

**Work Plan Montana Newborn Hearing Screening and Intervention Program: Using Quality Improvement Strategies to Reduce Loss to Follow-up: Project Workplan**

**Staffing**

<b>TITLE</b>	<b>AGENCY</b>
Shannon Koenig, Program Coordinator	NBHSI Program, DPHHS
Jessica Mason, Data Coordinator	NBHSI Program, DPHHS
Michelle O'Donnell, Quality Assurance Specialist	NBHSI Program, DPHHS
Lisa Cannon, Au. D., Consulting Audiologist	Montana School for the Deaf and the Blind
Todd Koch, MPH, MCH Epidemiologist	Office of Epidemiology and Scientific Support, DPHHS

**Goal 1: Increase the percentage of Montana infants who receive needed inpatient and outpatient hearing screenings.**

*Objective/Aim 1.1: By March 31, 2017, increase the percentage of Montana infants who receive newborn hearing screening by 1.5% to 98.5%.*

<b>Strategy/Activity</b>	<b>Staff</b>	<b>Outputs</b>	<b>Timeline</b>
<b>Year One 4-1-2014 through 3-31-2015</b>			
<b>Activity 1-1</b> PDSA: Screening equipment will be loaned to a midwife birth center to provide newborn hearing screening resources for infants born in non-hospital settings.	Program Coordinator, Data Coordinator, MSDB Consulting Audiologist	Improved access to hearing screening resources for MT infants born outside a hospital setting	Year One Begin test 4/2014, monitor data quarterly until successful change directs spread to all birth centers.
<b>Activity 1-2</b> PDSA: PR Campaign-- Targeted educational materials will be developed to address non-hospital births and parents who refuse hearing screening for their infants	Program Coordinator, Data Coordinator, Stakeholders,	Year 1: Contractor hired and development of materials and dissemination plan Year 2: Statewide	Year One: Hire Contractor by 10/2014, MCH Epi to begin 2013 LTFU surveys by 7/2014 and analyze survey results by 9/30/ 2014. Using survey results develop educational materials and PR campaign

	MCH Epi Staff Temporary Staff, Contractor	distribution of targeted materials	plans by 3/30/2015. Year Two: Begin PDSA testing 4/2015, data analysis for impact of PR campaign will be done quarterly until spread to all practicing midwives.
<b>Year Two, 4-1-2015 through 3-31-2016</b>			
<b>Activity 1-3</b> PDSA: Collaborate with Regional Pediatric Specialty Clinic Coordinators to obtain hearing screening results for infants who attend NICU follow-up clinics collect screening data for infants to transferred from their birth hospitals for critical care services.	Program Coordinator, Data Coordinator	Improved collection of hearing screening data by the NBHSI program for infants who are transferred from their birth hospitals.	Year Two: Begin PDSA test 4/2015 and analyze data/test results quarterly until successful change indicates spread to all regional NICU follow-up clinics.
<b>Activity 1-4</b> PDSA: Promote Text 4 Babies to see if texted messages increase screening rates.	Program Coordinator, Data Coordinator, Stakeholders	More infants receive consistent and accurate messages about getting newborn hearing screenings for their babies.	Year Two: Begin PDSA test 4/2015 and analyze data/test results quarterly until spread to all Montana birth hospital communities.
<b>Year Three, 4-1-2016 through 3-31-2017</b>			
<b>Activity 1-5</b> PDSA: Provide a scripted message for midwives to use when discussing newborn hearing screening with parents	Program Coordinator, Stakeholders, Data Coordinator	Families who use midwife services receive an accurate and consistent message about newborn hearing screenings.	Year Three: Begin PDSA test 4/2016 and analyze data/test results quarterly until spread to all midwives

*Objective/Aim 1.2: By March 31, 2017 increase the percentage of Montana infants who receive needed follow-up outpatient hearing screenings by 4% to 96%.*

<b>Strategy/Activity</b>	<b>Staff</b>	<b>Outputs</b>	<b>Timeline</b>
<b>Year One 4-1-2014 through 3-31-2015</b>			
<b>Activity 1-6</b> PDSA: Work with hospital staff to distribute family roadmaps to the parents of all infants who do not pass inpatient hearing screenings.	Program Coordinator, Data Coordinator, temporary staff	Parents have a better understanding of the follow-up steps if their baby does not pass newborn hearing screening before discharge from the hospital	Year One: Begin PDSA test 4/2014 and analyze data/test results quarterly until results indicate spread to all birth facilities
<b>Activity 1-7</b> PDSA: Partner with WIC to add an intake question about newborn hearing screenings to the list of mandatory questions they use for all new infants enrolled in WIC.	Program Coordinator, Data Coordinator	More infants enrolled in WIC receive needed hearing screenings	Year One: Begin PDSA test 4/2014 and analyze data/test results quarterly until results indicate spread to all WIC clinics
<b>Activity 1-8</b> PDSA: Provide CHRIS access to local staff at rural county health departments and develop an electronic referral process for babies who need follow-up screenings and provide follow-up procedures/resources for county health department staff.	Program Coordinator, Data Coordinator	Local public health nurses will contact families of babies who refer on hearings screenings to initiate appropriate follow-up	Year One: Begin PDSA test 7/2014 and analyze data/test results quarterly until results indicate spread to all county health departments
<b>Year Two, 4-1-2015 through 3-31-2016</b>			

