

# Small Change Can Make a Big Difference



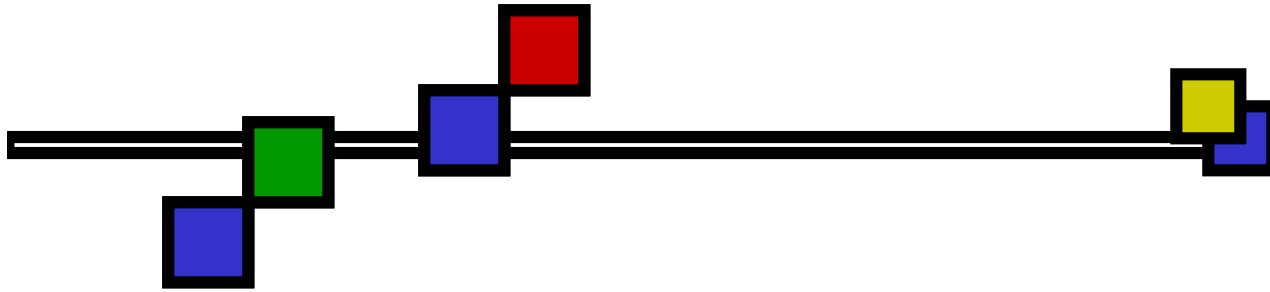
University of Illinois at Chicago – Division of  
Specialized Care for Children

Ginger Mullin, Au.D.

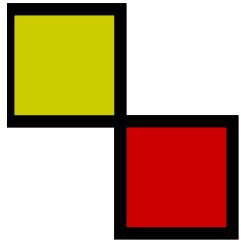
Rita Klemm, MSW

Illinois Guide By Your Side

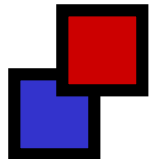
Carrie Balian



Thanks to...



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Health Resources and Services Administration**  
**Maternal and Child Health Bureau**  
**Universal Newborn Hearing Screening and**  
**Intervention**



Reducing Loss to Follow-up after Failure to Pass Newborn  
Hearing Screening

This activity was supported in whole by the Department of Health & Human Services under Award No. 1 H61MC04498-01-00 and its contents are solely the responsibility of the participants and do not necessarily reflect the views of the Department of Health & Human Services.

Many  
people  
carry the  
torch...





3 State Agencies work  
together for the  
Newborn Hearing  
Program

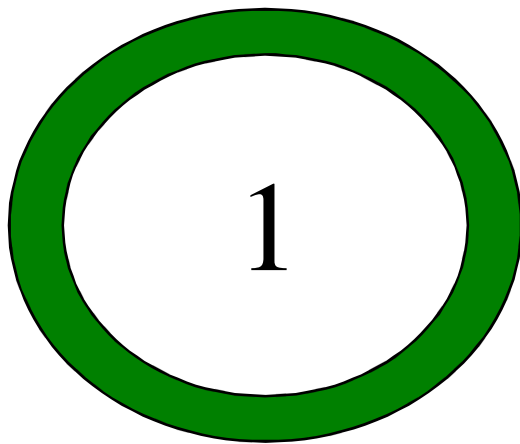
Illinois Department of Public Health

UIC – Division of Specialized Care for Children

Illinois Department of Human Services

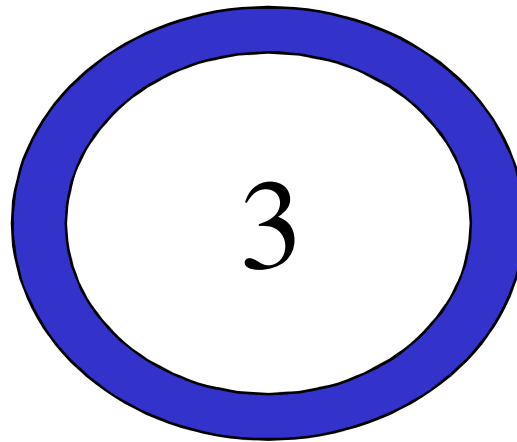
(including Early Intervention)

# Newborn Hearing Process



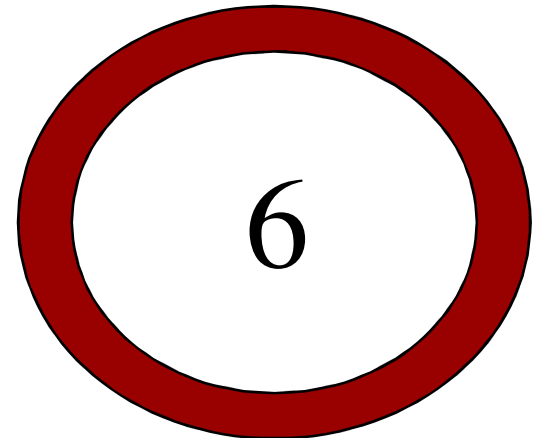
Screening  
completed  
before 1  
month of age

**IDPH**



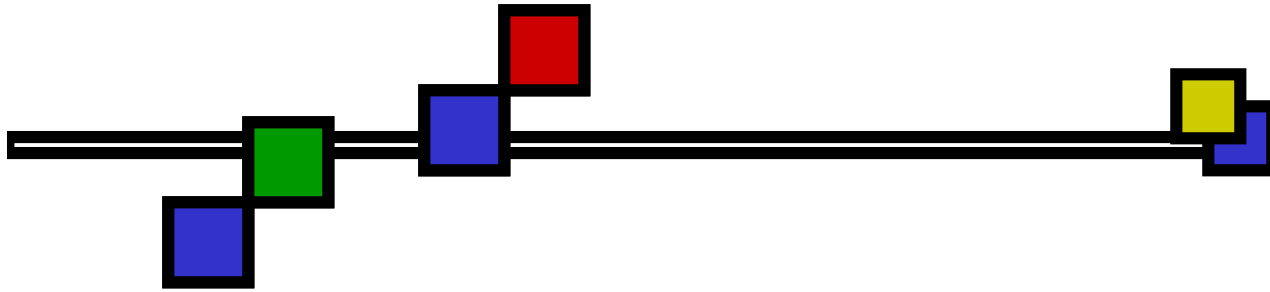
Diagnostic  
Hearing  
Evaluation by 3  
months of age

