

Applying Quality Improvement Techniques to Evaluate Strategies to Achieve the 1—3—6 EHDI Goals

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Objective / Purpose

Public health departments have begun to embrace continuous quality improvement (CQI) initiatives by building capacity, implementing specific projects, and developing supportive policies. In 2010, Maine's State Public Health Agency was awarded federal funding as part of the National Public Health Improvement Initiative. This initiative was designed to support health departments to implement performance and management improvement practices. As part of this effort, the Maine Center for Disease Control (MeCDC) Newborn Hearing Program adopted quality improvement tools and subsequently established a Quality Improvement (QI) team to improve business, program processes and outcomes.

AIM Statement

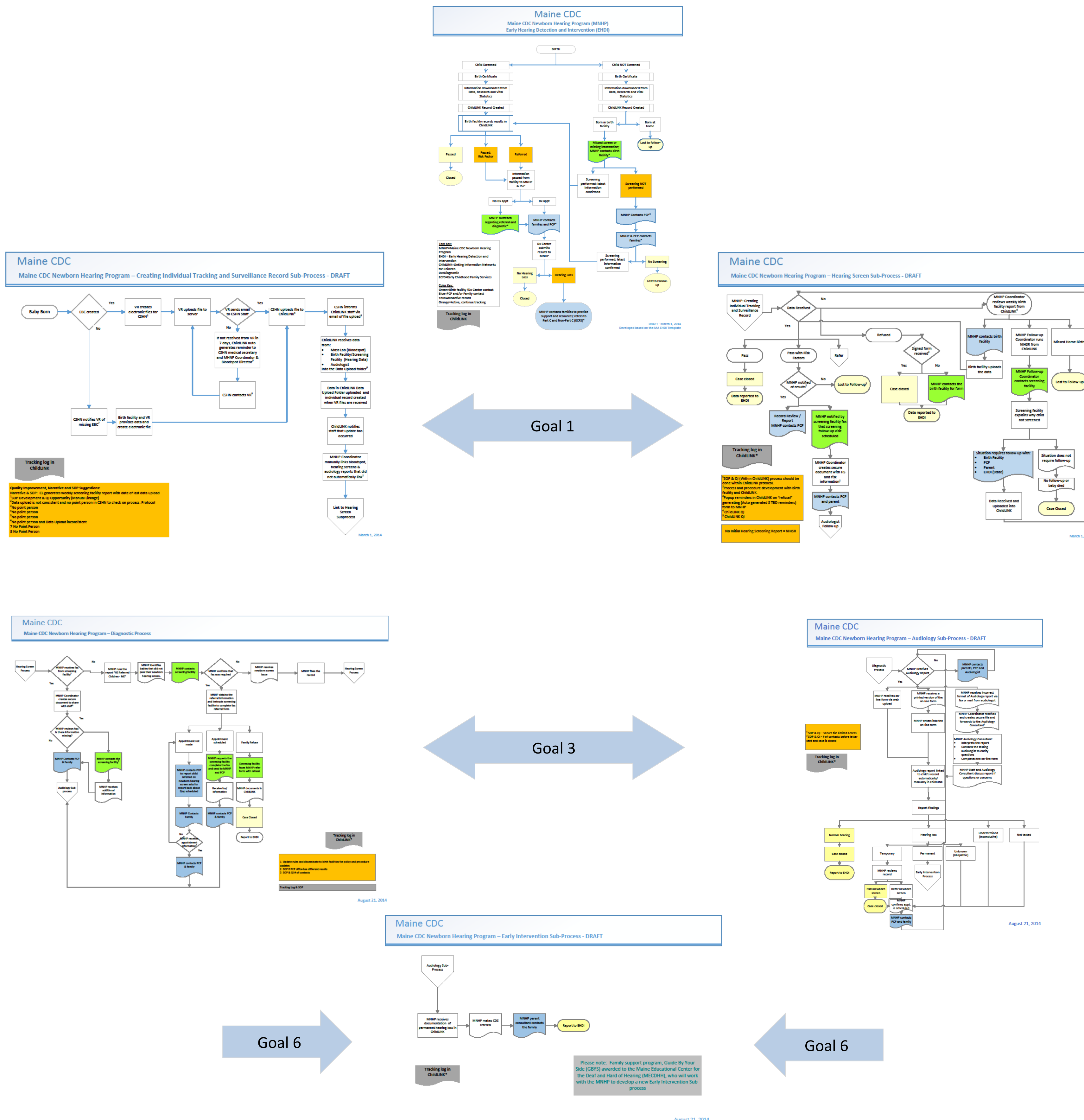
To standardize the workflow of the MeCDC Newborn Hearing Program (MNHP) by developing process flowcharts and a standard operating procedure (SOP) manual. This effort should improve the efficiency and effectiveness for the MNHP staff and by creating these processes and SOP; the program can better assist the families, stakeholders and MeCDC.

Method

The MeCDC Newborn Hearing Program is using the following quality improvement tools, techniques and approaches:

- Develop a Team Charter
- Draft an AIM Statement
- Participate in Brainstorming Activities
- Participate in Quality Improvement Processing
- Discuss Priority Settings
- Create Tree Diagrams

MeCDC Newborn Hearing Program Processes



Results

The MeCDC Newborn Hearing Program has developed the following processes, allowing the program to look closely at 1—3—6 EHDI Goals.

The overall flow chart relates to all three of these goals:

- Early Hearing Detection and Intervention (EHDI) process

Goal 1: All infants are screened for hearing loss by one month of age, preferably before hospital discharge:

- Individual Tracking and Surveillance Record sub-process
- Hearing Screen sub-process

Goal 3: All infants who screen positive have a diagnostic Audiological evaluation by three months of age:

- Diagnostic sub-process
- Audiology sub-process

Goal 6: All infants with a diagnosed hearing loss receive appropriate early intervention services by six months of age:

- Early Intervention sub-process

Conclusion

By using CQI the MeCDC Newborn Hearing Program has successfully:

- Executed positive change using CQI tools, techniques and approaches
- Improved program communication amongst staff

Moving forward, the program is committed to CQI efforts to improve and develop future policies, procedures and processes. In addition to the current QI efforts, the Program has:

- Identified and implement future efforts identified within each process
- Improve Lost to Follow-up outreach efforts by collaborating with the University of Maine - Orono, Linkage Information Networks for Children (ChildLINK) and the Maine Newborn Hearing Advisory Board
- Spread CQI efforts to other programs within the MeCDC Children with Special Health Needs Program