

**NHS Newborn Hearing Screening Programme**

**Service Improvement through  
effective Quality Assurance:  
the experience of the England  
Newborn Hearing Programme**

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March 2009, EHDI Dallas

*MRC Hearing & Communication Group  
School of Psychological Sciences  
University of Manchester*

## Vision

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**“Improving outcomes for every child through high quality screening, assessment and early intervention”**

## Aims

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- To enable high quality parent - child interaction in the first months of life for all children.
- To empower parents of hearing impaired children to make informed choices about early communication and support options so that interactions can be of high quality.
- **To establish an evaluative culture of service provision and partnership through training, CPD and Quality Assurance.**

# Implementation

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- Implementation began in 2001 – 5 phase roll out completed March 2006
- 122 sites in England delivering newborn hearing screening
- 91 sites hospital based
- 31 sites community based  
(30 Health Visitor sites, 1 screener site)
- 2 community sites overseas
- Well baby and NICU protocols

# Quality Assurance

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- Audit Data – both routine collection (eSP) as part of QA process.
- Peer review – verification; systems and professional competency focused.
- A change Management programme for people, underpinned by technology

## NHSP Quality Assurance Programme

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- Part of national, government QA framework for all non-cancer screening programmes under the auspices of the National Screening Committee. (Fetal Anomaly, Infectious Diseases, Diabetic Retinopathy, AAA, Sickle Cell and Thalassaemia, Bloodspot, Newborn Infant Physical Examination and Hearing).
- Drawing on the experiences of established and successful Cancer QA programmes.
- Implemented November 2006
- First cycle completed March 2008, 2<sup>nd</sup> cycle revisits half way through, due to finish October 2009

# NHSP Quality Assurance Programme

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- Driven by national QA imperatives
  - **Safety**
  - **Effectiveness**
  - **Patient experience**

# NHSP Quality Assurance Programme

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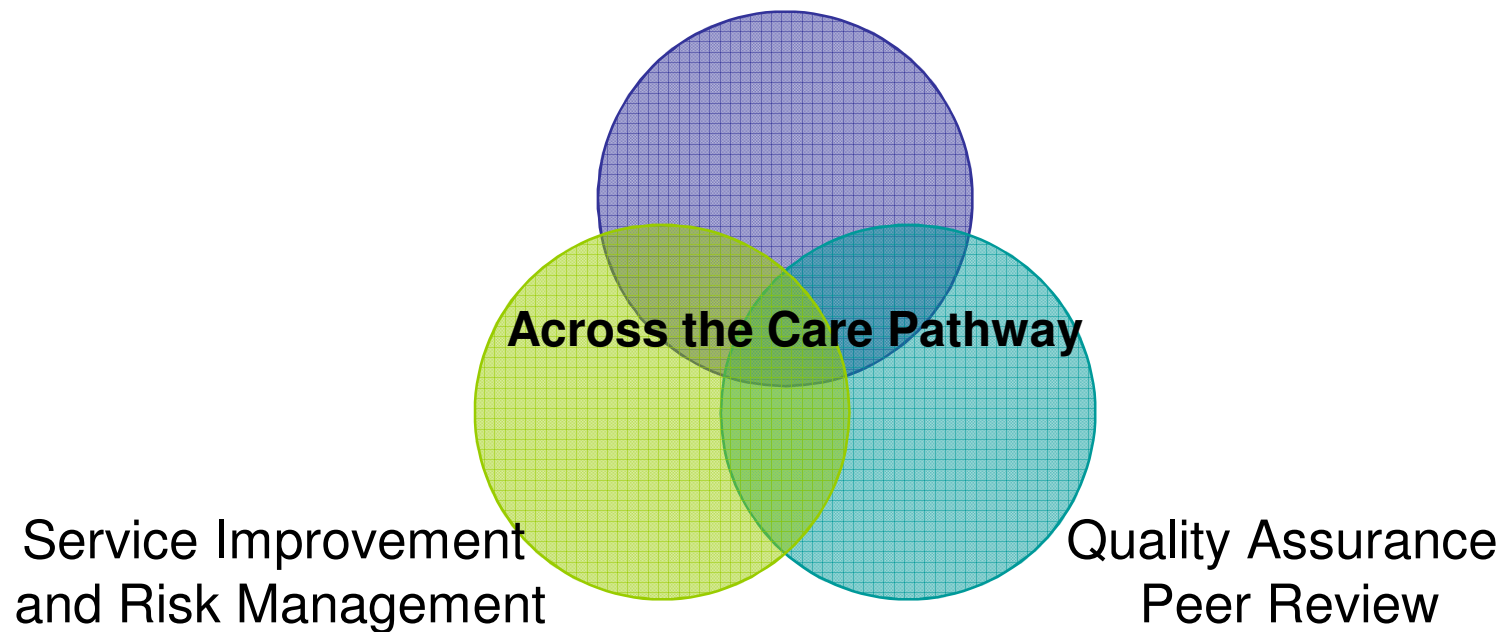
Quality Assurance – underpinning service improvement

