


**Evaluation of Child Protective Services Call Back Process for Maternal and Infant Health  
Nurses at Covenant Healthcare, in Saginaw Michigan**

**By  
Kelsey Merz**

**Presented to the Health Education Faculty  
at the University of Michigan-Flint  
in partial fulfillment of the requirements for  
the Master of Health Education**

**August 24, 2017**

**First Reader**  \_\_\_\_\_

**Second Reader**  \_\_\_\_\_

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Presented to the Health Education Faculty at the University of Michigan-Flint in fulfillment of  
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## Abstract

**Background:** Nurses are mandated by law to report child abuse and neglect, but many may be unsure of what steps to take if Child Protective Services were to call back and ask about a patient. The most current research from 2011, shows that child abuse and neglect costs the United States \$ 104 billion, with much of child abuse and neglect going unreported. This paper presents the results of an evaluation for Covenant Healthcare birth center, which was conducted to garner feedback about the Child Protective Services (CPS) call- back process that was implemented in March 2017 on the birth center floor.

**Methodology:** Participants were asked eight questions about their attitudes, confidence level, and knowledge about the CPS callback process and an open- ended question was also added for recommendations for the CPS call- back process. A total of twenty-two nurses filled out the evaluation

**Results:** Results showed that overall, nurses felt confident knowing the steps of the CPS call-back system (87%), nurses felt the CPS call-back process was easy to understand (55%), and that patient confidentiality is important when using the CPS call-back system (100%). Nine responses were given for the open-ended question, with results showing that there overall needs to be better communication between the nurses and the CPS worker who come in to visit the patient.

**Recommendations:** The recommendations for Covenant include a system where CPS workers have to sign in and out when visiting a patient, staff trainings should be provided about child abuse and neglect, a suggestion box could be implemented to give further suggestions, and trainings should be done with new staff who come to the birth center floor and the new CPS workers.

*Keywords: nursing, mandated reporting, child abuse and neglect, evaluations*

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## **Chapter One: Introduction**

### **Child Abuse and Neglect and Public Health**

Consequences of child abuse can include physical injuries such as broken bones, cuts, bruises, and burns, but there are also other types of abuse such as emotional and psychological abuse. Long term, child abuse and neglect can lead to mental health issues, social- emotional problems, and unhealthy risk-taking behavior in adolescence and adulthood (CDC, 2016). There is also evidence that supports that childhood violence can increase the risk of STD's, reproductive health problems, sex- trafficking, and damage to the nervous, endocrine, circulatory, respiratory, and immune systems (Leeb, Lewis, & Zolotor, 2011). Researchers report that individuals who had a history of physical or sexual abuse have a higher likelihood of using emergency services and health professionals compared to those who have never been abused. Data from 2008 shows that the direct cost of child abuse and maltreatment (this includes hospitalization, chronic health problems, mental health services, law enforcement, and the court system) and indirect costs (work productivity) were roughly around \$104 billion (2011).

According to the National Child Abuse and Neglect Data System(NCANDS), data from 2015 shows that out of 49 states that reported, there were a total of 1,670 fatalities from child abuse and neglect for that year. This number was up 5.7 percent compared from 2011, when the information was last compiled, indicating that there is a rate of 2.25 children per 100,000 from the population and an average of five children dying per day in the United States from abuse or neglect (acf.hhs.gov, 2015). According to Schnitzer, Guilino, and Yuan (2013), fatalities from child abuse and neglect is much higher, but the abuse and neglect is grossly underreported for many several reasons, including differences among reporting requirements and definitions of child abuse and other terms, lack of coordination between different community agencies,

differences in the state reviews of child fatalities and reporting processes, and the length of time it can take to establish abuse of neglect as the cause of death (2013). Looking at which populations of children are most vulnerable to abuse and neglect, the NCANDS reports that three quarters of the deaths in 2015 were from children younger than three years of age, with most of the fatalities occurring with children younger than one year of age (49.4%). Young children are the most vulnerable for many reasons because of their small stature and they cannot defend themselves. Most often a parent or parents are responsible for child abuse fatalities (77.7%). Over one quarter of the child abuse fatalities were committed by the mother, 14.7% were committed by the father, and 22.3 % of the fatalities were committed by both parents acting together (2015). To cut down on child abuse and neglect, NCANDS states that there are things that communities can do including implementing child fatality review teams, data collection, and taking a public health approach. The public health approach focuses on improving health and overall well-being for individuals in the community before the abuse happens (Richmond-Crum, Joyner, Fogerty, Ellis, & Saul, 2013). The public health approach also helps identify risk factors, develop prevention strategies, and support protective factors. Public health professionals can get communities involved in prevention efforts, and advocating to make sure that parents have the resources and services that they may need before the abuse or neglect may occur (Palusci and Covington, 2014).

### **Health Education Capstone**

This capstone is an extension of the work that was started from an internship that was completed at Covenant Healthcare. The internship involved working with the OB/Birth Center, involving a process to develop a Child Protective Services(CPS) call back system, but this capstone will be analyzing an evaluation of the of the CPS process education that was presented

to the nurses in March. The evaluations were given at the monthly nursing meetings on May 15, 17, and 19, 2017. A paper format was available for those able to attend the nursing meetings, and for those nurses who are not able to attend, an online version was given through Qualtrics. The evaluation included nine questions, with eight multiple choice options on a Likert scale, and one open-ended question for any suggestions about the process that could be made (Appendix B). Currently, the CPS process is just getting up and running, and in the future, this evaluation will allow the birth center leadership to analyze the perception of the nurses most critical issues or concerns regarding the new CPS process. This analysis will allow for the identification and platform for any enhancements related to the process. By law, nurses are required to report any suspicion of child abuse or neglect and throughout a nurse's career, it is likely that they will encounter patients where concerns of abuse may arise. Being able to deal with such instances is vital, but also presents challenges if a nurse isn't trained or has experience in the field of child abuse (Horner, 2011). Based on results from a cross sectional survey with 930 nurses focusing on child abuse and neglect, Fraser, Matthews, Walsh, Chen and Dunne (2010), found that while most nurses reported feeling confident about reporting physical and sexual abuse, they were less confident about reporting regarding emotional abuse and neglect. They also found that nurses were more likely to report abuse and neglect if they had more training opportunities and information about signs of child abuse and neglect. Berkowitz (2008) presented case studies on child abuse and neglect and also found education can improve mandated reporting. Berkowitz also concluded that more child abuse courses should be taken while in school, not just while on the job.

