

ROUGH EDITED COPY

NCHAM
INFANT AUDIOLOGY QI ACTION KIT
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[MUSIC]

>> Okay, let me make sure that Daniel can actually hear us. Hold on just a minute.

>> DANIEL: This is Daniel, can you hear me?

>> Can you hear me?

>> DANIEL: I can hear you, yes it is working now, so we might be okay now.

Let's see.

So let's see, we should see if our audience can hear us. I hope they can.

>> I hope they can too.

>> DANIEL: The transcriber is hearing me and in the Q&A it looks like people are hearing us, so we might be all right now.

>> Okay, I apologize for that glitch [can't understand] and everything seemed to be going okay so we will just do a quick restart.

Thank you for your patience, everyone. We are hosting today's webinar supported in part by the child health Bureau, thank you supporting the webinar.

We have two fantastic presenters lined up for today to talk to us about the instant audiology QI or quality improvement action kit.

Today's webinar will be recorded, and both recording as well as the PowerPoint slides will be posted on our website InfantHearing.org within a week.

Please type your questions into the box on the lower left side of your screen. We will answer those questions at the end of the presentation. I also want to highlight that we are doing to presentation modes today. We will be looking at a static PowerPoint and then switching over into a screen share so we can actually walk through step-by-step how the action kit functions.

When we move over to the screen share, the resolution on your monitor may change.

Be aware if you hover over your screen in the upper right, you are able to shift the size of the text. So if you play around a little bit with the size of the text in the upper right screen, your resolution should improve and you should be able to see the text in a larger font.

You can switch to full-screen but be aware if you do switch to full-screen, you will lose the captioning option that takes up the bottom half of the screen.

So again, welcome to the webinar end our presenters today are Elizabeth Seeliger and Amanda Norton.

Elizabeth is a clinical audiologist and the director of Wisconsin [can't understand] beginnings, she also spearheaded the development of the improvehdi.org websites and she is on the Board of Directors for the Wisconsin chapter of families for hands and voices, and then also she is on the board for hands and voices headquarters.

Amanda Norton has a Masters in social work and is a quality improvement advisor with experience in evaluation, lien methodology, grant writing and measured development.

Amanda is a dedicated educator with a focus on mentoring and advising improving the focus on health care professionals. Her experience includes serving as an improvement advisor for the collaborative on hearing screening and follow-up, and is also supporting NCHAM as quality improvement coach and serving as a quality improvement advisor for the AAP early hearing detection and intervention program quality improvement project.

So without further ado I will turn the time over to Amanda and Elizabeth.

>> Thanks so much for having us today. We are going to go ahead and get started because we want to make sure we have as much time to look at the toolkit as possible. What I'm going to do is give you a little bit of back end information just to tell you how we got here.

For those of you might not know, Elizabeth and I and our work with NICHQ and NCHAM, you know this is something that has been long in the making and it is exciting to finally be releasing it to the broader crowd.

This was created in collaboration with the maternal child health Bureau with the national institute for children's health care quality, the National Center for Hearing Assessment and Management, NCHAM, and also the Minnesota Italy hearing and detection and intervention program.

As I said this work really originated out of the collaborative. When you think of the collaborative you immediately think of NICHQ and this is a time of the describes the work that happens and those who participated in this work.

We see more and more states as the work continues in the purpose of these collaboratives is always to identify one of the promising strategies and change ideas that will improve outcomes for infants who are suspected to have hearing loss.

As we looked at all of this information and took a step back what we found is that -- somebody might be on the telephone and not muted, I wanted to let you know.

They focused on audiology and Dot agnostics. And so that is where we began to say it would be unfortunate for this information to just sit and not be disseminated more broadly, so NICHQ developed the action based toolkit based on what was learned through all five of the collaboratives and we did this

with feedback from the EHDI program, we were able to use -- identify that these resources were important and practical for providers, that was helpful for these programs globally.

But to make this toolkit more successful and user-friendly a web-based platform was really necessary, and so while NICHQ we have developed the actual toolkit, we got some support from the Minnesota EHDI and from NICHQ to take this toolkit entrance form into a web-based tool, and that is what we will be talking about today.

What exact we are we looking at, what is this toolkit.

This toolkit was designed to help develop audiology practices specifically. It is meant to be a reliable way that practices can assess workers who are doing well and maybe not doing very well, it was based on the learning in the toolkit collaborative.

And so we took all of the information from those collaboratives and identified there is a section about what is the toolkit, how does it do what I'm discussing right now, and opportunities for audiology providers to assess themselves under current performance and a score based assessment so they can provide ideas for improvement.

