



Georgia Department of Public Health

EHDI State Coordinator Meeting Georgia

Presentation to: State EHDI Coordinators

Presented by: Kelly Hermanns, Au.D.

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We Protect Lives.

Intervention Enrollment Status

- Why?
 - To reduce loss to documentation from diagnosis to intervention
- Process for identifying strategy:
 - Georgia EHDI program works very closely with intervention providers. Many children identified through EHDI decline Part C and enroll with private providers, but our data did not capture their enrollment.
- Strategy?
 - Start with one intervention provider and then spread to other providers with and interest in programmatic improvement

PDSA Cycles



Identify and as private interventionist to document enrollment status

Spread to a 2nd and 3rd private intervention facility to document enrollment status

Develop and test a report to sustain change

Spread to additional intervention facilities and write into procedure manual

PDSA Cycle 1

- **Plan:** Identify private intervention provider and grant access to database to document enrollment status
- **Do:** Provider was instructed to enter children currently enrolled at facility, ages three and under
- **Study:** Provider documented enrollment of 120 children. Identified children who were enrolled with no diagnosis of hearing loss
- **Act:** Requested provider to continue to document new enrollments as appropriate and spread to a second provider
 - Follow-Up Coordinators contacted audiologist for missing diagnosis information and referred to state programs as appropriate (Spin off PDSA)

PDSA Cycle 2

- **Plan:** Identified a second private intervention provider and grant access to database to document enrollment status. Provider was instructed to enter children currently enrolled, under the age of 3
- **Do:** Intervention provider entered children enrolled in program as instructed
- **Study:** Intervention provider entered 49 infants as enrolled in intervention
- **Act:** Request provider to continue documenting enrollment of new children and spread to a 3rd intervention provider

PDSA Cycle 3

- **Plan:** Identified a third private intervention provider and grant access to database to document enrollment status. Provider was instructed to enter children currently enrolled, under the age of 3
- **Do:** Granted facility access to document into data management system
- **Study:** After one month, provider did not enter any children as enrolled in intervention
- **Act:** Made contact with provider who reported she was unclear on when to start reporting and reporting procedures

PDSA Cycle 4

- **Plan:** Follow up with 3rd provider on how to document enrollment status and importance of documenting enrollment of intervention
- **Do:** Provided detailed instructions on database and reporting procedures with provider with clear start date
- **Study:** Facility entered 8 children
- **Act:** Due to small number of children documented, plan to make additional contact to facilitate complete documentation on all children seen at her facility

PDSA Cycle 5

- **Plan:** Identify a method to keep providers engaged and up to date with documentation of children enrolled in program and updating children who have graduated or dropped out
- **Do:** Created a report for intervention providers showing children currently enrolled in program to share on a monthly basis
 - Provided current list of enrollees with enrollment dates and open end dates to each provider separately
- **Study:** Feedback positive from providers; providers documented any missing children not on report
- **Act:** Plan to use report monthly and adapt to include provider requested enhancement to differentiate between child who graduates from program versus drops out

