

Small Changes Making Waves in California

Maintaining a Quality Improvement Collaborative over Time

Hallie W. Morrow, M.D., M.P.H.
California Department of Health Care
Services

Collaborative History



- Focus on Los Angeles area
 - Over 155,000 births/year
- Formed as part of NICHQ Collaborative
 - June 2006 – June 2007
- Continuation of California Collaborative
 - July 2007 – Present

Collaborative Partners

- University affiliated birth facility (2000 births/year)
- University affiliated primary care practice (no longer participating)
- University affiliated audiology clinic
- University affiliated ENT clinic (only submits data)

Collaborative Partners

- EI – Local Education Agency
- EI - California Department of Education
- Parents/Deaf Adults/Advocates
- Hearing Coordination Center
- AAP Chapter Champion
- Health Insurance Representative

Collaborative Infrastructure

- Every other week conference calls
- Agendas and minutes
- Call facilitator
- Monthly data collection and reporting



Collaborative Infrastructure

- Staff member to manage the data
 - Spreadsheets for reporting
 - Reminders to report
 - Recording data in Excel with graphs



Challenges

- Ongoing participation of team members
- Maintaining data collection and reporting over time
- Agendas, minutes, and reminders
- Maintaining the gain



Challenges

- Identifying measurements that are feasible and objective
- Getting partners to implement new tests of change and measure outcomes
- Spread



Interventions

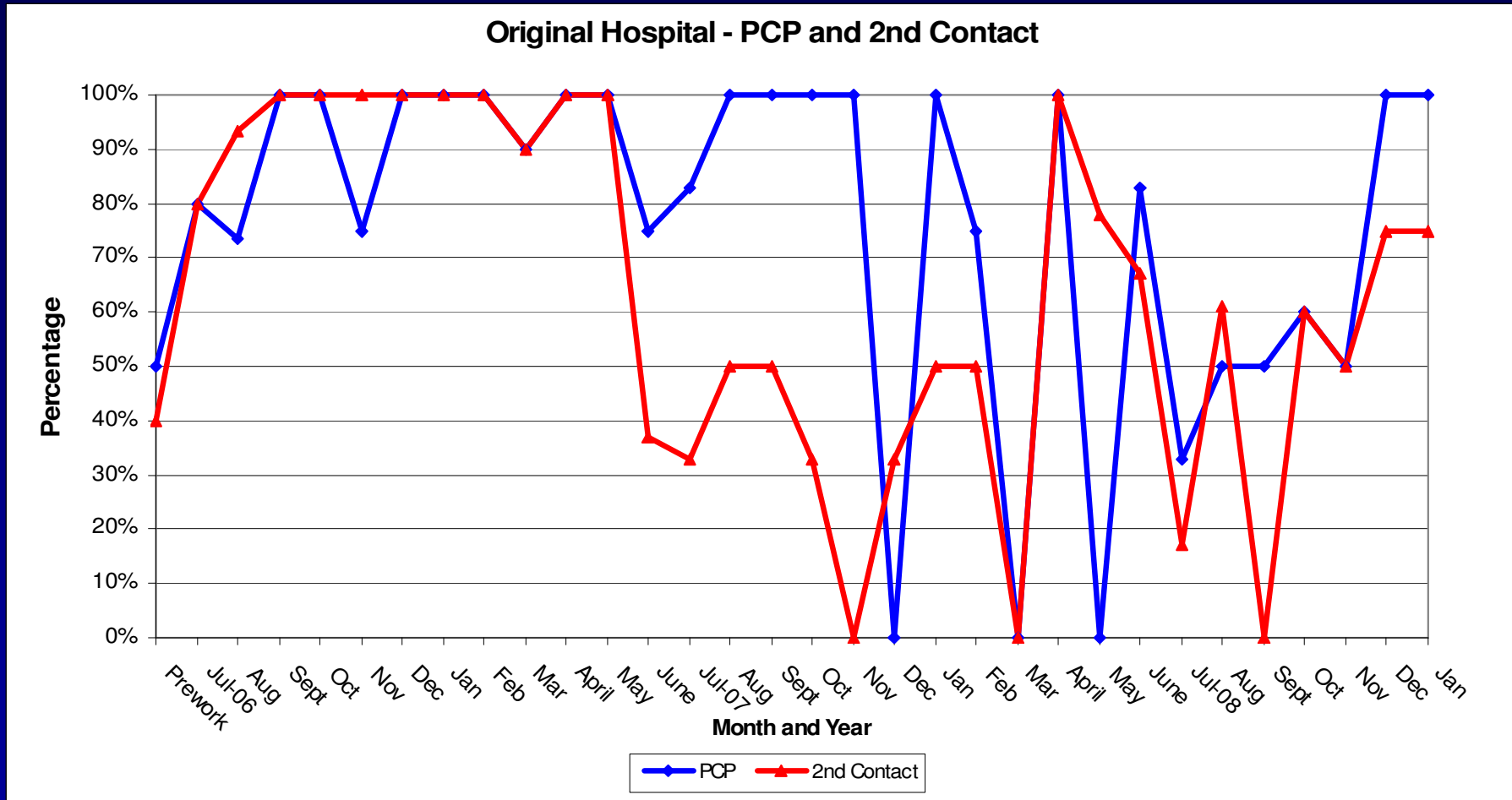
- PCP and 2nd Contact Information
- Reduce No Shows for appointments
- Diagnostic evaluation by 3 months of age
- Language acquisition