And ideas based on each of the four areas of the toolkit, they will be able to decide how can I make some improvements in my practice on a day-to-day basis.

Within those ideas on how to improve, there were also specific tools and resources that teams used to test and develop and identify, these are things that were found across the country to be effective, and so you have some specific ideas that you might use.

We're looking now at the landing page and I will turn it over to Elizabeth and just a second, but what we know is this is both now available in electronic versions and paper versions and -- a paper version and an electronic version, so that you are able to have the ability to use the information and also engage other state EHDI programs are individual audiology practices to think about how will they improve what they do for children on a daily basis.

Elizabeth, I will turn it over to you to walk us through the toolkit and the outline version.

>> ELIZABETH SEELIGER: Okay I am going to stop the PowerPoint screen share and Elizabeth is going to start sharing her desktop.

Again you can adjust the font size in the upper right portion of the Adobe connect screen on your monitor.

>> ELIZABETH SEELIGER: Thank you amenable for>> The background of how this came to be and thank you for being such a great partner both through your work with NICHQ and your work with NCHAM and making this tool a reality.

I get the pleasure of actually showing off the action kit, I get the fun part.

I am going to try to walk you through this action kit from a very high level because it is available now, you can go out and play around with it as much as you would like and really dive into it.

The URL is ImproveAudiology.org, you can use this link, it will be available as a link from the NCHAM website.

It can also be embedded directly into your own state website and it will be embedded into the improved EHDI.org website.

We really wanted this to be able to be utilized by state EHDI programs and is best away as possible.

Because it really was such a collaborative endeavor.

What you are looking at right now is the homepage. If you type in ImproveAudiology.org, this is what would come up. And the homepage is quite something, it tells you a little bit about the action kit, but it also gives you an overview for why quality improvement in the realm of audiology clinics is important.

Just a logistical piece of information about this website. Anywhere you see a little arrow or a plus sign, that means that there is a section that can be expanded. However, clicking on that does not actually do anything, you have to click on the link. That opens and expands those sections and then closes them back up again.

That makes the case for why you need to improve audiology care. And it goes to the background that Amanda just took us through

about NICHQ and about NCHAM and what a learning collaborative in.

So that is the framework for what the action kit is and why it might be necessary.

>> Elizabeth, I am going to interrupt you for just a minute. We have gotten a report that your audio is going in and out. Is there any way you could pull your telephone a little bit closer to you and we will test that out?

>> ELIZABETH SEELIGER: I can try, is this better, I hope it is better. It is closer to me now.

>> Yes, it is better.

>> ELIZABETH SEELIGER: Okay. So as Amanda had indicated, the action kit is really made up of four basic components. There is the landing page, there is an assessment page, and improvement page, and a pool page.

The toolkit itself is not very collocated. However, it kind of helps to think about how you might use this.

I think that as an EHDI coordinator, if you know about an audiology practice that you -- that could stand to make some improvements, this could be a tool to help them walk through their own practice and objectively assess where they might be strong and where maybe they are not so strong and indicate that these are areas where they should be making some improvements.

So part of gaining buy-in from clinical practices is helping them to do kind of a needs assessment or a current practice assessment.

The assessment tool itself is divided into four basic strategy areas, so it gives you three different scores. It will give you an improvement strategy score, and improvement area score, and then a total cumulative score.

So when EHDI coordinator might help in audiology clinic walk through this assessment. In audiology clinic of themselves could go to this page, read the instructions, and go ahead and assess themselves.

I am thinking about a clinic that might have a lead audiologist and several other audiologists. And so one of the things I

wanted to point out is that you can fill out this assessment online and it will automate your scores, your assessment scores.

However there is also the ability to print off this assessment and maybe hand it out and people can fill out in paper form and turn it back in to the lead audiologist, and she would be able to kind of come up with an overall assessment score for the clinic.

Just because one audiology staff person might be doing these things, that does not mean that standard practice throughout the clinic.

So those are some different ways that this might be utilized.

I am going to walk through actually -- I am going to walk through an assessment and score it so you can see how this would work.

When you are talking with audiologists about rating, rating the organization, a 1 indicates that it is not part of the standard work but it is feasible, and there is some interest in doing it.

A 2 means that the strategy has been limited, but the practice is not sure how reliably infants and families are receiving this element of care. So that is one of those NICHQ Proverbs of if it is not documented it did not happen, so that is an area where even if they think it might be happening but they have no standardized practice of making sure that happens every time, that might be a 2.

