



Nursing Perspective and MIEHCV Reports



NURSING PRACTICE AND
CLINICAL CARE ARE TOP
PRIORITY




ANALYTICS AND CLINICAL
PRACTICE DON'T ALIGN
PERFECTLY




YOU DON'T HAVE TO
KNOW ALL NUANCES OF
REPORTS TO DO WELL



MULTIDISCIPLINARY
INPUT IS A WORK IN
PROGRESS



MIECHV Benchmark Orientation and Crosswalk with NFP Forms

- See packet for supplemental materials
 - HRSA benchmark and measure definitions (pdf)
 - NFP MIECHV Forms crosswalk (excel)
- 

NFP Form and MIECHV Measure Crosswalk

AutoSave Off NFP MIECHV Forms Crosswalk Nov 2023 - Compatibility Mode - Last Modified: 11/14/2023 Plagenhoef Julie

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Comments Share

D21 Demographics, Intake and Update (most recent survey before end of MIECHV report date)

C11 Intimate partner violence referrals

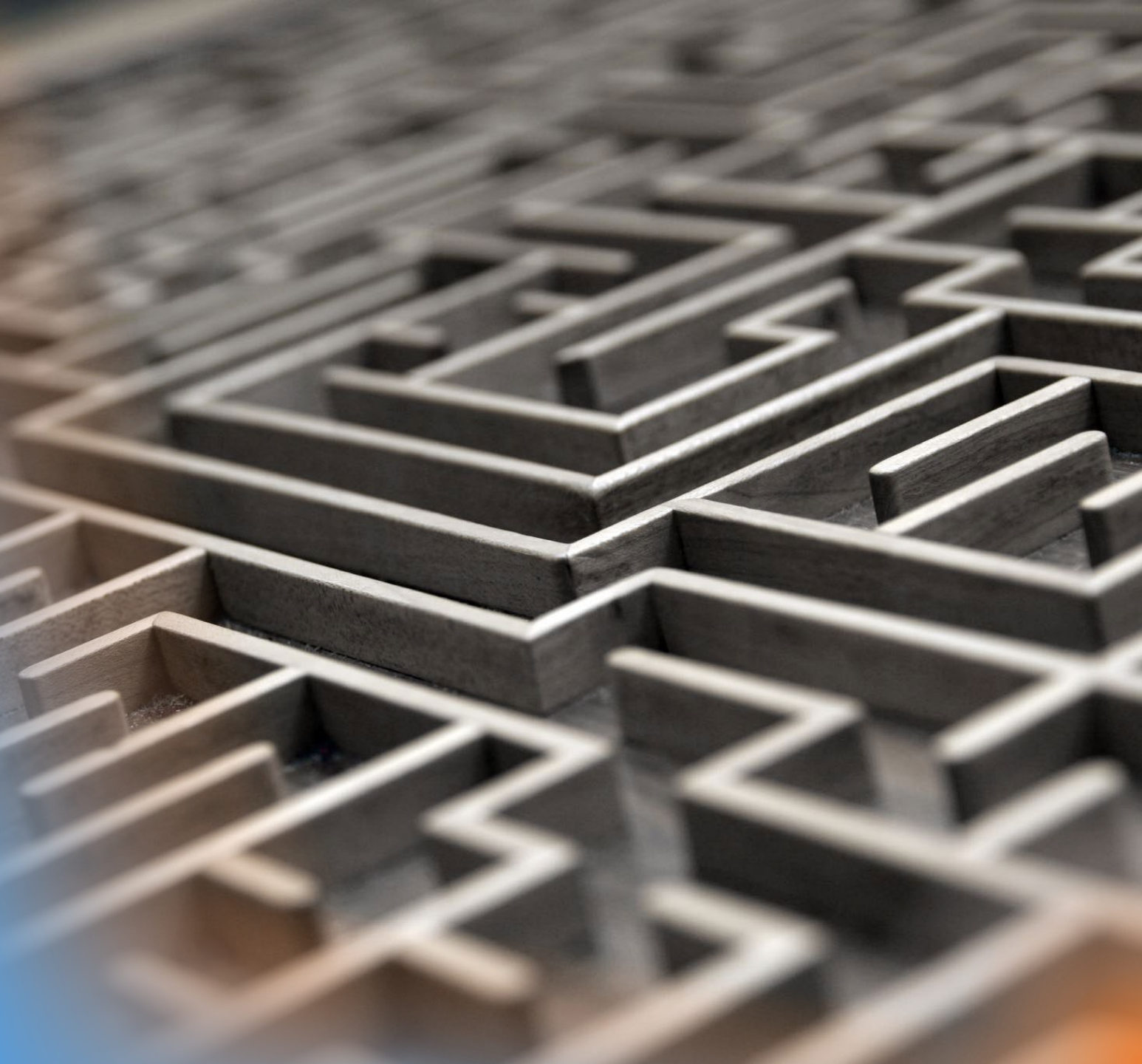
	B	C	D	E
1	NFP Screenings & Data Collection Schedule for MIECHV Benchmarks			
2	Measure Name	MIECHV Measure Notes	Screenings	Intake
21	Primary Care Giver Education	% Primary CG w/o HS degree or Equiv who enroll, maintain, complete during prog	Demographics, Intake and Update (most recent survey before end of MIECHV report date)	x
22	Continuity of Insurance Coverage	Prim CG continuous coverage out of clients enrolled in program at least 6 months	Home Visit Encounter (Q2 is Yes for >= 182 days)	x
23	Completed Depression Referrals	PHQ-9: % of PCG ref'd to serv for a + screen who rec 1 or > serv contact	Referrals to services (earliest in reporting pd, but after screening)	x
24			Use of Gov't Services (used service>referred)	x
25	Completed Developmental Referrals	% child + ASQ who rec. timely services (2 or 5 for EI withing 45 days)	PHQ-9 (>=5 and done within 90 days of birth)	x
26			Referrals to services	x
27			Use of Gov't Services	x
28	IPV Referrals	% PCG +IPV who rec'd referral information	Home Visit Encounter (after +ASQ, maternal domain >0) OR Use of Gov't services	x
29			ASQ - + screen	x
30			Referrals to services (referral made after + screen)	x
31			IPV assessment (+ screen within 6 mo)	5-7th Visit
32				

	A	B	C	D
1	NFP Forms	# Benchmark Measures	Benchmarks	Questions
2	Demographics, Intake/Update	2 directly, multiples for Start Date	multiple	
3	Infant Birth	2 directly, multiples for Start Date	Preterm birth, Early Language Literacy	3; 11
4	Infant Health Care	3	Breastfeeding, Early Language Literacy	Infancy 6 mo, 7-11; 1
5	PHQ9	2	Depression Screening, Depression Follow up	Total Score
6	Health Care Services	3	Well Child, Postpartum Care, Child injury	1-2 and 7-8
7	Health Habits	1	Tobacco Cessation	1-3
8	DANCE	1	Parent-Child Interaction	
9	ASQ3	2	Developmental Screening, Developmental Follow up	
10	Home Visit Encounter	3	Behavioral Concerns, Continuity of Insurance Coverage, Completed Depression (? Checking with NSO)	1, 2
11	IPV	2	Intimate partner violence referrals	Date, Score
12	Referrals to services	3	Developmental Referrals, IPV Referrals, Completed Depression Referrals	
		2	Completed Developmental Referrals and	

Summary Forms by Benchmark Measure QA-QI step 1 QA step 2 QA step 2b QA Step 3

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Getting to Know the Reference Material

Using excel sheet to answer questions

- What is Benchmark #12
- What data collection forms used for benchmark #12
- What's the schedule for data that will be used for the benchmark

Lane County Benchmark Data (2022-2023)

	Measure	
1	Pre-term Birth	10%
2	Breastfeeding	49.06%
3	Depression screening	75%
4	Well-child Visit	32.5%
5	Postpartum Care	61.9%
6	Tobacco Cessation Referrals	45%
7	Safe Sleep	22.22%
8	Child Injury	1.25%
9	Child maltreatment	

	Measure	
10	PCI	
11	Early Language Literacy	96.25%
12	Developmental Screening	46.67%
13	Behavioral Concerns	94.06%
14	IPV Screening	60.47%
15	Primary Caregiver Ed	30.36%
16	Continuity of Insurance	100%
17	Completed Depression Referrals	33.33%
18	Completed Developmental Referrals	100%
19	IPV Referrals	30.77%



What are
you
wondering?





