Webinar 2 of 2

Reducing Loss to Follow-up after Failure to Pass Newborn Hearing Screening

Including Quality Improvement in Your Application to HRSA-14-006

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Upcoming Teleconference

- **Tuesday, Nov. 19, 2013 at 2:30-4:30 ET**:
  Question and answer session

If you have not already done so, please register for the teleconference by going to

http://www.infanthearing.org/webinars/qi

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Questions

Type your questions into the Q & A function in Adobe Connect

OR

email alyson.ward@usu.edu

We will make sure all questions are addressed during the webinar or teleconference

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DANGER

EXPECTATIONS

You will be disappointed if you thought these webinars would:

1. Give you the "plug and play" formula for writing your response to HRSA-14-006
2. Give examples of perfectly written sections to include in your proposal
3. Provide a guarantee that your application to HRSA-14-006 will be funded

" Expectations are resentments in the making. I have learned to have no or low expectations on things that are out of my control (everything). This way, I'm usually pleasantly surprised. "

facebook.com/thinkgoodinc
9 July 2013 11:51 am

Purpose of HRSA-14-006

"This announcement solicits proposals for reducing the loss to follow-up of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery by utilizing specifically targeted and measurable interventions.

The purpose of this funding opportunity is to further focus efforts to improve the loss to documentation/loss to follow-up by utilizing specific interventions such as quality improvement methodology to achieve measurable improvement in the numbers of infants who receive appropriate and timely follow-up."

------ page 1 of HRSA-14-006

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The purpose of this funding opportunity is to further focus efforts to improve the loss to documentation/loss to follow-up by utilizing **specific interventions such as quality improvement methodology** to achieve measurable improvement in the numbers of infants who receive appropriate and timely follow-up."
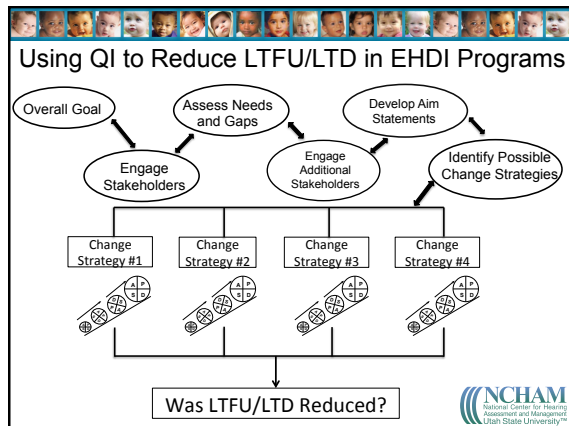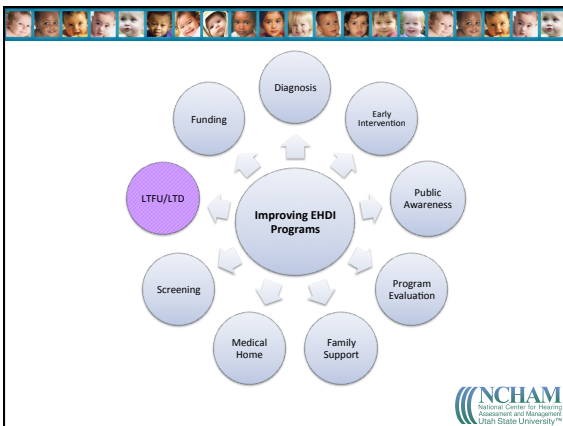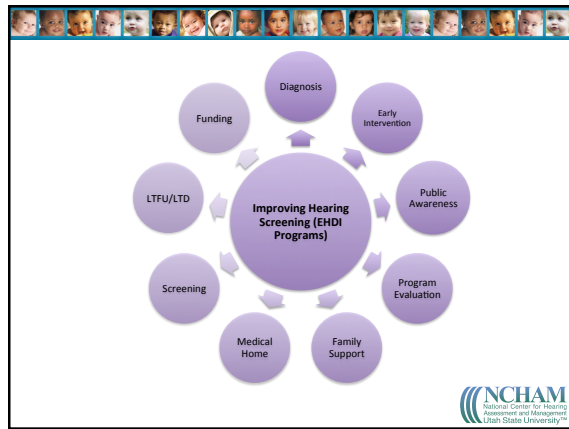
------ page 1 of HRSA-14-006

