



Audiology EHDI QA Report to Promote Change

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Disclosure

We have no financial relationships or conflicts of interest to disclose relevant to this presentation.





Objectives

- Understand the value of reporting data back to stakeholders
- Identify ways to engage quality improvement strategies in audiology clinics

Needs Assessment - Data

- Understand State System
- Meet goals (State & National)
- Set goals/Identify Areas of Need
- Promote change

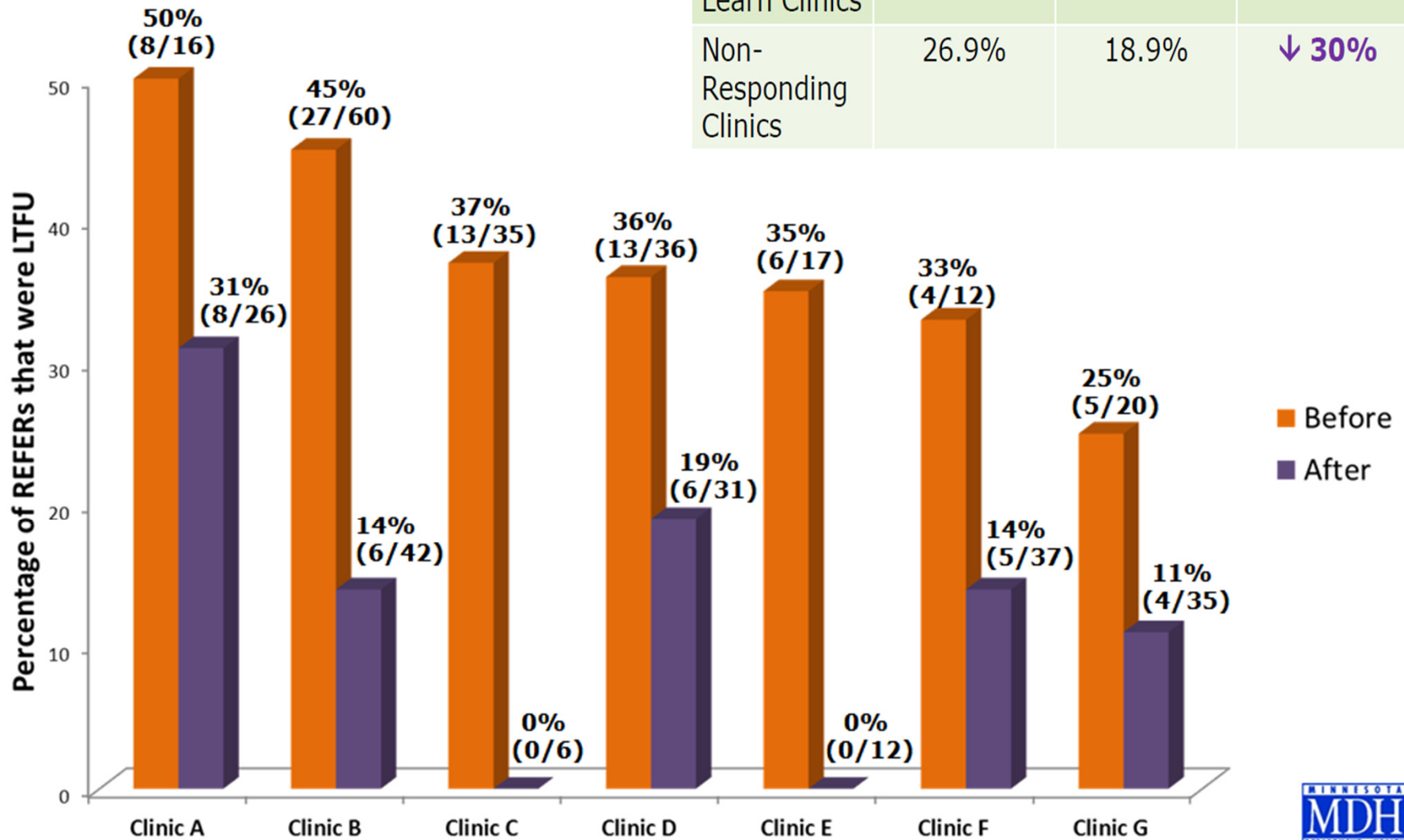


EHDI Data

<u>Indicator</u>	<u>2011</u>	<u>2012 Benchmark</u>
% Screened	98.5%	≥98.9%
% Screened < 30 d	97.3%	≥98.8%
Refer Rate	5.5%	≤5.1%
Rescreen < 1 mo	61.1%	≥74%
Dx Evaluation < 3 mo	23.0%	≥52%
LTFU	6.6%	≤8.5%
LTD	3.4%	≤3.5%

