

FY 2023 PERFORMANCE PLAN

Maternity Clinic	PHD/CHSB	Kathleen Pons Haines,RN x1212 Gilma Diaz,RN x1227
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Program Purpose	<ul style="list-style-type: none"> • Improve birth outcomes for pregnant women receiving prenatal care from the Public Health Division (PHD) Maternity Clinic
Program Information	<ul style="list-style-type: none"> • Provides comprehensive services on a sliding scale to uninsured Arlington County residents based on Virginia Department of Health (VDH) and/or American College of Obstetricians and Gynecologists (ACOG) guidelines for maternity services including: <ul style="list-style-type: none"> ○ Clinical: nursing services, laboratory testing, clinician services, medical referrals ○ Non-clinical case management and social service referrals ○ Immunizations • Services are provided to 30 weeks gestation; clients are then transferred to Virginia Hospital Center (VHC) for services in their final weeks of pregnancy. <ul style="list-style-type: none"> ○ Clients who have Medicaid and clients with a high-risk pregnancy are referred to VHC immediately. • Public Health clinicians provide all maternity care. • Maternity Clinic is combined with Family Planning and STI Clinic; clients from the three programs are seen in the same clinic time. • Goals are based on Healthy People 2030 targets; this is a Department of Health and Human Services campaign that provides 10-year goals for health promotion and disease prevention. • Preterm delivery and low birth weight are monitored because they impact health both immediately after birth and lifelong. A birth is preterm if it is at less than 37 weeks gestation, and low birth weight if the infant is less than 2500 grams. • Partners include: Community based organizations, Virginia Hospital Center-Arlington (VHC) and Virginia Department of Health (VDH)
Service Delivery Model	<ul style="list-style-type: none"> • Maternity Services were delivered in-person during FY 2023. • Clients transferred to VHC OB Clinic at 30 weeks gestation per VHC’s request.

PM1: How much did we do?

Staff	<p>Total 4.3 FTEs:</p> <ul style="list-style-type: none"> • 0.3 FTE Supervisor • 1.5 FTE Nurse Coordinator • 0.9 FTEs Nurse • 0.8 FTE Medical Provider MD/NP • 0.8 FTE Clinic Aide
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Customers and Service Data		FY 2020	FY 2021	FY 2022	FY 2023
	Total Clients (unduplicated)	448	375	421	420
	New Admissions	306	310	318	321
	Visits	2,746	1,494	2,319	2,131

PM2: How well did we do it?

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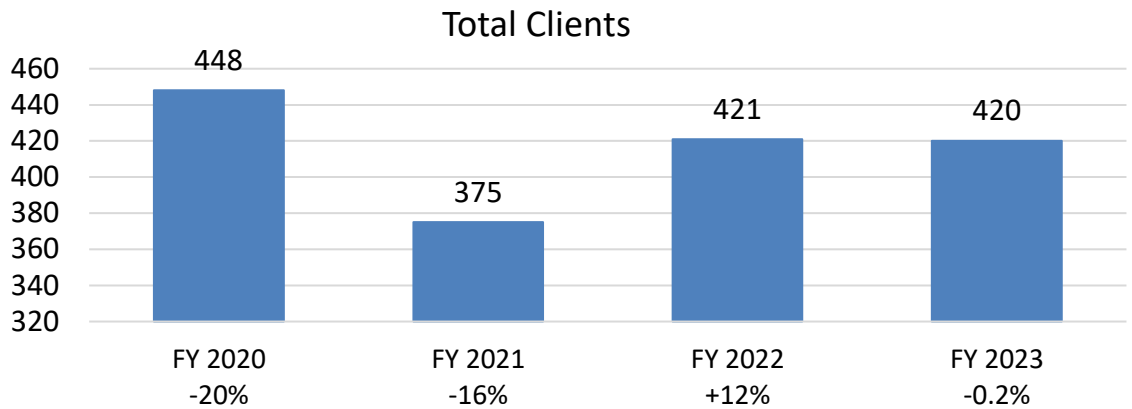
2.1	Arlington County PHD maternity clients who receive all critical assessments and tests on time
2.2	Client satisfaction
PM3: Is anyone better off?	
3.1	Deliveries resulting in a low birth weight baby
3.2	Pre-term deliveries
3.3	Clients entering care in the first trimester

