

Ohio Better Birth Outcomes: A Hospital Collaboration to Reduce Infant Mortality in Franklin County, Ohio



Stacy Kramer, MPH, CPM, CPHQ – Sr. Quality Improvement Coordinator, Nationwide Children’s Hospital
 Angela Abenaim, MS – Reproductive Health Coordinator, Nationwide Children’s Hospital
 Katie Higgins, MS, CHES – Infant Wellness Coordinator, Nationwide Children’s Hospital
 Christine Sander, MHA – Director, Infant Wellness, Nationwide Children’s Hospital

Background

Ohio Better Birth Outcomes (OBBO) is a coalition of 4 hospital systems, the city health department, and the largest federally-qualified health center collaborating to reduce infant mortality in Columbus and Franklin County (Figure 1). In 2016, OBBO initiated a QI collaborative to improve prenatal and reproductive health care. Two initial QI projects focused on reducing first prenatal appointment no-shows and increasing LARC (long-acting reversible contraceptives). These projects were chosen because of their potential to decrease infant mortality by promoting early prenatal care and increasing birth spacing.

Project Design

Quality improvement training was provided prior to the collaborative launch. The OBBO QI Coordinator facilitated brainstorming sessions to identify projects (Figure 2), define metrics, and build key driver diagrams. Initially, monthly QI conference calls shared data, PDSAs, and learning; these were later incorporated into work team meetings that integrated QI and programmatic work. Systems reported QI progress at work team meetings and to the OBBO Board - a leadership team consisting of the County Health Commissioner and the Chief Medical Officers from the hospital systems.

