

## **Welcome to the Early Hearing Detection and Intervention (EHDI) Quality Improvement Project!**

Thank you for participating in the *Early Hearing Detection and Intervention (EHDI) Quality Improvement Project*. Participating practice teams will have a unique opportunity to assess and work to improve their practice when it comes to identifying and tracking infants who do not pass newborn hearing screens, referring these infants to the appropriate follow-up, and having meaningful discussions with family members regarding hearing screening results. Teams will test strategies and tools and implement changes between now and August 2017.

During this time, you will engage in collaborative learning with other primary care pediatric practice teams over an 8-month period (January 2017-August 2017). Practice teams will:

- Recruit a parent/caregiver partner to participate as part of their QI team
- Complete a web-based pre- and post-implementation survey
- Hold a brief discussion/interview with a family from your practice to assess gaps in patient care and to develop change strategies based on these gaps
- Participate in a 1-day in-person Learning Session on Sunday, February 12 at the AAP Headquarters in Elk Grove Village, IL (travel expenses will be covered)
- Perform monthly chart reviews to measure practice-based change around project aims and measures
- Submit findings and progress through 6 monthly narrative reports
- Engage in education on EHDI and quality improvement via participation in a series of five, one-hour facilitated discussions following a series of Plan-Do-Study-Act (PDSA) periods or “action” periods
- Participate in one quality improvement coaching call with the QI advisor
- Participate in a post-project feedback call

In this packet, you will find information to help you prepare for participation in the EHDI Quality Improvement Project, including how to conduct specific activities prior to the Learning Session.

Please know that we realize this may seem overwhelming! Please do not hesitate to contact staff, as follows, with questions now or in the future.

Sandi Ring, MS, CCLS  
Phone: 847/434-4738  
Email: [sring@aap.org](mailto:sring@aap.org)

We are excited you are participating! We look forward to working with and learning from you.

### Preparation Checklist

- Email [Sandi Ring](#) the name/email address for the QIDA administrator from your team – **as soon as possible**. Once you have signed the informed consent document and informed us who the QIDA administrator is for your team, you will be able to have access to QIDA.
- Return your RSVP form and book your air travel. If you have not made your travel arrangements yet, please do so by **January 9**.
- Sign and return your informed consent by **January 5**.
- If you were not able to attend the orientation webinar, email [sring@aap.org](mailto:sring@aap.org) for the link to the recording.
- Submit baseline record review data by **February 1**.
- Submit the pre-implementation survey by **February 1**.
- Email [Sandi Ring](#) your completed story board by **February 6**.
- Hold a conversation with a family within your practice who has an infant who either did not pass their newborn hearing screen or has been diagnosed with hearing loss by **February 11**. Teams will share one lesson learned or surprising finding related to this conversation at the learning session.

## **Early Hearing Detection and Intervention Quality Improvement Project Overview**

The Early Hearing Detection and Intervention (EHDI) Quality Improvement Project provides participating practice teams a unique opportunity to assess and work to improve their practice in identifying and tracking infants who do not pass newborn hearing screens, referring these infants to the appropriate follow-up, and having meaningful discussions with family members regarding hearing screening results. The project is led by an Expert Group, which provides clinical expertise and insight regarding the focus area. Members include pediatric quality improvement (QI) experts, general pediatricians, neonatologists, an audiologist, a representative from the National Center for Hearing Assessment and Management (NCHAM) a QI Advisor, and a family representative. See Appendix A for the Expert Group roster.

### **Project Aim and Measures**

By July 2017, five pediatric offices will make practice-based improvements that lead to enhanced care across the delivery system and strengthen the role of the medical home within the EHDI system. The participating pediatric practices will make improvements so that:

1. 97% or more of all newborns have documentation of the results of their final newborn hearing screening in their medical records by 6 weeks of age
2. 97% of newborns have documentation in their medical record that the results of the newborn hearing screening were discussed with the family no later than 6 weeks of age
3. 97% or more of all newborns identified to have risk factors associated with hearing loss will have documentation of those risk factors in their medical record by 6 weeks of age and will have an individualized care plan by the 4 months of age
4. 100% of children who do not pass their newborn hearing screening have completed an audiological evaluation by 3 months of age and documentation will be in their medical record by 4 months of age

See Appendix B for a full list and description of project measures.

