



# Using Hospital and Midwife EHDl & QMl Report Cards to Increase Accountability and Improve Compliance

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# Disclosure



The content of this presentation does not relate to any product of a commercial entity, therefore the presenters have no relationships to report.

# /rē' pôrt kârd/

- an evaluation of performance (Merriam-Webster)
- a report on how well an organization has been doing recently (COBUILD Advanced English Dictionary)
- a periodic report, in writing, on progress (Webster's New World College Dictionary)
- a history of record or accomplishment as adjudged by others. It is a means to compare performance to a standard or expectation. (Dictionary.com)





# The history

## Chronically underperforming hospital NBHS program

- High refer rate
- High LTF-U
- Poor documentation
- Unresponsive to State EHDI staff



# The History



State of Utah

GARY R.  
HERBERT  
Governor

## Utah Department of Health

W. David Patton, Ph.D.  
*Executive Director*

### Division of Family Health and Preparedness

Marc E. Babitz, MD  
*Division Director*

### Children with Special Health Care Needs Bureau

Noël Tatin, M.S.  
*Bureau Director*

CEO

July 8th, 2014

Mario Capecchi Medical Center

Somewhere street

Your Town, UT 84009

## How Are You Doing?!

Hearing loss is the number one birth defect. When identified early in life many of the resulting challenges to hearing loss are mitigated through early diagnosis and intervention. Recognizing this, in 1998, the Utah Legislature passed a bill which requires that all newborns receive a hearing screening before discharge from the hospital. It is our intent to keep you informed as to the efficiency of your hospital as it applies to newborn hearing screening and compliance with Section 26-10-6, Rule 398-2 of the Utah Code and, more recently (2013) Section 26-10-10, Rule 398-4 pertaining to testing for Congenital Cytomegalovirus. This "report card" compares your hospital with the Minimum Standards of Performance set by the Utah Advisory Committee on Newborn Hearing Screening.

The Utah EHDI (Early Hearing Detection and Intervention) Team would like to thank you for your continued support of this important program.

Any comments or questions you have regarding this process may be addressed to:



CHILDREN WITH SPECIAL HEALTH CARE NEEDS BUREAU  
Street Address: 44 North Mario Capecchi Drive • Salt Lake City, UT 84113  
Mailing Address: P.O. Box 144620 • Salt Lake City, UT 84114-4620  
Telephone (801) 584-8215 • Facsimile (801) 584-8492  
[www.health.utah.gov](http://www.health.utah.gov)

# The History



## Newborn Hearing Screening

### EFFICIENCY REPORT

For: [REDACTED]

Rating Period: October 1, 2013 – March 31, 2014

Program Audiologist: Susie Bohning

Program Coordinator: Christy Thacker

	#1	#2	#3	#4	#5	#6	#7	#8
	#Births reported by Vital Records database	#Births reported in Hearing Screening Database (HT)	% Inpatient Screened prior to hospital discharge	% Outpatient Screened or Re-screened before 14 days of age	% Referred to PCP to allow for CMV testing before 21 days of age	% Hearing Diagnostics before 3 months of age	% Reports Submitted Weekly	% Overall Efficiency
State Standard	No greater than a difference of 3 births between the two data sources above		100%	90%	100%	95%	100%	
Your Hospital	323	319	100%	60%	N/A	58.33%	88%	76.58%

Overall Hospital Efficiency Rating: **Excellent** (96-100%) **Good** (95-90%) **Fair** (89-80%) **Poor** (<80%)

**Comments:** In December 2013 there was a discrepancy of 3 births reported (#1-#2) and in February 2014 there was a difference of 1 baby. In column #3 it should be noted that, by law, the referral must be documented in Hi\*Track on OP Refer category.