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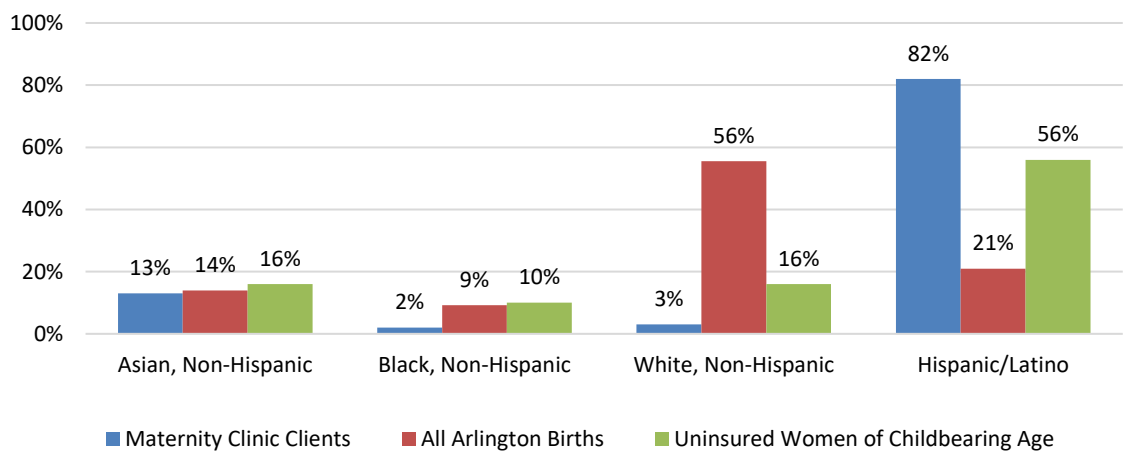
Maternity Clinic

Measure 1 Total Clients and Visits

Data



Maternity Clinic Clients Compared to All Arlington Births by Maternal Race and Ethnicity, FY 2023



Data Summary

- The number of clients has decreased 6% since FY 2020.
- The number of clients and visits are tracked in WebVision.
- Race and ethnicity was unknown for 3 clients in FY 2023.

What is the story behind the data?

- 81% of Maternity Clinic clients are Hispanic compared with 21% of all Arlington births and 56% of uninsured women of childbearing age in Arlington. Maternity Clinic clients are less likely to qualify for health insurance due to their residency status.

Recommendations

- Stay the course

Target Dates

- On-going

Forecast

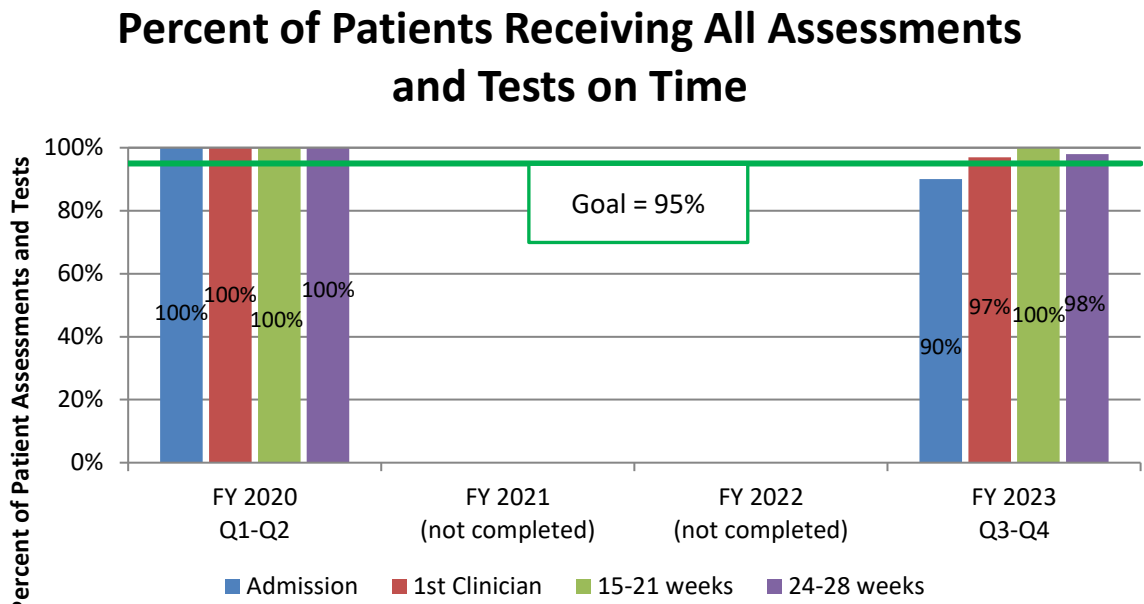
- For FY 2024, the number of clients is expected to be 420.