Next Steps

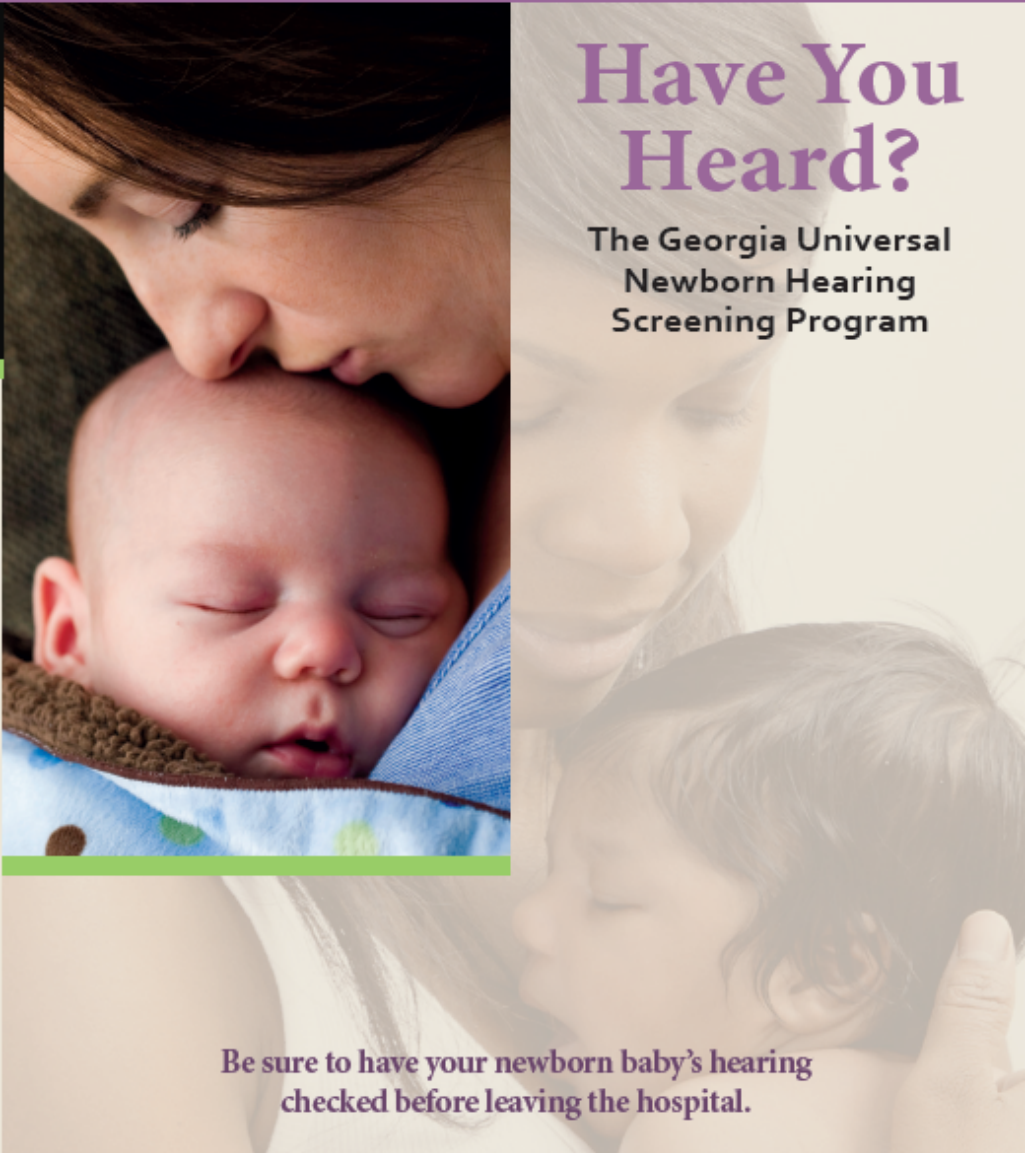
- Next PDSA Cycle: Approaching a fourth provider with clear instructions on documentation process
- Lessons Learned: Although we were able to have documentation of intervention enrollment in our database, CDC survey doesn't accurately reflect how many children are enrolled in intervention as they're primary focus is Part C
 - 68 born and ID in 2013 linked to private EI
 - Reduced LFU from Diagnosis to Intervention by 7% (13 infants)
 - 15 born and ID in 2014 linked to private EI
- Advice: Why wait?

QUESTIONS ?

**Kelly Hermanns, Au.D.
UNHSI Program Consultant
Maternal and Child Health
Section**

Kelly.Hermanns@dph.ga.gov

404.232.1608



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Heard?**

**The Georgia Universal
Newborn Hearing
Screening Program**

**Be sure to have your newborn baby's hearing
checked before leaving the hospital.**

We Protect Lives.