



Powerful EHDI Community Partnerships

EHDI National Conference – February 22, 2011

Overview



- Introduction
- Building a successful EHDI team
- Specific improvements/strategies
- Keeping the momentum for future improvements

Panel Members



Ida Middendorf, Parent

Melissa Buck, D/HH Teacher

Heather Gould, D/HH Teacher

Betsy Schutte, Clinical Audiologist

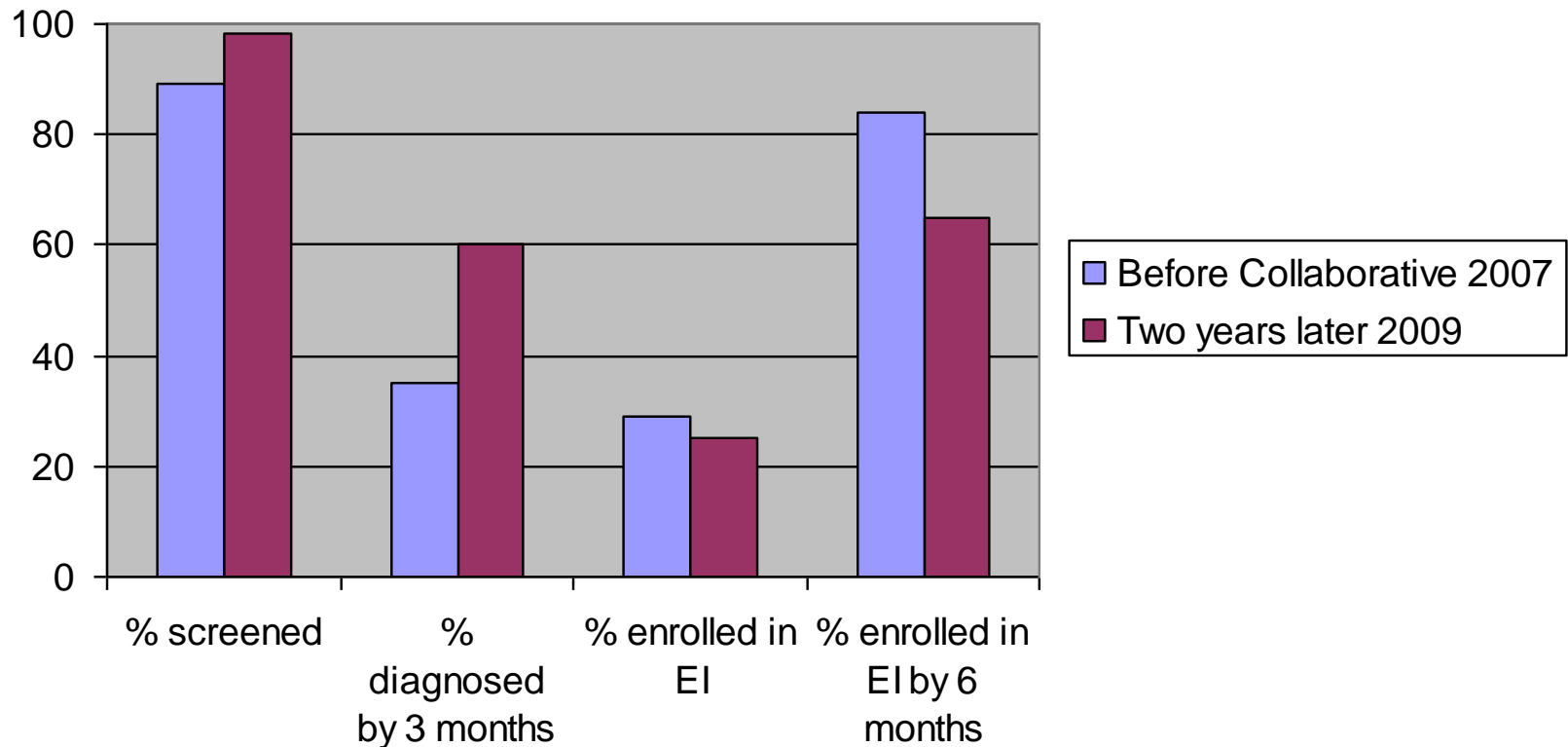
Barb Dalbec, MN Department of Health

Curt Leitz, Minnesota Hands & Voices

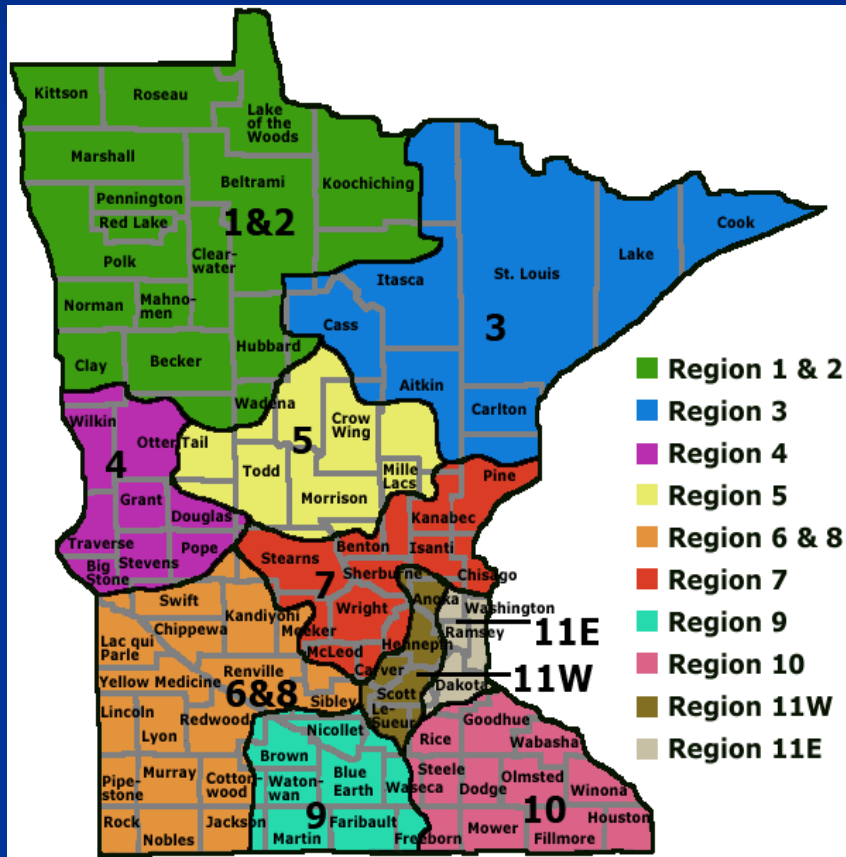
Picture of MN



1-3-6 MN Ehdi Data



Minnesota



- Six Community Collaborative Teams across the state
- Learning sessions held 3 times a year
- PDSA – small tests of change between learning sessions
- Leading to statewide improvements

Team Members by Role



- 1 Parent
- 2 Part C Coordinators
- 4 D/HH Teachers
- 1 state D/HH service coordinator
- 3 Public Health Nurses
- 1 Educational Audiologist
- 1 Clinical Audiologist
- 1 Speech/Language Pathologist
- 1 Parent Guide/Mentor



Representing



- 2 Birthing centers
- 2 Birth-3 (Part C) programs
- Public school district
- Special education co-op (serving 12 districts)
- 2 Counties
- 2 State agencies
- Parent support organization
- Parenthood!



