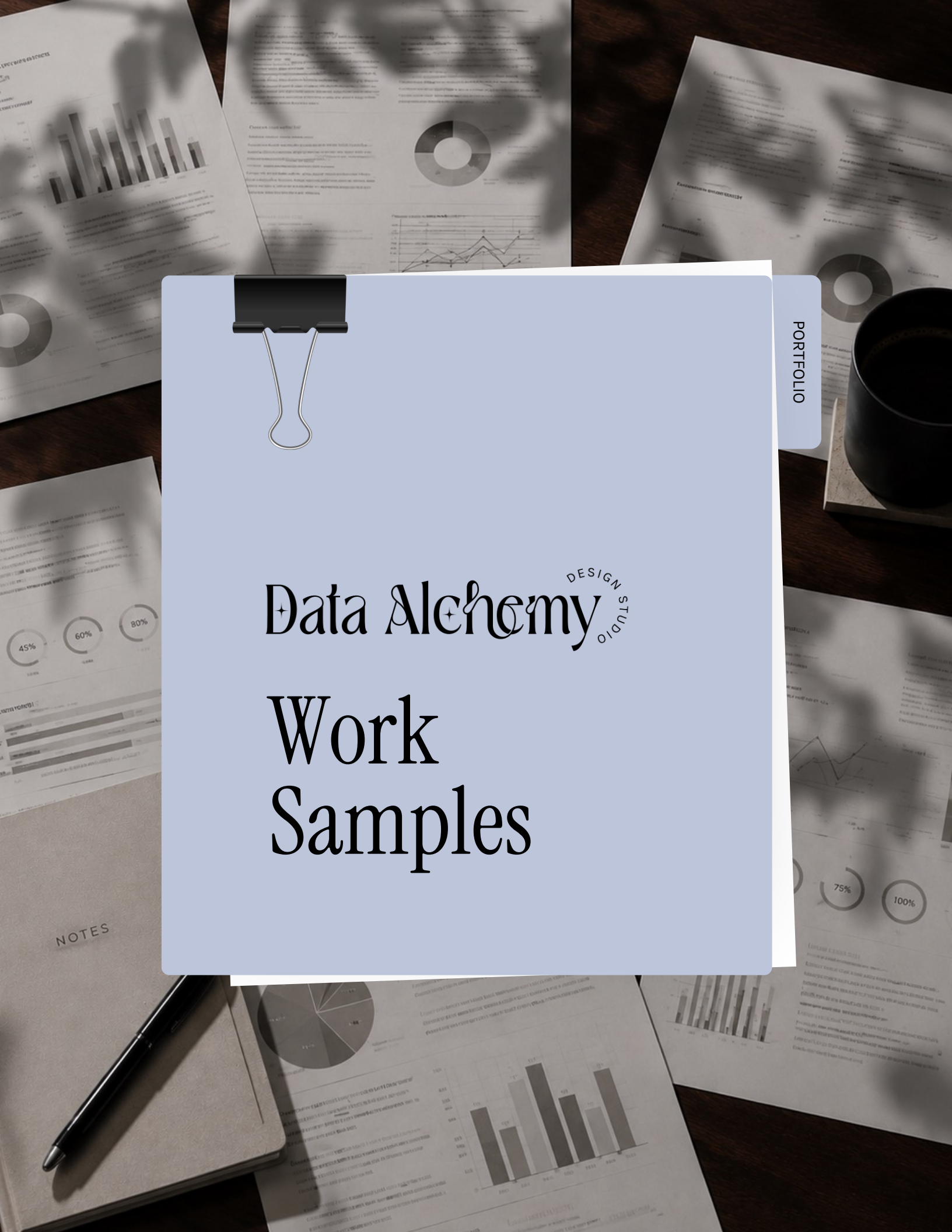

PORTFOLIO
Data Alchemy
DESIGN STUDIO
Work
Samples
NOTES

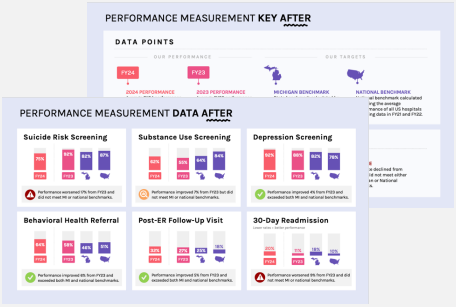
Data Alchemy DESIGN STUDIO

WORK SAMPLE 1 | WORK SAMPLE 2 | WORK SAMPLE 3

Performance Measure Revamp

ABOUT THE SAMPLE

A client needed performance measures redesigned to clearly communicate progress and support informed decision making. This sample includes copies of the ”before” performance measures (not designed by Kristina) and “after” the updated version.



