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EHDI 2019

HEATHROW AB – SESSION 8

DEVELOPING A STATEWIDE PROTOCOL FOR DIAGNOSTIC TESTING

MARCH 5, 2019

4:20 pm – 4:45 pm

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>> DR. SHERYL SILVER: Good afternoon, everyone. Thank you for coming. This is the last session. So anyone going to any meetings tomorrow? Yeah, me, too. So I'm real excited about that.

So today I'm going to be talking about developing and spreading a statewide protocol for diagnostic testing. And this is taking place in Ohio. I am one of the audiologists at the Ohio Department of Health and specifically I work with the audiologists through the state and do the follow‑up diagnostic reviews and move the kids on to early intervention when they don't ‑‑ when they're diagnosed with hearing loss.

What we're going to talk about today is that I'm going to discuss the recommended protocol for follow‑up testing in Ohio. I'm going to explain how electronic reporting is used and that we can use it to establish baseline data for diagnostic testing among audiologists. And then I'm going to describe the methods to implement statewide testing protocols using quality improvement methodologies.

Here's a snapshot of Ohio's EHDI program. We have 129 birthing facilities, 138,000 per year. That we have about 4,000 babies that refer. We have over 200 diagnostic audiologists. We don't really have all of those reporting ‑‑ we don't have 200 top reporters. I could put it that way. But they are all trained to report electronically. Every month we have about 275 diagnostic evaluations coming in through the Ohio Department of Health. And we have about 35 to 50 babies diagnosed with hearing loss monthly. Our lost follow‑up rate in 2016 was about 23.36%. I'm not sure what happened there. I think I tapped something. There we go.

Now, part of that percentage includes our families who initiated going in through the first appointment, the baby didn't sleep well, woke up, maybe the parents came late and there wasn't enough time to complete the testing. And so those families just didn't come back. And that's what we're trying to work on now to reduce that loss to follow up rate by working on those undetermined and lost kids who went in first and never came back.

So, in the State of Ohio, all diagnostic reporting to the EHDI program is done electronically. We use the Hightrack platforms. Anyone familiar with or use it in their state? You do? It's very comprehensive program. You can track everything from the screening through to the early intervention, nice places for notes. So we've been using that for quite a while at the Department of Health.

We find that with the audiologists reporting electronically, we have more detailed diagnostic information about the types of tests performed, the test results and the hearing status. Our prior method was a form that we had developed, a paper form. And it was faxed to us or mailed to us. At that point we had data entry folks from around the state enter that information for us. So we've really dramatically changed the way that we do things. We find that it reduces time between diagnosis and referral for Early Intervention services. And that has been reduced to, you know, the audiologists submit the evaluations, we merge it into our data system. The whole process takes between 24 and 48 hours whereas before it could take seven to 10 days.

It also allows monitoring of diagnostic trends and outcomes. So we can utilize this Hightrack platform to get information, individual information, about audiologists. So one of the things we've been working on lately is testing patterns. So we're trying to see how the audiologists are actually testing within the state because what we are doing is we are trying to implement a statewide protocol for diagnostic testing. So we had to get our baseline. And the testing for the baseline was fairly recent. So it was between November 2017 and February 2018.

So here is an idea of what one of the pulls from the data was. And so this was just the types of testing, the types of diagnostic testing performed by the audiologist.

So you can see some differences here. So if you go down a little bit, you could see that we've got one audiologist, you see the diagnostic ABR is 18. And then their OAEs are at 16. Well, that's pretty close. They're doing a fairly comprehensive job, not doing tymps but this is what we're looking at.

And then you've got another audiologist down there that's doing 54 ABRs but then they're only being 14 OAEs and 14tymps. So what's going on with that?

This is just another snapshot. We can pull the ABR results here. So we can do our wave 5 and then go into our tone bursts. We can see how many of these audiologists are actually performing what.

So you see there's one that's doing Wave 5, they're 66, it's kind of in the middle and then they're not doing anything else. Oh, we've got one that's 4,000Hz. So, we have people all over the board. Not saying that they're not proficient. Obviously they've all gone to school. I'm an audiologist so I'm not going to say anything. It's just there's differences. And we thought we would hone in on that and try and get some similarities across facilities within the state.

As I said, our goal here is really to reduce the number of evaluations that are undetermined or unconfirmed. So we established the baseline for all reporting audiologists. We provided some facility‑based improvement strategies. And we also sent out a survey for audiologists that had really higher percentages of undetermined results. So we grouped ‑‑ our researcher grouped that audiologists with their peers, meaning this is the amount of testing they do on an average basis.

So here we have audiologists with 50 or more diagnostic evaluations. And the ones that are highlighted are the ones that are showing who is a little bit higher in doing those undetermined results. Why? What's going on?

So we developed a survey. We submitted it to all the audiologists regardless of what peer group they were in and sent it out. And we found ‑‑ I could tell you some of the ‑‑ one of the things that we did is we asked them a question -- since some of you aren't familiar with Hightrack, there is a way in there where they can put in the final results. And there's also a little checkbox. Is it confirmed? So we ask the question: Does the reporting feature in Hightrack, the hearing disposition, allow you to report results satisfactorily? So what we found is, no, they weren't happy with that reporting feature. So that's something we're going to work on as part of reducing that undetermined.

So, one of the things that we did going back to the statewide protocol, because this is, again, one of the things that everything ‑‑ everything is always multi‑facet. Right? So this is one of the first and biggest approaches we had to trying to get everyone doing the same thing or close to the same thing.

