

UTAH



UTAH DEPARTMENT OF
HEALTH
Early Hearing Detection & Intervention

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Project Aim



- **Aim 1**: By March 2017, decrease LTFU-U/D rate by 5% at Hospital F by identifying their needs and challenges and implementing site-specific EHDI goals.
 - **Sub-aim 1.1**: By **December 31, 2016** decrease the rate for inpatient referrals at Hospital F by **at least 3%** per quarter for a total decrease of at least **12%**.
 - **Sub-aim 1.2**: At Hospital F, increase the return rate for outpatient screens from 80% to at least 90% by **December 31, 2016**.
(Currently 83.3%)
 - **Sub-aim 1.3**: By **December 31, 2016**, Hospital F will increase by **at least 90%**, screening results sent to PCP for babies that have failed their initial screening.

Project Sub-aims



- These sub-aims were chosen after reviewing hospital flow charts and data to identify trends in under-performing hospitals
 - High refer rates
 - Poor outpatient screening follow-up
 - Poor documentation of follow-up activities (calls, letters, notes)
 - Little or no CMV referral documentation
- We worked with Hospital F staff to develop a QI plan

Hospital F: Sub-aim 1.1

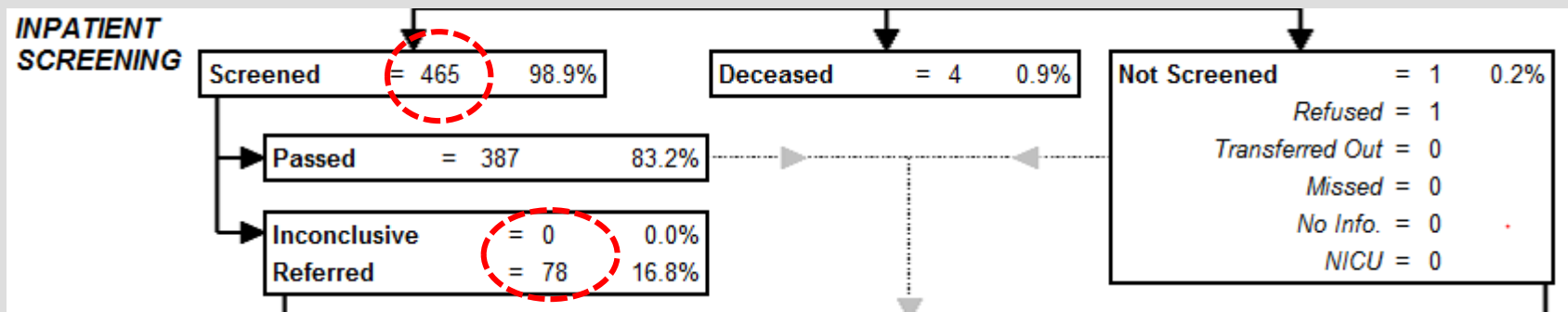


- **Sub-aim 1.1:** By **December 31, 2016** decrease the rate for inpatient (IP) referrals by **at least 3%** per quarter for a total decrease of at least **12%**.
- **Measure 1:**
$$\frac{\text{\# of babies who refer on IP screen}}{\text{\# of babies screened}}$$
- **Measure 2:**
$$\frac{\text{\# of babies who refer IP screen by screener}}{\text{\# of babies screened by the same screener}}$$

Hospital F: Sub-aim 1.1 (cont'd)



- **Measure 1:** $\frac{\text{\# of babies who refer on IP screen}}{\text{\# of babies screened}}$



- **Measure 2:** $\frac{\text{\# of babies who refer IP screen by screener}}{\text{\# of babies screened by the same screener}}$

Screener H:

Screener K:

Screener L:

Level	Pass Ear Tests	Refer Ear Tests	Inconclusive/ 'Could Not Test' Ears	Total Tests
Inpatient	235 94.76%	13 5.24%	0 0.00%	248
Outpatient	14 100.00%	0 0.00%	0 0.00%	14
Inpatient	4 100.00%	0 0.00%	0 0.00%	4
Outpatient	0 0.00%	0 0.00%	0 0.00%	0
Inpatient	4 100.00%	0 0.00%	0 0.00%	4
Outpatient	0 0.00%	0 0.00%	0 0.00%	0
Inpatient	243	13	0	256
Outpatient	14	0	0	14