We know it works

Clinics	Before % LTFU	After % LTFU	Change
Lunch N Learn Clinics	24.6%	11.3%	↓ 54%
Non-Responding Clinics	26.9%	18.9%	↓ 30%

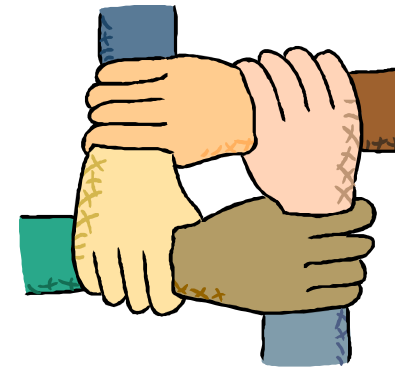


Data Reported to Stakeholder



- How can you change what you don't know

- Teamwork/collaboration /re-establish connections



A better tomorrow starts today



- Quality Improvement

Audiology specific NEED



- Delays to outpatient rescreen
- Late reporting
- Delays to diagnosis
- Delays to amplification
- Delays to Parent Connection

2011 Audio QA Report

Statistics for REFER Cases Reported to MDH January 1, 2011 to December 31, 2011

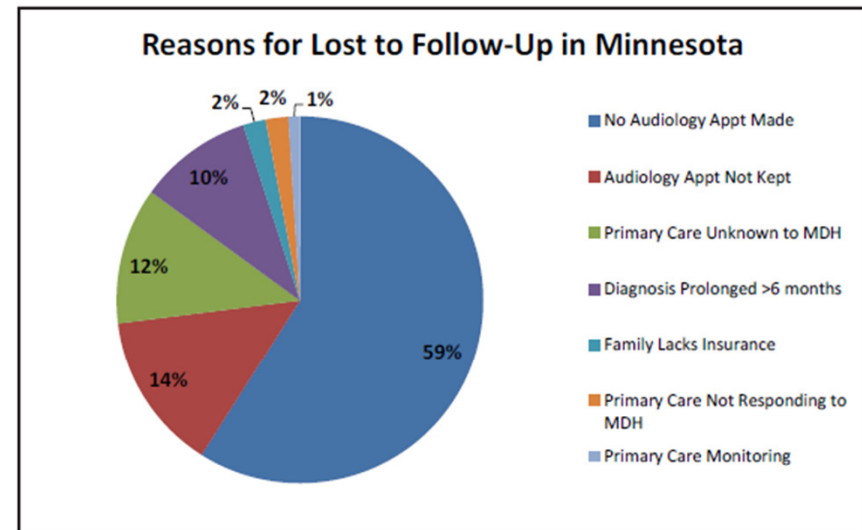
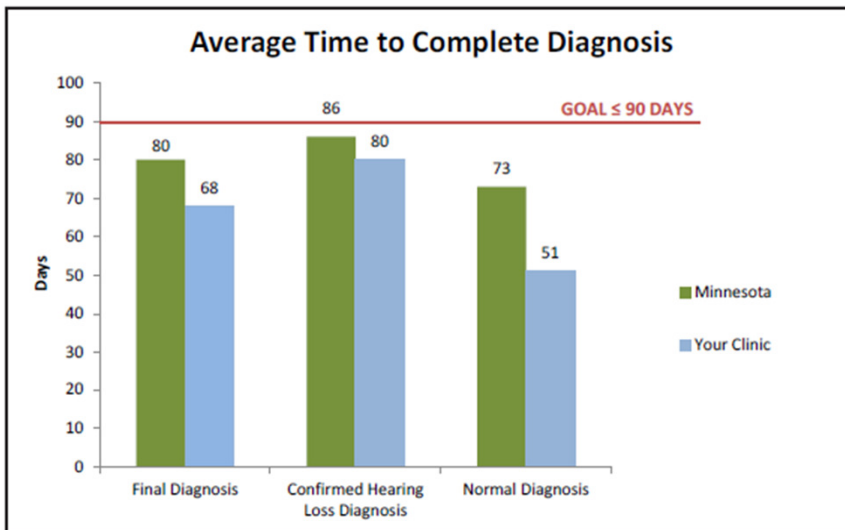
INFANTS WITH REPORTED REFER RESULTS ON FINAL INPATIENT HEARING SCREEN	
YOUR CLINIC	MINNESOTA
93	2832