### **Practice teams are expected to do the following:\***

- Recruit a parent/caregiver partner to participate as part of your QI team
- Complete a web-based pre- and post-implementation survey
- During the pre-work period, hold a brief discussion/interview with a family from your practice to assess gaps in patient care and to develop change strategies based on these gaps
- Participate in a 1-day in-person Learning Session on Sunday, February 12 at the AAP Headquarters in Elk Grove Village, IL (travel expenses will be covered)
- Perform monthly chart reviews to measure practice-based change around project aims and measures
- Submit findings and progress through 6 monthly narrative reports
- Engage in education on EHDI and quality improvement via participation in a series of five, one-hour facilitated discussions following a series of Plan-Do-Study-Act (PDSA) periods or “action” periods
- Participate in one quality improvement coaching call with the QI advisor
- Participate in a post-project feedback call

*\*See Consent Form for detailed listing of all expectations*

## High Level Project Timeline

Participant Enrollment (December 2016)	Prework/Baseline (January 2017)	Learning Session QI and Topical Education (February 2017)	Action Period (February – July 2017)	Attestation Process (August 2017)
	<ul style="list-style-type: none"> <li>Project orientation webinar and QIDA demo to understand data collection system</li> <li>Review and submit charts from past 3 months for all children 6 weeks and 4 months with “do not pass” screening and up to 20 charts each for children 6 weeks and 4 months who passed screening</li> </ul>		<ul style="list-style-type: none"> <li>Review and submit charts monthly for all children 6 weeks and 4 months with “do not pass” screening and up to 20 charts each for children 6 weeks and 4 months who passed screening</li> <li>Participate in at least 5 webinars to discuss data and receive education</li> <li>Implement interventions using PDSA cycles</li> <li>Communicate with other participants via listserv</li> <li>Participate in 1 QI coaching call and in the post-project feedback call</li> </ul>	



### Pre-work Activities and Instructions: What to do Before the Face-to-Face Learning Session

Many of the strategies you test will depend on making changes in practice culture and infrastructure. Such changes usually require the input of a variety of individuals and groups to adapt and implement these changes in your setting. A key ingredient for success is **engaging the senior leadership** in your practice. Such support will help remove implementation barriers and can help assure the long-term adoption of new strategies that enhance care for your patients.

#### COLLECT BASELINE DATA

A unique Web site URL has been developed for the *Early Hearing Detection and Intervention Quality Improvement Project* in QIDA (<https://qidata.aap.org/ehdi2>). The acronym QIDA is the Quality Improvement Data Aggregator, and it is a web-based data aggregation tool that has been developed by the American Academy of Pediatrics Division of e-Learning. It allows for the following:

1. Practice team administrator to enter improvement data securely
2. Viewing of real-time data reports and run charts, project workspace, and message board
3. Completion of project surveys

Access to QIDA occurs through a sign-in process. AAP members use their AAP single sign-on username and password to access the system. Non-AAP members will be emailed instructions for creating an account. The QIDA system will be not be available for use by participants in this project until informed consent documents have been signed. A QIDA user manual will be emailed separately and will also be available on the project workspace.

To maximize your learning at the face-to-face Learning Session, we ask that your practice complete baseline record reviews in [QIDA](#) from the **immediate past 3-months (November 2016 through January 2017)** for the following patients:

- **All children at least 6 weeks old** who your practice identified as having a “do not pass” newborn hearing screening result.
- **Up to 20 medical records for children at least 6 weeks old** who passed the newborn hearing screening.

- **All children at least 4 months old** who your practice identified as having a “do not pass” newborn hearing screening result.
- **Up to 20 medical records** for **children at least 4 months old** who **passed the newborn hearing screening**.