3 is part of a standard work and practice and it means the clinic is confident that it happens at least 50 percent of the time.

And 4 is that it is included in the policy and procedures and the practice and they are confident that it is happening more than 90 percent of the time.

We also give them the ability to say N/A, and what that means is it is not part of standard work and it is not feasible to add it as standard work. So there is no reason giving a strategy a low rating if there is absolutely no indication that people want to or feel it is necessary to include it, so they can opt out with that.

So let's go ahead and fill this out. The assessment is broken down into four improvement areas. Pre-appointment activities, appointments, recording results, in the next step following diagnosis.

And these are the four improvement areas that through the learning collaborative we found there was lots of room to improve.

And I am going to say we are really super strong, we do all of these things really well.

But this one I will say we really do that, and underreporting results we will say we do a really good job at our clinic, but we don't actually do a lot with making sure the results are recorded.

But we do do it to the physicians, we will say that.

And then this is an area where we do really well.

So once the clinic has gone through the process of looking at each of these different improvement areas and the associated strategies, they can click the green "assess your organization" button.

And what happened?

So that looks like nothing happened on my screen. It worked last time.

[Not getting any audio]

I don't know why that didn't work. Amanda? Any idea? A

>> AMANDA NORTON: Yes?

>> ELIZABETH SEELIGER: And you know why that didn't work?

>> AMANDA NORTON: You click to get the results and it did not go through?

>> ELIZABETH SEELIGER: Did not process.

>> AMANDA NORTON: Now would be a great time for that not to work.

>> ELIZABETH SEELIGER: Well, it has worked and it will give you scores.

I am going to just say that you can also download the assessment, it gives you a paper form, so that would be the one that you can fill out in a paper draft and it will give you that improvement score because --

>> AMANDA NORTON: My guess would be that it is the platform giving us a problem. I was in the website and in the same thing and it worked fine, so I think it is the platform.

>> ELIZABETH SEELIGER: Okay, might be an Adobe connect issue. Please go in and full around with that and you will see that it gives you an improvement areas score for each of the four improvement areas, it will give you a cumulative score at the top, and then each strategy gets a 1, 2, 3, or 4.

And that is really important because that will help elicit the buy-in from the clinic that there are areas that they need to work on to improve, and it will also help to prioritize the areas they would like to improve.

Once they take this assessment and they get their scores, it will take them to the next step in the process. So the next component of the website is the improvement area, so I will go there next.

So again, the action kit was created so that and EHDI coordinator could help a clinic that is not very familiar with the improvement science or the process of audio improvement walk through creating an improvement project, or the clinic themselves -- this website is specific enough that if you are not familiar, you can monitor how to put together a quality improvement project just by reading the website.

It tells you how to score the results, it helps you [Can't hear] although you might find there are several areas in need of improvement that you want to really pick one area first, and then the first step in --

[CROSSTALK]

>> If you have joined a via telephone, please make sure you mute your line because we can't hear.

>> ELIZABETH SEELIGER: The first step is the assessment course, it tells you the inference between the two improvement scores and what they might mean for your organization.

It tells you some things you might want to do to validate those scores like conducting chart reviews, choosing the improvement area with the lowest score and focusing on one strategy with a score of 1, so this is really meant to help that conversation after the score to help the clinic pick a direction in which to move.

So then if they are wondering -- now that we know the area that we want to improve in, how do we go about choosing a quality improvement section.

There is a section on reviewing an understanding improvement science, and for this we really go right to the NICHQ website which has a lot of really super great information about PDSA cycles, the three fundamental questions, so instead of re-creating that we take that website to the niche QM site.

After the understand improvement science they will know very clearly that they have to create the quality improvement team. This talks little bit about how they can work as a team and approach the quality improvement project together. So this is really just giving them the bones of how they would go about working as a clinical team to improve care to infants and families.

So then we are back to those four improvement areas that they had conducted the assessment on. So if the assessment score showed that they were very strong in pre-appointment activities and appointments and very weak on reporting results, they may want to explore deeper the reporting results section of the improvement website.

So each improvement area has an overview of why that area is important both for improving care to infants and families, and also for improving the EHDI system at large.

So we're going to pick reporting results because I hear from a lot of EHDI coordinators that audiologists are not always super great in doing data recording.

So again, there assessment score would have led them to this improvement area. But again, there are a lot of different ways to improve reporting. So there were four promising practices

that came out of the learning collaboratives that we found were really important.

