## EHDI State Coordinators Meeting 2015

## Tennessee

# **Small Steps of Change**

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# 2014



• Trainings on the Quality Improvement model using the Plan-Do-Study-Act (PDSA) model • Six statewide regional trainings **0**144 participants •26 PDSAs developed • Quarterly follow-up conference calls • 2Five member team led by Julie Beeler, CCC-A/S (EHDI Coordinator, Audiologist, H&V Parent, Part C TEIS, Deaf Educator





# Strategy – Feb. 2014

Hospital "A" to make appointments with Children's Hospital Audiology prior to discharge.

- **o** Why was Strategy tested?
  - **O** Hospital "A" had:
    - **O** Highest lost to follow-up rate (43% 2013)
    - **O** Largest population of low income families
    - **O** Largest population of African-Amercians
    - **O** Highest number of infants with no PCP identified
    - **O** No on-site audiologist
- What was the process for identifying the strategy?
  - Interest by hospital staff for improvement
  - Willingness for collaboration between hospital and audiology center
- What is the potential to improve the number of babies that receive timely follow-up
  - Plan to reduce LTF from 43% by at least 5% by January 2015









#### **PDSA #1**

Plan: Hospital A - Make hearing follow-up appointment prior to discharge with Children's Hospital Audiology

Do: Develop tracking tool. Identify open dates for appointments. Determine method of referral (fax/ call). Make appointments for 5 well baby nursery babies.

Study: Process was successful. 5 of 5 families kept appointments.

Act: Expand making appointments to include all infants in the well baby nursery.





#### **PDSA #2**

Plan: Hospital A - Make hearing follow-up appointment prior to discharge Children's Hospital Audiology AND confirm a primary care provider prior to discharge

#### Do:

- Make appointments for all infants in well baby and NICU.
- Document primary care provider on the initial hearing screen report form.

#### Study:

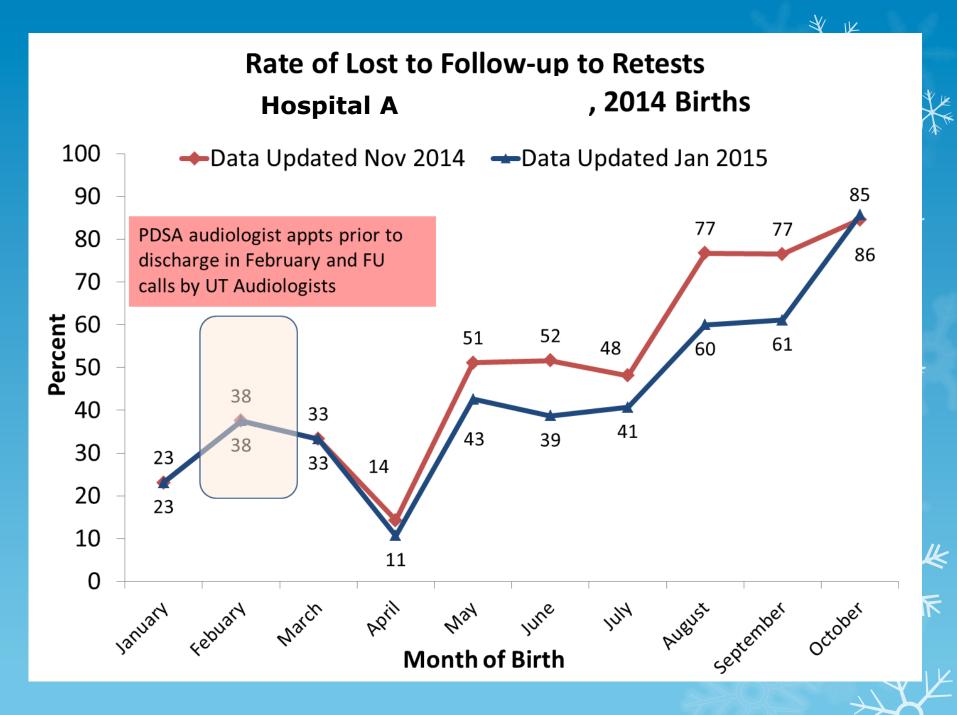
- LTF rate declined in first three months to 11%, then began to increased in the next 3 months (40%)
- Greater LFT when no PCP listed (PCP listed as the hospital), greater in NICU population
- Greater no-show rate

#### Act:

Implemented additional PDSAs to decrease LTF







### Lesson Learned

• No one element reduced LTF



 Additional strategies initially reduced LTF but still did not improve long term LTF

• Team work from a variety of programs / agencies was integral in implementing strategies

 Commitment from stakeholders is critical to implement change



## Hospital A – Expanded Strategies

- Audiology appointments prior to discharge
- Collaboration of hospital staff and audiology provider
- Increase effort to identify a PCP prior to discharge
- Follow-up calls to families and providers by UT Knoxville audiology students
- Track No-Show rates of appointments
- Monthly report card on hearing screening status
- Provide PCP education EHDI and reducing LTF (use the TN AAP Start training)