**DSCC**

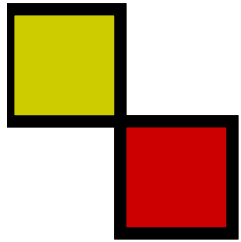


Early  
Intervention  
begins prior to 6  
months of age

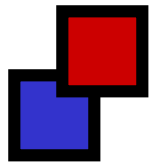
**EI**

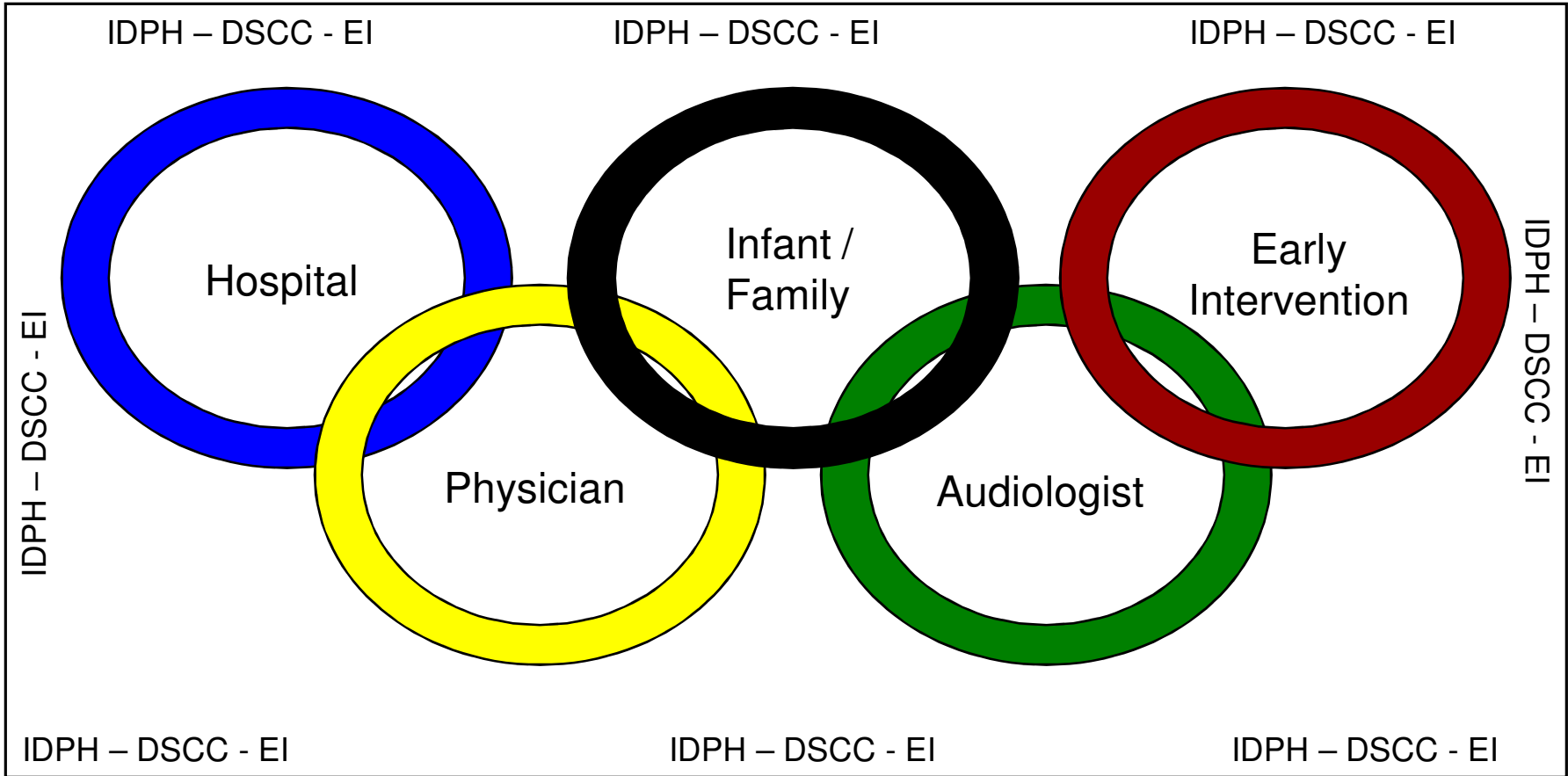


## NICHQ



- The National Initiative for Children's Healthcare Quality (NICHQ) is an action-oriented organization dedicated solely to improving the quality of health care provided to children. Founded in 1999, NICHQ's mission is to eliminate the gap between **what is and what can** be in health care for all children.

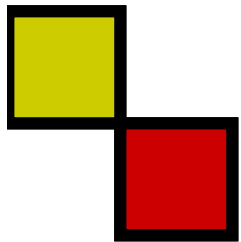
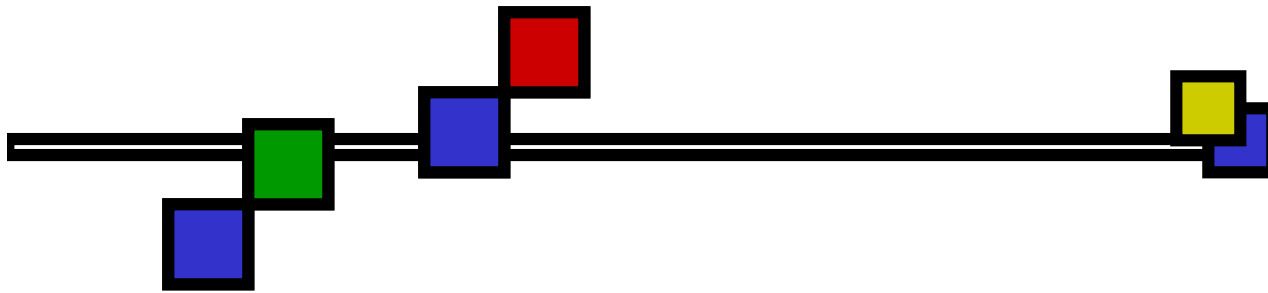




How do we hand off that torch / baton ?

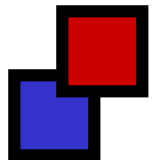


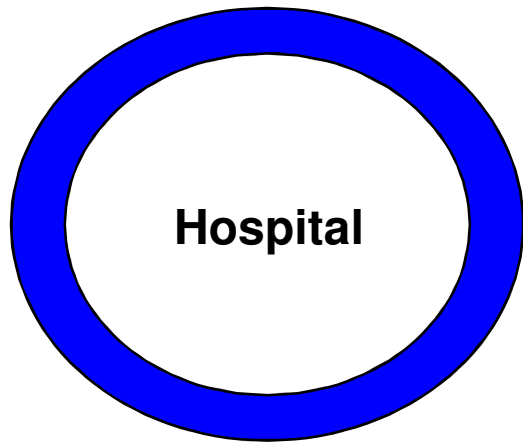




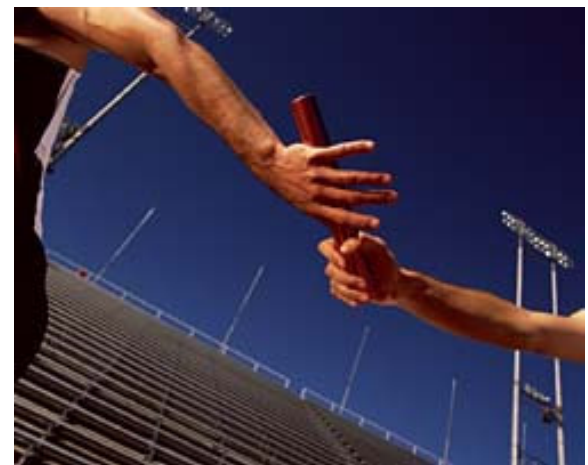
- Where do we hand the baton off to?

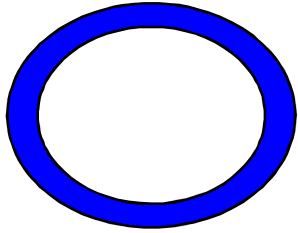
- Where could we hand the baton off to?



