

GLOBAL AIM

Eliminate Infant Mortality in Hamilton County

SMART AIM

Reduce the Infant Mortality Rate in Hamilton County from 9.5 to 6.0 by December 31, 2020.

POPULATION

Pregnant Women in Hamilton County

KEY DRIVERS

First Trimester Access to Prenatal Care

Effective Smoking Cessation Processes

Community Health Worker Functions as an Integrated Member of the Clinical Prenatal Care Team

Apply a Consistent Team Based Prenatal Care Model Including the Population Health Principles*

Availability of appointments within 4 business days of initial contact

Same day access for pregnancy testing & walk-in appointments

First trimester access to CHW and/or Case Manager

Prenatal Care Team accommodates unscheduled NOB patients

Extreme preterm birth data and infant death data shared with Prenatal Care Team

Schedule template has a protected NOB slots which is never converted to a different appointment type

**Integrated team prioritizing patient centered problem solving
- co-creating solutions**

MA/RN and Provider conduct intake appointment on the same day

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Initial and ongoing training of staff on the 5A's

Consistent use of the 5A's during every prenatal appointment

Consistent use of the 5R's for patients not ready to make a quit attempt (MI)

Identify a team lead for every health center/community agency and provide QI training, leadership training and support

Prenatal care team host pre-session huddles which includes tobacco use status of patients

Use of CO monitors as a screening and monitoring tool

Regular communication with team leads and Cradle Cincinnati regarding tobacco cessation strategies

Updated and maintained CCLC website with tobacco cessation resources and toolkit

Showcase staff or patient story about journey to decrease or quit tobacco use

Monthly team review of any 28 week or less PTB or sleep related death where the patient used tobacco

CTTS functions as integrated member of prenatal care team

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Apply a Consistent Team Based Prenatal Care Model Including the Population Health Principles*

Prenatal Care Team screens patient for a CHW during their initial appointment

CHW attend prenatal appts. or have availability on site

Train CHW's to use Cradle Cincinnati Resources

Identify health center's partner community agency or CHW

Prenatal Care Team conducts consistent huddles to foster communication and learning around patients

Extreme preterm birth data and infant death data shared with Prenatal Care Team

Identify a team lead for every community agency and provide QI training, leadership training and support

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Apply a Consistent Team Based Prenatal Care Model Including the Population Health Principles*

CHW and/or Case Manager attend prenatal appts. or have availability on site

Integrated team prioritizing patient centered problem solving
- co-creating solutions

The consistent prenatal care team includes patient, MA, Nurse, Provider, Case Manager & Community Health Worker

Prenatal Care Team conducts consistent huddles to foster communication and learning around patients

Extreme preterm birth data and infant death data shared with Prenatal Care Team

Identify a team lead for every community agency and provide QI training, leadership training and support

Apply a Consistent Team Based Prenatal Care Model Including the Population Health Principles*

- Find and deliver measurable results for every woman in a geographic place.
- Build trust and empathy (both ways) through consistency of care and sustained authentic connection
- Solve their problems – Say yes and provide tangible resources
- Reinforce the stakeholders with place-based motivation and data about impact