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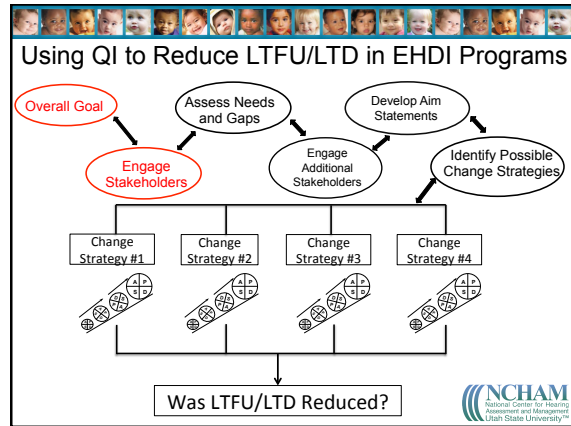Assessment and Management
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The *Purpose* and *Background* sections emphasize that successful responses to HRSA-14-006 must:

- Measurably reduce LTFU/LTD
- Use Quality Improvement Methodology
- Use a team of stakeholders to:
  - Craft an aim statement
  - Identify change strategies
  - Implement PDSA cycles to decide what changes lead to improvement
  - Spread successful changes throughout the system
  - Document progress using data reported to CDC and other appropriate data

------ page 1 of HRSA-14-006

Using QI to Reduce LTFU/LTD in EHDI Programs

Terminology

Familiar		QI
Goals	→	Aims
Objectives	→	Aims
Activities	→	Strategies
Outcomes	→	Measures

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Using QI to Reduce LTFU/LTD in EHDI Programs

Was LTFU/LTD Reduced?

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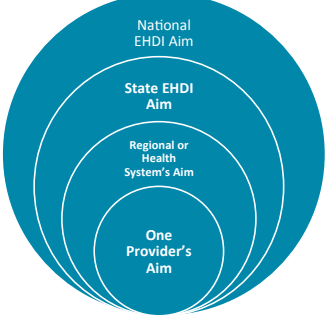

HRSA-14-006 Aim Statement

By March 31, 2017, awardees of HRSA-14-006 will use quality improvement methodology so that LTFU/LTD as reported through the CDC annual EHDI survey is decreased from a national average of 35% (2011 annual data) to a national average of 20% (2015 annual data).

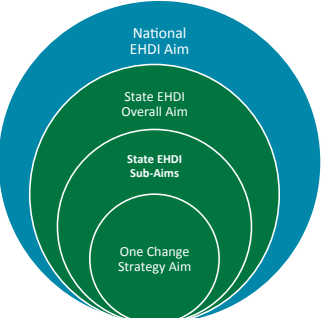This could also be referred to as the **Purpose** or the **Overall Goal** of HRSA-14-006

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- **Aim statement:**
  – What?
  – For whom?
  – By when?
  – How much?

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- **Aim statement:**
  – What?
  – For whom?
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Using QI to Reduce LTFU/LTD in EHDI Programs

Was LTFU/LTD Reduced?

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Engage Stake Holders

- You have already been working with stake holder groups
  - EHDI State Advisory Committee
  - Parent and advocacy groups
  - Focus groups
- Summarize
  - What you already know
  - What you think you know
  - How you can collect more information

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Using QI to Reduce LTFU/LTD in EHDI Programs

Was LTFU/LTD Reduced?