OUTPATIENT RESCREEN RESULTS RECEIVED	YOUR CLINIC	MINNESOTA
Passed Outpatient Rescreen	39/53 = 74%	2117/2614 = 81%
Referred Outpatient Rescreen	14/53 = 26%	497/2614 = 19%
Average Time to Outpatient Rescreen	37 days	37 days
Percentage Screened ≤ 30 days	61%	61%

AUDIOLOGICAL REPORTING (GOAL ≤ 7 DAYS)		
Average Time to Reporting to MDH	9 days	8 days
Percentage of Reports Received ≤ 7 days	65%	71%

AUDIOLOGICAL DIAGNOSIS (GOAL ≤ 90 DAYS)		
Time to Complete Diagnosis (Range)	3-167 days	0-508 days
Percentage Diagnosed ≤ 90 days	64%	61% (CHL only)

2011 Audio QA Report



INFANTS LOST TO FOLLOW-UP DUE TO PROLONGED DIAGNOSIS

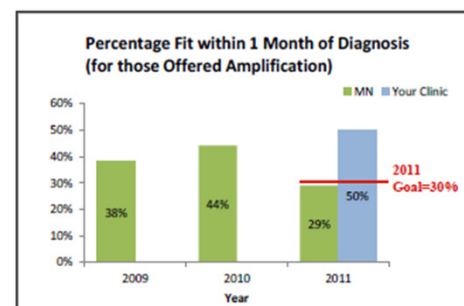
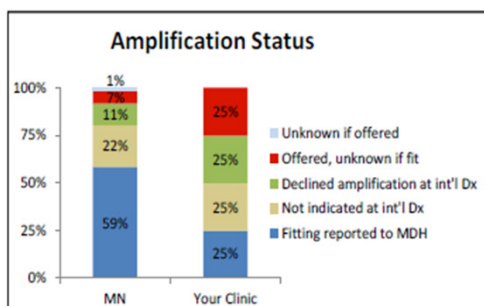
Diagnosis Prolonged >6 months	4	55
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2011 Audio QA Report

Statistics for Permanent Confirmed Hearing Loss Cases Reported to MDH January 1, 2011 to December 31, 2011

CHILDREN DIAGNOSED WITH PERMANENT CONFIRMED HEARING LOSS (PCHL)	
YOUR CLINIC	MINNESOTA
25	170

AUDIOLOGICAL MANAGEMENT



	YOUR CLINIC	MINNESOTA
Time from Diagnosis to Fitting (for those with known fit dates)	Average = 38 days Range = 0-93 days	Average = 62 days Range = 0-749 days
Requested Follow-up Reports Received by MDH	24 (96%)	165 (99%)

HANDS & VOICES		
Length of Time to Contact by Hands & Voices	Average = 54 days Range = 8-147 days	Average = 76 days Range = 0-818 days
Hands & Voices Contact Within 1 Month of Diagnosis	6 (25%)	39 (27%)

EARLY INTERVENTION		
Known Part C Enrollment for Children Age 0-3	11 (65%)	86 (67%)
Enrolled in Part C by 2 Months of Age after Diagnosis	3 (27%)	44 (51%)

