

Quality Improvement Storyboard Commonwealth of the Northern Mariana Islands (CNMI)



QI Team :

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Project Aim

Aim Statement

By January 1, 2016 the CNMI will decrease the number of infants that refer on their inpatient screening from 6% to 4%, to meet the national goal.

Why did you chose this aim as an area of improvement?

We wanted to build on our success from the previous year.

We knew the rate was still higher than we wanted it to be. If we could reduce the number of infants that needed to return, we would reduce the risk of losing them to LFU.

We were also motivated to work on this aim because families shared how worried they were after being told they needed to return, then how relieved they were after passing the outpatient screening.

Measurement

Using the EHDI-IS we pulled data to determine nursery refer rate. We used the same data then separated it per screener.

Outcome Measure:

Numerator: Number of infants that “referred”

Denominator: Total number of infants that were screened in a month

Process Measure:

Numerator: Number of infants that “referred”

Denominator: Number of infants that were screened in a month per screener

Strategies Tested

- We tested having the nurses screen in a different room.
- We continue to provide annual training and good screening tips.
- We have increased the wait time for screening to 18 hours.
- We continue to make ourselves available as the nurses tend to do better when they feel connected to the EHDI Program.

Hum, what shall we test next?



Strategy

The EHDI Team will track the nursery refer rate as well as individual nurses refer rates monthly, providing a nurses report card.

