

# Quality Improvement in Action

## Implementation of Medical Home report to reduce Early Hearing Detection and Intervention loss to follow-up

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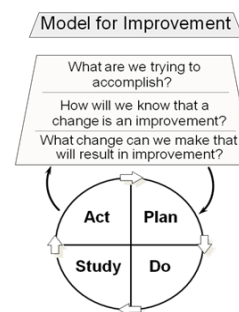
### AIM Statement (Goal)

The aim of this QI project is to improve follow-up after a Newborn Hearing Screening in accordance with the EHDI benchmarks. Our goal is to reduce loss to follow-up from 22% to 7% by April 2015.

### Improvement Theory

The RI EHDI QI team seeks to answer the following:

1. Will the use of a PCP report assist RI – EHDI with follow-up after a newborn hearing screening?
2. If a parent consultant is given scripts and clear guidance on how and when to follow up with families who need hearing appointments, will more families schedule and keep their needed appointments?
3. Is the PCP report a useful tool for EHDI follow-up in the Medical Home?
4. Will the use of the PCP report in the medical home assist primary care providers to actively be involved in the EHDI system?



### PLAN: Find Opportunity for Improvement

Practice Reports-Newborn Hearing Screening Follow-up

Report Criteria: Wednesday, February 26, 2014 07:16:24 AM  
 Provider Id: 34567  
 Practice: TEST PEDIATRIC PRACTICE  
 All Children up to age 3 years reported (not including children who have had a 3rd birthday)  
 Follow-up Categories Selected: Initial Screen, Rescreen, Visual Response Audiometry (VRA), Diagnostic Audiology, Diagnostic ABR

**Newborn Hearing Screening Follow-up Report:**  
 A list of patients in your practice who need follow-up from newborn hearing screening.

| Child Name | Date Of Birth | KIDSNET Id | Service Needed             | Reason not screened |
|------------|---------------|------------|----------------------------|---------------------|
| 1. Child 1 | 08/10/2013    |            | Visual Response Audiometry |                     |
| 2. Child 2 | 04/12/2103    |            | Visual Response Audiometry |                     |
| 3. Child 3 | 01/24/2013    |            | Diagnostic Audiology       |                     |
| 4. Child 4 | 03/07/2013    |            | Diagnostic ABR             |                     |
| 5. Child 5 | 12/15/2013    |            | Rescreen                   |                     |
| 6. Child 6 | 06/12/2013    |            | Visual Response Audiometry |                     |
| 7. Child 7 | 05/19/2013    |            | Visual Response Audiometry |                     |
| 8. Child 8 | 11/29/2013    |            | Initial Screen             | Refusal             |

### STUDY: Analyze Results

#### Examination of PCP report from September 1, 2014

##### All Practices

|                 | Need Follow-up | Received Follow-up after Sept 1st | Prior to September | Received No Follow-up |
|-----------------|----------------|-----------------------------------|--------------------|-----------------------|
| Initial Screen  | 12             | 9 (75%)                           | n/a                | 3 (25%)               |
| Re-screen       | 13             | 10 (77%)                          | n/a                | 3 (25%)               |
| Diagnosis       | 41             | 16 (39%)                          | 1                  | 25 (63%)              |
| VRA ("At Risk") | 361            | 100 (28%)                         | 19 (19%)           | 261 (78%)             |
| Total           | 427            | 135 (32%)                         | 20 (20%)           | 292 (68%)             |

By February (5 months later) 135 out of the 427 children (32%) on the report received the recommended follow-up.

The Rhode Island EHDI program continues to explore different approaches to move children born in the state through the EHDI system in a timely manner. RI EHDI understands that a strong Medical Home involvement is an essential component for an effective EHDI system. A medical home begins in a primary healthcare setting that is focused on the families' needs.

Since RI EHDI data is integrated with other children's preventive health data in an information system, it created an opportunity for the Rhode Island EHDI program to create reports of children in every medical home, who are in need of newborn hearing screening follow-up.

When selecting a quality improvement (QI) project, the EHDI QI team set out to decrease the number of infants lost to follow-up by utilizing a newly developed Primary Care Provider Report in the Medical Home.

### DO: Test the 'Theory for Improvement'

#### Different Strategies for implementing a Primary Care Provider (PCP) report

|              | Practice A  | Practice B   | Practice C   |
|--------------|---|--|--|
| <b>Plan</b>  | Have a parent consultant use PCP report and follow-up form to call families for EHDI follow-up                                | Ask an identified medical staff person to use PCP report to follow-up with patients in their practice using the PCP report | Mail the PCP report with cover letter to a similar size primary care practice to use for follow-up purposes              |
| <b>Do</b>    | Review EHDI goals with designated parent consultant; introduce PCP report; and instructed the use of developed follow-up form | Educate dedicated nurse manager on EHDI goals; introduce PCP report  | Report was mailed to the practice with a cover letter explaining the purpose of report as well as the importance of EHDI |
| <b>Study</b> | No children followed up out of the 6 children on the report   | There were 4 out of 10 children in the report who received follow-up   | Follow-up complete on 2 out of 4 children on the report  |

