

# State Overview

## State: Hawaii “The Aloha State”

- QI Team :

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- NHSP/Baby HEARS Advisory Committee members:

6 Audiologists

5 Early Interventionists

2 Pediatricians

1 ENT

3 Parents

1 Head Start/Early HS

1 Home Visiting

1 Metabolic Screening

## PROJECT AIM:

Decrease the proportion of children who are LFU/D for evaluation from 24.6% (2011) to 10%

SUB AIM: Increase the percentage of babies who complete an audiologic evaluation within one month of their referral being received by the NHSP from 50% to 80%

# Hawaii Screening Birth Hospitals

# HAWAIIAN ISLANDS

West Kauai Med. Center  
Wilcox Memorial Hosp.

Kauai

Molokai General Hosp.

Molokai

Maui Memorial Hosp.

Maui

Oahu

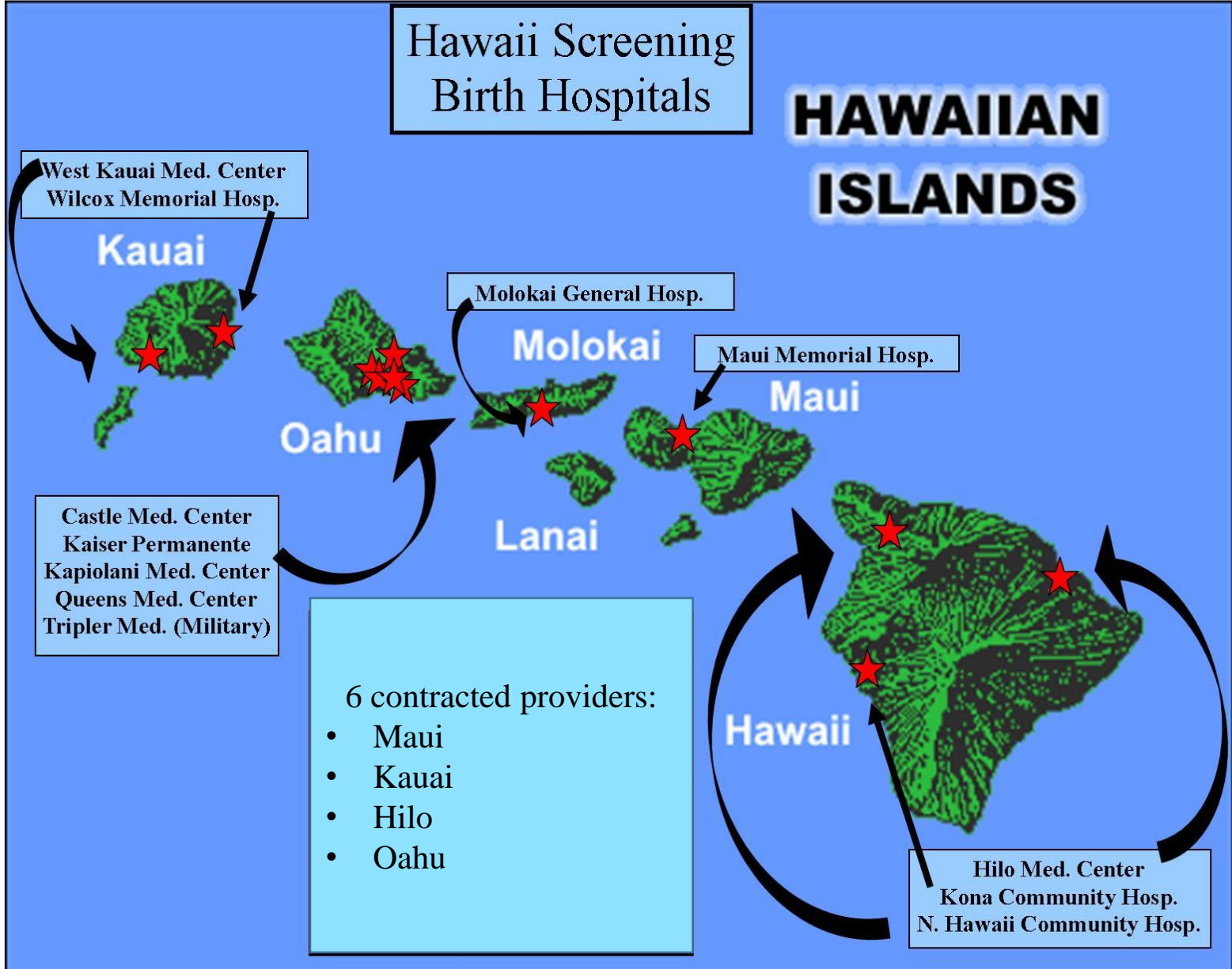
Lanai

Castle Med. Center  
Kaiser Permanente  
Kapiolani Med. Center  
Queens Med. Center  
Tripler Med. (Military)

6 contracted providers:  
• Maui  
• Kauai  
• Hilo  
• Oahu

Hawaii

Hilo Med. Center  
Kona Community Hosp.  
N. Hawaii Community Hosp.



## HISTORY:

2013 Data:

# need evaluation = 195

Total with no DAE = 35, LFU 17.9% (excludes refusals or moved)

Total received DAE = 146; 79 (54%) dx before 3 months, 67 (46%) > 3month

STRATEGY: NHSP staff will contact the PCP of children for whom the NHSP receives a referral

## HYPOTHESIS:

- Early contact with the PCP will decrease the LFU
- Improve communication with the PCP will increase the % of babies diagnosed before 3 months of age

# MEASUREMENT

Spreadsheet that tracks :

- Date of the referral received
- Date of initial and ongoing appointments
- Status of each referral progress through 1-3-6 goals
- Hearing disposition of infants diagnosed with hearing loss
- Names and dates of PCP contacted
- Date of diagnostic report received by NHSP

