MATERNAL AND CHILD HEALTH BUREAU (MCHB)
SPECIAL PROJECTS OF REGIONAL AND NATIONAL SIGNIFICANCE (SPRANS)

1. PROJECT IDENTIFICATION

Project Title: Healthy Tomorrows Partnership for Children Program/Clark County Neonatal Follow Up Program

Project Number: H17MC28293

Project Director: Amanda Cormican, CPNP, Project Director

Grantee Organization: Foundation for Positively Kids

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Project Period: March 2015 to February 2020

Total Amount of Grant Awarded: $50,000/year x 5 years = $250,000

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ABSTRACT OF FINAL REPORT H17MC28293

Project title: Clark County Neonatal Follow-Up Program
Applicant Name: Foundation for Positively Kids
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PURPOSE OF PROJECT AND RELATIONSHIP TO SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS: A significant number of the children seen at Positively Kids are children with special healthcare needs due to having been born prematurely. This program was established to address the lack of comprehensive follow up care for newborns/infants, including those born prematurely, those with low birthweight and/or those with a medical condition requiring special medical care. The program priority is Children/Infants with Special Healthcare Needs. From the 2010 Needs Assessment for Maternal and Child Health Services in Nevada, three priorities are relevant for this project.

To facilitate this program and the community outreach, Positively Kids created an advisory board which included the Director of the Title V program in Nevada and a representative of the Southern Nevada Maternal and Child Health Coalition. The advisory board also included Dr. Beverley Neyland from the University of Nevada School of Medicine who is the chair of the Nevada Chapter of the American Academy of Pediatrics.

GOALS AND OBJECTIVES: To address the priorities mentioned above the following goals were identified.

Goal #1. A project coordinator was hired.

Goal #2. An intake coordinator was identified.

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Goal #3. In service education and trainings were provided.

Goal #4. Infants were enrolled in the program.

Goal #5. Enrolled infants received appropriate therapeutic interventions.

Goal #6. Enrolled children received the home health services needed

Goal #7. Enrolled families participated in program evaluation activities.

METHODOLOGY: This Project provided a comprehensive array of neonatal healthcare services appropriate for premature infants and high-risk infants needing follow up care to reduce the risks of short- and long-term health consequences, using three service components: 1) Referral System; 2) Neonatal Services; 3) Program evaluation and Five Neonatal services components.

EVALUATION: Dr. Amanda Haboush a senior research associate with the Nevada Institute for Children’s Research and Policy was contracted to conduct evaluation activities for the Project. A customer survey form was distributed to every client. In the first two years these surveys were gathered along with interviews and focus groups conducted and evaluation reports were produced. In the third year when referrals were greatly reduced, the surveys did not produce enough data for valid evaluation, so the evaluation reports ended.

RESULTS/OUTCOMES: Initial results were as expected. Infants at 1 year and at 2 years were still able to remain safely at home with few rehospitalizations. In the latter years of the project Positively kids lost our project director who had a strong relationship with local neonatal units. Many of our referrals had come directly from him. Once that referral source was lost despite extensive outreach and education efforts the program ceased getting new patients.

PUBLICATIONS/PRODUCTS: On online promotion for our new program was created as well as bilingual program description literature.

DISSEMINATION/UTILIZATION OF RESULTS: Despite a well-planned evaluation the Nevada
Institute for Children’s Research and Policy was unable to gather enough data to make a statistically significant evaluation for publication.

FUTURE PLANS/SUSTAINABILITY: Anecdotally, the Foundation for Positively Kids has seen the results and improved outcomes for at risk infants allowed to be cared for with comprehensive case plans and coordinated high-quality in-home care and education. Unfortunately, without referrals to the program we cannot get enough data to produce statistically significant data to initiate practice change.
ANNOTATION

This critically needed program assessed the medical, nutritional, neurologic, developmental and psychosocial needs of pre-term and high-risk infants after discharge from area hospitals. The outcomes expected were earlier discharge to the family home to begin bonding with family and through in-home programs and parent education the child's family bonding would begin at home as opposed to in the hospital. Positively Kids engaged in multiple outreach sessions, hospital staff and parent education handouts and sessions and online information dissemination. The initial results were promising but in the latter years of the project referrals dried up and we were unable to reestablish the relationship with local hospitals without our project director. We still believe that these high-risk infants fare better with comprehensive quality in home care but the current practice in Clark County favors treating the infants with longer hospital stays.

• KEY WORDS

Neonatologist – the branch of medicine concerned with the treatment and care of newborn babies
Premature infant – a baby born before 37 completed weeks of gestation
High Risk Infant – An infant with an established risk typically has a diagnosed medical condition known to be associated with a high probability of developmental disability. Examples of conditions with established risk are chromosomal abnormalities (such as Trisomy 21), sensory impairments (such as visual or hearing impairment), and neurological defects.