



Connecticut's QI Story, 2015

- EHDI QI Team :

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Project Aim

- Project Area: Increase percentage of babies who get an audiological diagnosis
- Aim 1: By April 2017, 80% percent of infants who do not pass their hearing screening will receive an audiological evaluation by 3 months of age (90 days).

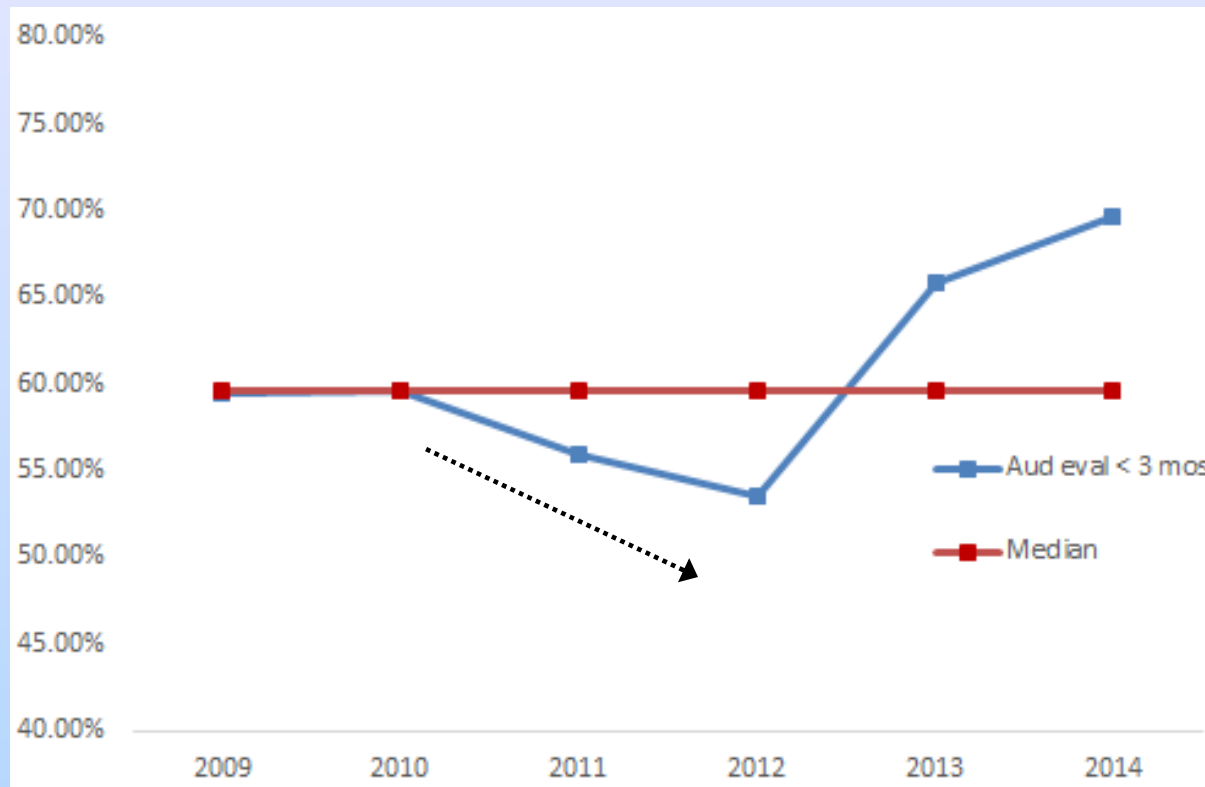


Sub-aim 1.1: At the state's second largest diagnostic audiology center, increase to 90% the percent of infants who do not pass their hearing screening who receive an audiological evaluation by 3 months of age, by April 2017.

Project Aim *(continued)*

- Why did you chose this aim as an area of improvement:

The proportion of infants who did not pass their hearing screening who received a complete audiological evaluation before 3 months of age had declined between 2010 and 2012.