Parent Involvement Essential



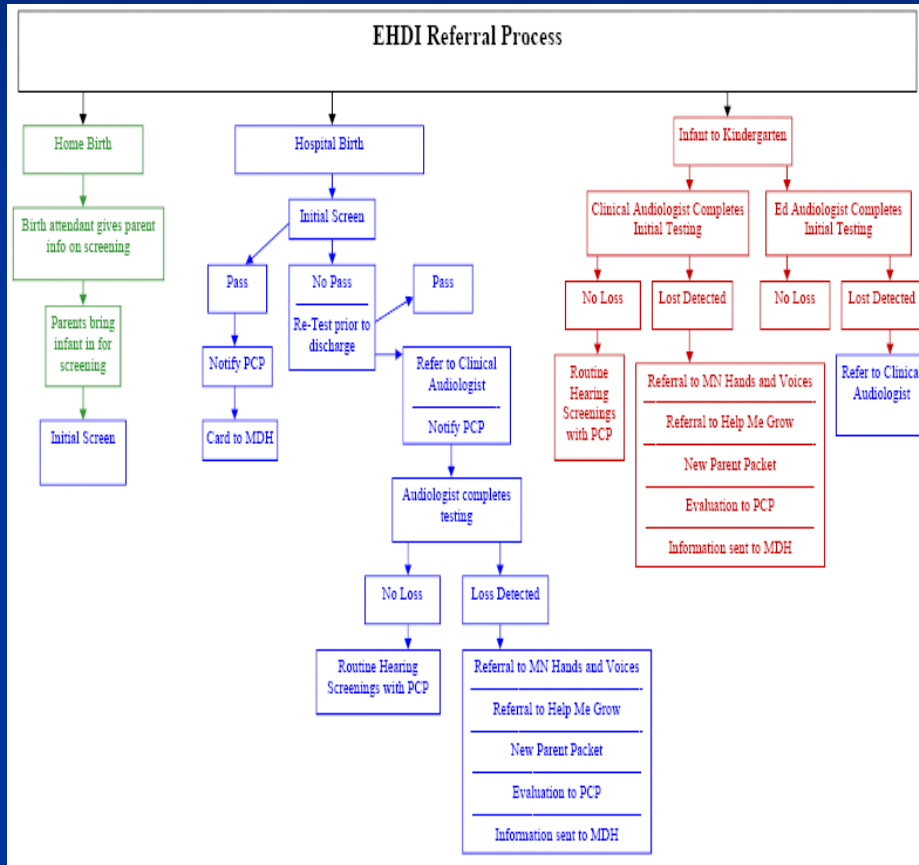
- Provides direct feedback on system
 - Must have a parent currently or recently in system
 - Be careful if parent's child is served by other team members
- Parents must be fully empowered team members
 - Avoid acronyms/jargon
 - Listen to and incorporate parent perspectives
 - Share responsibility and authority for tasks

Sample Tools for Quality Improvement



- Process map
- “I am a referral”: walking through the process
- PDSA cycle: direct referrals from diagnostic audiologist to EI and MN Hands & Voices
- Public outreach: EHDI poster

Process Map



- Developed by entire team
- No team member was familiar with all processes
- Included numerous undocumented processes
- Revealed some system breakdowns

“I am a referral” exercise



- Process map broken down into discrete, manageable sections
- Individuals physically moved through each step
 - Developed face-to-face relationships
 - Tracked processing time at each step
 - Identified new system breakdowns
- Team reviewed results to prioritize areas for quality improvement



PDSA Cycle: Direct Referrals from Audiologist



PDSA Cycle Worksheet

Project Name: DULUTH/CLOQUET AREA EHLI Cycle #: 1

Objective of this Cycle: FASTER CONNECTION OF INFANTS/TODDLERS WITH HELP ME GROW

Plan

What change are we testing and what question do we want this test to answer?
IF AN AUDIOLOGIST IDS HEARING LOSS IN A CHILD, WILL HE OR SHE BE ABLE TO REFER CHILD AND FAMILY TO HELP ME GROW WITHIN TWO DAYS, AND WILL THE FAMILY RECEIVE A CALL FROM THE SCHOOL IN ___ DAYS?

What predictions do we have?
WE PREDICT BETSY WILL REFER EVERY CHILD WITHIN TWO DAYS, REDUCING LAG TIME BETWEEN DIAGNOSIS/ID. AND CONTACT W/ HELP ME GROW.