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Maternity Clinic

Measure 2.1 PHD maternity clients who receive all critical assessments and tests on time

Data



Data Summary

- In FY 2023, clients in the PHD Maternity Clinic received the recommended tests:
 - At their admission visit 90% of the time (15 tests)
 - At 1st clinician visit 97% of the time (1 test)
 - Between 15 and 21 weeks 100% of the time (1 test)
 - Between 24 and 28 weeks 98% of the time (2 tests)
- The number and timing of tests meet applicable VDH and/or ACOG guidelines
- Data collected during chart review of a sample of visits

What is the story behind the data?

- When the audit was re-started in FY 2023 Q3, the tests that were included were reassessed to include all assessments and tests. After the first quarter of using the new audit tool, definitions were clarified and staff retrained on the audit tool. Results improved after these changes were implemented.

Recommendations

- Continue monitoring audit result and adjust as needed.

Target Dates

- On-going

Forecast

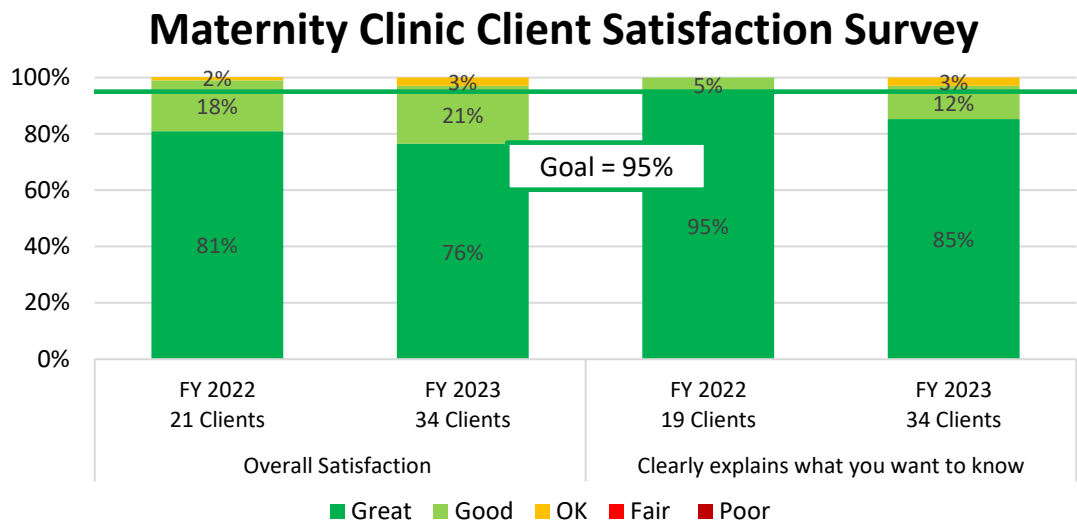
- In FY 2024, 95% or more of clients will receive all critical assessments and tests on time for all categories.

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Maternity Clinic

Measure 2.2 Client satisfaction

Data



Data Summary

- In FY 2023, a satisfaction survey was conducted for the “combined clinic” (Family Planning, STI and Maternity). These results shown are only for Maternity Clinic clients.
- In FY 2022, overall satisfaction was calculated by averaging the results from all the questions on the survey. For FY 2023, clients were asked specifically about overall satisfaction.
- Survey conducted once a year, capturing all clients served over a two-week period, using a paper survey in English and Spanish.
- FY 2023 response rate was 68%.

What is the story behind the data?

