

Aim

By July 2017, five pediatric offices will make practice-based improvements that lead to enhanced care across the delivery system and strengthen the role of the medical home within the EMDH system. The participating pediatric practices will make improvements so that:

- 97% or more of all newborns have documentation of the results of their final newborn hearing screening in their medical records by 6 weeks of age
- 97% of newborns have documentation in their medical record that the results of the newborn hearing screening were discussed with the family no later than 6 weeks of age
- 97% or more of all newborns identified to have risk factors associated with hearing loss will have documentation of those risk factors in their medical record by 6 weeks of age and will have an individualized care plan by the 4 months of age
- 100% of children who do not pass their newborn hearing screening have completed an audiological evaluation by 3 months of age and documentation will be in their medical record by 4 months of age

Primary Drivers

P1. Newborn hearing screening results are reviewed with all families

P2. Children with risk factors associated with delayed, late-onset, or progressive hearing loss have an individualized care plan to address each risk factor

P3. All children who do not pass their newborn hearing screening receive reliable and timely audiological evaluation and this care is co-managed with the pediatrician

P4. Engage family representation in your practice based Quality Improvement efforts

Secondary Drivers

1. Newborn hearing screening results are shared promptly with the infants primary care provider
2. Families receive standardized and consistent communication about hearing screening results
3. Document conversations with families about hearing screening results in the medical record
4. Families of children who do not pass newborn hearing screening or have risk factors demonstrate engagement in next steps for follow-up

1. All children are assessed for risk factors using a systematic approach
2. Documentation of risk factor assessment and outcomes are easily found with the infants medical record
3. Follow up plan is created for all children with identified risk factors and this plan is communicated with the family

1. Ensure next necessary referrals and medical appointments are made and the family understands next steps
2. Diagnostic audiological evaluation completed no later than 3 months of age
3. Create partnership with diagnostic providers to ensure timely transfer of information

1. Identify family representation to inform your systems of care Quality Improvement efforts
2. Include family representation in key decision processes to improve the system of care
3. Utilize family experience/knowledge to identify improvement opportunities