Quality Assurance
What Happens to Your Babies?

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Challenges in California

- 563,000 births per year
- 270 birthing hospitals
- 175 certified outpatient screeners
- 75 audiology providers approved to see infants
- Inconsistent quality of audiology services

Challenges in California

- Urban vs Rural
  - Los Angeles County – 10.3 million
  - Alpine County – 1260
- Mobile population
  - Migrant farm workers
  - Mexican border

Challenges in California

- Race/Ethnic Diversity
  - 44% Non-Hispanic White
  - 35% Hispanic
  - 12% Asian/Pacific Islander
  - 6% African American
  - 1% American Indian
  - 2% Other

Challenges in California

- Linguistic Diversity
  - 20% of Californians have Limited-English-Proficiency
  - 40% of Californians speak a language other than English in the home
  - 50% of low-income Californians have a primary language other than English.
  - 1,570,000 students speak a language other than English in the home

California NHSP Data (2006)

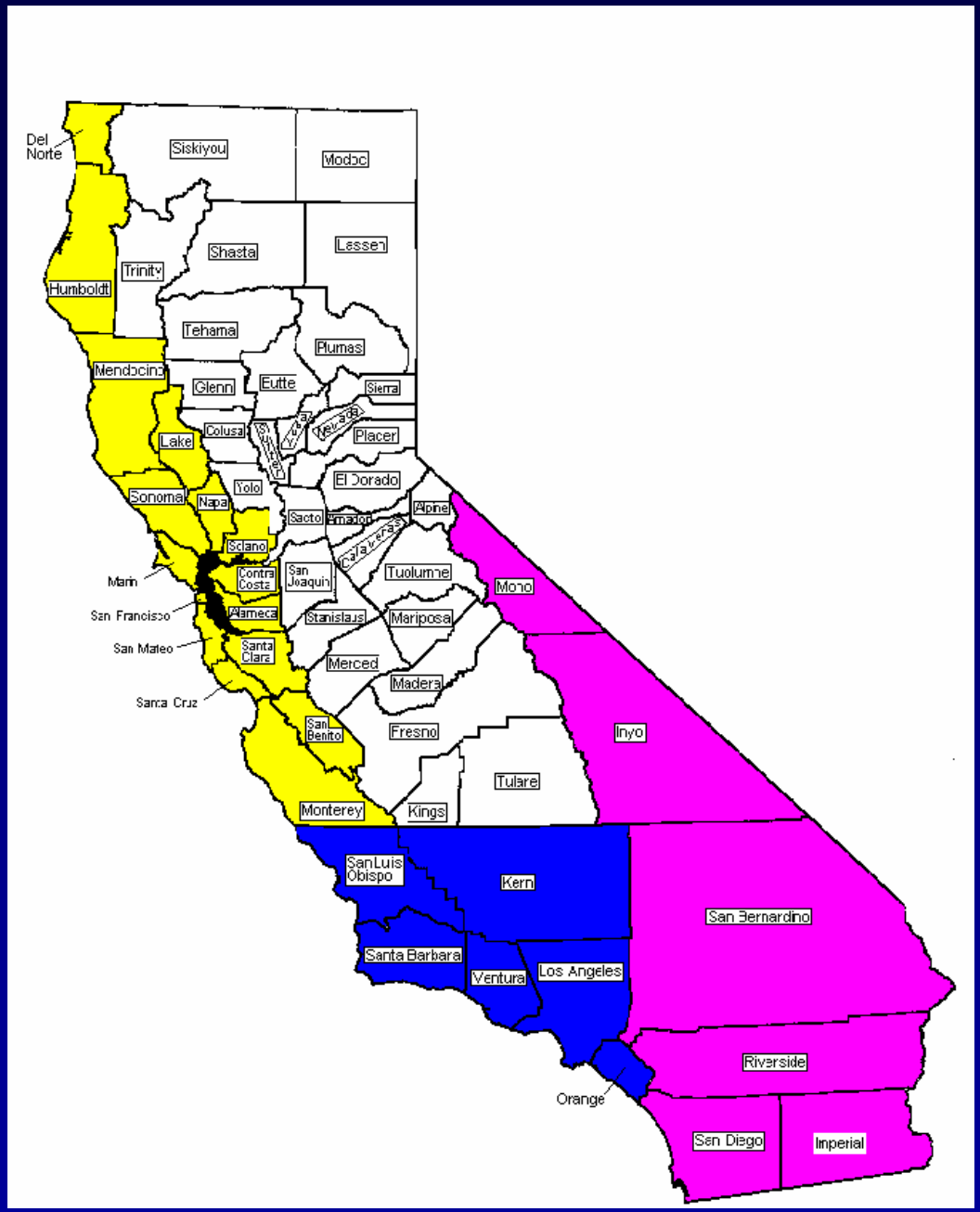
- California Total Births: 563,522
- Infants screened: 425,638
  - 98% of infants in program hospitals
  - 76% of all California births
- Infants screened by 1 month: 421,551 (99%)
- Refer rate at hospital d/c: 2.1%

