

Nurse-Family Partnership of Philadelphia Collaborative (NFPPC)

FY 2006 Synopsis of NFPPC Work Plan

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Members:

The Nurse-Family Partnership Collaborative of Philadelphia is comprised of:

- * the National Nursing Centers Consortium, (NNCC)
- *Lutheran Children and Family Services (LCFS)/Liberty Center for Healthy Living/Communities
- *Eleventh Street Family Health Services (ESFHS) of Drexel University
- *Temple Health Connection (THC), a division of the Department of Nursing, Temple University College of Allied Health Professions.

Purpose:

The purpose of the Nurse-Family Partnership Program is to provide client centered nurse based home visiting services to first-time, low income and TANF eligible mothers residing in North, Northwest, Lower Northeast and West Philadelphia neighborhoods. The services are designed to:

- improve pregnancy outcomes by helping women practice sound health –related behaviors, including obtaining good prenatal care from their physicians, improving diet, and reducing use of cigarettes, alcohol, and illegal drugs by improving their nutrition;
- improve child health and development by helping parents provide more responsible and competent care for their children; and
- improve the economic self-sufficiency of families by helping parents develop a vision for their own future, continue their education and find jobs.

Service Providers:

Direct services are provided by the *Nurse-Family Partnership Program Collaborative (NFPPC)* clinical providers, Lutheran Children and Family Services: Liberty Center for Healthy Living, Eleventh Street Family Health Services (ESFHS) of Drexel University, a division of Drexel University College of Nursing and Health Professions, Temple Health Connection (THC), a division of the Department of Nursing, Temple University College of Allied Health Professions.

The National Nursing Centers Consortium is responsible for the fiduciary and advocacy services to/for the provider agencies. The NNCC collaborates with the Philadelphia Department of

Public Health, Philadelphia Department of Human Services, Division of Maternal, Child and Family Health (DMCFH), Public-Private Ventures (PPV), and the Director of Professional Development for the National Nurse-Family Partnership to develop long term sustainability strategies for the NFPPC and other like entities. “Collaborative” represents the professional commitment, capital, institutional assurances, site specific resources and community support to improve pregnancy outcomes, infant health and development, and the lives of first-time low-income mothers residing in Philadelphia County.

Problem to be Addressed:

Based on the June 2005 Philadelphia Safe and Sound’s *Report Card 2005: The Well-Being of Children and Youth in Philadelphia*, and other data mapping conducted by the Philadelphia Health Management Corporation as well as governmental agencies, select zip codes/neighborhoods to be served by the NFPPC in FY 2006 are identified. In addition, Department of Human Resources data regarding recent investigated and substantiated reports of **abuse and neglect** from January 2004 through June 2005 support expansion of NFP to select West Philadelphia zip codes, 19104, 19131, 19151 and the East Falls zip code, 19129 in FY 2006.

Table 1. Nurse-Family Partnership Program Collaborative Target Zip Codes FY 2006

Collaborative Site	Zip Codes
Lutheran Children and Family Services: Liberty Center for Healthy Communities	19111, 19119, 19120, 19124, 19126, 19138, 19140, 19141, 19144, 19149, 19150
Drexel University: 11 th Street Family Health Services	19121, 19122, 19123, 19132
Temple University: Temple Health Connection	19122, 19125, 19133, 19134, 19140
All sites	19104, 19129, 19131, 19139, 19143, 19151

The anticipated number of clients enrolled and served in FY 2006 ranges from **425 – 430 clients.**

Program Overview:

Collectively the NFPPC will enroll 430 first time pregnant women by the 28th week of pregnancy (27 participants per FT nurse; 4-7 per FY Supervisor, 2-4 for part time supervisor). Each nurse within the NFPPC follows a visitation schedule that varies over the time a family is in the program. Each nurse involves the mother’s support system including, father of the baby, family members, and friends. Each nurse helps program participants learn how to use other needed health and human services. Nurse Family Partnership Program services are provided up to an infant’s second birthday. The average number of visits should total 66 to 70 per participant over the enrollment period. The average time frame for visit is 60 to 75 minutes.

The NFPPC employs and retains qualified baccalaureate or masters prepared nurses who possess the requisite skills, cultural expertise and sensitivity to work with clients of divergent backgrounds and challenges. The NFPPC seeks to ensure that the racial, ethnic, economic and community background of the nurse home visitors reflect those of the families they serve.

