Australian Government
Department of Health

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NACCHO

TELETHON KIDS INSTITUTE

ORD VALLEY ABORIGINAL HEALTH SERVICE ABORIGINAL CORPORATION

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

FASD Prevention and Health Promotion Resources

Module 3

Monitoring and Evaluating

August 2017

Review Module 1: What is FASD?

Module 1 aimed to increase:

i. Knowledge and understanding of the consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.

ii. Knowledge and understanding of the important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.

Review Module 2: Brief interventions and motivational interviewing

Module 2 aimed to increase:

i. Confidence in using brief interventions and motivational interviewing techniques with antenatal clients for alcohol consumption, tobacco smoking and substance misuse during pregnancy.

ii. Knowledge of the AUDIT-C screening tool.

Module 3: Learning objectives

Module 3 aims to increase:

i. Awareness of the importance of monitoring and evaluating FASD prevention and health promotion strategies.

ii. Knowledge of appropriate indicators to monitor and evaluate FASD prevention and health promotion strategies.

iii. Understanding of the link between antenatal screening records and The Australian FASD Diagnostic Assessment Form.

Monitoring vs evaluating[1]

Monitoring	Evaluating
Conducted while program is running	Conducted at the end of a program
Continuous collection of information	Collects information at specific time-points, usually at the end
Usually completed by people within the organisation	Usually completed by people external to the organisation
Example: tracking attendance rates at community education sessions	Example: auditing antenatal client records

What type of information can we monitor?[1]

Inputs	Outputs	Outcomes
What is needed for the program to work	*What we are doing to improve outcomes*	*Evidence of improved care for our patients and community*
Funding Staff Resources or clinic equipment Practice accreditation Clinic equipment	Number of – patients seen – group sessions held – screening assessments Description of advocacy activities undertaken	Risk factors – BMI, smoking Coverage of interventions – Pap smears, Immunisations

Why do we monitor?

For accountability

- To community
- To your managers, or Board
- To funders

To improve

- Continuous Quality Improvement

To understand

- Our own interest
- Research

Accountability to community

Examples:

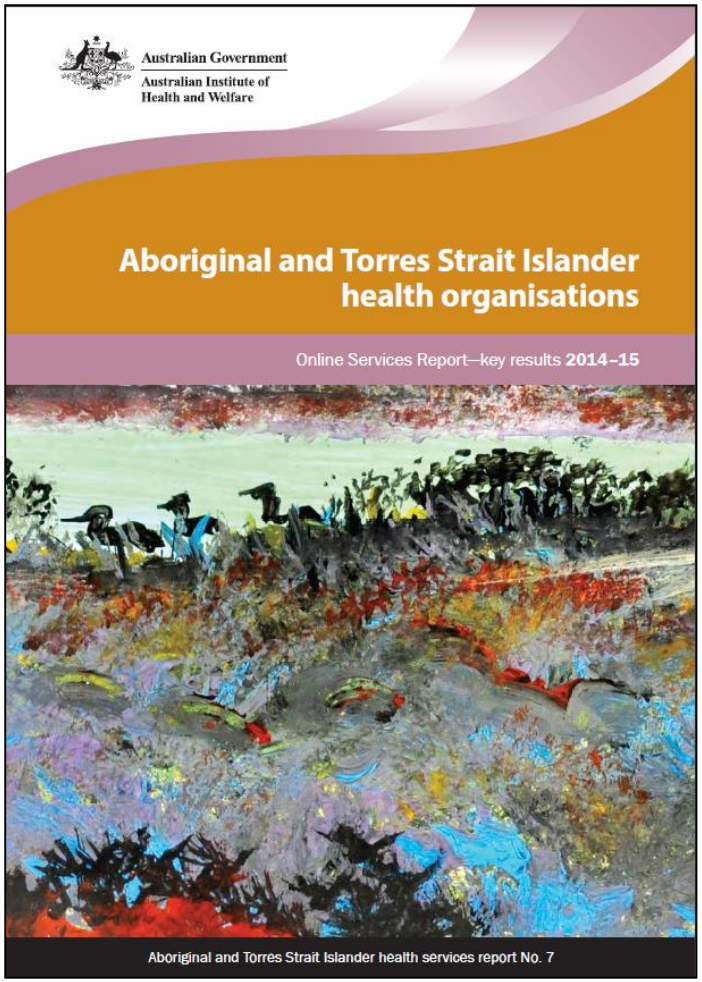
- Health service annual reports.
- Surveys with community members.
- Remember to share this information back to your clients and community.
- Other examples?