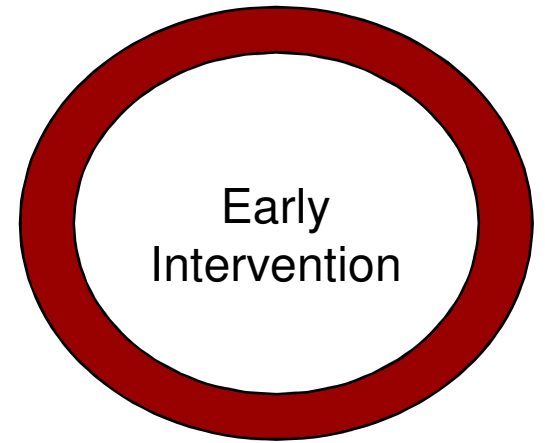


# The Hospital / OB Dept.





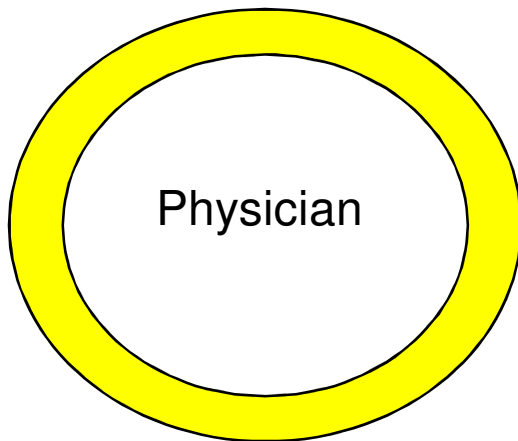
- Birth
- In-patient screening
- *Out-patient screening*
- Report to IDPH



