

**FY 2022 PERFORMANCE PLAN**

<b>Maternity Clinic</b>		<b>PHD/CHSB</b>	Kathleen Pons Haines,RN x1212 Gilma Diaz,RN x1227
Program Purpose	<ul style="list-style-type: none"> <li>• Improve birth outcomes for pregnant women receiving prenatal care from the Public Health Division (PHD) Maternity Clinic</li> </ul>		
Program Information	<ul style="list-style-type: none"> <li>• 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"> <li>○ Clinical: nursing services, laboratory testing, clinician services, medical referrals</li> <li>○ Non-clinical case management and social service referrals</li> <li>○ Immunizations</li> </ul> </li> <li>• Services are provided to 34 to 35 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"> <li>○ Clients who have Medicaid and clients with a high-risk pregnancy are referred to VHC immediately.</li> </ul> </li> <li>• Public Health clinicians provide all maternity care.</li> <li>• Maternity Clinic is combined with Family Planning and STI Clinic; clients from the three programs are seen in the same clinic time.</li> <li>• 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.</li> <li>• 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.</li> <li>• Partners include: Community based organizations, Virginia Hospital Center-Arlington (VHC) and Virginia Department of Health (VDH)</li> </ul>		
Service Delivery Model	<ul style="list-style-type: none"> <li>• Maternity Services were delivered in-person during FY 2022. Telehealth was phased out in April 2022.</li> <li>• Most of the staff returned to full time CHSB related duties. A small contingency of staff also supported the COVID-19 Vaccination Clinics.</li> <li>• Clinic days and times were temporarily moved to give clinic space to COVID-19 Vaccination Clinics for children and babies.</li> <li>• In FY 2023, will continue to offer Maternity Clinic services in-person, and adjust clinics to different days and times to support vaccination clinics as needed.</li> </ul>		
<b>PM1: How much did we do?</b>			
Staff	<p>Total 4.3 FTEs:*</p> <ul style="list-style-type: none"> <li>• 0.3 FTE Supervisor</li> <li>• 1.5 FTE Nurse Coordinator</li> <li>• 0.9 FTEs Nurse</li> <li>• 0.8 FTE Medical Provider MD/NP</li> <li>• 0.8 FTE Clinic Aide</li> </ul> <p>*This is the staffing levels from the end of FY 2022. Staffing changed throughout the year as services expanded.</p>		

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Customers and Service Data		<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>
	Total Clients (unduplicated)*	563	448	375	421
	New Admissions	394	306	310	318
	Visits	3,663	2,746	1,494	2,319