Measurements are tracked by running monthly reports in Hi-Track

Sub-aim 1.1 Strategies



- Calibrate screening equipment yearly (also consider purchasing new equipment with ability to automatically upload to Hi-Track)
- Train screeners annually with the National Center for Hearing Assessment and Management's (NCHAM) Newborn Screening Training Curriculum (4 screeners)
- Clean babies ears in the middle of the night when baby is weighed
- Utilize screening checklist and/or managing audiologist to assess screening technique and competency

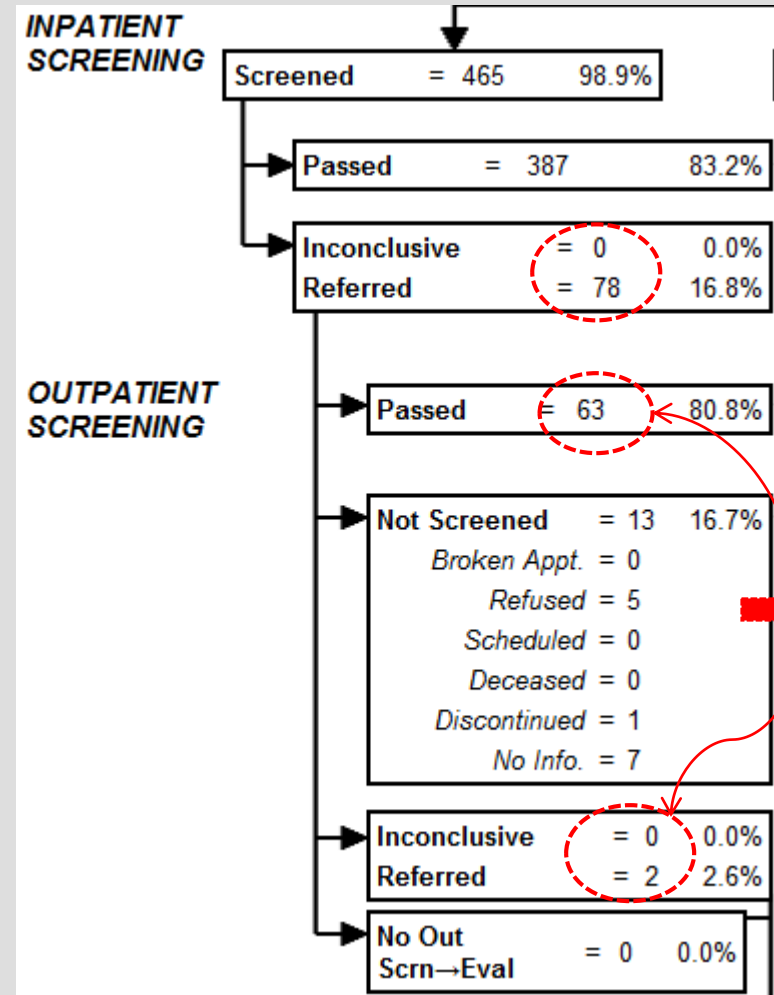
Hospital F: Sub-aim 1.2

- Increase the return rate for outpatient (OP) screens from 80% to at least 90% by **December 31, 2016**. (Currently 83.3%)

- **Measure 1:**

of babies who refer IP & return for OP

of babies who refer IP



Sub-aim 1.2 Strategies



- Make outpatient screening appointment prior to discharge
- Give family appointment cards for outpatient screen
- Appointment reminder phone calls for outpatient screen
- Obtain a second point of contact before discharge (if available)
- Obtain name of PCP prior to discharge
- If no show for outpatient screen, hospital will contact family (via letter, phone, email, or text) within 1-2 business days
- Document follow-up activities in Hi-Track

