

An Innovative Process Improvement Tool for EHDI Programs: Hospital Site Visits

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Presenter

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Learning Objectives

- Participants will have an understanding of Iowa's hospital site visit process
- Participants will have an understanding of the self rating rubric used by hospitals and Iowa EHDI
- Participants will understand the benefits of conducting hospital site visits and their impact on state programs

Outline

- Iowa EHDI background
- Purpose of hospital site visit
- Preparation for visit
- Hospital self rating rubric
- Site visit participants
- Site visit agenda
- Hospital site visit report
- Survey results and comments
- Strengths
- Areas for improvement
- Value of site visits

Background



EHDI System of Care

- IA Department of Public Health (IDPH)
 - CDC grant
 - Surveillance
 - Short term follow up
 - Program evaluation, data analysis
- Child Health Specialty Clinics (CHSC)
 - HRSA grant
 - Long term follow up
 - Family support, EI referrals
 - Medical home education
- Audiology Technical Assistance

Legislative Mandate

- Legislation went into effect January 1, 2004
 - IDPH - entity responsible for administrative oversight and surveillance
 - Law/rule requires universal hearing screening for newborns
 - Reporting of screen, re-screens, diagnostic assessments for children 0-3 w/in 6 days

EHDI Data System

- Web based eScreener Plus (eSP™)
 - Optimization Zorn Corporation (OZ)
 - Two level login
 - IDPH security token
 - eSP™
 - Used by hospitals, Area Education Agencies (AEAs), private audiologists, ENTs, CHSC

eSCREENER Plus(eSP™)

- Demographics
- Risk factors
- Hearing screens
- Diagnostic assessments (OAE, tymps, behavioral testing, ABR, etc)
- Amplification (hearing aid fitting/ CI date)
- PCP, other healthcare providers
- Developing a case management module

Demographics

- Approximately 40,000 births per year
 - Home births
- 82 birthing facilities, many in rural communities
 - 3 level III hospitals (two w/audiologists)
 - 19 level II hospitals
 - 60 level I hospitals

OP Screens & Diagnostic Assessments

- Outpatient re-screens
 - Birthing hospital
 - Area Education Agencies
 - CHSCs regional centers
- 10 Iowa diagnostic centers, 4 bordering centers
 - Currently exploring telehealth for diagnostic ABRs
 - Exploring ABR technology that does not require sedation in young children

Hospital Site Visits


Purpose of Hospital Site Visits

- Identify strengths, areas for improvement
- Identify best practices
- Spread best practices identified through NICHQ quality improvement project
- Identify hospital technical assistance and education needs

Site Visit Preparation

- Scheduling
- Completion of self rating rubric by hospital
- EHDI coordinator prepares the following:
 - Hospital birth admission screening report
 - Hospital follow up report
 - Hospital aging report, as needed
 - Hospital level and state report for refer/miss rates
 - Agenda
 - Copies of completed hospital rubric

Hospital Self Rating Rubric



Iowa EHDI Best Practice Self-Rating Rubric

Hospital Name: _____ Date: _____

Chapter One: EHDI Partner Roles and Responsibilities – Law/Rules (Iowa Code sections 135-111 & 681AAG3)

EHDI Partner Roles and Responsibilities	Requirements of Birthing Hospitals	We meet this requirement of the law (I)	We do not meet this requirement of the law (II)
EHDI Partner Roles and Responsibilities Requirements of Law Score _____	The hospital has an employee designated as responsible for the newborn hearing screening program. All newborns are screened prior to discharge except in the case of infants transferred for acute care and babies born with a condition that is incompatible with life.		
	Newborn hearing screening is performed by an audiologist, otolaryngologist, audiometrist, registered nurse, licensed physician, or other person for whom newborn hearing screening is within the person's scope of practice.		
	Newborn hearing screening results are reported to the parent or guardian at testing.		
	Newborn hearing screening results (including referrals, deceased and transfer) are reported to the Iowa Department of Public Health (IDPH) within 10 days of birth.		

Site Visit Team Participants

- State EHDI team
 - Iowa EHDI Coordinator
 - EHDI Pediatric Audiology Technical Assistant
 - Parent/GBYS representative
- Hospital Personnel
 - EHDI designee
 - Discharge personnel
 - eSP data entry nurse, clerk
 - Nursing personnel that conduct hearing screens

Sample Agenda

- Introductions, purpose and goals of site visit
- Family story
- Review data and technical assistance issues
- Review and discuss hospital self-rating rubric, hospital processes and protocols
- Provide information on best practices related to newborn hearing screening and follow up
- Review questions regarding database, screening, discuss resources
- Tour of hospital screening facility, view equipment (if possible)

Hospital Site Visit Report

- Highlights purpose
- Lists persons in attendance
- Summary of hospital data
- Detailed summary of hospital processes, protocols
- Summarizes strengths and outlines areas for improvement
- Provides list of resources
- Copy of report goes to administration

Hospital Site Visit Follow Up

- Call from EHDI Audiology TA
- Review of progress related to areas for improvement
- Questions, concerns and review training needs
- No progress or very slow progress results in call from state EHDI coordinator, possible corrective action plan

Lessons Learned

Site Visit Survey Results

- SurveyMonkey™ following visit
- 100% - EHDI site visit was helpful
- 74% - hospitals report they implemented changes
- 100% - hospitals indicated site visit affirmed best practices in their hearing screening program
- 94% - discussion on areas for improvement provided sufficient direction for making needed changes

Summary of Hospital Comments

- Self rating rubric was a very useful tool
- EHDI staff helped us identify our strengths & areas for improvement
- Helpful information provided by staff on visit
- Found site visit report helpful

Strengths

- Assist families in scheduling well child and OP hearing screens
- Inform families of newborn hearing screen results
- Larger hospitals meet state goals for refer/miss rates
- Physicians notified of newborn hearing screen results

Strengths

- Family practice physicians in rural communities engaged in newborn hearing screen results & followup
- Majority of hospitals entering required data
- Majority of hospitals provide outpatient hearing re-screens
- Policies and procedures

Identified Areas for Improvement

- Reduce refer/miss rates to meet state goal (smaller hospitals)
- Improve timeliness of data entry
- Secure and enter second point of contact
- NICUs need AABR screening equipment
- Increase number of screeners who review quarterly newsletter
- Implement quality assurance checks
- Improve training

Are Hospital Site Visits Valuable?

- Parent message is important
- Opportunity to spread best practices
- Provides state program w/info about challenges, education and technical assistance needs
- Opportunity to assist hospital programs with problem solving
- Increases awareness re: program expectations and areas for improvement
- Hospitals have improved their refer/miss rates, obtained training, changed processes

Questions ????

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