*Please note that each practice should pull and review records from all physicians in your practice. Record pulls should not be limited to the physician champion involved in the project.*

Enclosed with this pre-work packet are several documents that will assist you with data collection including the Instructions for Record Review (Appendix C) and a copy of the Record Review Tools for 6 weeks and 4 months (Appendix D).

Review these materials and then decide the best way to conduct record reviews in your practice. Complete the record review tool in QIDA for the set of patients using the information provided in the Instructions for Record Review by **February 1, 2017**.

### **COMPLETE THE PRE-IMPLEMENTATION SURVEY**

Important factors such as the people, processes, resources and culture of your practice will affect your ability to implement changes related to early hearing detection and intervention. Completing this survey at the start and end of the project will help you assess current systems in place related to early hearing detection and intervention, including the following:

- If hearing screening results are received prior to the first newborn visit
- Next steps when an infant does not pass the newborn hearing screening
- If the results of the newborn hearing screening are reviewed with families
- If risk factors associated with late onset or progressive hearing loss are assessed
- If the risk factor assessment results are reviewed with families

The pre-implementation survey must be completed by **February 1, 2017**.

### **COMPLETE THE STORY BOARD**

Practice teams will have an opportunity to present story boards (10 minutes per team) during the learning session. The goal of this activity is for teams to share information about their practice and what they are hoping to achieve during the project.

A **PowerPoint template** has been created for practice teams to use to develop their own story boards. The PowerPoint template will be sent to practice teams via email as a separate attachment.

Teams are encouraged to be creative. The aim of this activity is to share with other practice teams the story of what you are hoping to accomplish.

**Keep it simple and straightforward and have FUN!**

### **Questions to consider:**

- Describe your practice. Information **might** include:
  - # of clinicians
  - # of newborns entering practice monthly
  - Practice type
  - EHR systems utilized
  - Geographic location
  - Something unique about your practice and/or **community**
  - Anything else you'd like to share about your practice

- Describe your team
  - Team lead contact information: name, phone, email
  - List your team members and their roles within the organization.
  - Include photo(s) if available
- Describe your project aim/what you are trying to accomplish
- Assumptions that you had prior to pre-work that were confirmed
- Assumptions that you had prior to pre-work that turned out not to be true
- One lesson learned or surprising finding from the family discussion/interview
- Describe low hanging fruit, or changes you want to make right away
- Describe changes that are harder to make, but important for your team
- Describe what you want to test/focus on next

**How to submit your finished story board presentations:**

- Once your team has completed the story board (PowerPoint presentation), email it to Sandi Ring at [sring@aap.org](mailto:sring@aap.org).
- The storyboard is due **February 6, 2017**.

**INTERVIEW A FAMILY/PARENT**

Each practice team is asked to hold an interview/discussion with a family or parent regarding their experience with the newborn hearing screening and diagnostic process. Each practice team will choose a family/parent within their practice to interview who either has an infant who did not pass their newborn hearing screen or has an infant that has been diagnosed with hearing loss. Practice teams will be asked to verbally share one lesson learned or surprising finding from these discussions during the in-person Learning Session on February 12.

Please see the Family/Parent Discussion Guide in Appendix E for questions to help facilitate this discussion.

Please contact Sandi Ring at [sring@aap.org](mailto:sring@aap.org) if you are having trouble identifying a parent or family to interview.

**IDENTIFY A PARENT/CAREGIVER PARTNER TO PARTICIPATE IN PROJECT**

Each practice team is asked to identify a parent/caregiver partner who has an infant who did not pass their newborn hearing screen or has an infant that has been diagnosed with hearing loss to participate as part of the quality improvement team throughout the project. We understand that identifying parent/caregiver partners and truly engaging them can be a difficult process. Project staff and Expert Group members hope to help you through this process.

Please see the AAP/EHDI Program - Parents as Partners guide in Appendix F for guidance on selecting and engaging a parent/caregiver partner.

If you are having trouble identifying a parent/caregiver partner to participate on your team, please contact Sandi Ring at [sring@aap.org](mailto:sring@aap.org).