PCP and 2nd Contact Info

- Initial Goal – Increase to 85% of University hospital reports that contain these items
- Ongoing Goal – 90% of University hospital reports contain these items



PCP and 2nd Contact Info

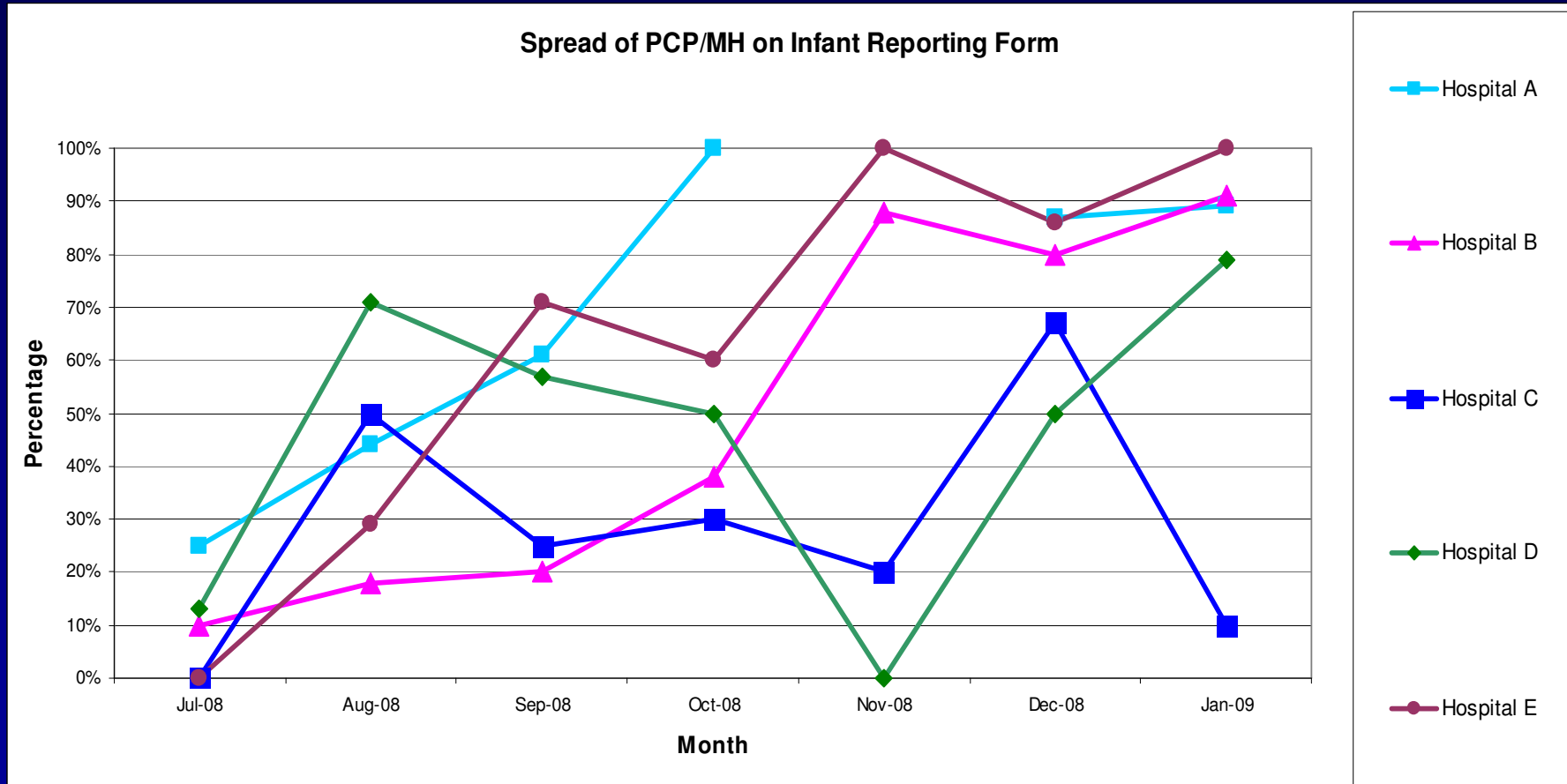


PCP and 2nd Contact Info

- Spread to hospitals served by a contract agency
- Became performance indicator for contract agency staff
- Goal – 90% of reports from these hospitals contain this information