- In FY 2022, the customer satisfaction survey was changed to a survey that VDH requires for some PHD clinic programs.
- In FY 2023, 97% of clients rated their overall customer experience with Maternity Clinic services as “good” or “great” and 97% rated how we explained things as “good” or “great”.
- Clinic staff received the highest scores on the survey. Wait times, convenience, and what clients were required to pay received the lowest scores.
- We are continuing to administer the LINK survey, which is a partnership between PHD Maternity Clinic, Virginia Hospital Center, and Arlington Free Clinic to assess new clients’ social service needs and then connect them to services.

Recommendations

- Continue to administer the LINK survey and connect clients with services as needed.

Target Dates

- Ongoing

Forecast

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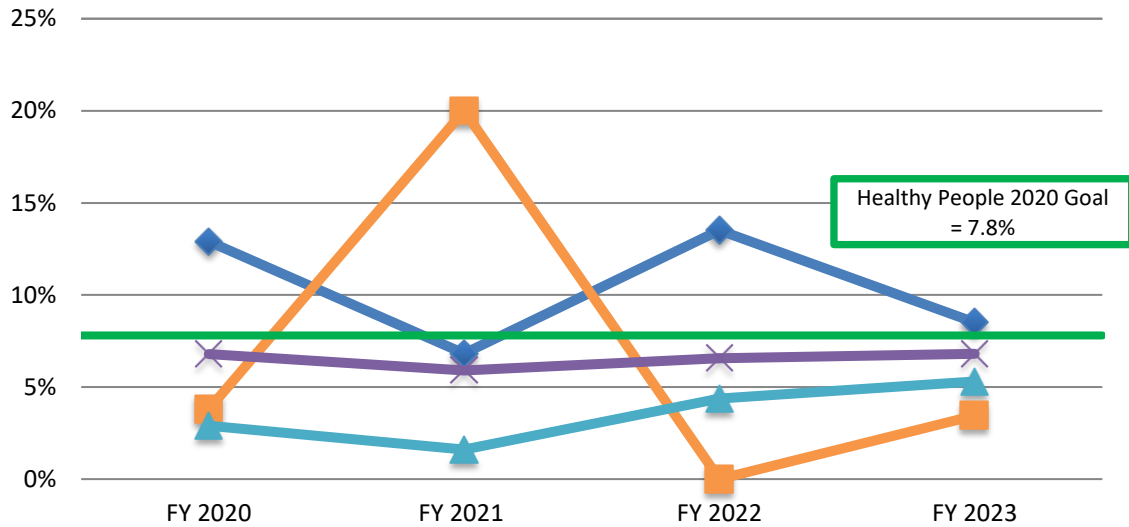
- In FY 2024, the percentage of Maternity Clinic clients who rated their overall customer experience as “good” or “great” will be 97%. The percentage of Maternity Clinic clients who rated their how we explained things as “good” or “great” will remain 97%.

