



2015-2016 MATERNAL & CHILD HEALTH INITIATIVES

SUMMARY

St. Luke's University Health Network is intensely committed to the goal of improving the health and well-being of women, infants, children and families. These goals are accomplished through the Maternal Child Health (MCH) Initiatives which consist of collaborative community partnership, SLUHN network's Baby Friendly initiatives, and three programs implemented through the Visiting Nurse Association of St. Luke's: the Nurse-Family Partnership (NFP), Parent Advocate in the Home (PATH) and the Visiting Nurse Advocate for the County (VNAC). Each of these programs has a slightly different focus with the goal being to create positive environments in which children can grow in safe, healthy, and nurturing homes. Together, the MCH programs address priority areas such as: pregnancy outcomes including low birth weight and preterm birth, improving breastfeeding rates, the prevention of child abuse, connecting children to medical homes and improving immunization rates, and keeping children on track physically and developmentally.

The Maternal Child Health Initiatives continue to demonstrate positive outcomes. Through our three home visitation programs we have served 555 unduplicated families for FY2015-16. The NFP, PATH, and VNAC programs serve Lehigh and Northampton counties. However because NFP is a national program with sites across Pennsylvania, the Miners campus has formed a partnership with the Schuylkill county NFP, while Warren campus is served by the New Jersey program in Sussex, Warren, and Hunterdon Counties. With the new St. Luke's Monroe campus almost completed we will have families in Monroe linked with the NFP of Monroe and Pike Counties. As a network we continue to examine our Maternal Child Health programs and our partnerships with other community agencies to ensure we are addressing our population have needs and align with the ever-changing face of health care.

HIGHLIGHTS & SUCCESSES


Nurse-Family Partnership (NFP) is an evidence-based RN led home visitation program for first-time low income mothers less than 28 weeks gestation. FY 15-16 The VNA of St. Luke's NFP program served 357 total clients with a graduation rate of 67.4%% (Pa. 54.3%, Nat. 56.3%). Our nurses conducted over 4,670 visits this year to support families to meet the NFP program goals.

Parent Advocate in the Home (PATH) is a St. Luke's developed evidence-leaning community health home visitation and care coordination program focused on children ages 0-3, which works with at-risk low income families in need of parenting education and support. FY 15-16 the PATH program served 101 families with two LPN's and conducted over 2400 visits this year.


Visiting Nurse Advocate for the County (VNAC) is an intensive intervention program that works with our County Children and Youth agencies to prevent future instances of abuse and to work with families to improve parenting skills, strengthen family bonds, and promote a safe healthy environment for the child. Our VNAC Nurses served 97 unduplicated clients this year between Lehigh and Northampton County.

Baby-Friendly Hospital Initiative- The Maternal Child Health staff are working within our network to assist our efforts to obtain baby friendly designation. St. Luke's was one of only 100 hospitals chosen to participate in the "EMPower" Breastfeeding Initiative, which gives hospitals support and guidance along the journey toward Baby Friendly designation. The MCH program has representation on the Empower team, along with leadership on the Keystone 10 team (A PA Department of Health led initiative to implement evidence based practices, improve breastfeeding initiation and duration, and improve the health of mothers and babies). We are currently in the D3 phase of the baby friendly initiative and our goal will be to obtain Baby Friendly and Keystone 10 Designation by 2018.


SUCCESSSES

|  | Prenatal Outcomes | St. Luke's NFP | PA State NFP | National NFP | PATH Program | HP 2020 Objective |
|---|--|----------------|--------------|--------------|---------------|-------------------|
| | Change in Prenatal Smoking (from intake to 36 weeks) | -35.3% | -15.3% | -14.6% | | |
| | Pre-term Birth rate | 8.8% | 10.7% | 10.0% | ***28%*** | 11.4% |
| | Low-Birth Rate | 16.0% | 12.0% | 10.7% | ***19%*** | 7.8% |
| | Very-Low Birth Rate | 0.8% | 1.6% | 1.6% | Not collected | 1.4% |