Reporting results of the diagnostic appointments with the primary care provider, reporting the audiology appointment -- the results of the audiology appointment to the state EHDI program, doing that reporting in a quick way; sometimes audiologists were reporting but they were reporting once a quarter instead of within seven business days, so we have that promising strategy.

And then really using a standardized method or form to report those results.

So let's say that in our individual improvement area improvement strategy score that we had a score of 1 in sending the diagnostic audiology results to the state EHDI program and a score of 1 to doing it within seven business days.

So our clinic might look at those and say those are the two strategies we scored the lowest on, and really we need to be better at reporting it all before we look at reporting in a timely way. So we will start with the results of reporting the all audiology to the state EHDI program.

Once we choose the strategy we want to work on then we have a series of ideas that we can explore together.

These are promising practices, but they are not an exclusive list. So if you are in EHDI coordinator working with a clinic, you can say these are some practices that other states have used, other clinics have used successfully, it will include a summary, it gives you the potential measures that you might use to track improvement in this area, and it also gives you some tools.

So another adage from NICHQ was to steal shamelessly. So every tool that has been uploaded into these action kits, we have gotten approval from the owners of the tool that you can take it and manipulate it and change it to fit your -- either your state need or that individual clinic and take it and change it and apply it for their clinic needs.

A couple of the change ideas are to use a standard form for sharing diagnostic results with EHDI, to modify the EMR to document the results of the appointment were sent to EHDI, to realize a back step form to make sure that EHDI receives the results.

So let's say we look at all of these different change ideas on the one that seems the most interesting and feasible to our quality improvement team was to utilize a fax back form to make sure they are getting results for people we get these reports of EHDI that says we are only reporting 25 percent of our kids, and that's not right, we need to make sure they are actually receiving the results on the other end.

So instead of having to then come up with our own form we can look at an example of a fax back form, so I will click on this little icon for a tool, you can click on that and barring my system will allow me to-- it will bring up a simple referral fax back form.

The vast majority of these tools are in a Word format, and again that was intentional to allow people to take and use and change and modify and adjust the resources to fit your individual needs.

That is an example of how you would use your assessment score, your overall area, right down to your change strategies, right down through the actual tools that you might want to utilize.

And then if we don't want to look at it that way, we want to go to a different one, you can open that one and you will see each of them are very similar in structure where they have the change idea, a summary, potential measures, and whenever possible we have related tools associated with that change strategy.

So that's the overview of the improvement areas.

The fourth and final part or components of the action kit is the tools section. We have created a glossary of all of the different tools that were associated with the different change strategies, but instead of attaching them to a change strategy, we have categorized them by improvement areas because we thought maybe you would want a one-stop shop to see all of the different kinds of tools that are available to you.

Maybe you have a clinic reaching out to you to say we don't need all of the other stuff, we know what we want to do, we want to create a list of just-in-time resources, do you know of anything EHDI coordinator is? And then you can go look and see on here if there is a tool that might be modified or utilized by the clinic.

All of these tools are embedded in the other area of the website, under the improvement every of the website, but they are grouped under the tools section.

So really that is the toolkit. We do have an area for questions and feedback. There is a general improve@gmail.com, that goes to a mailbox that Amanda and I and the Minnesota designee can access, and we will be checking that periodically.

I would not expect a one day turnaround. If you have a question it might take a little while, but we will get back to you.

If you have a more immediate concern, you can call NCHAM at the phone number listed above and they can triage those calls.

If you have a tool that you think is outstanding and should absolutely be included in this action kit, you can submit that tool again via the email account.

Please submit it in a Word document with permission to utilize it in the way that we have indicated, that it can be changed and edited and that kind of thing, and we will have a small committee that will review all of the tools submitted to us once a year and we will be updating the tools accordingly.

But the tool selection will not happen in real time.

I think that is all I have. I am sorry that the assessment did not work through Adobe connect. It does work on the website so please go check it out for yourself and let us know if you have any questions.

And now I guess Amanda and I will open it up for questions or thoughts or comments.

And Allison, should I give you control back of the --?

>> You can just leave it on the website so if a question pertains to something on the website, you can direct them.

>> ELIZABETH SEELIGER: Great, okay, anyone have any questions?

Or any thoughts about how you might use it?

>> I would love to hear some comments or some ideas of how states can really use this in their upcoming EHDI grant and ways to assess specific audiologists that they are working with and

how to improve coordination between the audiologist and there EHDI program. It's really a fantastic tool.

So there is a question, Elizabeth, someone asking if there is an actual deliverable kit that they can access for using in their state.