- This aim was part of Connecticut's latest HRSA proposal.
- This aim ties directly to the primary aim of our HRSA Project:
To obtain at least a 5% per year reduction in LTF/D in each of the three grant years.

Sub-aim 1 Measurement*

Outcome Measures	
# of infants who receive an evaluation by 3 months of age at second largest audiology center	= Percent of infants evaluated by 3 months of age at second largest audiology center
# of infants referred for evaluation at second largest audiology center	
# of infants who receive a complete evaluation by 3 months of age at second largest audiology center	= Percent of infants diagnosed by 3 months of age at second largest audiology center
# of infants referred for evaluation at second largest audiology center	
Process Measure	
# of infants given an audiological appointment prior to d/c	= Percent of infants with an audiological appointment prior to discharge at second largest birth hospital
# of infants who refer NBHS at second largest birth hospital	

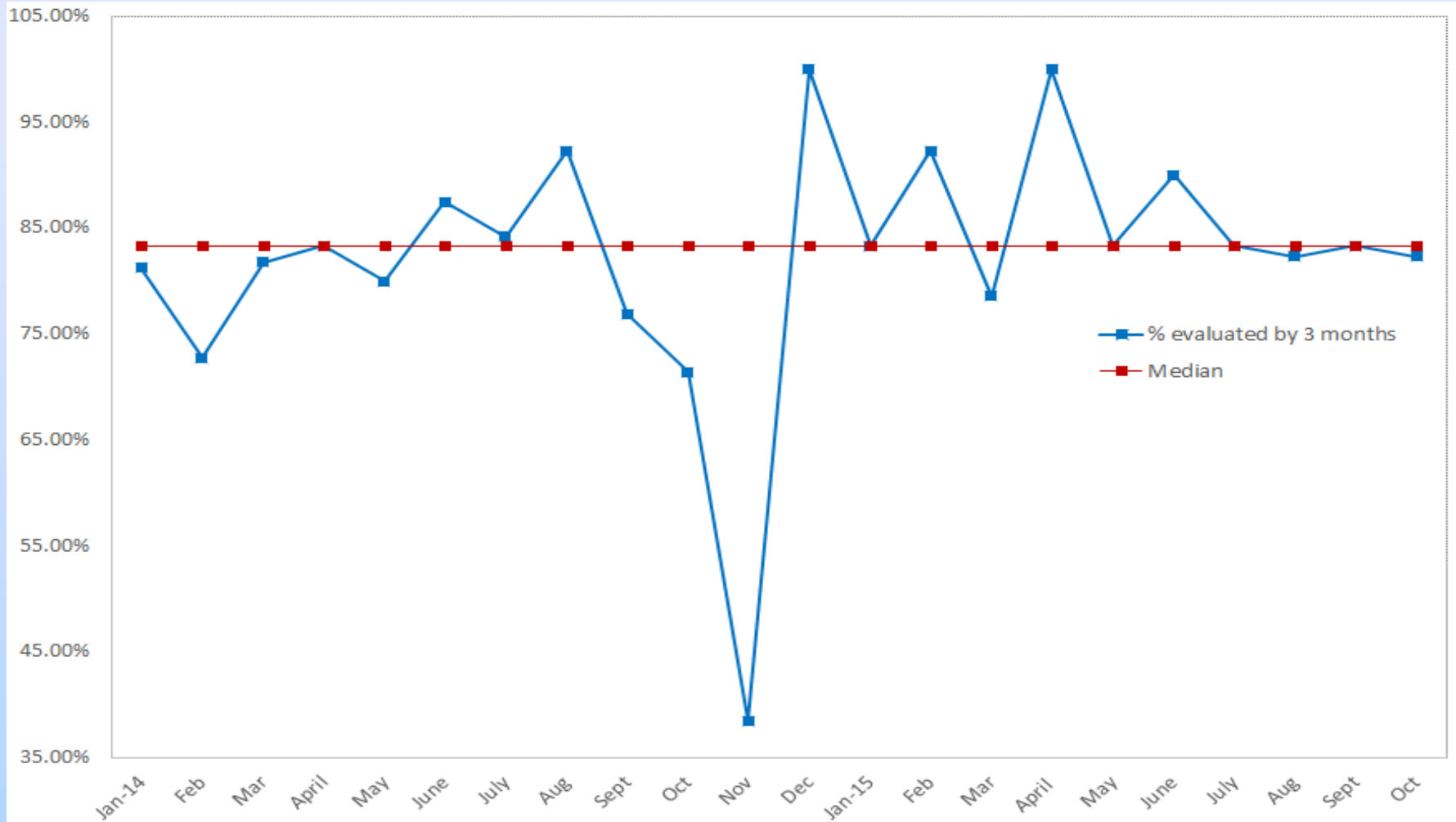
* Data Source: Maven: Newborn Screening System (NSS) - integrated web-based data system, which encompasses EHDI-IS; AND QI data spreadsheets (monthly)