Developmental Screening

Measure 12

Developmental Screening Measure 12 has **Two Key Components**

Accurate child DOB (or EDD)

On-time ASQ completed within the reporting period

Infant Birth

Infant ID Client ID
Client Name DOB
Date Nurse Home Visitor ID Nurse Home Visitor Name

Section I – This section is to be entered on the Case Screen in DCS, under Add New Member:

- ◆ Infant's First Name
- ◆ Infant's Last Name
- ◆ Infant's DOB:
- ◆ Child's Ethnicity (check one):
 Hispanic or Latina/Latino
 N
- ◆ Chi

ASQ (ASQ-3) Questionnaire

Infant ID Infant Name ◆ Infant DOB
Client ID Client Name DOB
Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Infancy 4 Months Infancy 10 Months Toddler 18 Months Toddler 24 Months (optional)

1. Please provide Ages and Stages scores for the child:


Communication
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Gross Motor.....
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Fine Motor
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Problem Solving.....
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Personal-social
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening



Data Collection Considerations for Developmental Screening Measure 12

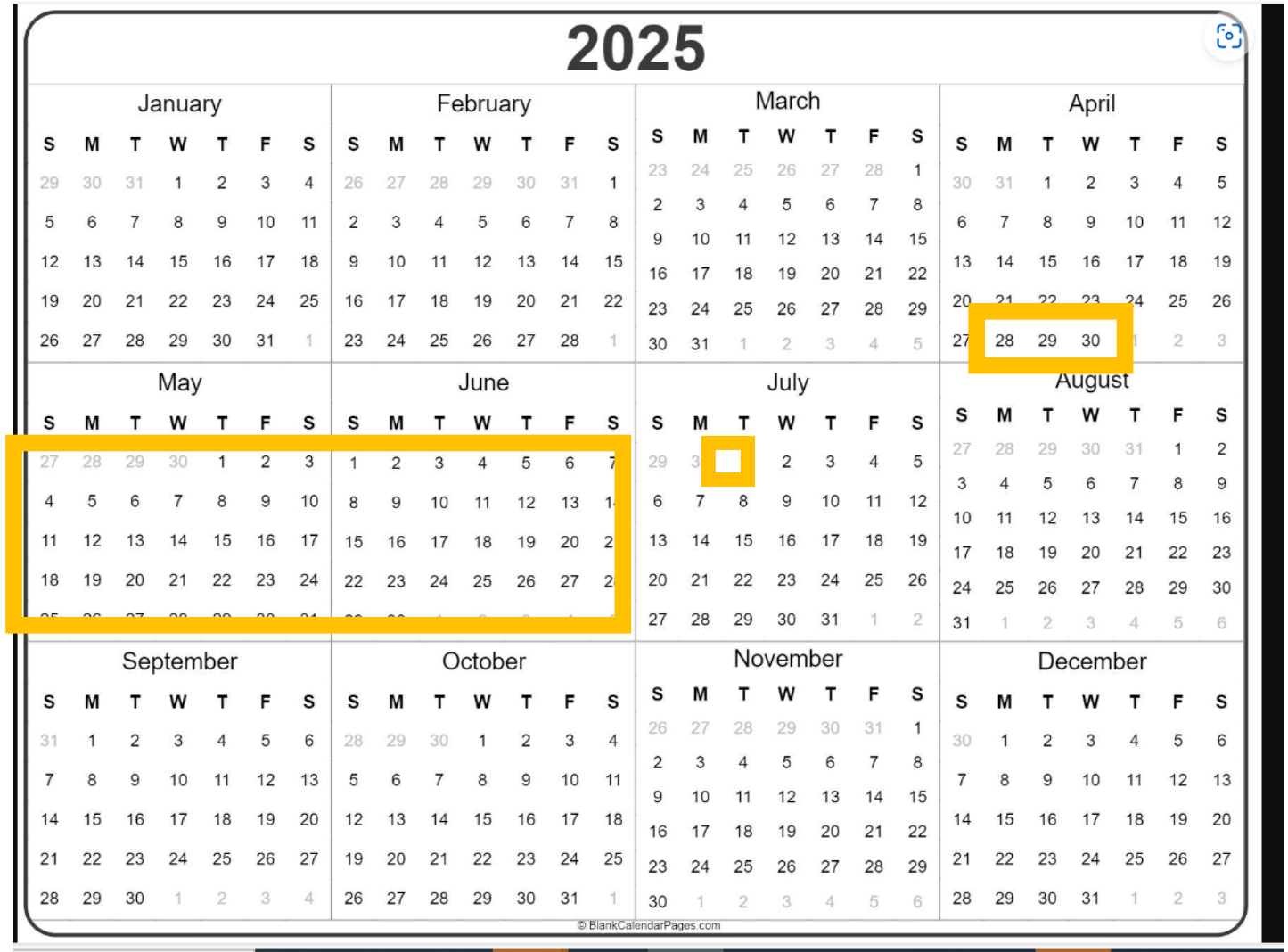
Infant Birth Form and Maternal Health Form must be entered with correct DOB/EDD, as indicated

For the 10-month ASQ, the screening is counted if it is conducted between 9 months 0 days and 10 months 30 days of the adjusted age

For children with more than one ASQ due during the periods, only the ASQ due closest to the end of the reporting period is counted

Example: Xavier is born on July 30, 2024


The 10-month ASQ must be done between 4/28/2025 and 7/1/2025 to be counted towards this measure for the FY25



A calendar for the year 2025, showing months from January to December. The calendar is a grid with days of the week (S, M, T, W, T, F, S) and dates. A yellow box highlights the period from April 28 to July 1, 2025. The dates 4/28, 4/29, 4/30, 5/1, 5/2, 5/3, 5/4, 5/5, 5/6, 5/7, 5/8, 5/9, 5/10, 5/11, 5/12, 5/13, 5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20, 5/21, 5/22, 5/23, 5/24, 5/25, 5/26, 5/27, 5/28, 5/29, 5/30, 5/31, 6/1, 6/2, 6/3, 6/4, 6/5, 6/6, 6/7, 6/8, 6/9, 6/10, 6/11, 6/12, 6/13, 6/14, 6/15, 6/16, 6/17, 6/18, 6/19, 6/20, 6/21, 6/22, 6/23, 6/24, 6/25, 6/26, 6/27, 6/28, 6/29, 6/30, 7/1 are highlighted. The date 7/1 is the last date in the highlighted period.