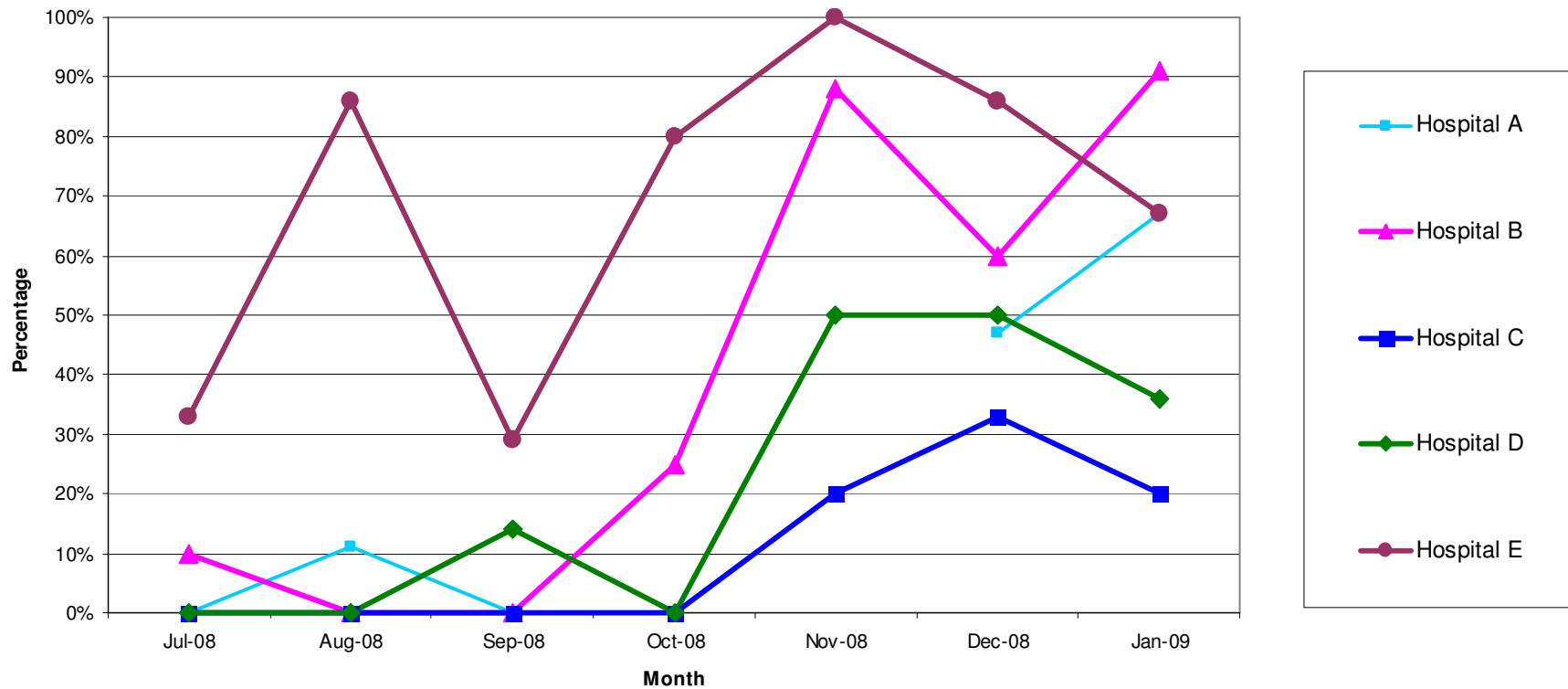


PCP Spread



2nd Contact Spread

Spread of Second Contact on Infant Reporting Form

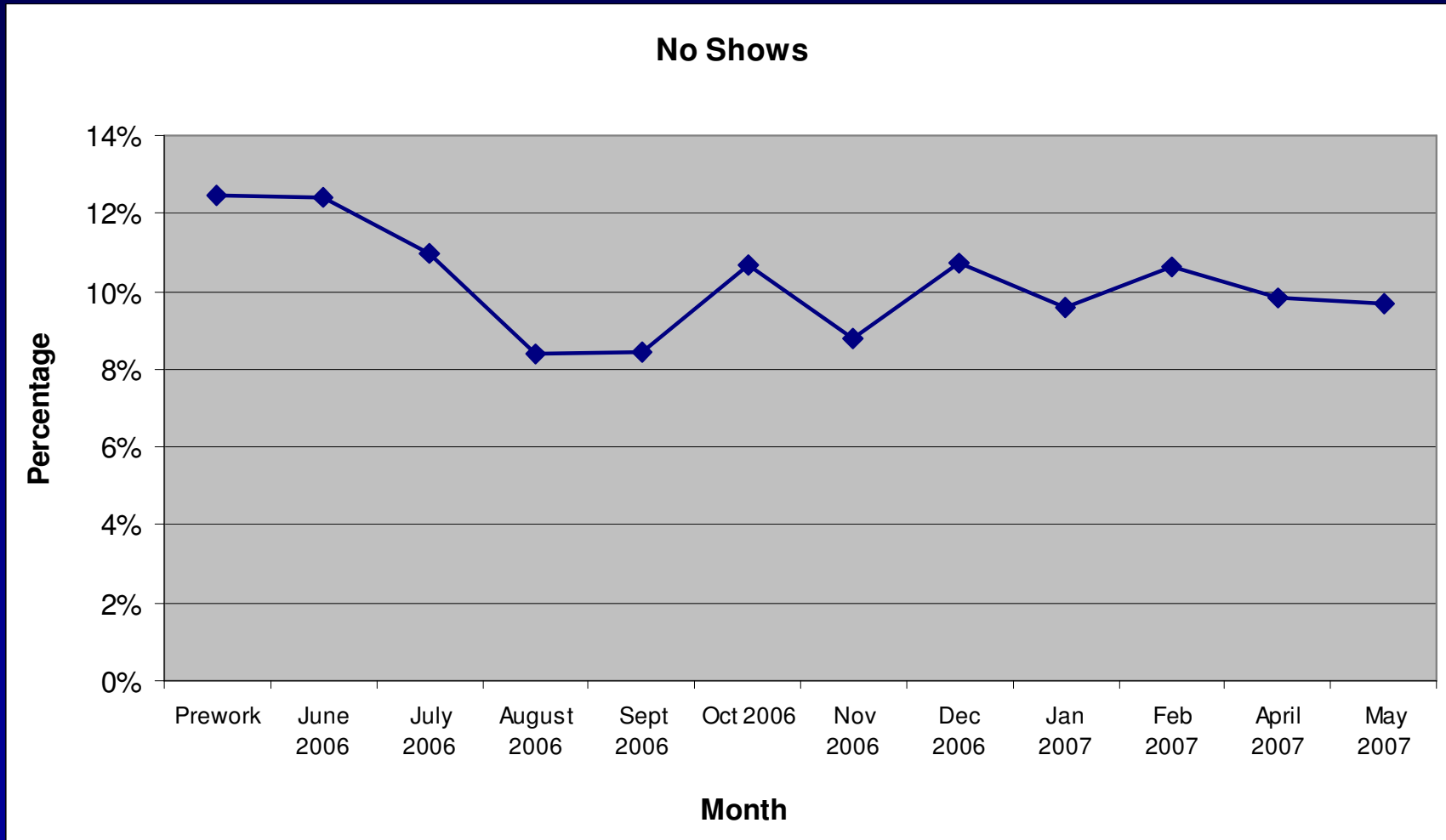


No Shows

- Initial Goal - Decrease No Shows for outpatient screen and diagnostic evaluation appointments from 12.4% to 9.3%
- Started with reminder phone calls
- Then used education phone calls



