

Measuring Public Health Program Outcomes

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Suzanne Plemmons, RN, MN, PHCNS-BC
Community Health Director
plemms@health.co.kitsap.wa.us



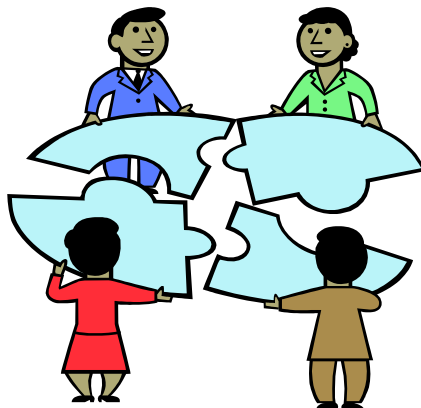
Acknowledgements

- Karen S. Martin, RN, MSN, FAAN
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- Yolanda Fong, RN, MN
- Nancy Acosta, RN, BSN
- Kitsap Public Health District Staff
- Washington State CHLF
- Karen Monsen, RN, PhD



Objective

- Discuss the process used to develop an outcomes measurement program

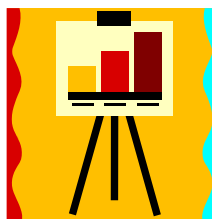


Measuring Public Health Program Outcomes



Why measure outcomes?

- Quantify practice
- Improve quality
- Aggregate & compare across counties & states



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How we started in Washington State

- Researched standardized documentation languages
- Selected Omaha System
- Attended 2003 Omaha System Conference
- WA public health agencies agreed to use Omaha System in MCH programs



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How Kitsap Public Health District began

We studied...



- Team of 5 attended 2005 Omaha System Conference
- Developed & implemented Omaha System training plan
- Staff learned & practiced using Omaha System

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How KPHD progressed



We purchased an EHR...

- Interdisciplinary team researched EHR options
- RFP developed; EHR selected & purchased in 2005

We studied some more...

- Completed on-site EHR training & 1 day Omaha System advanced beginner training with Karen Martin
- Live March 2006; KBS inter-rater reliability training ongoing

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Kitsap Public Health District milestones

- Proficient in using Omaha System
- Successful transition to web-based EHR (Nightingale Notes) on 08/12/2010
- Agreed on and began using core WA outcome measures (pathways)
- Participated in multi-state Knowledge, Behavior, Status (KBS) rating definition work
- **Outcome reports that describe our population & measure client outcomes**



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Who are our clients?

August 9, 2009 – December 31, 2010

- **406 pregnant and/or postpartum women**
- **70% are unmarried**
- **64% are unemployed**
- **30% have not completed high school**
- **20% clients are home owners**



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Who are our clients?

	% of all clients
Race (any ethnicity)	
White	79%
American Indian/Alaskan Native	4%
Asian	2%
Black	6%
Native Hawaiian/other Pacific Islander	5%
Multiple races, other/unknown race	3%

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Who are our clients?

	% of all clients
Primary Language	
English	87%
Spanish	9%
Guatemalan dialect	3%
Tagalog	1%
Other	1%

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How many visits do our clients get?

Type of in-person visit:			Average visits
	Total visits	Total clients	per client
	#	#	#
Assessment	561	406	1.4
Home Visit	588	406	1.5
Office Visit	216	406	0.5
Total	1,365	406	3.4



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Top 3 actual problems

PROBLEM*	# of times identified	% of total problems	% of clients having problem
Income	367	43.3%	90.4%
Substance use	122	14.4%	30.0%
Mental health	102	12.0%	25.1%

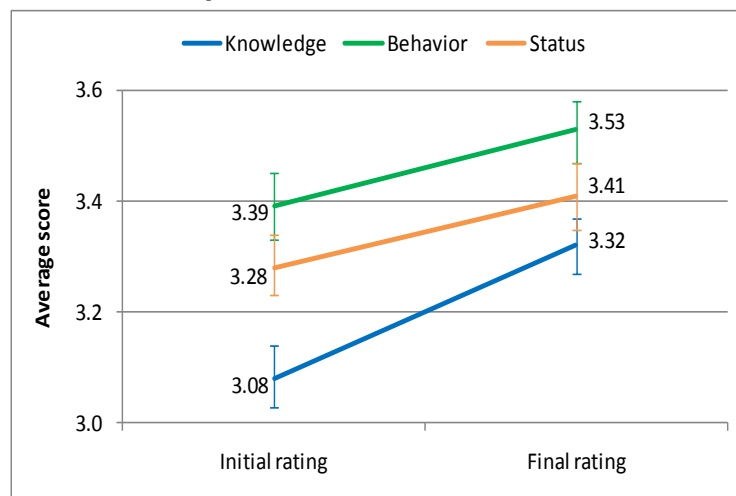
*A total of 391 clients had 999 actual problems identified, for an average of 2.5 actual problems per client overall (n=406). Of those clients with an actual problem identified, there was a range of 1 to 8 problems.

