Rhode Island

QI lead: Liza Then (EHDI coordinator)
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QI Team:
Sherri Moniz- Administrative Audiology Coordinator
Betty Vohr- Medical Director
Ellen Amore - KIDSNET Manager
Richard Lupino - NBHS Data Manager
Elsbeth Brown- Parent Consultant
Rebecca Vargas- Follow-up Coordinator
Pauline Belmonte- Senior Date Entry
Javier Lozada - Technical Assistant Liaison
Amanda Norton - NCHAM Quality Improvement Advisor
Situation

Need of additional FTE

- Overwhelming Process
- Manual tracking taking up too much time
- Need of collaboration and effective communication with Stakeholders
- Not meeting EHDI benchmarks (1-3-6)
- Potential delays in diagnostic reporting
KAIZEN EVENT

KAIZEN EVENT VISUAL SUMMARY

FIRST DAY
- REVIEW CHARTER
- REFRESHER TRAINING
- DOCUMENT CURRENT PROCESS
- ID THE WASTE
- IDENTIFY & PRIORITIZE CHANGES

LAST DAY
- MAKE THIS THE NEW STANDARD
- FINAL REPORT-OUT

DAYS 2 AND 3
- TEST CHANGES
- REVIEW PROGRESS
- TO-DO LIST
- TEST CHANGES
- REVIEW PROGRESS
- TO-DO LIST
- VERIFY CHANGE
- QUANTIFY RESULTS
- CELEBRATE

TO-DO LIST
- REVIEW PROGRESS
- TEST CHANGES
- PLAN AGENDA FOR NEXT DAY
- PLAN AGENDA FOR NEXT DAY
Project AIM

We aim to …
Improve the effectiveness and efficiency of the EHDI follow-up process, to increase the number of diagnostic follow-up from 75% to 85% by March 30, 2016.

Measurement

Outcome Measure
- Numerator: total # of diagnostic results
- Denominator: total # of refers

Quarterly Data Review
- Monthly reports
- Run Charts
Goal 1
Reduce the number of diagnostic loss to follow up and loss to documentation in KIDSNET following a referral from the newborn hearing screen

No Diagnostic ABR from 16.8% to 6.8%
In process from 18.2% to 8.2%

Goal 2
Reduce number of second and third Visual Reinforcement Audiometry letters sent to families in 2015

Second letter from 926 to 0
Third letter from 619 to 0
Reduce returned mail by 50%

Goal 3
Reduce the number of redirected calls to schedule appointments

Reduce redirected calls by 50%

Goal 4
Reduce the number of faxed diagnostic results that need to be data entered into RITRACK by RIHAP Coordinator (based on June-December 2015 data)

Decrease Program Coordinator data entry from 23 records a month to 3 records
Assessment - Current State
Value Stream Map

1. Overwhelming process
2. Too many repetitive steps and workarounds
3. Diagnostic results not reported within 48 hrs standard
4. Too many letters and returned mail
5. Manual process
6. Miscommunication of processes
Assessment Improvement Ideas

1. Revise Letters
2. Early Intervention Referrals
3. Revise Reports
4. Electronic Faxes
5. Reporting from Audiologist
PDSA’s - Strategies Tested

**PDSA #1: Revise Parent letters**
* Revised Visual Reinforcement Audiology Medical Monitoring parent letter from 1998
* Revised PCP letter
* Explored using Department of Health envelopes vs Women and Infants
* Reduced number of reminder VRAMM letters

**Benefit:**
* Less wordy/clear instructions
* Age of child aligns with list of VRA testing centers
* Parents can schedule VRA appointments sooner
* Eliminate repetitive processes, reduce staff time and family stress, decrease postage cost and returned mail

**PDSA #2: Early Intervention (EI) Referral for “In Process” Patients**
* Develop PDSA
* Identify 5 in process infants and refer to Early Intervention
* Inform EI sites of test

**Benefit:**
* In process infants referred to EI sooner
* Meet EHDI guidelines (1-3-6)
* Better care coordination

**PDSA #3: Revise Reports**
* Merge ABR No DX Report and In Process report with appointment scheduled field add provider name and site, number of completed appointment, number of broken appointments, KIDSNET number
* Changed hearing loss diagnosis and degree from database code to word

