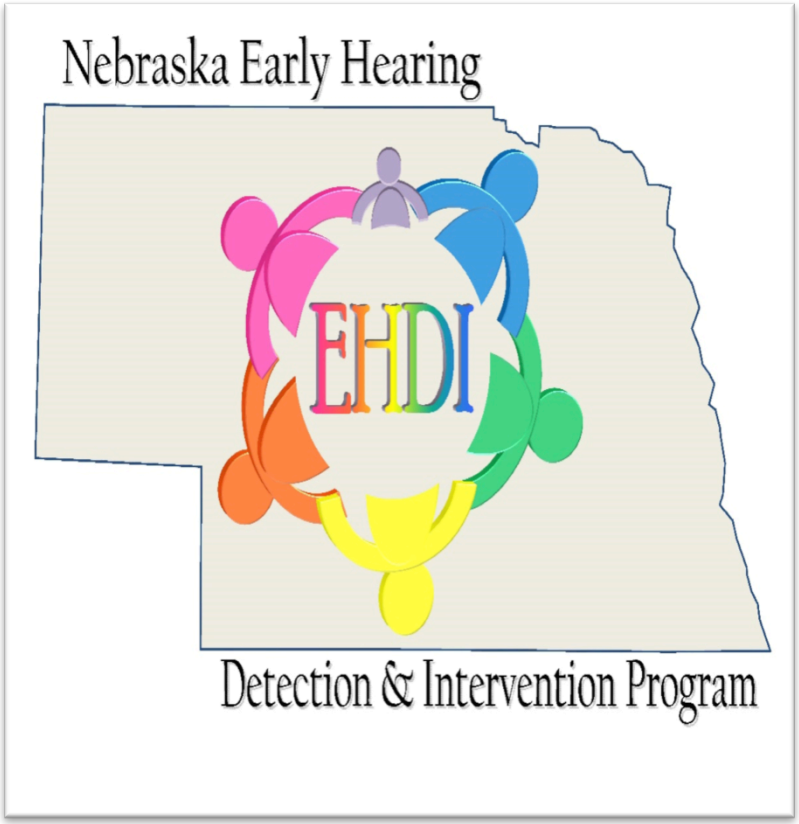
NE-EHDI
Quality Improvement Strategies



Wednesday March 11, 2015
Louisville, KY

Calling PCPs, ENTs, and Audiologists about the Rescreen Process

- **Why was this strategy tested?**
  In the past, our LTFU/LTD rate was over 10%, the majority being LTD. We were looking for ways to reduce that number. NE-EHDI found that many of our "Lost" cases were "Lost to Documentation" because results of completed screenings were not consistently being reported to NE-EHDI.

- **What was the process for identifying the strategy?**
  We wondered if calling PCPs, ENTs, and audiologists instead of just sending letters would increase our ability to get hearing screening results. Calls are a quick way to gather information about the status of follow-up on the newborn hearing screening. Calls are also opportunities to educate Nebraska health professionals about the EHDI program, the JCIH
  1-3-6 goals and screening protocols. Contact information for PCP offices is readily available through the Health Professionals Directory provided by the University of Nebraska Medical Center or the internet.