Strategies

Sub-aim 1.1: Change/Activities

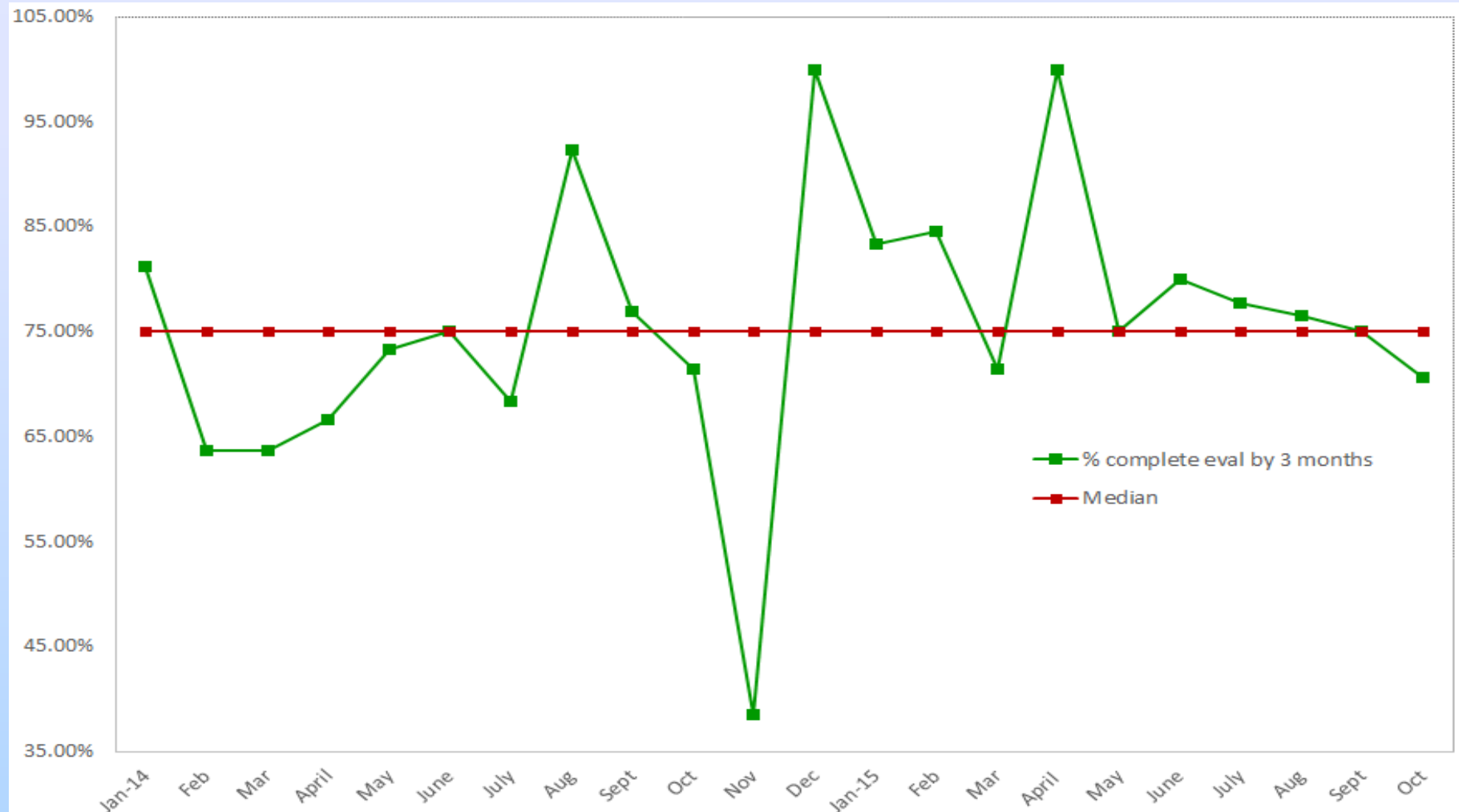
- Direct referral protocol (Adopted)
 - Audiology center worked with the second largest birth hospital in the state to initiate a direct referral protocol, beginning 4/1/15.
- Created and enhanced referral packets for hospitals to provide to families (Adopted)
- Improved information exchange between the EHDI program and audiologists at this center (Adopted)
 - Every other month, send a data report (“in progress” report) to audiologists identifying infants previously scheduled or seen at their center without a final diagnosis
 - Audiology Assistant reviews list and completes and faxes DPH Audiology Reporting Form with any updated evaluation data (subsequent appointment(s) and outcome)
- Non-automated appointment reminder phone calls (Abandoned)
- Providing hearing screening results to the audiologist prior to a baby’s appointment (Abandoned)
- Transportation issues (Abandoned - remains a follow-up barrier for some families but will involve broader HC system-wide problem solving)