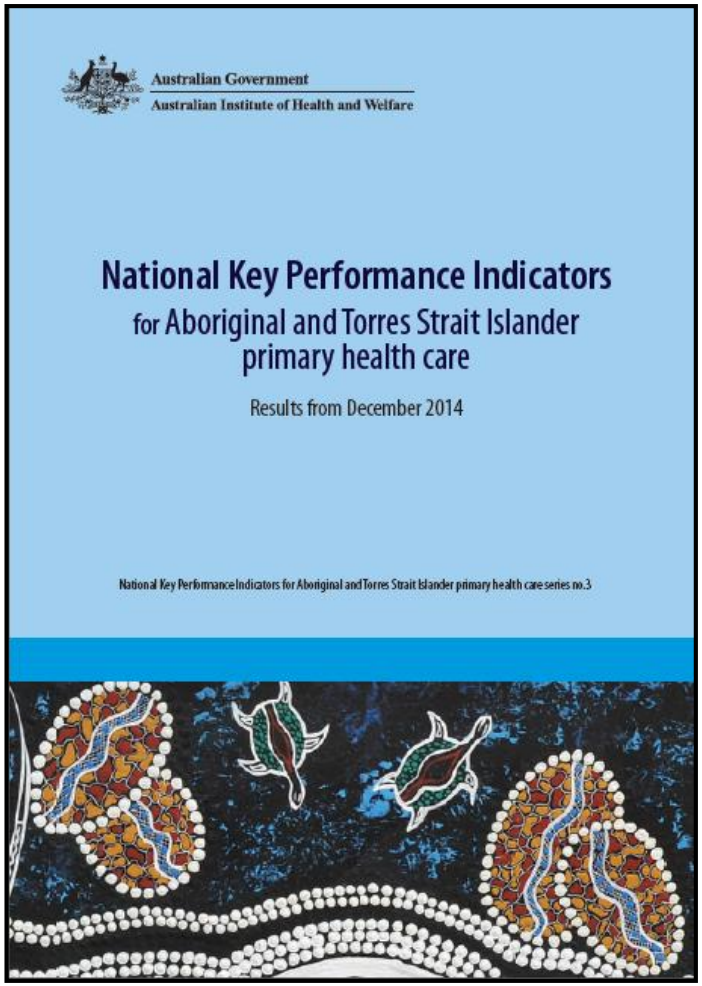
Accountability to managers, board members

Examples:

- Monthly or quarterly internal reports.
- Presentations to Board.
- Other examples?

Accountability to funders[2,3]





