

# Small Changes Making Waves in California

Maintaining a Quality Improvement  
Collaborative over Time

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# Collaborative History



- Focus on Los Angeles area
  - Over 155,000 births/year
- Formed as part of NICHQ Collaborative
  - June 2006 – June 2007
- Continuation of California Collaborative
  - July 2007 – Present

# Collaborative Partners

- University affiliated birth facility (2000 births/year)
- University affiliated primary care practice (no longer participating)
- University affiliated audiology clinic
- University affiliated ENT clinic (only submits data)

# Collaborative Partners

- EI – Local Education Agency
- EI - California Department of Education
- Parents/Deaf Adults/Advocates
- Hearing Coordination Center
- AAP Chapter Champion
- Health Insurance Representative

# Collaborative Infrastructure

- Every other week conference calls
- Agendas and minutes
- Call facilitator
- Monthly data collection and reporting



# Collaborative Infrastructure

- Staff member to manage the data
  - Spreadsheets for reporting
  - Reminders to report
  - Recording data in Excel with graphs



# Challenges

- Ongoing participation of team members
- Maintaining data collection and reporting over time
- Agendas, minutes, and reminders
- Maintaining the gain



# Challenges

- Identifying measurements that are feasible and objective
- Getting partners to implement new tests of change and measure outcomes
- Spread





# Interventions

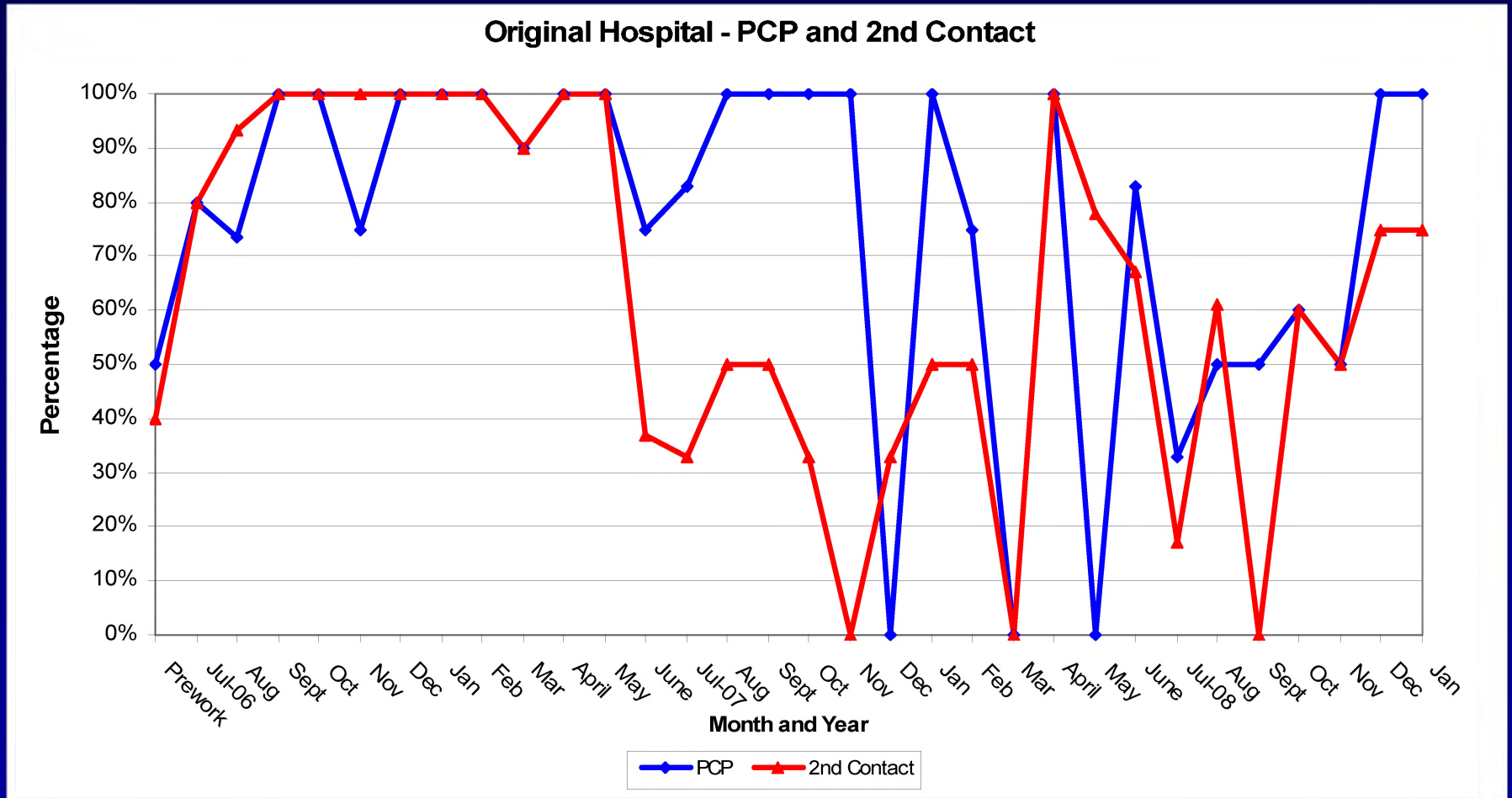
- PCP and 2<sup>nd</sup> Contact Information
- Reduce No Shows for appointments
- Diagnostic evaluation by 3 months of age
- Language acquisition