According to the Children's Bureau, failure to report child abuse or neglect can result in possible jail time anywhere from thirty days to five years, as well as fines from \$300.00 to \$



10,000.00 or both jail time and fines. In some states, mandated reporters can be charged with a misdemeanor or felony, depending on the nature of the situation (childwelfare.gov, 2015).

### **Developing and Implementing an evaluation component of the CPS educational training**

The goal of the evaluation was to ensure that the CPS process as implemented appropriately by the nurses on the birth center floor and that they feel comfortable with the process. The education that was provided about the CPS process does not address a specific health issue, but rather helps the health care provider identify concerns about the mother, or anyone involved with the care of the child, and develops the correct procedure for CPS and the hospital. The education process utilized program planning, as different individuals on different floors that work at the hospital are working together to make each other better. The CPS call-back process is essential for providing patient centered care for the parent and the child. Having staff know the process, opens lines of communication to provide the best care, and builds a stronger relationship between the nursing staff and those patients that they care for. The call-back process also provides quality assurance by ensuring HIPPA is followed and that the correct information is shared between the correct individuals. This evaluation has three different objectives which are as follows:

1. At the end of the educational session, nurses on the birth center floor know where to find the step by step instructions for the CPS call back system.
2. At the end of the educational session, nurses on the birth center floor will report feeling confident in calling CPS.
3. At the end of the evaluation, nurses will report that the CPS call back process is a benefit for the birth center.

The objectives are in line with the Covenant healthcare “WECARE” values. Following the values supports the mission statement of Covenant, supports the objectives of the evaluation, and allows for employees to provide quality care. The WECARE values include: working together, excellence, customer service, accountability, respect, and enthusiasm. Evaluating the CPS process demonstrates working together by giving a process for CPS call back to all of the nurses on the birth center floor. It also helps to set a standard of practice; therefore, the nurses and CPS can work together efficiently. Excellence involves expectations are exceeded and that nurses are going above and beyond for their patients. Because of the set standard practice, nurses are following the same protocol, which intern means they are adhering to corporate compliance and quality assurance. Customer service is shown through the CPS call back process, lines of communication are open and information is being shared with the correct individuals. The CPS process also assists with customer service because knowing the process shows that nurses are helping to provide quality care for the patients they interact with. The next value is accountability, which means by following the CPS process correctly, HIPPA is not being violated. This new process also helps with the value of respect, as the patient’s confidentiality and dignity is not being harmed. If the nurses know the correct procedure, they can show respect to the patient and information is not being given to others that should not know sensitive information. Lastly, the final value that Covenant follows is enthusiasm. When nurses on the birth center floor feel confident about the CPS process and know that they are helping the patient in the best way possible, they can build strong relationships among each other as a staff.

### **Capstone Site**

This project was selected by Covenant healthcare, specifically in conjunction with the internship preceptor and the birth center manager. Covenant healthcare formed in 1998, when

hospitals St. Luke's and Saginaw General merged. Behind Nexteer Automotive, Covenant healthcare is the second leading employer in the Saginaw area, with 4,400 employees and 643 licensed beds. The mission of Covenant healthcare is to provide "extraordinary care for every generation". Covenant provides a total of 22 different services, including wound care, cancer care, emergency care, OB/GYN women's health, diabetes and endocrinology services, bariatric and metabolic services, children's services, and home/hospice care. The main campus of the hospital is in the city of Saginaw, but there is a total of thirteen additional locations in the tri city area (Covenanthealthcare.com). The organization is funded primarily by private and commercial insurance payments. Covenant also accepts private donations through their foundation that has been set up, as well as different fundraising events to raise money.

## **Chapter Two: Evaluation Research**

Evaluations are a useful tool in public health to examine how the program is working, whether the goals and objectives are met, are the correct activities taking place, and if the program is being correctly implemented (CDC.gov, 2011). A program or intervention can be defined as actions to improve a situation, a process introduced to change or improve health behaviors, or a combination of strategies that uses strategies to elicit behavior changes or improve health (McDavid, Huse, & Hawthorn, 2013). Often, in order to make a lasting change for an individual in regard to health, it is better to incorporate multiple strategies for an intervention (i.e. A program to reduce childhood obesity will include health snacks and fun activities to do). Evaluations include gathering and interpreting information about the program to help answer questions about a program. Evaluations use a systematic method of collecting and analyzing the information, which then leads to see if the program is effective (2013). Program evaluations are important for gaining insights about a program and how it is running, to assess the effects of the program, focusing on reaching the objectives and goals of the program, and/or benefits of the program. Evaluations also help with capacity building and increasing funding, as well as improving best practices, which can boost the activities of the program (2013). Program evaluations can also help researchers figure out why a program or activity may not be as successful as they thought it would be, which can allow for improvements.