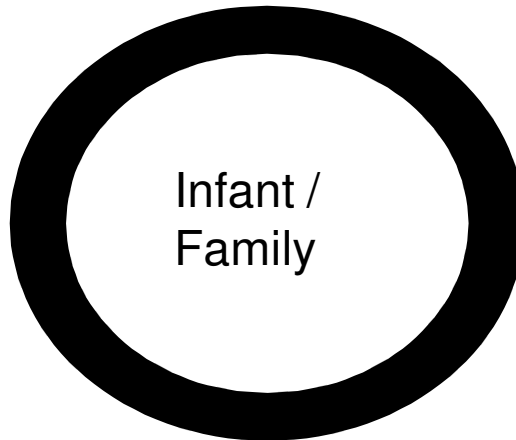
Early  
Intervention



Audiologist

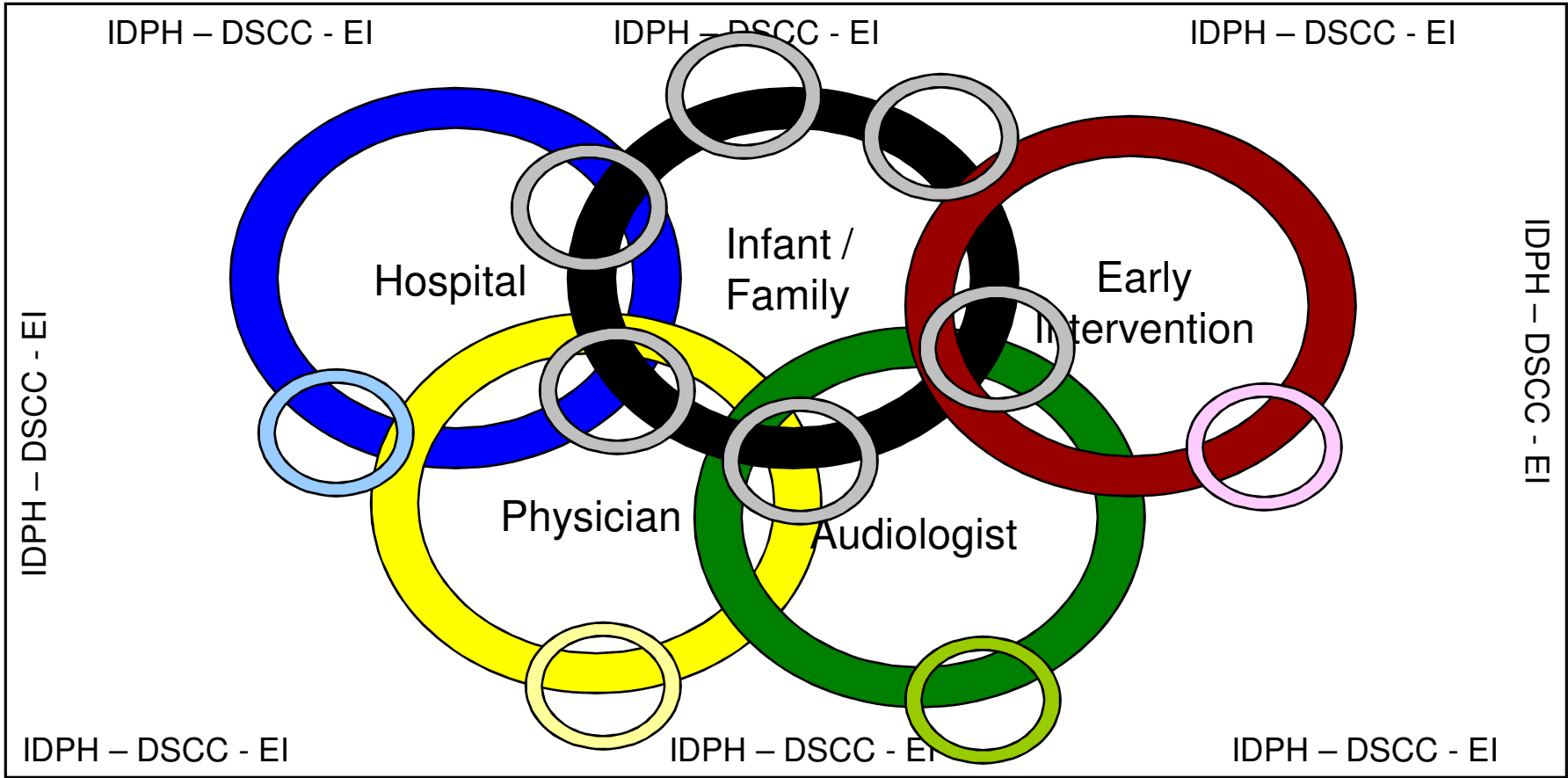


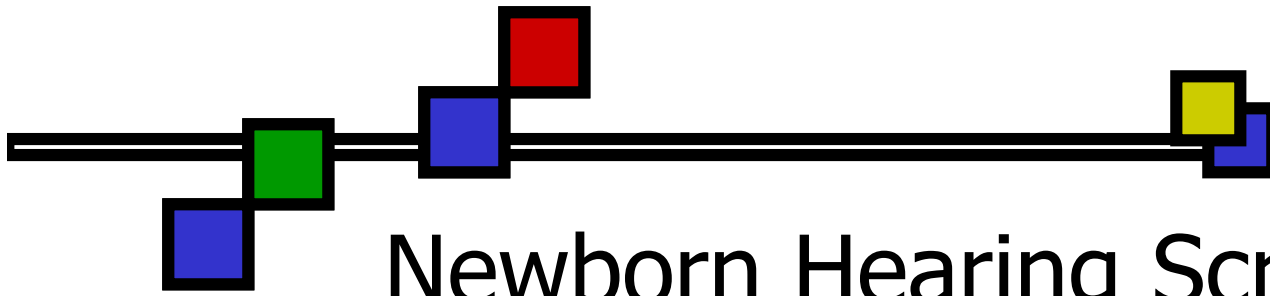
Physician



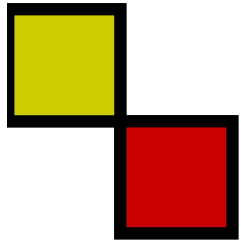
Infant /  
Family



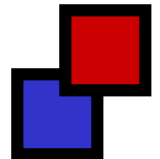
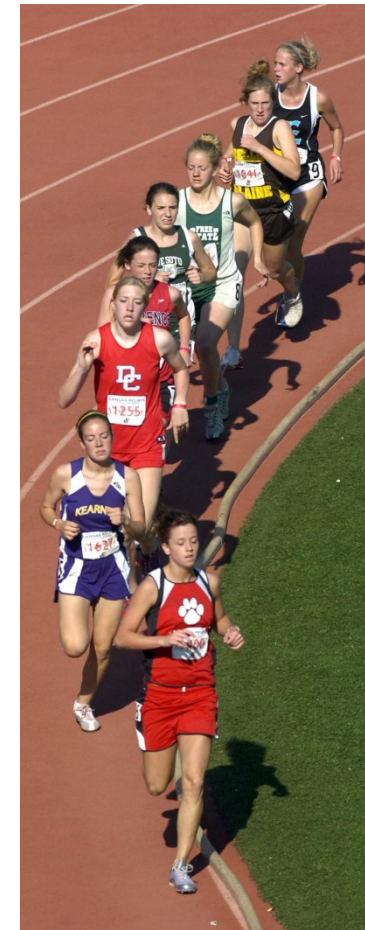


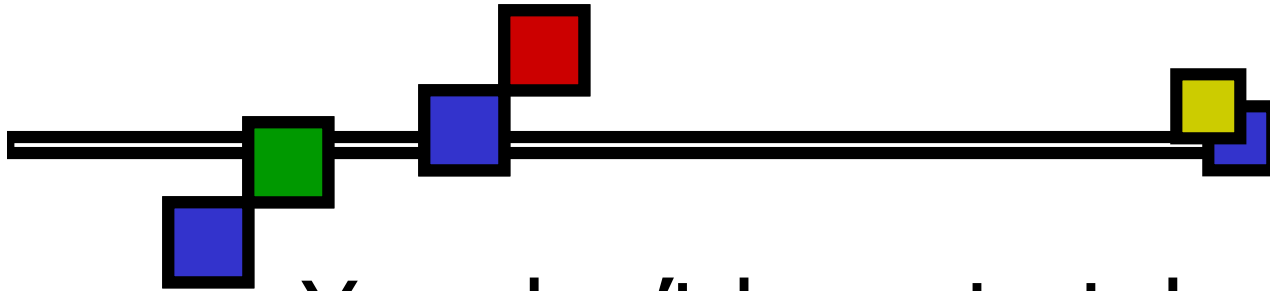


# Newborn Hearing Screening is like a Decathlon

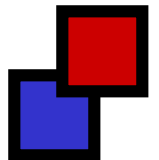
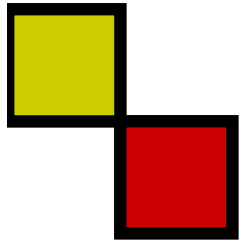


- 100 m dash
- Long jump
- Shot put
- High jump
- 400 m dash
- 110 m high hurdles
- Discus throw
- Pole vault
- Javelin throw
- 1500 m run

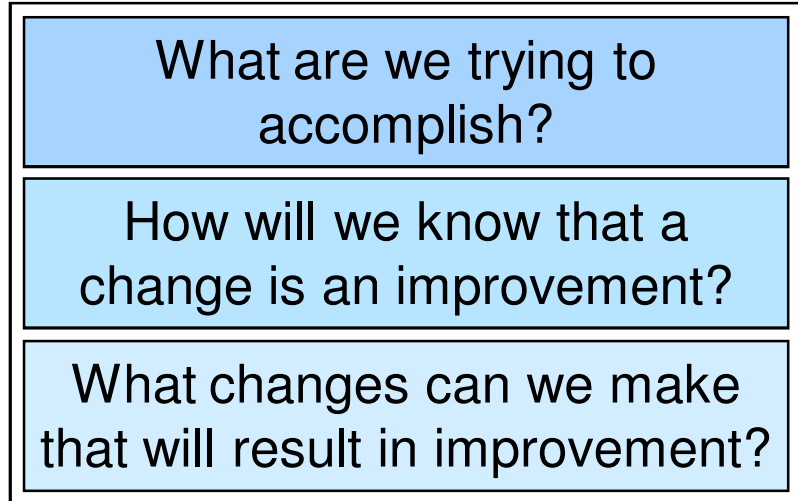




You don't have to take first in all the events to WIN!