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OUTCOMES: CHANGE IN KBS SCORES FOR ALL ACTUAL PROBLEMS COMBINED

Kitsap Public Health District data:

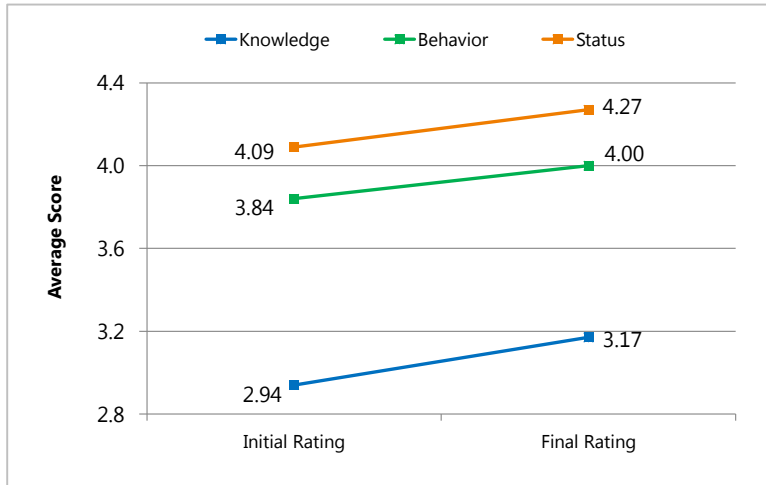


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OUTCOMES: CHANGE IN KBS SCORES FOR ALL ACTUAL PROBLEMS COMBINED

Tacoma-Pierce County Health Department data:

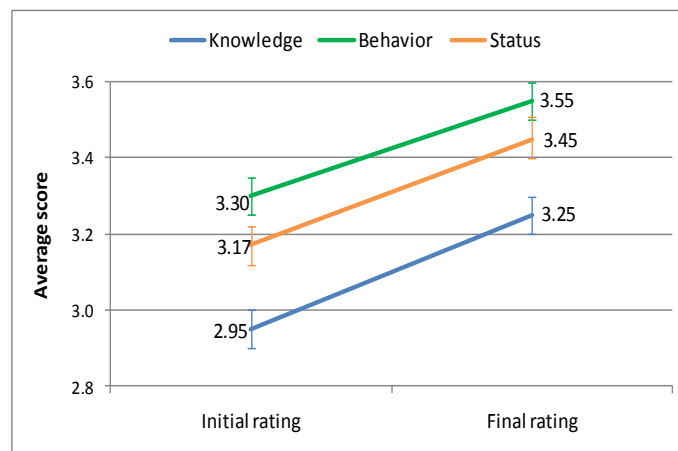


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OUTCOMES: CHANGE IN KBS SCORES FOR ALL ACTUAL PROBLEMS COMBINED

Benton Franklin Health District data:

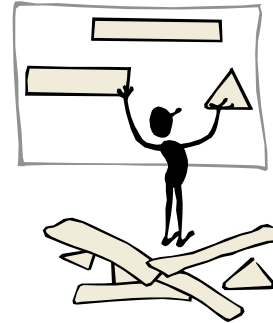


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EHR + Omaha System = Improved Practice

- Accurately describe our population
- Accurately describe our services
- Objectively measure the outcomes
- Opportunity to change our practice based on outcomes
- Quality Improvement tool

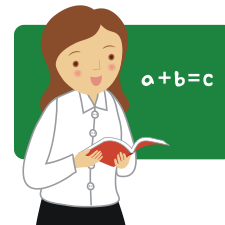


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LESSONS LEARNED

- Shared vision essential
- Multidisciplinary involvement key
- Collaboration central to success
- Paper → EHR = huge paradigm shift
- Outcome reports show value



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