2025																											
January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
29	30	31	1	2	3	4	26	27	28	29	30	31	1	23	24	25	26	27	28	1	30	31	1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31	1	23	24	25	26	27	28	1	30	31	1	2	3	4	5	27	28	29	30	1	2	3
May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
27	28	29	30	1	2	3	1	2	3	4	5	6	7	29	30	1	2	3	4	5	27	28	29	30	31	1	2
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30	31	1	2	3	4	27	28	29	30	31	1	2	24	25	26	27	28	29	30
September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
31	1	2	3	4	5	6	28	29	30	1	2	3	4	26	27	28	29	30	31	1	30	1	2	3	4	5	6
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
28	29	30	1	2	3	4	26	27	28	29	30	31	1	23	24	25	26	27	28	29	28	29	30	31	1	2	3

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Analysis
Considerations
for
Developmental
Screening
Measure 12

Completion timepoints

The Fidelity Report measures 10-month ASQ completion

The data quality dashboard will assure there are not null or impossible dates for DOB/EDD

Due Dates for Forms or the DCR for ASQ compared to caseload may be used to track ASQ completion at each timepoint



Developmental Referral Follow Up

Measure 18




Developmental Referral Follow up has **Two Key Components**

Child has Positive Screen for Developmental Delay

Child received developmental support or Other community service

Spotlight: The child screened positive for developmental delay

The ASQ Survey

ASQ (ASQ-3) Questionnaire 

Infant ID Infant Name ♦ Infant DOB

Client ID Client Name DOB

Date Nurse Home Visitor Nurse Home Visitor Name

Check one: Infancy 4 Months Infancy 10 Months Toddler 18 Months Toddler 24 Months (optional)

1. Please provide Ages and Stages scores for the child:

Communication
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Gross Motor.....
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Fine Motor
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Problem Solving.....
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Personal-social
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening



Home Visit Encounter Survey



Encounter

Client ID Client Name DOB

Date ♦Time From am/pm To am/pm

Total Miles Nurse Home Visitor ID Nurse Home Visitor Name

♦Encounter Outcome: Completed Attempted Client cancelled visit Nurse home visitor cancelled visit



Spotlight: The child received individual developmental support

♦ **PERCENT OF TIME SPENT ON EACH PROGRAM AREA:** TIME SPENT

My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health) %

My Home (Environmental Health - Home; Work; School and Neighborhood) %

My Life (Life Course - Family Planning; Education and Livelihood) %

My Child/ Taking Care of My Child (Maternal Role - Mothering Role, Physical Care, Behavioral and Emotional Care of Child) %

My Family & Friends (Personal Network Relationships; Assistance with Childcare) %

TOTAL **100%**

Involvement

Conflict with material

Understanding of material

♦ **PERCENT OF TIME SPENT ON EACH PROGRAM AREA:** TIME SPENT

My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health) %

My Home (Environmental Health - Home; Work; School and Neighborhood) %

My Life (Life Course - Family Planning; Education and Livelihood) %

My Child/ Taking Care of My Child (Maternal Role - Mothering Role, Physical Care; Behavioral and Emotional Care of Child) %



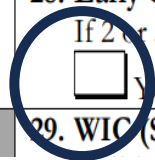


Use of Government Services Survey



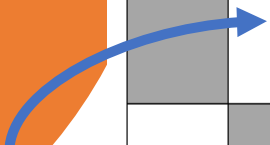
Spotlight:
Referred to Early
Intervention and
received services
within 45 days

	25. Primary care provider – sick child
	26. Primary care provider – well child
	27. Developmental Disabilities (Adult)
	28. Early Childhood Intervention If 2 or 5 was selected, was the child evaluated within 45 days of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
	29. WIC (Supplemental Nutrition Program for Women, Infants and




OR

	25. Primary care provider – sick child
	26. Primary care provider – well child
	27. Developmental Disabilities (Adult)
	28. Early Childhood Intervention If 2 or 5 was selected, was the child evaluated within 45 days of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
	29. WIC (Supplemental Nutrition Program for Women, Infants and



2, 5.1, 5.2, 5.3 **AND** the date of this survey is after a referral indicated on **Referral Survey**


AND Use Gov't Services survey dates are prior to 45 days from a positive screen on the **ASQ survey**



Analysis
Considerations
for
Developmental
Referral
Measure 18

There is no report in Power BI that looks at referral follow up

It may be helpful to use the DCR ASQ report to determine which clients have a positive score and match this with the Use of Gov't Service DCR report



Data Collection Considerations for Developmental Referrals Measure 18



The score for each domain must be entered on the ASQ survey



The Use of Government Services form must be properly filled in within 45 days of the referral



The Maternal Domain on the Home Visit Encounter form (made after the Positive ASQ Score) must be filled >0 for “individual support” (from home visitor) to be counted



Depression Screening

Measure 3


The Depression Screening Measure 3 has **Two Key Components**

Depression screening done

- PHQ9 completed

The screen is within MIECHV window

- Client had screen done between child's DOB and 90 days after birth



Data Collection
Considerations
for Depression
Screening
Measure 3

Infant Birth Form must be entered
with correct DOB

PHQ9 must be completed within
90 days of child's birth

PHQ9 done PRN (i.e., between 8
weeks and 4 months) are counted

Analysis Considerations for Depression Screening Measure 3

For MIECH report: no special considerations

Fidelity Report Measure 10 PHQ-9 completion should be a good indicator of benchmark

The data quality dashboard will assure there are not null or impossible dates for DOB

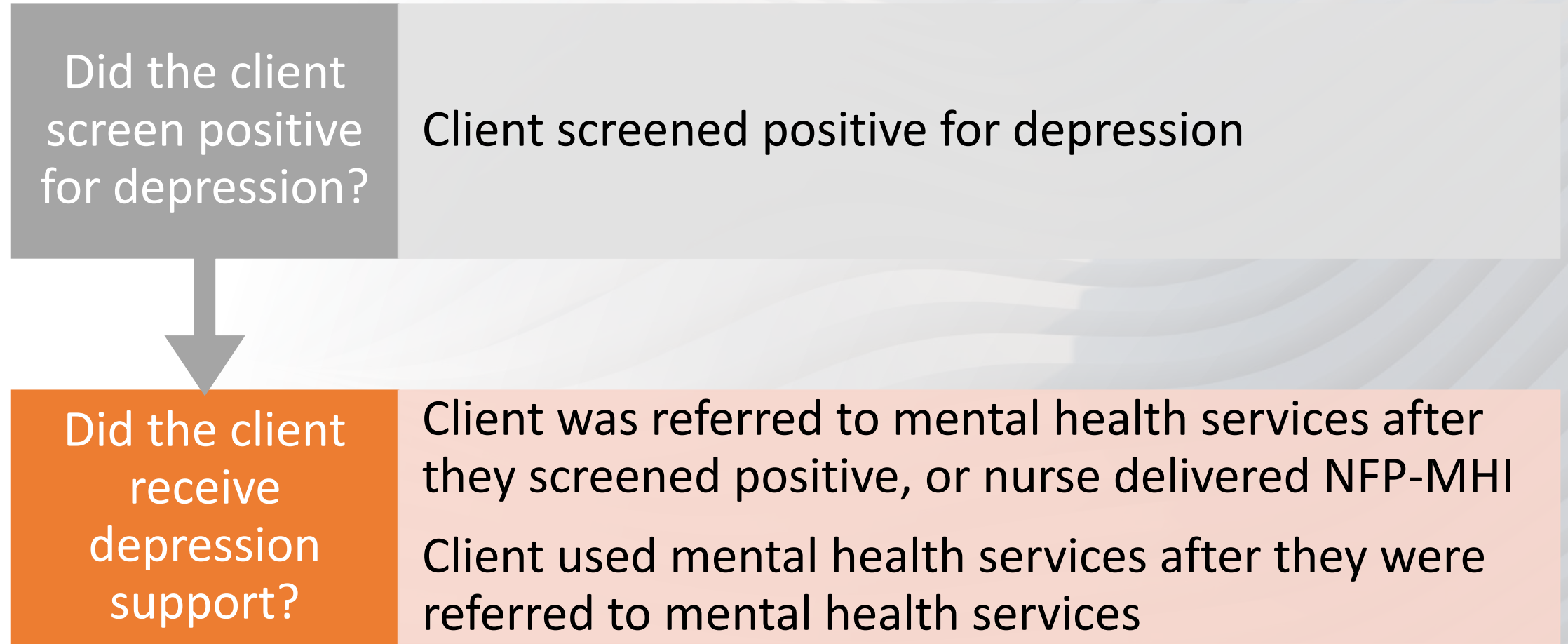
Due Dates for Forms or the DCR for PHQ-9 compared to caseload may be used to track PHQ9 done within 90 days of child's birth



Depression Referral Follow up

Measure 17

Depression Referral Follow up Measure 17 has **Two Key Components**




PHQ9 Screening

Spotlight: Did the client screen positive for depression?