**PM2: How well did we do it?**

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?**

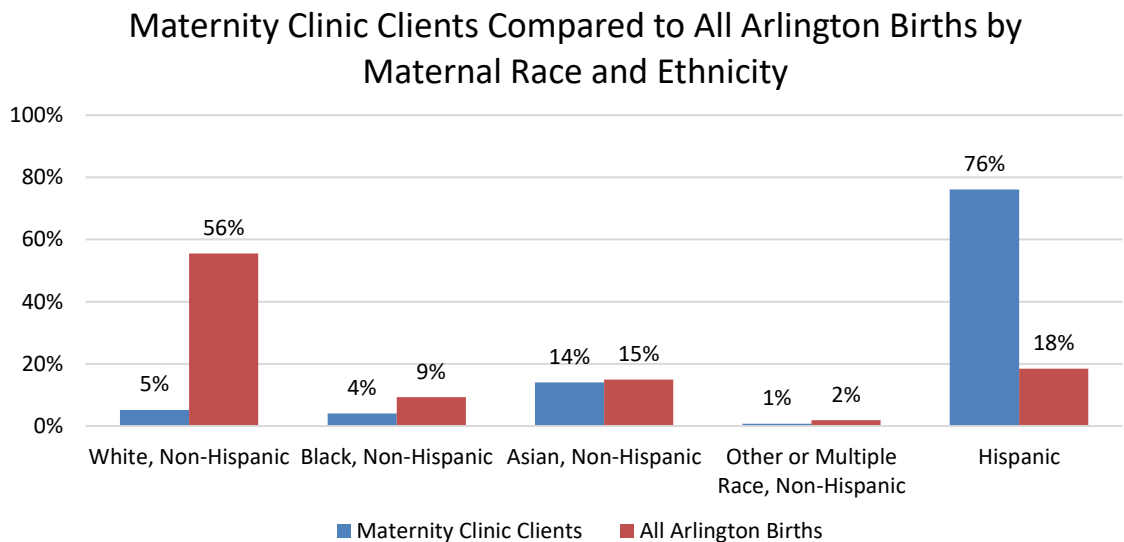
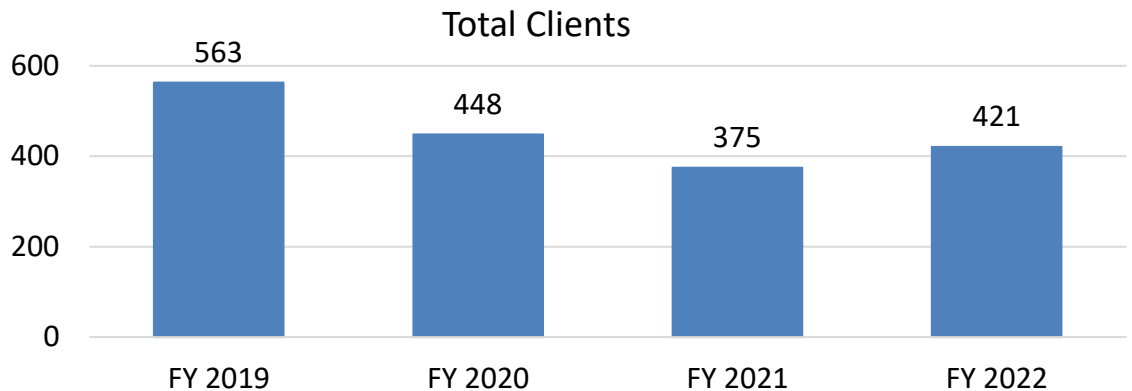
3.1	Deliveries resulting in a low birth weight baby
3.2	Pre-term deliveries
3.3	Clients entering care in the first trimester

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**Maternity Clinic**

**Measure 1** Total Clients and Visits

**Data**



**Data Summary**

- The number of clients has decreased 25% since FY 2019.
- The number of visits has decreased 37% since FY 2019.
- The number of clients and visits are tracked in WebVision.

**What is the story behind the data?**

- Decrease in the number of clients in FY 2020 and FY 2021 was due to VDH Program Guidelines during COVID-19, which increased the interval between visits. In FY 2022, more clinics were added.
- 76% of Maternity Clinic clients are Hispanic compared with 18% of all Arlington births. Maternity Clinic clients are less likely to qualify for health insurance due to their residency status.

**Recommendations**

- Continue to follow VDH Program Guidelines during COVID-19 pandemic.

**Target Dates**

- Ongoing

**FY 2022 PERFORMANCE PLAN**

- Explore alternative data sources for demographic comparison that include breakdowns of uninsured Arlington residents by race and ethnicity.