Hospital F: Sub-aim 1.3

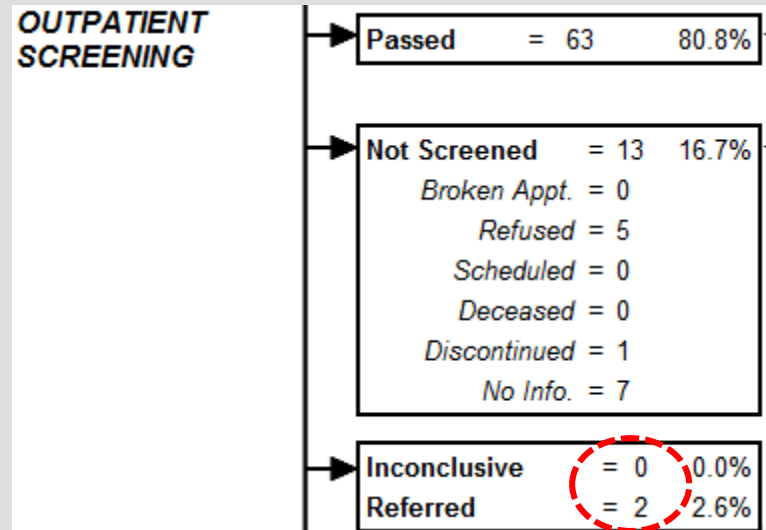
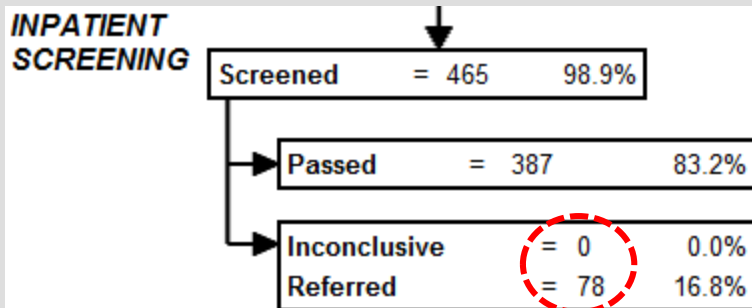


- **Sub-aim 1.3:** By **December 31, 2016** increase by **at least 90%**, screening results sent to PCP for babies that have failed their initial screening. The information will be tracked and documented in Hi-Track.
 - **Measure 1:** $\frac{\text{\# of babies who refer on IP whose results are faxed to PCP}}{\text{\# of babies who refer on inpatient}}$
 - **Measure 2:** $\frac{\text{\# of babies who refer on OP whose results are faxed to PCP}}{\text{\# of babies who refer on outpatient}}$

Hospital F: Sub-aim 1.3 (cont'd)



- **Measure 1:** # of babies who refer on IP whose results are faxed to PCP
of babies who refer on inpatient
- **Measure 2:** # of babies who refer on OP whose results are faxed to PCP
of babies who refer on outpatient



Birthdate	Head (IN) Result	Head (OUT) Result	Initial Scrn Failed Notify Date	CMV PCR Ref Date
02/07/2015	Inpatient Referred	Outpatient Refer	02/08/2015	02/19/2015
05/29/2015	Inpatient Referred	Outpatient Refer	05/29/2015	07/11/2015
08/17/2015	Inpatient Referred	Outpatient Refer	08/18/2015	08/24/2015

Sub-aim 1.3 Strategies



- Will document CMV Fax Form in Hi-Track and keep file of faxes sent
- Post note on computer at work station(s) reminding screeners to send CMV fax form
- Place CMV fax forms next to computer at work station(s)