### **Types of Evaluations**

In order to gauge whether a program is successful or is reaching objectives, there are different types of evaluations; process evaluation, formative evaluation, and outcome evaluation. Process evaluations help with the quality of what program was implemented, and why it was implemented. Process evaluations are of importance, as they can influence whether a specific

program will be successful in a similar setting (Moore et al., 2014 write out authors). Process evaluations can focus on inputs and outputs such as how many sessions of an intervention we there able to be, how many staff members were needed, how many people were recruited, what were possible barriers to recruitment and looking at participant's satisfaction with the program and any ideas for improvement. They also focus on whether the correct activities worked for the objectives, the intended population was reached, and do the staff or volunteers have the correct skillset for the program intervention (Wortley, 2008).

Formative evaluations focus on examining the current process of the health intervention, and changing the processes as they are happening. An example would be giving an evaluation during the middle of the intervention sessions, and making changes in order improve as the program goes forward (McDavid, Huse, & Hawthorn, 2013). Outcome evaluations measure the change in behavior, knowledge, and perceptions as the result of a program. If a logic model was used, outcome evaluations look to whether short, medium, and long-term outcomes were achieved (2013). Outcome evaluations look to answer the question of whether or not the intended audience changed behavior or attitudes, did the intervention achieve a policy change or change community procedures, and did the participants in the intervention learn anything.

### **Evaluations in Public Health**

Evaluations also help public health because it can be multifaceted; it focuses on reducing or preventing diseases or health ailments, health disparities and preventing injury (2011). Public health often implements programs that focus on more than one health issue, targeting various levels (i.e. individual, organizational, community), which leads to various outcomes. Because of the complexity of public health programs, evaluations need to be conducted in a way that could help further development of programs, or could help the program be implemented in a similar

setting or population (Moore et al., 2014). In order to effectively evaluate a public health or health promotion program, it is important to make sure the evaluation tool is appropriate for the program; a certain type of evaluation for one program may not work the same for another (Springett, 2001). For example, if a health agency was implementing a community based health program, they would have to understand the participants they are serving and the community they come from. The agency would also have to understand that the concerns about health are defined by the community and not the agency themselves. Knowing this not only allows for the program be a better success, but also allows for the evaluation to be tailored so it aligns with the health program.

When it comes to public health interventions, having the correct evaluation is important for the success of the evaluation. When conducting evaluations, the audience is important to consider. Evaluations can be a collaborative process, and the audience may include stakeholders, staff members, and participants. Conducting an evaluation that touches on each group of people is important for the correct process to take place. The audience are also the people who will be affected by the program. Having questions tailored to them because they are directly concerned or deal with the health issue (Issel and Wells, 2018). Baranowski and Stables (2002) also outlined different components to consider in order to have a successful evaluation: recruitment, maintenance, context, resources, implementation, barriers, exposure, initial use, and continued use, and contamination. These components help provide framework for developing and measuring evaluations. Recruitment for evaluation includes the procedures used to attract participants. When you recruit participants for a program, examining the resources that were used and the reasons for non-participation among individuals can help measure effectiveness (2008). Maintenance of an evaluation involves keeping participants in the program or data

collection, while context of an evaluation means the environment of the intervention. Resources for the evaluation include the materials that are needed to attain program goals, implementation is the extent to which the program is implemented as designed. Barriers are the problems that participants encountered while in the program, exposure is the extent to which the participants actually read the information given to them, and initial use refers to the extent to which the participants conducted the activities specified in the materials. Lastly, continued use is the extent to which the participants continue doing the activity (2008).

This evaluation considered the audience, delivery, format, and time factors. The audience were groups of nurses, since they were already at the hospital, they didn't need to be recruited, but the evaluation questions needed to reflect the objectives of the evaluation. The delivery and time factors were important to take into consideration because the nurses were in a meeting and had important items that needed to be discussed as a floor unit, so an evaluation with a copious amount of questions would not have been conducive.

## **Chapter Three: Methodology**

### **Participants**

Participants for the evaluation project were nurses on the birth center floor who participated in the March 2017 education sessions about the CPS call-back process. Nurses participated in the educational sessions by attending the monthly nursing meetings. If they could not attend the meeting, a PowerPoint presentation of the CPS call-back system was uploaded onto Covenant's online education system that could be read over. The evaluation was given at the monthly nursing meetings in May 2017. Prior to implementation, the evaluation was submitted to the University of Michigan- Flint's Institutional Review Board, but was considered exempt.

### **Procedures**

The following procedures were conducted for the implementation of the evaluation:

- 1) The evaluation was conducted face to face over a course of three days: May 15, 17, and 19, 2017 at the monthly nursing meetings. Since the meetings only had to be attended one of the three days, no one repeated the evaluation.
- 2) A short two-minute introduction about the evaluation was provided, and evaluations were distributed.
- 3) Nurses who did not attend the meeting were sent a link via email to complete the online evaluation. This link to the online version of the evaluation was for the nurses who could not make the meetings or were on a different shift. Nurses who completed the evaluation in the meeting were told to disregard the email if they received it in their inbox.



4) The electronic version of the evaluation was sent out through Qualtrics and was accessible for two weeks. Extra evaluations were also left with the birth center manager for nurses to complete if they did not attend the meeting. No identifying information was captured, either in the paper format or the online version of the evaluation.

### **Evaluation Tool Development**

The evaluation tool was an eight-item questionnaire utilizing a Likert scale, with one additional open-ended question. The question was to add any qualitative information or any comments and concerns about the CPS call-back process. The questions for the evaluation were developed to assess what was learned about the information presented in the educational sessions about the CPS call-back process, in addition to the Covenant “WECARE” values. Questions one, two, and seven of the evaluation correspond to project objectives one, two, and three of the evaluations. Question one of the evaluation corresponds to the objective of knowing where the step by step instructions for the CPS call back system, question two asks about feeling confident in calling CPS. Lastly, question seven of the evaluation meets objective three by asking that at the end of the evaluation, nurses will report that the CPS callback process will benefit the birth center floor.