Maternity Clinic

Measure 3.1 Deliveries resulting in a low birth weight baby

Data

Percent of Deliveries that were Low Birth Weight

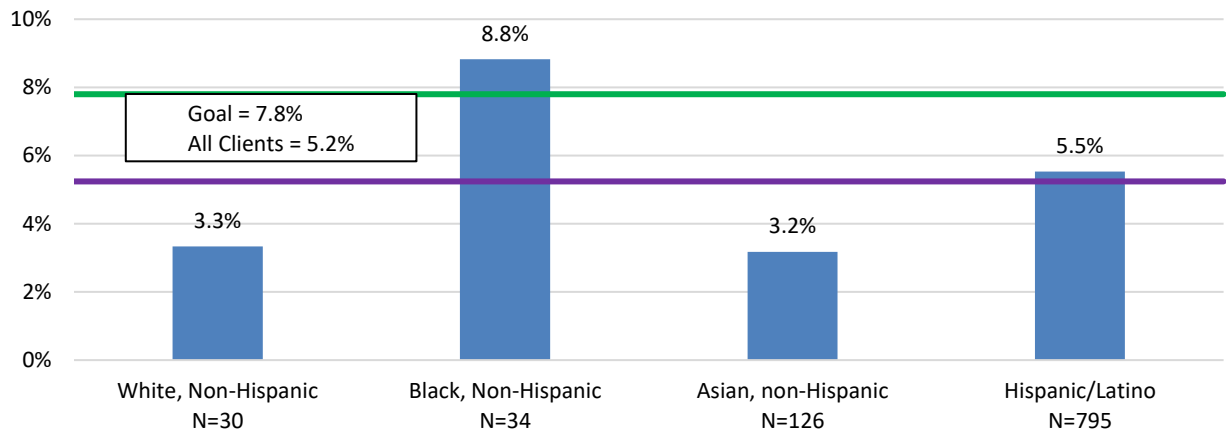


	FY 2020	FY 2021	FY 2022	FY 2023
◆ High Risk (transferred immediately)	12.9% (8 of 62)	6.8% (3 of 44)	13.5% (10 of 74)	8.5% (4 of 47)
■ Medicaid (transferred immediately)	3.8% (1 of 26)	20.0% (2 of 10)	0.0% (0 of 17)	3.4% (2 of 58)
▲ Clinic services through 30 weeks	2.9% (5 of 173)	1.6% (3 of 187)	4.4% (7 of 160)	5.3% (7 of 132)
✕ All Arlington Births (VDH Vital Records)*	6.8% (149 of 2,194)	5.9% (117 of 1,989)	6.6% (142 of 2,164)	6.8% (141 of 2072)

*Preliminary data from VDH; does not include births outside of Virginia. FY 2023 all Arlington data is for CY 2022.

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Percent of Deliveries that are Low Birth Weight by Race and Ethnicity, FY 2020 - FY 2023



Data Summary

- Among clients who were transferred to Virginia Hospital Center (VHC) before 30 weeks due to a high risk pregnancy (blue diamond line above), 8.5% of deliveries resulted in low birth weight babies in FY 2023.
- Among clients who were transferred to VHC before 30 weeks because they obtained Medicaid (orange square line above), 3.4% of deliveries resulted in low birth weight babies in FY 2023.
- Among clients who received care at the PHD Maternity Clinic until their transfer to VHC at 30 weeks (teal triangle line above), 5.3% of deliveries resulted in low birth weight babies in FY 2023.
- Data on births to all Arlington residents from the Virginia Department of Health Vital Records (purple X line above) and the goal (solid green line) are included for comparison.
- Data disaggregated by race and ethnicity was combined for several years because of small numbers. Data was suppressed for American Indian and Alaska Native clients because of small numbers. Race and ethnicity was unknown for 3 births FY 2020-FY 2023.

What is the story behind the data?

- Clients served in the Maternity Clinic through 30 weeks (teal line above) have fewer low birth-weight babies than all women giving birth (purple line above). Primary factor is likely that they have fewer identified risk factors because “all women” includes high-risk pregnancies.
- High-risk clients are more likely to deliver low birth weight babies than other groups; high-risk clients are referred to VHC for prenatal care.
- Medicaid clients are also referred to VHC immediately and include both high-risk and low-risk pregnancies.
- The Maternity Program is notified when there are changes VHC Outpatient Clinic staff. VHC-Outpatient Clinic staff are given information about CHSB programs and services.
- The trends by race and ethnicity mirror state and national trends, with Black women more likely to have low birth weight babies.

Recommendations

Target Dates

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<ul style="list-style-type: none">• Continue to refer high-risk clients to PHD Nursing Case Management Program, Healthy Families and Virginia Hospital Center outpatient social worker and measure outcomes for these clients.• Continue regular communication with VHC so that we can continue to prevent barriers to care and work together with VHC to assist clients.	<ul style="list-style-type: none">• Ongoing • On-going
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Forecast

- In FY 2024, the percent of deliveries that result in a low birth weight baby will remain 5.3% for clients seen through 30 weeks, 3.4% for clients transferred because they received Medicaid, and 8.5% for clients transferred because of high-risk pregnancy.