Plan for Change or Test: Who, What, When Where?
BETSY WILL MAKE NEXT THREE REFERRALS DIRECTLY TO H.M.G. AND WILL RECORD THE TIME IT TAKES. H.M.G. WILL RECORD THE TIME THEY TAKE TO CONTACT THE FAMILY.

What measure will you use to learn if this test is successful or has promise?
WE'LL COMPARE TO THE AVERAGE TIME FROM ID. TO FAMILY CONTACT FOR THE TEN FAMILIES WHO IMMEDIATELY PRECEDED THE TEST PERIOD.

Study

Describe the measured results. Do the results agree with the predictions made in the planning phase?
TEST PROTOCOLS REDUCED THE LAG AN AVERAGE OF 12 DAYS FROM CURRENT PROTOCOLS.

What action are we going to take as a result of this cycle (Adopt, Adapt or Abandon)? Are we ready to implement the change?
ADAPT!

Act

What are the objectives of the next cycle?
TEST THIS PROTOCOL WITH REFERRALS TO HANDS & VOICES.

- **PLAN:** team hypothesized that families would receive services more quickly if audiologists referred directly to EI and parent support
- **DO:** one audiologist tested this change over a limited time span
- **STUDY:** full team reviewed and discussed results
- **ACT:** change adopted, documented, implemented

Public Outreach: EHDI Poster



- Initiative came from entire team
 - Numerous team members saw uses for the poster
 - Entire team contributed to design parameters
- Developed by an ad hoc committee
- Utilized in numerous settings

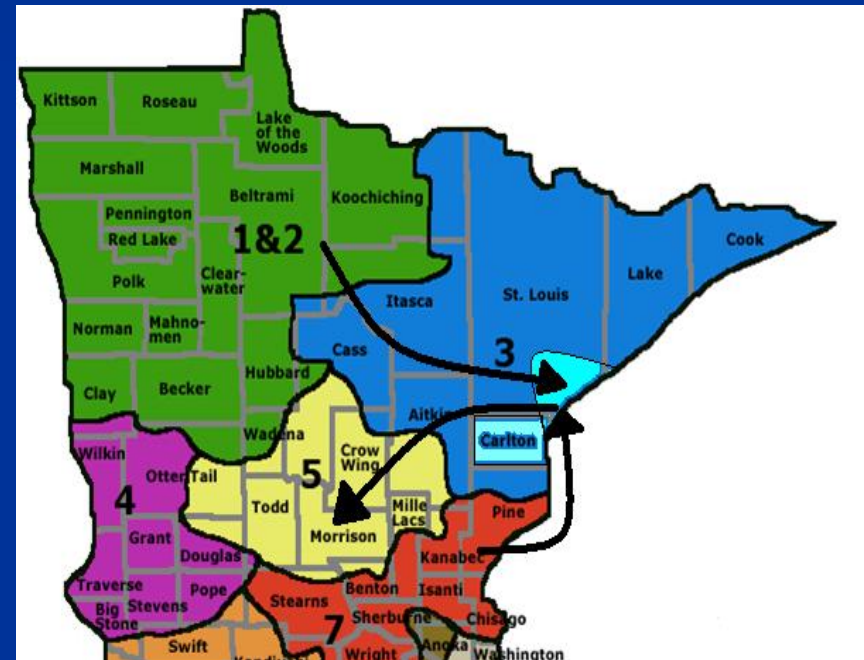


Developing Momentum



Geographical spread

- Must have a mechanism for sharing quality improvements with other established teams
- Must expand to new institutions and areas



Carrying it Forward



- Roster turnover
 - Outgoing members should help recruit replacements
 - Team must invest in new members
- From establishing to established
 - Startup resources will likely go away—team must creatively meet its own needs
 - Team will likely meet less frequently; more communication and work occurs outside meetings
 - Team should annually reexamine its purpose and goals

3 years later



- 98.1% of MN infants screened
- 60% diagnosed by 3 months of age
- 25% enrolled in early intervention (EI)
- 65% enrolled in EI by 6 months of age

Questions?