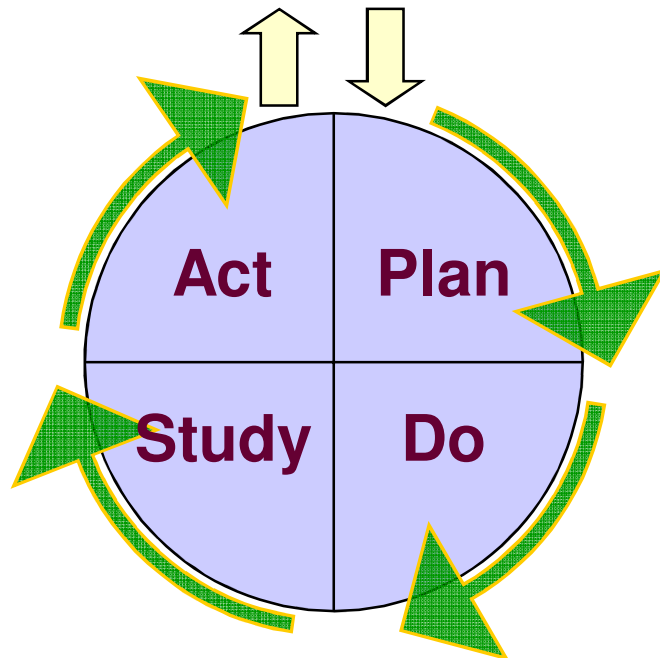
# Model for Improvement\*



**Setting Aims**

**Establishing Measures**

**Selecting Changes**

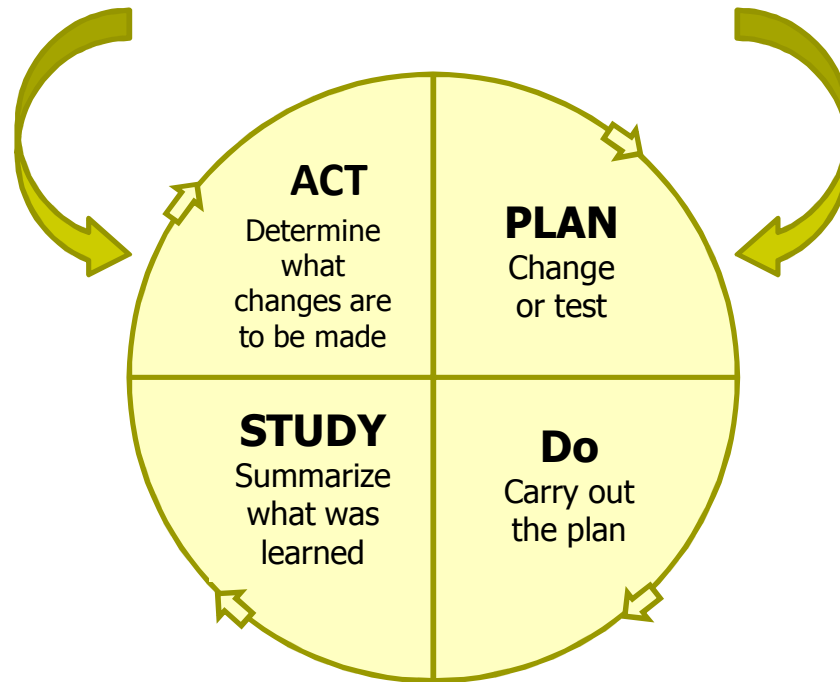


\*2001 Associates in Process Improvement

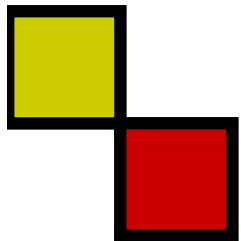
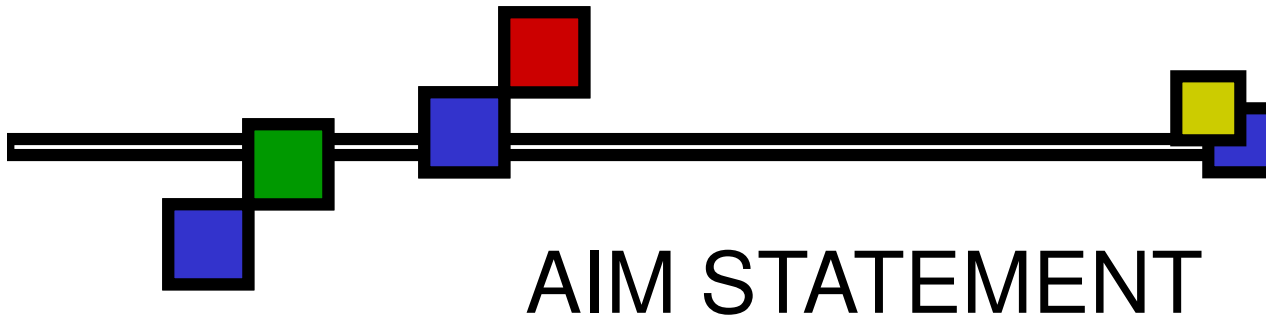
## Reduce the loss to follow-up for infants who failed UNHS

Infants data in HI\*TRACK will show that the infant who failed UNHS received a diagnosis by 3 months of age and if appropriate was referred to Early Intervention by 6 months of age.

Suggestions 1-9 or other  
EHDI decathlon – 10 events







### Critical content

- By when
- What
- For whom
- How much

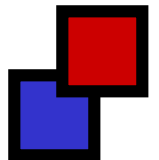


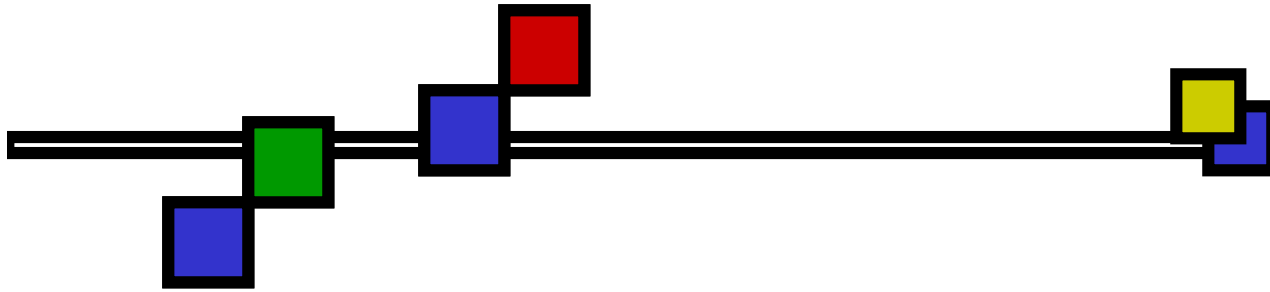
By \_\_\_\_\_, 2009 . . .

We will \_\_\_\_\_ . . .

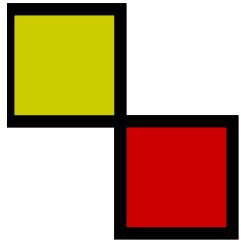
For \_\_\_\_\_ . . .

- So that
  - 95% \_\_\_\_\_ . . .
  - Etc.

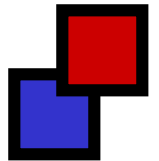


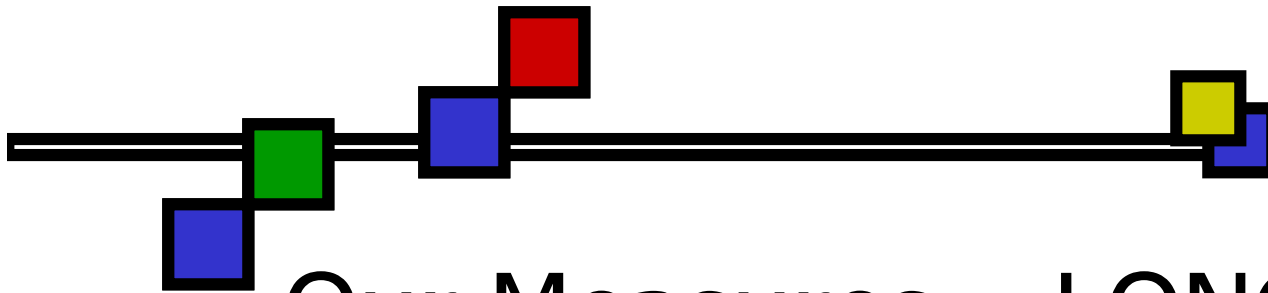


## Sample aim statement



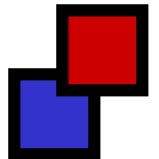
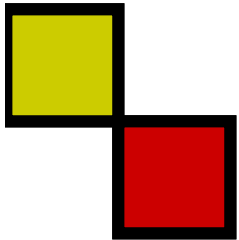
- By March 2009, our team will improve follow up of newborns who do not pass hearing screen so that
  - 95% of newborns are screened within 3 days of birth
  - Of those who show hearing loss; 90% or more have an appointment made for f/up with audiologist within 2 weeks of d/c

