
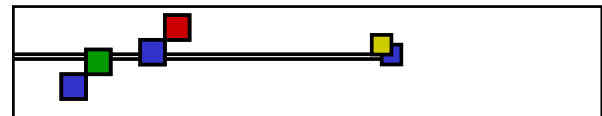


Small Change Can Make a Big Difference


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 Illinois Guide By Your Side
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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

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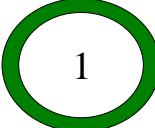
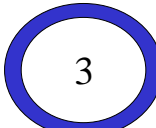
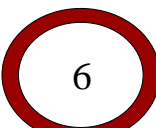
Many people carry the torch...

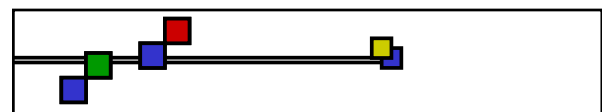


3 State Agencies work together for the Newborn Hearing Program

Illinois Department of Public Health
 UIC – Division of Specialized Care for Children
 Illinois Department of Human Services
 (including Early Intervention)

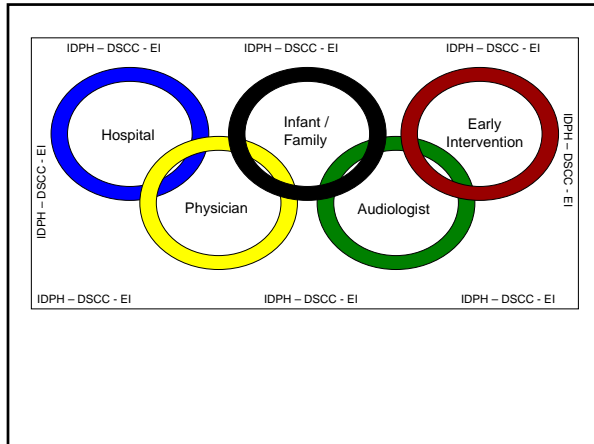
Newborn Hearing Process

 <p>1</p>	 <p>3</p>	 <p>6</p>
<p>Screening completed before 1 month of age</p> <p>IDPH</p>	<p>Diagnostic Hearing Evaluation by 3 months of age</p> <p>DSCC</p>	<p>Early Intervention begins prior to 6 months of age</p> <p>EI</p>

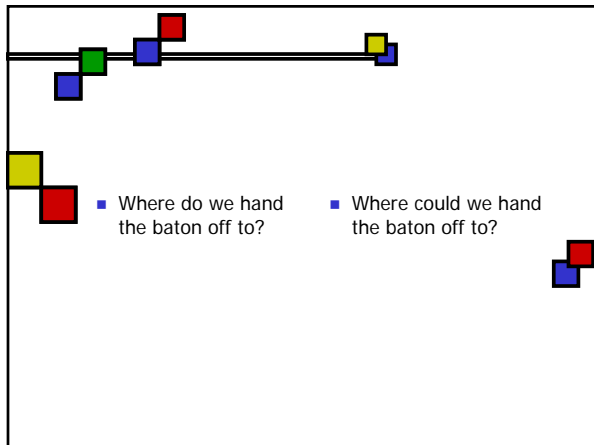


NICHQ

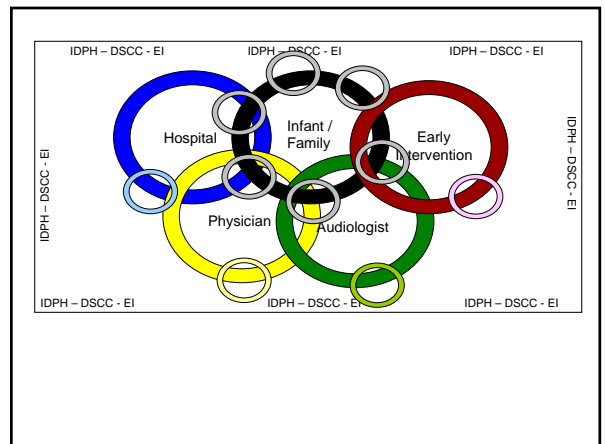
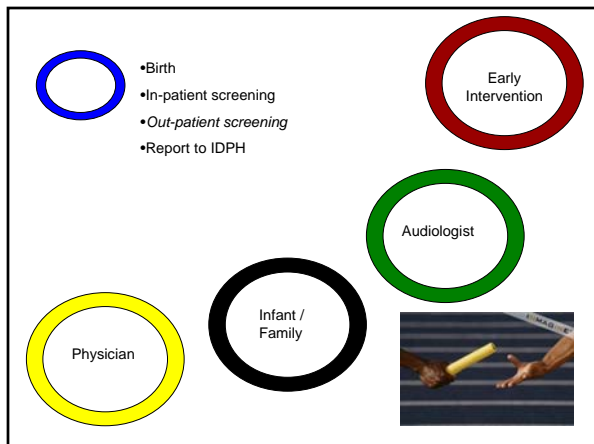
- The National Initiative for Children's Healthcare Quality (NICHQ) is an action-oriented organization dedicated solely to improving the quality of health care provided to children. Founded in 1999, NICHQ's mission is to eliminate the gap between **what is** and **what can be** in health care for all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



How do we hand off that torch / baton ?




Hospital The Hospital / OB Dept.



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

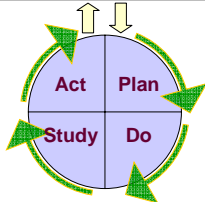
What are we trying to accomplish?

Establishing Measures

How will we know that a change is an improvement?

Selecting Changes

What changes can we make that will result in improvement?




*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



AIM STATEMENT

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 it is 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

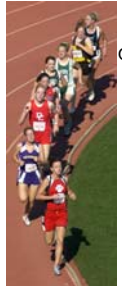


use of the fax back between specialists, including the audiologist and primary care provider

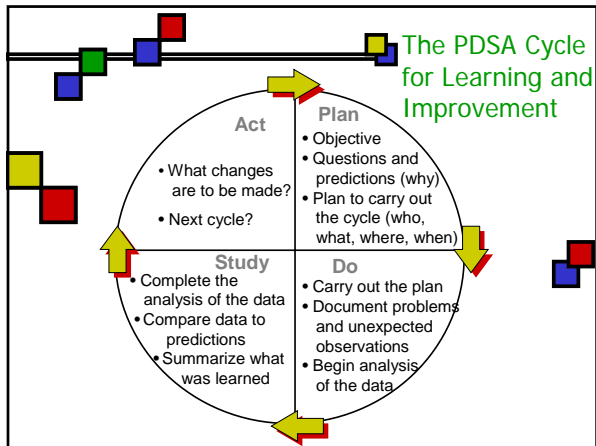
EHDI Events



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



OTHER



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.