The NFPPC has sufficient office space to house staff across the organizations and contribute in-kind resources for function as a cooperative unit. The site locations enable the nurse to fan out across the target neighborhoods to engage community members and organizations to market the program and recruit eligible women. In addition, sites are user friendly and clients could “drop in” to visit their nurse. If a client is involved in one or more primary health care services at a particular site, there is occasion for the nurse and client to have contact on site also.

Goals/Performance Measures/Performance Objectives:

The three primary goals of the Nurse Family Partnership Program include:

- Improving pregnancy outcomes by helping women practice sound health-related behaviors, including obtaining good prenatal care from their physicians, improving diet, and reducing use of cigarettes, alcohol, and illegal drugs by improving their nutrition;
- Improving child health development by helping parents provide more responsible and competent care for their children;
- Improving the economic self-sufficiency of families by helping parents develop a vision for their own future, continue their education, and find jobs.

All performance measures apply to the full duration (3 years) of the Philadelphia Nurse Family Partnership Program now entering the second year of a 3-year cycle of service (FY 2006). The performance measures continue to be updated according to the National Nurse-Family Program guidelines. The term clients or participants refers to the women enrolled in the program and does not include the offspring in this terminology. The offspring are not included in the target numbers per site enrollment.

1. 100% of the clients enrolled in the Nurse-Family Partnership Program will have incomes at or below 400% of the federal poverty line.
2. 100% of enrolled women will be first-time mothers (no previous live birth).
3. 100% of the Nurse-Family Partnership Program clients will be enrolled at or before the 28th week of pregnancy. 60% of all the new women enrolled will be 16 weeks gestation or less with a goal of increasing this to 75%.
4. 70% of the Nurse-Family Partnership Program clients will keep their prenatal care appointments.

5. 70% or more of the Nurse-Family Partnership Program clients will receive at least one dental appointment annually.
6. 11% or fewer of the Nurse-Family Partnership Program clients will have infants with low or very low birth weights.
7. 9% or fewer of the Nurse-Family Partnership Program clients will have pre-term births.
8. 70% of the Nurse-Family Partnership Program clients will keep their postpartum appointments.
9. 85% of the infants of Nurse-Family Partnership Program clients will have age appropriate immunizations as per American Academy of Pediatrics recommendations. (The rates of completion for all recommended immunizations will be 90% or greater by the time the child is two years of age.)
10. 75% of the infants of Nurse-Family Partnership Program clients will have at least 1 lead screening by 12 months of age.
11. 95% of Nurse-Family Partnership Program clients will receive necessary referrals to community services.
12. 80% of the Nurse-Family Partnership Program clients with infants with special needs will receive necessary health and early intervention services.
13. 5% or fewer of the Nurse-Family Partnership Program clients will require referrals to DHS due to suspected child abuse and or neglect.
14. 75% of clients exiting the Nurse-Family Partnership Program will be “somewhat” or “very” satisfied with the services they received.
15. Cumulative program attrition will be 40% or less through the child’s second birthday.
16. 70% of former Nurse-Family Partnership Program clients surveyed 3-6 months after exiting services will provide at least two examples of the ways in which participation in the Nurse-Family Partnership Program resulted in increased knowledge of, and capacity to, engage in health enhancing behaviors for themselves and their children.
17. 70% of former Nurse-Family Partnership Program clients, who received disease prevention and smoking cessation education and were surveyed 3-6 months after exiting services, will report two examples of increased capacity to take steps to (a) provide a smoke-free home environment, (b) engage in protective behaviors, such as consistent use of seat belts, child safety seats in private automobiles, and (c) seek early treatment for sexually transmitted diseases (STDs) such as gonorrhea, syphilis, chlamydia.

