Where do these all fit?

3Ps
Screening Tools
Benchmarks
Data Dictionary
DGIS Measures
National HS Evaluation
Local Quality Improvement
Case Management/Care Coordination
**Screening Tools**

**Developed by:** HS CoIIN  
**For use:** In Healthy Start programs in screening participants  
**Purpose:** Screening, Care Coordination, monitoring and evaluation, data collection to inform 3Ps and/or benchmarks, to provide a comprehensive and consistent screening of all participants  
**Reviewed by:** HS community through comment period in January/ Feb.; HS Division and MCHB leadership  
**Current Form:** Word doc. Consideration underway to develop web-based or standalone data collection.
Defining the HS Benchmarks
Guiding Principles

- Document “program” contribution
- Goals established in FOA
- Consistency with MCH DGIS definitions
- Align measures with national statistics to permit comparisons (HP 2020, PRAMs, etc.)

Work Group

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1. Increase the proportion of Healthy Start women and child participants with health insurance to 90% (reduce uninsured to less than 10%).
2. Increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.
3. Increase the proportion of Healthy Start women participants who receive a postpartum visit to 80%.
4. Increase proportion Healthy Start women and child participants who have a usual source of medical care to 80%.
5. Increase proportion of Healthy Start women participants that receive a well-woman visit to 80%.
6. Increase proportion of Healthy Start women participants who engage in safe sleep practices to 80%.
7. Increase proportion of Healthy Start child participants whose parent/caregiver reports they were breastfed or pumped breast milk to feed their baby to 82%.
8. Increase proportion of Healthy Start child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months to 61%.
9. Increase the proportion of pregnant Healthy Start participants that abstain from cigarette smoking to 90%.
10. Reduce the proportion of Healthy Start women participants who conceive within 18 months of a previous birth to 30%.
11. Increase proportion of Healthy Start child participants who receive the last age-appropriate recommended well child visit based on AAP schedule to 90%.
12. Increase the proportion of Healthy Start women participants who receive depression screening and referral to 100%.
13. Increase proportion of Healthy Start women participants who receive intimate partner violence (IPV) screening to 100%.
14. Increase proportion of Healthy Start women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy to 90%.
15. Increase proportion of Healthy Start women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/child care) with their child participant to 80%.
16. Increase the proportion of Healthy Start child participants aged <24 months who are read to by a parent or family member 3 or more times per week to 50%.
17. Increase the proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.
18. Increase the proportion of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN to 100%.
19. Increase the proportion of HS grantees who establish a quality improvement and performance monitoring process to 100%.
How is your data collected and reported?

Confirming the accuracy of your data
Definitions

Number of participants (who are included in the denominator) meeting standard.

Numerator

Denominator

Universe of participants included in measure
Document Data Collection and Reporting Process

Who captures the data?
How is the data captured?
When is it captured?
Where and how is it reported?

Process Flowchart

What is it and how can it help me?
A flowchart shows sequential steps in a process. It is used to identify actions needed, materials used, decisions that must be made, and people and time involved at each step. This tool can be used to illustrate any process, such as clinic flow, patient registration, billing, and supply chain management.

A flowchart:
- Decomposes a process so that each step may be examined for areas of improvement.
- Communicates how a process is done.

How to use this tool:
1. With your team, clearly define the process to be diagrammed. Write its title at the top of a whiteboard or flip chart.
2. Decide on the scope of the process: where or when does it start and end? Discuss the level of detail to be included in the diagram.
3. Brainstorm activities or tasks that take place in the process. Write each one on a card or sticky note. Sequence is not important at this point, although thinking in sequence may help the team remember all steps.
4. Arrange the cards or notes in the proper sequence on the wall.
5. When all activities are included and everyone agrees that the sequence is correct, draw arrows to show the flow between each. Use the symbols below to give a clear visual representation of the process.
6. Review the flowchart with the team and identify areas that are bottlenecks or present challenges to staff or patients.
7. Discuss potential opportunities for improvement.

Common Flowchart Symbols:
- One step in the process; the step is written inside the box. Usually, only one arrow goes out of the box.
- Direction of flow from one step or decision to another.
- Decision based on a question. The question is written in the diamond. More than one arrow points out of the diamond, showing direction the process takes (when the answers are “yes” or “no”).
- Delay or wait.
- Input or output.
- Document.
- Symbol for start and end point.
Sample Process Map

Front line staff determines:

Does enrolling patient have infant < 12 months?