- FY 2023 Q4

**Forecast**

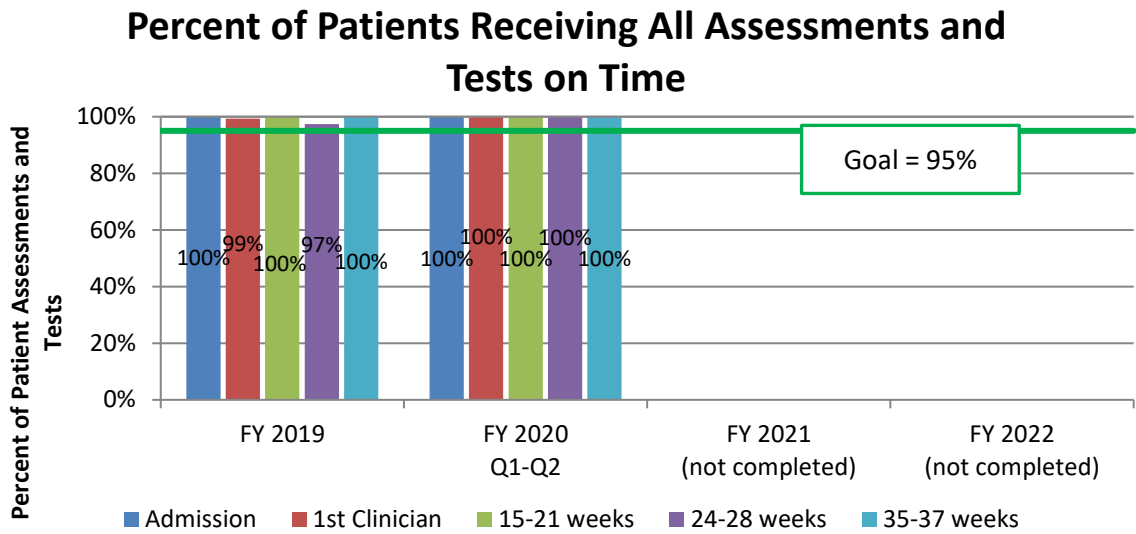
- For FY 2023, the number of clients is expected to stay the same.

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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 2020, clients in the PHD Maternity Clinic received the recommended tests:
  - At their admission visit 100% of the time (9 tests)
  - At 1st clinician visit 100% of the time (2 tests)
  - Between 15 and 21 weeks 100% of the time (1 test)
  - Between 24 and 28 weeks 100% of the time (2 tests)
  - Between 35 and 37 weeks 100% of the time (1 test)
- The number and timing of tests meet applicable VDH and/or ACOG guidelines
- Data collected during chart review of a sample of visits
- Data not collected in FY 2020 Q3-Q4, FY 2021, or FY 2022 due to staff redeployment to COVID response.

**What is the story behind the data?**

- In FY 2022, staff was redirected to work on COVID-19 response and did not complete the audit.
- Positive results in previous years are likely due to:
  - Ensuring that clients' updated due dates are documented
  - Ensuring that missed appointments are rescheduled quickly
  - All Maternity Clinics have been combined with Family Planning and STI to allow for more flexible appointment times

**Recommendations**

- Reinstate audit of maternity clinic services when staffing levels permit.

**Target Dates**

- FY 2023 Q2

**Forecast**

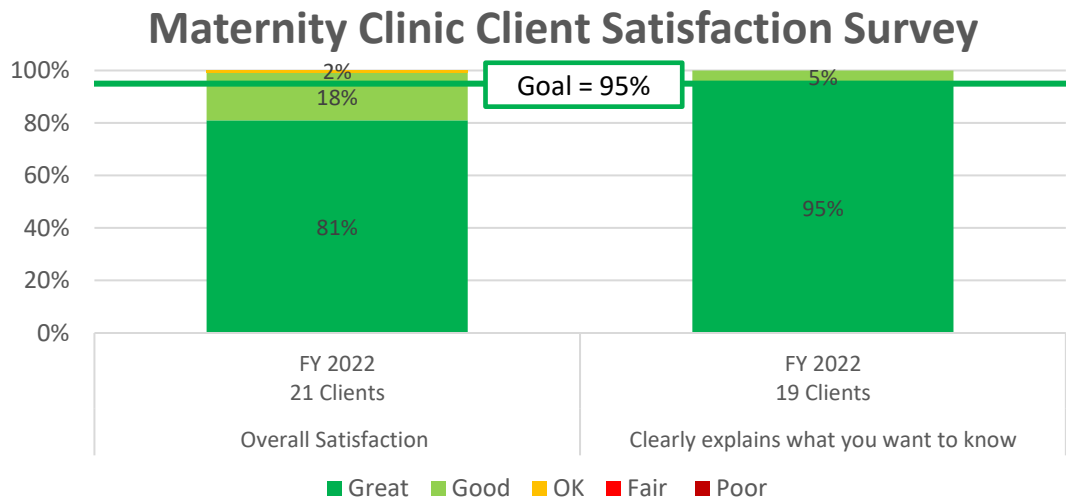
- In FY 2023, 95% or more of clients will receive all critical assessments and tests on time for all categories.