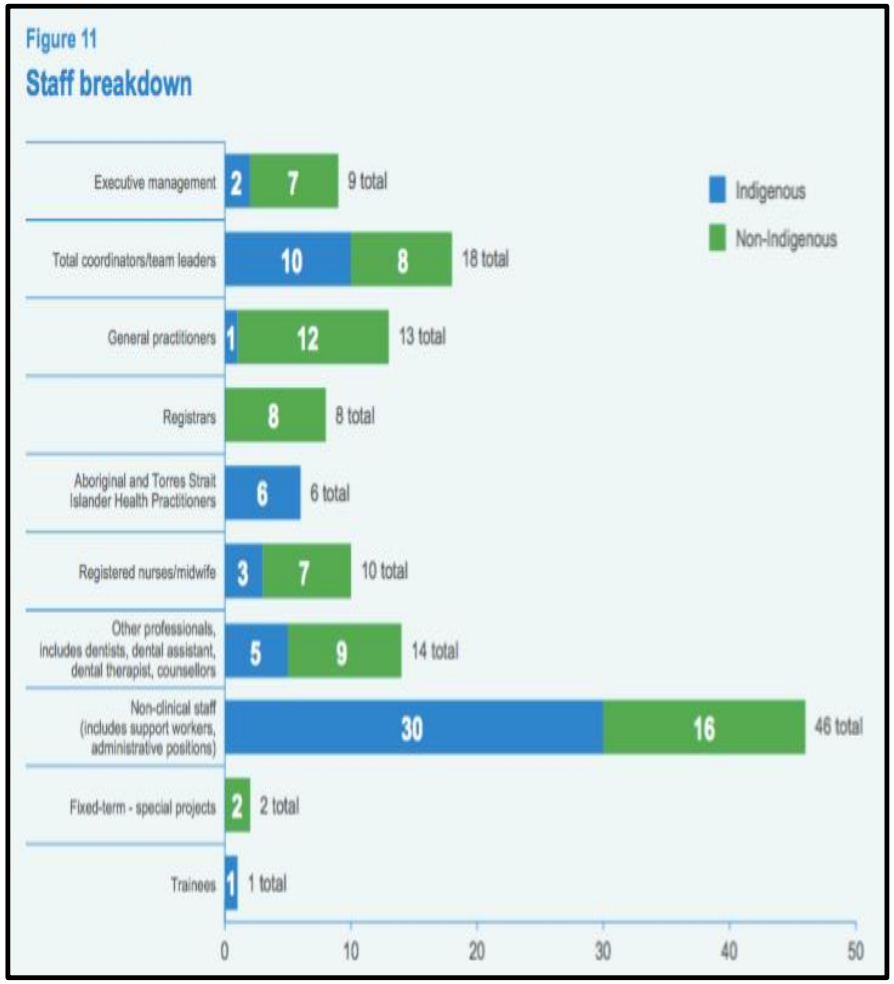
Data for national reports

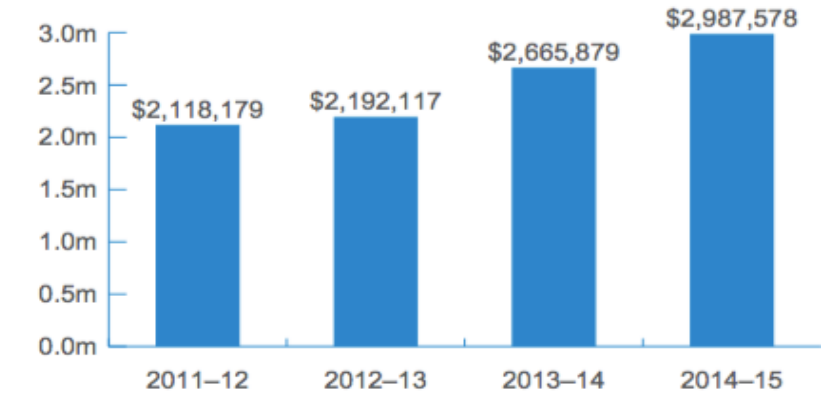
Online Services Report (annual)	nKPIs (six monthly)
Staff numbers: Aboriginal health workers, Aboriginal health practitioners, midwives, nurses	First antenatal visit in first 13 weeks
Clients and client contacts For each type of staff	Health checks 0-4 year olds
Total number of antenatal visits	Smoking status recorded Alcohol consumption recorded
Group sessions: Antenatal classes, Mums and bubs, Parenting classes	Smoking status result Alcohol consumption result
	Smoking status of women who gave birth
	Birth weight result

What data are we already collecting?

Inputs	Outputs	Outcomes
What is needed for the program to work	*What we are doing to improve outcomes*	*Evidence of improved care for our patients and community*
Most of the Online Services Report (OSR)	Most nKPIs Some OSR eg – patients seen – groups sessions	Some nKPIs eg – smoking status of women who gave birth – alcohol consumption result – birth weight result

What can be monitored – Inputs

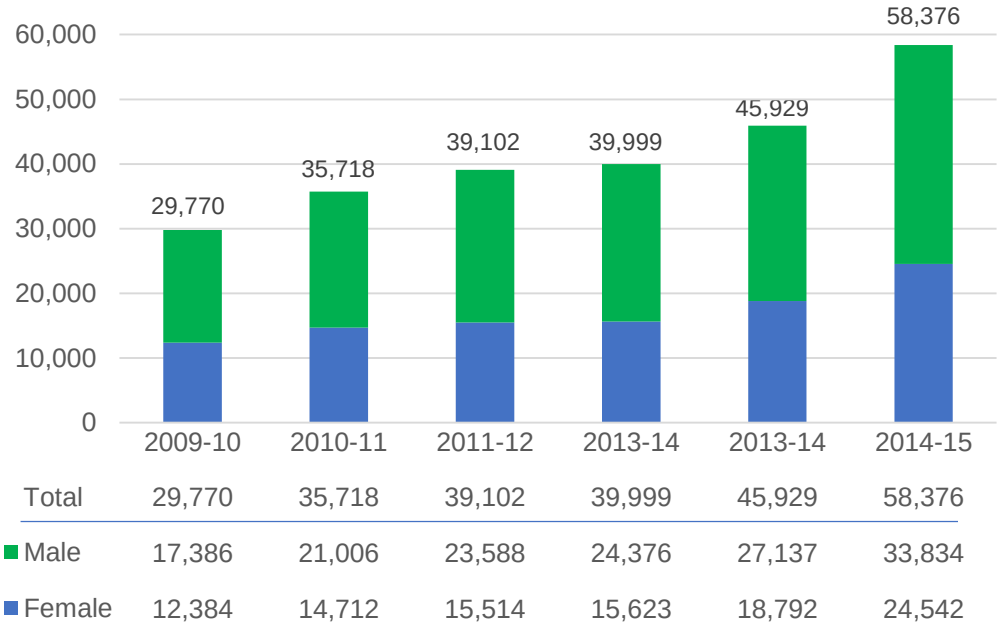




What can be monitored – Outputs

Specialist	2012–13	2013–14	2014–15
Cardiac Educator	152	5	74
Diabetes Educator	143	873	862
Dietitian	0	53	211
Obstetrician and gynaecologist	20	90	122
Ophthalmologist	27	84	24
Optometrist	152	325	253
Paediatrician	56	150	89
Sonographer	14	0	33
Physiotherapist	0	34	239
Specialist Medical Practitioner	380	499	357
Total	**944**	**2113**	**2264**