Sub-aim 1.1: Percent of infants evaluated by 3 months of age at second largest audiology center (outcome measure)



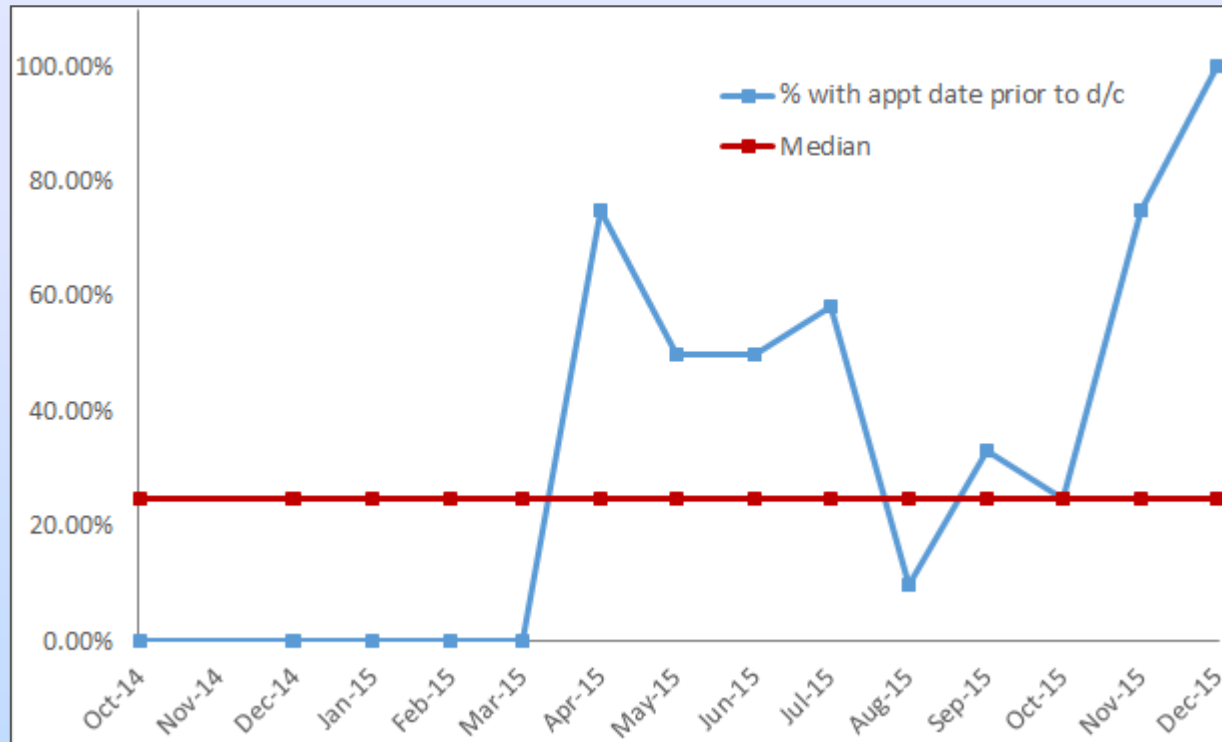
The run chart shows the 22-month trend in the percent of babies evaluated by 3 months of age at this audiology center. The dip seen in September, October, and November of 2014 may be attributed to the season (leading up to the holidays and poorer weather).