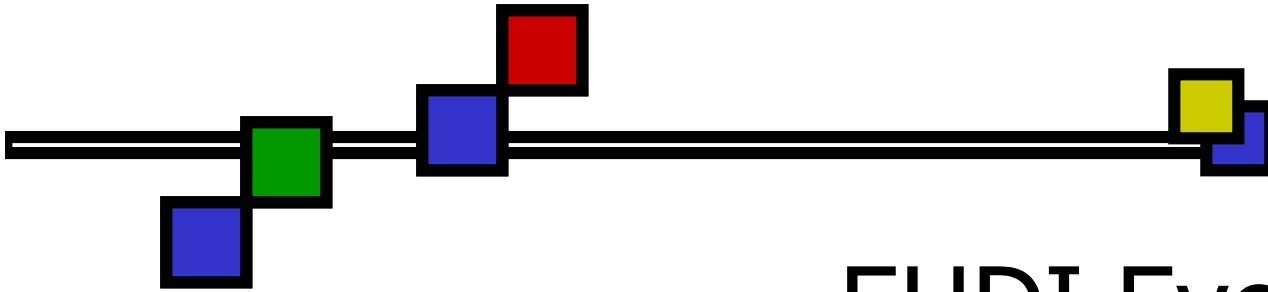




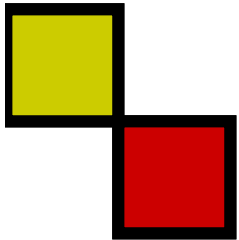
## Our Measures... LONG TERM

- % newborns screened prior to discharge
- Rate of confirmed hearing loss per 1000 screened
- % infants with permanent hearing loss with an initial Individualized Family Services Plan (IFSP) completed by 6 months
- % infants with permanent hearing loss who are offered amplification/treatment (e.g. fitted with hearing aides) by 3 months of age
- % of infants who "did not pass" the screening phase (in hospital and/or outpatient screen) who get a complete audiologic evaluation by 3 months of age
- % of newborns with results of newborn screening available for first newborn visit





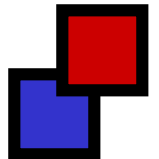
# EHDI Events



scripting the message given the parents when an infant does not pass the initial screening test




getting a second point of contact for the family, e.g., a relative or friend


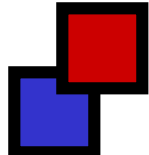




# EHDI Events



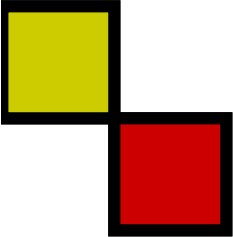
verifying the identity of the primary care provider or clinic before the parents leave the hospital



making the next appointment for the family and explaining why is it important to keep the appointment before they leave the hospital



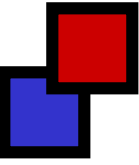
# EHDI Events



reminder calls before appointments that include the reasons why the appointment is important



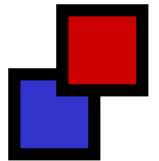
making two audiology appointments so that the infant who can't be completely tested at the first appointment is already scheduled to return in a reasonable timeframe





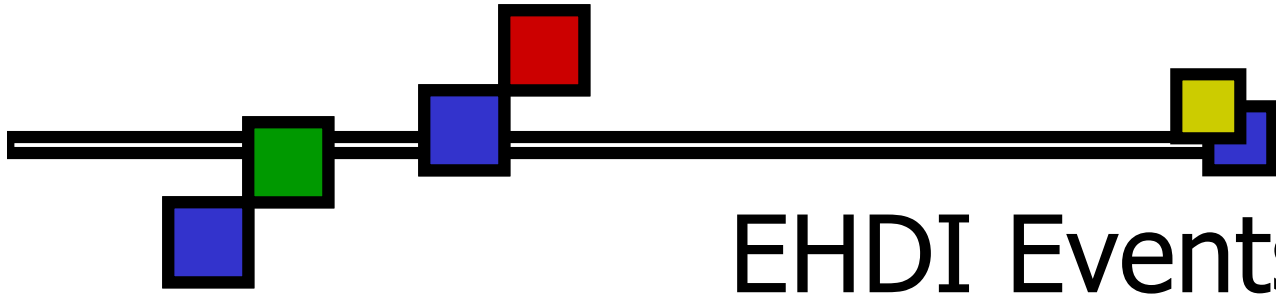
# EHDI Events

use of the fax-back to alert the primary care provider of screening results and the need for prompt follow-up



use of the fax back between specialists, including the audiologist and primary care provider

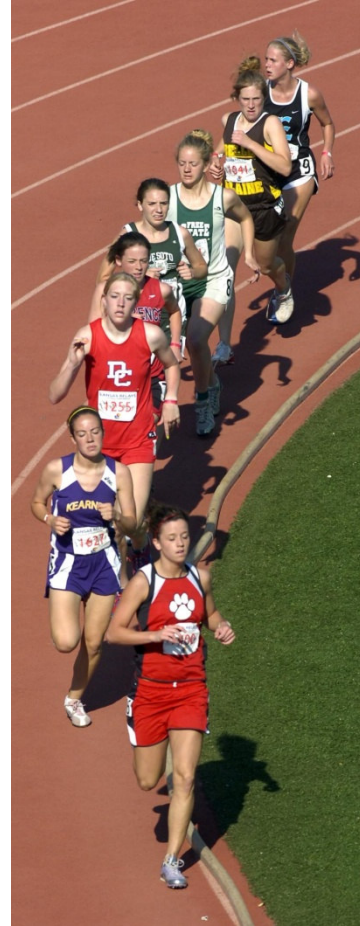




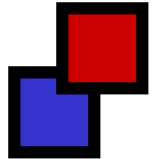
# EHDI Events



obtaining a consent for release of information at first contact with Early Intervention so that information can be entered in the State database