<p><b>Activity 1-9</b> PDSA: PR Campaign— Develop updated educational materials stressing the importance of appropriate follow-up for babies who do not pass inpatient screenings</p>	<p>Program Coordinator, Stakeholders, Data Coordinator, MCH Epi Staff, Temporary employee, Contractor</p>	<p>Parents have a better understanding of the importance of newborn hearing screening follow-up if their baby does not pass newborn hearing screening before hospital discharge.</p>	<p>Year Two: Begin PDSA test 4/2015 and analyze data/PR Campaign results quarterly until results indicate spread to all birth hospitals and birth centers.</p>
<p><b>Activity 1-10</b> PDSA: Update the NBHSI program’s physician fax-back form and begin sending faxes to physicians for infants who don’t pass inpatient screenings to notify them of the need for second screenings.</p>	<p>Data Coordinator</p>	<p>PCP’s will talk with parents about follow-up hearing screenings and therefore more infants will receive needed follow-up screenings</p>	<p>Year Two: Begin PDSA test 4/2015 and analyze data/test results quarterly until results indicate spread to all birth hospitals.</p>
<p><b>Activity 1-11</b> PDSA: Using an automated calling service, develop phone messages for parents of infants who did not pass their initial newborn hearing screening reminding them of the need to complete a second follow-up hearing screening.</p>	<p>Program Coordinator, Stakeholders, Data Coordinator</p>	<p>Families whose infants do not pass inpatient hearing screenings will receive a pre-recorded message about their babies need for follow-up screening</p>	<p>Year Two: Begin PDSA test 10/2015, analyze data/test results quarterly until results indicate spread to all birth hospitals.</p>
<p><b>Year Three, 4-1-2016 through 3-31-2017</b></p>			
<p><b>Activity 1-12</b> PDSA: Develop updated educational materials to address high LTFU rates in American Indian infants using LTFU survey results and stakeholder input.</p>	<p>Program Coordinator, Data Coordinator</p>	<p>Educational materials are developed based on LTFU survey results to address specific reasons LTFU occurs among American Indian infants.</p>	<p>Year Three: Using survey results develop educational materials and distribute on one reservation by 7/1/2016. Analyze LTFU data and survey results quarterly. Once data show an improvement trend spread until materials are used on all reservations</p>

**Goal 2: Increase the percentage of Montana infants who receive needed audiological diagnostic evaluations.**

*Objective/Aim 2.1: By March 31, 2017 increase the percentage of Montana infants who are seen by an audiologist and receive a diagnosis after refer screening results by 20% to 75%.*

<b>Strategy/Activity</b>	<b>Staff</b>	<b>Outputs</b>	<b>Timeline</b>
<b>Year One 4-1-2014 through 3-31-2015</b>			
<b>Activity 2-1</b> PDSA: Pediatric audiologists will receive quarterly report cards to improve reporting and prompt more timely diagnosis. (by 3 months of age)	Program Coordinator, Data Coordinator	Fewer diagnostic evaluations lost to documentation and more diagnosis completed by 3 months of age	Year One: Begin PDSA test 4/2014 and analyze data/test results quarterly until results indicate spread to all pediatric audiology practices
<b>Year Two, 4-1-2015 through 3-31-2016</b>			
<b>Activity 2-2</b> PDSA: Implement a process within hospitals where screening results for babies who do not pass are shared with local audiologists who then contact the families to set up an appointment for diagnostic evaluations	Program Coordinator, Stakeholders, Data Coordinator	Audiologists offices contact families of infants who need diagnostic assessments to schedule appointments and parents complete scheduled appointments	Year Two: Begin PDSA test 4/2015 and analyze data/test results quarterly until results indicate spread to all birth hospitals.
<b>Year Three, 4-1-2016 through 3-31-2017</b>			
<b>Activity 2-3</b> PDSA: Develop updated parent educational materials for babies who do not pass hearing screenings about the importance of early diagnosis and the	Program Coordinator, Stakeholders, Data	Parents understand the need for diagnostic evaluation when their infants do not pass	Year Three: Begin PDSA test 4/2016 and analyze data/test results quarterly until results indicate spread to all birth hospitals.

diagnostic process and provide the materials to birth hospitals for distribution to parents.	Coordinator, MCH Epi Staff, temporary staff, Contractor	hearing screenings and complete full evaluation and receive a diagnosis for their infant.	
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**Goal 3: Increase the percentage of Montana infants diagnosed with permanent hearing loss that are enrolled in Early Intervention services.**

*Objective/Aim 3.1: By March 31, 2017 increase the percentage of deaf/hard of hearing Montana infants enrolled in either Part C or non-Part C early intervention services by 30% to 70%*

