Preconception IM CoIN Webinar:
“Integrating Quality Women-Centered Care into Practice: Insights from Magnolia Clinic”
Expert Q&A with Jacqueline Murphy, BSN, RN

March 27, 2019, 1-2pm ET
This webinar is being recorded.

• This webinar will be archived on BeforeandBeyond.org, under Program > “Preconception IM CollN” tab.
• Stay tuned for information about accessing this recording and the next webinar in this series.
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OUR GOAL: This Preconception CoIIN will develop, implement, and disseminate a

**woman-centered,**

**clinician-engaged,**

**community-involved**

approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.
Integrating Quality Women-Centered Care into Practice: Insights from Magnolia Clinic

Expert Q&A with Jacqueline Murphy

March 27, 2019 | 1:00 ET
Jaci Murphy began her current role as Assistant Director of Nursing for the Florida Department of Health in Duval County (DOH-Duval) on February 9, 2018. As the Assistant Director of Nursing, Jaci oversees women’s health, pediatrics and immunizations. Jaci is a native of New York. She is a graduate of the University of North Florida. She has been with the health department since 2005. Before assuming her current role, she worked as a Senior Community Health Nurse Supervisor at West Jacksonville Family Health Center, PACE Clinic for Girls, Marietta Family Health and The Magnolia Project. She also served on various committees to help raise awareness to public health issues, mentoring and precepting students to understand the importance of serving the community, implementing programs and projects that benefit both the client and DOH-Duval and speaks on various topics to promote public health in the community.

- Jaci became a public health nurse leader to assure excellence in health. “It’s important to me, as a public health nurse leader, to be able and willing to advocate with community leaders or partners and continuously strive for a healthier community.”
The Magnolia Project

- Improve the health and well-being of women during childbearing years
- Address risk factors that impact health and may affect future pregnancy
- Address an identified gap directly linked to health disparities – preconception and interconception care
- Using a life course approach, address social determinants
Who We Serve and Services

- Women who are sexually active and capable of pregnancy
- Case Management Services
- Life Course Model
- Clinic
- Mental Health
- Fatherhood/Male Involvement
- Community Development
Magnolia Women’s Health Clinic

- Comprehensive Women’s Health including family planning, prenatal and STD services
- Partnering with Healthy Start
- Preconception Wellness
- Multivitamins

*the goal is to improve each well woman visit
How did you facilitate buy-in at your site to accomplish the integration of PCH screening and referral into your work flow?

- National Preconception Health & Healthcare Initiatives
- Transition all visits
- Goals, Reproductive Life Plan
- Trainings
- Resources
Who were the key stakeholders in this process?

- Staff
- Clients
What does the flow look like in your office?

- Fluid
- Always aware of changes
What was particularly challenging?

- Wait time
- Staff
- Change

What supported success?

- Staff on board
- NPHHI
Were there any measures that you tracked or monitored while implementing to determine whether or not changes needed to be made to your flow?

- Time studies
- QI project
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Archived on BeforeandBeyond.org/PCHIMCoIIN

If you haven’t received one, email: SuzanneW@med.unc.edu

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• Please provide feedback to today’s webinar at the survey link provided

https://unc.az1.qualtrics.com/jfe/form/SV_4IUu3eKt4Dfv58F
ABOUT HRSA IM CoIIN PRECONCEPTION PROJECT: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF3MC31239-Providing Support For The Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality. The grant amount totals $1,494,993. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.