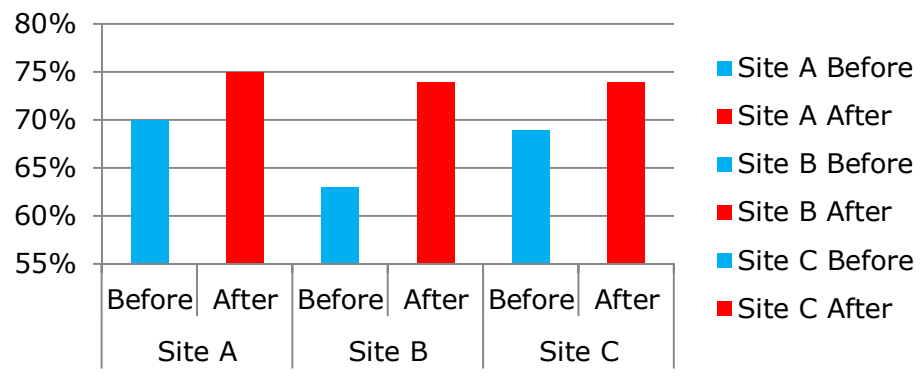


Evaluation

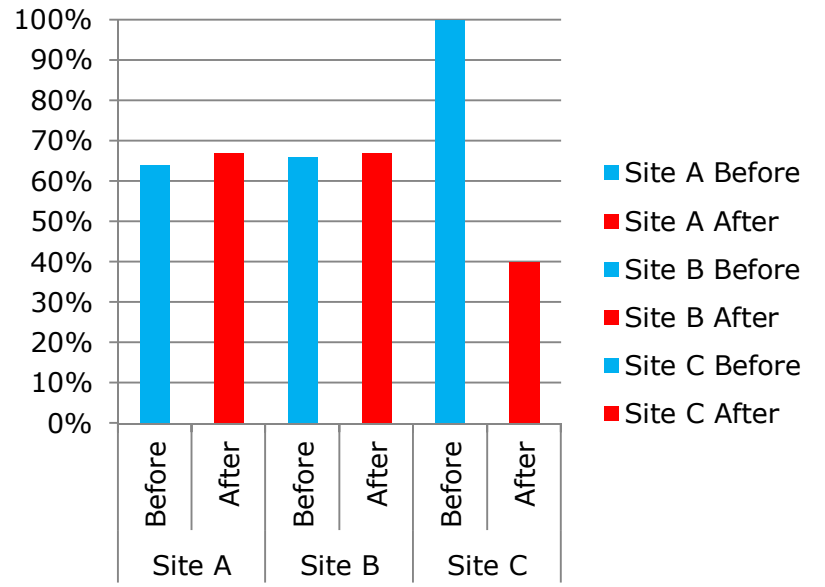
- Sent to Audiologists who attended the site visits
- Over 75% of respondents felt that the visit gave them ideas for how to better meet 1-3-6 goals
- Most (97%) respondents felt that the report was useful and one-third of respondents shared the report with others
- What did we learn?
 - It wasn't clear to everyone the need to report children through age 10
 - What data points would be helpful to Audiologists in the future?