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**Maternity Clinic**

Measure 2.2 Client satisfaction

Data



Data Summary

- In 2022, a satisfaction survey was conducted for the “combined clinic” (Family Planning, STI and Maternity). These results shown are only for Maternity Clinic clients.
- Overall satisfaction was calculated by averaging the results from all the questions on the survey.
- Survey conducted once a year, capturing all clients served over a two-week period, using a paper survey in English and Spanish.
- FY 2022 response rate was not calculated.

**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 2022, 98% of clients rated their overall customer experience with Maternity Clinic services as “good” or “great” and 100% rated how we explained things as “good” or “great”.
- Clinic staff and facilities received the highest scores on the survey. Wait times 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**

- Perform survey for client satisfaction as staffing levels allow due to COVID-19 response staffing needs.
- Add a question explicitly about overall satisfaction to the survey.
- Continue to administer the LINK survey and connect clients with services as needed.

**Target Dates**

- Q4 FY 2023
- Q4 FY 2023
- Ongoing

**Forecast**

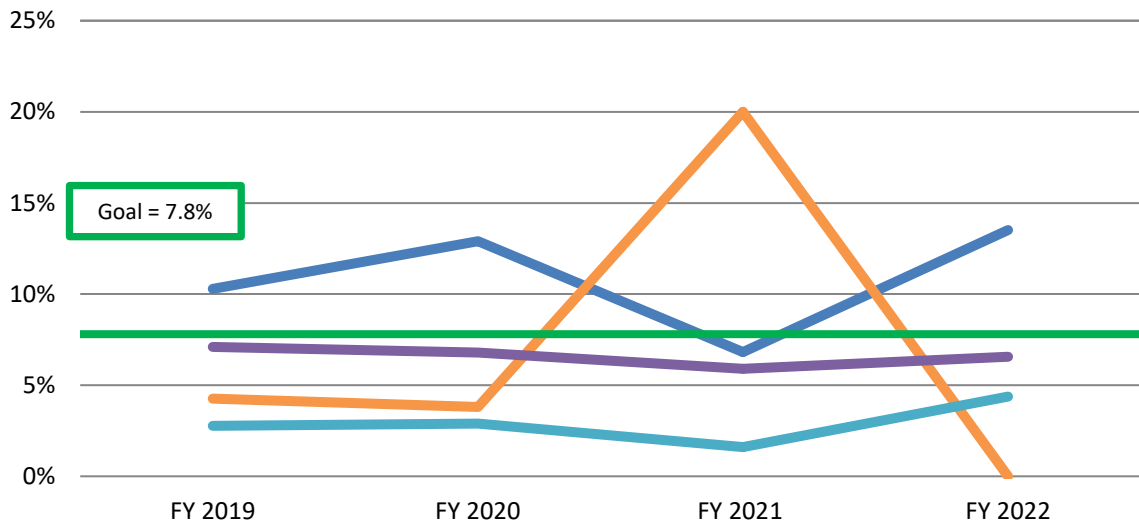
- In FY 2023, satisfaction will continue at about the same level as in FY 2022.

**Maternity Clinic**

Measure 3.1 Deliveries resulting in a low birth weight baby

Data

**Percent of Deliveries that were Low Birth Weight**



	FY 2019	FY 2020	FY 2021	FY 2022
◆ High Risk (transferred immediately)	10.3% (7 of 68)	12.9% (8 of 62)	6.8% (3 of 44)	13.5% (10 of 74)
■ Medicaid (transferred immediately)	4.3% (2 of 47)	3.8% (1 of 26)	20.0% (2 of 10)	0.0% (0 of 17)
▲ Clinic services through 36 weeks	2.8% (6 of 216)	2.9% (5 of 173)	1.6% (3 of 187)	4.4% (7 of 160)
✕ All Arlington Births (VDH Vital Records)*	7.1% (161 of 2,265)	6.8% (149 of 2,194)	5.9% (117 of 1,989)	6.6% (142 of 2164)