California NHSP Data (2006)

- Dx with Hearing Loss (HL): 919 (2/1000)
- Dx with HL by 3 months: 515 (56%)
- IFSP information available: 669 (73%)
- Enrolled in EI by 6 months: 463 (69%)
- Lost to follow-up: 11%
  - Compared to 60% nationally in 2005

Hearing Coordination Centers

- 4 Geographic Service Areas
- Non-profit organizations serve as Hearing Coordination Center in one or more regions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Yuba
Nevada
Placer
Lake
El Dorado
Yolo
Sonoma
Napa
Sacto
Amador
Alpine
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Calaveras
Marin
Contra Costa
San Joaquin
Tuolumne
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Madera
Santa Cruz
San Benito
Fresno
Inyo
Tulare
Monterey
Kings
San Luis Obispo
Kern
San Bernardino
Santa Barbara
Ventura
Los Angeles
Riverside
Orange
San Diego
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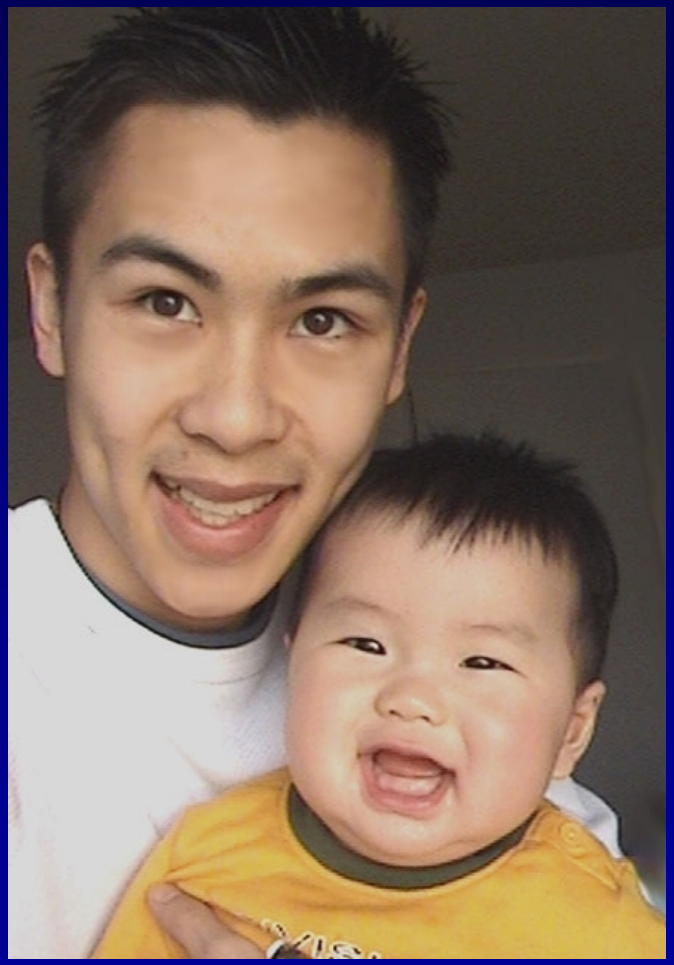
State Infrastructure



