Powerful EHDI Community Partnerships

EHDI National Conference – February 22, 2011
Overview

- Introduction
- Building a successful EHDI team
- Specific improvements/strategies
- Keeping the momentum for future improvements
Panel Members

Ida Middendorf, Parent
Melissa Buck, D/HH Teacher
Heather Gould, D/HH Teacher
Betsy Schutte, Clinical Audiologist
Barb Dalbec, MN Department of Health
Curt Leitz, Minnesota Hands & Voices
Picture of MN

1-3-6 MN EHDI Data

Data from 2007 CDC data report
Minnesota

- Six Community Collaborative Teams across the state
- Learning sessions held 3 times a year
- PDSA – small tests of change between learning sessions
- Leading to statewide improvements
Team Members by Role

- 1 Parent
- 2 Part C Coordinators
- 4 D/HH Teachers
- 1 state D/HH service coordinator
- 3 Public Health Nurses
- 1 Educational Audiologist
- 1 Clinical Audiologist
- 1 Speech/Language Pathologist
- 1 Parent Guide/Mentor
Representing

- 2 Birthing centers
- 2 Birth-3 (Part C) programs
- Public school district
- Special education co-op (serving 12 districts)
- 2 Counties
- 2 State agencies
- Parent support organization
- Parenthood!
Parent Involvement Essential

- Provides direct feedback on system
  - Must have a parent currently or recently in system
  - Be careful if parent’s child is served by other team members
- Parents must be fully empowered team members
  - Avoid acronyms/jargon
  - Listen to and incorporate parent perspectives
  - Share responsibility and authority for tasks
Sample Tools for Quality Improvement

- Process map
- “I am a referral”: walking through the process
- PDSA cycle: direct referrals from diagnostic audiologist to EI and MN Hands & Voices
- Public outreach: EHDI poster
- Developed by entire team
- No team member was familiar with all processes
- Included numerous undocumented processes
- Revealed some system breakdowns
“I am a referral” exercise

- Process map broken down into discrete, manageable sections
- Individuals physically moved through each step
  - Developed face-to-face relationships
  - Tracked processing time at each step
  - Identified new system breakdowns
- Team reviewed results to prioritize areas for quality improvement
PDSA Cycle: Direct Referrals from Audiologist

- **PLAN:** team hypothesized that families would receive services more quickly if audiologists referred directly to EI and parent support
- **DO:** one audiologist tested this change over a limited time span
- **STUDY:** full team reviewed and discussed results
- **ACT:** change adopted, documented, implemented
Public Outreach: EHDI Poster

- Initiative came from entire team
  - Numerous team members saw uses for the poster
  - Entire team contributed to design parameters
- Developed by an ad hoc committee
- Utilized in numerous settings
Developing Momentum

Geographical spread

- Must have a mechanism for sharing quality improvements with other established teams
- Must expand to new institutions and areas
Carrying it Forward

- **Roster turnover**
  - Outgoing members should help recruit replacements
  - Team must invest in new members

- **From establishing to established**
  - Startup resources will likely go away—team must creatively meet its own needs
  - Team will likely meet less frequently; more communication and work occurs outside meetings
  - Team should annually reexamine its purpose and goals
3 years later

- 98.1% of MN infants screened
- 60% diagnosed by 3 months of age
- 25% enrolled in early intervention (EI)
- 65% enrolled in EI by 6 months of age

Data from 2009 CDC data report
Questions?