(earliest) Survey Date is between child's DOB (from **Infant survey**) and 90 days after birth

Patient Health Questionnaire-9 (PHQ-9)



Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Intake Pregnancy 36 Weeks Infancy 1-8 Weeks Infancy 4-6 Months Infancy 12 Months
 Additional (PRN)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. ♦ Little interest or pleasure in doing things <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day	7. ♦ Trouble concentrating on things, such as reading the newspaper or watching television <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
2. ♦ Feeling down, depressed or hopeless <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day	8. ♦ Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
3. ♦ Trouble falling or staying asleep, or sleeping too much <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day	9. ♦ Thoughts that you would be better off dead or of hurting yourself in some way <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day
4. ♦ Feeling tired or having little energy <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day	
5. ♦ Poor appetite or overeating <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day	
6. ♦ Feeling bad about yourself – or that you are a failure or have let yourself or your family down <input type="checkbox"/> 0 - Not at all <input type="checkbox"/> 1 - Several days <input type="checkbox"/> 2 - More than half the days <input type="checkbox"/> 3 - Nearly every day	

Add all individual item scores to determine
Total Score:

10. If you checked off **any** problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
 Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, disseminate or distribute.

Total PHQ9 score is ≥ 5

Spotlight: Did the client receive depression support?

PHQ9 Screening, Referral to Services and Use of Gov't Services

Referrals to Services

Client ID Client Name DOB
 Date Nurse Home Visitor ID Nurse Home Visitor Name

REFERRALS:

Client	Child	Services
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Mental Health Crisis
		7. Intimate Partner Violence
		8. Child Protective Services
		Mental Health
		9. Mental health treatment or therapy
		10. Relationship counseling

And the date screened positive is before the date referred which is before the use of service

Use of Government & Community Services

Client ID Client Name DOB
 Date Nurse Home Visitor ID Nurse Home Visitor Name

Record services used only at following time points:

- Intake Infancy 6 Months Toddler 18 Months
 Infant's Birth Infancy 12 Months Toddler 24 Months

Service Utilization Response Key:

- 2 = Client or child is currently receiving this service
 3.1 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is full
 3.2 = Service assessed by NHV as needed – NHV has previously made a referral for this service, the client or child is waiting for service
 3.3 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the service is not available in area
 4.1 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client refused the referral
 4.2 = Service assessed by NHV as needed – NHV has previously made a referral for this service, but the client did not take action for herself or her child
 5.1 = Client or child received this service since the last time the form was completed, but is no longer receiving this service because they have completed the service
 5.2 = Client or child received this service since the last time the form was completed, but is no longer receiving this service because the services were discontinued by the client
 5.3 = Client or child received this service since the last time the form was completed, but is no longer receiving this service because the services were discontinued by service agency
 6 = Service assessed by NHV as needed – NHV made referral for this service at the visit

Client	Child	Service
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Mental Health Crisis
		7. Intimate Partner Violence
		8. Child Protective Services
		Mental Health
		9. Mental health treatment or therapy
		10. Relationship counseling

Data Collection Considerations for Depression Referrals Measure 17



The score must be entered on the PHQ9 survey and must be done within 90 days of child's birth



The Referral to Services Survey must be completed after the positive depression screen



The Use of Government Services survey must be completed after the referral was made (only 2, 5.1, 5.2 and 5.3 count)



Nurses can refer to themselves and, if delivering the NFP mental health intervention, can count that as receiving services on Use of Gov't Services



Analysis
Considerations
for Depression
Referral
Measure 17

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant.

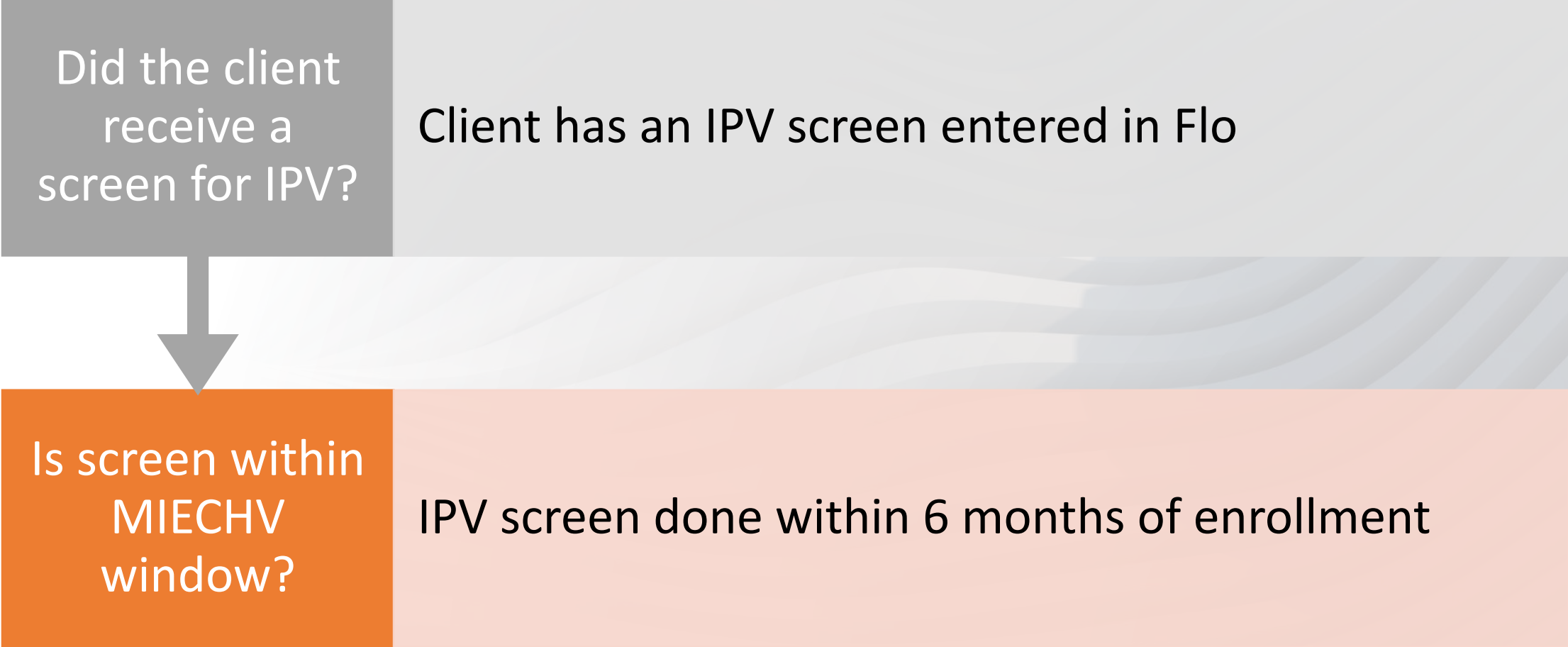


IPV Screening

Measure 14



IPV Screening Measure 14 has **Two Key Components**





The IPV Survey



Spotlight: IPV screen is done

Clinical IPV Assessment



Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

- 5th-7th Pregnancy Visit 12 Weeks Post-Partum Child 16 Months PRN

If this assessment was deferred, indicate reason:

- Client is already receiving services for IPV Client disclosed IPV on earlier assessment
 Unsafe situation unable to complete in timeframe allowed

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nurse Only	
If you are entering a "PRN" assessment, please select one of the following reasons: <input type="checkbox"/> Delayed "Make-up" Assessment <input type="checkbox"/> Additional Assessment	
Scoring Questions 1-4: Total _____ <i>*If score is greater than 8 indicates risk of IPV</i>	
Questions 5-8: Any marked yes? <i>*Any Yes response indicates risk of IPV</i>	
If Using State-Mandated Alternate IPV Screening Tool:	

Data Collection
Considerations
for IPV
Screening
Measure 14

Survey must be done
within 182 days (6 months)
of client enrollment

The score for Q1-4 must be
entered on the IPV survey

Analysis
Considerations
for IPV
Screening
Measure 14

Fidelity Report Measure 10 IPV completion is a stricter indicator of benchmark (completion by 7th visit)

DCR may be useful. For more information, talk to your nurse consultant.