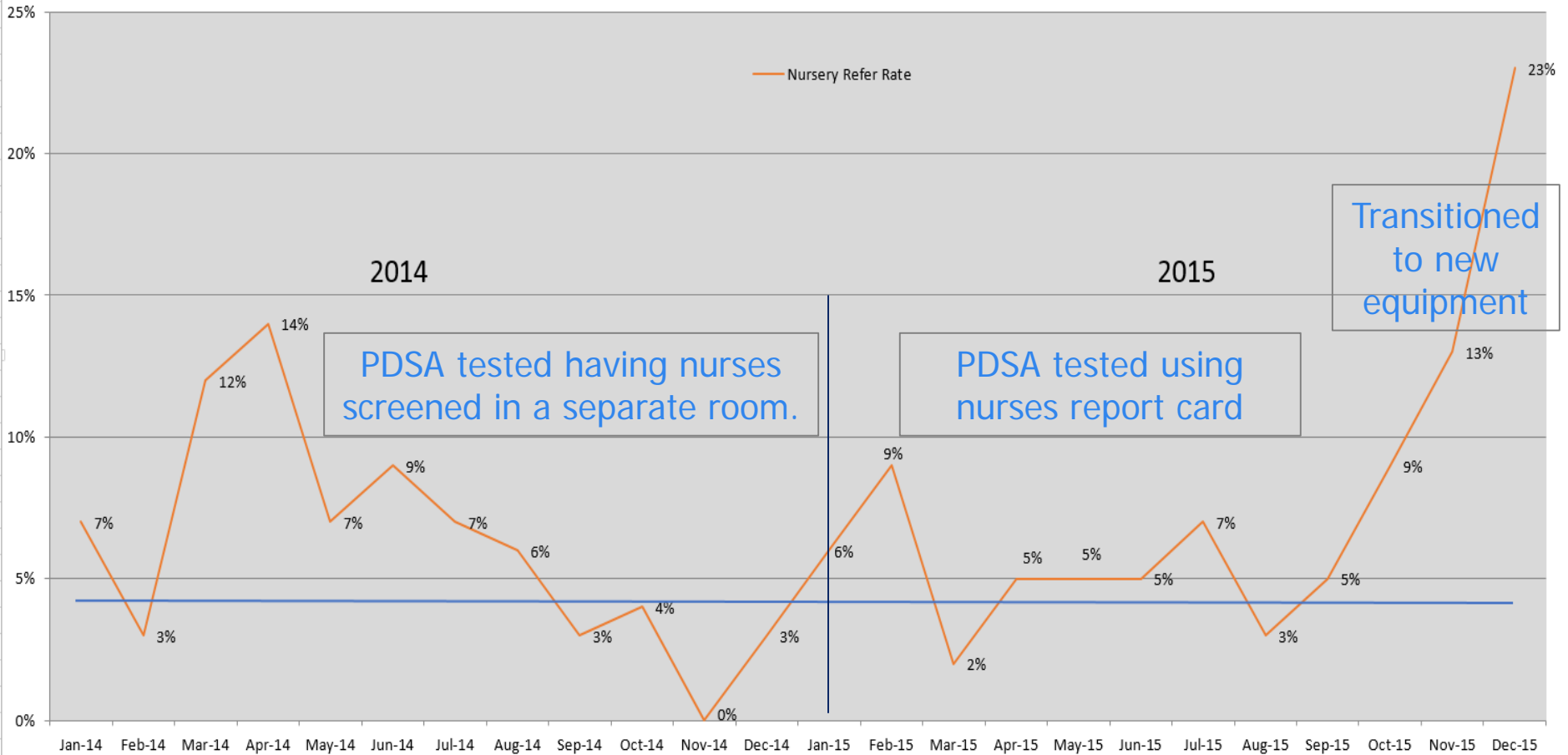


Data Summary

- We track the nursery refer rate each month to determine if we're moving toward our 4% aim.
- We also track the individual screener refer rates to help us target if individualized support is needed.
- Because we collect the screening results weekly to be imported into the EHDI-IS we informally note how we are doing weekly by the number of infants logged for outpatient screening.
- Last year we had a lot of success reducing the refer rate. We conducted a PDSA on having the nurses screen in a separate/ private room.