- Provider Standards
- Reporting Forms
- Hearing Coordination Centers
- Audiology Providers
- Parent Participation
- NICHQ Collaborative

Provider Standards

- Inpatient Infant Hearing Screeners
- Outpatient Infant Hearing Screeners
- Communication Disorder Centers
  - Type A – Children 5-21 years of age
  - Type B – Children 3-21 years of age
  - Type C – Children 0-21 years of age

www.dhcs.ca.gov/services/pages/hearing.aspx

Hearing Screening Standards

- Screener competencies
- Minimum screening rates for hospitals
- Maximum refer rates for hospitals
- Required follow-up and contact information
  - Legal name of infant
  - Follow-up appointment information
  - PCP who will see infant as outpatient
  - Additional contact person other than parent

Hearing Screening Standards

- Coordination activities
  - Referral to Title V
- Documentation
- Reporting
  - Weekly reports on infants who do not pass hearing screening (refer, miss, transfer, waive, expire, not medically indicated)
  - Monthly aggregate reporting from hospitals

Reporting Forms

- Standardize how information is reported
- Inpatient Infant Reporting Form
- Infant Record Information Form
- Outpatient Reporting Form
- Diagnostic Audiologic Evaluation Reporting Form

Hearing Coordination Centers

- Provide technical assistance and consultation to hospitals in setting up and maintaining programs
- Certify inpatient screening providers
- Collect data

Hearing Coordination Centers

- Track infants
  - Rescreenings
  - Diagnostic services
  - Work with PCPs

Hearing Coordination Centers

- Quality assurance
  - Monitor hospital screening and referral rates
  - Provide feedback to hospitals
  - Identify training opportunities

Hearing Coordination Centers

- Assure families are linked with intervention services
  - Audiologic services
  - Early Start
- Advocacy role

Hearing Coordination Centers

- Safety net referral to EI
- Phone follow-up with families
  - During identification process
  - After hearing loss identified
    - 1 week
    - 2 months
    - 6 months
- Semi-annual meetings with all of the inpatient NHSP directors

Oversight of HCCs

- Tracking and Monitoring Procedure Manual
  - Minimum steps to take before closing a case
  - Content of letters to families and providers
  - Provider contacts
- Timelines for HCC action
- Review quarterly reports of activities
- Program Reviews

Audiology Providers

- Improve quality of services being provided
  - One-on-one education
  - CEU workshops
  - Bulletins
- Work with state licensing board
  - Disseminate information to providers
  - Role in provider education
  - Copy on letters to problem providers re compliance issues

Parent Participation

- Parent as paid team member at HCC
- Develop community resources and networks
- Phone calls with families
- Parent support
- Outreach to physicians

NICHQ Collaborative

- Focused in Los Angeles area
- Birth facility = University medical center (UCLA) with 2000 births annually
- Primary care practice = University affiliated
- Specialty care practices = Audiology, ENT
- Related access issues = Managed care, poor reimbursement rates, insufficient capacity of pediatric audiologists

Aim and Progress

- **Birth Hospital**
  - **85%** of infants who do not pass (DNP) have PCP identified on the Infant Reporting Form (IRF) sent to the Hearing Coordination Center (HCC).
    - **Baseline - 50%**
  - **85%** of DNP have at least one contact name and number, in addition to the mother, on the IRF sent to the HCC.
    - **Baseline - 40%**

PCP & Additional Contact

- Reporting of PCP and Additional Contact information on Infant Reporting Form (IRF) is a program requirement
- Baseline
  - Social Worker collects PCP and additional contact information
  - Compliance = 40 - 50%
- Hospital staff evaluated the process flow
- Different process in WBN and NICU