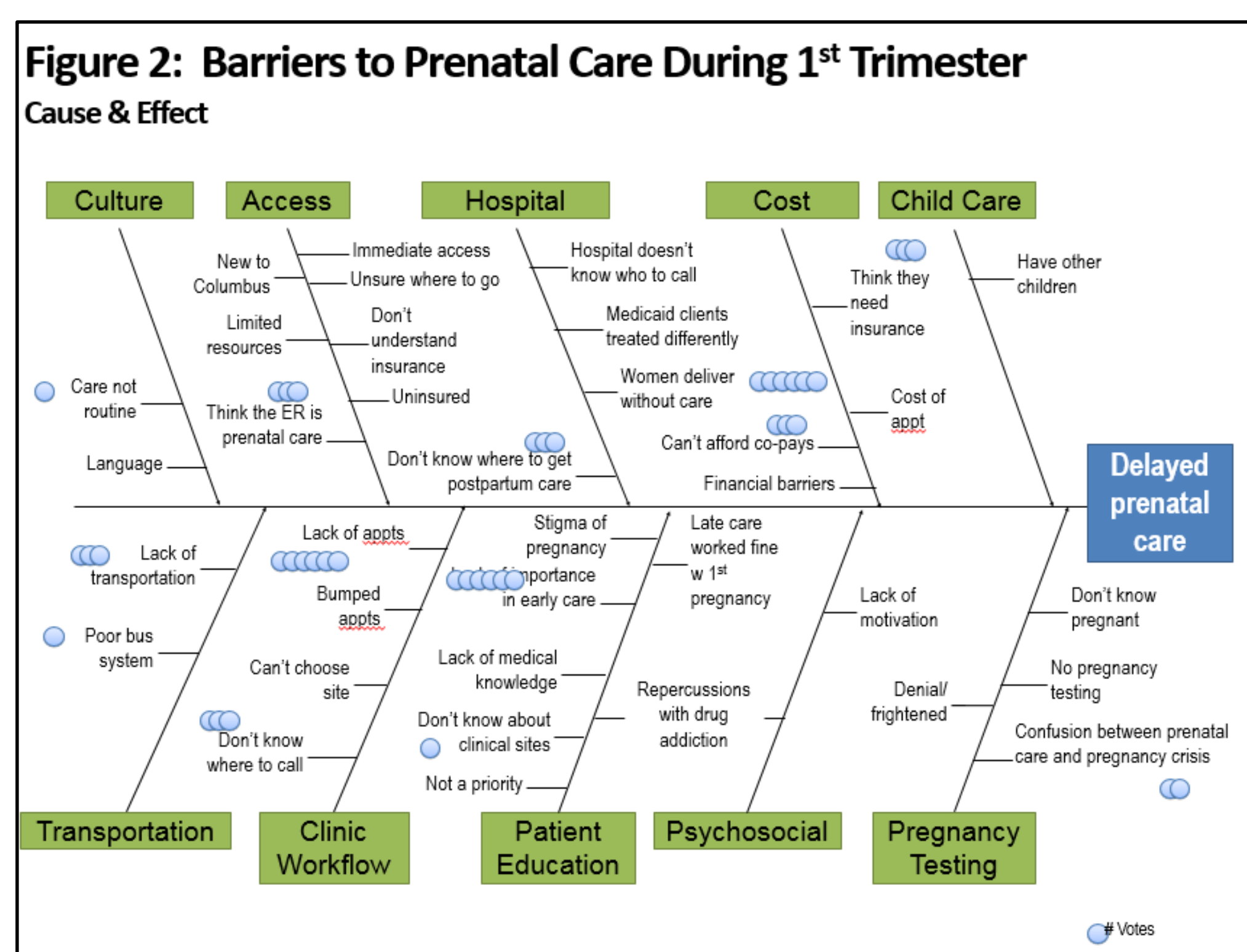
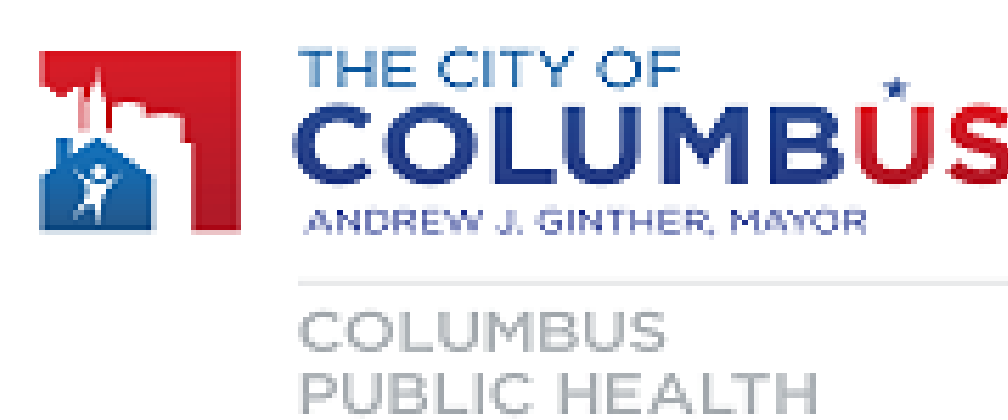


Figure 1:

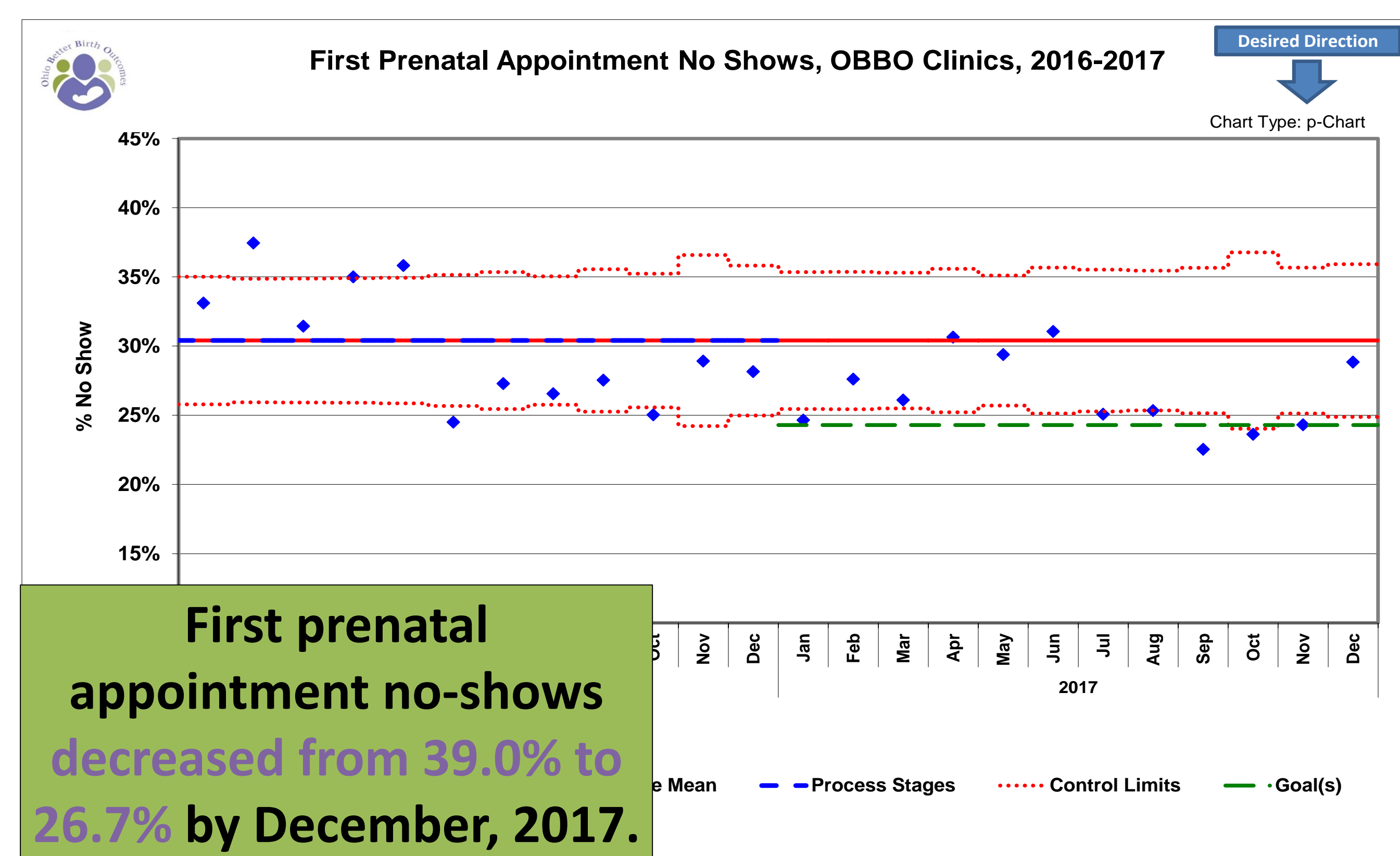
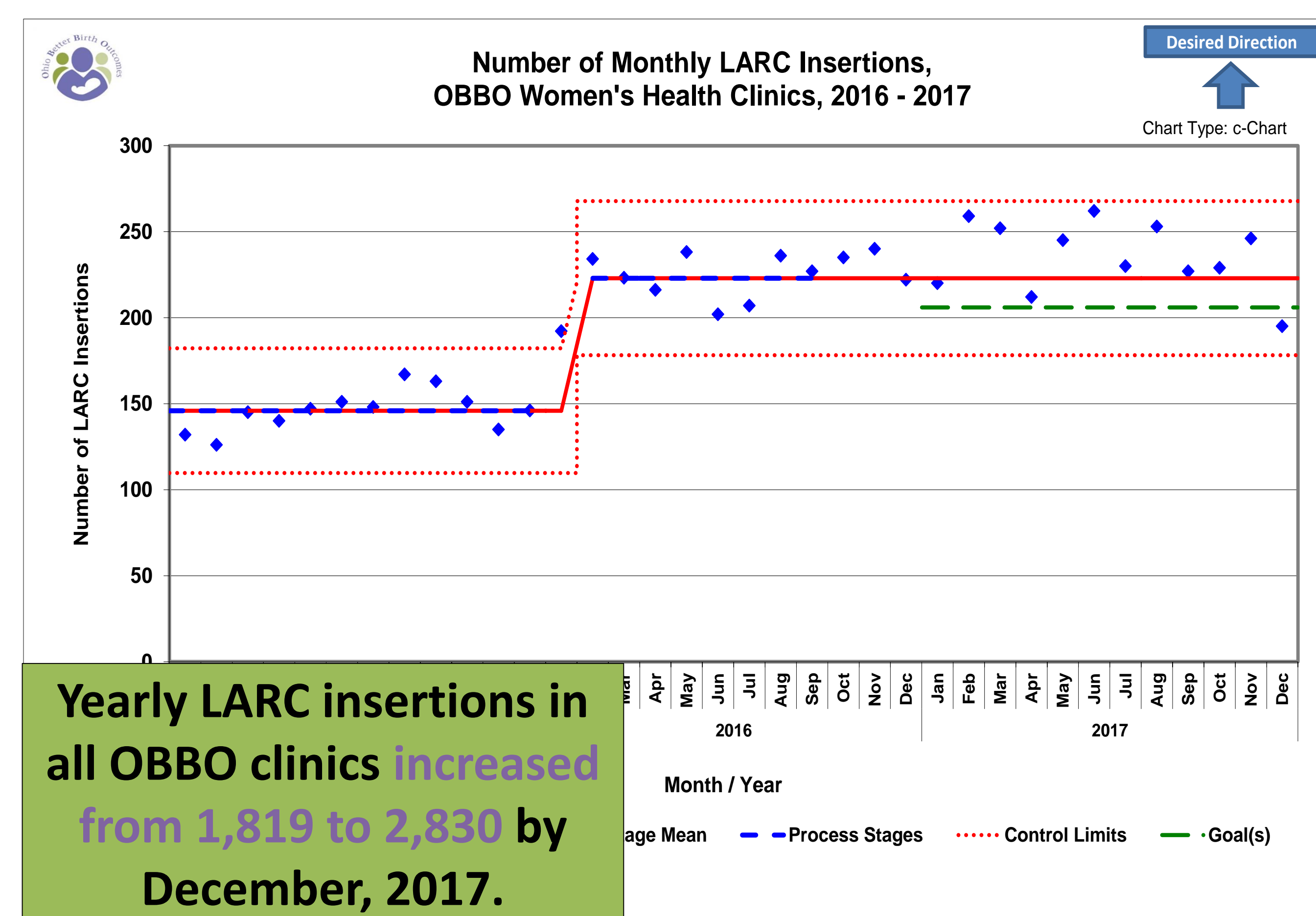