\*Preliminary data from VDH; does not include births outside of Virginia

Data Summary

- Among clients who were transferred to Virginia Hospital Center (VHC) before 36 weeks due to a high risk pregnancy (blue diamond line above), 13.5% of deliveries resulted in low birth weight babies in FY 2022.
- Among clients who were transferred to VHC before 36 weeks because they obtained Medicaid (orange square line above), 0% of deliveries resulted in low birth weight babies in FY 2022.
- Among clients who received care at the PHD Maternity Clinic until their transfer to VHC at 36 weeks (teal triangle line above), 4.4% of deliveries resulted in low birth weight babies in FY 2022.
- 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.

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**What is the story behind the data?**

- Clients served in the Maternity Clinic through 36 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.

**Recommendations**

**Target Dates**

- 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.
- Explore disaggregating data by race and ethnicity.

- Ongoing
- FY 2023 Q4

**Forecast**

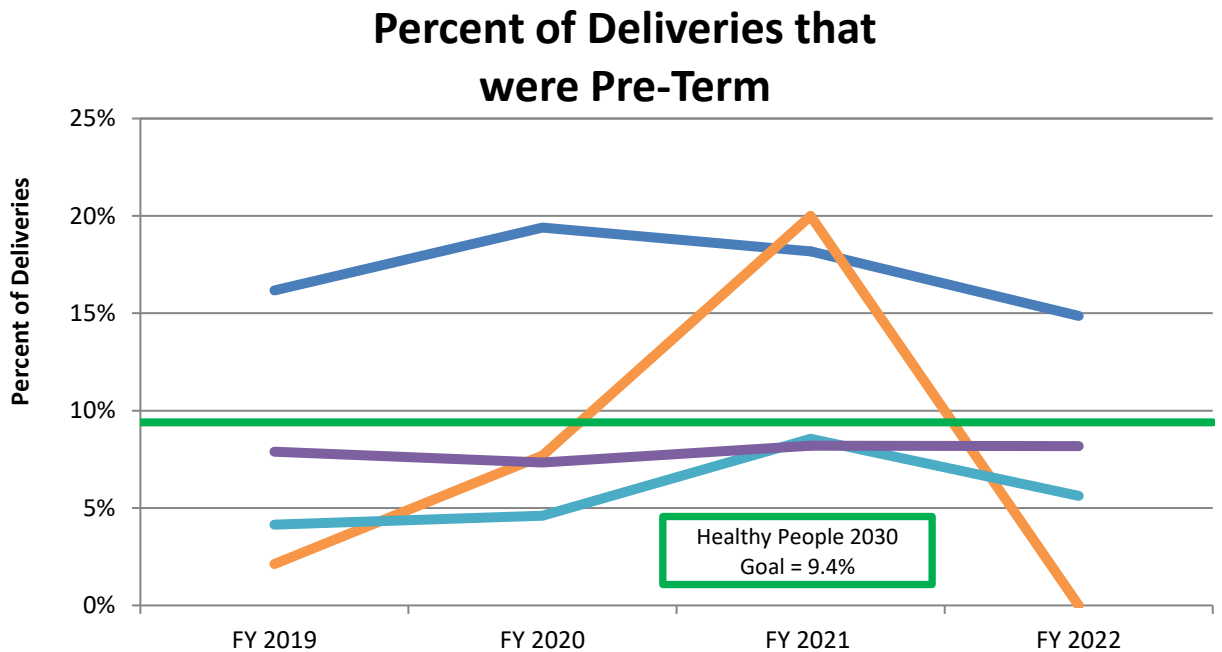
- In FY 2023, the percent of deliveries that result in a low birth weight baby will remain about the same.