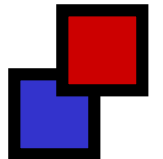
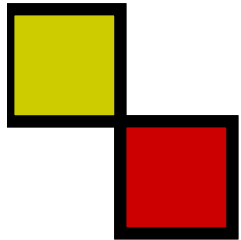
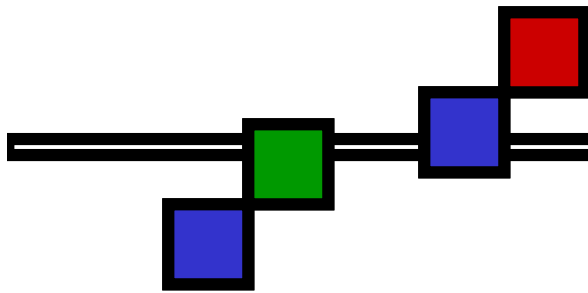
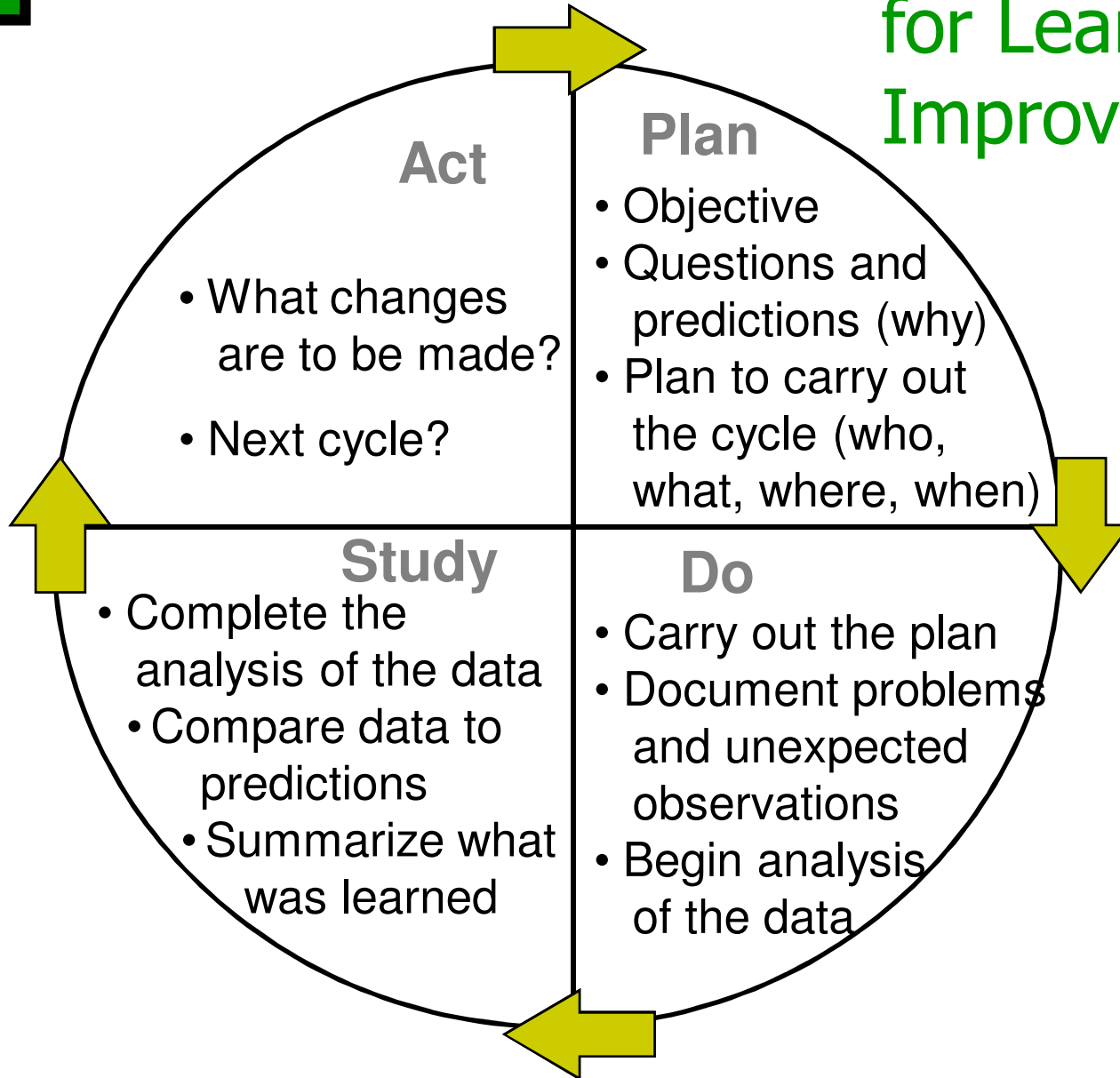


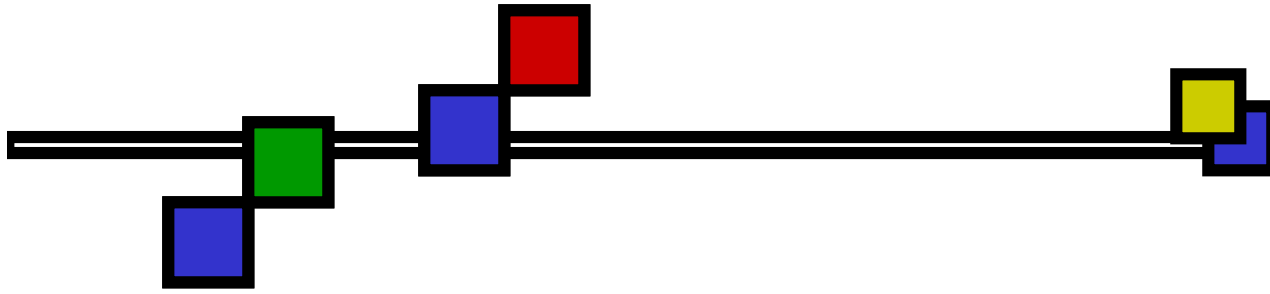
OTHER



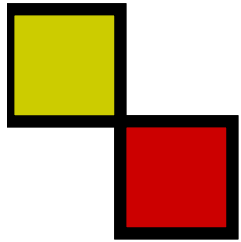


# The PDSA Cycle for Learning and Improvement

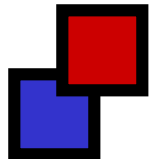


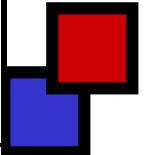
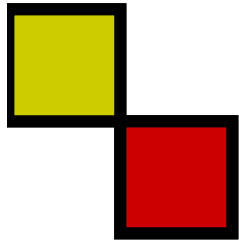
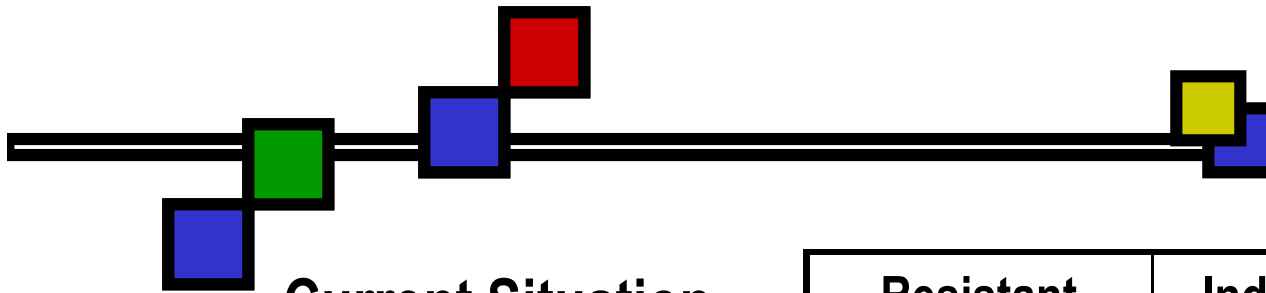