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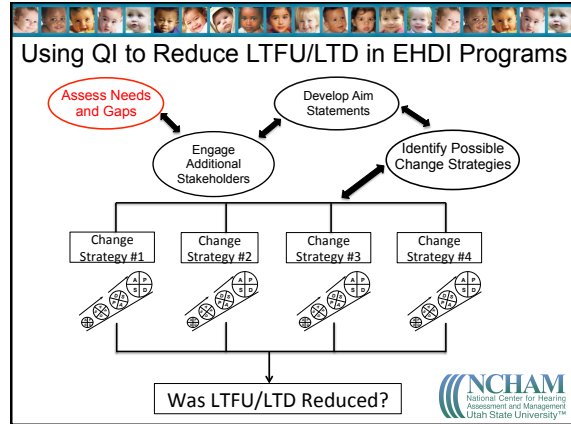
Assess Needs and Gaps

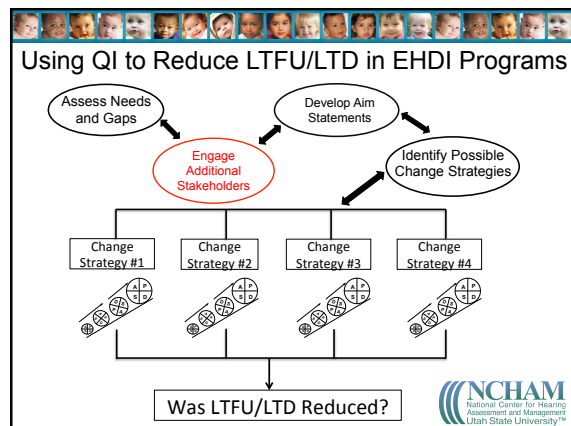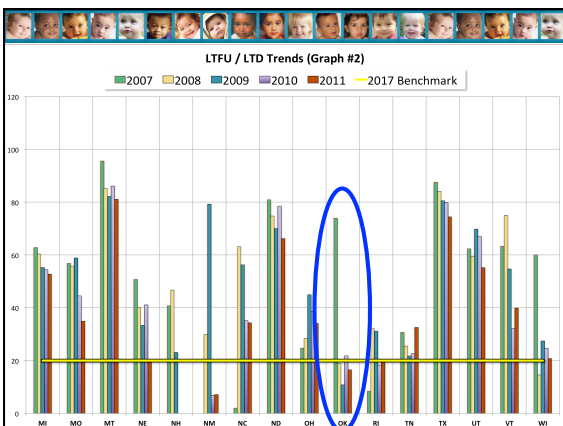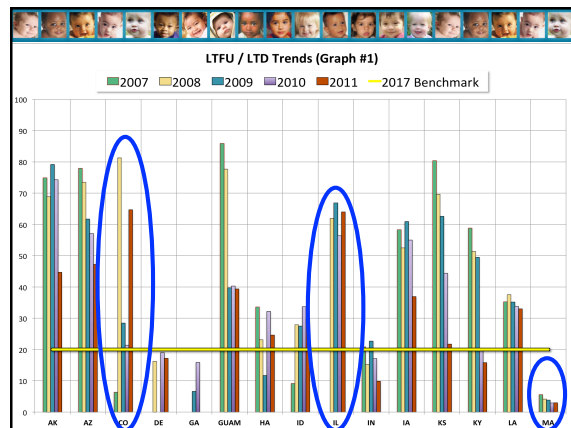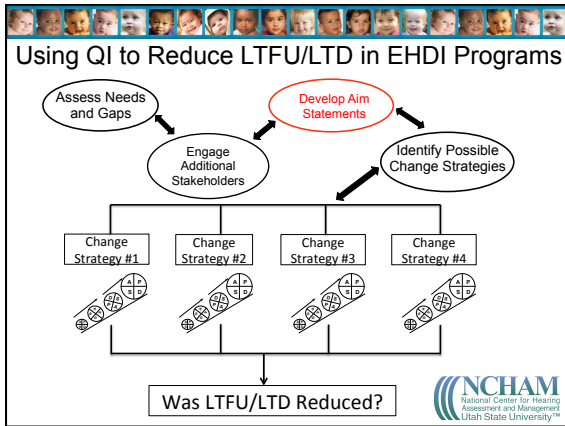- Annual data reported to CDC
- How well are screening programs implementing the 9 promising strategies
- Surveys and questionnaires
- Analyze "Outlier" programs -- both positive and negative
- Assessing needs and gaps should be ongoing and continuous

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LTFU / LTD Trends (Graph #1)

■2007 ■2008 ■2009 ■2010 ■2011 —2017 Benchmark

LTFU / LTD Trends (Graph #2)

■2007 ■2008 ■2009 ■2010 ■2011 —2017 Benchmark

Using QI to Reduce LTFU/LTD in EHDI Programs

Was LTFU/LTD Reduced?