No Shows

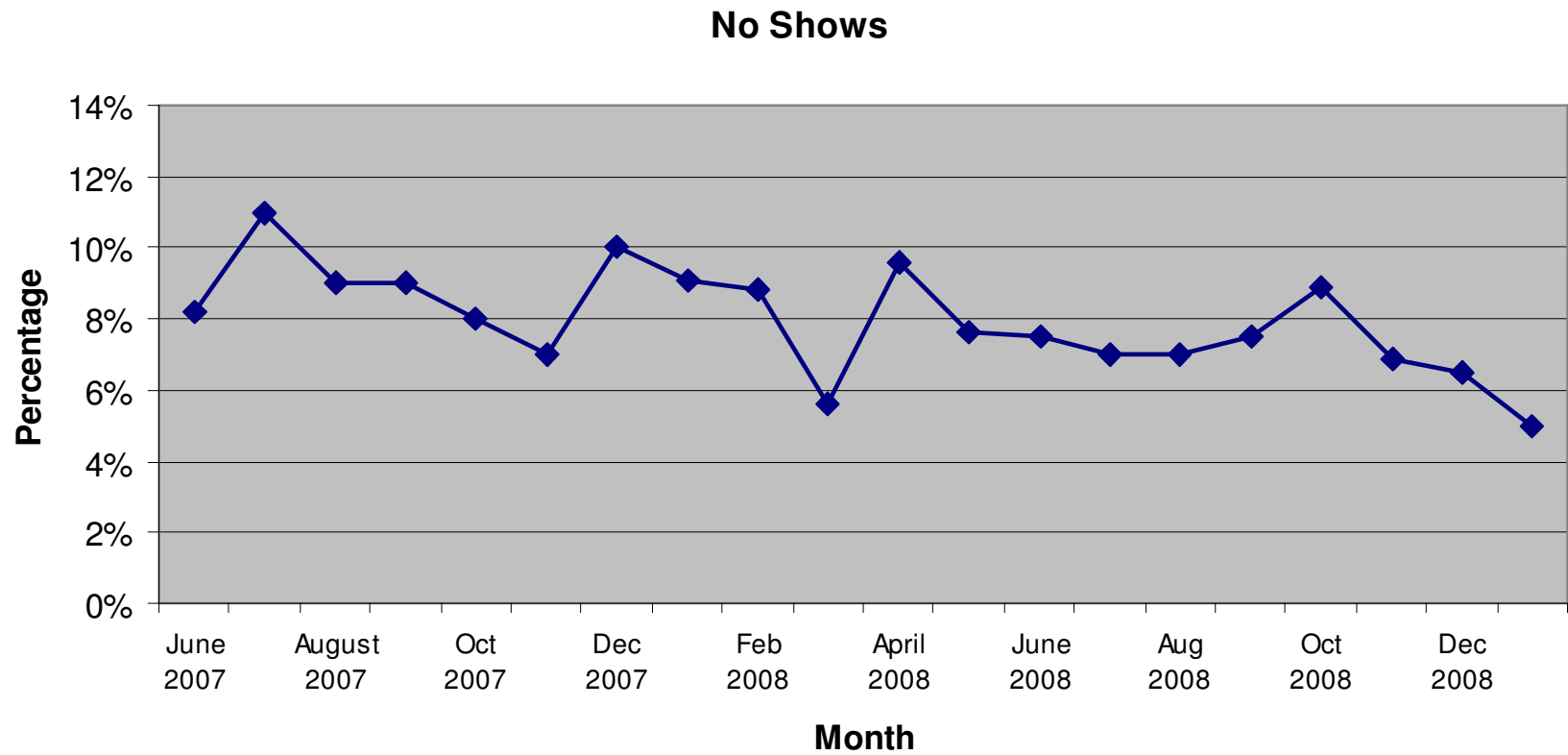


No Shows

- Phone calls too labor intensive
- Switched to introductory letters
- Interim Goal – Decrease No Shows to 8%
- Current Goal – Decrease No Shows to 7%