IPV Referrals

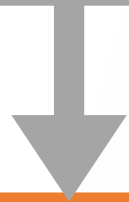
Measure 19



IPV Referrals Measure 19 has **Two Key Components**

Did the client screen positive for IPV?

Client screened positive for IPV within 6 months of enrollment



Did the client receive IPV referral?

Client was referred to IPV services within the reporting period



Spotlight: IPV screen is positive

The IPV Survey

Clinical IPV Assessment



Client ID Client Name DOB

Date Nurse Home Visitor ID Nurse Home Visitor Name

5th-7th Pregnancy Visit 12 Weeks Post-Partum Child 16 Months PRN

If this assessment was deferred, indicate reason:

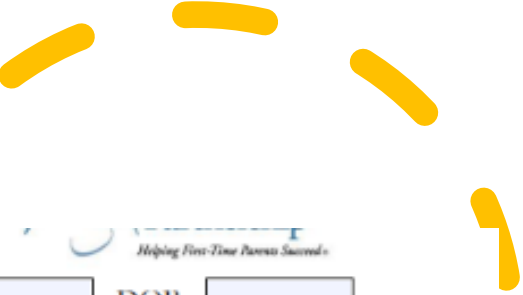
Client is already receiving services for IPV Client disclosed IPV on earlier assessment

Unsafe situation unable to complete in timeframe allowed

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nurse Only	
If you are entering a "PRN" assessment, please select one of the following reasons:	
<input type="checkbox"/> Delayed "Make-up" Assessment	
<input type="checkbox"/> Additional Assessment	
Scoring	
Questions 1-4: Total _____	<input type="text"/>
<i>*If score is greater than 8 indicates risk of IPV</i>	
Questions 5-8: Any marked yes?	
<i>*Any Yes response indicates risk of IPV</i>	
If Using State-Mandated Alternate IPV Screening Tool:	

Spotlight: Was client referred to IPV services?

IPV Referral to Services



Referrals to Services



Client ID Client Name DOB
 Date Nurse Home Visitor ID Nurse Home Visitor Name

REFERRALS:		
Client	Child	Services
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Mental Health Crisis
		7. Intimate Partner Violence
		8. Child Protective Services
		Mental Health
		9. Mental health treatment or therapy
		10. Relationship counseling




Data
Collection
Considerations
for IPV Referral
Measure 19

The Survey must be done within 182 days (6 months) of client enrollment

The score for Q1-4 must be entered on the IPV survey

The referral was made within the reporting period



Analysis
Considerations
for IPV Referral
Measure 19

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant



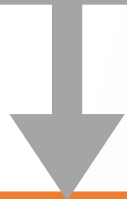
Breastfeeding

Measure 2

Breastfeeding Measure 2 has **Two Key Components**

Infant is at least 6 months but less than 2 years old

Infant is at least six months old



Did the infant receive breastmilk at 6 months?

Infant receives breastmilk at six months



The Infant Health Care Survey



Infant Health Care

Infant ID Infant Name Infant DOB
 Infant SSN
 Client ID Client Name DOB
 Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one Infancy 6 Months

1. ♦ During a typical week, how many times do you read to your child and/or sing songs to your child?
- 0
 - 1
 - 2
 - 3


Breastfeeding:

7. ♦ Has your child ever received breast milk?
- Yes
 - No (Skip to 12)
8. Does your child continue to get breast milk?
- Yes (Skip to 12)
 - No
9. How old was your child when s/he stopped getting breast milk?
- Less than one week (Skip to 12)
 - One week or more; specify number of weeks: weeks (Skip to 12)
10. Is your child still exclusively receiving breast milk?
- Yes (Skip to 12)
 - No
11. Until what age was your child fed exclusively breast milk (no water, juice, formula, cereal, or other solids)?
- Weeks



Spotlight:
Breastfeeding
information





Data
Collection
Considerations
for
Breastfeeding
Measure 2

The Infant Health Care Survey
must be done at the 6-month
timepoint

Question 8 is “yes” or question 9
has ≥ 26 weeks

Will be missing if Q7 is “yes”, but
Q8 is “No” and there is no “age
stopped”



Analysis
Considerations
for
Breastfeeding
Measure 2

Standard Outcome Report 5 may be an estimated indicator but does not use the same definition

DCR may be useful. For more information, talk to your nurse consultant



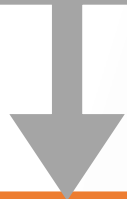
Well Child Visit

Measure 4

Well Child Visit Measure 4 has **Two Key Components**

Infant born within the reporting period

Infant Birth Date is known and before end of reporting period



Is child up to date on well child visits?

Child has most recent age-appropriate well child check according to AAP recommended schedule



Spotlight: Well-Child Check information

Health Care Services Survey



Healthcare Services

Infant ID	<input type="text"/>	Infant Name	<input type="text"/>	Infant DOB	<input type="text"/>
Client ID	<input type="text"/>	Client Name	<input type="text"/>	DOB	<input type="text"/>
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>

This data is collected at the following timepoints: whenever a mom or baby accesses healthcare services AND at the routine data collection timepoints of child's age 6, 12, 18, and 24 months.

- ◆ Since our last visit, have you received any of the recommended prenatal or postpartum visits?

Yes (if yes, please indicate which of these visits were completed; check all that apply)

<input type="checkbox"/> 6-9 weeks	<input type="checkbox"/> 22-25 weeks	<input type="checkbox"/> 36 weeks	<input type="checkbox"/> 40 weeks
<input type="checkbox"/> 10-13 weeks	<input type="checkbox"/> 26-29 weeks	<input type="checkbox"/> 37 weeks	<input type="checkbox"/> 41 weeks
<input type="checkbox"/> 14-17 weeks	<input type="checkbox"/> 30-32 weeks	<input type="checkbox"/> 38 weeks	<input type="checkbox"/> 1-8 week postpartum
<input type="checkbox"/> 18-21 weeks	<input type="checkbox"/> 33-35 weeks	<input type="checkbox"/> 39 weeks	

No N/A
- ◆ Since our last visit, has your child had any of the following well-child visits? (check all that apply)

Yes (if yes, please indicate which of these well child visits were completed; check all that apply)

<input type="checkbox"/> In the nursery	<input type="checkbox"/> 3-5 days after birth	<input type="checkbox"/> By 1 month old	<input type="checkbox"/> 2 months old
<input type="checkbox"/> 4 months old	<input type="checkbox"/> 6 months old	<input type="checkbox"/> 9 months old	<input type="checkbox"/> 12 months old
<input type="checkbox"/> 15 months old	<input type="checkbox"/> 18 months old	<input type="checkbox"/> 24 months old	
<input type="checkbox"/> 24 month visit scheduled but not yet completed			