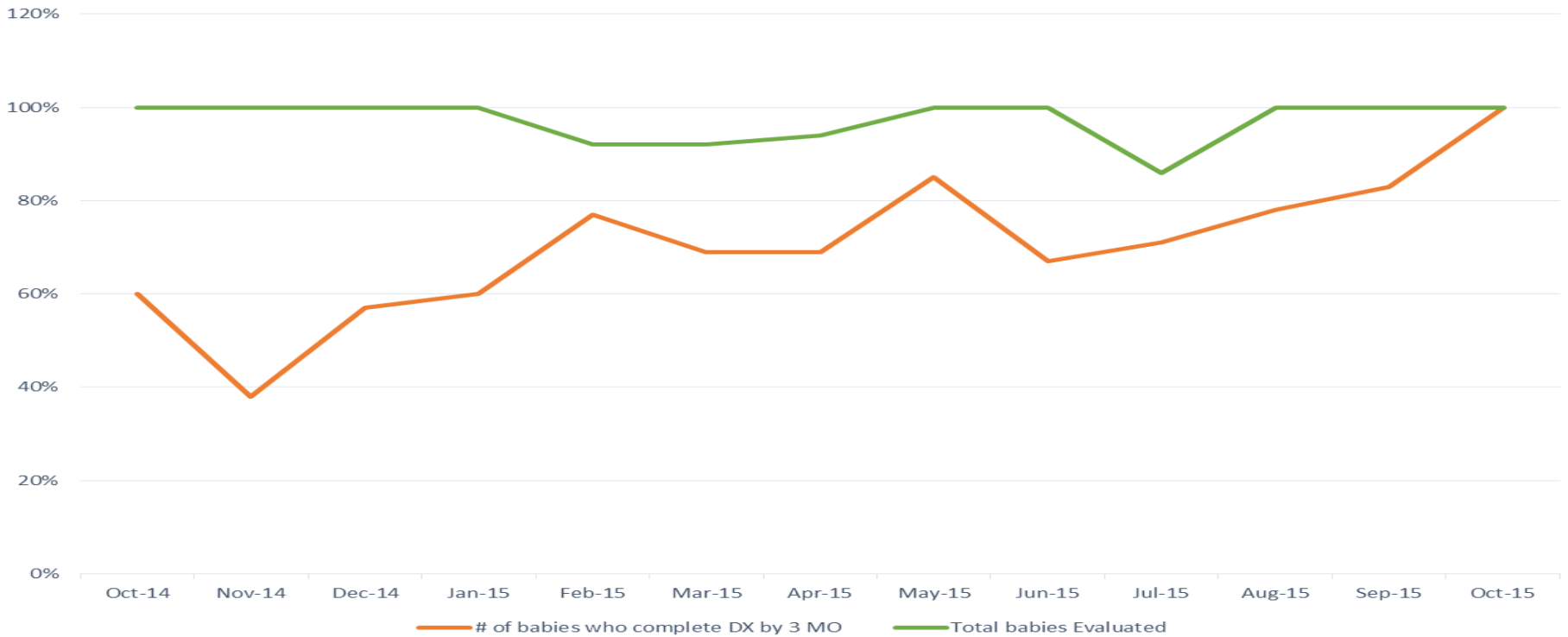
# MEASUREMENT

## Tracking:

- % of babies who complete DAE by 3 months
  - Numerator: # of babies referred who receive a DAE by 3 months of age
  - Denominator: # of babies referred
  
- % of babies who complete DAE after 3 months
  - Numerator: # of babies referred who receive a DAE after 3 months of age
  - Denominator: # of babies referred

BIRTH MONTH 2014-2015	# of babies who complete DX by 3 MO	Total babies Evaluated
OCT 2014	60%	100%
NOV 2014	38%	100%
DEC 2014	57%	100%
JAN 2015	60%	100%
FEB 2015	77%	92%
MAR 2015	69%	92%
APR 2015	69%	94%
MAY 2015	85%	100%
JUN 2015	67%	100%
JUL 2015	71%	86%
AUG 2015	78%	100%
SEP 2015	83%	100%
OCT 2015	100%	100%

**Number of babies who complete a DX by 3 mo**



# RAW DATA

- Baseline Data, July – December 2014
  - # of referral = 63
  - # of PCP contacted = 0
  - # received Dx = 60 (95%)
  - # received Dx in 1 month of referral = 29 (46%)
  - # received Dx by 3 months of age = 39 (62%)
- Improvement based on testing period April-September, 2015:
  - # of referral = 60
  - # of PCP contacted = 24
  - # received Dx = 60 (100%)
  - # received Dx in 1 month of referral = 35 (58%)
  - # received Dx by 3 months of age = 47 (78%)



# Strategies

NHSP staff contact the child's PCP within two days of the referral. The purpose of the call is to initiate communication and to facilitate the coordination of audiological referrals. The outcome of the PDSA activity is to develop protocols in making initial contact with the medical home to ensure timely referrals are made for diagnostic evaluation

## Testing:

- Pilot on the island with the most referrals from screening (Oahu) started with 5 docs
- **Contact the PCP office:**
  - \*confirm MD received screening results, if not we send results
  - \*Advise PCP to discuss screening results with parents, and the need for Dx/FU, determine if Aud referral was made or will be
  - \*Coordinate services between PCP and NHSP
- Drafted protocol (content of the call)**

Implemented or spread the successful strategies:

**Next steps:**

Spread to the Big Island, piloted on other docs

Protocol revised to reflect changes due to feedback

Spread to other islands (Maui, Kauai)

Protocol Revised due to feedback

Final draft completed

**Currently:**

Implemented statewide

Protocol developed

Continue to collect data

# LESSONS LEARNED

- Identify the contact person at the PCP office. MD may not return call
- MD may not be knowledgeable about EHDI
- Do not “tell” them what to do

## Next steps

- Develop education package for MD
- Tracking tool to measure progress, use data