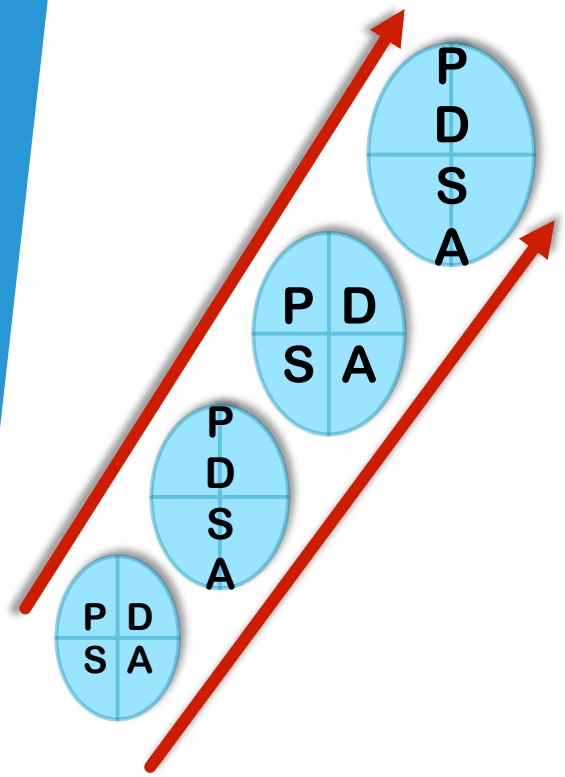
- **What is the potential for the strategy to improve LTFU/LTD?**
  If we can get a hold of a PCP, ENT or audiologist and get the screening results we can improve our LTFU/LTD numbers. Additionally, There are significant opportunities for education, outreach, raising awareness about the EHDI Program, networking and relationship building through communication.

PDSA #4: Expand PDSA's 1-3 to all cases in "working" or "follow" status.

PDSA #3: Calling five audiology offices to get hearing screening results.

PDSA #2: Calling five ENT offices to get hearing screening results.

PDSA #1: Calling five PCP offices to get hearing screening results.



PDSA #1

Plan: Start a phone call protocol for babies in working status to call five PCPs.

Do: Made phone calls to five PCPs and recorded results of contact in a spreadsheet.

Study: Phone calls to five PCPs were successful and resulted in getting the hearing screening results. Through phone conversations, the staff at many of the PCP offices contacted became more familiar with EHDI, EHDI staff and the protocols for repeat newborn hearing screenings. One take away from these conversations was that most clinics were not aware that it is a best practice to automatically report a repeat newborn hearing screening to EHDI after the screening is done. Phone calls to the PCPs were an excellent opportunity to educate them about EHDI, who we are, what we do, why we care about the results, and answer questions. Taking the initiative to call the PCPs resulted in many productive conversations and established good working relationships between the PCPs and EHDI.

Act: Continue phone call protocols to PCPs on other babies in "Working" status and expand to all PCPs. "Working" status is babies who have not passed the inpatient screening and are waiting for the outpatient screening.

PDSA #2

Plan: Start a phone call protocol for babies in working status to call five ENTs.

Do: Made phone calls to five ENTs and recorded results of contact in a spreadsheet.

Study: Phone calls to five ENTs were successful and resulted in getting the hearing screening results. Through phone conversations, the staff at many of the ENT offices contacted became more familiar with EHDI, EHDI staff and the protocols for repeat newborn hearing screenings. One take away from these conversations was that most clinics were not aware that it is a best practice to automatically report a repeat newborn hearing screening to EHDI after the screening is done. Phone calls to the ENTs were an excellent opportunity to educate them about EHDI, who we are, what we do, why we care about the results, and answer questions. Taking the initiative to call the ENTs resulted in many productive conversations and established good working relationships between the ENTs and EHDI.

Act: Continue phone call protocols to ENTs on other babies in "Working" status and expand to all ENTs. "Working" status is babies who have not passed the inpatient screening and are waiting for the outpatient screening.

PDSA #3

Plan: Start a phone call protocol for babies in working status to call five audiologists.

Do: Made phone calls to five audiologists and recorded results of contact in a spreadsheet.

Study: Phone calls to five audiologists were successful and resulted in getting the hearing screening results. Through phone conversations, the staff at many of the audiologist offices contacted became more familiar with EHDI, EHDI staff and the protocols for repeat newborn hearing screenings. One take away from these conversations was that most clinics were not aware that it is a best practice to automatically report a repeat newborn hearing screening to EHDI after the screening is done. Phone calls to the audiologists were an excellent opportunity to educate them about EHDI, who we are, what we do, why we care about the results, and answer questions. Taking the initiative to call the audiologists resulted in many productive conversations and established good working relationships between the audiologists and EHDI.