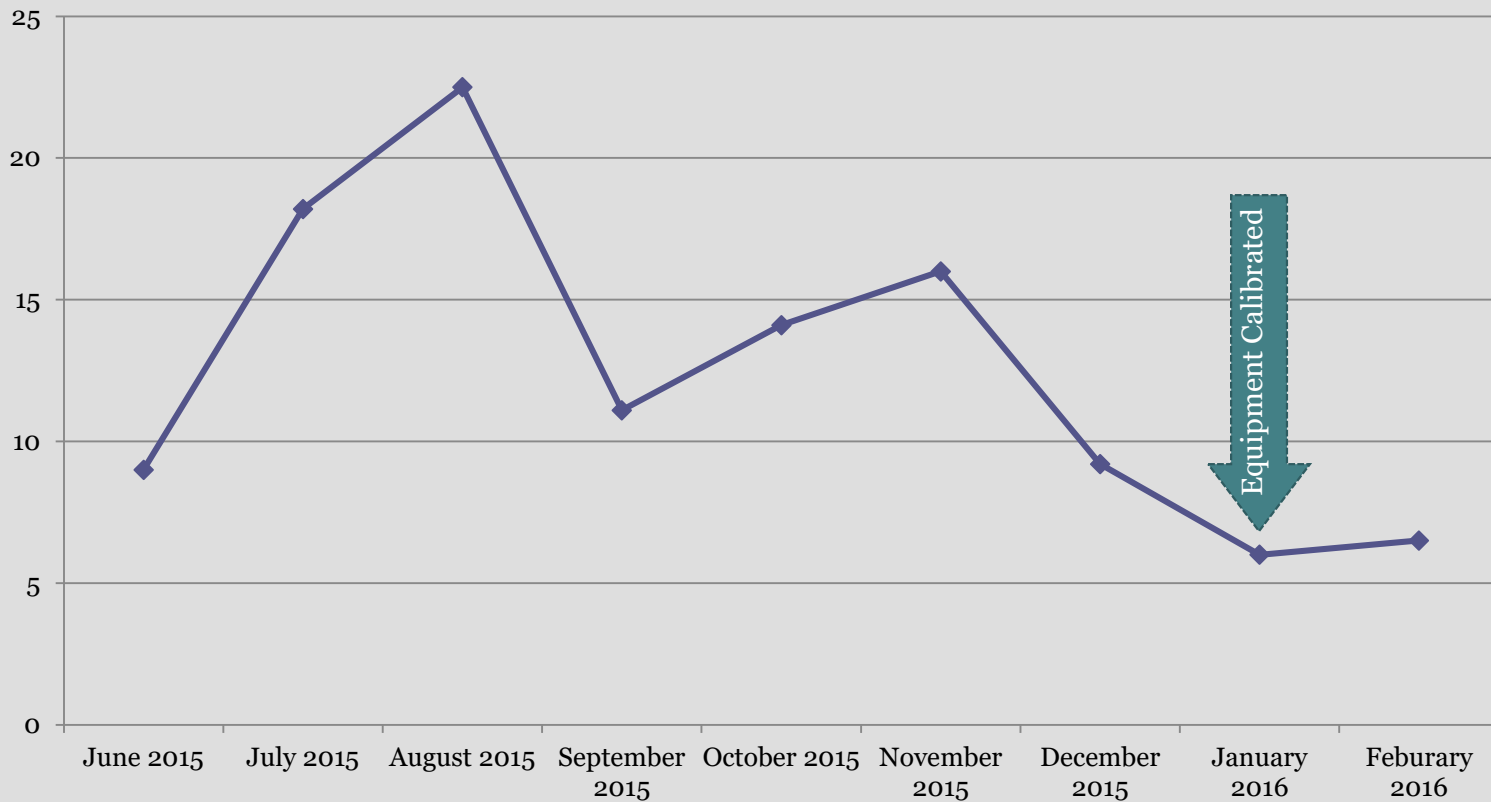
Measurements



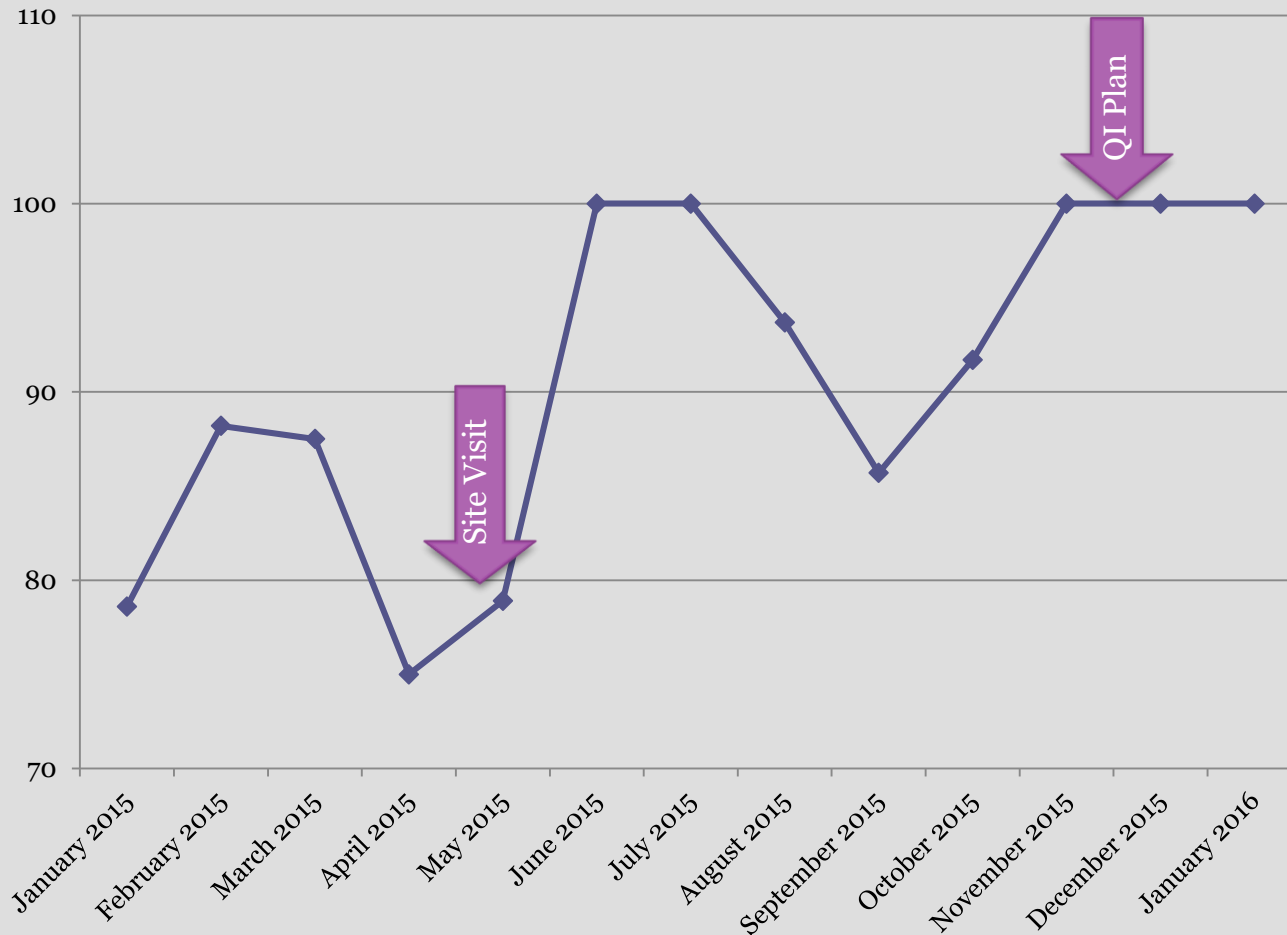
- Data is stored and analyzed via Hi-Track database
 - Flow charts show IP refer rate and OP return rate
 - Screener Profile Reports show individual screener refer rates for targeted training
 - Individual records are reviewed for CMV referrals and follow-up activity documentation
 - User Defined Reports are used to show CMV documentation recorded properly in Hi-Track