The remaining questions three, four, and five correspond to the Covenant “WECARE” values. The third question was based from the WECARE value of working together, the fourth question follows the value of customer service. Both of these questions were also addressed in the educational sessions, so they were added into the evaluation. Lastly, question five of the evaluation parallels the value of working together and excellence. This question was developed with the notion of being able to provide quality patient care. These questions link back to Covenant’s mission of “Extraordinary Care for Every Generation” as this is Covenant’s purpose.

The WECARE values are core priorities of the Covenant organization. Following the WECARE values shows Covenant's dedication to their patients and the community.

## Chapter Four: Results

A total of twenty- two evaluations, with seven evaluations utilizing the online version of the survey being analyzed. Results were analyzed by calculating averages for each question (1=strongly agree, 2=agree, 3=disagree, 4=strongly disagree, n=22) to see how the participants responded to each question. The averages were calculated by adding up the score from each question and dividing by the sample size, with exception to question six. Question six had the wording changed, so the Likert scale options switched (strongly disagree, disagree, agree, strongly agree). The reason this was switched was to make sure that participants were fully reading the questions and the options.

<b>Table 1: Calculated Averages of Item Responses (N=22)</b>	
<b>1) I know where to look at the nurse’s station to find the CPS process steps if I need a reminder?</b>	$\bar{x} = 1.81$
<b>2) I feel confident in knowing what to do if CPS were to call me about a patient?</b>	$\bar{x} = 1.81$
<b>3). If a coworker were to come and ask me for help in regard to the CPS process, I feel confident I would be able to tell them the correct steps to take?</b>	$\bar{x} = 1.91$
<b>4) I feel the information about the CPS process is important for me to know and understand as a Covenant employee?</b>	$\bar{x} = 1.54$
<b>5) I think that implementing this new process will make our staff on the birth center floor more efficient.</b>	$\bar{x} = 1.90$
<b>6) The education about the CPS process (either in the nursing meeting in March, or on the LMS system), is not easy for me to understand.</b>	$\bar{x} = 1.90$
<b>7) I believe that the CPS process will positively change the behavior of staff to better serve our patients.</b>	$\bar{x} = 1.95$
<b>8) I believe that patient confidentiality is important.</b>	$\bar{x} = 1.18$

The lower the number, means that the participants were closer to strongly agree (two and below), while the higher the number (three and above) indicates answers closer to strongly disagree. Questions one and two both have an average closest to agree, which indicates that participants feel confident in knowing where to find the CPS process steps, and feel confident in knowing what to do if CPS were to call about a patient. Question three had an average response of 1.91, which means that nurses feel confident in knowing how to help a coworker with the CPS call back process. Question four scores showed an average of 1.54, indicating that participants agree that the CPS process is important to know as a Covenant employee. Both questions five and six have an average score of 1.90, which for question five indicates that the CPS process will make the staff on the birth center floor more efficient. Question six had the wording of the question changed, as well as the options. A score of 1.90 indicates that participants disagree that the CPS process is not easy for them to understand. The question seven score of 1.95 shows a positive score of the CPS process positively changing the behavior of birth center staff to better serve patients. Lastly, participants strongly agree that patient confidentiality is important, with the average score of 1.18.

<b>Table 2: Proportion of Likert Responses (N=22)</b>				
<b>Question</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1) I know where to look at the nurse's station to find the CPS process steps if I need a reminder.	23% (n=5)	73% (n=16)	4% (n=1)	
2) I feel confident in knowing what to do if CPS were to call me about a patient.	23% (n=5)	73% (n=16)	4% (n=1)	
3) If a coworker were to come and ask me for help in regard to the CPS process, I feel confident I would be able to tell them the correct steps to take.	23% (n=5)	64% (n=14)	13% (n=3)	
4) I feel the information about the CPS process is important for me to know and understand as a Covenant employee.	45% (n=10)	55% (n=12)		
5) I think that implementing this new process will make our staff on the birth center floor more efficient.	32% (n=7)	45% (n=10)	23% (n=5)	
6) The education about the CPS process (either in the nursing meeting in March, or on the LMS system), is not easy for me to understand.	27% (n=6)	55% (n=10)	18% (n=4)	
7) I believe that the CPS process will positively change the behavior of staff to better serve our patients.	18% (n=4)	68% (n=15)	14% (n=3)	
8) I believe that patient confidentiality is important.	82% (n=18)	18% (n=4)		

The first question asked about if nurses could find the CPS process instructions at the nurse's station, and 96% of the nurses answered either strongly agree/agree (N=21) on the evaluation, that they can find the CPS process information. Question two asked if the nurse felt confident in knowing what to do if CPS called regarding a patient and again, 96% of participants answered strongly agree/agree with this statement (N=21). The third question asked about coworker interaction and knowing how to help a coworker if they came and asked about the correct steps in the CPS process. Eighty-seven percent reported they knew how to help a coworker (N=19), while 13 percent disagreed (N=3). Question four asks whether or not the CPS process is important to know as a Covenant employee, with 100% of participants strongly agreeing or agreeing with this statement. Question five had the majority of participants (77%; N=17) answering strongly agree/agree, with 23% disagreeing (N=5). Question six had the Likert scale options purposely flipped in order to make sure the nurses were reading the questions and the responses. Question six reads "The education about the CPS process (either in the nursing meeting in March, or on the LMS system), is not easy for me to understand." Fifty-five percent marked disagree (N=10), twenty-seven percent strongly disagree (N=6), and eighteen percent agree (N=4). Question seven asks about the CPS process positively changing the behavior of the staff to better serve the patients. This question had the majority of responses (68%; N=15) answering agree, 18% answering strongly agree (N=4), and 14% with disagree (N=3). The last question asked if the nurses believed patient confidentiality was important. Eighty-two percent strongly agreed with this statement (N=18), and eighteen percent agreed (N=4).