### ACT: Adopt, Adapt, or Abandon?

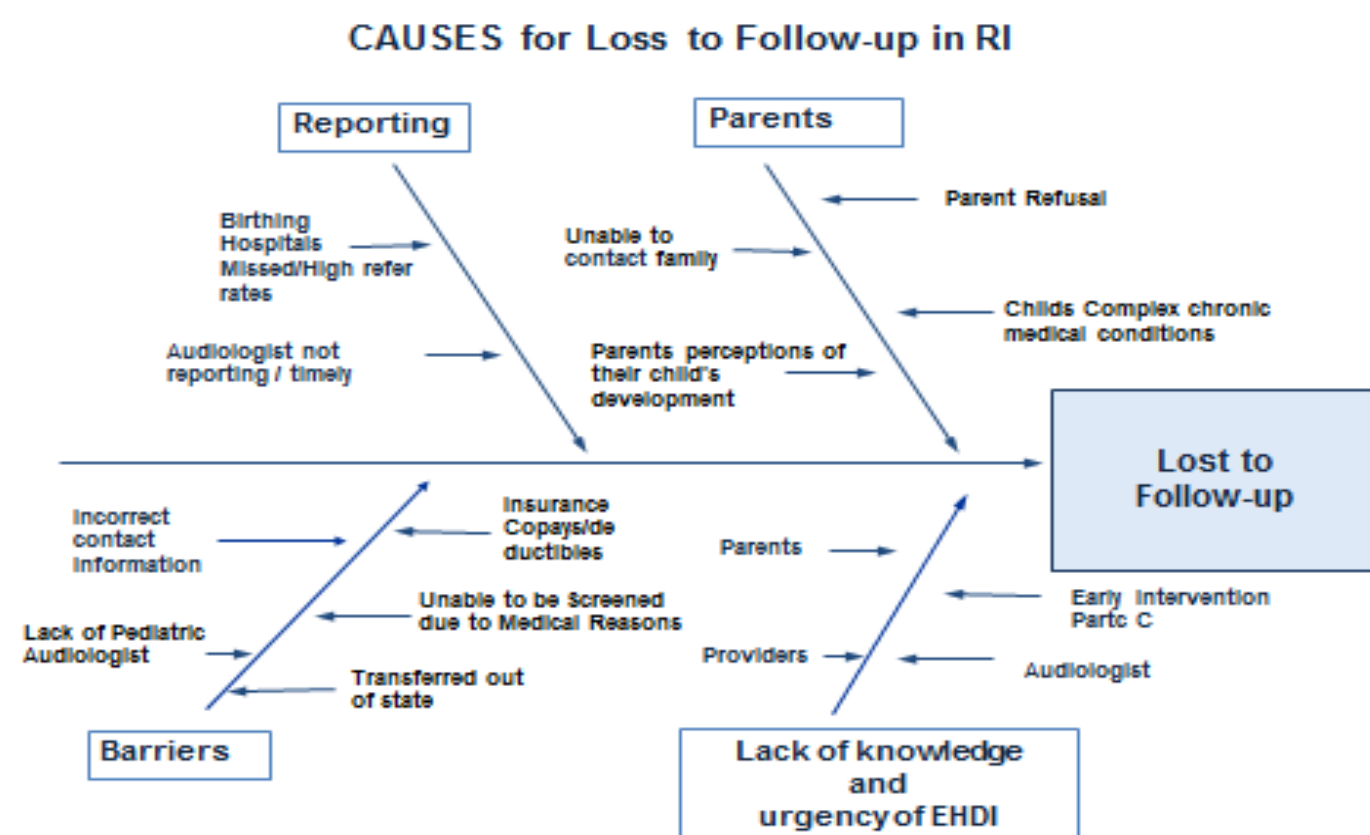
Next steps for the EHDI QI Team to **Adapt** are the following:

- Collect reasons why infant did not return follow-up
- Collect any additional contact information
- Continue to support and provide additional training to parent consultant and dedicated medical staff
- Train Primary Care Providers to run their own reports monthly instead of mailing quarterly reports

### Lessons Learned

- Just in time EHDI 1,3,6 awareness is the first step in improving lost to follow-up
- Very small numbers make it difficult to quantify effectiveness of QI change activity
- Difficult to correlate the data directly back to the PCP report
- Communication and providing feedback to medical home staff regarding following-up are essential tools in ongoing improvement

Thanks to RI EHDI QI Team Members and all Points-of-Contact!



"Coming together is a beginning, staying together is progress, and working together is success."  
-Henry Ford



#### It Takes a Team

RI-EHDI QI Team

- Betty Vohr
- Sherri Moniz
- Ellen Amore
- Liza Then
- Richard Lupino
- Elsbeth Brown
- Rebecca Vargas
- Pauline Belmonte
- Javier Lozada