Report prepared by:  
Shannon Wnek, AuD, CCC-A  
Utah EHDI Compliance/Training Coordinator

# The History





# The History

## **NBHSAC Feedback:**

- **Better to send to clinical compliance**
- **Hospitals/managing audiologists wanted to replicate the data and couldn't**





# The History



## Newborn Hearing Screening EFFICIENCY REPORT

For: **Mario Capecchi Medical Center**  
Rating Period: January 1, 2014 – June 30, 2014  
Program Audiologist: Bev Bladow  
Program Coordinator: Honey McCringleberry

(so added HT report sources to next version)

	#1	#2	#3	#4	#5	#6	#7	#8
	#Births reported by Vital Records database	#Births reported in Hearing Screening Database (HT)	% Inpatient Screened prior to hospital discharge	% Outpatient Screened or Re-screened before 14 days of age	% Referred to PCP to allow for CMV testing before 21 days of age	% Hearing Diagnostics before 3 months of age	% Reports Submitted Weekly	Overall Hospital Efficiency
Data Source	Data Coordinator Report	Flow Chart (HT)	Hospital Summary Report (HT)	Hospital Summary Report (HT)	Data Coordinator Report	Milestone Report (HT)	Data Coordinator Report	
State Standard	No greater than a difference of 3 births between the two data sources above		100%	90%	100%	95%	100%	
Your Hospital	<b>323</b>	<b>319</b>	<b>100%</b>	<b>60%</b>	<b>N/A</b>	<b>58.33%</b>	<b>88%</b>	<b>76.58%</b>

Overall Hospital Efficiency Rating: **Excellent** (96-100%) **Good** (95-90%) **Fair** (89-80%) **Poor** (<80%)

**Comments:** In December 2013 there was a discrepancy of 3 births reported (#1-#2) and in February 2014 there was a difference of 1 baby. In column #3 it should be noted that, by law, the referral must be documented in Hi\*Track on OP Refer category.

Report prepared by:  
Shannon Wnek, AuD, CCC-A  
Utah EHDl Compliance/Training Coordinator

# The History



## **NBHSAC Feedback:**

- **Initially included all babies and complained of NICU babies not being broken out of stats**

**Next version took out NICU babies, transfers, refused**

## **State EHDI:**

- **Include Quality Assurance (Data) elements**
- **Include CMV referral and testing metrics**

# The History

Hi-Track (HT) Data							
	#Births Reported by Vital Records (VR)	#Births Reported in HiTrack (HT)	% Reports Submitted Weekly	% Heelstick Number entered	% Mother's Last Name as primary contact	% IP Refer - Documented CMV Fax Form to PCP	% OP Refer - Documented CMV Fax Form to PCP
Data Source	VR/HT comparison report	Flow Chart (HT)	Data Coordinator	Data Coordinator	Data Coordinator	Data Coordinator	Data Coordinator
State Standard	No greater than a difference of 3 births between the two data sources above		100%	98%	100%	100%	100%
Your Hospital	67	67	100%	100%	100%	100% <sup>3</sup>	N/A <sup>4</sup>

Screening Data				
	% Inpatient Screened: prior to hospital discharge*	% Outpatient Screened or Rescreened*	%Hearing Diagnostics: before 3 months of age	Referral Rate
Data Source	Hospital Summary Report (HT)	Hospital Summary Report (HT)	Milestone Report (HT)	Hospital Summary Report (HT)
State Standard	100%	90%	95%	< 4%
Your Hospital	100%	100%	N/A	5.8% <sup>2</sup>

% Overall Hospital Efficiency	Efficiency Rating	
<b>97.5% (Excellent)</b>	Excellent	96-100%
	Good	95-90%
	Fair	89-80%
	Poor	< 80%

\*Less refused, transferred out, and deceased

<sup>1</sup>OP Screened: No babies were missed for follow-up screening  
<sup>2</sup>Referral Rate: 9 babies did not pass  
<sup>3</sup>Inpatient CMV Fax: 9 CMV fax forms sent.  
<sup>4</sup>Outpatient CMV Fax: N/A – All babies that returned for OP have passed.