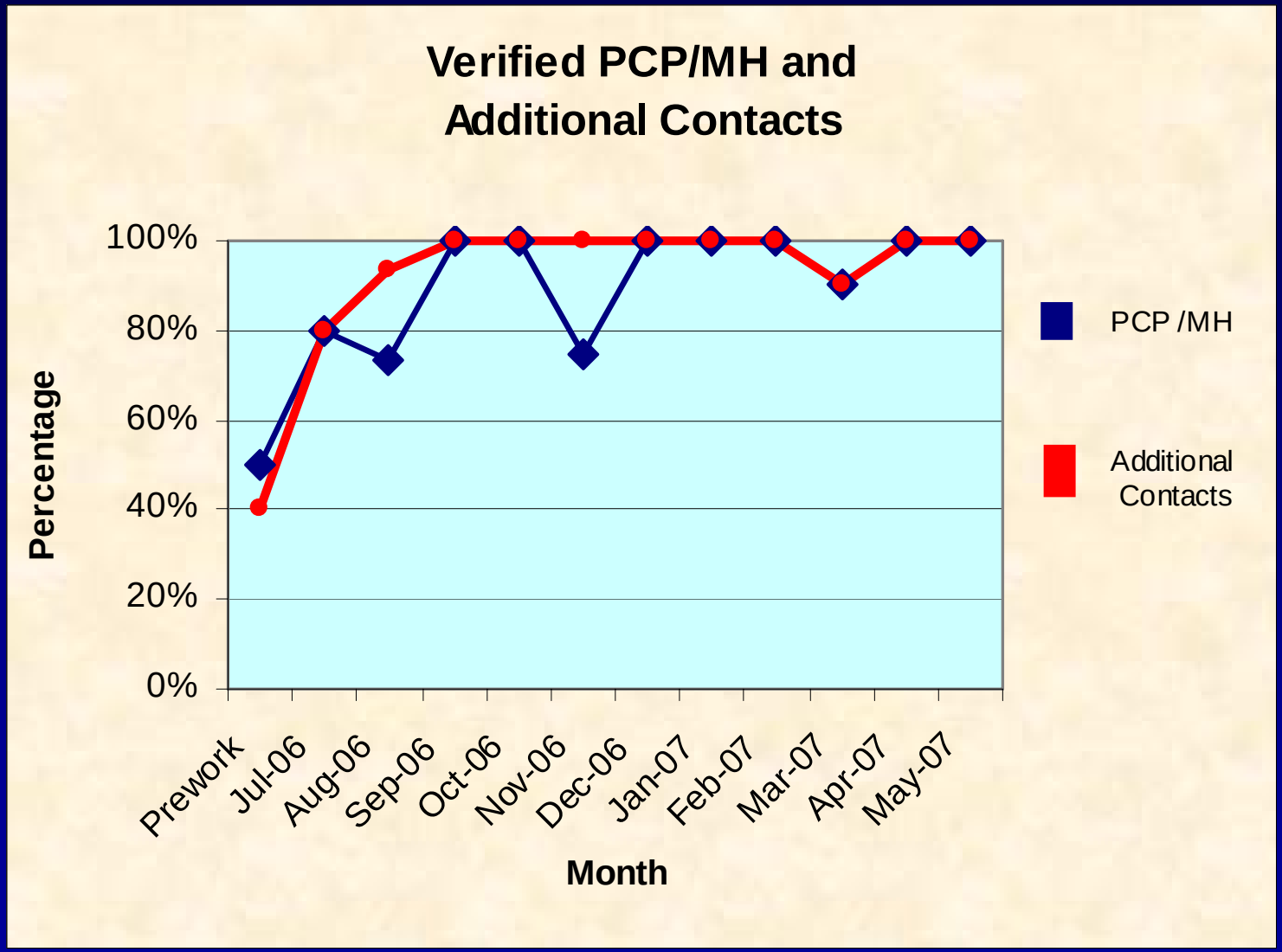
WBN

- Screener collects PCP information on all infants
- Screener collects additional contact information on infants who need follow-up
- 2 main screeners
- Screener completes IRF
- Weekly review of IRFs before sending to HCC