**Benefit:**
* Electronic vs manual
* Filtered by site to be provided to audiologist
* Time saver

**PDSA #4: Revised Infant Demographic Page in RITRACK**
* Flag bad addresses in RITRACK

**Benefit:**
* Save postage cost
* Limit time
* Using one database vs two
* Automated process
* System Integrations

**PDSA #5: Revise Cohort Reports**
* Add KIDSNET ID number, EI IFSP date

**Benefit:**
* Access information from one system
* Reduce 3 step process to 1 step process
* Eliminate manual process

**PDSA #6: Revise Contact Log**
* Added fax and returned mail label

**Benefit:**
* Automatic and accurate tracking of follow up correspondence
PDSA’s - Strategies Tested

PDSA #7: Electronic Faxes
* Setup electronic fax from computer to send and receive faxes

Benefit:
* Send and receive fax from computer
* Automated process
* Reduce mailing cost/overhead
* Time saver

PDSA #8: Reporting from Audiology
* Test 30 minute process
* Provide diagnostic appointment dates
* Email new patient appointment lists for update

Benefit:
* Timely final diagnosis
* Less follow up with parents
* Meeting EHDI benchmarks

PDSA #9: Reporting from Audiologist
* Establish standard case review and coordination (CRC) meetings

Benefits:
* Improve efficiency and coordination between audiology and RIHAP
* Improve services to babies
* Reducing follow up
* Foster communication and teamwork

PDSA #10: Collaboration with Neonatal Follow up Providers and RIHAP
* Utilizing patient visit to schedule follow up appointment
* Collaboration with medical providers

Benefits:
* Increasing follow up visit
* Less outreach to families
* Reduce the number of outstanding risk factor patients
* Increasing revenue
Parent Follow-up Letter

Original:

Old

To the Parent of [FIRST-CLAST-CITY-CARSTATE-CARDP]-

Congratulations on the birth of your baby. Recently, we completed a hearing screen on your baby.

The results were a pass. It is recommended that your baby receive a full hearing test when he/she is 6 months corrected age. At that time, you will receive a reminder letter with a list of local pediatric audiologists that perform this testing. This testing is recommended for monitoring purposes due to [WHS].

The hearing test at six months of age tests your baby’s response to various sounds and speech. It will assist the audiologist if your baby is alert and in good general health at the time of testing.

We are sending a copy of this letter to your pediatrician so that he/she is aware of the screening results and our recommendation for a full hearing test. Please feel free to contact us with any questions regarding this letter. We can be reached at (401) 277-2010 voice or (401) 277-3001 TTY.

Sincerely,

[SPC-NA-DDIR-SIGN-MEDDIR-Medical Director]-

[SPC-NA-DDIRC-SIG-AUDDDIRC-AUDiatric Program Coordinator]

[SPC-NA-DDIRPCC-PEDDIR-Pediatrician]

[SPC-NA-DDIRPPR-PEDDIRP-PPediatric Program Coordinator]

Rewritten:

Revised

Jan 22, 2016

Anne Smith

121 Oak Street

Providence, RI 02908

To the parent of Baby Smith,

Your baby had a hearing screen on January 10, 2016.

REMARKS: pass

RISK FACTOR(S): Low birth weight

RECOMMENDATION: Full hearing test (birth to 18 months) at 7 to 9 months corrected age.

Please pick from the list of hearing centers on the included form to schedule this very important VEA test within 2 weeks of receiving this letter.

Sincerely,

Dr. Betty Vuser

Medical Director

Dr. Kim Kandelaars

Pediatrician

COD: Rhode Island

January 3, 2016

Baby: Bobby Smith

Providence, RI 02908

Pediatrics, USA 99999

Sherri Lee Minne

RIUM Program Coordinator
1. 29 to 19 process steps (repetitive steps)
2. Decrease wait from 30-0 months for infants who passed hearing screening with risk factors (wait between letters)
Lessons Learned & Next Steps

Lessons Learned
- Rapid improvement accomplished in short timeframe
- Importance of collaboration and buy-in
- Referral criteria for Early Intervention
- Open communication and positive feedback within audiology clinic was imperative

Next Steps
- PDSA cycles on canceled appointments and no-shows
- Newspaper
- BASECAMP