Question nine asked participants if they had any suggestions on how the CPS process could improve. Out of the 22 participants, nine filled out the open - ended question. All the responses were filled out on the paper format; none were filled out on the electronic version.

<b>Table 3: Qualitative Responses to Open- Ended Question Regarding Questions and Concerns About CPS call-back process (N=9)</b>
Make sure CPS workers check-in/notify staff when they come to see pt (patient) so we can document that they were here.
It would be helpful to have a note left in chart so we know if infant is cleared by CPS or a card on who to call.
Continue to improve communication: encourage nursing documentation, encourage social work documentation (which is usually very good)- re: CPS has seen-ok to discharge- not ok to discharge.
The initial call to the CPS worker to verify identity could be completed by the HUC (health unit coordinator) and would streamline efficiency and free the nurse to care for (other) patients during this part of the process. Also, CPS workers should come in dress clothes (not sweatshirt/jeans or t-shirt/shorts to convey patient respect).
This process has been a great improvement needed on our unit!
Better communication with the nurses after talking to the patient.
Still need to know where info kept.
Unsure at this time.
We need a way CPS can put communication of what the plan of care is in the chart for nurses.

When reading over suggestions from question nine, relevant key ideas that stood out in the open-ended comments included CPS workers and nurse interaction, which includes better communication with patients, CPS workers checking in, and CPS worker professionalism. In regarding CPS worker professionalism, the nurse needs to be able to distinguish the CPS worker, as they are not a regular visitor coming in to see patients. Based on results from this evaluation, the nurses feel that the CPS process is beneficial and valuable, but there needs to be a stronger line of communication with CPS, as it seems both parties are not on the same page all the time.

## Chapter Five: Discussion

### Lessons Learned for CPS Call Back System

Overall, the CPS process is perceived as a positive addition to the birth center floor, with most respondents having positive attitudes about the CPS process. This evaluation provides a base point for knowing what to focus on next for Covenant, and if the nurses feel good about the CPS process, other steps that the birth center wants to implement can begin. The following are the lessons learned about this process:

**1) Nurses agreed that the CPS process is easy to find.** When looking at the data, some of the disagree answers should be noted. Although only one individual answered disagree to this question (4%), it brings up a red flag. In order to know the CPS process, an individual would have to know where the information is kept. Regarding the disagree response, there is no reason to know why participants picked this option, but it could be because the participants may not have attended the in-person education sessions and may had to do the online PowerPoint with information. If there were any questions that the participants had, they were not able to ask questions in person.

**2) Nurses agreed that they feel confident in knowing what to do to call CPS.** Question two, which asked about knowing what to do if CPS called about a patient, had a disagree response. This is important because the education sessions in March provided this information about what to do if CPS called. A copy of the steps is also at each of the three nurse's stations, but this individual may not know where to look. Most nurses agree with question two, which asks about confidence in knowing what to do if CPS were to call about a patient. This fulfills the second



objective of the evaluation, which states that at the end of the educational sessions, nurses on the birth center floor will report feeling confident in calling CPS.

The majority of nurses strongly agree that confidentiality is important, which came from question eight. The average response was 1.18, which is closest to strongly agree and 82% strongly agreed to this statement. These numbers stuck out as very important because it fulfills HIPPA requirements, which are against the law to break, but it also protects the patient's dignity and privacy so no information is being given to the wrong person. If nurses feel confident in calling CPS, they will know the correct information to share, which protects patient privacy.

**3) Nurses agreed overall that the new CPS callback system will make the birth center floor more efficient.** Based on responses, 77% of participants agreed that CPS call-back system will make the staff on the birth center more efficient. Working together is also a "WECARE" value. Working efficiently together helps the nurses on the birth center floor provide quality care and a standard of practice. Working together efficiently also allows CPS and nurses to work together for the patient.

### **Lessons Learned About Developing and Conducting Process Evaluations**

When conducting research evaluations, it is important to consider:

**1) Question development.** In order to develop quality questions, consultations with birth center manager/ nursing staff were necessary. In this process of question development, there was lack of communication between birth center manager. Better communication should have happened with the nurse managers regarding question development, because the content could have been more accurately developed. The questions that I came up with may not have been the questions to ask to the specific nursing population, or gave any insight that the birth center managers

wanted. The questions needed to be developed to more accurately assess the CPS process call back.

When developing questions for evaluations, it is important to make sure that Likert scale options are used, as they allow for variability among answers. More background research should have been done regarding question development, which could have been done by looking at other process evaluations. It is also important to have demographic information because it allows researchers to see diversity among participants. This evaluation did not collect any demographic information, which should have been done.

**2) Time constraints.** It is important to consider the participants time when conducting evaluations. Evaluations should be precise, because when they are too long, participants may not give adequate answers or fully complete the evaluation. In this case, copious amounts of questions may not have been able to keep the nurse's attention. Also, it is important to consider time constraints regarding the stakeholders. Some are on a strict schedule, so the evaluation should be concise, but also should capture what needs to be assessed. This evaluation only had nine questions, due to the fact that it was conducted at a nursing meeting, and I did not want to take up all of their time with the evaluation.

**3) Audience delivery.** In regard to audience delivery, when I spoke to the birth center manager they thought it would be most useful for their staff to have both a paper and an electronic format. Since some nurses worked weekends or nights and could not attend the meeting, this would ensure more responses. More evaluations were collected in the face to face meetings compared to online. In the meeting, the nurses were more of a captive audience and their attention was captured easier. About one- third of the evaluations were collected online, which shows that both formats worked well for this specific population.

