

Making Quality an Integral Part of Your EHDI Program

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Services

Challenges in California

- 563,000 births per year
- 270 birthing hospitals
- 175 certified outpatient screeners
- 75 audiology providers approved to see infants
- Inconsistent quality of audiology services

Challenges in California

- Urban vs Rural

Los Angeles County –
10.3 million

Alpine County – 1260

- Mobile population

Migrant farm workers

Mexican border



Challenges in California

- Race/Ethnic Diversity

44% Non-Hispanic
White

35% Hispanic

12% Asian/Pacific
Islander

6% African American

1% American Indian

2% Other



Challenges in California

- Linguistic Diversity

20% of Californians have Limited-English-Proficiency

40% of Californians speak a language other than English in the home

50% of low-income Californians have a primary language other than English.

1,570,000 students speak a language other than English in the home

California NHSP Data (2006)

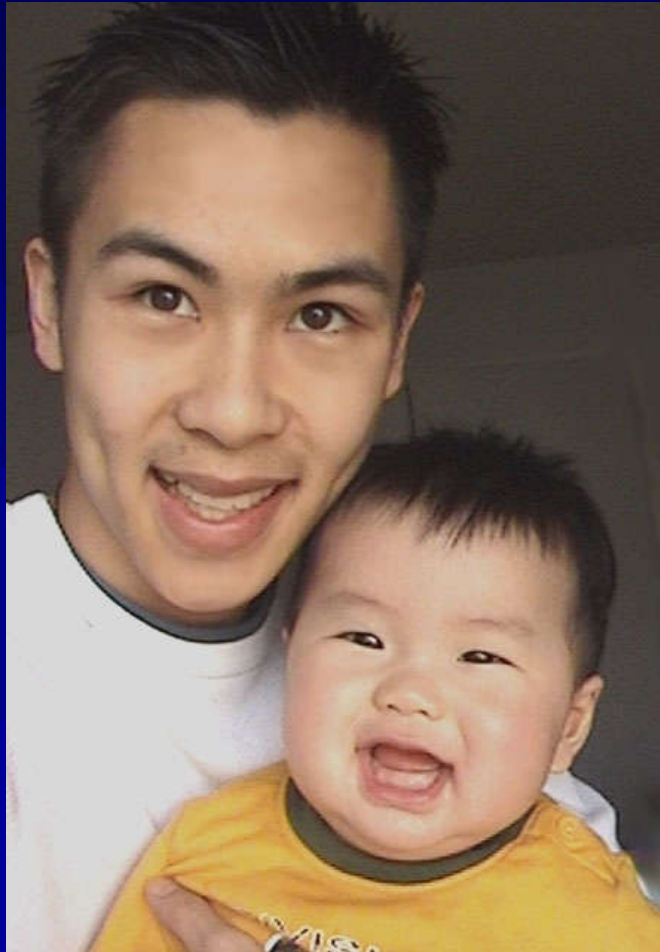
- California Total Births: 563,522
- Infants screened: 425,638
 - 98% of infants in program hospitals
 - 76% of all California births
- Infants screened by 1 month: 421,551 (99%)
- Refer rate at hospital d/c: 2.1%

California NHSP Data (2006)

- ID with Hearing Loss (HL): 919 (2/1000)
- ID with HL by 3 months: 515 (56%)
- Referred to EI: 919 (100%)
- IFSP information available: 669 (73%)
- Enrolled in EI by 6 months: 463 (69%)
- Lost to follow-up: 11%

Compared to 46% nationally

State Infrastructure



- Provider Standards
- Reporting Forms
- Hearing Coordination Centers
- Audiology Providers
- Referral to Early Intervention
- Parent Participation

Provider Standards

- Inpatient Infant Hearing Screeners
- Outpatient Infant Hearing Screeners
- Communication Disorder Centers
 - Type A – Children 5-21 years of age
 - Type B – Children 3-21 years of age
 - Type C – Children 0-21 years of age

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Hearing Screening Standards

- Screener competencies
- Minimum screening rates for hospitals
- Maximum refer rates for hospitals
- Required follow-up and contact information
 - Legal name of infant
 - Follow-up appointment information
 - PCP who will see infant as outpatient
 - Additional contact person other than parent

Hearing Screening Standards

- Coordination activities
 - Referral to Title V CSHCN
- Documentation
- Reporting



Weekly reports on infants who do not pass hearing screening (refer, miss, transfer, waive, expire, not medically indicated)

Monthly aggregate reporting from hospitals

Reporting Forms

- Standardize how information is reported
- Inpatient Infant Reporting Form
- Infant Record Information Form
- Outpatient Reporting Form
- Diagnostic Audiologic Evaluation Reporting Form



Hearing Coordination Centers

- 4 Geographic Service Areas
- Non-profit organizations serve as Hearing Coordination Center in one or more regions



Hearing Coordination Centers

- Provide technical assistance and consultation to hospitals in setting up and maintaining programs
- Certify inpatient screening providers
- Collect data



Hearing Coordination Centers

- Track infants

Rescreenings

Diagnostic services

Work with PCPs



Hearing Coordination Centers



- Quality assurance
 - Monitor hospital screening and referral rates
 - Provide feedback to hospitals
 - Identify training opportunities

Hearing Coordination Centers

- Assure families are linked with intervention services

Audiologic services

Early Intervention

- Advocacy role



Hearing Coordination Centers

- Phone follow-up with families
 - During identification process
 - After hearing loss identified
 - 1 week
 - 2 months
 - 6 months
- Semi-annual meetings with all of the inpatient NHSP directors



Oversight of HCCs

- Tracking and Monitoring Procedure Manual

 - Minimum steps to take before closing a case

 - Content of letters to families and providers

 - Provider contacts

- Timelines for HCC action
- Review quarterly reports of activities
- Program Reviews

Audiology Providers

- Improve quality of services being provided
 - One-on-one education
 - CEU workshops
 - Bulletins
- Work with state licensing board
 - Disseminate information to providers
 - Role in provider education
 - Copy on letters to problem providers re compliance issues

Parent Participation

- Parent as paid team member at HCC
- Develop community resources and networks
- Phone calls with families
- Parent support
- Review HCC materials
- Outreach to physicians



Key Strategies

- Clearly defined standards or expectations
- Monitor your data
- Provide technical assistance and/or resources to improve quality
- Safety-net procedures
- Partner with parents

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