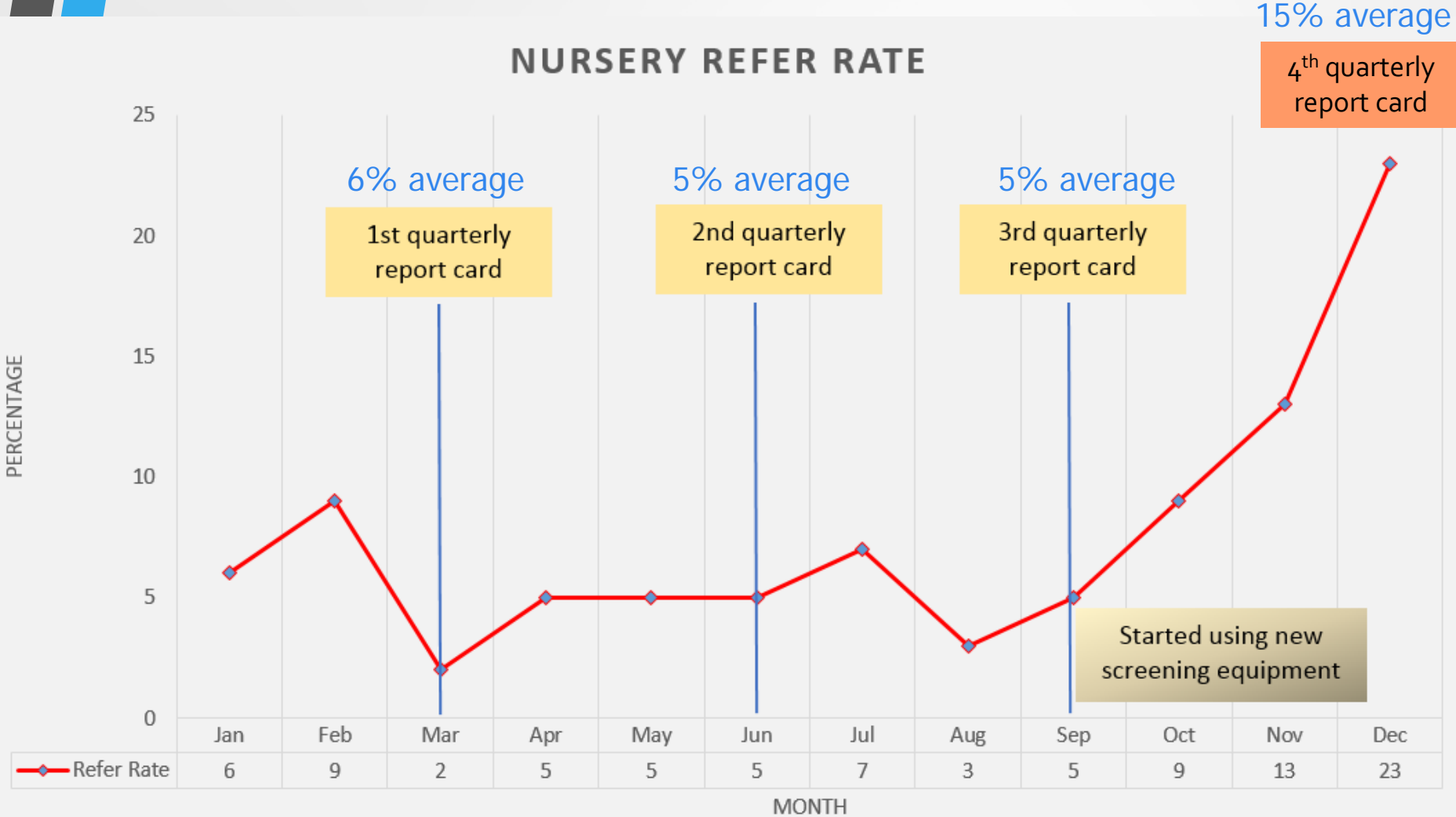
Data Review for 2014 – 2015

Nursery Refer Rate



Run Chart

NURSERY REFER RATE



Individual Nurses Report Card



	Number of Babies Tested	# Initial Refer	# Final Refer	Initial Refer Rate	Final Refer Rate	Avg. Myogenic	Avg. Screen Time
April	9	2	2	22%	22%	50	10:16
May	1	0	0	0%	0%	55	6:44
June	8	1	1	13%	13%	37	7:34
Total/Avg	18	3	3	17%	17%	47	8:11

Summary of Nurses Report Card

Quarterly Summary of Nurses Report Card

	Total Babies	Refer	Refer Rate	AVG Myogenic	AVG Screen Time
ANON	88	5	6%	46	8:34
BLT	137	7	5%	34	7:20
EA	42	2	5%	33	6:33
EGP	120	12	10%	40	11:29
JIL	57	0	0%	46	10:03
MA	104	4	4%	34	5:00
MAP	81	5	6%	45	5:47
MGAJ	18	3	17%	47	8:11
SB	100	1	1%	42	6:06
SS	98	7	7%	28	7:44

Results & Lessons Learned

Did this strategy lead to improvement?

- Yes, there was a slight improvement (decrease from 6% to 5%) for the first three quarters. We may have needed to do something more to get it to 4%, however when we introduced a new screening piece of equipment in September our refer rates skyrocketed.
- In November the nurses used both the new and the old piece of equipment as we transitioned and sorted out equipment challenges.
- Given we have only one birthing hospital it is difficult to spread a strategy in the traditional manner to more hospitals, however we do spread strategies slowly across nurses if what we are testing is individualized. In the case we tracked all the nurses refer rates.

Key point of advice: Collaboration, buy in, and feedback are critical.

Next Steps

- We did see a decrease in January so it naturally is getting better as the nurses get comfortable with the new equipment.
- With that said, the EHDI team has discussed the need to review the refer rates biweekly.
- We will start shadowing nurses and provide further support during this transition time. We are also looking conducting a skills competency checklist with each nurse, targeting those with the highest refer rate first.
- We will continue to use a run chart to track the refer rates over time.



We will know that the new strategy leads to improvement when:

- 1) We see the refer rate decline, working again to hit the 4% goal.
- 2) We see improvement of refer rates of the screeners.