## Newborn Hearing Screening Efficiency Report

[REDACTED]

Rating Period: 1.1.15 to 6.30.15

Program Audiologist: [REDACTED]

Program Coordinator: [REDACTED]

Hi-Track (HT) Data							
	#Births Reported by Vital Records (VR)	#Births Reported in HiTrack (HT)	% Reports Submitted Weekly	% Heelstick Number entered	% Mother's Last Name as primary contact	% IP Refer - Documented CMV Fax Form to PCP	% OP Refer - Documented CMV Fax Form to PCP
Data Source	VR/HT comparison report	Flow Chart (HT)	Data Coordinator	Data Coordinator	Data Coordinator	Data Coordinator	Data Coordinator
State Standard	No greater than a difference of 3 births between the two data sources above		100%	98%	100%	100%	100%
Your Hospital	87 (100%)	87	52%	96.5%	100%	0% <sup>3</sup>	N/A <sup>4</sup>

Screening Data				
	% Inpatient Screened: prior to hospital discharge*	% Outpatient Screened or Rescreened*	%Hearing Diagnostics: before 3 months of age	Referral Rate
Data Source	Hospital Summary Report (HT)	Hospital Summary Report (HT)	Milestone Report (HT)	Hospital Summary Report (HT)
State Standard	100%	90%	95%	< 4%
Your Hospital	98.9%	82.4% <sup>1</sup>	50%	18.6% <sup>2</sup>

% Overall Hospital Efficiency	Efficiency Rating
<b>Poor</b> <b>69%</b>	Excellent 96-100%
	Good 95-90%
	Fair 89-80%
	Poor < 80%

\*Less refused, transferred out, and deceased

<sup>1</sup>OP Screened: 3 babies missed for follow-up screening

<sup>2</sup>Referral Rate: 16/86 babies did not pass; if < 4% then only 3 or 4 babies would need a rescreen

<sup>3</sup>Inpatient CMV Fax: 0 of 16 CMV fax forms sent

<sup>4</sup>Outpatient CMV Fax: Not Applicable at this time

**COMMENTS:** As part of the CMV mandate, a CMV fax form needs to be sent to the PCP if the baby fails their inpatient screening. If the baby does not pass their outpatient screening a 2<sup>nd</sup> CMV fax form must be sent to the PCP to request referral for CMV testing. Data is not routinely be submitted on time. This is critical for timely follow-up. **Actions:** A quality improvement plan needs to be developed to improve the NBHS overall standing.

**Report prepared by:** Shannon Wnek, AuD, Utah EHDI Audiology Coordinator; Krysta Badger, Utah EHDI Data Coordinator



## Newborn Hearing Screening Efficiency Report

Rating Period: January 1, 2017 – June 30, 2017

Program Audiologist: To [REDACTED]

Program Coordinator: [REDACTED]

Screening						
	Total Births	% Inpatient Screened	Inpatient Referral Rate	% Outpatient Complete	# Lost to Follow-up (# no follow-up/# not pass)	# Hearing Diagnostics Complete
Data Source	Hospital Flow Chart (HT)	Hospital Flow Chart (HT)	Hospital Flow Chart (HT)	Hospital Flow Chart (HT)	CDC Survey (HT)	Hospital Flow Chart (HT)
State Standard		100%	< 4%	90%	< 15%	
Your Hospital	2092	99.8%	1.1%	100%	0	9/9 = 100%

\*Less deceased, refused, transferred out (and NICU for IP). Lost to Follow-up denominator equals all children not passing a screening IP and/or OP.

Documentation							
	% Data Submitted Weekly	1 <sup>st</sup> CMV Fax Documented	2 <sup>nd</sup> CMV Fax Documented	2017 Heelstick Errors	2017 Missing Babies	2017 Blank Gender	2017 Incorrect DOB
Data Source	Data Coordinator	User Defined (HT)	User Defined (HT)	VR/HT	VR/HT	VR/HT	VR/HT
State Standard	100%	100%	100%	--	--	--	--
Your Hospital	100%	9/26 = 34.6% (8 NICU)	2/8 = 25% (5 NICU)	10	0	22	5

