

	Question	MCHB	Answer
1	How are you differentiating the work of your learning community versus the collaborative you've done in the past?	Lori	<p>Differences:</p> <ul style="list-style-type: none"> • We are working with a localized region of the state with birthing facilities, audiologists, physicians, EI officials, EI Providers and families. Previously, we worked with strictly birthing facilities who were missing the most initial hearing screening results. The birthing facility teams were comprised of a NBHS manager, audiologist and birth registrar. • Our measures and scope of work is different, and will include Early Intervention Officials, Early Intervention Providers and Physicians. <p>Similarities:</p> <ul style="list-style-type: none"> • We plan to utilize the same IHI QI Breakthrough methodology for identifying, testing and implementing change strategies. • We will identify opportunities for change among the provider community and work to infuse the NCHAM best practices into the systems of care and practice of the providers. • We will incorporate family involvement at each stage of EHDI system of care. • We will also work to keep communication open among providers and the EHDI Program through monthly coaching webinars, listserv and the in-person session. • We will disseminate data monthly so they can track progress toward their goals. • We will utilize the EHDI Advisory group's guidance to develop measures and keep them informed on progress of their learning community.
2	Could you share your recruitment package?	Lori	<p>We are still working on the new learning community recruitment package and can make that available when it is ready for dissemination.</p> <p>https://docs.google.com/document/d/1cNckXOM2mmilc04c1nFrizsn-rKS_COKP-kCw7cJNPrU/edit?usp=sharing</p>
3	What CEUs are you planning on offering to LC participants?	Tanya	<p>Topics for CEU and/or CME credit will be geared toward the needs of nurses and audiologists as related to this grant. Exact topics have not been established at this time, however, they will relate to "the importance and urgency of infant hearing screening and timely and appropriate follow up, as well as on standards of care during the EHDI process and beyond, including the provision of medical homes."</p> <p>"The Learning Community will be held virtually via webinars. The didactic sessions will be interspersed with peer to peer information sharing sessions. Speakers will be confirmed for each of the didactic sessions once notification of funding is received. The content of these sessions will be submitted for continuing education credit for nurses and audiologists."</p>
4	Do you plan on addressing the 9 areas with your tele-audiology learning community or having different learning communities for each target area?	Brenda	<p>The NE-EHDI Tele-Audiology Learning Community will address Seven out of the nine focus areas:</p> <ul style="list-style-type: none"> • Training regarding the current JCIH 1-3-6 timeline recommendations and the appropriate methods to address them; • Peer to peer information sharing among participants and, where applicable, the American Academy of Pediatrics Chapter Champions. • Improving care coordination through the patient/family-centered medical home model, including the surveillance of infants and children that need to be screened, followed-up or enrolled in EI Programs. • Partnering with state/territory Title V CYSHCN programs systems integration and family centered care coordination. • Providing family-centered care (an approach to care that assures the health and well-being of their families through a respectful family-professional partnership) that is culturally competent (reflecting a set of values, behaviors, attitudes, and practices within a system, organization, or program or among individuals which enables them to work effectively cross culturally); • Developing collaborative leadership skills for members of family organizations that support infants and children who are deaf or hard of hearing. • Engaging and including family partners and pediatric clinicians to ensure that the family and health professional perspective and experiences are integrated; and <p>This Learning Community <i>does not</i> address the following:</p> <ul style="list-style-type: none"> • Significant risk factors for late-onset early childhood hearing loss. • Developing strategies to address barriers to linking or integrating their newborn hearing screening data to a core set of other newborn programs including, but not limited to, vital records, immunization, and blood spot screening. <p>Nebraska EHDI's Hospital Training Learning community will address all but one of the nine focus areas. It does not address -</p> <ul style="list-style-type: none"> • Developing strategies to address barriers to linking or integrating their newborn hearing screening data to a core set of other newborn programs including, but not limited to, vital records, immunization, and blood spot screening. <p>NE-EHDI links data with the birth registry in the Nebraska Vital Records program, but does not have the monetary means to link data with other programs such as immunization and blood spot screening. We will continue to explore collaborations to expand the linking of data with NE-EHDI, although achieving the following learning community focus area may be difficult- Developing strategies to address barriers to linking or integrating their newborn hearing screening data to a core set of other newborn programs including, but not limited to, vital records, immunization and blood spot screening. Any suggestions would be greatly appreciated.</p>
5	Can the presenters share their evaluation tool that they are utilizing to measure the behavioral change they are seeing?	All	<p>NE-EHDI does not have all the details of our evaluation tool finalized. We are working with QI experts to assist with this process. We will also research what evaluation tools other states used with implementing their tele-audiology project. We will utilize the Plan, Do, Study, Act (PDSAs) to evaluate progress, implement change, and report and evaluate change to ensure the goal is being met. We plan to test the process and the equipment.</p> <p>For example: Complete a PDSA cycle for the first baby that goes through the tele-audiology process and then tweak the process from the results.</p> <p>We will be tracking the following measures:</p> <ul style="list-style-type: none"> • Track the % of infants over 90 days for confirmatory diagnosis who live within 200 miles of Scottsbluff, Nebraska. • Track the # of days to tele-audiology evaluation for infants who live within 200 miles of Scottsbluff, Nebraska. • Track the % of infants <u>needing</u> diagnostic evaluation within 200 miles of Scottsbluff, Nebraska compared to the % of infants <u>receiving</u> tele-audiology evaluation by three months of age. <ul style="list-style-type: none"> • Results will be reported in partnership with the audiology facility responsible for providing the tele-audiology services. • Tracking and follow-up for comparing data will occur through the NE-EHDI existing follow-up process. <ul style="list-style-type: none"> • We will monitor data every three months after implementation of the tele-audiology. • One year after the tele-audiology implementation, the same baseline data for timelessness of the 1-3-6 goals will be reviewed for tracking, evaluation and quality improvement purposes.