So in 2015 we developed a task force. It was established specifically to standardize the diagnostic evaluation measures for the State of Ohio audiologists and they called it COACH. So COACH is the acronym for Coalition of Ohio Audiologists and Children's Hospitals. And members were audiologists who specifically provide follow‑up testing for newborns when they don't pass their hearing screening. And pediatric otolaryngologists and the EHDI program at the Ohio Department of Health.

So we came up with two diagnostic protocols in Ohio. We just have the two screenings in the hospital. And we don't allow for an outpatient screening. Babies that don't pass their two screenings in the hospital have to go on for an audiological evaluation.

So we came up with a limited diagnostic protocol in which the audiologists are actually performing the OAEs, the Tympanometry, and then the clicks at 60 and 25dB. If everything is normal, everything looks beautiful, you're done. And this is also only for babies without risk factors, well baby nursery. Now, let's say something doesn't look right. Then you can go on to the full diagnostic protocol.

I want to also mention that we said that the limited is optional. Because we have some teaching facilities, some Children's Hospitals have teaching facilities. And they're going to want to do the whole ABR. They are going to want to do chirps. They're going to want to do ASSR. And so, of course, that's fine because they're doing a good test anyway. But if anything doesn't look good, then they're going to move on to the full diagnostic protocol and that's going to include all of your tone bursts and your bone conduction.

So the way we started this is we had a training, a hands‑on, in‑person, live training in Cincinnati, which is South Ohio, south, south. [Laughter] Ohio. It was a three‑day conference. It was a hands‑on part, 10 presentations and we had some nice speakers from both inside and out of the state. And prior to that we had four weeks of online preparation in which people had readings to do if they were a participant and then there were weekly chat sessions.

So, that went rather well but we limited to, like, 40 or 50 participants. It went well. It was a trial run. And we said, ok, now what are we going to do? How are we going to move this forward?

So we worked with Cincinnati Children's Hospital and the Ohio Speech and Hearing Professionals Board and what we did is the 10 presentations were videotaped. So we got the video tapes, moved it to our Creative Services Department to do their thing. We got the Ohio Speech and Hearing Professionals Board to allow us to provide Continuing Education. We placed the presentations on a platform called Ohio Train. And then we purchased a lot of books, the *Comprehensive Handbook of Pediatric Audiology*. Because what we wanted to do was give these participants who were doing it outside of the conference atmosphere the same kind of experience.

So, we are right now in the process of doing in‑person regional trainings. So we're doing six around the state, Children's Hospitals mostly. We talk a little bit about the Ohio‑specific trainings, the electronic reporting, our expectations, things that they should be doing, like a little refresher. And then we introduce the presentations and talk about the Ohio Train platform. We talk about the two different COACH protocols. We have to get a little more technical because it's all audiologists. And then we give them the syllabus. And we have a book agreement. We're not just giving them the books. They have to agree to do all the trainings and to do all the readings and then they get to keep the book.

They also have to do a 30‑minute or ‑‑ or participate in a 30‑minute conference call with the Ohio Department of Health. And it's during that conference call that we talk about the COACH protocol and we talk about -- there's a specific video on the COACH protocol. We have set questions that they get ahead of time. And that's what we discuss during that conference call.

And basically if they complete all the requirements, they can keep the book. And there is a way in Ohio Train to track who has done what they're supposed to be doing.

So, for a quality improvement piece, we're going to be measuring the change over time. We already have some hospitals that have changed over, especially hospitals that want to do outpatient screenings, are now doing limited diagnostics. So we've moved them away from that, which we find very positive. We're hoping that more will be using the protocols as we expand our group.

We do provide resources for facility improvements. That's something we worked on a lot this past year going to facilities that were struggling a little bit and giving them some ideas of what they could do, pre-appointment instructions, giving results to parents in writing, not just in passing. Like, oh, your baby did fine or, oh, your baby has a hearing loss. But actually write it down, go through. We have conference calls and regional trainings.

Does anyone have any questions?

Yes?

>> Is this presentation available online?

>> DR. SHERYL SILVER: It should be, yes. Oh, thank you. Yes. It's available.

Yes? Microphone? There's one.

>> So, I'm ‑‑ I live in New Mexico. We have a lot of issues with lack of audiologists, rural areas not being covered. Some of the concerns ‑‑ some of the things we're struggling with is needing better protocols like this. But how do you mandate that ‑‑ we have one Children's Hospital in the whole state. So just ‑‑ I guess some thoughts about do you have people in private practice doing this. How difficult is that for them to attain these goals?

>> DR. SHERYL SILVER: We do have some ENTs so I would consider them the private practice ones, single audiologists. We do have a handful, not very many.

I guess as a state we're fairly lucky because it's not mandated in law. It's a recommended practice. And it's new. So we're really just trying it out, see how it goes. So far it's going well. But it's recommended. And we feel that our audiologists, the ones that are reporting to us, they're very involved in the EHDI program and they want to do what we feel is best practice. So they're on board. Plus we had a lot of audiologists help to actually create this protocol. So they're on board. We haven't had a problem yet. But as I said, we're still spreading it. We'll see how it goes.

>> So we were kind of looking at the same thing in our state. What we did is we enacted a private university's Children's Hospital, audiologist, to work out those protocols and guidelines themselves and then we will pass it along as the strongly recommended procedures for our state. So they're currently working on it. They've really bought into it because they are doing it. So I think that helps a lot if you can get your audiologists, somebody to spearhead it. Because we don't have state audiology people so we have to bring in all the entities. So they've actually – I created the task force, put an audiologist in charge of it, and then they report back to me. So that seems to be working.

>> DR. SHERYL SILVER: Oh, good.

Anyone else? No?

Well, thank you very much for coming.

[Applause]

If anybody wants any further information, feel free to contact me at any time.