



RI EHDI

**Seeks to Improve loss to follow-up
with PCP Integration**

Engaging the Medical Home with EHDI follow-up



Why was this strategy tested?

- To have more families complete their follow-up after a newborn hearing screening, including infants “At Risk” for hearing loss.

What was the process for identifying the strategy?

- The ongoing challenge to ensure that follow-up takes place, we decided to look to our data system for ideas. The fact that KIDSNET collects primary care providers through the immunization registry as well as the EHDI data, we questioned the use of a PCP report to better engage the medical home in the EHDI system.

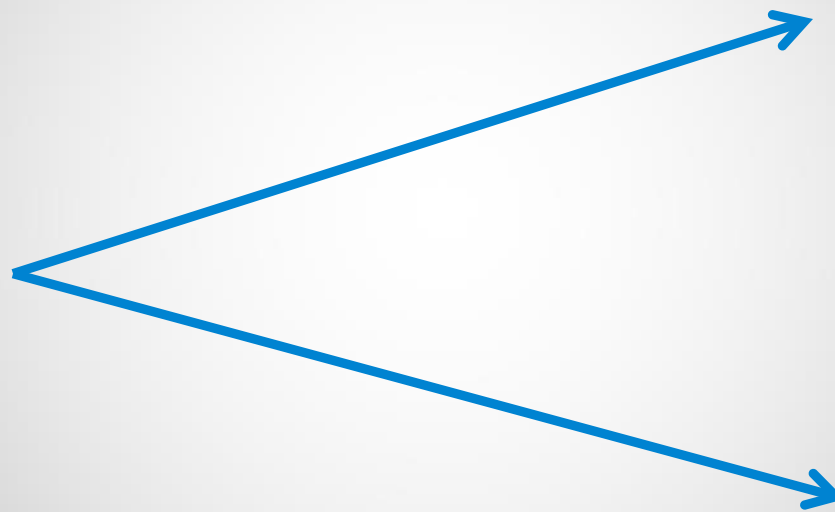
What is the potential for the strategy to improve LTF/D?

- Increase the number of children completing EHDI follow-up, by engaging with the medical home to actively be involved in the EHDI process.

1 Idea - 2 approaches



Improving
PCP
integration
with EHDI



PCP staff
calls families

Mail Letter
to Families

Practice A – PCP staff calls Family



Test 1

Plan: Train identified medical staff person to follow-up with children listed on the PCP report specific to their practice

Do: Nurse manager calls all families listed on the PCP report. Data collected was the outcome of the calls made, the number of families reached, and number of completed follow-up.

Study: 7 out of 17 children in the report had received follow-up but not reported to EHDI. 2 out of 17 were not their patient, 2 moved out of state and 5 unable to contact

Act: Adapt– Have Nurse collect additional contact

Test 2

Plan: Expand PDSA to use updated PCP report for next 10 families including the 5 unable to contact from initial report

Do: Nurse manager called and collected data on all 10 families

Study: 6 out of 10 children received follow-up 4 unable to contact, 2 did not respond and 2 unable to get alternate contact information

Act: Adapt– Use same process and continue to test idea. Continue to provide technical assistance and support to medical staff

Practice A



Next Steps

- Do another PDSA with more families
- Collect additional contact information from families
- Provide continued support and revamp training procedures to include follow-up form

Lessons Learned

- Plan to put a back-up plan in place in case dedicated staff is unavailable
- Consider staff having time constraints in daily practice
- Collaboration with medical home indicates an effective partnership in terms of integration with EHDI

2nd approach– Mail letters



Test 1

- **Plan:** Mail follow-up letters to parent and the PCP of a child
- **Do:** Letters mailed to the next 10 families in need of follow-up. PCP receives the same letter
- **Study:** 2 out of 10 children completed F/U, 4 letters were returned undeliverable RIHAP
- **Act:** Adapt- Call parent and child's PCP for different mailing address and re-send

Test 2

- **Plan:** Replicate cycle 1 with updated contact information in addition to next 5 families
- **Do:** Unrealistic to continue to mail letters that would be returned
- **Study:** 3 out of 9 children received follow-up 7 remain loss to follow-up/documentation
- **Act:** Adapt– collaborate with community partners (ex. Medical Home) to outreach to families

Practice B



Next Steps

- Continue to connect and collaborate with community partners to outreach to families ex. (family visiting program, WIC, Early Intervention, etc.)
- Engage Medical Home through monthly PCP report

Lessons Learned

- Community partners at times have most up to date contact information
- Engaging the medical home through the use of the PCP Report indicates to be potentially useful especially for the children “At Risk” for hearing loss

Contact Information



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