

Beyond Hospital Doors: Nutaqsiivik

A Model Perinatal Outreach & Support Program for High Social Risk Native Women



Sherri Noonan, RN, BSN
Kelly Clement-Murphy, RN, MSN
Suzanne Raelson, RN, CMC
Southcentral Foundation

Mission and Vision


- To improve the post-neonatal infant mortality rate for Anchorage Native infants
- Anchorage Native high social risk child-bearing-age families will have access to the support and services they need to create safe home environments, strengthen their families, and move toward self-reliance







Creativity is the Key

- Meet clients “where they are at” (figuratively and literally!)
- Measure success as small changes in behaviors
- Advocate for clients with “systems” and don’t be afraid to ask agencies “why..?”
- Non-judgmental actions and attitudes earn client’s trust

- 
- In 1993, the death rate for Alaska Native infants in the post-neonatal period (28 days through one year of age) was 3X higher than other Alaska infant population groups
 - Participated in a Community-Wide Learning Collaborative (Institute for Healthcare Improvement - Boston)


- 
- A review of 27 Anchorage Native infant deaths identified how the system identified socially high risk pregnant women
 - Flow charts led to points where gaps existed
 - A standardized social risk tool was developed and has been in use since 1994
 - The Nutaqsiivik Program began with no new resources


- 
- Existing staff were re-directed to begin pilot project “one-stop” concept clinic and home visiting services
 - Tracking “Days between Deaths” has given us a short cycle measurement of infant mortality



Program Goals

- To promote safe home environments for high social risk infants
- To provide client-centered, risk-based interventions that will support the high social risk family in their efforts to move toward self-reliance
- To increase Alaska Native Medical Center's responsiveness to high social risk families

- 
- To increase Anchorage community partnerships and awareness of the Nutaqsiivik Program's goals and activities
 - To collect data and information to determine the nature and extent of need among high social risk Native families in Anchorage for program planning and evaluation

- 
- Foundation theory borrowed from the business world, used Quality Improvement techniques such as short cycle interventions
 - PDCA (Plan-Do-Check-Act)
 - Constant re-assessment of program activities
 - Database with information regarding risk profiles of 1000+ infants and mothers




Social Risk Criteria


- Homelessness
- Current or recent DFYS involvement
- Positive urine drug screen for mother or infant
- Recent or current domestic violence
- Maternal substance abuse during pregnancy or at risk for relapse after pregnancy
- Current maternal psychiatric disorder or depression
- Lack of prenatal care or onset in 3rd trimester or inconsistent prenatal care
- FAS/FAE or otherwise cognitively impaired mother
- Age 16 or under
- History of SIDS
- History of childhood sexual abuse
- Worrisome parenting behaviors observed




Current Services

- High social risk pregnant women identified
- Referrals from wide variety of sources
- Home visitation begins after client accepts services, frequency based on family needs
- Home-based birth control consultation and administration
- Continual medical and social service coordination

- 
- Transportation assistance to medical/social appointments
 - Synagis administration in the home
 - Immunizations in the home
 - Intra and inter agency coordination of services and problem solving
 - Support and advocacy
 - Extensive case management for first year of life
 - Individual case review every 90 days with physician advisor

- 
- Average number of days between deaths has gone from a pre-project baseline of **55** to **111**
 - There is a continuing need for family support and services after the first year of life for approximately **1/3** of the families




Nutaqsiivik spin-off activities derived from ongoing data evaluation:

- Teen Health Clinic
- Campus-wide domestic violence initiative
- Improved cognitive assessment system




Trends

- **1/3** of the Anchorage Native perinatal clients meet criteria for high social risk (approximately **150** families per year)
- Basic needs are often unmet (food, shelter, safety)
- The social isolation identified found to be striking
- Clients time orientation differed from the system that is trying to serve them



A case review conducted in a one year period identified:


- **18%** of the Nutaqsiivik mothers were FAS/FAE or otherwise cognitively impaired
- Mental health services were needed by **61%** (only **16%** receiving treatment)
- Substance treatment was needed by **33%** (only **10%** receiving treatment)
- **60%** reported a lack of safe childcare

- 
- Pregnancy prevention services must be easily accessible and on-going
 - Establish a clear mechanism for the diagnosis of cognitively impaired mothers
 - Be creative about outreach and home-based health services
 - Find ways to remove barriers to substance and mental health treatment




Strategies That Work For Us

- Seek to understand the client's point of view
- Let them tell their story
- Be an active listener
- Each client is unique and wants consideration of their unique needs
- Be tenacious in your commitment to being flexible



Why Systems Fail the High Social Risk Client

- Inflexible entry points/intake opportunities create barriers
- Intake processes often miss the needs of cognitively impaired clients
- “Long” wait to enter treatment and delays in service delivery create situations where needs for shelter, food and safety may become higher priority
- Lack of transportation and child care is a recurring theme... Be aware of this



THE BOTTOM LINE?

- “**Systems**” fail to serve the hard-to-reach client when they are at a “reachable moment” so we lose them...figure out when that moment is and be there with a service they can accept
- Nutaqsiivik clients receive services in **ALL** of our programs
- **BE CREATIVE AND WILLING TO CHANGE HOW YOU PROVIDE YOUR SERVICE...**