Act: Continue phone call protocols to audiologists on other babies in "Working" status and expand to all. "Working" status is babies who have not passed the inpatient screening and are waiting for the outpatient screening.

Moving Forward

Next PDSA cycle?
Expand PDSA 1-3 to all cases in “working” or “follow” status.

Overall what have you learned from testing this strategy?
Communication with your “EHDI Partners”, the people who work face-to-face with parents and babies, is essential to successfully reducing lost to follow-up/lost to documentation. PCPs, ENTs, and audiologists need to know who EHDI is and why we care about timely follow-up and knowing the results of the newborn hearing screening. When they know us, they are more willing to help us.

What advice would you give to other states who want to test this strategy?
Be willing to invest the time it takes to make the phone calls. It’s a very simple strategy, but it works. Keep track of who you to talk to and when you call in addition to what was said and reported.

Also, **be nice** and understanding when you call! We have no concept of what it is like to be out in the “real world” of newborn hearing screening where babies cry, parents are no-show for appointments, equipment breaks, etc., so try to see things from the perspective of those who work in the field and be understanding and patient. Establish a positive working relationship.

The American Academy of Pediatrics

Early Hearing Detection and Intervention Program

2015 Quality Improvement Project

AAP EHDI Program, QI Project

- Program Overview
- QI Project Goals and Objectives
- QI Project Expert Group and Practice Teams
- QI Project Aims and Measures
- Timeline

AAP EHDI Program Overview

- Goal—Support and improve the role of the medical home related to EHDI
- Program Structure
  - Leadership Team: 6 members, former and current Chapter Champions
    - Varying medical specialties and geographical coverage
    - Strategic direction and hands-on support
  - Regional Network Liaisons: 10 members, aligned with AAP Districts
    - Chapter Champion development, mentorship, and support
  - 59 AAP Chapters: 64 Chapter Champions Currently
    - Supporting pediatric medical home providers and state EHDI programs

EHDI QI Project Goals and Objectives

- Improving the role of the medical home related to EHDI
- Using Data from NCHAM 2012 Physician Survey
- Identify areas for improvement in physician knowledge and practice, including:
  - Documentation of screening results
  - Documentation of referrals and diagnostic results
  - Tracking of risk factors and implementation of individualized care plans
  - Improved communication with families about screening results, risk factors, and increased surveillance following the identification of risk factors

QI Expert Group

- QI Expert Group
  - Expert Group Chairperson: Bob Cicco, MD, FAAP, AAP EHDI Leadership Team Member
  - QI/Evaluation Consultant: Amanda Norton, MSW
  - Susan Wiley, MD, FAAP, AAP EHDI Leadership Team Member
  - Sanjiv Amin, MD, FAAP, New York Chapter Champion
  - Ted Abernathy, MD, FAAP, AAP Quality Improvement Innovation Network
  - Alyson Ward, National Center for Hearing Assessment and Management
  - Lisa Kovacs, Family/Parent Partner, Hands & Voices

QI Practice Teams

- 5-7 practices
- 2-3 members per practice team
  - Pediatrician lead
  - Office or IT manager
  - Other (based on practice team needs)
- Recruitment through Chapter Champion network
- Potential opportunity for Part 4 Maintenance of Certification (MOC) Credit

Aims, Measures, and Project Timeline

- Aims and measures: Improving physician practice
  - Documentation of screening results and audiological assessment referrals in electronic health records
  - Documentation of conversation with families
  - Implementation of individualized care plans for infants who have been identified with risk factors for delayed or late onset hearing loss
- Timeline and ongoing activities: 6-8 month action period
  - 1 day, in-person learning collaborative with practice teams
  - Monthly calls with practice teams to review data, provide QI coaching and feedback based on PDSA cycles

Contact Information

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