No Shows



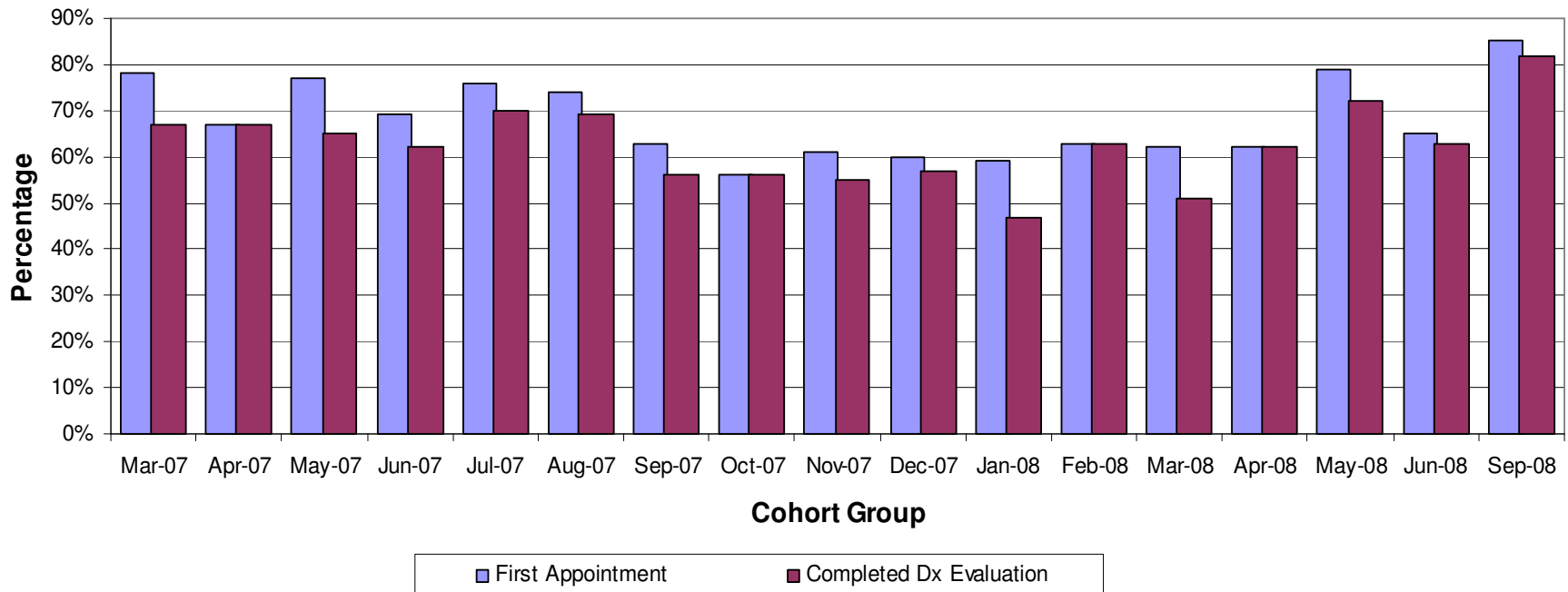
Diagnostic Evaluation by 3 Months of Age

- Schedule two evaluation appointments one week apart
- Difficult to implement consistently