COMMENTS: Data quality can be improved

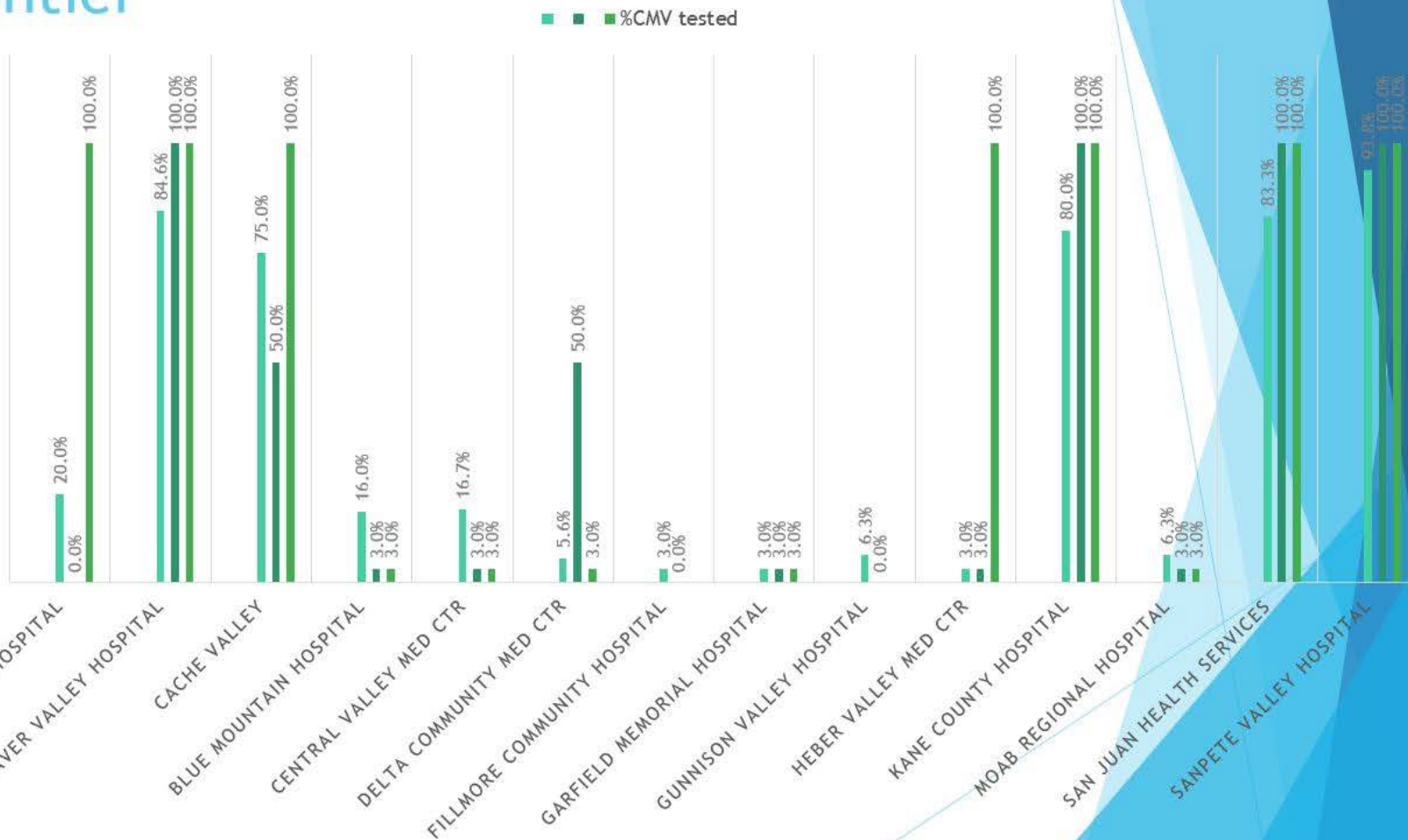
by watching out for incorrect/missing heelstick numbers and genders. CMV documentation for the 1<sup>st</sup> refer needs improvement. Screening rates, follow-up on failed screens, and data timeliness are great.

COMMENTS: Data quality can be improved

by watching out for incorrect/missing heelstick numbers and genders. CMV documentation for the 1<sup>st</sup> refer needs improvement. Screening rates, follow-up on failed screens, and data timeliness are great.

