



# Quality Improvement Storyboard

## Minnesota

### Project Team:

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- Kirsten Coverstone, EHDI Coordinator (Short-term follow up)- [Kirsten.Coverstone@state.mn.us](mailto:Kirsten.Coverstone@state.mn.us)
- Melinda Marsolek, Epidemiologist
- Cara Weston, Data Coordinator
- Darcia Dierking, Audiologist
- Tony Steyermark, Supervisor
- Tony Ronco – NCHAM QI Advisor



# Project AIM

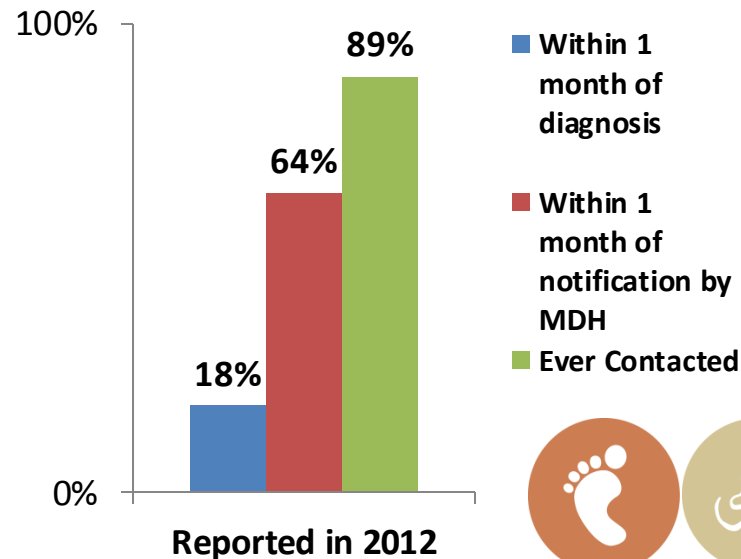
By December 31, 2015, we aim to increase the percentage of timely referrals made to MN H&V for children reported to MDH with permanent confirmed hearing loss (PCHL).

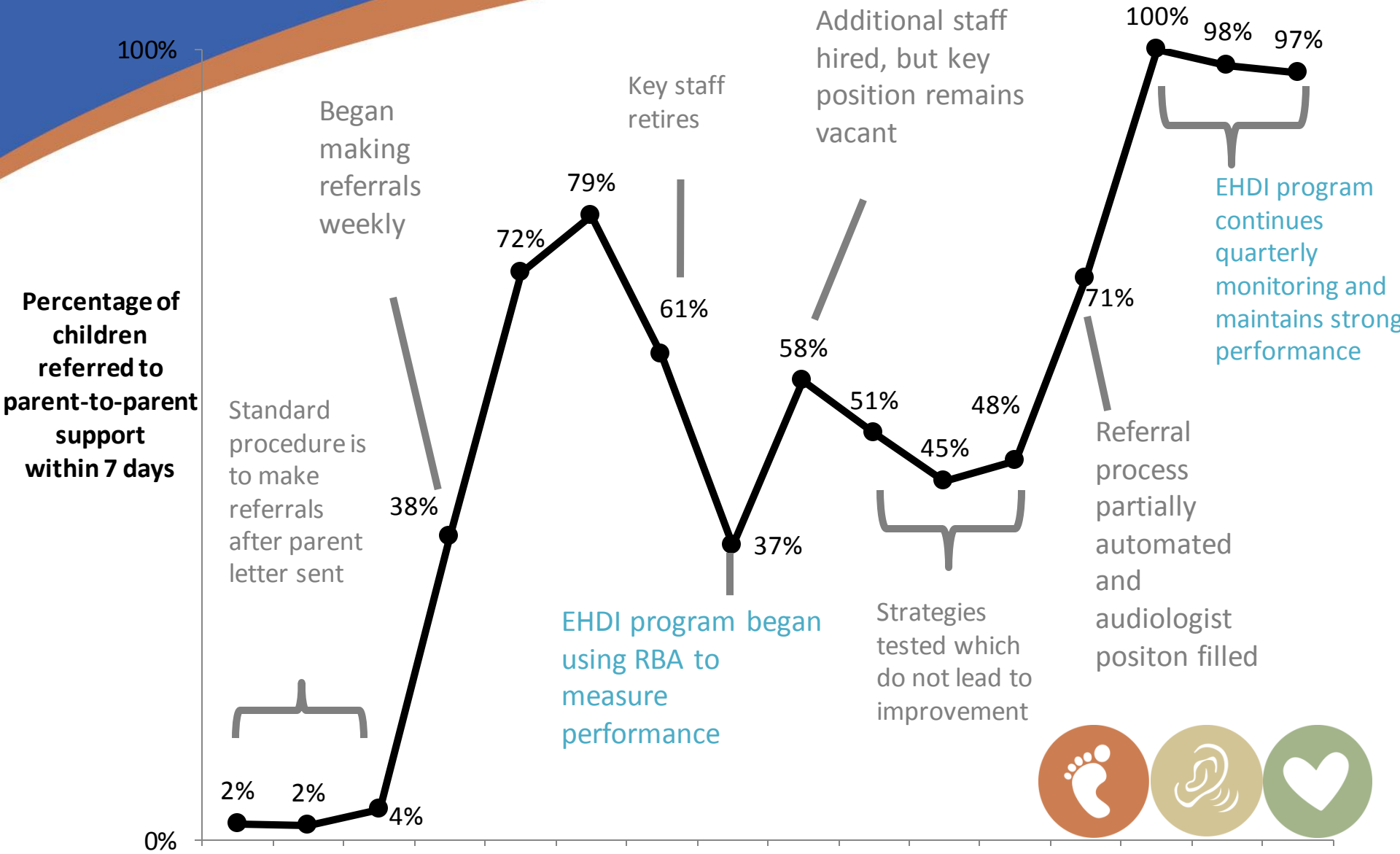
- We will increase the percentage of referrals made within 7 days of receiving an audiology report to greater than 90%.