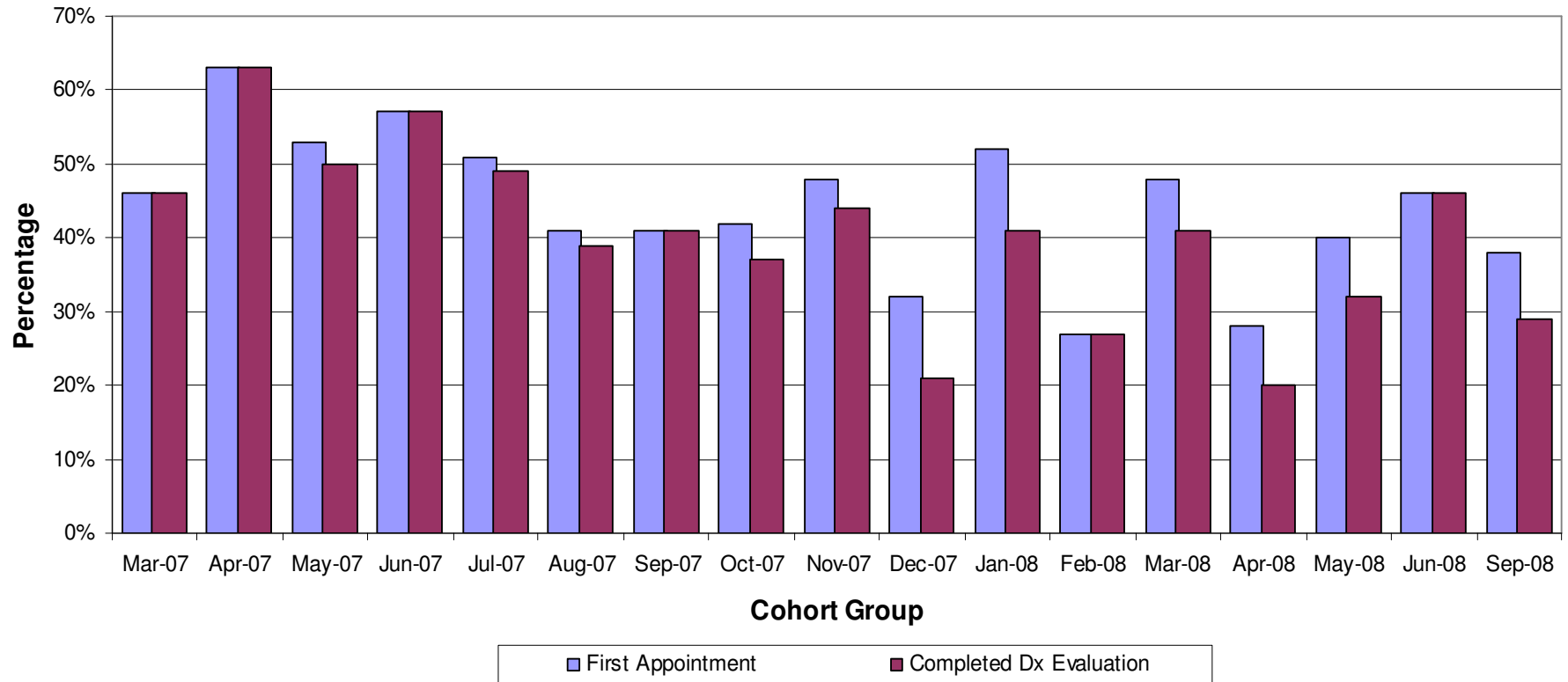
Diagnostic Evaluation Wellborn

Wellborn SCHCC Region Babies Who Completed First Appointment and
DX Eval By 3 Months of Age



Diagnostic Evaluation NICU

NICU SCHCC Region Babies Who Completed First Appointment and
DX Eval By 3 Months of Age

