verify

5. Identify Potential Solutions
- **Revised Process Flow**: eliminated 1 of 4 process steps by dropping "separate, specialized nurse work-up visit" which was determined as the root cause; combined visit activities with steps before and after.

6. Test the Root-Cause Theory –
- **CHECK**: Use Data to Study Results of the Test

7. Standardize the Improvement and Establish Future Plans
- **ACT**: Standardize the Improvement and Establish Future Plans
  - Although we did not achieve our **Aim Statement**, we did achieve a 35% improvement over baseline.
  - Other achievements:
    - Wait for eligibility appointment – improved from 23 days to 8 days
    - Wait for 1st provider visit improved from 16 days to 12 days.
  - **Sustainability (continuation)** of project efforts will be achieved through:
    - Linkage to OCHD 2011-2013 Strategic Plan
    - Leadership commitment to public health accreditation
    - Based on project data, leadership approved hiring an additional prenatal provider!

PDCA Cycles 2 - 5 - to test improvement interventions (see chart below where data coincides with each intervention):
- 2. Added 1 eligibility staff – March
- 3. Revised eligibility schedules - April
- 4. Started new Early Access Prenatal Clinic – for 1st prenatal exams only - May
- 5. Retrained staff re: correct scheduling of 1st prenatal exam appt slots (i.e. not using for well-woman exams) – June

**Aim Statement**
"By November 2012, improve access to prenatal care services by increasing percentage of pregnant women receiving their initial prenatal medical exam within 2 weeks of a positive pregnancy test, from baseline of 4% to 75%.”

**NOTE**: Root cause of drop during September-October was “extended absence of one prenatal provider”

**Data Source**: Eligibility Tracking Log
**Target**: 75% of prenatal exams within 2 wks after positive pregnancy test

**ACT**: Standardize the Improvement and Establish Future Plans

**Sustainability (continuation)** of project efforts will be achieved through:
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- Based on project data, leadership approved hiring an additional prenatal provider!