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Slide 1

Using QI to Reduce LTFU/LTD in EHDI Programs

- Assess Needs and Gaps
- Develop Aim Statements
- Engage Additional Stakeholders
- Identify Possible Change Strategies
- Change Strategy #1
- Change Strategy #2
- Change Strategy #3
- Change Strategy #4

Was LTFU/LTD Reduced?

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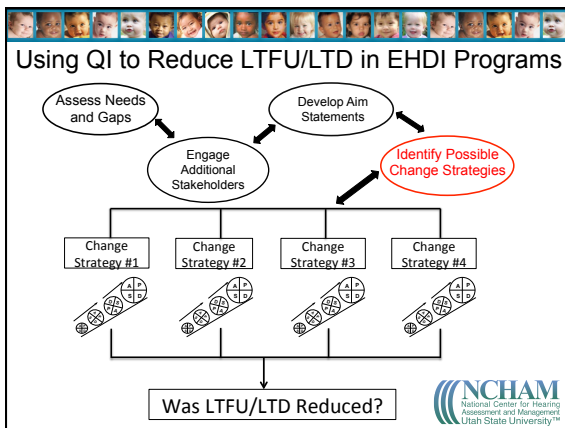Utah State University™

Slide 2

Aim Statement

- Specific: for whom
- Measure: how much will you improve
- Actionable: what will you do
- Realistic: is it doable
- Timely: by when

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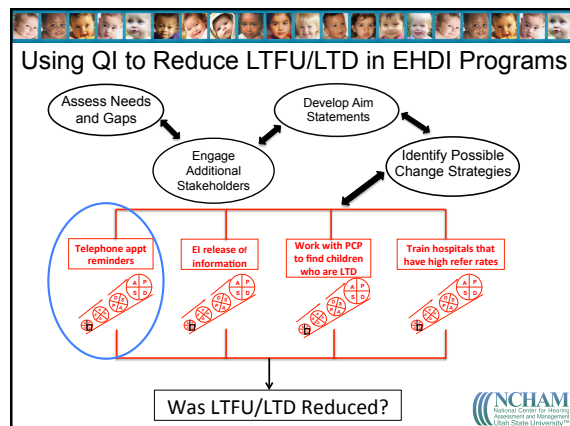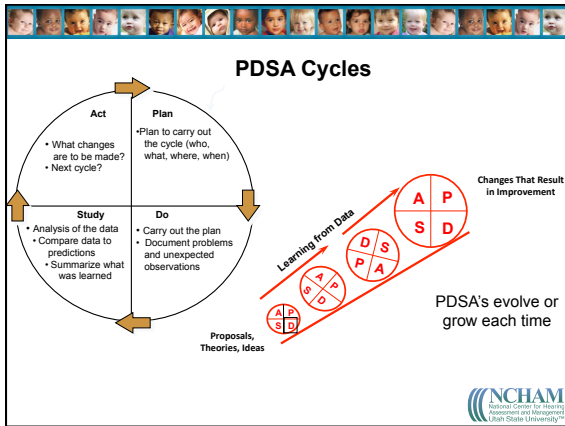Utah State University™

Slide 3

Using QI to Reduce LTFU/LTD in EHDI Programs

- Assess Needs and Gaps
- Develop Aim Statements
- Engage Additional Stakeholders
- Identify Possible Change Strategies
- Change Strategy #1
- Change Strategy #2
- Change Strategy #3
- Change Strategy #4

Was LTFU/LTD Reduced?

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Slide 4

Previously Tested Strategies

1. Script the screener's message
2. Use FAX-back forms
3. Ascertain the name of the infant's primary care provider
4. 2nd point of contact for the family
5. Make rescreen and/or audiology appointments at hospital discharge
6. Telephone reminders for appointments
7. Schedule two audiology appointments at hospital discharge
8. Obtain EI consent for release of information
9. Improve data tracking systems.

