Small Changes Making Waves in California
Maintaining a Quality Improvement Collaborative over Time

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Collaborative History

- Focus on Los Angeles area
  - Over 155,000 births/year
- Formed as part of NICHQ Collaborative
  - June 2006 – June 2007
- Continuation of California Collaborative
  - July 2007 – Present
Collaborative Partners

• University affiliated birth facility (2000 births/year)
• University affiliated primary care practice (no longer participating)
• University affiliated audiology clinic
• University affiliated ENT clinic (only submits data)
Collaborative Partners

- EI – Local Education Agency
- EI - California Department of Education
- Parents/Deaf Adults/Advocates
- Hearing Coordination Center
- AAP Chapter Champion
- Health Insurance Representative
Collaborative Infrastructure

- Every other week conference calls
- Agendas and minutes
- Call facilitator
- Monthly data collection and reporting
Collaborative Infrastructure

• Staff member to manage the data
  ▪ Spreadsheets for reporting
  ▪ Reminders to report
  ▪ Recording data in Excel with graphs
Challenges

- Ongoing participation of team members
- Maintaining data collection and reporting over time
- Agendas, minutes, and reminders
- Maintaining the gain
Challenges

- Identifying measurements that are feasible and objective
- Getting partners to implement new tests of change and measure outcomes
- Spread
Interventions

- PCP and 2nd Contact Information
- Reduce No Shows for appointments
- Diagnostic evaluation by 3 months of age
- Language acquisition
PCP and 2\textsuperscript{nd} Contact Info

- Initial Goal – Increase to 85% of University hospital reports that contain these items
- Ongoing Goal – 90% of University hospital reports contain these items
PCP and 2nd Contact Info

Original Hospital - PCP and 2nd Contact

- Percentage
- Month and Year
- PCP
- 2nd Contact
PCP and 2nd Contact Info

- Spread to hospitals served by a contract agency
- Became performance indicator for contract agency staff
- Goal – 90% of reports from these hospitals contain this information
PCP Spread

Spread of PCP/MH on Infant Reporting Form

- Hospital A
- Hospital B
- Hospital C
- Hospital D
- Hospital E
No Shows

• Initial Goal - Decrease No Shows for outpatient screen and diagnostic evaluation appointments from 12.4% to 9.3%
• Started with reminder phone calls
• Then used education phone calls
No Shows

- Prework June 2006
- June 2006
- July 2006
- August 2006
- Sept 2006
- Oct 2006
- Nov 2006
- Dec 2006
- Jan 2007
- Feb 2007
- April 2007
- May 2007

No Shows Percentage Chart

- Percentage: 0%, 2%, 4%, 6%, 8%, 10%, 12%, 14%
- Month: Prework, June, July, August, Sept, Oct, Nov, Dec, Jan, Feb, April, May
No Shows

- Phone calls too labor intensive
- Switched to introductory letters
- Interim Goal – Decrease No Shows to 8%
- Current Goal – Decrease No Shows to 7%
No Shows

Month

Percentage

June 2007 10%
August 2007 8%
Oct 2007 6%
Dec 2007 4%
Feb 2008 2%
April 2008 2%
June 2008 4%
Aug 2008 6%
Oct 2008 8%
Dec 2008 10%
Diagnostic Evaluation by 3 Months of Age

- Schedule **two** evaluation appointments one week apart
- Difficult to implement consistently
Diagnostic Evaluation
Wellborn

Wellborn SCHCC Region Babies Who Completed First Appointment and DX Eval By 3 Months of Age

Cohort Group

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Mar-07 Apr-07 May-07 Jun-07 Jul-07 Aug-07 Sep-07 Oct-07 Nov-07 Dec-07 Jan-08 Feb-08 Mar-08 Apr-08 May-08 Jun-08 Sep-08

First Appointment
Completed Dx Evaluation
Diagnostic Evaluation

NICU

NICU SCHCC Region Babies Who Completed First Appointment and DX Eval By 3 Months of Age

Cohort Group

Percentage

First Appointment
Completed Dx Evaluation
Language Assessment

• Want to look at outcomes
• Issues of how to measure language acquisition
  ▪ Teachers not using the same tools
  ▪ Some tools are not normed
• Challenges
  ▪ Agreement on tool to use
  ▪ Training on use of agreed-upon tool
  ▪ How to measure and track improvement
Language Assessment

Percent of Children in Early Intervention with Age-Appropriate Language Using the Rossetti Scale

- **0-12 Months - Mild/Moderate**: 78%, 80%
- **0-12 Months - Severe/Profound**: 46%, 50%
- **12-24 Months - Mild/Moderate**: 50%, 44%
- **12-24 Months - Severe/Profound**: 60%, 33%
- **24-36 Months - Mild/Moderate**: 83%, 75%
- **24-36 Months - Severe/Profound**: 100%, 60%

Quarters:
- **Sept 2008**
- **Jan 2009**
Lessons Learned

- Maintaining a learning collaborative takes time and resources
- Must maintain infrastructure
  - Meet on a schedule
  - Minutes, agendas, facilitator
  - Management and review of data
- Maintaining the gain is never-ending