- High quality data collection and analysis
- Peer review
- Dissemination of learning locally, regionally and nationally to inform policy and practice development
- National Programme Centre Helpdesk, outreach support and training



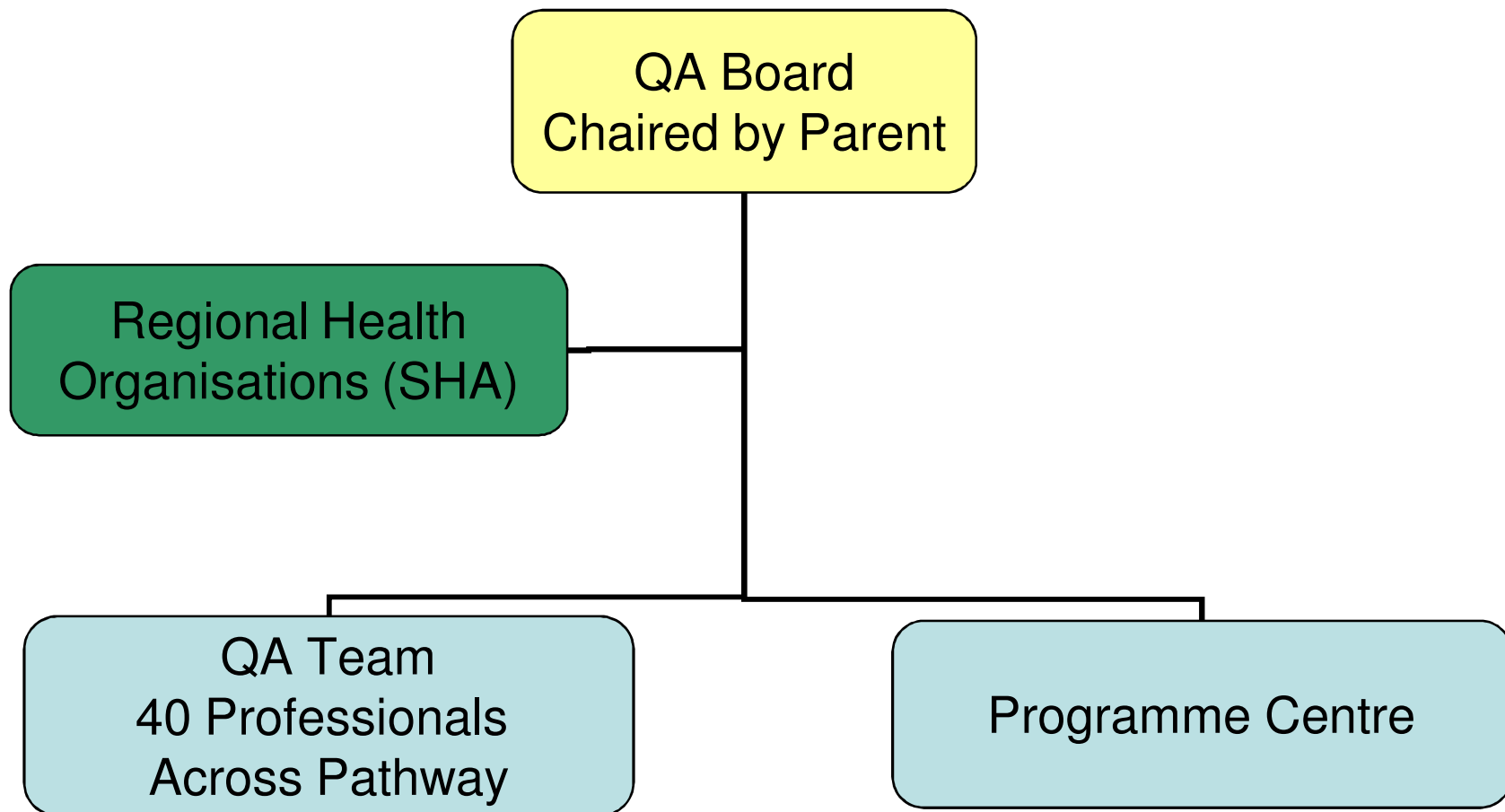
## Quality Assurance Framework – Across the Care Pathway