Other Possibilities

1. Work with primary care providers to to track down LTD
2. Implement public awareness campaign (print, broadcast, social media)
3. Hire Asst Followup Coordinator for state EHDI program
4. Require hospitals to report weekly instead of monthly
5. Translate scripts and parent information material into other languages
6. Provide training to hospitals that have >10% refer rates at discharge

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Slide 5

Previously Tested Strategies

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6. **Provide training to hospitals that have >10% refer rates at discharge**

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Slide 6

Using QI to Reduce LTFU/LTD in EHDI Programs

- Assess Needs and Gaps
- Develop Aim Statements
- Engage Additional Stakeholders
- Identify Possible Change Strategies
- Telephone appt reminders
- EI release of information
- Work with PCP to find children who are LTD
- Train hospitals that have high refer rates

Was LTFU/LTD Reduced?

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PDSA Cycles

Changes That Result in Improvement

Learning from Data

PDSA's evolve or grow each time

Proposals, Theories, Ideas

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

Plan
- Plan to carry out the cycle (who, what, where, when)

Study
- Analysis of the data
- Compare data to predictions
- Summarize what was learned

Do
- Carry out the plan
- Document problems and unexpected observations

PDSA #1: Telephone Appointment Reminders

Plan: For the next 3 babies at Mercy Hospital who do not pass NBHS, the scheduler will do telephone reminder the day before appt

Do: Scheduler tried to call all 3 families but telephone # was incorrect for one

Study: 2 of 3 families kept appts. Need better method for getting phone #s

Act: Do another PDSA with more families and improved method for getting phone #s

---

PDSA #2 for Telephone Appointment Reminders

Plan: For all babies born at Mercy and South Ridge Hospitals who do not pass NBHS during next 2 weeks, scheduler will do telephone reminder the day before appt. Space for 2nd phone # added to chart.

Do: Scheduler tried to call 10 families and reached them all, but one spoke only Spanish

Study: 9 of 10 families kept appts. Need Spanish speaker available

Act: Do another PDSA with more hospitals; arrange for Spanish speakers to be available

---

PDSA #3 for Telephone Appointment Reminders

Plan: Expand PDSA to include 8 hospitals – some with historically high and some with low LTFU rates

Do: Collect data at end of 4 weeks about # called, # reached, and appts kept. Do survey of callers to learn about strengths and weaknesses.

Study: 21 of 29 families kept appts. Training of callers needs to be better. Spanish was not a problem

Act: Revamp training procedures; continue with 8 hospitals and add 4 more.

PDSA #4 for Telephone Appointment Reminders

Plan: Do PDSA with 12 hospitals for 6 weeks

Do: Use revised training procedures with 12 hospitals can collect data about # called, # reached and # of appts kept.

Study: 47 of 51 families kept appts. 90% of schedulers thought process worked well and was reasonable to do
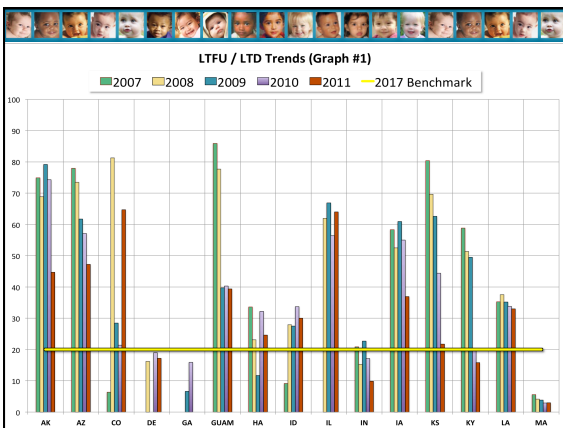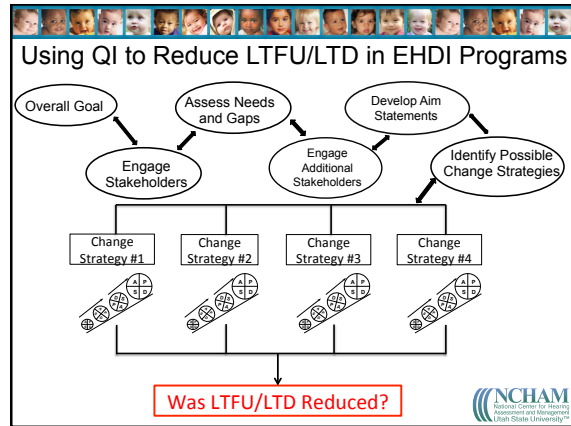
Act: Expand to include all hospitals in state and provide telephone technical assistance for any problem