Preliminary Outcome Data

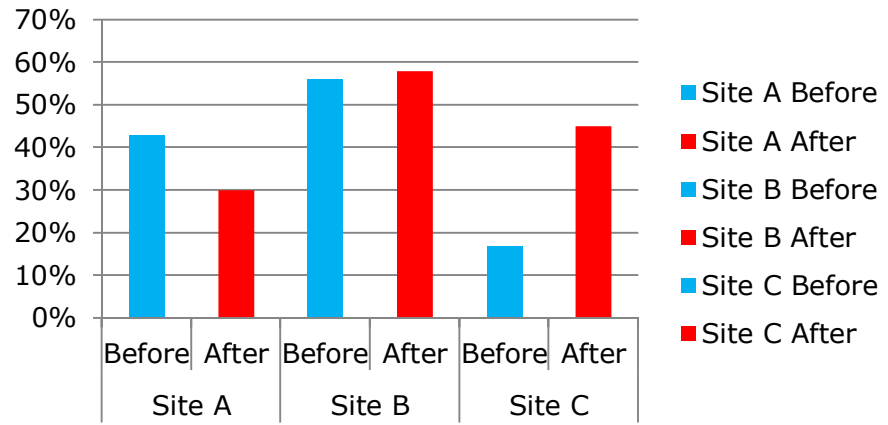
% Reports received by 7 days



% DX by 90 days

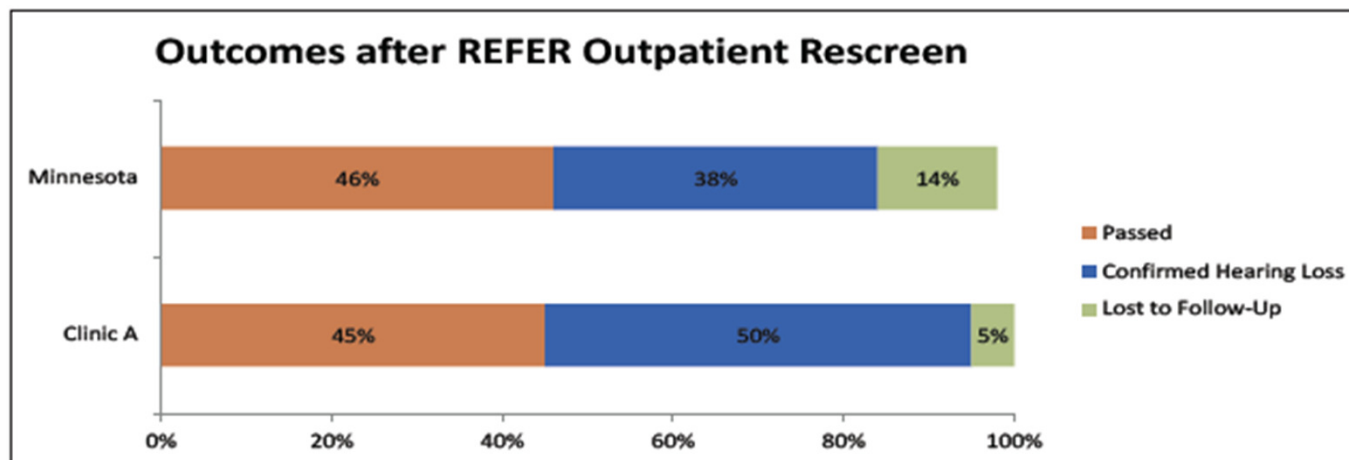


% Rescreened by 30 days



Next Steps

- Improvements to data report
 - Add clinic specific outcomes and reasons for LTFU
 - Adjust % fit within 1 month to reflect bilateral
- Send out yearly



Next Steps

Promote what is working - "Gold star EHDI Audiology"

- Outpatient rescreen by 2 weeks
 - Scheduled visits before leaving



- Initial diagnostic ABR completed by 4-6 weeks

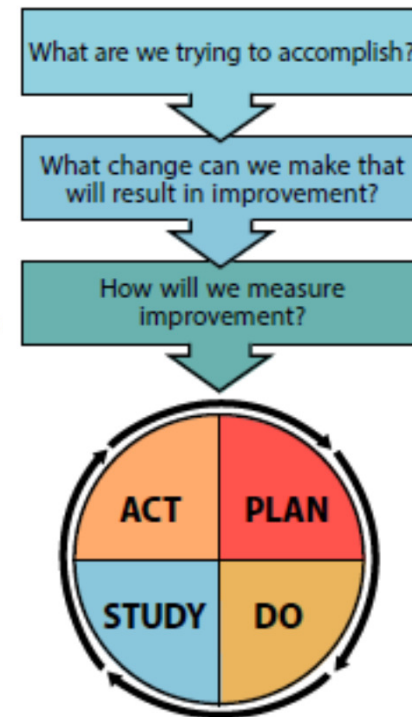
Next Steps

Year	% rescreened by 30 days
2011	35%
2012	39%
2013	36%

- Evaluate trends

- Implement small tests of change

Model for Improvement



Next Steps



- Continue Evaluation

- Provide Quality Improvement learning sessions at State Audiology meeting



Summary

- Keep data in front of the stakeholder for sustainability
- Can be generalized for other stakeholders
- Collaborative Input
- Highlight Successes too



Questions?

Thank You *Mahalo*
Tack **Kiitos**
Grazie **Thanks**
Takk **Gracias**
Obbrigado **Merci**
Toda