## **Limitations**

For this project, limitations include:

**1) A small sample size.** A bigger sample size would have allowed for more variability among answers and more input could have been given. Having a bigger sample size of nurses also would allow for more suggestions about how the CPS process could improve, concerns about the CPS process, or if changes need to be made in order for the nurses to do their job more efficiently.

**2) Lack of completed evaluations from absent participants.** The Qualtrics link was open an extra week for participants to fill out, but no new responses were recorded within that week from when it was originally supposed to close. Extra evaluations were also left with the birth center manager to be dispersed to staff who did not attend the meeting, but there were no extra evaluations filled out in the paper format either. More results could have been yielded if there were reminders given to the staff about filling out the evaluation.

Another limitation was that not many nurses wrote on the open-ended question, and none gave any suggestions on the online version. If more people wrote, better ideas could have been shared of how to move forward in the process. The face to face delivery of the evaluations yielded greater results with nurses answering the open- ended questions, as the audience was more captive.

## **Recommendations for CPS call- back system**

**1) There should be stronger communication between CPS and the nursing staff, regarding CPS floor visits.** A recommendation is to have a check- in system when the CPS worker on the floor. This could be implemented as a sign in process when the CPS worker comes to the birth

center, they check in at the main desk, rather than just leaving a business card or going straight to a patient's room. The check-in system could be something simple, such as a confidential sign in sheet that is accessible to the CPS workers and could be checked by the nurses. Every station also has a HUC (health unit coordinator), so another option could be that the CPS worker must physically check in and out with the HUC, who could then record it.

**2). Provide trainings to staff members about child abuse and neglect.** This allows nurses to stay current on current information and trends, and serves as a reminder of the warning signs of abuse and neglect. Trainings allow for the nurses to continue to be educated about the appropriate time to call CPS. It also should be noted that trainings are beneficial to refresh where the CPS call back system steps are kept. One participant also wrote in the open-ended section that they still did not know where the CPS process was kept. Quarterly or whenever is best for the unit (such as at a nursing meeting), it would be beneficial to check in with the nursing staff as a quick reminder of where the CPS process is kept and any concerns could be addressed again.

**3) Implement a question or suggestion box.** This allows for birth center staff to provide suggestions or ideas about how the CPS process could be strengthened moving forward. If a nurse has an idea that might work better to make the birth center floor work more efficiently with CPS, the box would allow for open lines of communication. The birth center manager could check it monthly to see if any suggestions have been made.

**4) Implement training for new birth center staff and new CPS staff.** It is imperative that any new staff that are hired become familiar with the CPS call-back process. If a new nurse starts on the floor, as part of their training on the floor, the birth center manager or a nurse supervisor needs to show where the steps are kept, and the importance of the CPS call-back process. In regard to new CPS workers who come to the birth center floor, they need to be educated by their

supervisor about the check-in system. This would be done by the birth center manager collaborating with the CPS supervisor to do a training for new workers on the correct protocol and the reason why it is important for workers to check in. This training helps both the hospital and CPS to effectively serve the patient.

## **Conclusion**

The birth center has a need to work more closely with CPS workers to create a system that would provide better patient centered care, and also help both Covenant and CPS become more efficient. Based on the results of the evaluation, the nurses responded positively to the CPS process thus far, and has been a positive improvement for the birth center floor. Lastly, the feedback provided from the evaluation identifies action steps moving forward to support Covenant's mission of extraordinary care for every generation. Using the evaluation information, the birth center will become stronger as a unit, work together to provide excellent customer service, and accountability to HIPPA and patient dignity. When conducting an evaluation, things to keep in mind include the audience, time constraints, and question development.

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## **APPENDIX A**

### **CPS REPORTING**

1. If a nurse suspects child abuse, call CPS and file a 3200 form. The reasons CPS should be called include a positive drug screen upon admission, severe mental health issue after delivery, or has a history of not having custody of some or all of their children.

- When a 3200 is initially filed, it is okay to send medical record evidence with the form as documentation. After the form is filed, and if a CPS worker needed to follow up and asks for the medical records of the mother, nurses are not allowed to give the information unless there is a release signed by the mother.
- Nurses do not need to file a CPS report if a mother has a prescription for suboxone, methadone or a medical marijuana card, even if a drug test comes up positive. This information should already be documented in the medical charts. Check the medical chart for this information.
  - The patient needs to present the nurse with the medical marijuana card and a copy should be made and put in the chart. If they cannot produce the card, call CPS and let them make the decision. The cards look similar to a driver's license, and marijuana is spelled "marihuana".

### **CPS FOLLOW - UP**

1. At each nurse station, there will be a list of CPS workers that work in Saginaw County. Each CPS worker has their own individual cell phone number to identify who they are.

2. If a CPS worker were to call about more information in regards to a client, the nurse would simply look at the list at the nurse station to verify the name and phone number.

3. The nurse would then say " I can see your name and number on my sheet. I am going to hang up the phone and call you back to verify that it is the correct CPS worker I am speaking with."

4. Once verified and the number is called back, the nurse and CPS worker can then begin to talk about the client or issues surrounding the client. This process allows for a more efficient way for both parties.