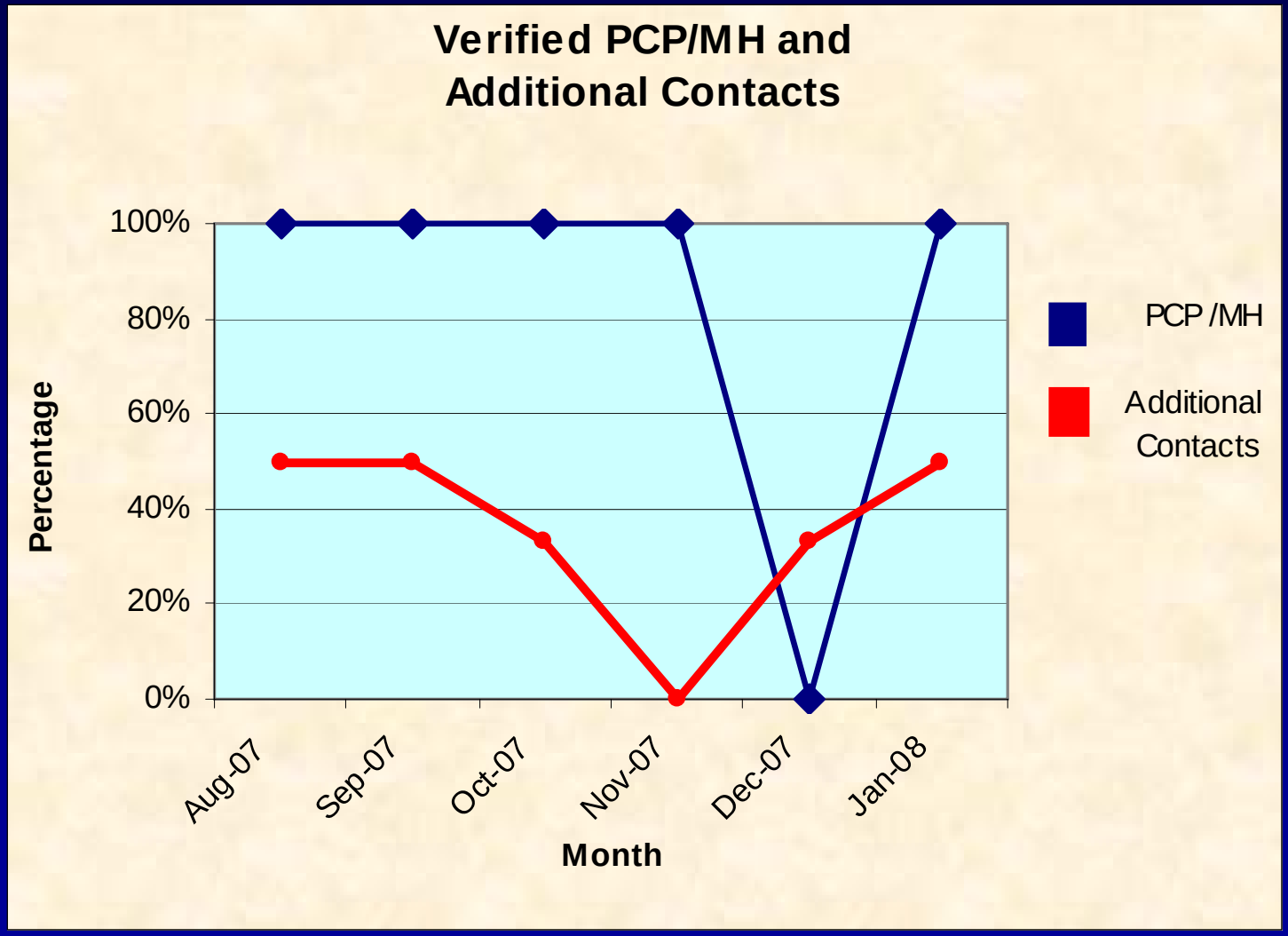
NICU

- PCP Information
  - Physician note in online chart
  - Discharge planning sheet in folder for screeners
  - Screener calls family
- Additional Contact Information
  - Discharge planner/bedside nurse
  - Screener calls family
- Screener completes IRF
- Weekly review of IRFs before sending to HCC

Reporting Results



Maintaining the Gain



Aim and Progress

- **Hearing Coordination Center**
  - ↓ **by 25%** the number of No Shows for OP screening and DX evaluation appointments.
  - **Baseline - 12.4%**

