An Innovative Process Improvement Tool for EHDI Programs: Hospital Site Visits

The 10th Annual Early Hearing Detection & Intervention Conference
February 22, 2011

Presenter

• Tammy O’Hollearn
  Iowa Department of Public Health
  State EHDI Coordinator
  Phone: 515-242-5639
  Email: tohollea@idph.state.ia.us

Learning Objectives

• Participants will have an understanding of Iowa’s hospital site visit process

• Participants will have an understanding of the self rating rubric used by hospitals and Iowa EHDI

• Participants will understand the benefits of conducting hospital site visits and their impact on state programs
Outline

• Iowa EHDI background
• Purpose of hospital site visit
• Preparation for visit
• Hospital self rating rubric
• Site visit participants
• Site visit agenda
• Hospital site visit report
• Survey results and comments
• Strengths
• Areas for improvement
• Value of site visits

Background

EHDI System of Care

• IA Department of Public Health (IDPH)
  o CDC grant
  o Surveillance
  o Short term follow up
  o Program evaluation, data analysis
• Child Health Specialty Clinics (CHSC)
  o HRSA grant
  o Long term follow up
  o Family support, El referrals
  o Medical home education
• Audiology Technical Assistance
Legislative Mandate

- Legislation went into effect January 1, 2004
  - IDPH - entity responsible for administrative oversight and surveillance
  - Law/rule requires universal hearing screening for newborns
  - Reporting of screen, re-screens, diagnostic assessments for children 0-3 w/in 6 days

EHDI Data System

- Web based eScreener Plus (eSP™)
  - Optimization Zorn Corporation (OZ)
  - Two level login
    - IDPH security token
    - eSP™
  - Used by hospitals, Area Education Agencies (AEAs), private audiologists, ENTs, CHSC

eSCREENER Plus(eSP™)

- Demographics
- Risk factors
- Hearing screens
- Diagnostic assessments (OAE, tymps, behavioral testing, ABR, etc)
- Amplification (hearing aid fitting/ CI date)
- PCP, other healthcare providers
- Developing a case management module
Demographics

- Approximately 40,000 births per year
  - Home births
- 82 birthing facilities, many in rural communities
  - 3 level III hospitals (two w/audiologists)
  - 19 level II hospitals
  - 60 level I hospitals

OP Screens & Diagnostic Assessments

- Outpatient re-screens
  - Birthing hospital
  - Area Education Agencies
  - CHSCs regional centers
- 10 Iowa diagnostic centers, 4 bordering centers
  - Currently exploring telehealth for diagnostic ABRs
  - Exploring ABR technology that does not require sedation in young children

Hospital Site Visits
Purpose of Hospital Site Visits

- Identify strengths, areas for improvement
- Identify best practices
- Spread best practices identified through NICHQ quality improvement project
- Identify hospital technical assistance and education needs

Site Visit Preparation

- Scheduling
- Completion of self rating rubric by hospital
- EHDI coordinator prepares the following:
  - Hospital birth admission screening report
  - Hospital follow up report
  - Hospital aging report, as needed
  - Hospital level and state report for refer/miss rates
  - Agenda
  - Copies of completed hospital rubric

Hospital Self Rating Rubric
Site Visit Team Participants

- State EHDI team
  - Iowa EHDI Coordinator
  - EHDI Pediatric Audiology Technical Assistant
  - Parent/GBYS representative

- Hospital Personnel
  - EHDI designee
  - Discharge personnel
  - eSP data entry nurse, clerk
  - Nursing personnel that conduct hearing screens

Sample Agenda

- Introductions, purpose and goals of site visit
- Family story
- Review data and technical assistance issues
- Review and discuss hospital self-rating rubric, hospital processes and protocols
- Provide information on best practices related to newborn hearing screening and follow up
- Review questions regarding database, screening, discuss resources
- Tour of hospital screening facility, view equipment (if possible)

Hospital Site Visit Report

- Highlights purpose
- Lists persons in attendance
- Summary of hospital data
- Detailed summary of hospital processes, protocols
- Summarizes strengths and outlines areas for improvement
- Provides list of resources
- Copy of report goes to administration
Hospital Site Visit Follow Up

• Call from EHDI Audiology TA
• Review of progress related to areas for improvement
• Questions, concerns and review training needs
• No progress or very slow progress results in call from state EHDI coordinator, possible corrective action plan

Lessons Learned

Site Visit Survey Results

• SurveyMonkey™ following visit
• 100% - EHDI site visit was helpful
• 74% - hospitals report they implemented changes
• 100% - hospitals indicated site visit affirmed best practices in their hearing screening program
• 94% - discussion on areas for improvement provided sufficient direction for making needed changes
Summary of Hospital Comments

• Self rating rubric was a very useful tool
• EHDI staff helped us identify our strengths & areas for improvement
• Helpful information provided by staff on visit
• Found site visit report helpful

Strengths

• Assist families in scheduling well child and OP hearing screens
• Inform families of newborn hearing screen results
• Larger hospitals meet state goals for refer/miss rates
• Physicians notified of newborn hearing screen results

Strengths

• Family practice physicians in rural communities engaged in newborn hearing screen results & followup
• Majority of hospitals entering required data
• Majority of hospitals provide outpatient hearing re-screens
• Policies and procedures
Identified Areas for Improvement

• Reduce refer/miss rates to meet state goal (smaller hospitals)
• Improve timeliness of data entry
• Secure and enter second point of contact
• NICUs need AABR screening equipment
• Increase number of screeners who review quarterly newsletter
• Implement quality assurance checks
• Improve training

Are Hospital Site Visits Valuable?

• Parent message is important
• Opportunity to spread best practices
• Provides state program w/info about challenges, education and technical assistance needs
• Opportunity to assist hospital programs with problem solving
• Increases awareness re: program expectations and areas for improvement
• Hospitals have improved their refer/miss rates, obtained training, changed processes

Questions ????

Tammy O'Hollearn
Iowa Department of Public Health
State EHDI Coordinator
Phone: 515-242-5639
Email: tohollea@idph.state.ia.us
Iowa EHDI website:
http://www.idph.state.ia.us/iaehdi