- **NO**
  - Are they prenatal?
    - **NO**
      - Not included in denominator for benchmark. Not asked.
    - **YES**
      - Considered ‘at risk’, so face to face contact every 2 months with contact in between.
      - Education/classes/resources provided
      - Safe sleep reassessed at each face-to-face visit.

- **YES**
  - Enrollee is asked “Are you engaging in safe sleep behaviors?” Their answer:
    - **NO**
      - Considered ‘at risk’, so face to face contact every 2 months with contact in between.
      - Education/classes/resources provided
      - Safe sleep reassessed at each face-to-face visit.
    - **YES**
      - Included in numerator. Given positive reinforcement.

Considerations:
- What perinatal phases address safe sleep issues?
- What education/resources are provided?
- How is change in behavior from baseline captured?
Strategies for Checking Baseline

Observe and document the process

- Who provides the service, how and where is it documented

Talk to staff who are involved with process

- From enrollment through reporting

Talk with IT staff/ programmers/ software company about access to data, data definitions and if data collection is consistent with definition
Defining the HS Benchmarks
**Participant Defined**

**Woman Participant** *(for the purposes of benchmark reporting only)*

A woman is counted as a Healthy Start woman participant for the purposes of benchmark reporting if she 1) is of childbearing age (generally between 15 to 45 years of age), 2) has completed the enrollment process including all required paperwork, and 3) has one or more contacts with the Healthy Start program during the reporting period.

**Child Participant**

A child is counted as a Healthy Start child participant if the child’s mother is currently enrolled as a Healthy Start woman participant and the child is aged <24 months during the reporting period. A child aged <12 months is also referred to as an infant participant.

**Parent/ Caregiver**

Term used for the person who is reporting the information for/ answering questions on behalf of a HS child Healthy Start child participant.
Additional Definitions

**Enrollment**
A participant is considered to be "enrolled" in the Healthy Start program after completing all required intake paperwork/ processes. The participant continues to be considered enrolled in the program during any reporting period that the participant has one or more contacts with the Healthy Start program. Therefore, the term ‘enrolled’ encompasses initial enrollment and subsequent periods.

**Reporting Period**
January 1 – December 31 (though may differ the initial reporting period)
All benchmarks are to be reported as of the last available data for each participant in reporting year.
% with Health Insurance

**Numerator**
Number of Healthy Start (HS) women and child participants with health insurance in the reporting period.

**Denominator**
Number of total women and children HS participants.

Important note: Women and Children must be captured separately. (1a. and 1b.)

Participants are identified as uninsured if they report not having any of the following: private health insurance, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), State-sponsored or other government-sponsored health plan, or military plan at the time of the interview. A participant is also defined as uninsured if he or she reported having only Indian Health Service coverage, or only a private plan that paid for one type of service such as family planning, accidents, or dental care.
% with RLP

**Numerator**
Number of Healthy Start (HS) women participants with a documented reproductive life plan in the reporting year.

**Denominator**
Number of HS women participants.

There is no formal written format for a reproductive life plan.

A participant is considered to have a reproductive life plan and included in the numerator if there is documentation in the participant’s record of an annually updated record of the participant's 1) goals for having or not having children; and 2) plans for how to achieve those goals.

Denominator includes women in all perinatal phases who were enrolled in the reporting year.
% with Postpartum Visit

**Numerator**
Number of Healthy Start women participants who enrolled prenatally or within 30 days after delivery and received a postpartum visit between 4-6 weeks after delivery.

**Denominator**
Number of Healthy Start woman participants who enrolled prenatally or within 30 days after delivery during the reporting period.

ACOG recommends that the postpartum visit occur between 4-6 weeks after delivery.
% with Usual Source of Medical Care

**Numerator**

Total number of Healthy Start (HS) women participants that report having a usual source of care as of the last assessment in the reporting period.

A participant is considered to have a usual source of care and included in the numerator if the participant reports that they/ their child has a usual place for sick care or health advice that is not an emergency or urgent care dept. and is medically appropriate, in the reporting year.

**Denominator**

Total number of women HS participants in the reporting period.

A participant receiving regular prenatal care from a prenatal provider is considered to have a usual source of care.

Important note: Women and Children must be captured separately. (4a. And 4b.)
% with Well-Woman Visit

**Numerator**
Number of Healthy Start (HS) women participants who received a well-woman or preventive visit in the past 12 months.

**Denominator**
Total number of HS women participants.

A participant is considered to have a well-woman or preventive visit and included in the numerator if she has a documented health assessment visit where she obtained recommended preventive services that are age and developmentally appropriate within twelve months of her last contact with the Healthy Start Program.