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Similar PDSA cycles for:

- Obtain EI consent for release of information
- Work with health care providers to track down Loss to Documentation (LTD)
- Provide NBHS training to hospitals that have >10% refer rates at discharge

Changes That Result in Improvement

Learning from Data

PDSA's evolve or grow each time
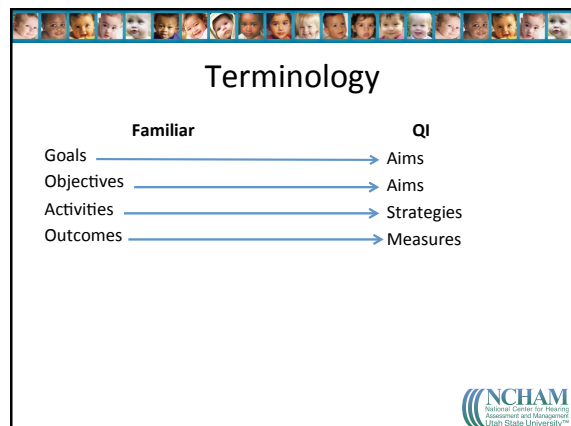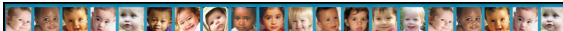
Proposals, Theories, Ideas

Remember!

- Not all PDSAs lead to improvements
- Some PDSAs require two cycles, some four, some eight
- If a PDSA isn't working: Revise plan or abandon the activity/strategy
- Not all grant activities/strategies are appropriate for PDSAs

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Using QI to Reduce LTFU/LTD in EHDI Programs

Overall Goal → Assess Needs and Gaps → Develop Aim Statements

Engage Stakeholders — Engage Additional Stakeholders — Identify Possible Change Strategies

Change Strategy #1 | Change Strategy #2 | Change Strategy #3 | Change Strategy #4

Was LTFU/LTD Reduced?

LTFU / LTD Trends (Graph #1)

2007 2008 2009 2010 2011 2017 Benchmark

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  - 8-15 Other Attachments

Note: If you find conflicts between anything in this presentation and FOA HRSA-14-006 or the SF-424 Application Guide, the latter two take precedence

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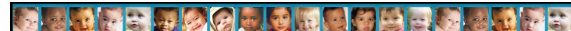
2014 HRSA-14-006: Application Details

- **Due date: December 27, 2013, 11:59 ET**
- **Page Limit:** 80 printed pages (page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this FOA)
- **Font:** Times Roman, Arial, Courier, or CG Times
- **Font size:** No less than a 12-point font for text and no less than 10-point for charts, graphs, footnotes, and budget tables
- **Spacing:** No less than 1.0 line (single) spacing

Terminology

Familiar	QI
Goals	→ Aims
Objectives	→ Aims
Activities	→ Strategies
Outcomes	→ Measures

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Abstract

At top of abstract	
✓ Project Title	✓ Address of applicant
✓ Applicant organization name	✓ Project Director name
✓ Contact phone numbers	✓ email address
✓ Website address	✓ Grant program funds requested

Content- In one page, single spaced -- include:

Brief description of proposed project
- ✓ Needs to be addressed
- ✓ Proposed services
- ✓ Populations to be served

Required Sections for HRSA-14-006

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Project Narrative: Introduction