EXAMPLE OF

DATA VISUALIZATION | NARRATIVE DEVELOPMENT | ANALYTICAL TRANSLATION

NOTABLE FEATURES

- **Designed charts to make key patterns easier to see:** Switching from text-only interpretation to clear, color-coded graphs more clearly represented what data were being compared.
- **Background information on data points:** Data context were added to inform audiences of the definition of each data point, how it was calculated, and what data were being compared.
- **Added interpretation:** Clear markers were included to show what the data said about the health of each performance measure and how it should be addressed.
- **Reduced clutter and friction:** Legends were created to prevent the reader from having to flip back and forth between the data and the key, and extra details like decimal points were removed to reduce clutter.

Data and program information have been changed to protect client privacy.

WORK SAMPLE 1

Performance Measure Revamp (the Before)

PERFORMANCE MEASUREMENT **KEY BEFORE**

(not designed by Kristina)

PERFORMANCE IMPROVED FROM BASELINE

PERFORMANCE REMAINED STEADY FROM BASELINE

PERFORMANCE INCREASED FROM POOR TO MODERATE BRING MI CLOSER TO NATIONAL THRESHOLD

PERFORMANCE DECLINED FROM BASELINE

PERFORMANCE INCREASED TO BRING MI ABOVE NATIONAL THRESHOLD

PERFORMANCE DECREASED FROM GOOD TO MODERATE OR MODERATE TO POOR TO BRING MI FURTHER FROM NATIONAL THRESHOLD

PERFORMANCE MEASUREMENT **DATA BEFORE**

(not designed by Kristina)

SUICIDE RISK SCREENING

NATIONAL-87.4%
MI BASELINE-82.3%
FY23-91.7%

SUBSTANCE USE SCREENING

NATIONAL-83.9%
MI BASELINE-64.3%
FY23-55.2%

DEPRESSION SCREENING

NATIONAL- 77.6%
MI BASELINE-82.1%
FY23- 88.4%

BEHAVIORAL HEALTH REFERRAL

NATIONAL-50.8%
MI BASELINE-46.3%
FY23-57.5%

POST EMERGENCY VISIT FOLLOW-UP

NATIONAL-17.9%
MI BASELINE-25.2%
FY23- 27.1%

30-DAY READMISSION RATE

NATIONAL- 9.8%
MI BASELINE- 18.2%
FY23- 11.3%

WORK SAMPLE 1

Performance Measure Revamp (the After)

PERFORMANCE MEASUREMENT **KEY AFTER**

DATA POINTS

OUR PERFORMANCE

FY24

2024 PERFORMANCE
Average FY24 performance for all hospitals within the hospital system.

FY23

2023 PERFORMANCE
Average FY23 performance for all hospitals within the hospital system.

OUR TARGETS

MICHIGAN BENCHMARK
State benchmark calculated by taking the average performance of all MI hospitals reporting data in FY21 and FY22.

NATIONAL BENCHMARK
National benchmark calculated by taking the average performance of all US hospitals reporting data in FY21 and FY22.

PERFORMANCE MEASURE HEALTH

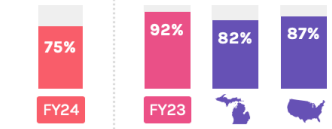
ON TRACK
Performance met or exceeded FY23 performance as well as MI and national benchmarks.

MONITOR
Performance declined from FY23 **and/or** did not meet at least one benchmark (Michigan or national).

INTERVENE
Performance declined from FY23 **and** did not meet either the Michigan or National benchmarks.

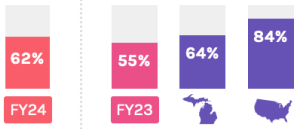
PERFORMANCE MEASUREMENT **DATA AFTER**

Suicide Risk Screening



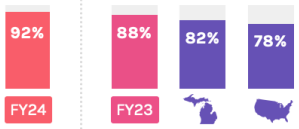
Performance worsened 17% from FY23 and did not meet MI or national benchmarks.

