Arizona Healthy@Home Quality Improvement Project

Summary of Measurable Results

Approximately 233 families were surveyed at the home visiting pilot program sites and were pregnant or postpartum women with children 0-2. These families are at high risk for or currently have health problems.

| Success Measure | Successful if | Preliminary Results | Conclusions |
| --- | --- | --- | --- |
| Composite Score calculated for Home Safety and Family WellnessComposite Base = Healthy@Home Assessment + Education on Home & Health Safety Hazards + Ed & Referral for CDSM (if identified) + Ed & Referral for Environmental Health Resources (if identified)Score: # Yes / # Composite Base | Criterion for success is 80% of families will receive at least a 70% composite score.  | 154 out of 208 (74%) had at least 70% composite score47 out of 208 (22%) had between 50% and 70% composite score7 out of 208 (3%) less than 50% composite score | Target: 80% of families received at least 70% composite scoreResults: 74% of families received at least 70% composite scoreConclusions: Did not meet target but trend is in the preferred direction |
| Increased knowledge and practice of providing education when indicated to environmental health or chronic disease resources. | Criterion for success is a 70% increase in home visitor knowledge of environmental health and chronic disease resources.Criterion for success is a 70% increase in provision of education materials by home visitor to family when indicated by scores on Healthy@Home Assessment | Knowledge: Potential Lead Hazards:Pre: 62.8% Post: 84.6%Percent increase: 34.7%Knowledge: Chronic Disease:Pre: 79.7% Post: 94.9%Percent Increase: 19.1%Aggregate: 26.9% increaseChronic Disease Education:202.8% increaseEnvironmental Health Education: 100.0% increaseAggregate: 151.4% increase | Target: 70% increase in knowledgeResults: 26.9% increase in knowledgeConclusion: 1. Did not meet target.
2. Pre-Knowledge of home visitors in pilot was underestimated.

Target: 70% increase in provision of education materialsResults: 151.4% increase in provision of education materialsConclusion: Target was exceeded |
| Increased number of referrals provided by home visitors when need is indicated by score on Healthy@Home Assessment. | The criterion for success is a 30% increase in referrals by home visitor when indicated by family answers on Healthy@Home Assessment. The percent change between pre and post is calculated. Data is collected at baseline, after the pilot, and monthly until October 2013.  | Chronic Disease Referral: Pre: 27.3% Post: 31.5% Percent Increase: 15.3%Environmental Health Referral:Pre: 13% Post: 23.2%Percent Increase: 43.9%Aggregate Referral:Pre: 21.4% Post: 31.1%Percent Increase: 45.3% | Target: 30% increase in referralsResults: 45.3% increase in referralsConclusion: Target was exceeded. |
| PHAB Standard 7.2.2 A Collaborate to implement strategies to increase access to health care services | The measure of success is documentation of (a) a cooperative system of referral between partners that shows the methods used to link individuals with needed health care services, and (b) program/work plans documenting that strategies developed collaboratively have been implemented | 2 referrals to Arizona Living Well Institute for CDSMP; both referrals documented and sent to CHAT team. | Target: Documentation of collaborationResults: 100% of documentation received from ALWI on referralsConclusion: Target was met |
| PHAB Standard 9.2.2 A Implement quality improvement activities | The measure of success is documentation of quality improvement activities based on the QI Plan and demonstration of staff participation in quality improvement activities based on the QI Plan.  | * CHAT Charter developed
* Minutes of each CHAT team meeting
* Corresponding documentation developed as a result of the QI activities
* Attendance at each meeting documents the participation of staff
* Data collected and being analyzed on pilot CHAT project
* Results of CQI presented
 | Target: Sufficient documentation of CQI activitiesResults: All required documentation is in placeConclusion: High staff participation was demonstrated in CQI process and product was high quality |