Small Change Can Make a Big Difference

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Many people carry the torch...

3 State Agencies work together for the Newborn Hearing Program
Illinois Department of Public Health
UIC – Division of Specialized Care for Children
Illinois Department of Human Services (including Early Intervention)

Newborn Hearing Process

1. Screening completed before 1 month of age
2. Diagnostic Hearing Evaluation by 3 months of age
3. Early Intervention begins prior to 6 months of age

NICHQ
The National Initiative for Children’s Healthcare Quality (NICHQ) is an action-oriented organization dedicated solely to improving the quality of health care provided to children. Founded in 1999, NICHQ’s mission is to eliminate the gap between what is and what can be in health care for all children.

Thanks to...

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Maternal and Child Health Bureau
Universal Newborn Hearing Screening and Intervention
Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening

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INFANT / FAMILY EARLY INTERVENTION

Audiologist
Physician
Hospital

IDPH – DSCC - EI

How do we hand off that torch / baton?

Where do we hand the baton off to?

Where could we hand the baton off to?

The Hospital / OB Dept.

• Birth
• In-patient screening
• Out-patient screening
• Report to IDPH

Early Intervention

Audiologist

Physician

Infant / Family
Newborn Hearing Screening is like a Decathlon

- 100 m dash
- Long jump
- Shot put
- High jump
- 400 m dash
- 110 m high hurdles
- Discus throw
- Pole vault
- Javelin throw
- 1500 m run

You don't have to take first in all the events to WIN!

Model for Improvement*

Setting Aims
Establishing Measures
Selecting Changes

AIM STATEMENT

Sample aim statement

- By March 2009, our team will improve follow up of newborns who do not pass hearing screen so that
  - 95% of newborns are screened within 3 days of birth
  - Of those who show hearing loss, 90% or more have an appointment made for follow up with audiologist within 2 weeks of d/c

*2001 Associates in Process Improvement
Our Measures... LONG TERM
- % newborns screened prior to discharge
- Rate of confirmed hearing loss per 1000 screened
- % infants with permanent hearing loss with an initial Individualized Family Services Plan (IFSP) completed by 6 months
- % infants with permanent hearing loss who are offered amplification/treatment (e.g., fitted with hearing aides) by 3 months of age
- % of infants who “did not pass” the screening phase (in hospital and/or outpatient screen) who get a complete audiology evaluation by 3 months of age
- % of newborns with results of newborn screening available for first newborn visit

EHDI Events
- scripting the message given the parents when an infant does not pass the initial screening test
- getting a second point of contact for the family, e.g., a relative or friend

EHDI Events
- verifying the identity of the primary care provider or clinic before the parents leave the hospital
- making the next appointment for the family and explaining why it is important to keep the appointment before they leave the hospital

EHDI Events
- reminder calls before appointments that include the reasons why the appointment is important
- making two audiology appointments so that the infant who can’t be completely tested at the first appointment is already scheduled to return in a reasonable timeframe

EHDI Events
- obtaining a consent for release of information at first contact with Early Intervention so that information can be entered in the State database
- use of the fax-back between specialists, including the audiologist and primary care provider
- use of the fax-back to alert the primary care provider of screening results and the need for prompt follow-up
The PDSA Cycle for Learning and Improvement

Act
• What changes are to be made?
• Next cycle?

Plan
• Objective
• Questions and predictions (why)
• Plan to carry out the cycle (who, what, where, when)

Study
Complete the analysis of the data
• Compare data to predictions
• Summarize what was learned

Do
• Carry out the plan
• Document problems and unexpected observations
• Begin analysis of the data

Why Test?

- Increase degree of belief
- Document expectations
- Minimize resistance
- Learn and adapt
- Evaluate costs and side-effects

Current Situation

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Change Concepts... Our Results

- 3 Teams began using scripting in the hospital after screening
- 2 teams implemented acquiring a second point of contact...“if you won the lottery, how could we contact you”
- 2 Teams worked on collaborations for diagnostics, medical consultation and hearing aid fitting
- ALL Teams engaged partners and defined roles (e.g. Part C and Title V)
- 2 Teams involved parent partners
- 3 Teams obtained ABR diagnostic equipment

Change Concepts... Our Results

- 1 Team developed family resource packets
- 1 Team developed family informational brochure
- 1 Team statistically showed and increased follow-up rate for out-patient screenings and/or diagnostic appointments

Learning collaborative leaders are here to provide support.