Substance Use Screening



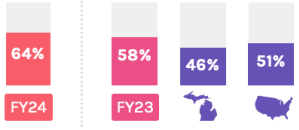
Performance improved 7% from FY23 but did not meet MI or national benchmarks.

Depression Screening



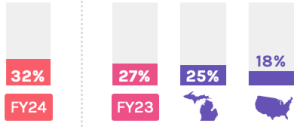
Performance improved 4% from FY23 and exceeded both MI and national benchmarks.

Behavioral Health Referral



Performance improved 6% from FY23 and exceeded both MI and national benchmarks.

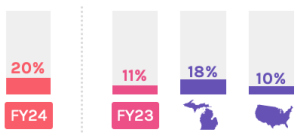
Post-ER Follow-Up Visit



Performance improved 5% from FY23 and exceeded both MI and national benchmarks.

30-Day Readmission

Lower rates = better performance



Performance worsened 9% from FY23 and did not meet MI or national benchmarks.

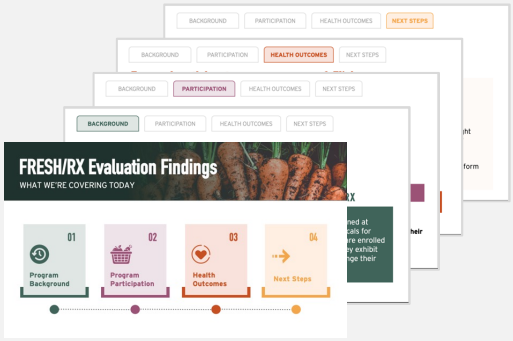
Data Alchemy DESIGN STUDIO

WORK SAMPLE 1 | WORK SAMPLE 2 | WORK SAMPLE 3

Data Findings Presentation Slides

ABOUT THE SAMPLE

A stakeholder presentation developed to communicate evaluation findings and highlight the impact of a nutrition prescription program. This sample includes selected slides that demonstrate how data and key messages were presented in a clear, engaging format.