# Why Test?

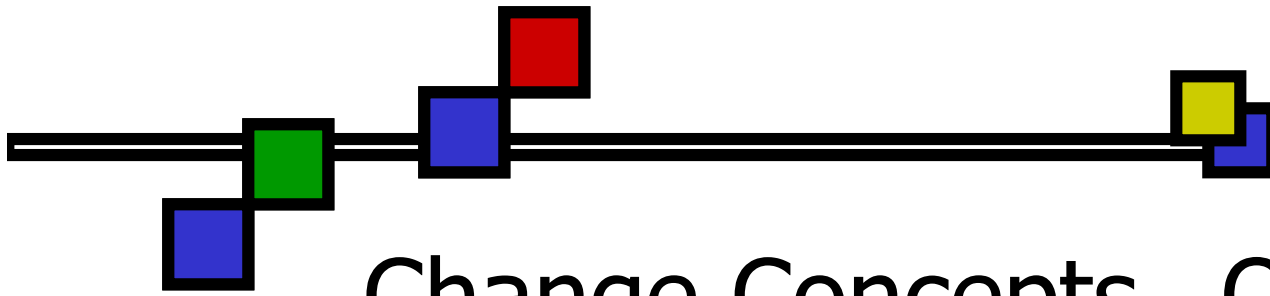


- Increase degree of belief
- Document expectations
- Minimize resistance
- Learn and adapt
- Evaluate costs and side-effects

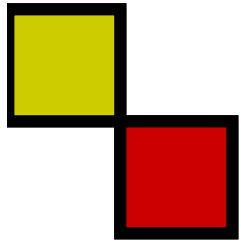




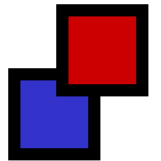
Current Situation		Resistant	Indifferent	Ready
Low Confidence that current change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
	Cost of failure small	Very Small Scale Test	Very Small Scale Test	Small Scale Test
High Confidence that current change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Small Scale Test	Large Scale Test
	Cost of failure small	Small Scale Test	Large Scale Test	Implement

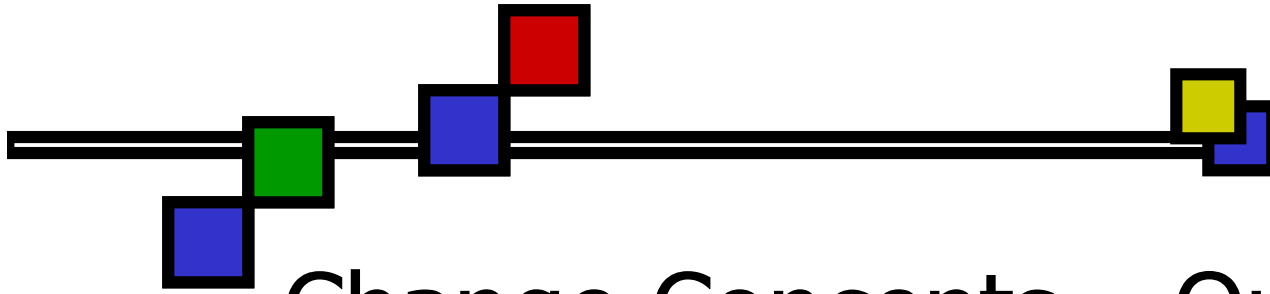


## Change Concepts...Our Results

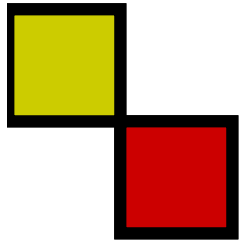


- 3 Teams began using scripting in the hospital after screening
- 2 teams implemented acquiring a second point of contact...“if you won the lottery, how could we contact you”
- 2 Teams worked on collaborations for diagnostics, medical consultation and hearing aid fitting
- ALL Teams engaged partners and defined roles (e.g. Part C and Title V)
- 2 Teams involved parent partners
- 3 Teams obtained ABR diagnostic equipment

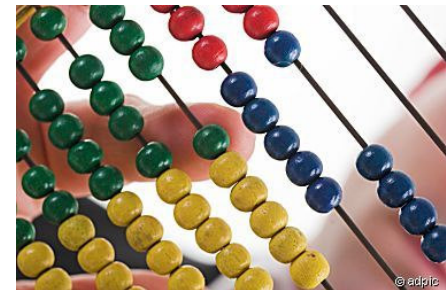
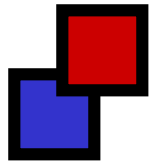


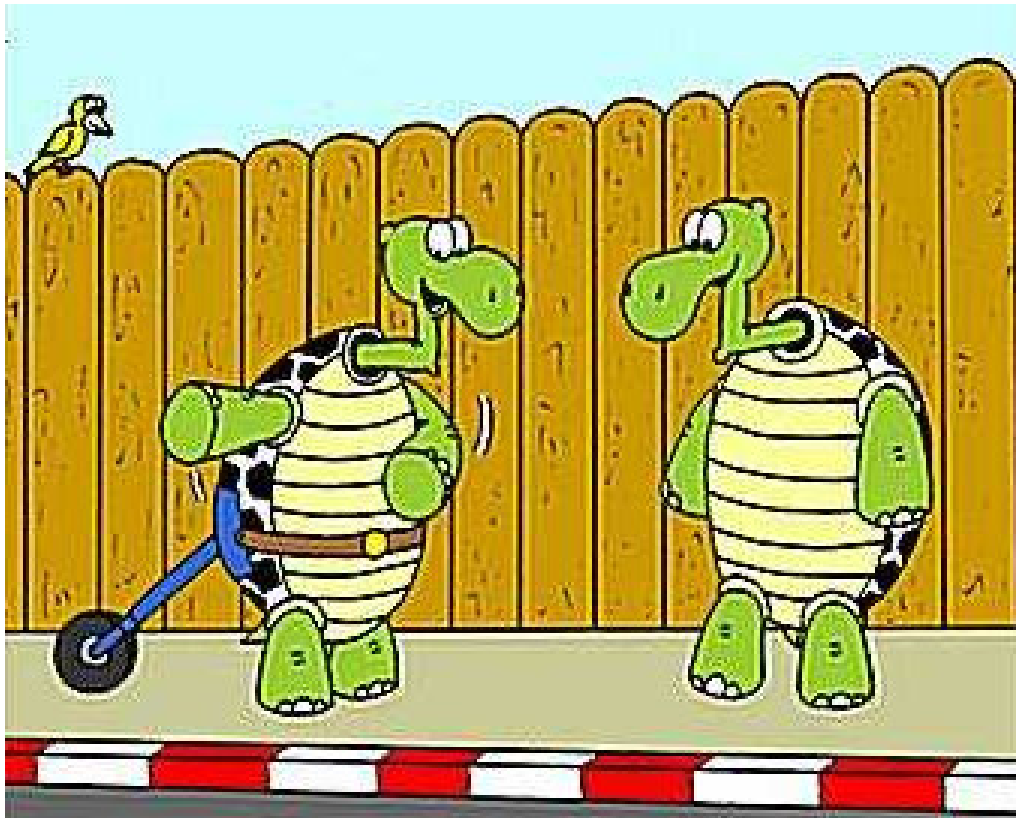


## Change Concepts... Our Results



- 1 Team developed family resource packets
- 1 Team developed family informational brochure
- 1 Team statistically showed and increased follow-up rate for out-patient screenings and/or diagnostic appointments





It's an anti-tipping device, I thought of it while watching Drag-Racing on TV...

Learning collaborative leaders are here to provide support.