

**FLORIDA DEPARTMENT OF HEALTH
SUMMARY PROGRESS REPORT
FOR SEPTEMBER 1, 3013 THROUGH FEBRUARY 28, 2014**

ATTACHMENT 7

PROJECT IDENTIFIER INFORMATION

- A. Grant Number : H61MC00086
- B. Project Title: Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening
- C. Organization Name: Florida Department of Health
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SPECIFIC OBJECTIVES AND RESULTS

Goal 1: Decrease the percent of infants who did not pass the newborn hearing screening who are lost to follow-up or lost to documentation by at least .50% point each year compared to the previous year with a baseline of 13.57%. (The previous baseline was using a denominator of all births instead of infants who did not pass the newborn hearing screening. The formula was changed for consistency, yet is still different than what is used by the CDC which uses a denominator of infants that did not pass their “most recent” hearing screening.)

Objective 1:1 By August 31, 2014, the number of missed hearing screenings due to broken or inadequate equipment will be reduced.

Results: This objective was achieved. Two ABR screening devices were purchased and loaned to three different facilities during the reporting period. The first facility had the highest referral rate in the state due to outdated OAE equipment. The other two facilities were using OAE only, even for NICU babies. During the visit to provide the equipment, each facility was provided with necessary supplies for the device and educated on how to prevent future gaps and high refer rates by keeping equipment properly maintained, having extra parts on hand, and using the equipment properly. These loaner ABR screening devices reduced the number of unnecessary referred results for each facility.

Objective 1:2 By December 31, 2013, there will be no pending cases from 2012 births.

Results: This objective was achieved. Temporary office space resulting from intermittent permanent position vacancies and available funding was utilized as planned for temporary manpower to conduct follow up for infants who did not pass the newborn hearing screening. During the review period, this temporary help handled 4,711 follow-up phone calls for 2,144 cases resulting in making more progress with follow-up compared to last year at the same time. All 6,843 cases from 2012 births that did not pass the hearing screening upon discharge had thorough follow-up by EHDI staff and all but 11 (awaiting diagnosis) were closed by the target date of December 31, 2013. This could not have been achieved without the assistance of the temporary staff. Each month, data was collected to determine the number of pending cases left from 2012 births and this

data was reported at each staff meeting so that those conducting follow-up could see the progress.

Objective 1:3 By August 31, 2014, 36 different birthing facilities will receive face-to-face training and technical assistance based on performance data for not reported rates, not screened rates, refer rates, and percentage of babies who failed the initial screening in the past year whose follow-up results were not yet received.

Results: This objective was achieved. Data was tracked each month for not reported rates, not screened rates, refer rates, and percentage of babies who failed the initial screening in the past year whose follow-up results were not yet received for each birth facility. Forty-two different facilities received face-to-face training and technical assistance for performance data during the reporting period. Data was then run for the following months to ensure improvement or determine next steps for intervention. Thirty-three of the targeted facilities showed improvement as a result of the training/technical assistance. Four others expect to show improvement from recent intervention. The remaining five continue to show poor performance and letters to the hospital administrators are being considered for them.

Objective 1:4 By August 31, 2014, 12 different audiology clinics will have been awarded for excellent performance data based on low average number of days to receive the diagnostic hearing evaluation form after an appointment, low average number of days for the appointment date, and high percentage of follow-up appointments made when necessary.

Results: This objective is being achieved. Data was tracked each month for the average number of days to receive the diagnostic hearing evaluation form after an appointment, the average number of days for the appointment date, and the percentage of follow-up appointments made when necessary. One top performing clinic each month was selected by EHDI staff. Each audiologist at the winning clinic was awarded with subscription to Audiology Online at [REDACTED] per person, a certificate of excellence, and recognition in an email sent to statewide stakeholders. The average number of days from date of birth to evaluation date decreased during the reporting period from 118 days to 78 days. Likewise, the average number of days from date of evaluation to date the results were reported to EHDI decreased from 20 days to 8 days.

Objective 1:5 By August 31, 2014, 8 different local Part C programs will have been awarded for excellent performance data based on a high percentage of children with a hearing loss that were enrolled and a low average number of days for enrollment date (date of interim or initial Individualized Family Service Plan).