EXAMPLE OF

DATA VISUALIZATION | DATA STORYELLING | INFORMATION DESIGN

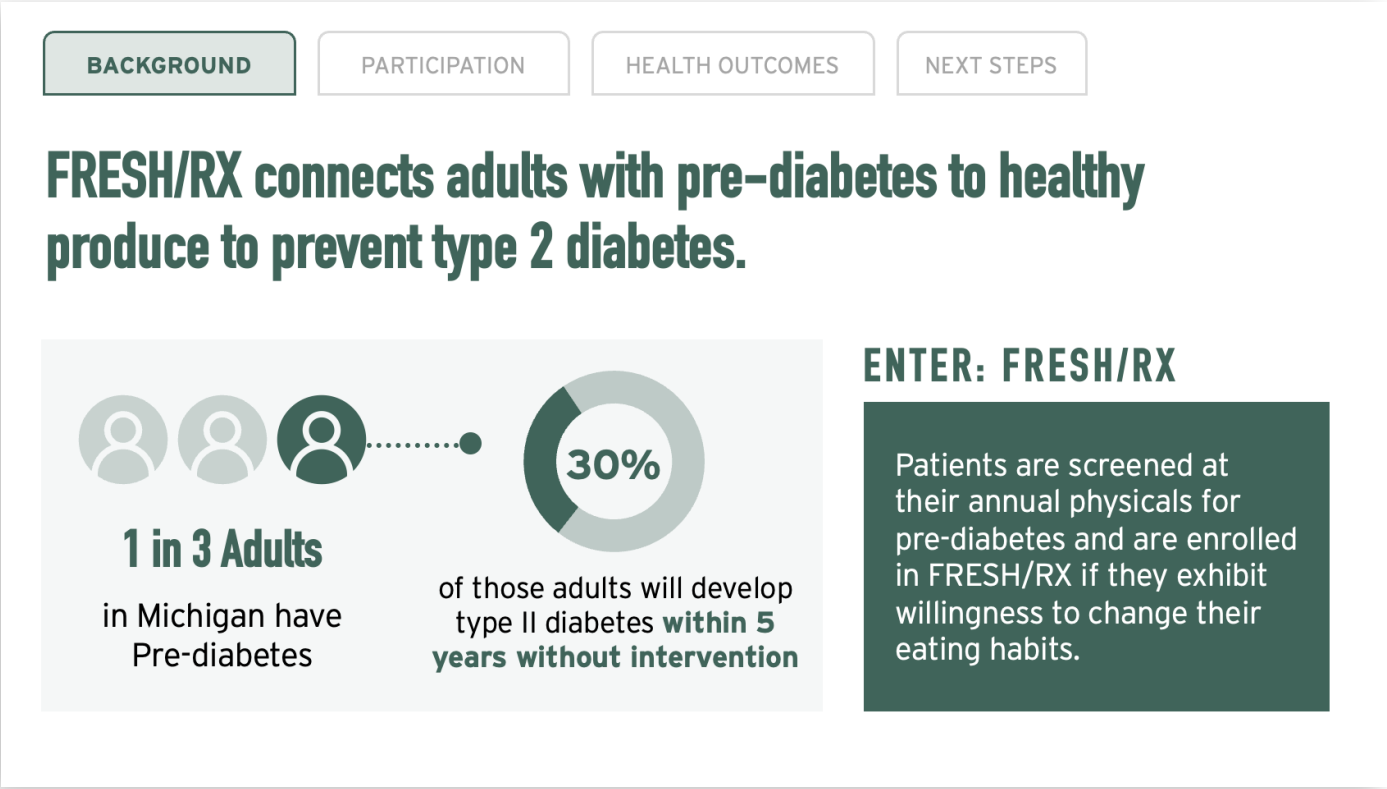
NOTABLE FEATURES

- **Seamless story and transitions:** The information seamlessly transitions from one point to the next, starting with setting the stage for why the program was created, information on program structure, health outcomes, and what's happening next due to findings.
- **Titles that tell the point:** Titles are not topical like "Program Need," they are statements that explain the take-home points so audience members don't need to guess or spend energy interpreting findings themselves.
- **Visual cues to orient the audience to the content:** While point-driven titles help audience members understand key points, it's still helpful to see what the topic is and where they are in the flow of the presentation. This effect was created with the color-coded "tabs" at the top of each slide.

Data and program information have been changed to protect client privacy.

WORK SAMPLE 2

Data Findings Presentation Slides (Slides 1 & 2)



WORK SAMPLE 2

Data Findings Presentation Slides (Slides 3 & 4)

BACKGROUND | **PARTICIPATION** | HEALTH OUTCOMES | NEXT STEPS

Out of 675 program participants, 64% redeemed at least half of their FRESH/RX vouchers.

1217 ELIGIBLE

Showed pre-diabetic A1C between **5.7-6.4%** and were eligible for FRESH/RX

675 ENROLLED

Based on willingness to change eating habits and received **$50 per month in FRESH/RX vouchers**

432 ENGAGED

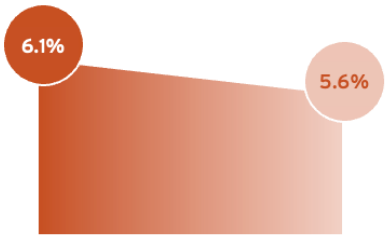
Redeemed at least **half of their vouchers** at participating farmer's markets over the 6-month program

BACKGROUND | PARTICIPATION | **HEALTH OUTCOMES** | NEXT STEPS

Engaged participants saw an average of .5% decrease in A1C over 6 months.