Sub-aim 1.1: Percent of infants diagnosed by 3 months of age at second largest audiology center (outcome measure)

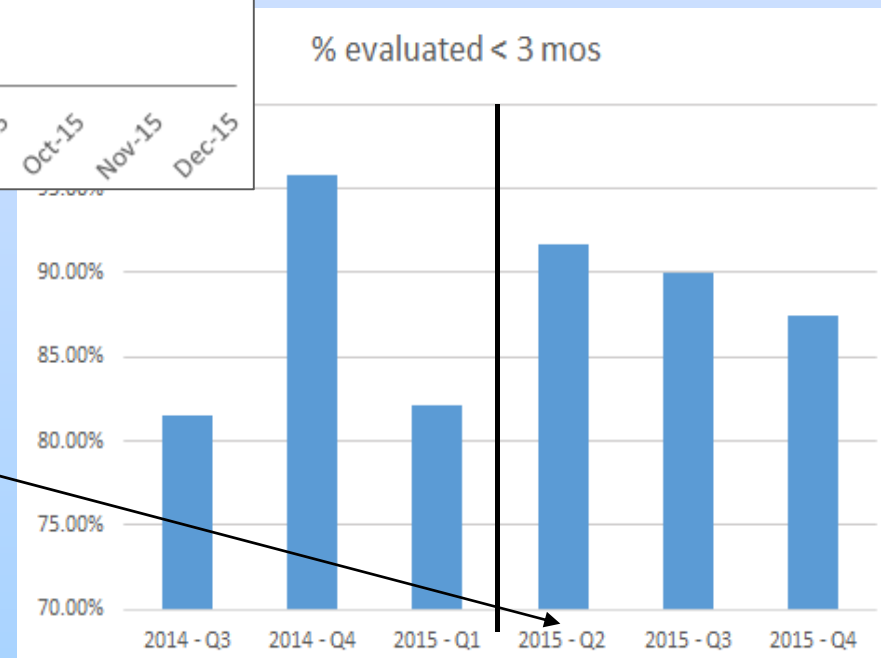


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