No N/A



Data
Collection
Considerations
for Well Child
Visit Measure
4

The Health Care Services Survey
Q2 must be completed

The Survey Date is used to
determine if the well visit was
done on time

Will be missing if the child's DOB is
unknown

Analysis
Considerations
for Well Child
Visit Measure 4

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant



Postpartum Care

Measure 5

Postpartum Visit Measure 5 has **Two Key Components**

Client enrolled
at least 2
months
postpartum

Postpartum enrollment is ≥ 56 days

Client had a
timely
postpartum
visit

Completed 1–8-week medical postpartum visit
within 8 weeks of delivery



Health Care Services Survey



Spotlight: Timely Postpartum visit information



Healthcare Services

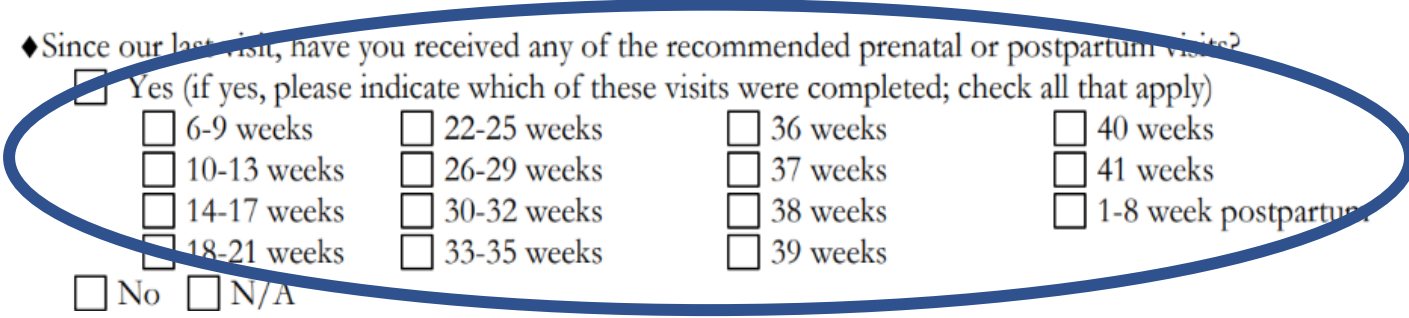
Infant ID	<input type="text"/>	Infant Name	<input type="text"/>	Infant DOB	<input type="text"/>
Client ID	<input type="text"/>	Client Name	<input type="text"/>	DOB	<input type="text"/>
Date	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>	Nurse Home Visitor Name	<input type="text"/>



This data is collected at the following timepoints: whenever a mom or baby accesses healthcare services AND at the routine data collection timepoints of child's age 6, 12, 18, and 24 months.

- ◆ Since our last visit, have you received any of the recommended prenatal or postpartum visits?
 - Yes (if yes, please indicate which of these visits were completed; check all that apply)

<input type="checkbox"/> 6-9 weeks	<input type="checkbox"/> 22-25 weeks	<input type="checkbox"/> 36 weeks	<input type="checkbox"/> 40 weeks
<input type="checkbox"/> 10-13 weeks	<input type="checkbox"/> 26-29 weeks	<input type="checkbox"/> 37 weeks	<input type="checkbox"/> 41 weeks
<input type="checkbox"/> 14-17 weeks	<input type="checkbox"/> 30-32 weeks	<input type="checkbox"/> 38 weeks	<input type="checkbox"/> 1-8 week postpartum
<input type="checkbox"/> 18-21 weeks	<input type="checkbox"/> 33-35 weeks	<input type="checkbox"/> 39 weeks	
 - No
 - N/A





Data
Collection
Considerations
for Postpartum
Visit Measure
5

The Health Care Services Survey
Q1 must be completed

The Survey Date is used to
determine if the postpartum visit
was done on time

Will be missing if the child's DOB is
blank and the EDD is blank

Analysis
Considerations
for Postpartum
Visit Measure 5

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant



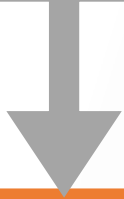
Child Injury

Measure 8

Child Injury Measure 8 has **Two Key Components**

Child born
before end of
reporting
period

Child date of birth is prior to the end of the reporting period



Child had an ER
visit

Child had an ER visit during the reporting period (of the children born before the end of the reporting period)



Spotlight: ER visit

Health Care Services Survey



ER Visits and Hospitalizations

7. ♦ Since our last visit, have you taken your child to the hospital emergency room/urgent care center for an injury or because you were concerned your child swallowed something harmful?

Yes (If yes, please mark the reason and note the date)

NOTE: ER and Urgent Care visits for illness should not be noted

Injury Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Ingestion Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

Date: ___/___/___ (month/day/year) Treatment Needed

Emergency Room Urgent Care

No N/A (still pregnant)

Data
Collection
Considerations
for Child Injury
Measure 8

The Health Care Services Survey
Q7 must be completed

The ER Visit Date is used to
determine if the ER visit is within
the reporting period

“Missing” is not applicable for this
measure

Analysis Considerations for Child Injury Measure 8

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant



Tobacco Cessation

Measure 6

Tobacco Cessation Measure 6 has **Multiple Components**

Caregiver enrolled 3 months who reported tobacco at enrollment

Reported tobacco use at enrollment; have been enrolled at least 90 days (and during reporting period); do not use smoking cessation at enrollment

Referred to smoking cessation within 3 mo

Use tobacco and are referred to tobacco cessation or counseling services within 90 days of enrollment



Spotlight:
Tobacco Use

Health Habits Survey



3. In the last 48 hours, have you used tobacco? By 48 hours, I mean from (TIME AND DAY OF WEEK) to (TODAY AND TIME).

Yes

If yes, please indicate the types of nicotine you used (please check all that apply) and how many times per day you used each.

Electronic cigarette (E-cigarette) quantity/day

Patches quantity/day

Dissolvable Tobacco (strips, sticks, orbs and compressed tobacco, lozenges) quantity/day

Cigars quantity/day

Smokeless tobacco (chewing tobacco and snuff) quantity/day

Cigarettes quantity/day

Other (please specify) _____

No

Now I am going to ask you some questions about alcohol. Many people drink alcohol at least some time in their life. Sometimes women who are pregnant will drink before they know they are pregnant, or they may find it very hard to change a pattern of drinking once they start. By alcohol, I mean beer, wine, wine coolers, and liquor, such as whiskey, scotch,

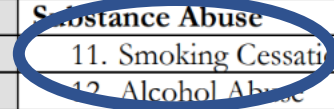


Spotlight:
Referral to
Tobacco
Cessation

Health Habits Survey



REFERRALS:		
Client	Child	Services
		Financial Assistance
		1. TANF/Welfare
		2. Food Stamps
		3. Social Security/Social Security Disability
		4. Unemployment Benefits
		5. Subsidized Child Care
		Crisis Intervention
		6. Mental Health Crisis
		7. Intimate Partner Violence
		8. Child Protective Services
		Mental Health
		9. Mental health treatment or therapy
		10. Relationship counseling
		Substance Abuse
		11. Smoking Cessation
		12. Alcohol Abuse
		13. Drug Abuse
		Health Care
		14. Medicaid
		15. SCHIP (State Children's Health Insurance Program)
		16. Private insurance
		17. Military insurance (Tricare)
		18. Indian Health Service




Data
Collection
Considerations
for Tobacco
Cessation
Measure 6

The Health Care Services Survey
Q3 must be completed at
Pregnancy

The Referral to Services Survey
must have smoking cessation
referral within 90 days of
enrollment

“Missing” is if client is enrolled
more than 90 days but has an
Unknown use at enrollment



Analysis
Considerations
for Tobacco
Cessation
Measure 6

New NOR, Health Characteristics as Intake shows % clients with Health Habits at intake and Smokers

Quarterly Report and Service Linkages Report show number of referrals made

DCR may be useful. For more information, talk to your nurse consultant



Safe Sleep

Measure 7

Safe Sleep Measure 7 has **TWO main Components**

Child is less than 1 year old during reporting period

Date of Birth is known, and the child is less than one year old

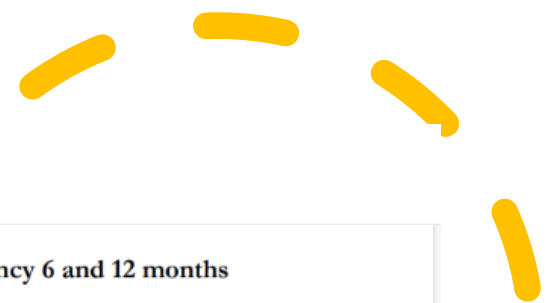
Child always placed on back without bed-sharing or soft bedding


Caregiver reports safe sleep practices at 6 months



Spotlight: Safe Sleep

Infant Health Survey



 Infant Health Care -pdf

Safe Sleep: Questions 12, 13, and 14 should only be completed at Infancy 6 and 12 months

12. ♦ How often do you place your infant to sleep on their back?