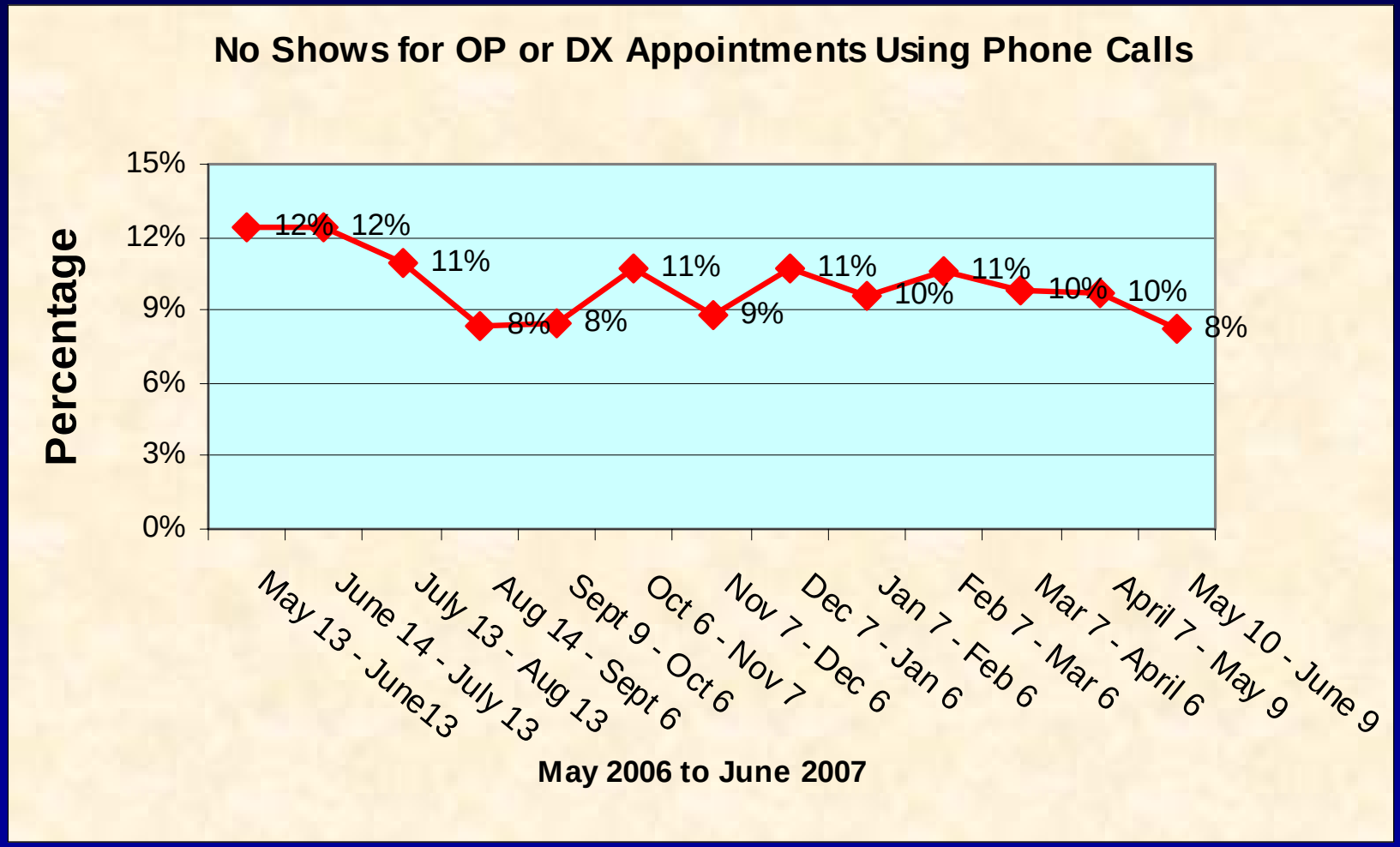
Infrastructure Development

- No show rate for scheduled follow-up appointments was 12.4%
- HCC made reminder phone calls to families 3-7 days prior to all outpatient appointments
- No change in “no-show” rate
- Message re-framed - educate about the importance of completing testing

Infrastructure Development

- Challenges
  - Volume of scheduled appointments
  - Consistency of message
  - Reaching families by phone
  - Tried flexible staff hours

