

CNMI Quality Improvement Study

14th Annual EHDI Conference

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Louisville, Kentucky



Reducing the Nursery Refer Rate

Why was this strategy tested?

- To reduce the nursery refer rate.
- If we had less infants that needed follow up we would in essence reduce the risk of losing infants to follow up.

What was the process for identifying the strategy?

- Data indicated nursery refer rates were consistently higher than the national benchmark of 4%.
- Data also indicated that 97% of families that came back for their baby's follow-up hearing test passed.
- Unnecessary referral created stress and anxiety for many families.

Determining the Change Strategy: Stakeholder Discussion / Input

Nurses Hypotheses:

- questioned the test machine
- the room was too noisy

Nurses shared they were stressed by the number of things that needed to be completed prior to discharge.

EHDI Team Hypotheses

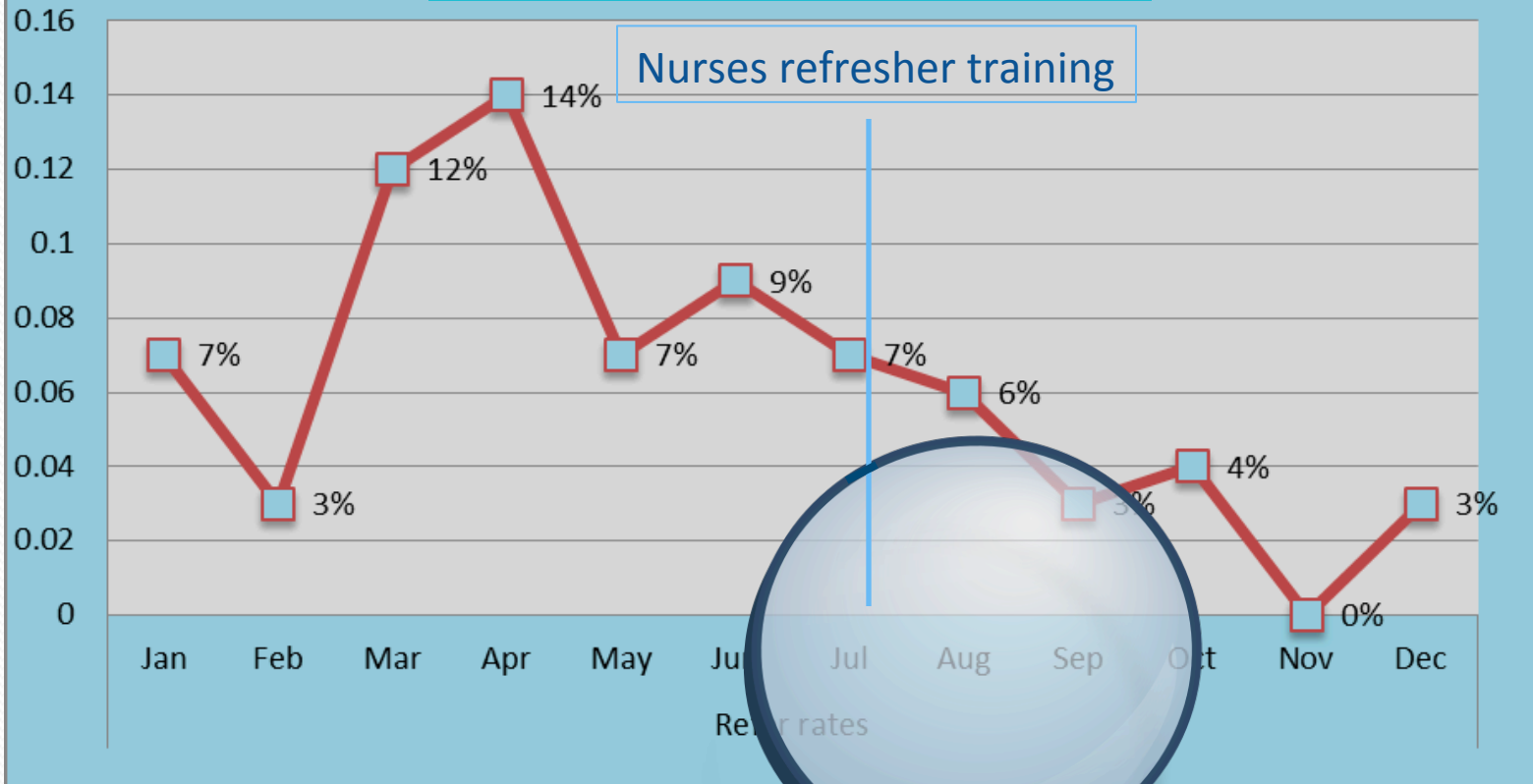
- maybe the state of the infants being screened caused high myogenics
- maybe nurses were not attentive to the screening

EHDI Team observed long screen times and observed nurses stepping away from the screening

What is the potential for the strategy to reduce the refer rate?