# Peer Pressure

## Frontier



# Hospital Comparisons



## Frontier A

- 17.81% RR
- 148 births
- 28 babies needing OP

4% RR = 6 babies

## Urban C

- 1.97% RR
- 1632 births
- 35 babies needing OP

## Frontier B

- 22.52% RR
- 154 births
- 38 babies needing OP

4% RR = 6 babies



# Replicating Reports

## CMV Recommended Actions:

- Reports – User defined reports - CMV Hospital Use DONT CHANGE
  - Choose your time frame
  - Choose your facility
  - Generate
    - This report will bring up all babies who should have qualified for CMV testing (meeting the qualifications listed below)

Advanced Selection Criteria

<input type="button" value="Add"/>	<input type="checkbox"/>	Condition: Inpatient Head Result Equals Referred AND Outpatient Head Result Equals Referred	OR
<input type="button" value="Edit"/>	<input type="checkbox"/>	Condition: Inpatient Head Result Equals Referred AND Outpatient Head Result Equals Inconclusive	OR
<input type="button" value="Delete"/>	<input type="checkbox"/>	Condition: Inpatient Head Result Equals Inconclusive AND Outpatient Head Result Equals Referred	OR
	<input type="checkbox"/>	Condition: Inpatient Head Result Equals Inconclusive AND Outpatient Head Result Equals Inconclusive	OR
	<input type="checkbox"/>	Condition: Outpatient Head Result Equals No Out. Scm->Eval	

Report Name:  
CMV Hospital Use DONT CHANGE

Description:  
Otr Hospital report, used by all facilities, please do not change columns and criteria

- This will bring up a report with all of the children who should have been referred for CMV testing as well as if a recommended action was entered into Hi-Track for "Notify PCP of Failed Initial Screen" and "PCP Referral for CMV PCR".
  - If there is a date in EITHER of these columns, they are counted as having been referred to PCP
    - Please note that this report can only have 8 columns, we have chosen these based on what seems most useful for all.



- Once Hospital Reports were streamlined, it was time to move on and introduce the concept to our OOHB



# Midwives and NBHS



From: **Shannon Wnek** <[swnek@utah.gov](mailto:swnek@utah.gov)>  
Date: Wed, Aug 23, 2017 at 3:08 PM  
Subject: QAZ: Newborn Hearing Screening data - OOHB  
To: Amy Ihrig <[joyfulbirth@truevine.net](mailto:joyfulbirth@truevine.net)>

Greetings,

Thank you for being a part of our newborn hearing screening program. We appreciate the efforts you make to ensure your babies receive a hearing screening. Since this collaboration began, we have increased the hearing screening rate from ~34% (2007) of out of hospital births (OOHB) to now ~90% of OOHB. In an effort to keep you aware of your screening rate, we are exploring a new "report card". Included are the number of births we have on record from **03/01/2016 to 04/30/2017**, the # screened, %screened, refer rate (# of babies that fail), lost to follow-up rate, and #missed. If applicable, the # babies qualified to receive CMV testing as well as the % that received CMV testing.

If you have any questions and/or comments about your report card, please don't hesitate to contact me. Thanks again,

Shannon

--

*Shannon Wnek, AuD, CCC-A*

# Midwives Report Card



## Newborn Hearing Screening Efficiency Report Birthing Center (BC)/Midwife: Jane Doe

Rating Period: 03/01/2016 – 04/30/2017

Screening Data						
	Births	# Screened	% Screened	1 <sup>st</sup> Screen Refer Rate	Follow-up Rate (rescreened/referred)	# Missed
State Standard	--	--	100%	< 7%	--	--
<b>Midwife</b>	6	6	100%	0	N/A	0

	% Reports Submitted Weekly	# qualified for CMV testing (IP & OP Refer*)	% receiving CMV testing
State Standard	100%	--	100%
<b>Midwife</b>		N/A	N/A

COMMENTS:

Report prepared by: Shannon Wnek, AuD  
Utah EHDI Audiology Coordinator

Krysta Badger  
Utah EHDI Data Coordinator



## Newborn Hearing Screening Efficiency Report

**Birthing Center (BC)/Midwife:** XXXXXXXX

Rating Period: 03/01/2016 – 04/30/2017

Screening Data						
	Births	# Screened	% Screened	1 <sup>st</sup> Screen Refer Rate	Follow-up Rate (rescreened/referred)	# Missed
State Standard	--	--	100%	< 7%	--	--
<b>Midwife</b>	20	20	100%	12/20=60%	100%	0

	% Reports Submitted Weekly	# qualified for CMV testing (IP & OP Refer*)	% receiving CMV testing
State Standard	100%	--	100%
<b>Midwife</b>		1	1

COMMENTS:

Report prepared by: Shannon Wnek, AuD  
Utah EHDI Audiology Coordinator

Krysta Badger  
Utah EHDI Data Coordinator

\* Infants failing 1<sup>st</sup> screen after 14 days of age are qualified for CMV testing, these infants are not reflected in this number. This ONLY counts those who failed 2 screenings.