For purposes of reporting, a prenatal visit or postpartum visit during the twelve month period meets the standard.

Denominator includes women in all perinatal phases who were enrolled in the reporting year.
% engaging in Safe Sleep Practices

**Numerator**
Number of Healthy Start (HS) child participant (aged <12 months) whose parent/ caregiver reports that they are placed to sleep following all three AAP recommended safe sleep practices.

**Denominator**
Total number of HS child participants aged <12 months.

A participant is considered to engage in safe sleep practices and included in the numerator if it is reported that the baby is ‘always’ or ‘most often’ 1) placed to sleep on their back, 2) always or often sleeps alone in his or her own crib or bed with no bed sharing, and 3) sleeps on a firm sleep surface (crib, bassinet, pack and play, etc.) with no soft objects or loose bedding.

The requirement is that the baby is placed on their back to sleep. If they roll over onto their stomach after being placed to sleep, the standard is met. Although safe sleep behaviors are self-reported, programs are encouraged to observe safe sleep practices during home visits, as possible.
% Ever Breastfed or Fed Breast Milk

**Numerator:**
Total number of HS child participants aged <12 months whose parent was enrolled prenatally or at the time of delivery who were ever breastfed or fed pumped breast milk to their infant.

**Denominator:**
Total number of HS child participants aged <12 months whose parent was enrolled prenatally or at the time of delivery.

A participant is considered to have ever breastfed and included in the numerator if the child received breast milk direct from the breast or expressed at any time in any amount.
% Breastfed at 6 Months

**Numerator:**
Total number of HS child participants age 6 through 11 months whose parent was enrolled prenatally or at the time of delivery that were breastfed or were fed pumped breast milk in any amount at 6 months of age.

**Denominator:**
Total number of HS child participants age 6 through 11 months whose parent was enrolled prenatally or at the time of delivery.

A participant is considered to have breastfed and included in the numerator if the infant was fed breast milk, pumped or from the breast, at any time and in any amount in the 6 month.
% Prenatal Women who Abstain from Smoking

**Numerator:**
Number of Healthy Start prenatal women participants who abstained from using any tobacco products during the last 3 months of pregnancy.

**Denominator:**
Total number of Healthy Start prenatal women participants who were enrolled at least 90 days before delivery.

‘Smoking cigarettes’ is considered to be smoking all forms of cigarettes (including e-cigarettes) and using any tobacco product.
% who Conceive within 18 months of Previous Birth

**Numerator:**
Number of Healthy Start (HS) women participants whose pregnancy during the reporting period was conceived within 18 months of the previous live birth.

**Denominator:**
Total number of HS women participants enrolled before the current pregnancy in the reporting period who had a prior pregnancy that ended in live birth.
% Infants who Receive Well-child Visit

Numerator:
Number of Healthy Start (HS) child participants whose parent/caregiver reports that they received the last recommended well child visit based on the AAP schedule well child visit as of the last assessment within the reporting period.

Denominator:
Total number of HS child participants in the reporting period.

A participant is considered to have received a well child visit when they have been seen by a healthcare provider for preventive care, generally to include age-appropriate developmental screenings and milestones, and immunizations in the month recommended by AAP.
Two part benchmark: Screening and Referral

**Screening Numerator:**
Number of Healthy Start (HS) women participants who were screened for depression with a validated tool during the reporting period.

**Screening Denominator:**
Number of HS women participants in the reporting period.

A participant is considered to have been screened and included in the numerator if a standardized screening tool that is appropriately validated for the circumstances is used.

**Referral Numerator:**
Number of women participants who screened positive for depression during the reporting period and received a subsequent referral for follow-up period.

**Referral Denominator:**
Number of HS women participants who screened positive for depression during the reporting period.

A participant is considered to have been screened and included in the numerator if a standardized screening tool that is appropriately validated for the circumstances is used.
% Who Receive IPV Screening

**Numerator:**
Number of Healthy Start (HS) women participants who received intimate partner violence screening using a standardized screening tool during the reporting period.

**Denominator:**
Total number of HS women participants in the reporting period.
Denominator includes women in all perinatal phases who were enrolled in the reporting year.

A participant is considered to have been screened and included in the denominator if a standardized screening tool which is appropriately validated for her circumstances is used. A number of screening tools have been validated for IPV screening.
% Who Demonstrate Father/Partner Involvement During Pregnancy

**Numerator:**
Number of Healthy Start (HS) prenatal participants who report supportive father and/or partner involvement (e.g., attend appointments, classes, etc.) in the reporting period.