*** Client's are often referred to the PATH Program after birth. Referrals are frequently made to PATH due to prematurity or born at a Low birth weight and/or family has risks that may have had an impact prenatal outcomes.***

|  | Life Course Outcomes | St. Luke's NFP | PA State NFP | National NFP |
|---|--|----------------|--------------|--------------|
| | <i>Subsequent Pregnancies</i> | 17% | 25.4% | 24.6% |
| | <i>Over age of 18 Working at 24 months</i> | 80% | 67.7% | 60% |
| | <i>Obtaining GED/HS diploma while in the program</i> | 79.5%* | 67.5% | 61.2% |

*Data is cumulative for this data point

|  | Child Growth and Development-% Needing Referrals | St. Luke's NFP | NFP State | NFP National | PATH |
|---|--|----------------|-----------|--------------|------|
| | ASQ 4/6 months | 3% | 3% | 5% | 5% |
| | ASQ 10/12 months | 12% | 8% | 10% | 2% |
| | ASQ 14 months | 8% | 5% | 6% | |
| | ASQ 20/24 months | 5% | 11% | 11% | 5% |
| | ASQ 36 months | | | | 0% |

SUCCESES Cont...

| | Child Health and Wellness Outcomes | St. Luke's NFP | PA State NFP | National NFP | PATH Program | VNAC Program | HP 2020 Objective |
|---|--|--|--------------|--------------|--------------|--------------|-------------------|
|  | Breastfeeding initiation | 85.6% | 80.5% | 87.9% | 34% | | 81.9% |
| | Breastfeeding 6 month | 29.9% | 30.9% | 38.7% | 7% | | 60.6% |
| | Breastfeeding 12 months | 19.4% | 20.6% | 27.3% | 4% | | 34.1% |
| | 6 month Immunizations up to date | 100.0% | 96.1% | 95.8% | 93% | | |
| | 12 month Immunizations Up to date | 100.0% | 97.5% | 96.1% | 96% | | |
|  | 24 month Immunizations Up to date | 98.2% | 97.5% | 95.1% | 95% | | |
| | Connected to Insurance Admission | In our PATH program 43% of children visited the ER at least 1 time. Of those children seen 19% used the ER inappropriately where they could have been seen by their PCP. Our nurses work very hard to educate families on appropriate use of the ER and we hope we see this number decrease next year. | | | | 91% | |
| | Connected to Insurance Discharge | | | | | 100% | 100% |
| | Connected to Medical Home Admission | | | | | 83% | |
| | Connected to Medical Home Discharge | | | | | 100% | 83.9% |
|  | Immunizations UTD Admission | The PATH /VANC program have been gathering data on safe sleep in the home for infants to prevent against SIDS. Nurses educate clients on safe sleep environments and putting babies "back to sleep". In our VNAC program 98% of clients were following safe sleep practices and in PATH 95% were demonstrating safe sleep behaviors. | | | | 67% | |
| | Immunization UTD discharge | | | | | 96% | 80% |
| | Well child checks up to date admission | | | | | 67% | |
| | Well child Checks Discharge | | | | | 98% | |
| | Inappropriate use of ER admission | | | | | 23% | |
| | Inappropriate Use of ER Discharge | | | | | 5% | |
| | Use of ER for Injury or ingestion | 3% | | | | | |

Did you know.....
Vaccines are among the most cost-effective clinical preventive services we have? Yet 300 children in the United States die each year from vaccine-preventable diseases. **HP 2020 aims to have 80% of children up to date on vaccines.**

CHALLENGES & NEXT STEPS

As we look to the next fiscal year our goal is for all of the Maternal Child Health Programs to more fully integrate our care coordination efforts with our SLUH and community clinics. Healthcare reform requires us to do a better job serving high risk populations who are more vulnerable to lapses in care and access to preventative interventions. Working more closely with our local clinics will help us to ensure we are meeting our population health goals for prevention and early detection. Additional focus will be spent on funding opportunities as they are extremely competitive and with the increasing incidence of chronic disease and obesity it becomes even more of a challenge to ensure that babies are being born healthy and on time. The face of healthcare is changing and we want to adapt to these changes. Through the use of evidenced-based screening tools; helping families get connected to medical homes, preventative medical and dental care; and educating them on parenting and positive discipline, and strengthening our family's protective factors we hope to improve the overall health and development of the children we serve. Intervening early and helping families get on the right track from birth will help us to creating lasting and sustainable positive health outcomes throughout the lifespan.



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