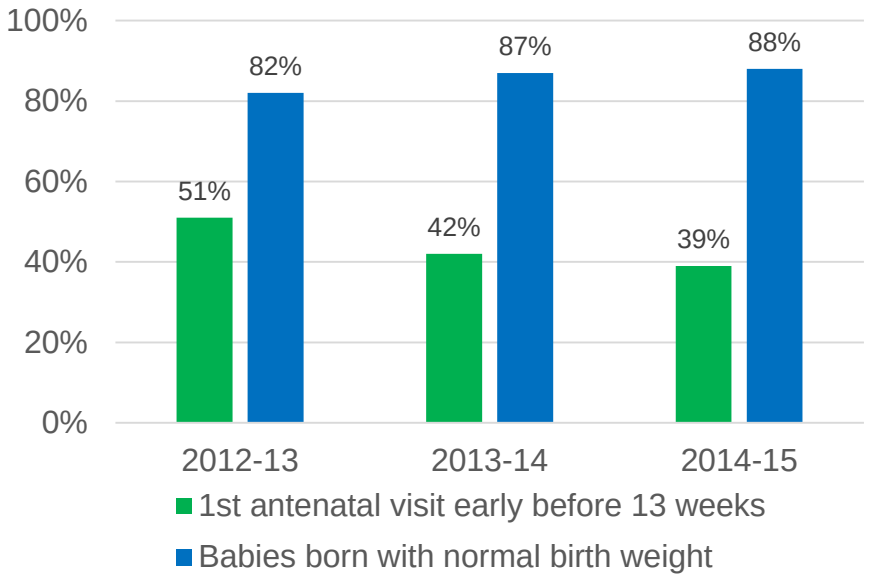
Figure 2
Episodes of primary care

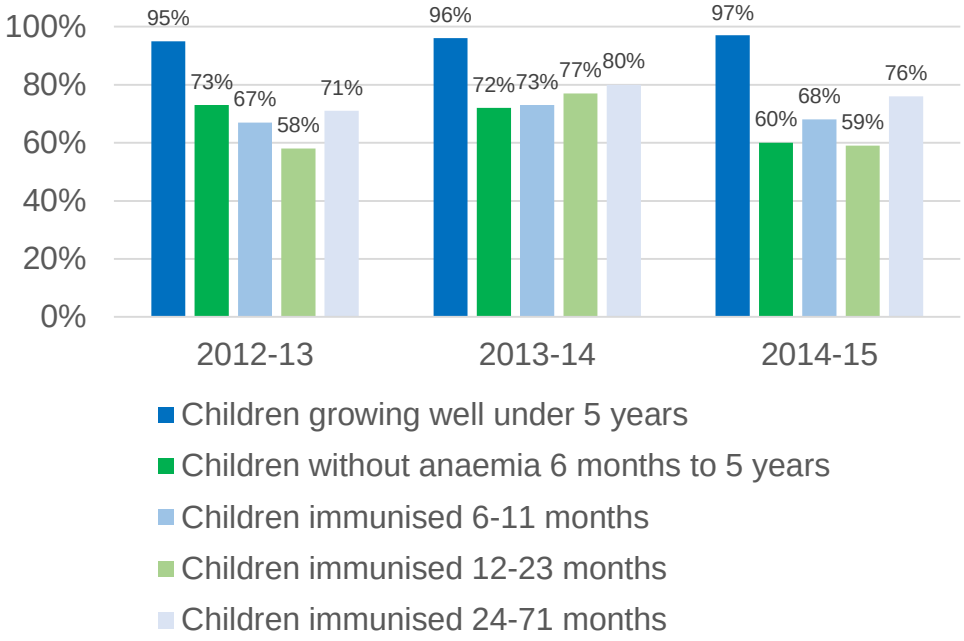


What can be monitored – Outcomes

Figure 6

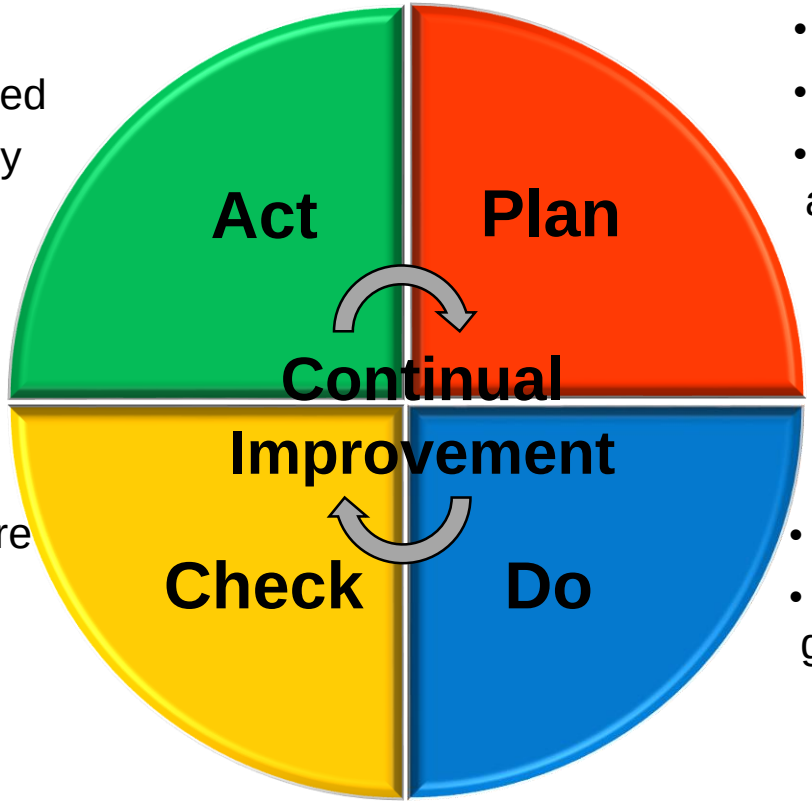
Pregnancy Health





Monitoring for improvement

- Evaluate
- Apply lessons learned
- Modify as necessary



- Establish a baseline
- Identify priorities
- Set improvement goals and standards

- Monitor and measure
- Find and fix
- Document results

- Implement actions
- Develop plans to achieve goals

Monitoring for improvement *continued*

Group discussion

Think of a continuous quality improvement activity that you have been part of in maternal and child health, or another area.

1. What was the activity?
2. What did you measure?
3. Why did you measure it?
4. How frequently were you measuring?
5. How did you measure it?
6. What did you do with this information?
7. How did measuring this help with CQI?
8. Should you have measured other things? What were they?

Record keeping

Group discussion

- What systems do you currently use for record keeping in your health service?
  - patient information systems
  - Quality Assurance or Quality Improvement systems
- How do you monitor the quality of the data that is entered?
- Do you receive feedback reports?
- How are these discussed for quality improvement?

How can we capture information to monitor and evaluate our program?

Many sources of information:

- Surveys – with clients, with staff, with community
- National registries with local data
- Data extraction from medical records (screening tools)
- Accounting systems
- Paper based reports

Surveys

Feedback comments

	Poor	Satisfactory	Neutral	Good	Excellent
Overall experience	-	1	-	8	13
Ease of making appointment	1	3	-	4	14
Transport	-	-	1	5	6
Friendliness and helpfulness of staff	-	1	1	4	15
Reception area	-	2	2	3	15
Waiting time	1	4	3	5	9
Explanation of health issue	-	2	2	8	10
Explanation of treatment options	-	1	2	6	13
Follow up/support	-	1	1	5	15
I feel my personal information is kept private and confidential	-	-	1	1	20

National registries

Australian Bureau of Statistics:
www.abs.gov.au/websitedbs/censushome.nsf/home/communityprofiles