AVERAGE A1C

at initial screening and 6-month follow-up



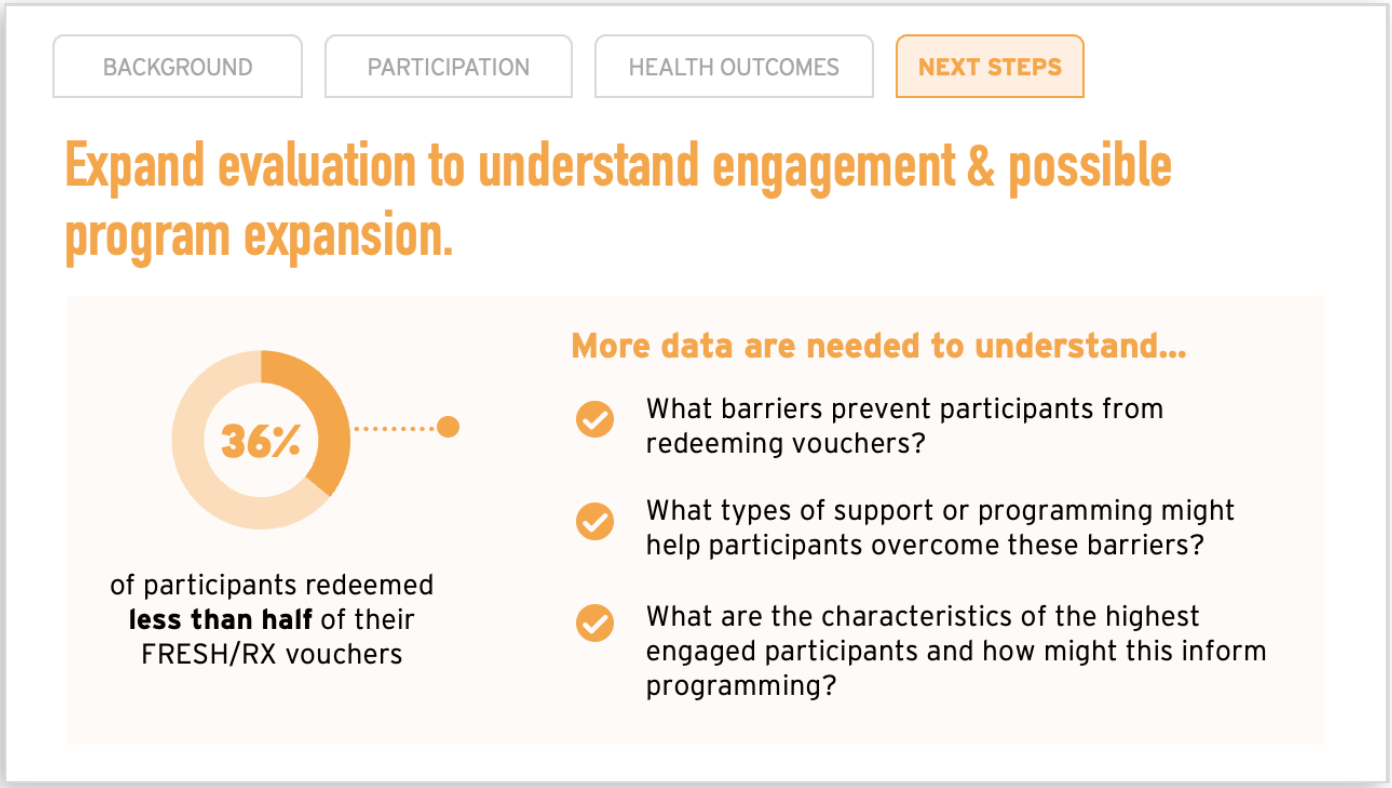
PREDIABETES
5.7-6.4%

PARTICIPANT QUOTE

I went to the doctor last week and **my numbers are down!** I couldn't believe it. For the first time, I feel like I'm in control of my health.

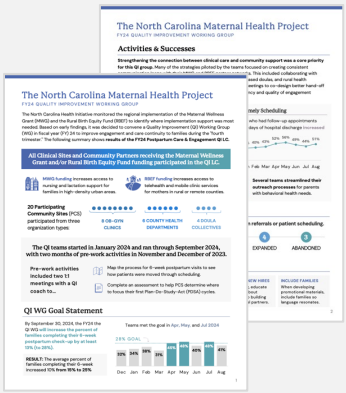
WORK SAMPLE 2

Data Findings Presentation Slides (Slide 5)



Data Alchemy DESIGN STUDIO

Project Summary Brief



ABOUT THE SAMPLE

A client needed a succinct brief of their quality improvement project to share results with participants and stakeholders. This sample includes the full summary brief that includes background, project details, and impacts of the project.

EXAMPLE OF

DATA VISUALIZATION | DATA STORYTELLING | PAGE LAYOUTS

NOTABLE FEATURES

- **Story-driven organization:** Information is intentionally structured so readers first understand the challenge, then the quality improvement efforts, and the results and their impact. This story-like narrative flow helps readers remember the content.
- **Created visual content blocks:** Content is organized into grid-based sections to make it clear which concepts re connected, and how they relate to or build on one another.
- **Broke up dense text with visuals:** Visual elements like icons and graphics are used to reduce text density and create a more engaging reading experience.