- If the nurses screened the infants in a private/ separate room this will reduce the refer rate as it would provide a quieter space and increase their attentiveness to the screening.
- Indirectly, we hoped it would also increase the nurses' satisfaction due to reduction in screen time and increase satisfaction in performance.

2014 Nursery Refer Rate



Annual nursery refer rate in 2013: 9%

PDSA Cycle 1

Plan: Reduce refer rate

Do: One nurse screens in the private room, track results

Study: 8 Babies screened

2 Babies referred

25% Refer rate

Avg. Screen Time: 9:37

Act: Adapt (Continue another cycle)

PDSA Cycle 2

Plan: Reduce refer rate

Do: One nurse screens in the private room, track results

Study: 9 Babies screened

0 Babies referred

0% Refer rate

Avg. ScreenTime: 6:52

Act: Adapt (Continue another cycle)

PDSA Cycle 3

Plan: Reduce refer rate

Do: One nurse screens in the private room, track results

Study: 9 Babies screened

2 Babies referred

22% Refer rate

Avg. Screen: 13:28

Act: Adapt (Continue another cycle)

PDSA Cycle 4

Plan: Reduce refer rate

Do: One nurse screens in the private room, track results

Study: 6 Babies screened

0 Babies referred

0% Refer rate

Avg. Screen: 9:09

Act: Adapt (Test at a larger scale)

PDSA Cycle 5

Plan: Reduce refer rate

Do: Two nurse screen in the private room, track results

Study: 14 Babies screened by one nurse

0 Babies Referred

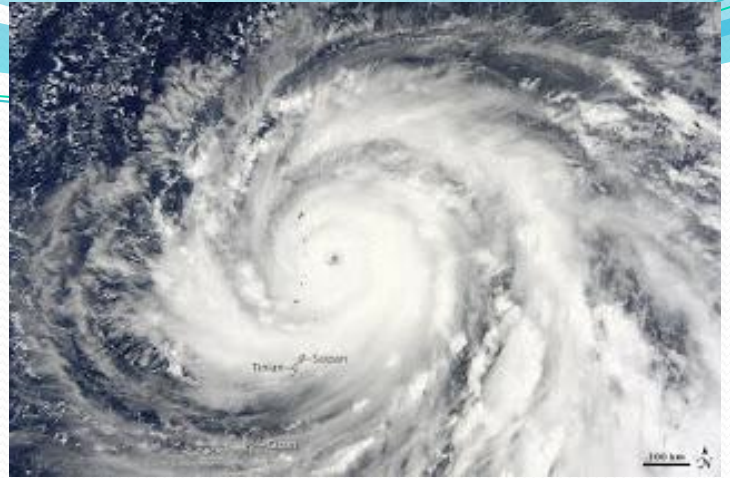
0% Refer Rate

Avg. Screen: 10:20

Second nurse ended up going on leave so still only one nurse screened in the private room.

Act: Adapt (Continue another cycle)

PDSA Cycle 6



Plan: Reduce refer rate

Do: Two nurse screen in the private room, track results

Study: No Results

- We had back to back typhoons and the hospital started using the room for inpatient as expectant mothers are admitted.

Act: Abandon

- In review of the PDSA cycles and overall nursery refer rate the EHDI team decided to discard this change idea

Overall what did we learn from testing this strategy?

- Screening in the private room did not consistently demonstrate an improved outcome.
- The private room was not always available.
- Overall refer rates continued to be reduced, therefore other factors may be influencing the results.
- The EHDI team therefore questioned if the heightened awareness followed by the refresher training may have been the greater influence.

Moving Forward

- EHDI Team will increase visibility and availability to the nurses in the nursery.
- EHDI Team will continue to monitor the nursery refer rate.
- EHDI Team will continue to help hearing screening be a focus area by providing quarterly nurses report cards.
- EHDI Team will continue to conduct a nurses refresher training annually and will consider bi-annually if data shows continued refer rate decrease after training.

Overall, this PDSA process validated the importance of conducting small steps of change. In our case, we could have implemented a major hospital policy change that through this process we determined wasn't a major factor in reducing the nursery refer rate.

Thank you!