% Inpatient Refer Rate

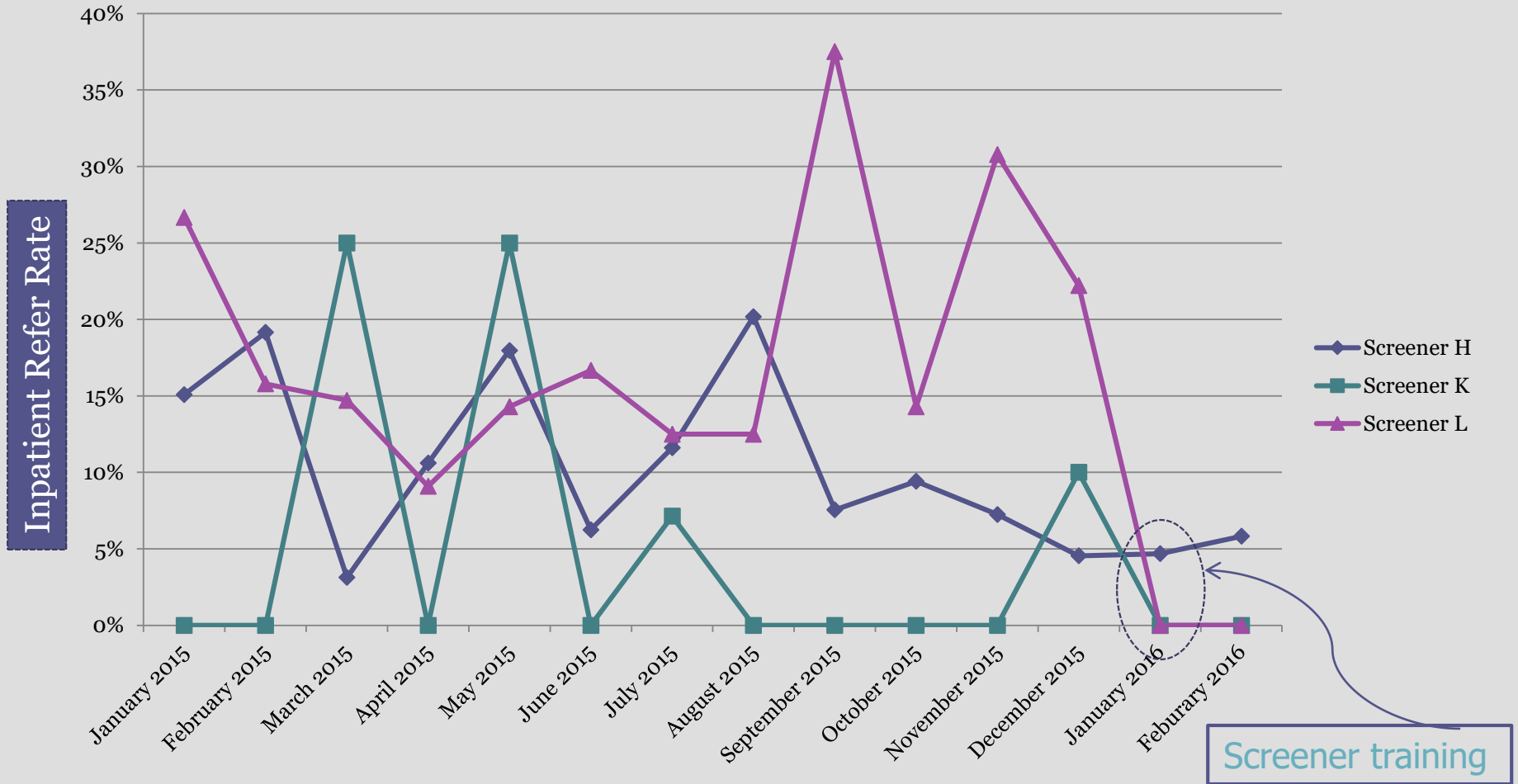
(State Standard <4%)



% Outpatient Return Rate (State Standard > 90%)



Screeener Profile Reports



Staying on Track



- **Monthly data reviews are followed-up with a “hospital check-in” phone call**
 - Review previous month’s data
 - Plan goals to complete by next “check-in” meeting
 - Hospital F was performing well and group decided to have next meeting take place during scheduled site visit
- **Site Visit Scheduled**
 - Hospital F will demonstrate step-by-step NBHS process
 - Phone call with hospital corporate compliance officer to review progress

Lessons Learned



- Changes/Strategies to ‘move the needle’
 - ✦ Report card and site visits
 - No improvement!
 - ✦ Contact with Program Coordinator, and training
 - No improvement!
 - ✦ Contact with Nurse Manager, and training
 - No improvement!
 - ✦ Contact with Overseeing Audiologist
 - No improvement!
 - ✦ Contact with Corporate hospital QI specialist
 - IMPROVEMENT!!!
- Implementation and expansion of strategies
 - ✦ Collaborated with Corporate Compliance Officer
 - ✦ Created QI Plan
 - ✦ Follow-up meetings
 - ✦ Review data to target additional hospitals
- Advice
 - ✦ Take a closer look at hospital-specific data
 - ✦ Keep record of EVERYTHING!
 - ✦ Hospital-to-Hospital Comparisons (Hospital pride!)
 - ✦ Enlist other stakeholders (don't be afraid to present data for more support)

Next Steps



We will be targeting other under-performing hospitals in the next year utilizing similar strategies.

