



COLORADO

Newborn Hearing Program

(EHDI)

QI Lead

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Quality Improvement/ Project Aim

Quality Improvement Method - Plan, Do, Study, Act (PDSA)

Project Aim: Reduce the LTFU rate by 5% for twice-failed infants by outreaching to physicians using a two tiered approach* by 2/20/2016 .

* Two tier approach - Send a fax back form to PCP's on infants identified as " twice failed" and those PCP's who do not respond to the fax, receive a telephone call for the CO AAP Chapter Champion Chair



COLORADO
Department of Public
Health & Environment

Project Aim

Why was this aim chosen as area of improvement?

- Twice-failed infants most at risk for hearing loss
- Easily identified through EHDI-IDS database
- Small sample size for sustainability and limited outreach resources
- Focus on medical home approach
(medical home serves as primary coordinating entity which can significantly reduce LTFU/LTD)
- It's the right thing to do for highest risk infants!

And our aim is aligned with HRSA goals :

- Reduce LTFU among highest risk infants by providing physician outreach

Note: Will likely not affect overall LTF rate due to small numbers



PDSA – Plan

How does this aim relate to the overall LTFU?

Stakeholders were engaged in determining area of focus; HRSA, CDC, NCHAM, Colorado Infant Hearing Advisory Council (CIHAC), Colorado EHDI AAP Chapter Champions, Hands and Voices, University of Colorado.

Area of focus determined - Reduce the Lost to Follow-up (LTF) rate of infants who have not passed the newborn hearing screen twice.

Children who have not passed the hearing screen twice, are most likely to be deaf or hard of hearing (D/HH). If we improve the LTF rate it will improve lives of children who are most at risk to be D/HH.

PDSA - Do

2 Cycles of PDSAs

A data query was designed for twice-failed infants who did not have documentation of a completed diagnostic audiology evaluation by 3 months of age.

- Cycle 1, August 2015 - Sent faxback forms to twice-failed infant's PCP offices and asked for information on audiology referral or diagnosis.
- Cycle 2, September 2015 - CO EHDI AAP Chapter Champion (pediatrician) contacted twice-failed infant's PCP via phone and asked for any information on audiology referral or diagnosis.

PDSA - Study

Measurement

Tracking tools:-reports from the EHDI-IDS database designed to identify twice-failed infants who are and are not documented as receiving audiology evaluation services.











Baseline with no QI intervention

July 2015- Total 19 kids, 7 had date of diagnosis (of which 1 had an interaction date) = 12 kids



PDSA - Study

Results

Month Totals 2015 (# of infants)	Faxed	Fax rec'd back	TC by Physician	 LTF PCP unknown	 LTF PCP no response	 LTF No show	 LTF CDPHE advised to refer	 LTF Referred: unknown results	 LTF Unresp	 LTD Passed/Normal	 LTD Unknown Results	 Total LTF	 Total LTD	Resolve
July (12)	none	N/A	N/A					1		3		1	3	0
Aug (12) (+ 2 LTD no fax)	12	9	3	3		2		4	0	3		9	3	0
Sept (8)	7	4	4	0	2	0	1	4	1	0		8	0	0

 LTF
 LTD



PDSA - Study

Summary

August: 12 LTF

9 (75%) faxback return within 1 week

3 (25%) MD calls made - all reported that patient not theirs

September: 8 LTF

4 (50%) faxback return within 1 week

4 (50%) MD calls made - 2 no response, 2 referred but no follow-up



Strategies

Strategies tested through PDSA cycles to help reach our aim - use a two tiered approach to physician practices to improve the number of “twice failed infants” that receive diagnostic testing.

The strategies did not lead to an immediate overall improvement in the loss to follow up rate. However we learned that most often these children are receiving services that is not being documented at all or it is not being documented in the right places.

What We Learned

- Neither cycle produced significant improvement over baseline.
- The data showed there is referral and follow-up going on with these infants but a conclusion cannot be determined about the LTF/LTD. Consistent documentation is lacking.
- In cases where PCP/clinics did not respond with a faxback form, they were more responsive to the “physician-to-physician” direct contact via phone call.
- To measure accurate outcome within a 1-month timeframe is difficult. At least a 6 month study would be necessary.
- Time-consuming method for small number of children without positive impact.



Next Steps (Act)

- Determine technical assistance needed for consistent, timely and accurate data to decrease the loss to documentation rate.
- Develop additional step for outreach to audiologists to obtain documentation on infants who were indicated as receiving services via the physician responses.
- Track data in a more longitudinal method.
- Determine how to use the physician-to-physician direct contact most effectively.





Thank you!

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