My Healthy Communities:
www.myhealthycommunities.gov.au

Australina Institute of Health and Welfare:
www.aihw.gov.au/perinatal-data/

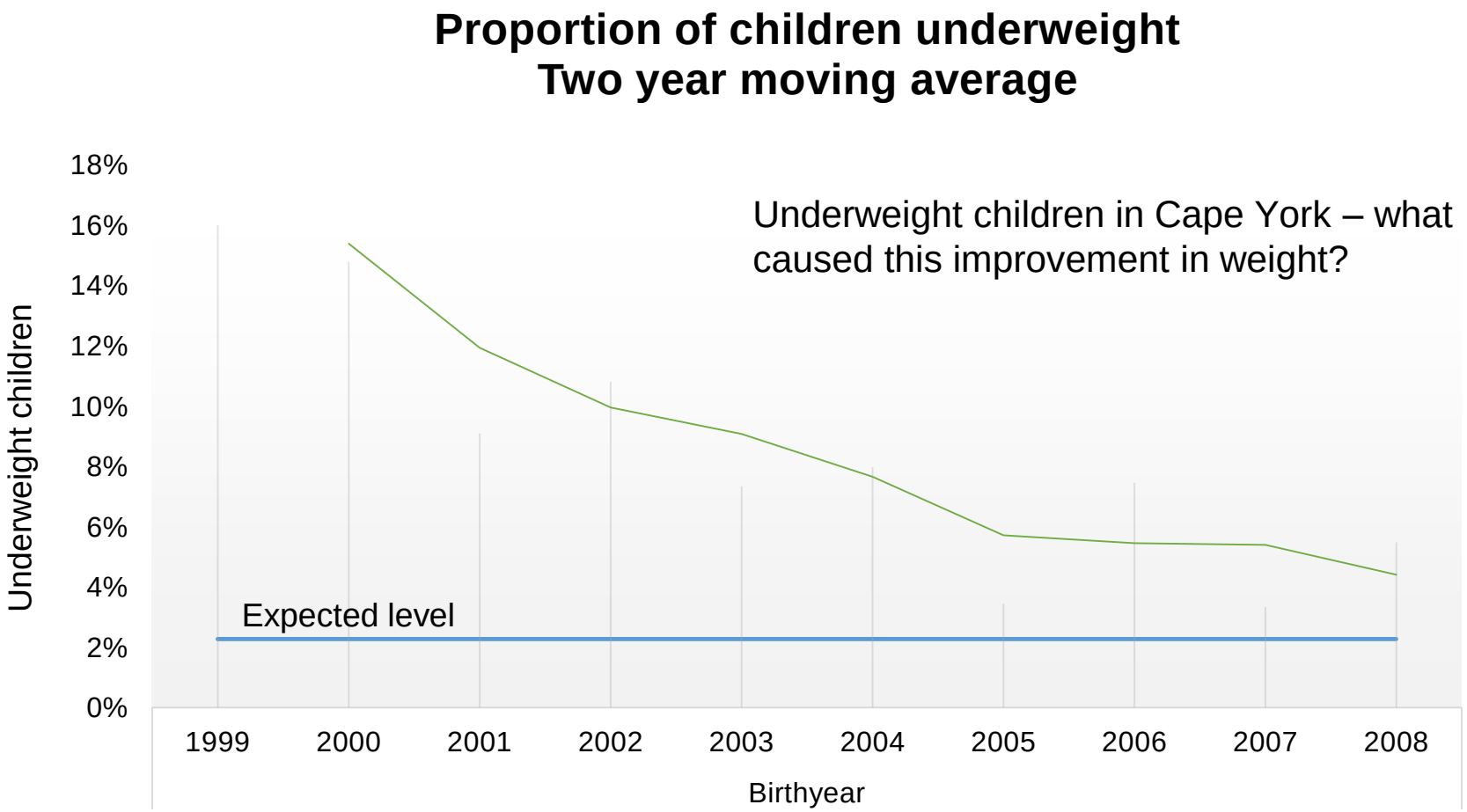
Extracting data from medical records

Group discussion

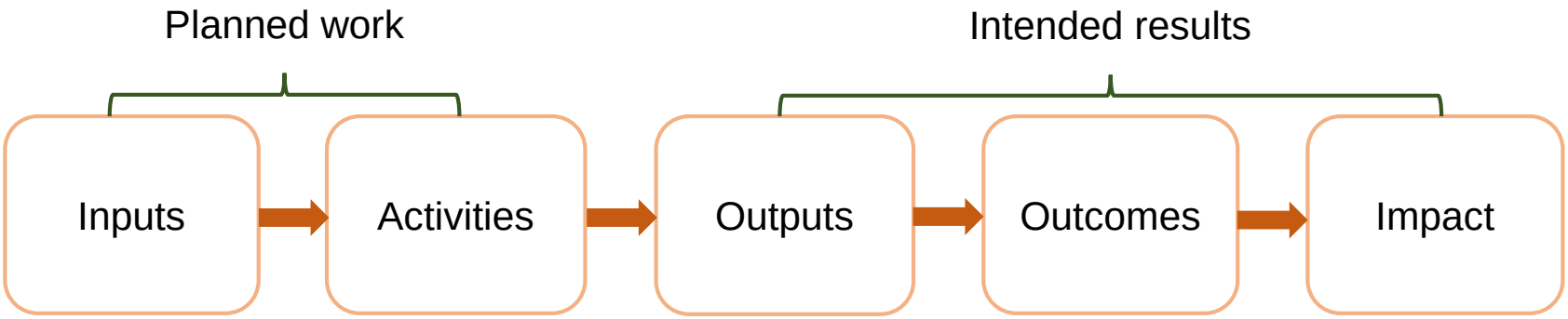
Why do we record information in medical records?

- Record progress of a client
- Remind yourself what you did for the next appointment
- Communicate to other staff what you are doing
- For reporting
- For legal reasons
- So you can fill in performance indicators
- Others?