**Denominator:**
Total number HS prenatal participants in the reporting period.

Involvement during pregnancy may include, but is not limited to:
- Attending prenatal appointments
- Attending prenatal classes
- Assisting in preparing the home for the baby e.g., putting together a crib
- Providing economic support
- Provide other meaningful support.
Percent Who Demonstrate Father/Partner Involvement with Infant <24 Months

**Numerator:**
Number of Healthy Start (HS) child participants whose mother reports supportive father and/or partner involvement (e.g., attend appointments, classes, child care, etc.) during the reporting period.

**Denominator:**
Total number of Healthy Start women participants with a child participant <2 years of age.

Involvement includes, but is not limited to:
- Engagement or direct interaction with the child
- Accessibility or availability
- Responsibility for the care of the child
- Economic support or breadwinning
- Attending postpartum and well child visits
% Child Participants <24 mo who are Read to 3+ times/week on average

**Numerator:**
Number of Healthy Start children participants whose parent/ caregiver reports that they were read to by a family member on 3 or more days during the past week during the reporting period.

**Denominator:**
Total number of Healthy Start child participants 6 through 23 months of age during the reporting period.

Reading by a family member may include reading books, picture books, or telling stories.
% Grantees with fully implemented CAN

**Numerator:**
Number of related CAN measure components implemented by the CAN in which the Healthy Start grantee participates.

**Denominator:**
3 (representing total of CAN components)

This is a scaled measure which reports progress towards full implementation of a CAN

1. Does your CAN have regularly scheduled meetings? Regular scheduled is minimally defined as? (i.e., once a month, every quarter during the reporting period). This can be documented by using sign in sheets. Yes = 1  No = 0

2. Does your CAN have members from three or more community sectors? (e.g., individuals with lived experience, Healthy Start consumer, faith based, hospital, school setting, community based organizations, government, business, medical provider(s), child care provider(s)). Yes = 1  No = 0

3. Does your CAN have a twelve month work plan? This work plan should outline the CAN’s goals, objectives, activities, entities responsible for completing, and timelines. Yes = 1  No = 0
% Grantees with fully implemented CAN

**Numerator:**
Number of related Collective Impact (CI) measure components implemented by the CAN in which the Healthy Start grantee participates.

**Denominator:**
10 (representing total points for 5 CI measure components)

This is a scaled measure which reports progress towards full implementation of a CAN.

1. Does your CAN have a common agenda developed?
   - Yes = 2
   - In Process = 1
   - Not started = 0

2. Does your CAN have Shared Measurement Systems?
   - Yes = 2
   - In Process = 1
   - Not started = 0

3. Does your CAN engage in Mutually Reinforcing Activities?
   - Yes = 2
   - In Process = 1
   - Not started = 0

4. Does your CAN have Continuous Communication?
   - Yes = 2
   - In Process = 1
   - Not started = 0

5. Does your CAN have a backbone infrastructure in place?
   - Yes = 2
   - In Process = 1
   - Not started = 0
% Grantees with 25%+ community members on CAN

**Numerator:**
Number of community members and Healthy Start (HS) program participants serving as members of the CAN.

**Denominator:**
Total number of individual members serving on the CAN.

Community Member: an individual who has lived experience that is representative of the project’s Healthy Start target population. Community members include former Healthy Start participants, fathers and/or partners of Healthy Start participants, males and family members.
Grantees with established QI/PM process

Numerator:
Number of related QI measure components implemented by the HS Grantee.

Denominator:
7 (representing the four QI components)

This is a scaled measure which reports progress towards full implementation of a quality improvement and performance monitoring process:

1. Has the organization established a culture that encourages continuous improvement of services and programs? Yes = 1  No = 0
2. Does the organization have a structure to assess and improve quality of care? Yes = 1  No = 0
3. Do providers and staff have a basic understanding of QI tools and techniques? Yes = 1  No = 0
4. Do providers and staff understand their roles, responsibilities, and expectations regarding QI activities? Yes = 1  No = 0
5. Does the organization routinely and systematically collect and analyze data to assess quality of care including HS benchmarks? Yes = 1  No = 0
6. Does the organization have resources dedicated to QI activities? Yes = 1  No = 0
7. In the previous 12 months, has your Healthy Start project conducted at least one QI project? Yes = 1  No = 0
% Level 3 Grantees with fully implemented CoiIN process

**Numerator:**
Healthy Start Grantee actively participates in the HS CoiIN with documented participation in at least 80% of CoiIN meetings.

**Denominator:**
Eligible HS Grantee

To meet the standard for this measure the HS grantee must answer “yes”.
Questions?

Thank you!