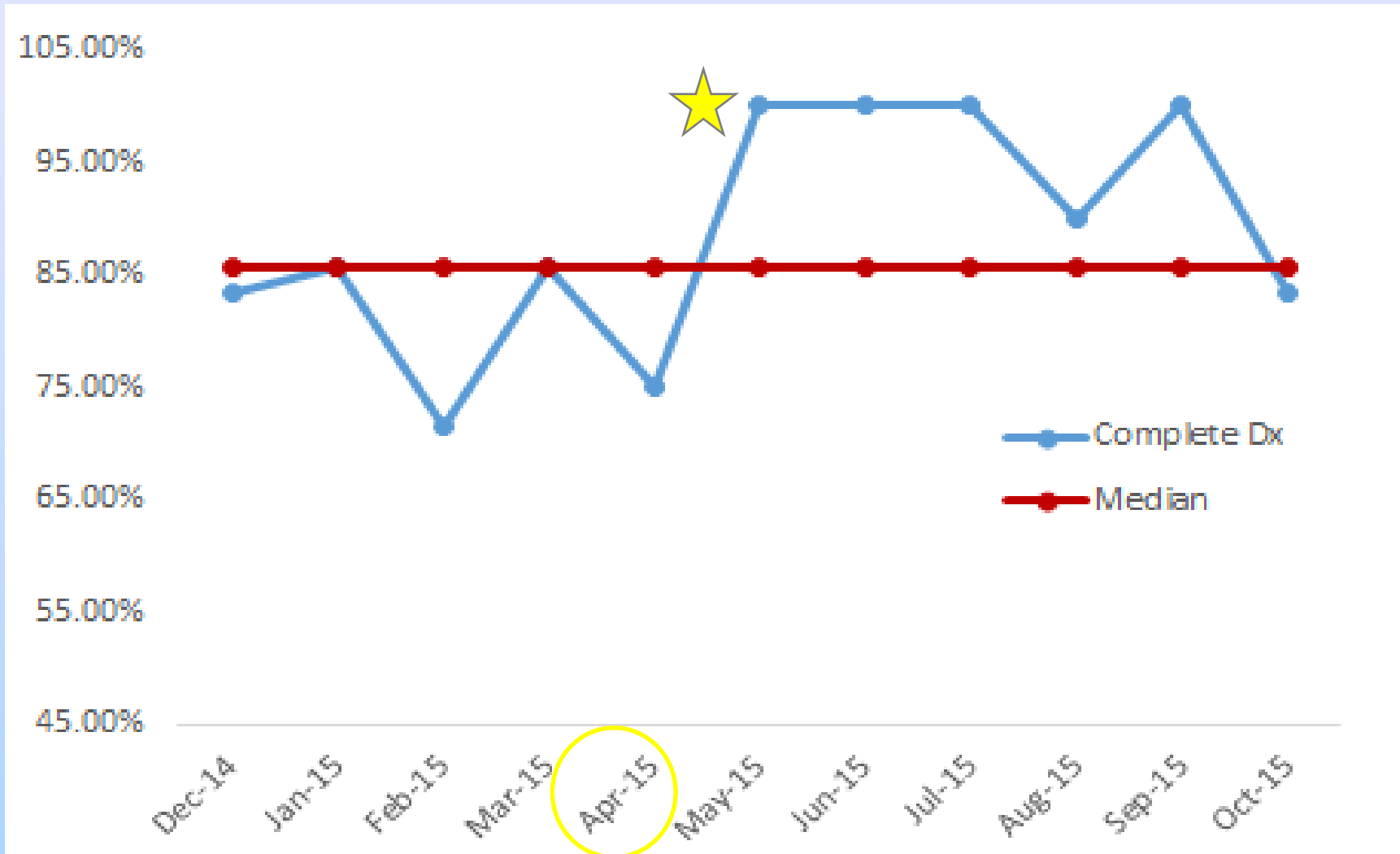
Sub-aim 1.1: Percent of infants with an audiological appointment prior to discharge at second largest birth hospital (process measure)



