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Nurse-Family Partnership® (NFP) International
Guidance Document: NFP Information System Requirements | Updated May 2021

The continuous collection and analysis of data is an important aspect of NFP program implementation. It enables all those involved with the program (NFP nurses, supervisors, delivery organizations, implementation teams, license holders and the University of Colorado International Team) to:

- Support and guide clinical practice
- Assess and guide program implementation
- Measure achievement of program goals
- Inform clinical supervision and support quality improvements.

The NFP International Team provides countries with a set of minimum data requirements and collection tools that enable them to undertake this continuous data collection and analysis. However, all countries need to develop their own information system for collecting, analyzing and reporting data. Each country will manage this differently, as each society has its own local systems and governance controls within which the NFP system needs to be integrated. Furthermore, the world of information is changing rapidly, and societies may want to make use of digital tools and mobile technologies as well as aligning with citizen expectations regarding communication (e.g., texting and data ownership using on-line personal health records).

This guidance paper gives an overview of NFP information to help countries develop and maintain a local system for continuous data collection, analysis and reporting. It does not include the specific NFP data collection/assessment forms and requirements, which are provided separately in the International Data Collection Manual.

Purpose:

The NFP information system is the primary data source for systematically monitoring the quality and fidelity of program replication, as well as indicative outcome measures for the program on a continuous basis. It can also contribute to the feasibility and acceptability evaluation during phase two and to ongoing program research. By having common data requirements, it is also possible make comparisons and aggregate learning on an international basis.

Licensing requirements:

The importance of data within NFP is reinforced throughout the Core Model Elements and is an essential component of the license expectations. Core Model Element 13 states *“NFP teams, implementing agencies, and national units collect/and utilize data to: guide program implementation, inform continuous quality improvement, demonstrate program fidelity, assess indicative client outcomes, and guide clinical*

practice/reflective supervision”.

Key points:

The following key points are intended to assist countries to design and develop local systems for collecting and reporting on NFP data.

Principles for data use

- View the information system as an integral component of your quality improvement process
- Maintain respect for the personal information that is shared by clients and inputted by nurses by ensuring that it is used effectively to support high quality program implementation
- As far as possible integrate data collection for NFP with other local information systems whilst ensuring NFP data can be accessed for analysis and reporting
- Aim to create an information system that is as simple as possible for clinical staff to access and utilize

Developing a NFP information system

- Investment in data analytical capacity is essential. Data analysis will be required, even where an information system is sophisticated, in order to thoroughly interrogate the data.
- During phase 2 (testing and adaptation), when countries are learning about NFP data use and numbers are small, a national NFP information system will not be essential. Instead, countries can use a simple spread sheet or desktop-based database (e.g. Microsoft Access or Excel), whilst planning a stand-alone NFP IT system or one that is added to an existing platform ready for when program expands for phase three.
- When developing a system, countries should ensure that the data reports can be easily accessed and understood by NFP nurses and supervisors and are shared regularly.
- The completeness and accuracy of data collection should be monitored. When designing an information system, automated features can be added to ensure fields are completed and reject numbers outside the acceptable range for responses. However, systems for other accuracy checks will also need to be included.
- The development of a data user group to plan and quality assure the system being developed is recommended, especially in the early phases of implementation. Engaging frontline staff in this process from the outset will ensure learning from their experience and a sense of ownership
- The national implementation team and license holder in each country will need to be able to access anonymized aggregate data for analysis and reporting on quality and fidelity, to inform national implementation efforts and as part of the annual report to UCD.
- Countries will need to make local decisions about the links between client record systems and the NFP information system. A number of NFP data elements include standardized assessments that will inform nursing documentation/record keeping. Countries should aim to minimize any need for duplicate data entry by nurses.
- Whilst each country will need to review the recommended data collection in order that it is as beneficial as possible for their context, the international team recommend not adding additional local data requirements during Phases 1 & 2 of testing NFP. The focus should be on evaluating the feasibility of collecting, entering and analyzing the required data.

- Governance and data controls will need to be built into the design of the information system from the beginning, based on each society's privacy and other related legislation. These vary between societies and will include clauses relating to permissions and consent, data ownership, usage and access, identifiers and anonymity. Members of the national implementation team should have a clear understanding of who should have access to the data, at what level of detail and for what purpose.
- It will be important to set up information sharing protocols between the national implementation team and sites so that all parties are clear on information governance procedures for NFP data. Collection of data on clients at the referral stage is an important element of monitoring implementation. Care should be taken to ensure compliance with local Information Governance regulations concerning data collected about women at this stage, when they may be unaware that their data is being shared.

Use of data within NFP implementation

a) Clinical use

- NFP nurses and Supervisors may need additional education and support to be see the value of accurate and timely data collection. They may well also need support to learn to interpret data reports and use the data to improve the quality of their work.
- It is expected that Supervisors review data reports with nurses as one component of reflective supervision.
- Data forms include important screening and assessment tools that will inform nursing assessments and planned program activities. National implementing teams should ensure NFP nurses/SVs understand why and how data collection is integrated with the clinical work. NFP nurses may need support to collect data in ways that feel safe to clients and that support program delivery.

b) Data use for Quality Improvement

- Data collected in the field on paper will need to be transcribed into a spreadsheet or database. It is important that this is done accurately. It is recommended that team administrators undertake this task to save nurse time for clinical tasks. Increasingly, countries are enabling nurses to capture data electronically within visits, using tablets or similar equipment. This improves data accuracy and workload for teams.
- Regular data reports should be made available to NFP teams and used by them to reflect on their progress, strengths and areas for improvement.
- Data reports should also be shared with site leads / implementing agencies and discussed as part of the Local Advisory Board agendas. These reports are often presented to the Boards by NFP Supervisors. This will enable a shared commitment to quality improvement priorities, as well as celebrations of progress and achievements.
- It is good practice to expect NFP sites to produce annual reports of progress, based on the data reports provided to them. This gives an opportunity for sites to reflect and report on their progress and agree Quality Improvement measures with the National Implementing team.

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- If possible, it is recommended that NFP leads work with public health specialists to look for comparable local data against which to assess NFP (for example tobacco use in pregnancy, maternal mental health, immunization rates), keeping in mind that the NFP population are a particular subset of first-time mothers.

NFP Data Reports

The table below provides examples of some of the reports that countries can produce from the data collected:

| Fidelity reports | Client Outcome Reports | NFP team Reports |
|--|---|---|
| <ul style="list-style-type: none"> • Number of eligible referrals to program and rate of enrolment • Gestation at enrolment • Client demographic characteristics • Number of visits completed by program phase (dosage) • Time spent on each program domain in visits • Client retention • Who is present for home visits • Where visits occur | <ul style="list-style-type: none"> • Pregnancy Health Outcomes: <ul style="list-style-type: none"> ○ Birth weight ○ Prenatal smoking ○ Drug & alcohol use • Maternal Health Outcomes: <ul style="list-style-type: none"> ○ Breastfeeding rates ○ Subsequent pregnancies ○ Workforce participation • Child Health Outcomes: <ul style="list-style-type: none"> ○ Immunization rates ○ Language Development ○ Childhood injuries | <ul style="list-style-type: none"> • NFP education progress • Frequency of: <ul style="list-style-type: none"> ○ Reflective Supervision: ○ Accompanied home visits ○ Case conferences, team meetings, team education sessions • NFP nurse/Supervisor attrition • Caseload numbers |

Please note: review of the International Annual Report template will provide a comprehensive view of the reporting areas expected.