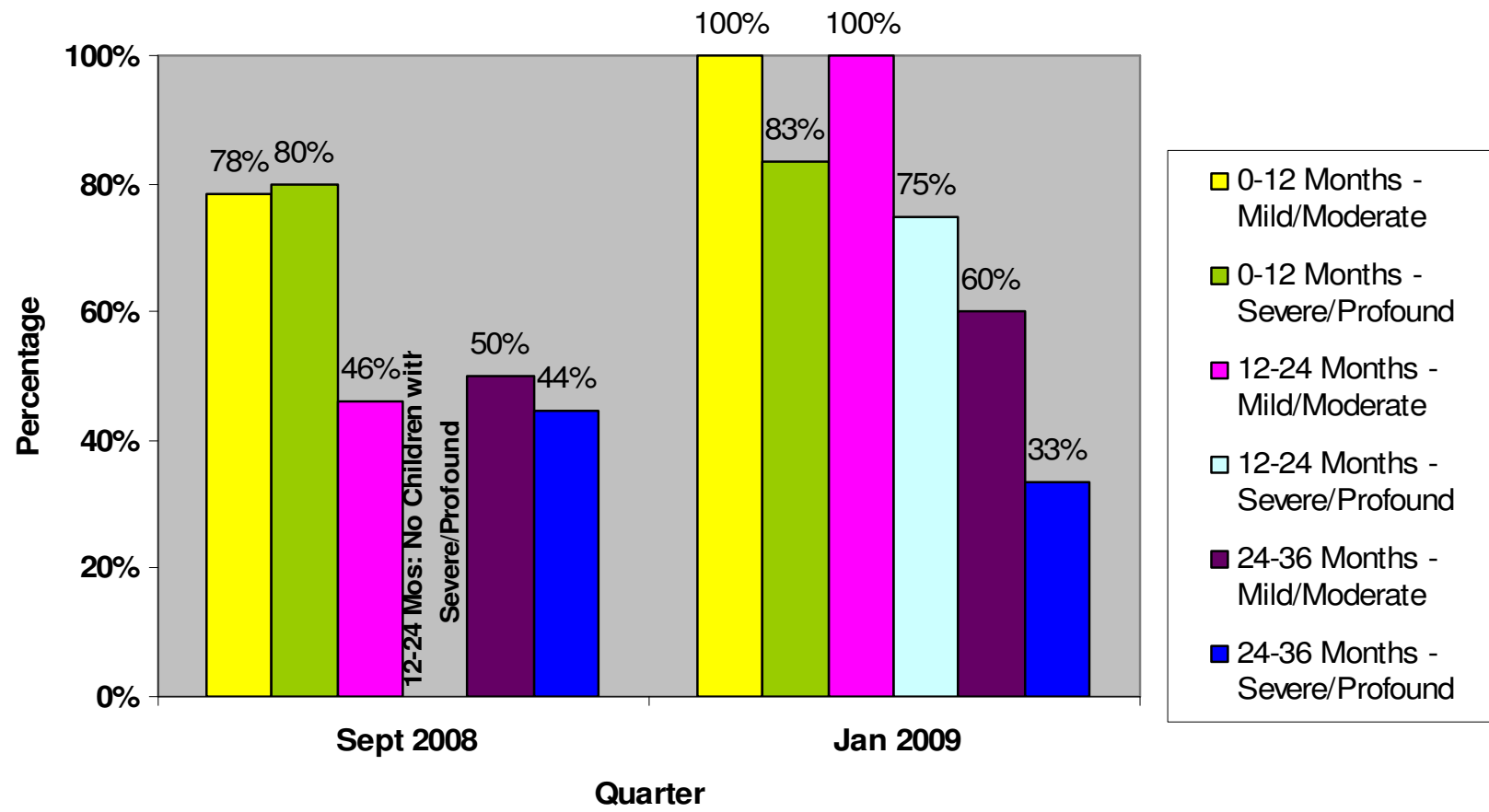


Language Assessment

- Want to look at outcomes
- Issues of how to measure language acquisition
 - Teachers not using the same tools
 - Some tools are not normed
- Challenges
 - Agreement on tool to use
 - Training on use of agreed-upon tool
 - How to measure and track improvement

Language Assessment

Percent of Children in Early Intervention with Age-Appropriate Language Using the Rossetti Scale



Lessons Learned

- Maintaining a learning collaborative takes time and resources
- Must maintain infrastructure
 - Meet on a schedule
 - Minutes, agendas, facilitator
 - Management and review of data
- Maintaining the gain is never-ending