- Describe the broad purpose and goals/aims of the project
- Goals are similar to an Aims Statement in QI, but are at the state level
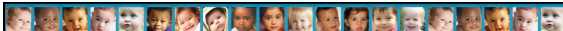- Goals should be based on the needs identified in your state

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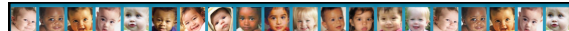 - 8-15 Other Attachments

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Project Narrative: Needs Assessment

- A needs assessment is the foundation of the work you are proposing (much of which should already be completed)
  - Who did you involve in doing the needs assessment (e.g., stakeholders)?
  - What gaps have you identified?
  - What data did you collect and/or analyze (e.g., CDC data, local surveys, data on 9 previously tested strategies)?
- What did you learn about LTFU/LTD from needs assessment activities?
- How will you prioritize needs and link to activities/strategies?
- Discuss needs in the context of unmet health needs, target population, and barriers.

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Project Narrative: Methodology

- Demonstrate your understanding of QI (how it has been and will be used- may want to refer to Attachment 7: Summary Progress Report)
- Describe how:
  - Small tests of change will be used to achieve goals/aims
  - Data will be used to inform decisions
  - Successful change strategies will be spread
  - Stakeholders will be engaged
- Link project to the state's EHDI Advisory Committee, Early Head Start, Title V, Home Visiting programs
- Discuss how program will be sustained after federal funding is completed.

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Project Narrative: Work Plan

- Describe specifically how you will use QI during the project period
  - What change activities/strategies will you test and how will they meet project goals/objectives/aims?
  - What might your multiple PDSA's on each strategy look like?
  - If PDSA's work as expected, is state wide spread possible, how long will it take, who will be responsible?
  - Timeline that delineates each activity/strategy and who is responsible.
  - How will you know that change is an improvement?

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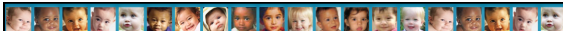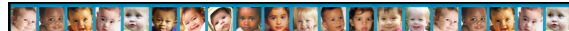
Sample Work Plan

Aim Statement 1

Changes / Activities (sequence as needed)	Start Date	Estimated Completion Date	Lead Staff and Partner Support (where applicable)	Process Measures	Outcome Measures

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Project Narrative: Resolution of Challenges

- Given the change strategies you plan to implement what barriers and/or challenges do you expect?
- How will you and stakeholders resolve those challenges?
- How will stakeholders and collaborators assist in resolving challenges?
- What experiences and expertise do members of your team have that make it likely you will successfully address these challenges?

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Project Narrative: Evaluation and Technical Support Capacity

- How will you monitor progress towards statewide goals and the aims of specific strange strategies?
- The FOA specifically requests information about "inputs, key processes, and expected outcomes" (page 6). Sounds like a logic model or driver diagram- perhaps include as attachment and reference here.
- Describe existing infrastructure and experience/expertise of staff that will enable you to collect above data.
- How will you check if different groups of "clients" are impacted differentially?
- Describe current and past work of a similar nature.

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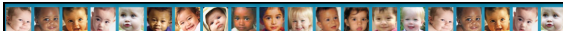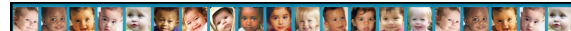## Project Narrative: Organizational Information

- Applicant's current mission, related activities, and successes.
- Organizational chart (Include as Attachment 5).
- Capabilities to provide culturally competent services.
- Previous experience with Quality Improvement methodology (you should have described this previously, so you are just referencing it at this point).

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Required Sections for HRSA-14-006

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Budget and Budget Justification Narrative

- Maximum amount that can be requested is $250,000 per year for 3 years

- Budget and Budget Justificaton Narrative must be prepared according to instructions in HRSA's *SF-424 Application Guide*

- All forms and instructions are available on www.grants.gov or on NCHAM's website at http://www.infanthearing.org/hrsa-webinar/foa-hrsa.html

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Attachment 1: Work Plan

"Attach the Work Plan for the project that includes all information detailed in Section IV. i. Project Narrative."
--(FOA HRSA-14-006, pg. 7)