18. 80% of women who were smokers at intake will quit smoking before delivery of their infants.
19. 75% of the intervention plan goals established for Nurse-Family Partnership Program clients will be achieved.
20. 96% of the Nurse-Family Partnership Program data collection forms will contain all required information.
21. 95% of the staff will attend required Nurse-Family Partnership Program meetings and training sessions.
22. Each Nurse-Family Partnership Program team will provide services to 108 to 112 clients.
23. 95% of the required Nurse-Family Partnership Program visits will take place.
24. Home visitors will maintain the established frequency of visits with families as follows:
 - Completed/Expected visit ratio is 0.80 or greater for pregnancy phase.
 - Completed/Expected visit ratio is 0.65 or greater for infancy phase.
 - Completed/Expected visit ratio is 0.60 or greater for toddler phase.
25. All NFP nurses will ensure that the contents of home visits will reflect the various developmental needs of participants across program phases. The following represents standards from Denver; however percentage may differ due to program location and various other factors which may have an impact on participants.
 - Mean Proportion of Time on Content Domains During Pregnancy:

Personal Health:	35-40%
Environmental Health:	05-07%
Life Course Development:	10-15%
Maternal Role:	23-25%
Family and Friends:	10-15%
 - Mean Proportion of Time on Content Domains During Infancy:

Personal Health:	14-20%
Environmental Health:	07-10%
Life Course Development:	10-15%
Maternal Role:	45-50%
Family and Friends:	10-15%

All performance objectives apply to the fifth year (FY2006) of the Nurse Family Partnership Program.

1. During FY 2006, the NFPPC will limit services to first-time mothers with incomes at or below 400% of the federal poverty level.
2. During FY 2006, the NFPPC will enroll 430 participants by the 28th week of pregnancy and preferably between the 12th and 20th week of pregnancy.
3. During FY 2006, the NFPPC will employ 16 qualified nurses, with a minimum of a BSN, as visitors.
4. During FY 2006, the NFPPC will ensure that all nurses adhere to all program guidelines.
5. During FY 2006, the NFPPC will ensure that all nurses follow a visitation schedule that varies over the time a family is in the program.
6. During FY 2006, the NFPPC will ensure that all nurses involve the mother's support system, including family members, father when appropriate, and friends.
7. During FY 2006, the NFPPC will ensure that the nurses' help participants learn how to use needed other health and human services.
8. During FY 2006, the NFPPC will limit a nurse's caseload to no more than 27 families.
9. During FY 2006, the NFPPC will provide a minimum of one half-time nursing supervisor for every four full-time nurse visitors.
10. During FY 2006, the NFPPC will ensure that the racial and ethnic backgrounds of the nurse home visitors reflect those of the families they serve.
11. During FY 2006, the NFPPC will provide a minimum of one half-time clerical position to support every four full-time nurse visitors. At present, there are full-time clerical positions at each clinical site.
12. During FY 2006, the NFPPC will comply with all data collection and management requirements required by the Clinical Information System will be collected and sent to DMCFH//NFP in the specified timeframe.
13. During FY 2006, the NFPPC nurses, supervisors, and administrators will participate in required training in the Nurse-Family Partnership Program model conducted by clinical staff at the National Center for Children, Families, and Communities at the University of Colorado in Denver.

14. During FY 2006, the NFPPC's nurses and supervisors will participate in Nursing Child Assessment Satellite Training (NCAST). (NCAST is an approach designed for assessing early infant development and parent-child interaction).
15. During FY 2006, the NFPPC's nurses, supervisors and administrators will adhere to the performance standards as issued by the National Center for Children, Families and Communities at the University of Colorado in Denver during FY 2003.

Project Organization and Administration

The Nurse-Family Partnership Program Collaborative represents the collective commitment, in place resources and community support of its nursing members. The three provider organizations are Lutheran Children and Family Services (LCFS), Eleventh Street Family Health Services of Drexel University, a division of Drexel University College of Nursing and Health Professions, Temple Health Connection (THC), a unit of the Department of Nursing, Temple University College of Allied Health Professions. The host organization is the National Nursing Centers Consortium (NNCC). Dr. Katherine K. Kinsey is the PI and Administrator for NFPPC and is the Director of the NFPPC Lutheran and Children Service clinical site.

The Collaborative's sites and scope of services encompass the entire Nurse-Family Partnership Program target area. All service sites are in or adjacent to medically underserved areas (MUAs) and serve medically underserved populations (MUPs). In addition, the Collaborative builds on existing maternal-child health initiatives, home visiting, social services as well as primary health care and community outreach work of LCFC, ESFHS, and THC. ESFHS and THC have in place maternal-child health services that promote the well being of the infant, child and family unit, such as Lead Safe Babies and Asthma Free Homes.

The NFPPC faithfully adheres to the Nurse-Family Partnership Program guidelines developed by the National Center for Children, Families and Communities at the University of Colorado (NCCFC/UCHSC).