Quality Assurance
What Happens to Your Babies?

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Challenges in California

- 563,000 births per year
- 270 birthing hospitals
- 175 certified outpatient screeners
- 75 audiology providers approved to see infants
- Inconsistent quality of audiology services
Challenges in California

- Urban vs Rural
  - Los Angeles County – 10.3 million
  - Alpine County – 1260
- Mobile population
  - Migrant farm workers
  - Mexican border
Challenges in California

• Race/Ethnic Diversity
  ➢ 44% Non-Hispanic White
  ➢ 35% Hispanic
  ➢ 12% Asian/Pacific Islander
  ➢ 6% African American
  ➢ 1% American Indian
  ➢ 2% Other
Challenges in California

• Linguistic Diversity
  ➢ 20% of Californians have Limited-English-Proficiency
  ➢ 40% of Californians speak a language other than English in the home
  ➢ 50% of low-income Californians have a primary language other than English.
  ➢ 1,570,000 students speak a language other than English in the home
California NHSP Data (2006)

- California Total Births: 563,522
- Infants screened: 425,638
  - 98% of infants in program hospitals
  - 76% of all California births
- Infants screened by 1 month: 421,551 (99%)
- Refer rate at hospital d/c: 2.1%
California NHSP Data (2006)

- Dx with Hearing Loss (HL): 919 (2/1000)
- Dx with HL by 3 months: 515 (56%)
- IFSP information available: 669 (73%)
- Enrolled in EI by 6 months: 463 (69%)
- Lost to follow-up: 11%

➤ Compared to 60% nationally in 2005
Hearing Coordination Centers

- 4 Geographic Service Areas
- Non-profit organizations serve as Hearing Coordination Center in one or more regions
State Infrastructure

- Provider Standards
- Reporting Forms
- Hearing Coordination Centers
- Audiology Providers
- Parent Participation
- NICHQ Collaborative
Provider Standards

- Inpatient Infant Hearing Screeners
- Outpatient Infant Hearing Screeners
- Communication Disorder Centers
  - Type A – Children 5-21 years of age
  - Type B – Children 3-21 years of age
  - Type C – Children 0-21 years of age

www.dhcs.ca.gov/services/pages/pages/hearing.aspx
Hearing Screening Standards

- Screener competencies
- Minimum screening rates for hospitals
- Maximum refer rates for hospitals
- Required follow-up and contact information
  - Legal name of infant
  - Follow-up appointment information
  - PCP who will see infant as outpatient
  - Additional contact person other than parent
Hearing Screening Standards

• Coordination activities
  ➢ Referral to Title V
• Documentation
• Reporting
  ➢ Weekly reports on infants who do not pass hearing screening (refer, miss, transfer, waive, expire, not medically indicated)
  ➢ Monthly aggregate reporting from hospitals
Reporting Forms

• Standardize how information is reported
• Inpatient Infant Reporting Form
• Infant Record Information Form
• Outpatient Reporting Form
• Diagnostic Audiologic Evaluation Reporting Form
Hearing Coordination Centers

- Provide technical assistance and consultation to hospitals in setting up and maintaining programs
- Certify inpatient screening providers
- Collect data
Hearing Coordination Centers

- Track infants
  - Rescreenings
  - Diagnostic services
  - Work with PCPs
Hearing Coordination Centers

• Quality assurance
  ➢ Monitor hospital screening and referral rates
  ➢ Provide feedback to hospitals
  ➢ Identify training opportunities
Hearing Coordination Centers

• Assure families are linked with intervention services
  ➢ Audiologic services
  ➢ Early Start
• Advocacy role
Hearing Coordination Centers

- Safety net referral to EI
- Phone follow-up with families
  - During identification process
  - After hearing loss identified
    - 1 week
    - 2 months
    - 6 months
- Semi-annual meetings with all of the inpatient NHSP directors
Oversight of HCCs

• Tracking and Monitoring Procedure Manual
  ➢ Minimum steps to take before closing a case
  ➢ Content of letters to families and providers
  ➢ Provider contacts

• Timelines for HCC action
• Review quarterly reports of activities
• Program Reviews
Audiology Providers

• Improve quality of services being provided
  ➢ One-on-one education
  ➢ CEU workshops
  ➢ Bulletins

• Work with state licensing board
  ➢ Disseminate information to providers
  ➢ Role in provider education
  ➢ Copy on letters to problem providers re compliance issues
Parent Participation

- Parent as paid team member at HCC
- Develop community resources and networks
- Phone calls with families
- Parent support
- Outreach to physicians
NICHQ Collaborative

• Focused in Los Angeles area
• Birth facility = University medical center (UCLA) with 2000 births annually
• Primary care practice = University affiliated
• Specialty care practices = Audiology, ENT
• Related access issues = Managed care, poor reimbursement rates, insufficient capacity of pediatric audiologists
Aim and Progress

• **Birth Hospital**
  
  ➢ 85% of infants who do not pass (DNP) have PCP identified on the Infant Reporting Form (IRF) sent to the Hearing Coordination Center (HCC).
    • **Baseline - 50%**
  
  ➢ 85% of DNP have at least one contact name and number, in addition to the mother, on the IRF sent to the HCC.
    • **Baseline - 40%**
PCP & Additional Contact

- Reporting of PCP and Additional Contact information on Infant Reporting Form (IRF) is a program requirement
- Baseline
  - Social Worker collects PCP and additional contact information
  - Compliance = 40 - 50%
- Hospital staff evaluated the process flow
- Different process in WBN and NICU
WBN

- Screener collects PCP information on all infants
- Screener collects additional contact information on infants who need follow-up
- 2 main screeners
- Screener completes IRF
- Weekly review of IRFs before sending to HCC
NICU

- PCP Information
  - Physician note in online chart
  - Discharge planning sheet in folder for screeners
  - Screener calls family

- Additional Contact Information
  - Discharge planner/bedside nurse
  - Screener calls family

- Screener completes IRF

- Weekly review of IRFs before sending to HCC
Verifying PCP/MH and Additional Contacts

Percentage

Month

PCP /MH

Additional Contacts
Maintaining the Gain

Verified PCP/MH and Additional Contacts

Percentage

Month

Aug-07  Sep-07  Oct-07  Nov-07  Dec-07  Jan-08

PCP /MH

Additional Contacts
Aim and Progress

• Hearing Coordination Center
  • ↓ by 25% the number of No Shows for OP screening and DX evaluation appointments.
• Baseline - 12.4%
Infrastructure Development

- No show rate for scheduled follow-up appointments was 12.4%
- HCC made reminder phone calls to families 3-7 days prior to all outpatient appointments
- No change in “no-show” rate
- Message re-framed - educate about the importance of completing testing
Infrastructure Development

• Challenges
  ➢ Volume of scheduled appointments
  ➢ Consistency of message
  ➢ Reaching families by phone
  ➢ Tried flexible staff hours
Infrastructure Development
Results

No Shows for OP or DX Appointments Using Phone Calls

May 2006 to June 2007
Maintaining the Gain

No Shows for OP or DX Appointments Using Letters

August 2007 to December 2007
Lessons Learned

- Clearly defined standards or expectations
- Review your data – consider student assistant
- Provide technical assistance and/or resources to improve quality
- Partner with parents
- Education is key – Once is not enough
- Maintaining the gain is hard!!