- There are various ways to address this requirement-but don't simply repeat the information in the narrative work plan. Possibilities include:
  - Graphical summary of work plan described earlier (such as a logic model, PERT chart, Gantt Chart, etc)
  - Tables, charts, worksheets
- Suggested Length: 1-12 pages

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One Option for Describing Work Plan

Aim Statement 1

Changes / Activities (sequence as needed)	Start Date	Estimated Completion Date	Lead Staff and Partner Support (where applicable)	Process Measures	Outcome Measures

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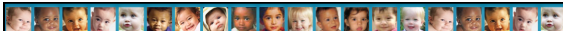## Required Sections for HRSA-14-006

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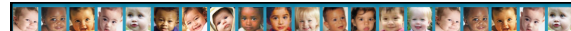## Attachment 2: Staffing Plan and Job Descriptions

- Each job description should be one page maximum length.

- Include information about;
  o Role
  o Responsibilities
  o Qualifications

- Suggested Length: 2-5 pages

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Attachment 3: Biographical Sketches

- Biographical sketches for 2-5 key people
- Consider using a standard template/format to make it easier for reviewers
- Each biosketch should not exceed 2 pages
- Letter of commitment for key people not yet working for agency
- Suggested length: 6-12 pages

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Attachment 4: Letters of Agreement

- Letters should describe working relationships between applicant organization and other entities cited in proposal.
- Describe actual or pending contractual arrangements that impact work scope
- Letters of agreement must be dated
- Suggested length: 2-10 pages

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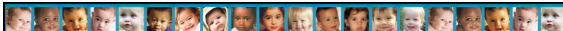 - 7. Summary Progress Report
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Attachment 5: Organizational Chart
- One page figure depicting organizational structure of project
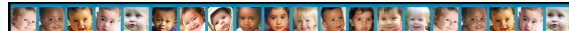
Attachment 6: Tables Charts, etc
- Any other charts and tables useful for describing project (e.g., PERT charts, Gantt charts, timeline figures, flow charts, etc.
- Suggested page lenth: 0-8 pages

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Attachment 7: Summary Progress Report

- All applicants that currently have grants from MCHB, **MUST** include this section.
- Describe
  - The period (dates) covered by the current grant,
  - Specific objectives addressed by the current grant,
  - Activities conducted for each objective
  - Positive and negative results
- Suggested Length: up to 5 pages

Attachments 8-15: Other Relevant Documents

- Other documents relevant to the application- including letters of support

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Review Criteria for HRSA-14-006

- **Need** (20 points)- Extent to which:
  - Problem and associated contributing factors are described
  - Contributing factors to executing a quality improvement project are articulated
  - Why the project will help resolve the problem of LTFU/LTD

- **Response** (35 points)- Extent to which:
  - The proposed project responds to the "Purpose" described in proposal
  - The strength of the proposed goals and objectives and their relationship to the identified project are described
  - The activities described in the application are capable of addressing the problem and attaining the project objectives.

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Review Criteria for HRSA-14-006

- **Evaluation Measures** (20 points)- Extent to which:
  - The methods proposed to monitor and evaluate the project results are strong and effective.
  - The evaluative measures will be able to demonstrate the extent to which program objectives have been met and the extent to which these can be attributed to the project.

- **Impact** (10 points)- Extent to which:
  - Plans for dissemination of project results are feasible and effective
  - Project activities are replicable and in line with the 2007 JCIH Statement
  - The applicant demonstrates an understanding and ability to articulate improvement starting from a baseline and how to set a goal/ benchmark as it relates to the purpose of the project.
  - The success of this project will be spread to others

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Review Criteria for HRSA-14-006

- **Resource/Capabilities** (10 points): Extent to which:
  - Project personnel are qualified by training and/or experience to implement and carry out the project.
  - The capabilities of the applicant and the quality and availability of facilities and personnel are appropriate for the proposed work

- **Support Requested** (5 points): Extent to which:
  - The proposed budget for each year of the project is reasonable in relation to the objectives, the complexity of the proposed activities, and the anticipated results.
  - Key personnel have adequate time devoted to the project to achieve the project objectives.

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