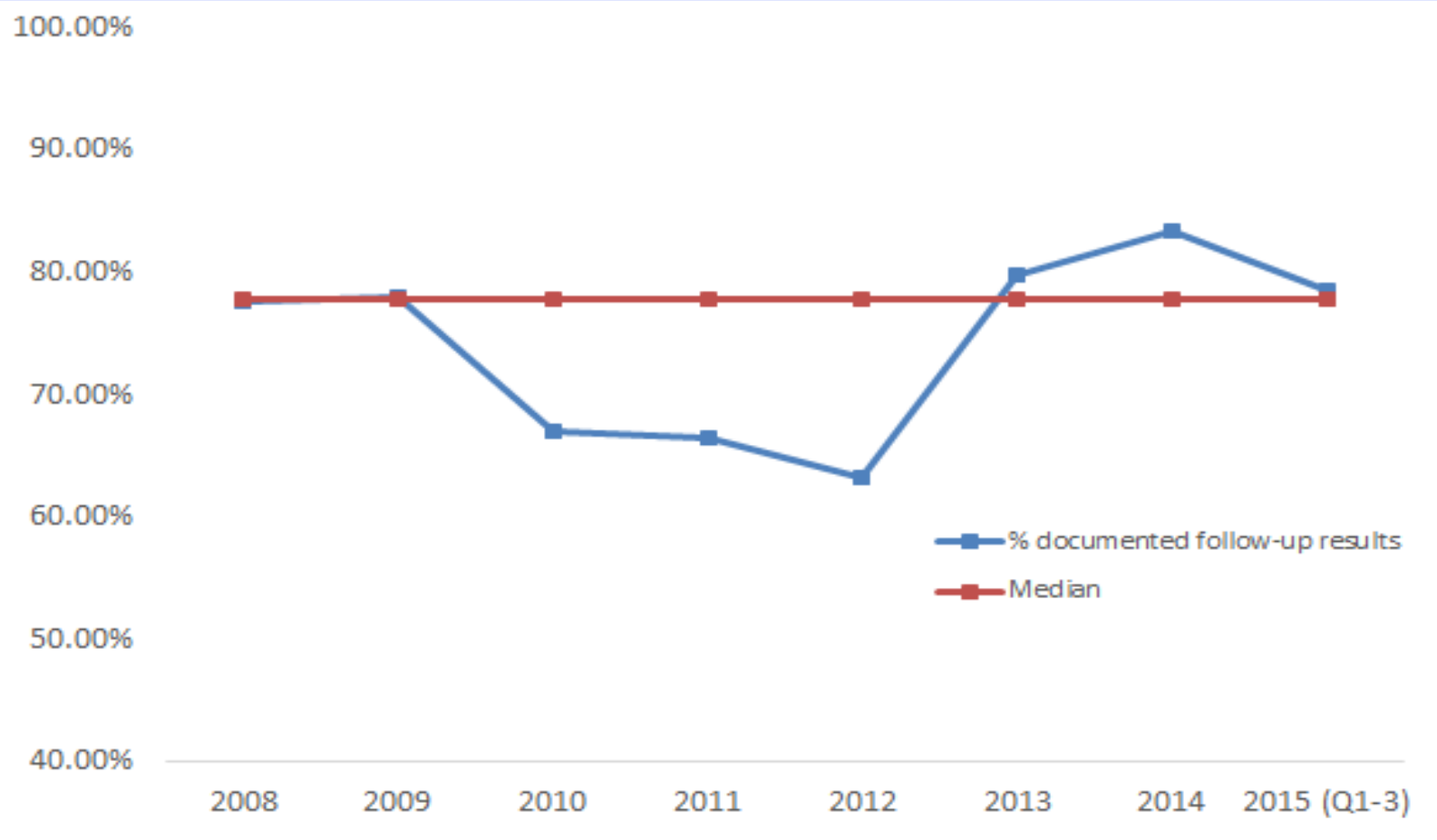
Protocol began
4/1/2015



The direct referral protocol began 4/1/15, at which time overall follow-up rates among this group of infants improved.



Project Aim Measurement: Percent of infants who did not pass newborn hearing screening with documented and complete follow-up results in Connecticut.



Increase from 2012 to 2015 – improved diagnostic follow-up rates statewide.

Lessons Learned & Next Steps

Lessons learned

- Choose audiology center-partner(s) based on:
 - Size, # of annual diagnostic evaluations
 - Baseline data
 - Stakeholder interest and buy-in; existing relationships
 - Right people at the right time

Next steps

- Additional proposed strategies at the diagnostic testing center-level:
 - Looking at “no show” rates and possible small change strategies to make improvement in this area
- QI Work over the next year – Continue working on LTF/D in second largest audiology center and possibly another clinic. Move QI efforts into referral and enrollment in early intervention

Contact Information

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