>> ELIZABETH SEELIGER: An actual deliverable kit?

>> I think it might be referring to the downloadable kit that you should in the beginning.

>> ELIZABETH SEELIGER: Amanda, do you want to talk about the paper form of this toolkit?

Is amended not on anymore?

>> AMANDA NORTON: I'm sorry, I am now in the airport and probably there was a lot of background noise.

You are able to download the entire document and print it at your leisure. You bring up a good point of something that we did not originally include which would be can we make one tool or one document that had all of the tools included, and I think that that is something that is feasible and practical that we could add to this.

We could add to the toolkit itself with an online resource so you are able to download and see if you wanted to print all of the tools that we have available.

>> ELIZABETH SEELIGER: But that is not available just yet.

>> AMANDA NORTON: It's not, but I think we could develop that if there was an interest.

>> ELIZABETH SEELIGER: Yes, so just to be really clear, the paper toolkit has been available for a while, but the feedback that we got was that it was so large when you look at all of the content in a paper format, it was something like 47 pages or something without the tools, so that is why we decided an interactive website version might be more useful to states.

>> And then we have a question about the presentation slides being available and yes, both recorded presentation as well as the PowerPoint slides will be posted on InfantHearing.org within a week.

I did get a comment from Vicki Thompson just saying that she is planning on using it with several clinics, and so she is excited about this opportunity.

>> ELIZABETH SEELIGER: Great. Well, if you have any feedback about what worked or did not work, we would love to hear it through that email account.

>> Okay. Well, if we don't have any additional questions, then I guess -- we will just hang tight for another minute or two, and if there are not any additional questions we will end early this afternoon.

Elizabeth, maybe I missed this. Did you talk about where they will be able to find the links via InfantHearing.org, etc.?

>> ELIZABETH SEELIGER: Just that they can use the link and embed it in their own state EHDI website, that is allowable. And we are still figuring out where on the InfantHearing.org website, on the NCHAM website, where it is going to be available.

It will be embedded in the improve EHDI.org audiology tab as well.

>> Great. And Kyle is asking to get the website again so they are able to download the kit.

It's actually a website resource, and then you can download a paper format. But Elizabeth, if you just want to restate the improve audiology website.

>> ELIZABETH SEELIGER: Sure, it's alive now, the action kit is live, so you can type in improve audiology.org.

>> Okay, let me see if there is any additional questions. Lisa in Rhode Island is saying that she is looking into using the toolkit with audiology practices in their state, and then I posted the website up for everybody to view.

I think more than anything just get in there and start playing around with it and see how it functions -- sorry, I am messing around with font size here -- see how it functions and tested out a little bit before you start using it with one of your audiology clinics, and then go out into the field and like Elizabeth said, please provide feedback on the usefulness of the

website and any additional resources that you feel like might contribute.

>> ELIZABETH SEELIGER: Great. Well, thank you Allison, for inviting us to come and share what we think is a really exciting resource.

>> Okay, it does look like there have been a few questions that have come in Jeanette as asking other plans to do the same thing with other strategies from the learning collaboratives such as with medical home.

[CROSSTALK]

I know we talked about maybe doing some additional toolkits or action kits as more tried and true strategies have come up, but we don't necessarily have any plans in place just yet.

>> ELIZABETH SEELIGER: And I think the feedback about how useful this is over time would help us to feel motivated to create those. So if you go out and use this and say this is awesome, now we want one to use with medical home, the feedback will help to make that happen I think.

>> So it sounds like there might be a little bit of confusion about the specific website saying that we have mentioned several websites.

The improve audiology.org is the actual website for the audiology toolkit or action kit.

The link to the audiology.org, what Elizabeth was saying is that we will post a link to the audiology action kit on the InfantHearing.org, that is the NCHAM overall website, and then we will also put a link to the audiology toolkit on the approved EHDI.org website, but the actual website for the action kit is the improve audiology.org.

The other --

>> ELIZABETH SEELIGER: It is a standalone website. We are letting you know where you can link it from or to, but it is a standalone website.

>> And we are really just linking it from those other websites to get people directed to it.

Okay, I think that wraps it up for today.

Again, we really appreciate your attendance and we will post both the recording of the webinar and the PowerPoint slides on InfantHearing.org.

Everyone that has attended today's webinar will get an email notification that those resources are posted, and we look forward to hearing your feedback about how useful the tool has been for you or any feedback that you provide so we can keep improving the action kit.

Have a great afternoon.

>> ELIZABETH SEELIGER: Goodbye everyone, thank you.