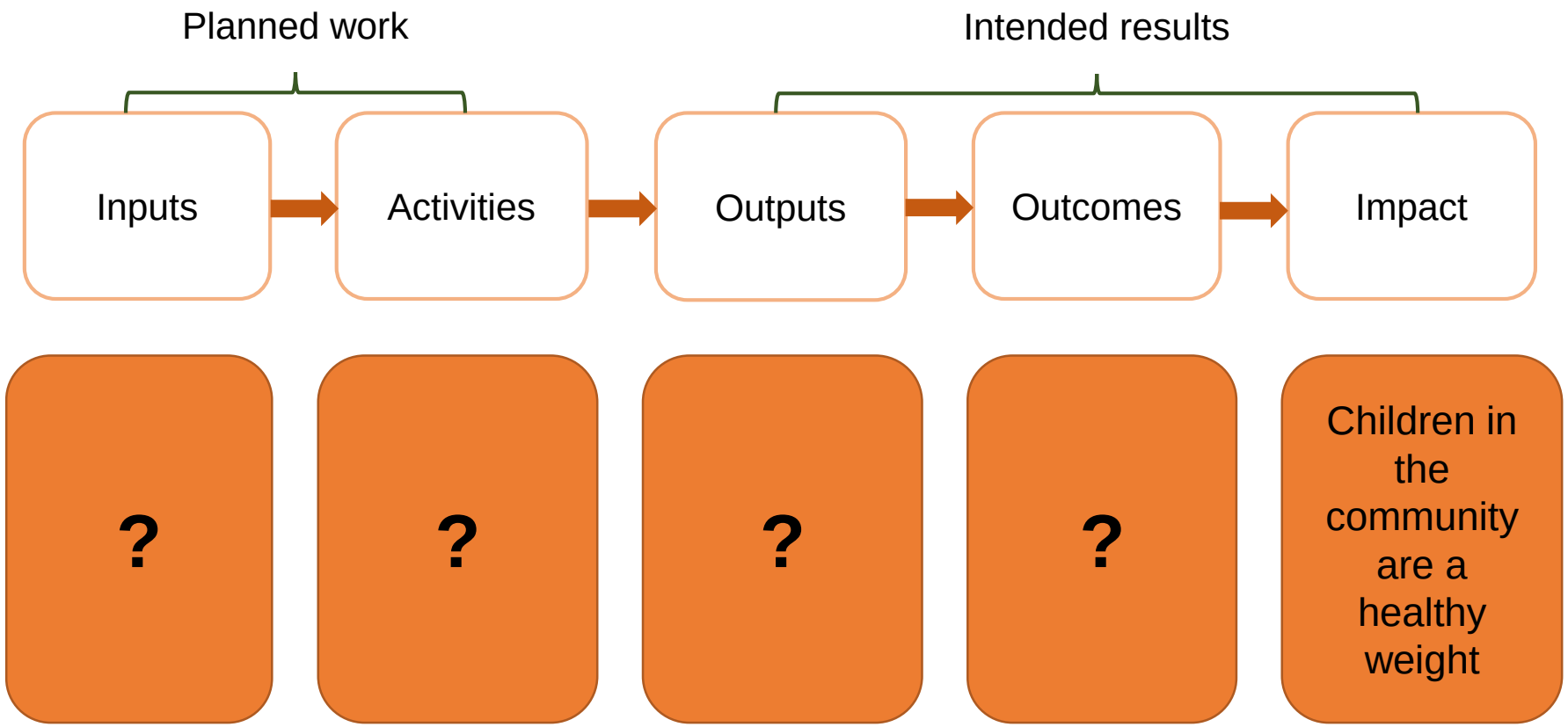
Monitoring for understanding



Logic models[4]



Logic models – Deciding what to measure



Logic models – Deciding what to measure *continued*

Examples

Inputs:

- Funding for maternal and child health
- Staff (Aboriginal Health Workers, child health nurses, GPs)

Activities:

- Find out why attendance at antenatal and postnatal visits is currently low and make changes to encourage higher attendance.

Outputs:

- Number of visits per child
- Group sessions (mums and bubs, cooking classes)
- Number of ‘health checks’ performed

Outcomes:

- Immunisation
- Alcohol consumption and smoking in mothers
- Children born a healthy weight

Developing indicators

For each indicator ask[5]

1. **Who do you want to change?**

   Women in community X of child bearing age who attend antenatal clinics

2. **How many do we expect will succeed in changing?**

   100% of women (ideal vs realistic)

3. **What sort of change are we looking for, how much change is enough?**

   Abstaining from alcohol use during pregnancy

4. **By when does this outcome need to happen?**

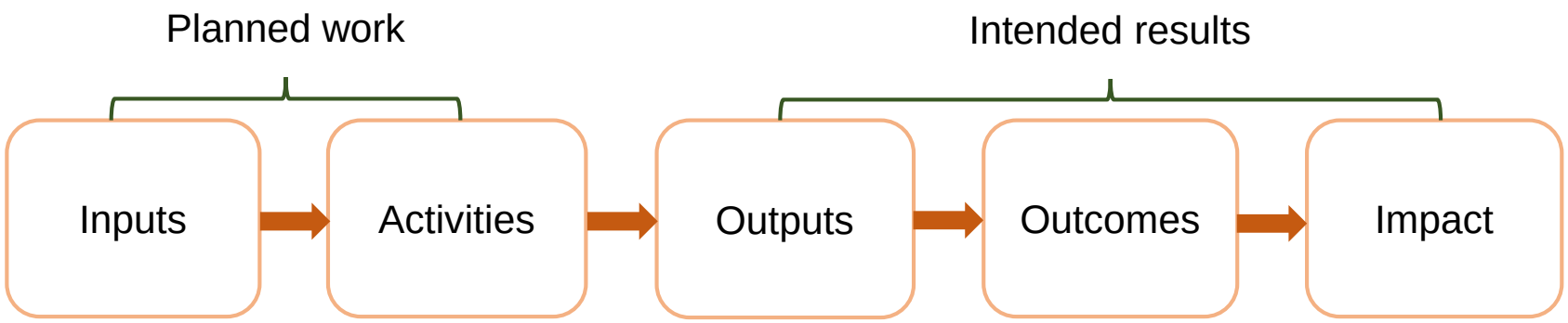
   Staff training complete in 2 months

   Audit antenatal records in 6 months

Creating a logic model and indicators for a FASD plan

Group discussion

1. What do you want to achieve with your FASD prevention program?
2. What will you need to do to achieve this?
3. How are you going to record it?
4. What things will you measure to see if you are on the right track?
5. What can you measure easily?