- If CPS worker comes to see their client, please document in the chart that CPS worker came, and add their phone number

**CPS CENTRAL INTAKE NUMBER: 855-444-3911**



**Appendix B**

**Evaluation for CPS process for Covenant Birth Center**

1. I know where to look at the different nurse's stations to find the CPS process steps if I needed a reminder.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

2. I feel confident in knowing what to do if CPS were to call me regarding a patient.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

3. If a coworker were to come to me and ask for help in regard to the CPS process, I feel confident I would be able to tell them the correct steps to take.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

4. I feel the information about the CPS process is important for me to know and understand as a covenant employee.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

5. I think that implementing this new process will make our staff on the birth center floor more efficient.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

6. The education about the CPS process (either in the nursing meeting in March, or on the LMS system), is not easy for me to understand

**Strongly Disagree    Disagree    Agree    Strongly Agree**

7. I believe that the CPS process will positively change the behavior of staff to better serve our patients.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

8. I believe that patient confidentiality is important.

**Strongly Agree    Agree    Disagree    Strongly Disagree**

**9. Are there any suggestions on how the CPS process could**

**improve?** \_\_\_\_\_

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**Appendix C**

Executive Summary for Covenant Healthcare:

Evaluation of Child Protective Services Call Back Process for Maternal and Infant Health Nurses  
at Covenant Healthcare, in Saginaw Michigan

By

Kelsey Merz

August 24, 2017

First Reader: Dr. Shan Parker, PhD, MPH

Second Reader: Kyle McDaniel, BSN, MSN

## **Background**

This capstone is an extension of the work that was started from an internship that was completed at Covenant Healthcare. The internship involved working with the OB/Birth Center, involving a process to develop a Child Protective Services(CPS) call back system, but this capstone will be analyzing an evaluation of the of the CPS process education that was presented to the nurses in March. The evaluations were given at the monthly nursing meetings on May 15, 17, and 19, 2017. A paper format was available for those able to attend the nursing meetings, and for those nurses who are not able to attend, an online version was given through Qualtrics. The evaluation included nine questions, with eight multiple choice options on a Likert scale, and one open- ended question for any suggestions about the process that could be made Currently, the CPS call-back process is just getting up and running, and in the future, this evaluation will allow the birth center manager to see what the nurses feel are the most critical issues or concerns regarding the new CPS process, and if any changes need to be made.

The goal of the evaluation was to assess the effectiveness of the education sessions about the CPS process being implemented on the birth center floor, as well as and their comfort level with the process. The education that was provided about the CPS process does not address a specific health issue, but rather helps the health care provider identify concerns about the mother, or anyone involved with the care of the child, and develops the correct procedure for CPS and the hospital. The CPS call- back process is essential for providing patient centered care for the parent and the child. Having staff know the process, opens lines of communication to provide the best care, and builds a stronger relationship between the nursing staff and those patients that they care for. The process also provides quality assurance by ensuring HIPPA is followed and that the

correct information is shared between the correct individuals. This evaluation has three different objectives which are as follows:

1. At the end of the educational session, nurses on the birth center floor know where to find the step by step instructions for the CPS call back system.
2. At the end of the educational session, nurses on the birth center floor will report feeling confident in calling CPS.
3. At the end of the evaluation, nurses will report that the CPS call back process is a benefit for the birth center.

### **Results**

Twenty- two evaluations were filled out and analyzed. Results are shown in table one, which shows the percentage of participants that answered the question. Question six had the wording changed, so the Likert scale options switched (strongly disagree, disagree, agree, strongly agree). The reason this was switched was to make sure that participants were fully reading the questions and the options. Table Two shows the results from question nine, which was open- ended, so any recommendations could be made about the CPS call-back process.

<b>Question</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
<b>1) I know where to look at the nurse's station to find the CPS process steps if I need a reminder.</b>	<b>23% (n=5)</b>	<b>73% (n=16)</b>	<b>4% (n=1)</b>	
<b>2) I feel confident in knowing what to do if CPS were to call me about a patient.</b>	<b>23% (n=5)</b>	<b>73% (n=16)</b>	<b>4% (n=1)</b>	
<b>3) If a coworker were to come and ask me for help in regard to the CPS process, I feel confident I would be able to tell them the correct steps to take.</b>	<b>23% (n=5)</b>	<b>64% (n=14)</b>	<b>13% (n=3)</b>	
<b>4) I feel the information about the CPS process is important for me to know and understand as a Covenant employee.</b>	<b>45% (n=10)</b>	<b>55% (n=12)</b>		
<b>5) I think that implementing this new process will make our staff on the birth center floor more efficient.</b>	<b>32% (n=7)</b>	<b>45% (n=10)</b>	<b>23% (n=5)</b>	
<b>6) The education about the CPS process (either in the nursing meeting in March, or on the LMS system), is not easy for me to understand.</b>	<b>27% (n=6)</b>	<b>55% (n=10)</b>	<b>18% (n=4)</b>	
<b>7) I believe that the CPS process will positively change the behavior of staff to better serve our patients.</b>	<b>18% (n=4)</b>	<b>68% (n=15)</b>	<b>14% (n=3)</b>	
<b>8) I believe that patient confidentiality is important.</b>	<b>82% (n=18)</b>	<b>18% (n=4)</b>		

The first question asked about if nurses could find the CPS process instructions at the nurse's station, and 96% of the nurses answered either strongly agree/agree on the evaluation, that they can find the CPS process information. Question two asked if the nurse felt confident in knowing what to do if CPS called regarding a patient and again, 96% of participants answered strongly agree/agree with this statement. The third question asked about coworker interaction

and knowing how to help a coworker if they came and asked about the correct steps in the CPS process. Eighty-seven percent reported they knew how to help a co-worker, while 13 percent disagreed. Question four asks whether the CPS process is important to know as a Covenant employee, with 100% of participants strongly agreeing or agreeing with this statement. Question five had most participants (77%) answering strongly agree/agree, with 23% disagreeing. Question six had the Likert scale options purposely flipped in order to make sure the nurses were reading the questions and the responses. Question six reads “The education about the CPS process (either in the nursing meeting in March, or on the LMS system), is not easy for me to understand.” Fifty-five percent marked disagree, twenty-seven percent strongly disagree, and eighteen percent agree. Question seven asks about the CPS process positively changing the behavior of the staff to better serve the patients. This question had the majority of responses (68%) answering agree, 18% answering strongly agree, and 14% with disagree. The last question asked if the nurses believed patient confidentiality was important. Eighty-two percent strongly agreed with this statement, and eighteen percent agreed.