Implementation – Design out points of failure

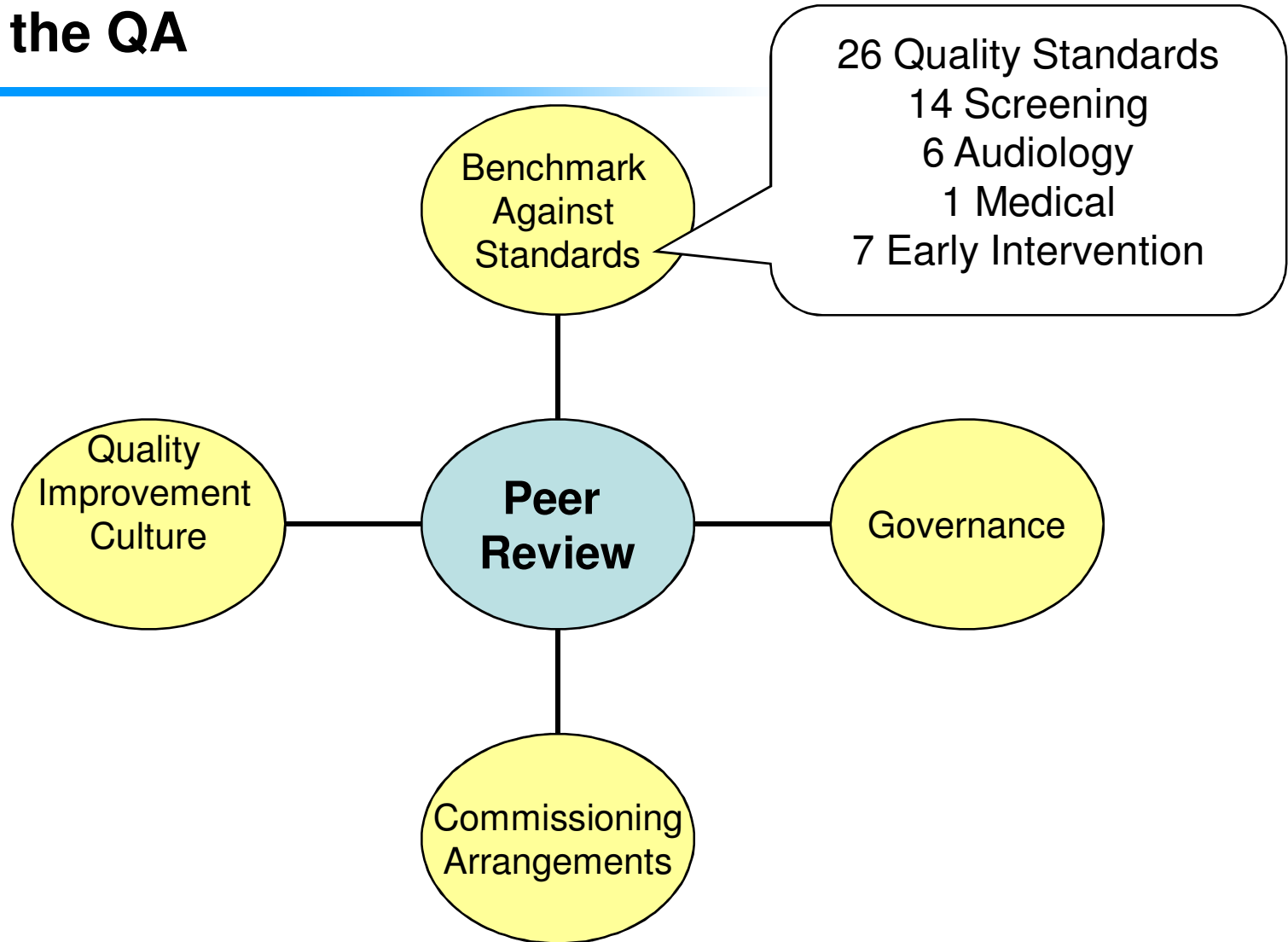


## Governance of the QA Programme

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## Focus of the QA



## Areas of Focus and Governance

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- Governance Structures and Strategic Partnerships
- Commissioned Services Meet the Needs of Children/Families
- Quality Improvement Culture in Place
- Services delivered in a Family Friendly manner

## **Quality Standard Targets Relating to:**

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- Availability of interpreters.
- Information sharing about screen.
- Notification of birth to screen.
- Universal offer of screen.
- Screen commencement.
- Screen completion.
- Decline rates.

## **Quality Standard Targets Relating to:**

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- No Clear Response rates.
- Setting of screening outcomes.
- Screening data archiving.
- Accuracy of electronic screening data.
- Appropriate information giving through the pathway.
- Timely referral to assessment.
- Timely carrying out of initial assessment.

## **Quality Standard Targets Relating to:**

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- Timely confirmation of hearing loss
- Data entry onto eSP system.
- Timely explanation of results, support mechanisms etc.
- Timely referral to medical care / assessment.
- Timely referral and response for follow-up services.
- Co-ordination of family support / key professional contact.
- Hearing aid fitting.