Data and program information have been changed to protect client privacy.

WORK SAMPLE 3

Project Summary Brief (Page 1)

The North Carolina Maternal Health Project

FY24 QUALITY IMPROVEMENT WORKING GROUP

The North Carolina Health Initiative monitored the regional implementation of the Maternal Wellness Grant (MWG) and the Rural Birth Equity Fund (RBEF) to identify where implementation support was most needed. Based on early findings, it was decided to convene a Quality Improvement (QI) Working Group (WG) in fiscal year (FY) 24 to improve engagement and care continuity to families during the "fourth trimester." The following summary shows **results of the FY24 Postpartum Care & Engagement QI LC.**

All Clinical Sites and Community Partners receiving the Maternal Wellness Grant and/or Rural Birth Equity Fund funding participated in the QI LC.

MWG funding increases access to nursing and lactation support for families in high-density urban areas.

RBEF funding increases access to telehealth and mobile clinic services for mothers in rural or remote counties.

18 Participating Community Sites (PCS) participated from three organization types:

- 8 OB-GYN CLINICS
- 6 COUNTY HEALTH DEPARTMENTS
- 4 DOULA COLLECTIVES

The QI teams started in January 2024 and ran through September 2024, with two months of pre-work activities in November and December of 2023.

Pre-work activities included two 1:1 meetings with a QI coach to...

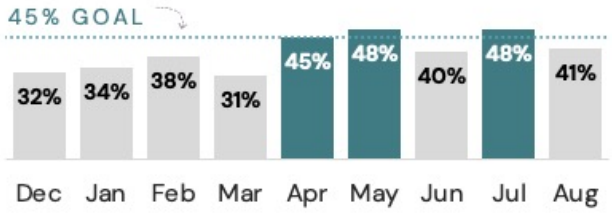
- Map the process for 6-week postpartum visits to see how patients were moved through scheduling.
- Complete an assessment to help PCS determine where to focus their first Plan-Do-Study-Act (PDSA) cycles.

QI WG Goal Statement

By September 30, 2024, the FY24 the QI WG **will increase the percent of families completing their 6-week postpartum check-up by at least 13% (to 45%).**

RESULT: The average percent of families completing their 6-week increased 10% **from 29% to 39%**

Teams met the goal in **Apr, May,** and **Jul 2024**



Project Summary Brief (Page 2)

The North Carolina Maternal Health Project

FY24 QUALITY IMPROVEMENT WORKING GROUP

Activities & Successes

Strengthening the connection between clinical care and community support was a core priority for this QI group. Many of the strategies piloted by the teams focused on creating consistent communication loops with their MWG and RBEF partner networks. This included collaborating with healthcare providers, hospital discharge planners, community-based doulas, and rural health navigators. Teams invited these partners into their monthly QI meetings to co-design better hand-off procedures. As a result of these collaborative efforts, the frequency and quality of engagement between clinical providers and community supports improved.

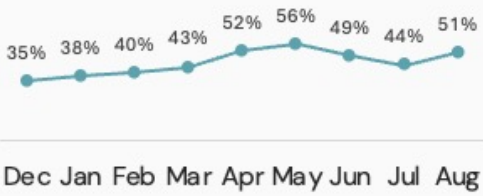
Referral Network Expansion

The # of referral partners across all PCS **steadily increased**

Most teams now have established **ongoing meetings** scheduled with their **referral partners.**

More Timely Scheduling

Patients who had follow-up appointments within 5 days of hospital discharge **increased**



Several teams streamlined their outreach processes for parents with behavioral health needs.

PDSA Cycle Snapshot

Each PSC completed at least one PDSA cycle focused on referrals or patient scheduling.

25 Unique Strategies Tested

10	8	4	3
ADOPTED	ADAPTED	EXPANDED	ABANDONED

Lessons Learned

TAILOR APPROACHES
Tailor communication and collaboration with referral partners as each one is different.

FOLLOW-UP
Reach out to partners because receiving referrals takes time and consistency.

EDUCATE NEW HIRES
Upon hiring, educate new staff about relationship building with referral partners.

INCLUDE FAMILIES
When developing promotional materials, include families so language resonates.

THANK YOU!

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