

# MLC-3 in Kansas

## Northeast Corner Subregion

Counties: Shawnee and Jefferson  
Serving a population of: 193,130

### QI Team Members:

- Eileen Filbert
- Anne Freeze
- Teresa Fisher
- Kay Powell
- Judy Willett
- Debbie McNary
- Allison Alejos
- Barbara Heston
- Martha Conlin

## Quality Improvement Story Board



## Improving Access to Prenatal Care in the First Trimester

### Plan

#### 1. Background

The Northeast Corner Subregion, which consists of the Shawnee County Health Agency and the Jefferson County Health Department, serves a significant number of women of childbearing age. For the purpose of this project, services provided to women through certain programs will engage consumers by linking them to the health care delivery system through guidelines and provider networking.

#### 2. Aim Statement

By Oct. 1, 2009, in four clinic programs at two local health departments, pregnant women not enrolled in prenatal care will consistently be given a current listing of community obstetricians, 90 percent of those with limited resources will receive staff assistance in making a prenatal intake appointment, and 95 percent of those intakes will be scheduled within 10 working days from the date of request.

#### 3. Examine the Current Approach

Current practices and processes:

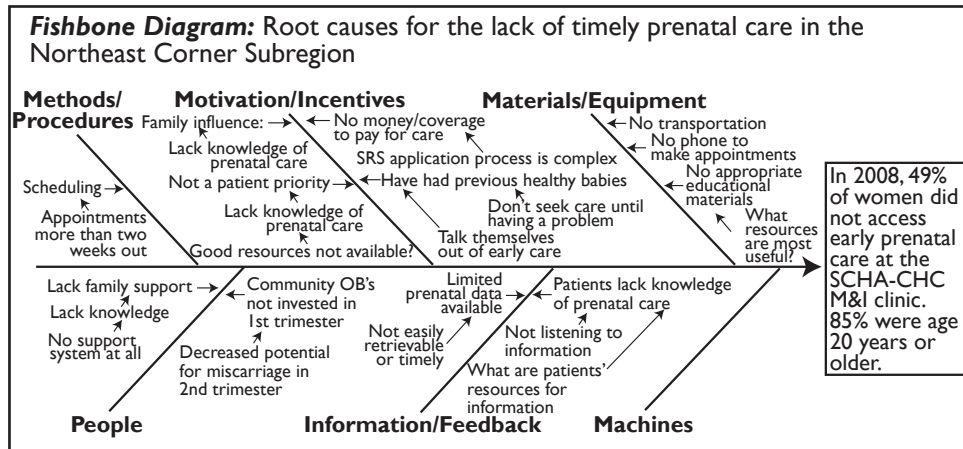
- Verbal counseling on prenatal care to all pregnant women.
- Not all clinics provide listings of area obstetricians to all pregnant women, or consistently refer pregnant women to prenatal services.
- Limited number of prenatal intake appointments are available each week.

#### 4. Identify Potential Solutions

- Keep both health departments current on clinic schedules.
- Offer to make intake appointments while clients are still on-site.
- Collect primary data from women of childbearing age through a survey in order to identify common barriers.

#### 5. Develop an Improvement Theory

- Open the clinic intake appointment book to accommodate two to five more intakes per week.
- Eliminate “cold handoff” referral of providing written provider contact information only and move to “warm handoff” of making the first prenatal intake appointment.
- Administer a survey tool to identify barriers to prenatal care.
- Reformat intake registration form and change the process of how the form is filled out.



### Study

#### 7. Study the Results

Creation of additional appointment slots per week resulted in a substantial increase in the number of follow-up appointments scheduled within two weeks of the initial request. Before the scheduling intervention, only 83 percent of appointments were within that timeframe. After the intervention, that rate went up to 97 percent — a 14 percent increase. The intervention also contributed to an increase in the number of women who entered

prenatal care in the first trimester by 18 percent — from 51 percent to 69 percent.

The surveys administered as part of the third intervention showed that two-thirds of the pregnant women at both clinics did not plan their pregnancies, making it harder for them to access prenatal care in a timely fashion after conception.

### Do

#### 6. Test the Theory

The team implemented a number of quality improvement interventions during the course of the project. First, the team focused on accommodating as many new intake appointments as the clinics' schedule allowed. By opening their scheduling registers and demanding flexibility, two to five more intake visits per week were scheduled.

Second, the new system made sure that prenatal intake appointments were scheduled on-site.

Third, the focus was on administration of a survey tool to identify reasons why women did not receive timely prenatal care.

### Act

#### 8. Standardize the Improvement

- Continue to expand the number of prenatal intake appointments.
- Standardize the process to schedule prenatal intake appointments within ten working days.
- Adopt reformatted intake registration form in both English and Spanish.

#### 9. Establish Future Plans

Form a group to focus on barriers to prenatal care identified by survey respondents.