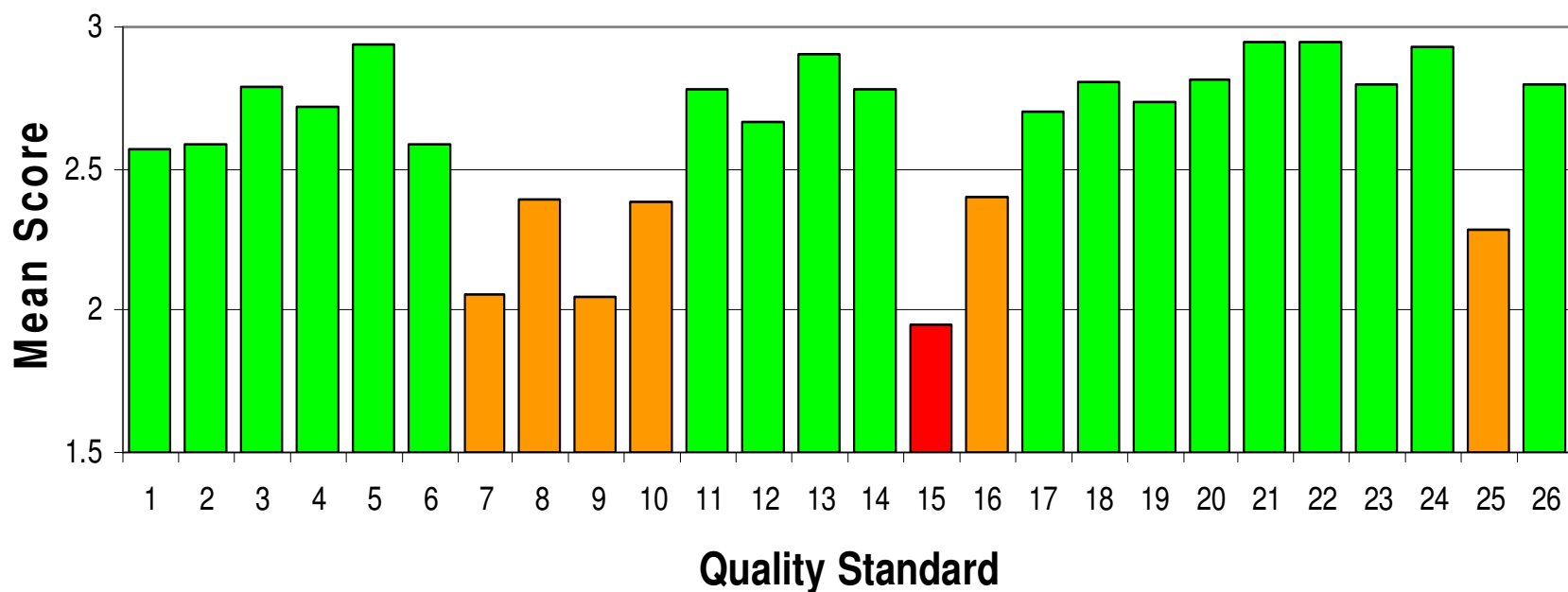
## Quality Standard Targets Relating to:

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- Support for developing communication.
- Provision of 'family care' support.
- Identification and response for complex needs.
- Existence and functioning of 'Children's Hearing Services Working Group' (CHSWG).



## <sup>1</sup> - Performance against the Quality Standards




# NHSP Quality Assurance Programme




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- DATA
  - nationally defined standards but data collected locally.
  - balance between making it easy 'on the ground' but ensuring enough knowledge for learning and evaluation: monitor, evaluate, improve.
  - Data to monitor: screen coverage, screen refer, yield, time to audiological assessment, assessment outcomes and referral for support.

# Evidence list



NHS Newborn Hearing Screening Programme *Antenatal and Newborn Screening Programmes*



**Welcome to Quality Management Online (QM-Online)**  
**Welcome : Mary Jones**  
**Screening Self Assessment Questionnaire: Evidence List for Site xxx**

- Part 2 - The care pathway is delivered in line with existing quality standards and family friendly practice

**Standard 2: Parents to have written and verbal information on hearing screening**

Evidence of the failsafe used procedure for ensuring all newborn babies are on eSP

**Standard 6: Screen started**

Equipment calibration records showing that equipment calibrated according to manufacturers' recommendations.

Equipment daily check log sheet showing equipment checked daily by screeners to the required manufacturers' protocols

Written protocol for the decontamination of screening equipment

Assessment records showing screeners comply with the equipment decontamination procedures



**Standard 7 Screen completed**

Example letter given to all women/parents/carers immediately after the screening test is completed

+ Part 3 - Quality improvement culture is in place

+ Part 4 - Commissioned services meet the needs of children and families


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# Recommendations list



NHS Newborn Hearing Screening Programme *Antenatal and Newborn Screening Programmes*



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# Summary report

NHS Newborn Hearing Screening Programme

Antenatal and Newborn Screening Programmes

**Welcome to Quality Management Online (QM-Online)**  
Self Assessment Pre Visit Summary Report for Site XXX

Site Overview - Self Assessment Report ■

- Hearing Screening Services – Team Leader ■
- Hearing Screening Services – Local Co-ordinator ■
- Education and Social Care Services ■
- CHSWG ■
- Aetiological Investigations for Deaf Children ■
- Initial (electrophysiological) diagnostic assessment ■
- Rehabilitation/management ■
- Targeted Follow up ■