Infrastructure Development Results



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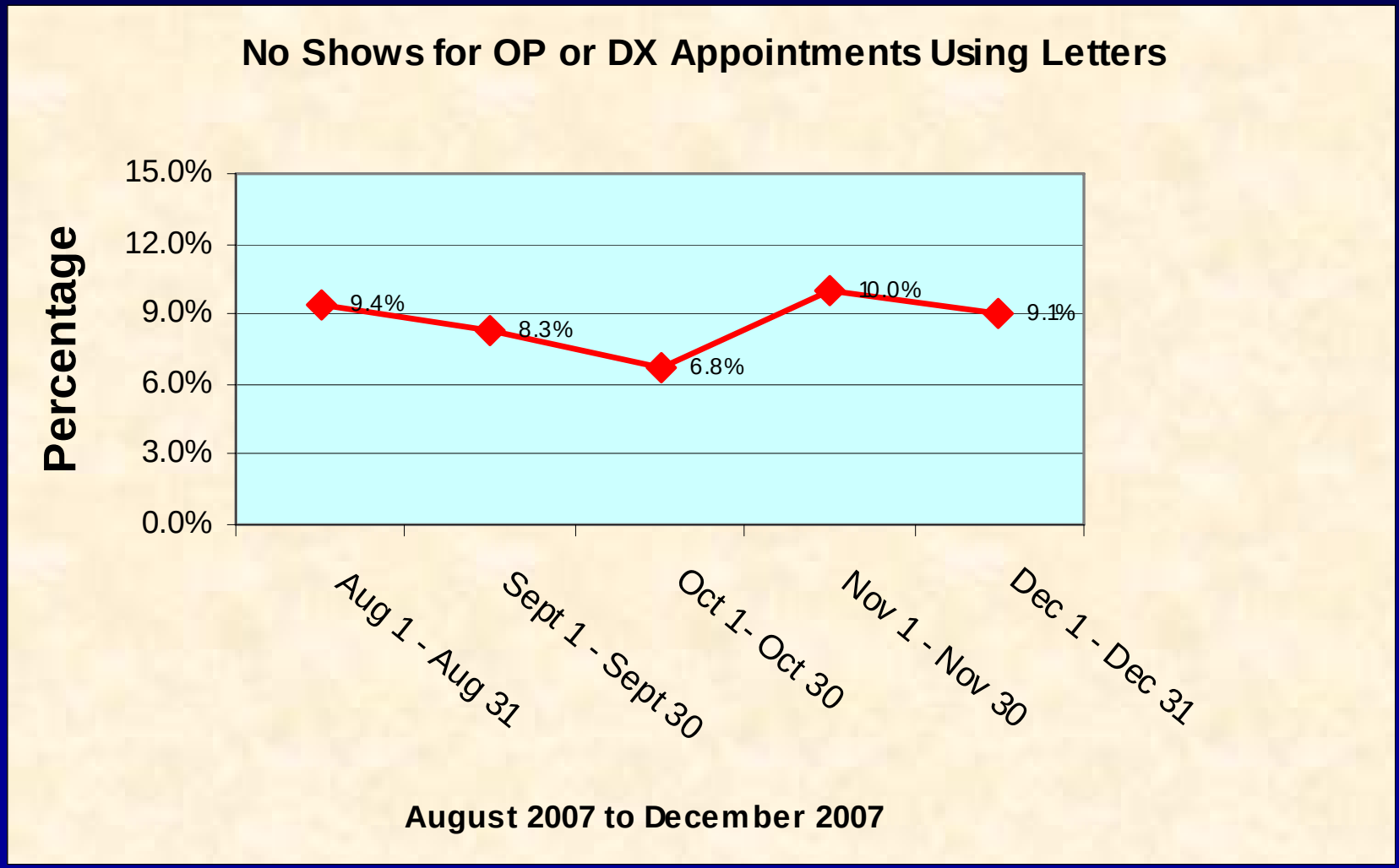

Lessons Learned

- Clearly defined standards or expectations
- Review your data – consider student assistant
- Provide technical assistance and/or resources to improve quality
- Partner with parents
- Education is key – Once is not enough
- Maintaining the gain is hard!!