# Midwives and NBHS



From: **Suzanne Smith** <[suzanne@betterbirth.com](mailto:suzanne@betterbirth.com)>  
Date: Mon, Aug 28, 2017 at 12:20 PM  
Subject: Re: QAZ: S Smith Newborn Hearing data  
To: Shannon Wnek <[swnek@utah.gov](mailto:swnek@utah.gov)>, "Badger, Krysta" <[kbehring@utah.gov](mailto:kbehring@utah.gov)>

Hi, Shannon. I love report cards that say 100%! I think this feedback is great.--Suzanne

# Cytomegalovirus (CMV)

- In 2013, Utah mandated CMV testing before 21 days of life for infants who failed two hearing screenings or who failed their first hearing screening at 14 days or later of life
- Extra steps were put into place in addition to the regular EHDI protocol to assist screeners on what to do to help families obtain CMV testing
- As the mandate was progressing, the following concerns were noted:
  - Initial percentages of children tested were low (36% of eligible kids tested in the first 6 mos)
  - Provider support was low and/or confusion was present
  - NBHS programs were doing two OP screens and if the 2nd screen was a pass, then the child wasn't being referred for CMV testing
  - Data/notes weren't being entered in Hi-Track



# Cytomegalovirus (CMV)



- Due to popularity of EHDI report cards, a CMV report card was designed to increase the percent of CMV testing for eligible babies
- The CMV report card differed from the EHDI report card in the following ways:
  - CMV report only reports on babies who have failed two hearing screenings or failed the first screening if after 14 days (which puts them in the population eligible for the CMV testing mandate)
  - CMV report specifically lists the reasons why testing was not completed
  - Numbered comments and recommendations are made tailored to the specific NBHS programs weaknesses and strengths

# Cytomegalovirus (CMV)

## Early Report Cards- 1st Draft

- PCP felt testing was not needed (Pediatrician, MD) – 0
- Doctor did not receive Fax requesting CMV testing although sent to him -0
- PCP unaware of 21 day deadline for CMV testing (Pediatrician, DO) – 0
- Wrong PCP notified by fax -1 (Correct pediatric practice, wrong doctor)
- **Parent refused testing-1**
- Babies with comorbidities including otitis media, cleft lip and palate and Down's syndrome were not referred for testing by PCP - 0

### Comments and Recommendations

1. Overall, a great job with 80% of the babies being tested when deleting the one whose parents refused testing. This is a 34% increase from the previous 6 months!
2. All CMV tests were completed by the 21 day cut off!
3. Two of the babies who were not tested, passed their OP screen but still qualified for testing because their first test was after 14 days.
4. One baby who was not tested passed the second OP screen but should have been referred for testing after the initial failed OP screen.
5. For the parent who refused testing further education maybe helpful. The CMV brochures, *Congenital CMV and Hearing Loss* and *What Women Need to Know about CMV*, available in English and Spanish, are useful tools to educate parents. Brochures templates are available on the CSHCN website, <http://www.health.utah.gov/cshcn/programs/cm.html>, or we can send some if you need them!
6. Congratulations April and Kevin. You are one of the top three hospitals in Utah for the percent of eligible babies being tested for CMV! Keep up the exemplary work!



# Cytomegalovirus (CMV)

## Early Report Cards- 1st Draft



- Feedback from birthing sites and screening/provider personnel
  - Too much information overall
  - Repetitive information from Hi-Track and from EHDI report cards
  - Information was present that that wasn't relevant to their program's performance
  - Didn't like the red (concerns) and green (strengths) color-coding
- Changes made:
  - Added a chart for easier visual aid
  - Reduced amount of unnecessary or repetitive information
  - Changed the color-coding

# Cytomegalovirus (CMV)

## Early Report Cards- 2nd Draft

### Test Results (FYI)

- CMV Positive - 0
- CMV Negative – 6
- False Positive – 0
- Refused Testing – 0
- Tested by Saliva -3, Urine -3, Blood -0), **Multiple tests**-0

### Reasons Found for Not Testing Eligible Infants

- **Difficulty obtaining the CMV urine sample - 1**
- **Babies with comorbidities including otitis media, cleft lip and palate and Down's syndrome were not referred for testing – 1** (This baby had Down Syndrome with COM.)
- **Infant not referred for testing by the Screening Program –1** (This baby failed her first screen after 14 days.)