- Always
- Sometimes
- Never

13. ♦ How often do you bed-share with your infant?

- Always
- Sometimes
- Never

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Page 2 of 4

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14. ♦ How often does your infant sleep with soft bedding?

- Always
- Sometimes
- Never

Data
Collection
Considerations
for Safe Sleep
Measure 7

The Infant Health Care Survey
Q12-14 must be completed at 6
months

All three safety activities must be
indicated to be considered “safe
sleep”

“Missing” if all three questions are
blank.

Analysis
Considerations
for Safe Sleep
Measure 7

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant



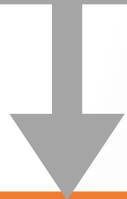
Early Language Literacy

Measure 11

Early Language Literacy Measure 11 has **TWO** main Components

Child is enrolled
in NFP

Date of Birth is known, and the child was born before the end of the reporting period



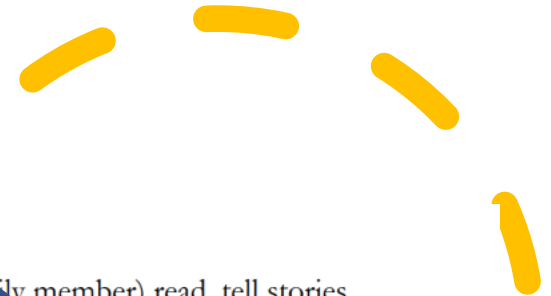
Family member
reads to, sings
songs, tells stories
to child

Caregiver reports early language activities 7 days a week



Spotlight: Early Literacy

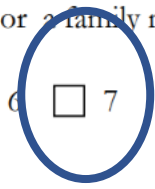
Infant Birth Survey or Infant Health Survey



- Never
- N/A

11. ♦ During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7



Infant Health Care



Infant ID Infant Name Infant DOB
 Infant SSN
 Client ID Client Name DOB
 Date Nurse Home Visitor ID Nurse Home Visitor Name
 Check one: Infancy 6 Months Infancy 12 Months Toddler 18 Months Toddler 24 Months

1. ♦ During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7



Data
Collection
Considerations
for Early
Literacy
Measure 11

The Infant Birth (Q11) or Infant Health Care Survey (Q1) must be completed

A “7” must be indicated to count for this measure

“Missing” if the question is blank

Analysis
Considerations
for Early
Language
Literacy
Measure 11

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant



Behavioral Concern

Measure 13

Behavioral Concern Measure 13 has **TWO** main Components

Postpartum Visits

Total number of postpartum visits during the reporting period




Client was asked if they have concerns about child behavior

Sum of all the time client was asked if they have concerns about their child's behavior

Spotlight: Behavior Concerns

Home Visit Encounter



Encounter

Client ID Client Name DOB

Date Time From am/pm To am/pm

Total Miles Nurse Home Visitor ID Nurse Home Visitor Name

◆ Encounter Completed Attempted Client cancelled visit Nurse home visitor cancelled visit

Outcome:

◆ **Encounter Reason:** Deliver Program Content Client Care Coordination Efforts to locate client Other _____

◆ **Encounter Method:** In-person Email Text Telephone Video Conference Other _____

◆ **If method not In-person, indicate reason*:**
 Client low risk status Client busy Hard to locate for home visits Weather conditions Unsafe client neighborhood
 Unsafe client home Client preference/request (specify, if not listed above) _____
 Nurse preference/request (specify, if not listed above) _____ Other (specify) _____

***In consultation with and approved by your NFP Nurse Supervisor**

◆ **Encounter Location:** Client's Home School Public/Private Agency
 Family/Friend's Home Employment Other _____
 Doctor/Clinic

◆ **Encounter Participants:**
 Client Current Husband/Partner 2nd NFP Professional
 Child not FoC Interpreter
 Client's Mother Other Family Member Other Professional
 Father of Child (FoC) NFP Supervisor Other Service Provider
 Friend (s) Child Welfare Services Employer
 Doctor/Clinic School Other _____

PARTICIPANTS ENGAGED IN VISIT (rate 1 = low to 5 = high):

	Client	Client's Mother	Husband/Partner/FOC
Involvement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conflict with material.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Understanding of material.....	<input type="text"/>	<input type="text"/>	<input type="text"/>

◆ **PERCENT OF TIME SPENT ON EACH PROGRAM AREA:**

	TIME SPENT
My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health)	<input type="text"/> %
My Home (Environmental Health - Home; Work; School and Neighborhood)	<input type="text"/> %
My Life (Life Course - Family Planning; Education and Livelihood)	<input type="text"/> %
My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical Care; Behavioral and Emotional Care of Child).....	<input type="text"/> %
My Family & Friends (Personal Network Relationships; Assistance with Childcare).....	<input type="text"/> %
TOTAL	100%

1. ◆ Do you have any concerns regarding your child's development, behavior or learning?
 Yes No Not Indicated at this visit N/A (still pregnant)

2. ◆ Since our last visit, have you had continuous health insurance coverage?
 Yes No



Data
Collection
Considerations
for Child
Behavior
Measure 13

The Home Visit Encounter Survey must be completed postpartum

It must be a “completed” visit with the “client” and Q1 must be a “Yes” or a “No”

“Missing” if the pre or postnatal status can't be determined

Analysis
Considerations
for Child
Behavior
Measure 13

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant



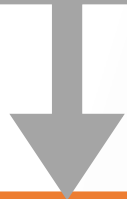
Primary Caregiver Education

Measure 15

Behavioral Concern Measure 13 has **TWO** main Components

Postpartum Visits

Total number of postpartum visits during the reporting period




Client was asked if they have concerns about child behavior

Sum of all the time client was asked if they have concerns about their child's behavior

Spotlight: Behavior Concerns

Home Visit Encounter



Encounter

Client ID Client Name DOB

Date Time From am/pm To am/pm

Total Miles Nurse Home Visitor ID Nurse Home Visitor Name

◆ Encounter Completed Attempted Client cancelled visit Nurse home visitor cancelled visit

Outcome:

◆ **Encounter Reason:** Deliver Program Content Client Care Coordination Efforts to locate client Other _____

◆ **Encounter Method:** In-person Email Text Telephone Video Conference Other _____

◆ **If method not In-person, indicate reason*:**
 Client low risk status Client busy Hard to locate for home visits Weather conditions Unsafe client neighborhood
 Unsafe client home Client preference/request (specify, if not listed above) _____
 Nurse preference/request (specify, if not listed above) _____ Other (specify) _____

***In consultation with and approved by your NFP Nurse Supervisor**

◆ **Encounter Location:** Client's Home School Public/Private Agency
 Family/Friend's Home Employment Other _____
 Doctor/Clinic

◆ **Encounter Participants:**
 Client Current Husband/Partner 2nd NFP Professional
 Child not FoC Interpreter
 Client's Mother Other Family Member Other Professional
 Father of Child (FoC) NFP Supervisor Other Service Provider
 Friend (s) Child Welfare Services Employer
 Doctor/Clinic School Other _____

PARTICIPANTS ENGAGED IN VISIT (rate 1 = low to 5 = high):

	Client	Client's Mother	Husband/Partner/FOC
Involvement.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Conflict with material.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
Understanding of material.....	<input type="text"/>	<input type="text"/>	<input type="text"/>

◆ **PERCENT OF TIME SPENT ON EACH PROGRAM AREA:**

	TIME SPENT
My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health)	<input type="text"/> %
My Home (Environmental Health - Home; Work; School and Neighborhood)	<input type="text"/> %
My Life (Life Course - Family Planning; Education and Livelihood)	<input type="text"/> %
My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical Care; Behavioral and Emotional Care of Child).....	<input type="text"/> %
My Family & Friends (Personal Network Relationships; Assistance with Childcare).....	<input type="text"/> %
TOTAL	100%