Screening tools vs Diagnostic tools

Screening tools	Diagnostic tools
Does not give a definite answer	Are very accurate
Shows increased risk	Can identify a condition
Results are used to decide on path of action eg referral to a specialist	Some invasive diagnostic tests can carry increased risk which is why screening is conducted first
Can be used to introduce a brief intervention for risk factors	May require a multi-disciplinary team

Linking FASD screening and diagnosis

- The clinician/s completing the Australian FASD Diagnostic Assessment Form will refer to antenatal notes about alcohol consumption.
- Therefore it is important that discussions about alcohol are recorded in the client record.

Linking screening and diagnosis

The Australian FASD Diagnostic Assessment Form[6] includes:

- History – presenting concerns, obstetric, developmental, medical, mental health, behavioural, social
- Birth defects – dysmorphic facial features, other major and minor birth defects
- Adverse prenatal and postnatal exposures including alcohol; Antenatal notes and AUDIT-C contribute to this
- Known medical conditions – including genetic syndromes and other disorders
- Growth

A vital question is 'could this be alcohol related or due to other factors'

Australian FASD Diagnostic Assessment Form[6]

AUSTRALIAN FASD DIAGNOSTIC ASSESSMENT FORM

MATERNAL ALCOHOL USE

Evidence of maternal alcohol use in the three months prior to and during pregnancy should be assessed, including any special occasions when a large amount of alcohol may have been consumed. The definition of a standard drink should be explained prior to administering the AUDIT-C (Q1-3). A Standard Drinks Guide can be downloaded.
http://www.health.gov.au/internet/alcohol/publishing.nsf/Content/drinksguide-cnt

Alcohol use in early pregnancy (if available)

a. Was the pregnancy planned or unplanned? ☐ Planned ☐ Unplanned ☐ Unknown
b. At what gestation did the birth mother realise that she was pregnant? _____ (weeks) ☐ Unknown
c. Did the birth mother drink alcohol before the pregnancy was confirmed? ☐ Yes ☐ No ☐ Unknown
d. Did the birth mother modify her drinking behaviour on confirmation of pregnancy? ☐ Yes ☐ No ☐ Unknown
If Yes please specify:
e. During which trimesters was alcohol consumed? (tick one or more) ☐ None ☐ 1st ☐ 2nd ☐ 3rd ☐ Unknown

Australian FASD Diagnostic Assessment Form[6]

continued

AUDIT-C Reported alcohol use (if available)

1. How often did the birth mother have a drink containing alcohol during this pregnancy?

Unknown	Never [skip Q2+Q3]	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
☐	☐0	☐1	☐2	☐3	☐4

2. How many standard drinks did the birth mother have on a typical day when she was drinking during this pregnancy?

Unknown	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
☐	☐0	☐1	☐2	☐3	☐4

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

Unknown	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐0	☐1	☐2	☐3	☐4

AUDIT-C score during this pregnancy: (Q1+Q2+Q3)=_____ Scores= 0=no risk 1-4= confirmed use 5+= confirmed high-risk

Australian FASD Diagnostic Assessment Form[6]

continued

Other evidence of exposure

Is there evidence that the birth mother has ever had a problem associated with alcohol misuse or dependency?

☐ No ☐ Yes (identify below, including source of information)

☐ Alcohol dependency (specify)

☐ Alcohol-related illness or hospitalisation (specify)

☐ Alcohol-related injury (specify)

☐ Alcohol-related offence (specify)

☐ Other (specify)

Information from records: e.g. medical records, court reports, child protection records.

Is there evidence that the birth mother's partner has ever had a problem associated with alcohol misuse or dependency?

☐ No ☐ Yes (identify below, including source of information)

Australian FASD Diagnostic Assessment Form[6]
continued

Information from the previous 3 sections is summarised below:

Alcohol exposure summary

Source of reported information on alcohol use: ☐ Birth mother ☐ Other (specify)

In your judgement what is the reliability of the information on alcohol exposure: ☐ Unknown ☐ Low ☐ High

In your judgement was there high-risk consumption of alcohol during pregnancy? ☐ Unknown ☐ Yes ☐ No

Prenatal alcohol exposure: ☐ Unknown ☐ None ☐ Confirmed use ☐ Confirmed-high risk

Reflection

Group reflection and discussion

After seeing the diagnostic tool,
what might you do differently
when recording your antenatal visits?

Module 3: Review

Module 3 aimed to increase:

i. Awareness of the importance of monitoring and evaluating FASD prevention and health promotion strategies.

ii. Knowledge of appropriate indicators to monitor and evaluate FASD prevention and health promotion strategies.

iii. Understanding of the link between antenatal screening records and The Australian FASD Diagnostic Assessment Form.

Finishing up

Any questions?