### Comments and Recommendations

1. **All of the CMV testing was done prior to 21 days – excellent.**
2. *When the **first failed hearing screen occurs after 14 days**, the child should be referred for CMV immediately after that failed screen.*
3. *It is important to remember that **babies with comorbidities such as Down syndrome or otitis media could also have cCMV** and should be referred for CMV testing.*
4. **Keep up the good work.**

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# Cytomegalovirus (CMV)

## Early Report Cards- 2nd/3rd Drafts



- The second and third drafts still weren't exactly what we were looking for (third draft was very similar to second draft)
- Changes made:
  - Removed chart that described why their particular infants met eligibility for CMV testing

# Cytomegalovirus (CMV)

## Current Report Card (4th Draft)



### Test Results (FYI)

- CMV Positive - 1
- CMV Negative – 33
- False Positive – 1
- Refused Testing – 2
- Tested by Saliva –9, Urine –26, Blood –1 Dried blood spot), **Multiple tests**-1

### Reasons Found for Not Testing Eligible Infants

- **Fax forms were not received by the PCP - 4**
- **Parent did not follow through with testing – 1** (PCP wrote a lab order but parent did not follow through, parent reported she had no recall of CMV testing.)
- **PCP chose not to test after baby passed the second OP screen – 1**

### Comments and Recommendations

1. **Nice job getting 91% of the CMV testing for 34 babies completed by 21 days.**
2. *We are hoping the new CMV order will help with old problems such as the PCP not receiving the fax requesting testing. If possible walking the parents to the lab immediately after failure of the first OP screen will help with parents with following through with testing.*
3. **Keep up the great work. IMC has the most babies eligible for CMV testing so there is a lot to keep us with!**



# Cytomegalovirus (CMV)

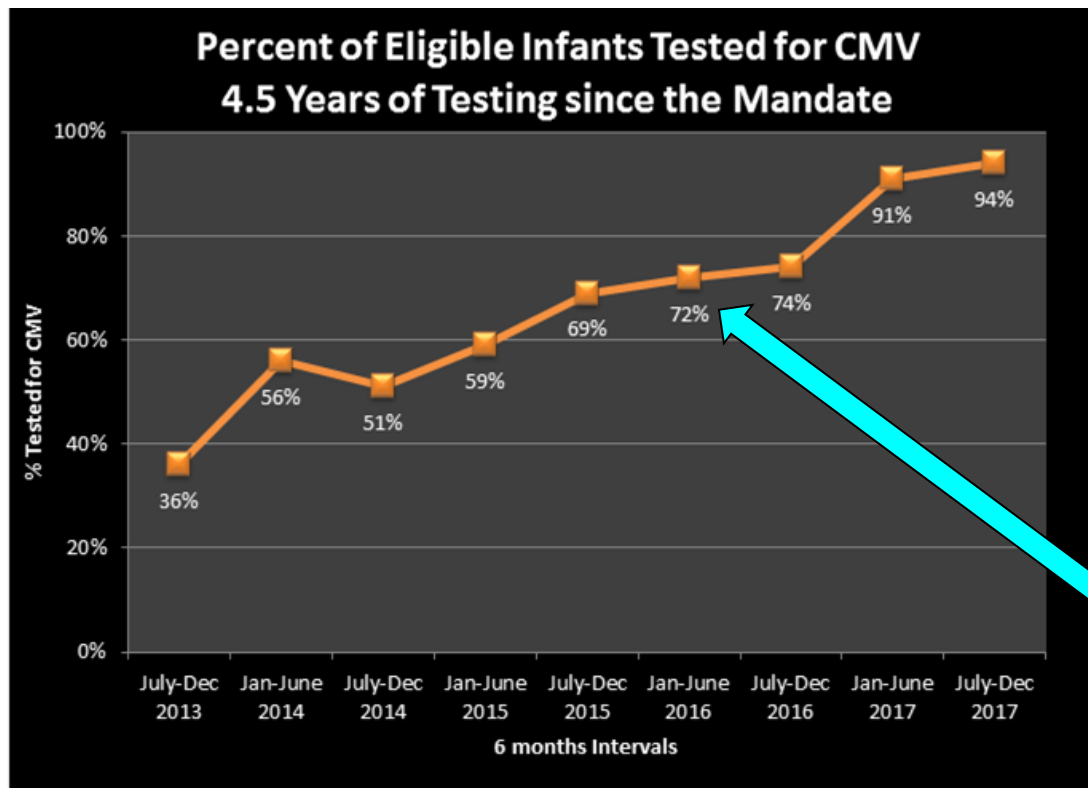
## Current Report Card (4th Draft)



