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:
  o Documentation of screening results
  o Referrals for audiological diagnostic exams
  o Identification of risk factors for late-onset and progressive hearing loss
  o 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?

Act | Plan

Study | Do

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

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

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