Strategy/Activity	Staff	Outputs	Timeline
<b>Year One 4-1-2014 through 3-31-2015</b>			
<b>Activity 3-1</b> PDSA: Provide CHRIS access to the MT Part C program coordinator. An electronic referral process will be implemented so that she has access to children referred to Part C services by diagnosing audiologists and can follow up with the appropriate EI services contractor to ensure that referrals are followed up on and enrollment is reported	Program Coordinator	The Montana Part C coordinator has documentation of all Part C referrals made by audiologists and provides enrollment information to the NBHSI program.	Year One: Begin PDSA test 4/2014 and analyze enrollment data every 6 months until implementation at all Part C contractor regions.
<b>Year Two, 4-1-2015 through 3-31-2016</b>			
<b>Activity 3-2</b> PDSA: Develop educational materials describing services provided by MSDB and the Montana Part C program for infants diagnosed with hearing loss and	Program Coordinator, MSDB Consulting	Parents have an improved understanding of available EI services	Begin PDSA test 4/2015 and analyze data/test results every 6 months until improvement in enrollment indicates the change should be spread to all

the value of early intervention. These materials will be provided to pediatric audiologists for distribution to families.	Audiologist, Data Coordinator, MT Part C Coordinator	and enroll their infants upon diagnosis of a hearing loss	audiologists.
<b>Year Three, 4-1-2016 through 3-31-2017</b>			
<b>Activity 3-3</b> PDSA: Fax Back form to PCP for infants diagnosed with hearing loss to obtain referral/enrollment information in Part C services	Data Coordinator	PCPs are aware of diagnosis and encourage enrollment in appropriate EI services	Begin PDSA test 4/2016 and analyze data/test results every 6 months until results indicate the change should be spread to all birth hospitals.

**Goal 4: Complete all program and grant related activities as required by Montana legislation and UNHSI grant guidance documents.**

*Objective/Aim 4.1:* Complete 100% of all planned activities as required by UNHSI Project and Montana Newborn Hearing Screening legislation during years 1-3 of this project.

<b>Strategy/Activity</b>	<b>Staff</b>	<b>Outputs</b>	<b>Timeline</b>
<b>Activity 4-1:</b> Two staff members will attend the annual EHDI conference.	Program Coordinator and Data Coordinator	Two staff members attend the annual EHDI conference	Years 1-3
<b>Activity 4-2:</b> The annual EHDI survey will be completed and submitted before the CDC deadline	Program Coordinator, Data Coordinator, Quality Assurance Specialist	The CDC EHDI data is reported as required	Years 1-3

<b>Activity 4-3:</b> Continue to provide access and user support for the HiTrack and CHRIS data systems for all reporting NBHSI Program partners	Program Coordinator, Data Coordinator, Quality Assurance Specialist	Hearing Screening, diagnostic evaluation, and EI enrollment data can be reported to the NBHSI Program	Years 1-3
<b>Activity 4-4:</b> Import HiTrack and Birth Records into the CHRIS database and complete the Match process	Data Coordinator, NBHSI Quality Assurance Specialist	Hearing screening records are individually identifiable and the NBHSI Program can meet its reporting requirements.	Monthly, Years 1-3
<b>Activity 4-5:</b> Assist birthing hospitals and midwives in purchasing updated newborn hearing screening equipment as needed	Program Coordinator	Birth Hospitals have access to functional screening equipment	As needed, Years 1-3
<b>Activity 4-6:</b> Identify and recruit a practicing midwife to be a member of the Stakeholder's Group.	Program Coordinator, Stakeholders	Input on program activities/materials by a practicing midwife, especially those related to LTFU for non-hospital births.	Year One Begin 4/2014
<b>Activity 4-7:</b> Conduct a Presentation on LTFU in Montana at the annual AAP meeting to raise awareness of PCPs in Montana	Program Coordinator, MSDB Consulting Audiologist	Montana pediatricians have an increased understanding of the importance of talking to parents about newborn hearing screening and follow-up	September, 2014
<b>Activity 4-8:</b> Provide funding for CEUs	Program	Pediatric audiologists	Year One through Year Three



for pediatric audiologists who wish to take part in classes focusing on pediatric audiology.	Coordinator	have access to up to date pediatric audiological evaluations techniques and protocols	
<b>Activity 4-9:</b> Identify and recruit a tribal health care provider to be a member of the Stakeholders Group.	Program Coordinator, Stakeholders	Input on addressing LTFU in American Indian populations and other program activities	Year One Begin 4/2014
<b>Activity 4-10:</b> Hold quarterly Stakeholders meetings to get input on program activities	Program Coordinator	The NBHSI program will get stakeholder input on program activities	Quarterly, Year 1-3
<b>Activity 4-11:</b> Conduct a baseline survey of the families of all infants LTFU in 2012 to identify reasons for LTFU. Continue the survey quarterly with 2014-2016 births to study the impacts of PDSAs during this project.	Program Coordinator, MCH Epidemiologist, Data Coordinator, Temporary Employee	The NBHSI program will gain a better understanding about the reasons for LTFU and be able to develop PDSAs to better address the causes of LTFU.	Year 1-3 Baseline 2012 LTFU survey development beginning in 4/2014 Baseline Survey Implementation 6/2014 2014 Survey implementation 7/2014 and quarterly thereafter through 3-31-2017