Changes Made

First prenatal care appointments

- First visit copays were eliminated by all OBBO clinics.
- Patients were provided information on their managed care transportation benefit and process.
- Automated phone reminders were implemented.
- Nurse initiated pre-appointment phone calls and personalized welcome letters were initiated.
- Some clinics linked nurse intake and first prenatal provider appointments.
- Data review was completed to identify no-show patterns that might suggest other interventions.

Results



Project Aims

- 1) Increase LARC insertions within OBBO women’s health clinics from 1,819 to 2,474 by December 2017.
- 2) Decrease no-shows at first prenatal care appointments in OBBO obstetrics clinics from 39.0 to 24.3% by December 2017.

Changes Made

LARC insertions

- Hire new providers; train new and existing providers on LARC.
- Add joint postpartum-contraceptive slots and same-day LARC.
- Train clinic staff on efficacy-based contraceptive counseling.
- Modify EHR to include postpartum contraception plan on pregnancy checklist.
- Formalize contraception referral processes.
- Update patient education materials and social media to focus on safe birth spacing, contraceptive options, and locations of contraceptive clinics.

Next Steps

Although OBBO efforts improved both LARC and first prenatal visit no-shows, county infant mortality has not significantly decreased. In the spring of 2018, OBBO clinics conducted process mapping that identified gaps in screening and referral processes for social determinants of health and home visiting. Using this information, available data, and the successes of other areas in addressing infant mortality, OBBO re-prioritized work to focus on more impactful interventions. These include: 1) further increasing access to LARC in postpartum women, teens, and women in substance abuse treatment, 2) increasing enrollment in evidence-based home visiting services, and 3) spread of interventions to community providers not participating in OBBO. This is an expansion of the LARC work described here, while the appointment no-show work will shift to interventions to improve enrollment in home visiting, where social determinants of health can be better addressed.