<b>Table 2: Qualitative Responses to Open- Ended Question Regarding Questions and Concerns About CPS call-back process (N=9)</b>
Make sure CPS workers check-in/notify staff when they come to see pt (patient) so we can document that they were here.
It would be helpful to have a note left in chart so we know if infant is cleared by CPS or a card on who to call.
Continue to improve communication: encourage nursing documentation, encourage social work documentation (which is usually very good)- re: CPS has seen-ok to discharge- not ok to discharge.
The initial call to the CPS worker to verify identity could be completed by the HUC (health unit coordinator) and would streamline efficiency and free the nurse to care for (other) patients during this part of the process. Also, CPS workers should come in dress clothes (not sweatshirt/jeans or t-shirt/shorts to convey patient respect).
This process has been a great improvement needed on our unit!
Better communication with the nurses after talking to the patient.
Still need to know where info kept.
Unsure at this time.
We need a way CPS can put communication of what the plan of care is in the chart for nurses.

When reading over suggestions from question nine, relevant key ideas that stood out in the open-ended comments included CPS workers and nurse interaction, which includes better communication with patients, CPS workers checking in, and CPS worker professionalism. In regarding CPS worker professionalism, the nurse needs to be able to distinguish the CPS worker, as they are not a regular visitor coming in to see patients. Based on results from this evaluation, the nurses feel that the CPS process is beneficial and valuable, but there needs to be a stronger line of communication with CPS, as it seems both parties are not on the same page all the time.

### **Lessons Learned for CPS Call Back System**

Overall, the CPS process is perceived as a positive addition to the birth center floor, with most respondents having positive attitudes about the CPS process. This evaluation provides a base point for knowing what to focus on next for Covenant, and if the nurses feel good about the CPS process, other steps that the birth center wants to implement can begin. The following are the lessons learned about this process:

1) **Nurses agreed that the CPS process is easy to find.** When looking at the data, some of the disagree answers should be noted. Although only one individual answered disagree to this question (4%), it brings up a red flag. In order to know the CPS process, an individual would have to know where the information is kept. Regarding the disagree response, there is no reason to know why participants picked this option, but it could be because the participants may not have attended the in-person education sessions and may had to do the online PowerPoint with information. If there were any questions that the participants had, they were not able to ask questions in person.



**2) Nurses agreed that they feel confident in knowing what to do to call CPS.** Question two, which asked about knowing what to do if CPS called about a patient, had a disagree response. This is important because the education sessions in March provided this information about what to do if CPS called. A copy of the steps is also at each of the three nurse's stations, but this individual may not know where to look. Most nurses agree with question two, which asks about confidence in knowing what to do if CPS were to call about a patient. This fulfills the second objective of the evaluation, which states that at the end of the educational sessions, nurses on the birth center floor will report feeling confident in calling CPS.

Most nurses strongly agree that confidentiality is important, which came from question eight, with 82% strongly agreeing to this statement. These numbers stuck out as very important because it fulfills HIPPA requirements, which are against the law to break, but it also protects the patient's dignity and privacy so no information is being given to the wrong person. If nurses feel confident in calling CPS, they will know the correct information to share, which protects patient privacy.

**3) Nurses agreed overall that the new CPS callback system will make the birth center floor more efficient.** Based on responses, 77% of participants agreed that CPS call-back system will make the staff on the birth center more efficient. Working together is also a "WECARE" value. Working efficiently together helps the nurses on the birth center floor provide quality care and a standard of practice. Working together efficiently also allows CPS and nurses to work together for the patient.

## **Recommendations for CPS call- back system**

**1) There should be stronger communication between CPS and the nursing staff, regarding CPS floor visits.** A recommendation is to have a check- in system when the CPS worker on the floor. This could be implemented as a sign in process when the CPS worker comes to the birth center, they check in at the main desk, rather than just leaving a business card or going straight to a patient's room. The check- in system could be something simple, such as a confidential sign in sheet that is accessible to the CPS workers and could be checked by the nurses. Every station also has a HUC (health unit coordinator), so another option could be that the CPS worker must physically check in and out with the HUC, who could then record it.

**2). Provide trainings to staff members about child abuse and neglect.** This allows nurses to stay current on current information and trends, and serves as a reminder of the warning signs of abuse and neglect. Trainings allow for the nurses to continue to be educated about the appropriate time to call CPS. It also should be noted that trainings are beneficial to refresh where the CPS call back system steps are kept. One participant also wrote in the open- ended section that they still did not know where the CPS process was kept. Quarterly or whenever is best for the unit (such as at a nursing meeting), it would be beneficial to check in with the nursing staff as a quick reminder of where the CPS process is kept and any concerns could be addressed again.

**3) Implement a question or suggestion box.** This allows for birth center staff to provide suggestions or ideas about how the CPS process could be strengthened moving forward. If a nurse has an idea that might work better to make the birth center floor work more efficiently with CPS, the box would allow for open lines of communication. The birth center manager could check it monthly to see if any suggestions have been made.

**4) Implement training for new birth center staff and new CPS staff.** It is imperative that any new staff that are hired become familiar with the CPS call - back process. If a new nurse starts on the floor, as part of their training on the floor, the birth center manager or a nurse supervisor needs to show where the steps are kept, and the importance of the CPS call- back process. In regard to new CPS workers who come to the birth center floor, they need to be educated by their supervisor about the check-in system. This would be done by the birth center manager collaborating with the CPS supervisor to do a training for new workers on the correct protocol and the reason why it is important for workers to check in. This training helps both the hospital and CPS to effectively serve the patient.