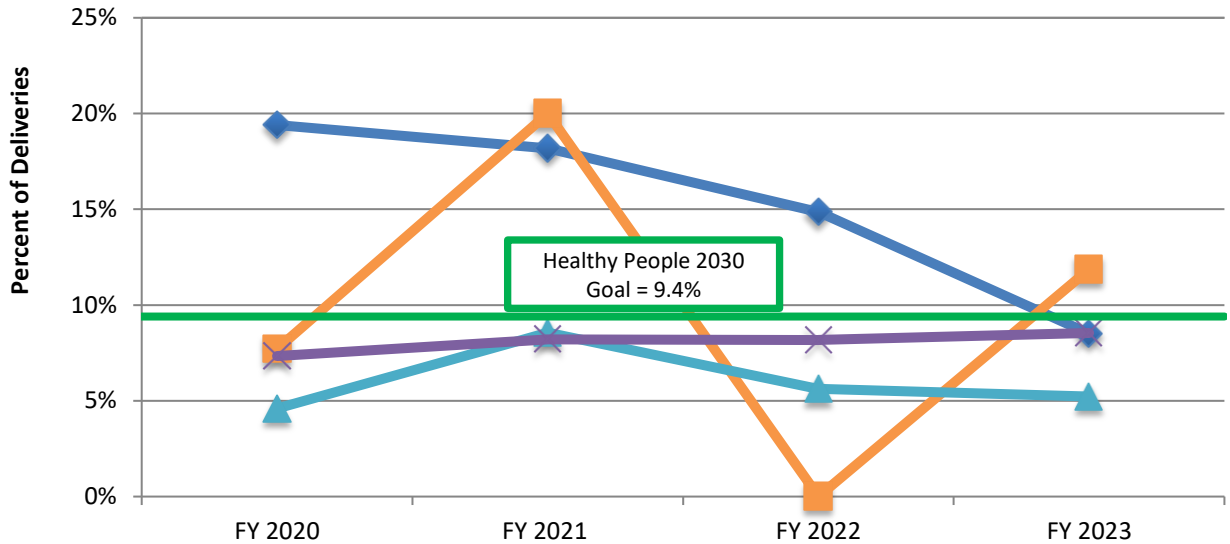
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Maternity Clinic

Measure 3.2 Pre-term deliveries

Data

Percent of Deliveries that were Pre-Term

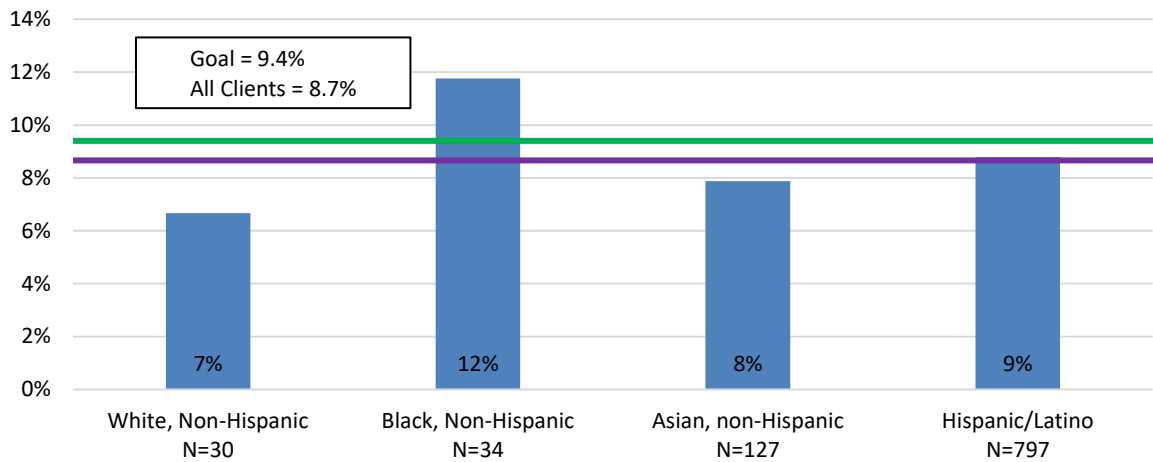


	FY 2020	FY 2021	FY 2022	FY 2023
◆ High Risk (transferred immediately)	19.4% (12 of 62)	18.2% (8 of 44)	14.9% (11 of 74)	8.5% (4 of 47)
■ Medicaid (transferred immediately)	7.7% (2 of 26)	20.0% (2 of 10)	0.0% (0 of 17)	11.9% (7 of 59)
▲ Clinic services through 30 weeks	4.6% (8 of 173)	8.6% (16 of 187)	5.6% (9 of 160)	5.2% (7 of 134)
✕ All Arlington Births (VDH Vital Records)*	7.3% (161 of 2,194)	8.2% (164 of 1,989)	8.2% (177 of 2,164)	8.5% (177 of 2072)

*Preliminary data from VDH; does not include births outside of Virginia. FY 2023 all Arlington data is for CY 2022.