- What's next?
  - Adding Hi-Track ID numbers so hospitals can go back and look at the specific infant in order to problem solve for future improvement

# Cytomegalovirus (CMV) Current Report Card

- Were the report cards helpful?
  - Absolutely, we were able to discover what NBHS programs were doing really well and why they were doing well and then transfer that information to programs who were struggling



**95%!**

First CMV report cards were finished and mailed out by April 2016

- Next steps: Feedback and continue modifying as needed

# Cytomegalovirus (CMV)

## Midwives Report Card



- Midwives face different issues as compared to birthing hospitals so the CMV report card was tweaked to best suit their circumstances
  - Test fewer babies
  - Higher amount of uninsured babies
  - Less buy-in for CMV testing
- A personalized letter was used in place of a 'report card'
  - Provides general CMV information
  - Provides specific information on their infants who were not tested for CMV
  - Recommendations on how to improve

# Cytomegalovirus (CMV)

## Midwives CMV Educational Letter/ Report Card



Every 6 months I evaluate the state data for CMV testing of eligible babies. In the first 6 months you each had one baby qualify for CMV testing where the testing was not completed. The reasons for testing not being completed were identified as:

- Not referring for CMV testing because the baby was too old.
- Not referring for CMV testing when the baby was too old.

### Recommendations:

I will follow-up with a call to see if you have any questions. If you do have questions at any time, please feel free to call or email me at any time. Thank you for all of your hard work on behalf of the children of Utah.

Best Regards,

Jill

After 21 days of life, the referral for CMV testing should be made immediately after the first failure and not wait for the second screen to insure meeting the important deadline of 21 days of life for CMV testing.



# Early Intervention (EI) Report Card



## Newborn Hearing Screening Outcomes Report Audie Owlagist, Au.D.

Rating Period: January 1, 2018 – December 31, 2018

Type of Loss	Bilateral SNHL	Unilateral SNHL	Permanent Conductive	Undetermined	Mild Loss	CMV +
Referred to EI						
Enrolled in EI						
Refused EI						



Schedule Follow-Up Diagnostic ABR  
ENT referral as needed

Referral to ENT, Genetics,  
Ophthalmology



# Lessons Learned

- Pick a trusted team to vet, take their feedback and adjust
- Purpose is improvement not for punishment
- Be clear how you generated the data
- Ask what data is helpful to them?
- How can this data help us to help them achieve their goals? (e.g. early retirement/new equipt/dedicated NBHS Coord/Managing Audiologist)
- Invested auds/progs learn the database and how reports can help their cause

# Lessons Learned



- Added “Most Improved/QI” Award
- Added “CMV Top Performer” Award
- Make sure not so complicated and time-consuming that you can’t get them done
- Keep it simple and pertinent (what’s interesting/impt to us may not be to them)
- Forced State EHDI to look at data with a fine-toothed comb - found out where to focus our QA/QI energies



**Questions?**  
**Questions?**  
**Questions?**

**EHDI**

health.utah.gov/EHDI

[ehdi@utah.gov](mailto:ehdi@utah.gov)

**(801) 584-8215**

[jpedersen@utah.gov](mailto:jpedersen@utah.gov), [jboettge@utah.gov](mailto:jboettge@utah.gov), [smcvicar@utah.gov](mailto:smcvicar@utah.gov)