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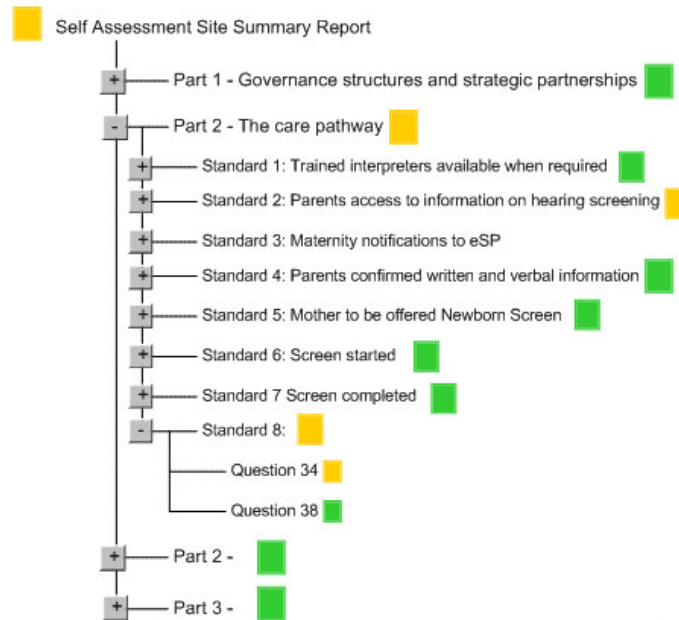
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## Welcome to Quality Management Online (QM-Online)

Welcome : Mary Jones

Screening Self Assessment Pre Visit Summary Report for Site XXX



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# NHSP Trends

Commissioner View    Provider View    Knowledge Base    Settings

## North West - Referral Assessment 6 weeks

Period/Year: Annual - 2006/2007; Activity

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Commissioner

Please select an organisation:

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View

Filters

Definition

Interpretation

About this Screen

# NHSP Quality Assurance Programme



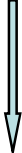

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## PEER REVIEW

- Pre preparation data analysis of care pathway from regular reporting (eSP).
- Pre-visit questionnaires to all professionals involved in care pathway and parents.
- Day long visit from expert peer reviewers.
- Verbal feedback at end of day.



# NHSP Quality Assurance Programme

- Compilation of draft report
  - Factual checking of report by site
  - Final report to site 
  - Final report to QA Board (Governance) 
  - Publication 
- ACTION PLANS**
-  Monitoring and Support for Action plan

## Key performance areas arising

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- Screen coverage
- Time from screen referral to audiological diagnostic assessment
- Access to social care support for families
- Poor data reporting leading to inability to accurately account for yield
- Interpretation of ABR

## Key performance areas arising

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- Fitting of hearing aid to young babies
- Need for more training working with and assessing progress in very young babies
- Need for more training working with families in new dynamic of early identification following screening
- Capacity ('good will service provision')
- Skills mix

## What have we learned?

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- That parental perceptions are vital, but need to be considered alongside other assessments of quality of skills and processes.
- That close data monitoring is key to understanding trends and in being ‘early warning’ for problems.
- That the QA process itself is catalyst for systematic review and development.

## What have we learned?

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- That commissioners, practitioners and parents / parent groups want to be able to benchmark.
- That the QA process provides both transparent accountability and services to support performance management

## Impact and Evaluation

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*“The QA process has had a very positive impact in three particular areas, 1 recognition of good practice, 2 identification of development needs, 3 making things happen across multi-agency working”.*

Head of Service, Local Authority

- 61% of services reported improvements directly attributable to the QA process

# Thank You

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**Deputy Director**

**Newborn Hearing Screening Programme**

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