Practice-based Quality Improvement in Early Hearing Detection and Intervention

Presented by:

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Objectives

- Demonstrate how the IHI Model for Improvement is an effective framework for process improvement
- ❖ Describe specific practice-based improvements that impacted implementation of Joint Childhood and Infant Hearing (JCIH) guidelines in practice to strengthen the role of the medical home within the EHDI system
- *Explain the systems and processes that improved rates of documentation regarding results and conversations, streamlined referrals and consistent follow-up with both families and other care providers.

Project Overview and Purpose

- National Quality Improvement (QI) collaborative
- Improve pediatric primary care practice and the role of the medical home in EHDI
- Enhance knowledge and practice related to the following:
 - Documentation of screening results
 - Referrals for audiological diagnostic exams
 - Identification of risk factors for late-onset and progressive hearing loss
 - Communication of these results with parents and families

Project Structure

Oversight Group: EHDI Quality Improvement Expert Group

Consultant: Quality Improvement Consultant

Practice Teams: 11 Practice teams throughout the project

Unique Elements: Parent Partners

Institute for Healthcare Improvement Model for Improvement

What are we trying to accomplish?

What changes can we make that will result in improvement?

How will we know a change has made an improvement?

Institute for Healthcare Improvement (IHI) Model incorporates small tests of change (Plan, Do, Study, Act).



The Improvement Guide, API, 2009

Project Measures

- Documentation of the results of NBHS
- Discussion of results documented
- Documentation of risk factors and development of an individualized care plan
- Audiological evaluation and documentation in the medical record

Tests of Change

- Altering EHR
- Utilizing scripts or checklists to ensure consistency
- Engaging ancillary staff for risk factor assessment

Challenges

- Re-screen infants once discharged
- Inconsistent documentation
- Insurance issues that impact diagnostic testing
- Timing for appointments logistics for families
- Buy-in and sustainability

Accomplishments

- Documentation of NBHS results- 97%
- Results Conversations- pre- 54%, post- 97.2%
- Referrals for audiologic diagnostic evaluation pre-25%, post-100%
- Risk factors assessment for late-onset hearing loss pre-6.5%, post-96.2%

Accomplishments (continued)

- Enrollment into early intervention
- Tracking and surveillance
- Data management
- Ongoing communication with families

Toolkit Resources

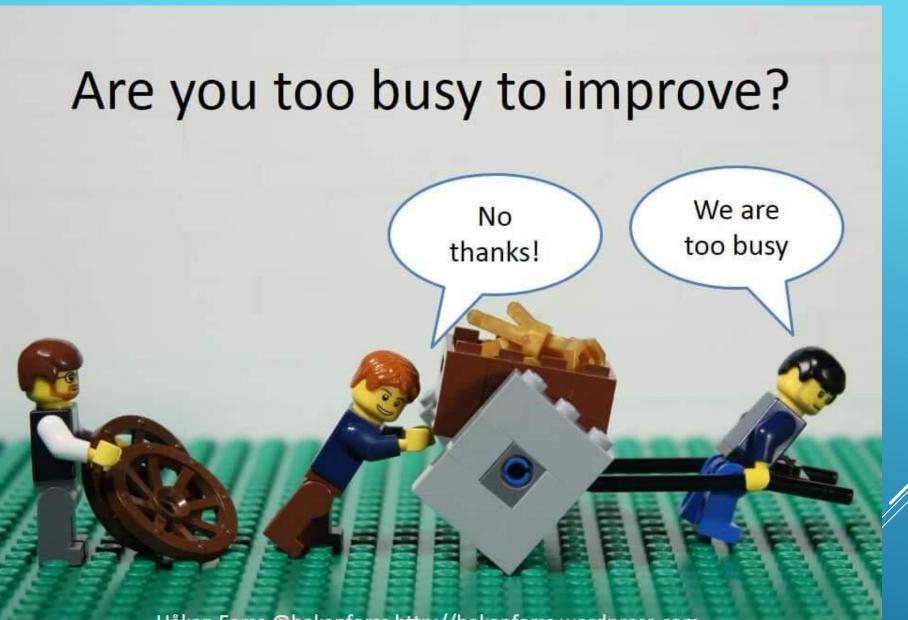
- Background information
- Project overview
- Project planning tools
- Pre-work, Orientation, Baseline Data Collection tools
- Learning Session materials
- Action period materials
- Post-implementation materials
- Overview of Lessons learned
- Results documentation
- Aggregate Run charts

http://www.infanthearing.org/quality-improvement/EHDI-QI-Toolkit.html

Early Hearing Detection and Intervention Quality Improvement Toolkit

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This illustration is inspired by and in part derived from the work by Scott Simmerman, "The

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