**Maternity Clinic**

Measure 3.2 Pre-term deliveries

Data



	FY 2019	FY 2020	FY 2021	FY 2022
◆ High Risk (transferred immediately)	16.2% (11 of 68)	19.4% (12 of 62)	18.2% (8 of 44)	14.9% (11 of 74)
■ Medicaid (transferred immediately)	2.1% (1 of 47)	7.7% (2 of 26)	20.0% (2 of 10)	0.0% (0 of 17)
▲ Clinic services through 36 weeks	4.1% (9 of 217)	4.6% (8 of 173)	8.6% (16 of 187)	5.6% (9 of 160)
× All Arlington Births (VDH Vital Records)*	7.9% (180 of 2,265)	7.3% (161 of 2,194)	8.2% (164 of 1,989)	8.2% (177 of 2164)

\*Preliminary data from VDH; does not include births outside of Virginia

Data Summary

- Among clients who were transferred to VHC before 36 weeks due to a high risk pregnancy (blue diamond line above), 14.9% of deliveries were preterm in FY 2022.
- Among clients who were transferred to VHC before 36 weeks because they obtained Medicaid (orange square line above), 0% of deliveries were preterm in FY 2022.
- Among clients who received care at the PHD Maternity clinic until their transfer at 36 weeks (teal triangle line above), 5.6% of deliveries were preterm in FY 2022.
- 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.

**What is the story behind the data?**

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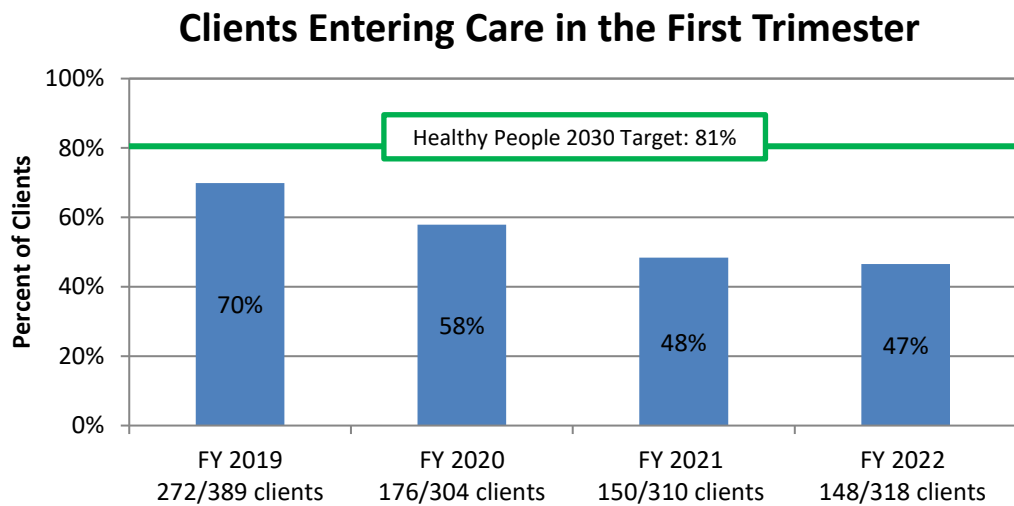
• Identical to 3.1	
<b>Recommendations</b>	<b>Target Dates</b>
• Identical to 3.1	• Ongoing
<b>Forecast</b>	
• In FY 2023, the percent of deliveries that are preterm will remain about the same.	

**FY 2022 PERFORMANCE PLAN**

**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 2022, no clients were excluded.

**What is the story behind the data?**

- The percent of women entering care in their first trimester was 47% in FY 2022.
- Early entry into care dramatically decreased during the pandemic because clients were apprehensive about going into a clinic setting.
- 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 was restarted.

**Recommendations**

- Continue community outreach regarding Maternity Services.
- Collaborate with the Clinical Administration Team on a time study to determine how long each step in the eligibility process takes.
- Explore partnering with the Community Outreach Program to raise awareness of Maternity Clinic and Family Planning services.

**Target Dates**

- Ongoing
- Q3 FY 2023
- Q4 FY 2023

**Forecast**

- In FY 2023, 47% of women will enter care in the first trimester.