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**Percent of Deliveries that are Preterm
by Race and Ethnicity, FY 2020 - FY 2023**



Data Summary

- Among clients who were transferred to VHC before 30 weeks due to a high risk pregnancy (blue diamond line above), 8.5% of deliveries were preterm in FY 2023.
- Among clients who were transferred to VHC before 30 weeks because they obtained Medicaid (orange square line above), 11.9% of deliveries were preterm in FY 2023.
- Among clients who received care at the PHD Maternity clinic until their transfer at 30 weeks (teal triangle line above), 5.2% of deliveries were preterm in FY 2023.
- Data on births to all Arlington residents from the Virginia Department of Health Vital Records (purple X line above) and the Healthy People 2030 goal (solid green line) are included for comparison.
- Data disaggregated by race and ethnicity was combined for several years because of small numbers. Data was suppressed for American Indian and Alaska Native clients because of small numbers. Race and ethnicity was unknown for 3 births FY 2020-FY 2023.

What is the story behind the data?

- Identical to 3.1

Recommendations

- Identical to 3.1

Target Dates

- Ongoing

Forecast

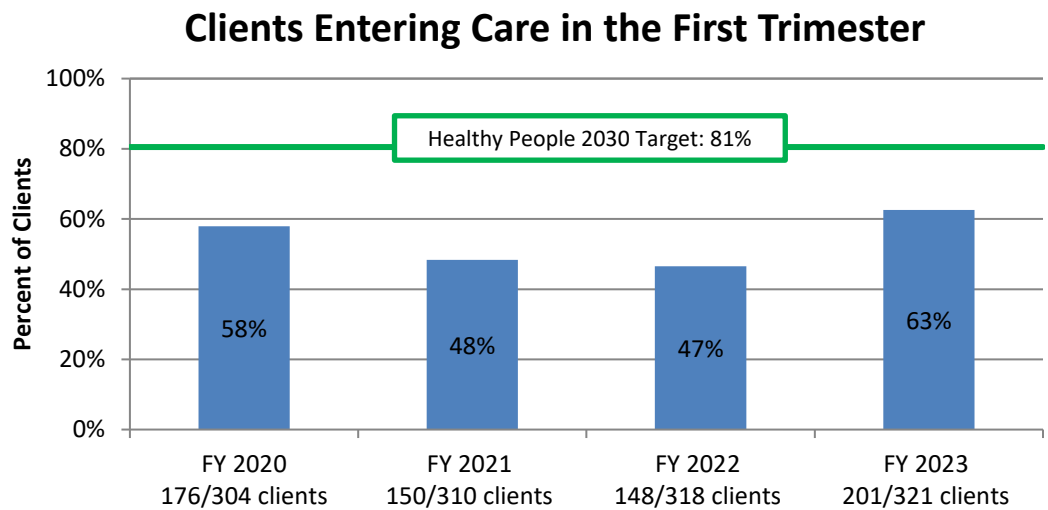
- In FY 2023, the percent of deliveries that are preterm will remain 5.2% for clients seen through 30 weeks, 11.9% for clients transferred because they received Medicaid, and 8.5% for clients transferred because of high-risk pregnancy.

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Maternity Clinic

Measure 3.3 Clients entering care in the first trimester

Data



Data Summary

- Data is collected at the admission visit for the pregnancy.
- Clients who have moved into Arlington while pregnant are excluded from the analysis. In FY 2023, no clients were excluded.

What is the story behind the data?

- The percent of women entering care in their first trimester was 63% in FY 2023.
- Early entry into care dramatically decreased during the pandemic because clients were apprehensive about going into a clinic setting. In FY 2023, the percentage improved significantly.
- The eligibility process has evolved throughout the pandemic as conditions and resources changed. For example, a single, centralized email address for submitting documents was created. Eligibility requirements may still be a barrier to accessing services quickly.
- Internal and external outreach about Maternity Clinic services have increased in FY 2023.

Recommendations

- Continue to partner with the Community Outreach Program to raise awareness of Maternity Clinic and Family Planning services.
- Review Clinical and Administrative Team processes and procedures in this area.

Target Dates

- Ongoing
- FY 2024 Q4

Forecast

- In FY 2024, 63% of women will enter care in the first trimester.