1. ◆ Do you have any concerns regarding your child's development, behavior or learning?
 Yes No Not Indicated at this visit N/A (still pregnant)

2. ◆ Since our last visit, have you had continuous health insurance coverage?
 Yes No



Data
Collection
Considerations
for Child
Behavior
Measure 13

The Home Visit Encounter Survey must be completed postpartum

It must be a “completed” visit with the “client” and Q1 must be a “Yes” or a “No”

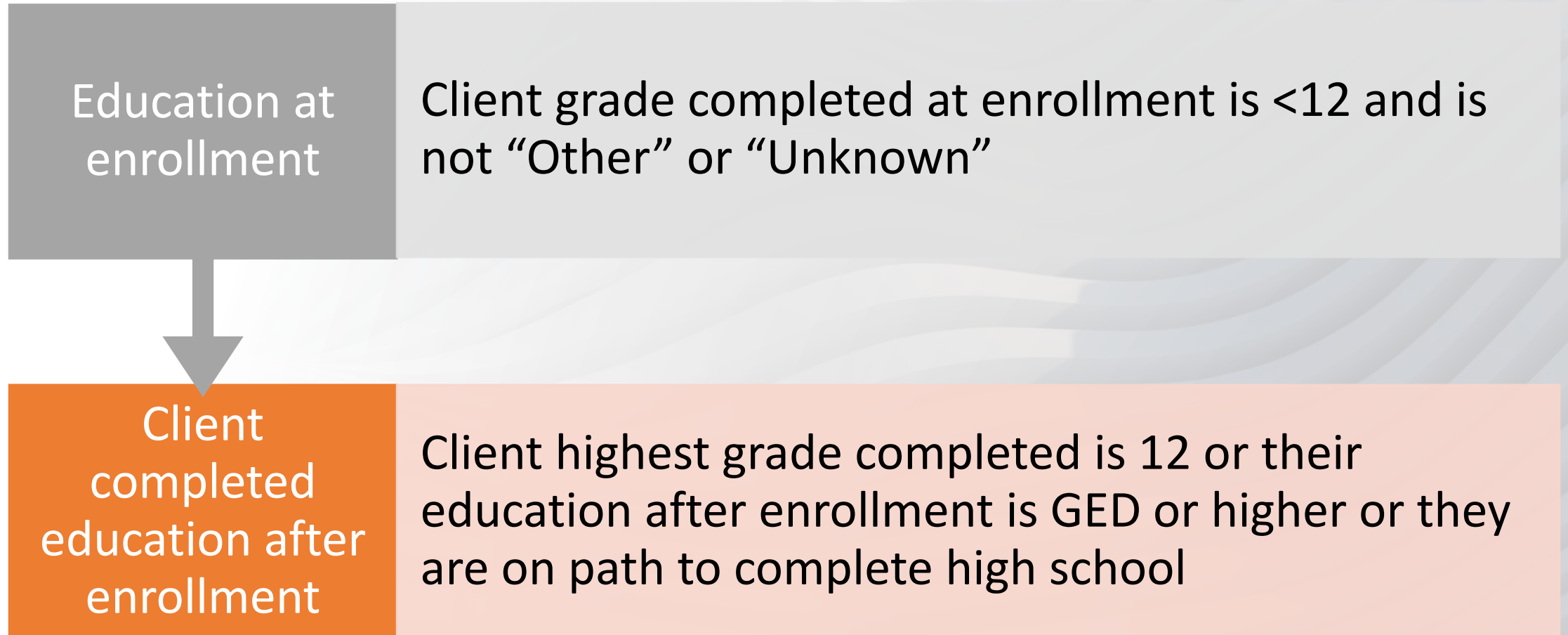
“Missing” if the pre or postnatal status can't be determined

Analysis
Considerations
for Child
Behavior
Measure 13

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant

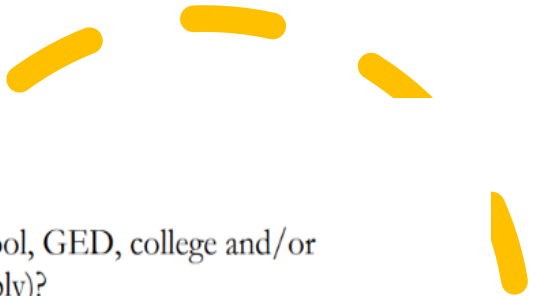
Primary Caregiver Education Measure 15 has **several components**





Spotlight:
Education

Demographics Survey



Section III – Education and Income

6. ♦ Are you currently enrolled in middle or high school, GED, college and/or vocational/certification program (check all that apply)?
- Yes
 - Middle school (6th – 8th grades)
 - High school
 - GED program
 - Post-high school vocational/certification/technical training
 - Full Time – 12 semester hours or equivalent
 - Part Time
 - 7 – 11 semester hours or equivalent
 - 6 or less semester hours or equivalent
 - College
 - Full Time – 12 semester hours or equivalent
 - Part Time
 - 7 – 11 semester hours or equivalent
 - 6 or less semester hours or equivalent
 - Not enrolled

Data
Collection
Considerations
for Caregiver
Education
measure 15

The Demographic survey must be completed

The report looks at the Demographic survey closest to end of reporting period

There are no "Missing" values

Analysis
Considerations
for Caregiver
Education
Measure 15

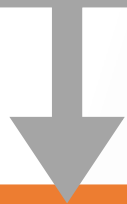
There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant

Continuity of Health Insurance Measure 16 has **two components**

Caregiver
enrolled for at
least 6 months

Enrollment duration days at least 182



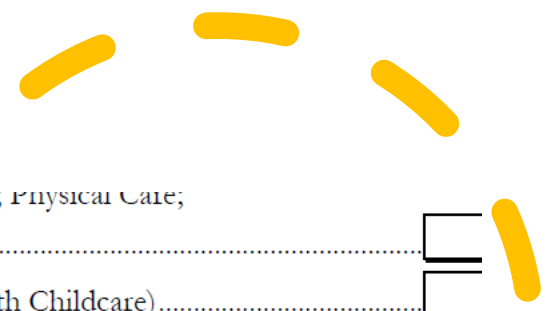
Caregiver had
continuous
insurance

Home visit encounter form shows client has had
continuous health insurance



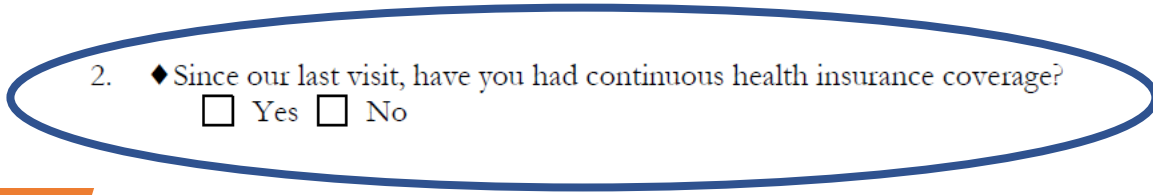
Spotlight:
Insurance
Coverage

Home Visit Encounter



<u>My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical Care; Behavioral and Emotional Care of Child).....</u>	<input type="checkbox"/>
<u>My Family & Friends (Personal Network Relationships; Assistance with Childcare).....</u>	<input type="checkbox"/>
TOTAL.....	10

- ◆ Do you have any concerns regarding your child's development, behavior or learning?
 Yes No Not Indicated at this visit N/A (still pregnant)
- ◆ Since our last visit, have you had continuous health insurance coverage?
 Yes No



Data
Collection
Considerations
for Continuous
Health
Insurance
measure 16

The Encounter survey, Q2, must be completed

Q2 has to be “yes” for at least 182 days

“Missing” values if Q2 is blank

Analysis
Considerations
for Continuous
Health
Insurance
Measure 16

There is no summary report for this measure (or a proxy of this measure) in Power BI

DCR may be useful. For more information, talk to your nurse consultant