

Baby HEARS-Hawaii Follow-up Project

Baby Hearing Evaluation and Access to Resources and Services

2014-2016 Work Plan

Overall Goal/Aim: By March 31, 2017, the Hawaii Baby HEARS Project will use quality improvement methodology to decrease the LFU/D rate of infants who have not passed a physiologic newborn hearing screening examination prior to discharge from the newborn nursery from 24.6% (per the 2011 CDC annual survey) to 10%.

AIM 1: The Hawaii ELDI Quality Improvement Team (HI-ELDQI) will be established and will function throughout the grant period.

Strategy 1.1 By April 30, 2014, a HI-ELDQI team will be established.

Strategy 1.2 By May 30, 2014, the HI-ELDQI team will have its first meeting.

- At the first team meeting, the team will be identified, team members will discuss their roles and commitments, and the meeting schedule and the modes of communication will be determined.
- If needed, training on the Model of Improvement will be arranged for team members.

Strategy 1.3 By August 30, 2014, the HI-ELDQI team will approve the quality improvement work plan, including strategies that will be implemented using the Model of Improvement.

- Team members will review the work plan, prioritize the change strategies, and approve the PDSA test cycles by August 31, 2014.
- The HI-ELDQI team will establish work groups to align with the different strategic areas.

AIM 2: Decrease the proportion of children who are LFU/D for screening from 1.4% of births (2011 data) to 1.0% of births.

Strategy 2.1 Improve the screening rate of home births by at least 10% each year (in 2011, fewer than 15% of home births received newborn hearing screening).

- The NHSP will develop talking points for midwives to use when discussing newborn hearing screening with parents.
- NHSP staff members will contact parents of children born at home to schedule screening appointments.
- The NHSP will contract at least one additional community provider on one island to perform hearing screening on babies born at home.

Strategy 2.2 Decrease the LFU/D of hospital births at outpatient screening by 10% each year.

- The NHSP will develop quality assurance guidelines to support the hospital screening programs and reduce the need for outpatient screening.
- Improve communication with parents.

AIM 3: Decrease the proportion of children who are LFU/D for evaluation from 24.6% (2011 data) to 10%.

Strategy 3.1 Increase the percentage of babies who complete an audiologic evaluation within one month of their referral being received by the NHSP from 50% (2012 data) to 80%.

- Before hospital discharge, screeners will obtain secondary contact information from parents whose children do not pass newborn hearing screening.
- NHSP staff will contact the PCP of children who are LFU/D for audiologic evaluation and for whom the NHSP receives a referral; the NHSP will follow-up on the referral
- NHSP will pilot teleaudiology between Oahu and the neighbor islands
- The NHSP will pilot and contract one audiologist to provide diagnostic ABR service at least once a month in a rural community where such service is not available.

Strategy 3.2 The NHSP will identify children with permanent hearing loss within two months of the hearing loss being confirmed.

- Contracted audiologists will submit diagnostic reports to the NHSP within two weeks of a diagnostic evaluation being performed.
- NHSP staff will identify and request reports for infants who may be lost to documentation but have been followed-up by the audiology department of a birthing hospital.

AIM 4: Decrease the proportion of children who are LFU/D for intervention services from 11.5% (2011 data) to 9.9%.

Strategy 4.1 Develop collaborative goals and activities with EI Section (EIS).

Strategy 4.2 The NHSP will collaborate with audiologists and PCPs to ensure children are referred to EI as soon as a permanent hearing loss is identified.

Strategy 4.3 By March 31, 2015, the NHSP and EI Section will have agreed upon written procedures outlining sharing of information about children with hearing loss who are enrolled in EI.

Strategy 4.4 Starting April 2014 and ongoing, improve EI program staff awareness of hearing loss and the NHSP.

Strategy 4.5 Collaborate with Early Head Start Programs and Home Visiting Programs to identify children who are LFU/D or who may have developed late onset hearing loss.

AIM 5: Increase the knowledge of primary care physicians in meeting the needs of infants with permanent hearing loss.

Strategy 5.1 Collaborate with the AAP Chapter Champion to conduct a physician survey to identify training needs regarding hearing loss.

- Based on results of the 2012 physician survey, the AAP Champion will identify two training topics that will help to increase physician knowledge.
- The AAP Champion, with support from the NBHSP, will conduct trainings for physicians on at least three islands on a topic identified in 5.1.1.
- The QI project conducted by the AAP Champion will educate physicians on EHDI and result in decreased LTF/D for diagnostic evaluation

Strategy 5.2 A training plan will be developed and implemented.

Strategy 5.3 Increase the awareness of, availability of, and access to physician resources.

- Re-vamp the Practitioners' Manual, combining this with the online EHDI toolkit.

Strategy 5.4 Collaborate with the AAP Chapter Champion to share updated EHDI information with PCPs via newsletter or emails.