Results: This objective is in progress. Data was tracked each quarter for the percentage of children with a hearing loss that were enrolled and the average number of days for enrollment date. One top performing program for one of the three quarters during the review period was selected by EHDI staff. The winners were awarded with children's books that focus on communication skills.

The data used to select winners was looked at more closely with Early Steps State Office staff to ensure fairness. Changes were made to the way winners are selected to account for acceptable reasons for delays in IFSP development, such as parent/child delay reasons. This data was not originally tracked by EHDI staff and is still being looked up in the Early Steps data system. Winners for the remaining quarters will be

selected as soon as the data is compiled and pre/post-implementation data will be compared to measure impact.

Objective 1:6 By August 31, 2014, a Florida-customized Loss & Found™ public service announcement will be purchased and disseminated through four different venues.

Results: This objective was not achieved. EHDI staff started to work with the vendor, Seaver Creative and the Florida Department of Health Office of Communications to create, purchase, and air a Florida-customized public service announcement, but it was determined that the amount of funds set aside for this project were not nearly enough to air the public service announcement, so this project was not pursued any further.

Objective 1:7 By August 31, 2014, all 135 birthing facilities will be provided a yearly supply of *Newborn Screening-An Important Beginning* and *Your Baby Needs Another Hearing Test* brochures.

Results: This objective is almost achieved. EHDI staff reviewed, revised, reprinted, and had both brochures translated. Vital statistics data and past survey responses were used to determine the appropriate amount of each item needed for each birthing facility.

Amounts for the *Newborn Screening-An Important Beginning* brochures were based on number of births. Amounts for the *Your Baby Needs another Hearing Test* brochures were based on number of refers. All birthing facilities received a six month drop shipment supply of the *Newborn Screening-An Important Beginning* brochures in September 2013. An entire year's supply was not sent as planned because of the anticipated change to the brochure to add the new disorder of Critical Congenital Heart Disease to the Florida Newborn Screening panel. A purchase order for the second six month supply is in process and drop shipments will be sent in April 2014. The *Your Baby Needs another Hearing Test* brochures are now included in the referred hearing folders that are sent upon request as described in the next objective.

Objective 1:8 By August 31, 2014, all 135 birthing facilities will be provided a yearly supply of referred hearing folders to provide to parents of infants who do not pass a hearing screening.

Results: This objective is in process. 660 folders were sent during the review period to 19 different facilities. Each folder contained the Loss & Found™ video, the *Your Baby Needs Another Hearing Test* brochure, a slot for an appointment card, and a current list of audiologists approved to serve infants. Facilities were encouraged to insert other items such as the inpatient hearing screening results, an appointment card, instructions for follow-up, and a map to the follow-up appointment location. The folders were provided in envelopes so that hospitals have the option to send them to families after discharge so that the folder does not get lost with the other items new moms take home. Sending the folder may allow it to arrive close to the follow-up appointment date to serve as a reminder of the appointment. By the objective target date, facilities who have not yet received their folders will be sent a year supply based on the typical number of annual refers for that facility.

Objective 1:9 By August 31, 2014, the number of audiology clinics submitting diagnostic hearing evaluation results will be 48 and the average number of results submitted statewide will be 165 per month.

Results: This objective was achieved. 72 different audiology clinics submitted at least one diagnostic hearing evaluation form during the reporting period which exceeds the target of 48. Compared to the baseline of 43, this is an increase of 29. An average of 217

forms per month were submitted during the reporting period which exceeds the target of 165. Compared to the baseline of 150, this is an increase of 67. A blast email was sent to all Florida licensed pediatric audiologists asking for a response to questions that determined whether or not they serve infants and about how many are served. Each month, the number of forms received per audiology facility was tracked. EHDI staff will conduct outreach with facilities that indicate serving infants who have not submitted forms after training on the new web-based reporting system is completed. The facilities will be trained on the importance of submitting the forms and be instructed on how to properly complete them.

Objective 1:10 By August 31, 2014, at least 20% of sent waivers for declination of follow-up testing will be signed by parents and returned to the EHDI office.

Results: This objective was not achieved due to poor results. A letter and waiver was created and sent to parents of a sample of 100 pending cases to test the effectiveness of this activity. The letter included information about the importance of retesting and gave parents the option of signing and returning a waiver verifying that they choose to decline follow-up hearing testing. The letter also included a self-addressed postage paid envelope. Only three letters were signed and returned. This activity was not expanded due to lack of response.