Why this aim? Stakeholders have identified timely connection to parent-to-parent support as a key indicator of success for the MN EHDI system

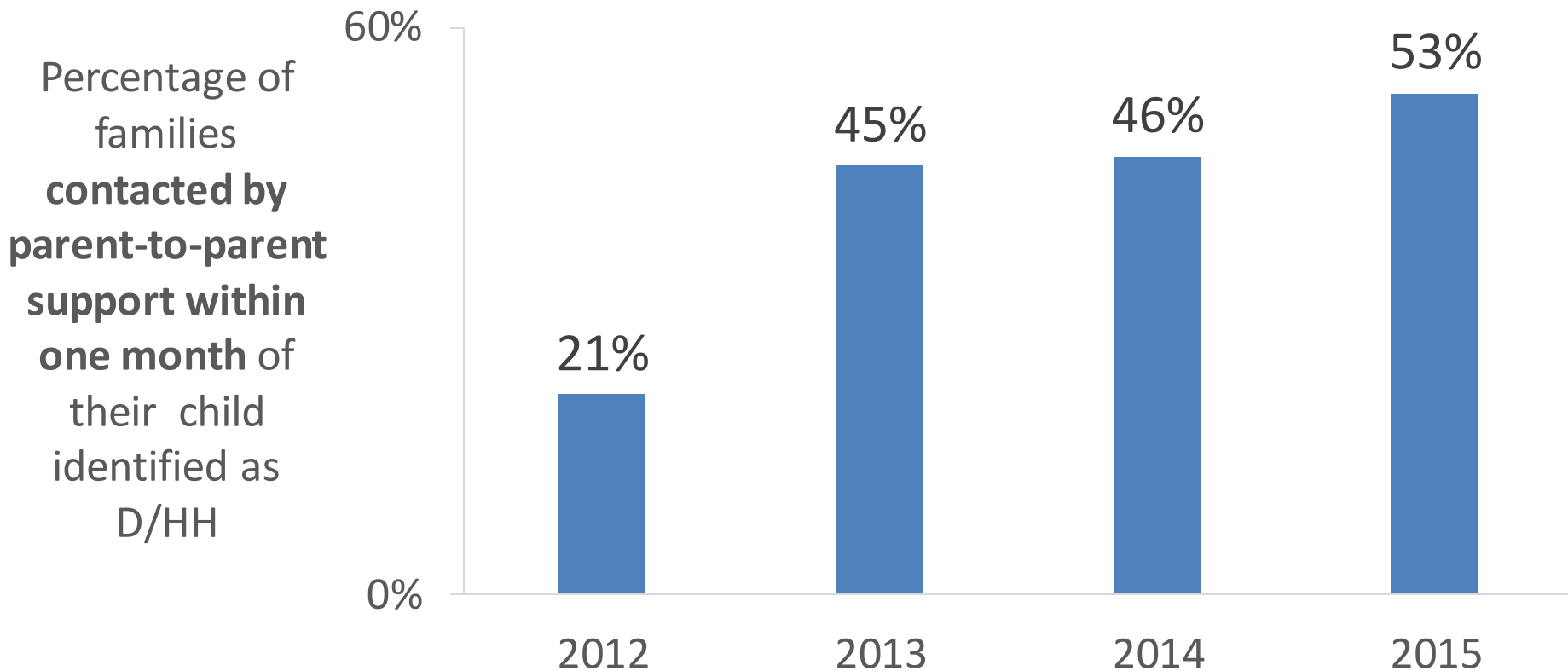
How does it relate to overall LTFU goal/s? Reduce LTFU at connection to services

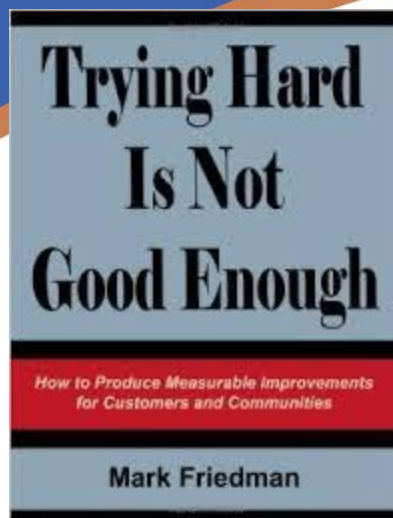
Connection with Hands & Voices





Faster referrals corresponded with an increase in the percentage of families contacted by family-to-family support within 1 month of identification.





# What Strategies Should We Test?

We used **Results Based Accountability™** to help us figure out where to start.

Strategies/ Tests included:

- Eliminate 2 week “wait” before referring to MN H&V (*Initially effective*)
- Add a triage step so that the EHDI Coordinator can prioritize Permanent HL. (*Attempted, not effective.*)
- Hired additional staff (*Effective*)



## Lessons Learned & Next Steps

### Lessons Learned:

- Use a structured process (e.g. RBA™, Model for Improvement)
- RBA™ is a helpful process to identify performance measures & change ideas as a team.
- Used PDSA's to test ideas
- Accountability—indicator to be reported to the MDH Commissioner

### Next Steps:

- Continue to track our performance
- Shift our focus to other performance measures.