# PCP and 2<sup>nd</sup> Contact Info

- Initial Goal – Increase to 85% of University hospital reports that contain these items
- Ongoing Goal – 90% of University hospital reports contain these items



# PCP and 2<sup>nd</sup> Contact Info



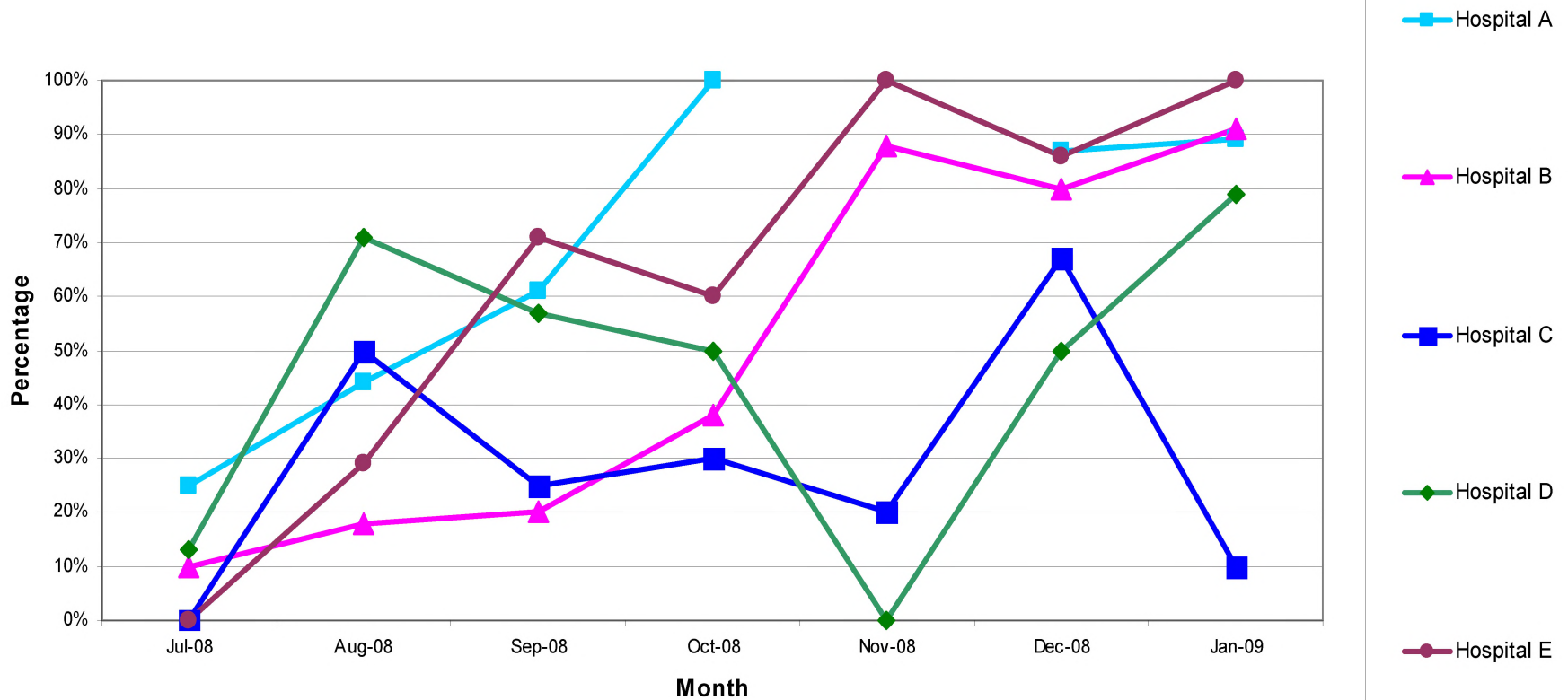
# PCP and 2<sup>nd</sup> Contact Info

- Spread to hospitals served by a contract agency
- Became performance indicator for contract agency staff
- Goal – 90% of reports from these hospitals contain this information



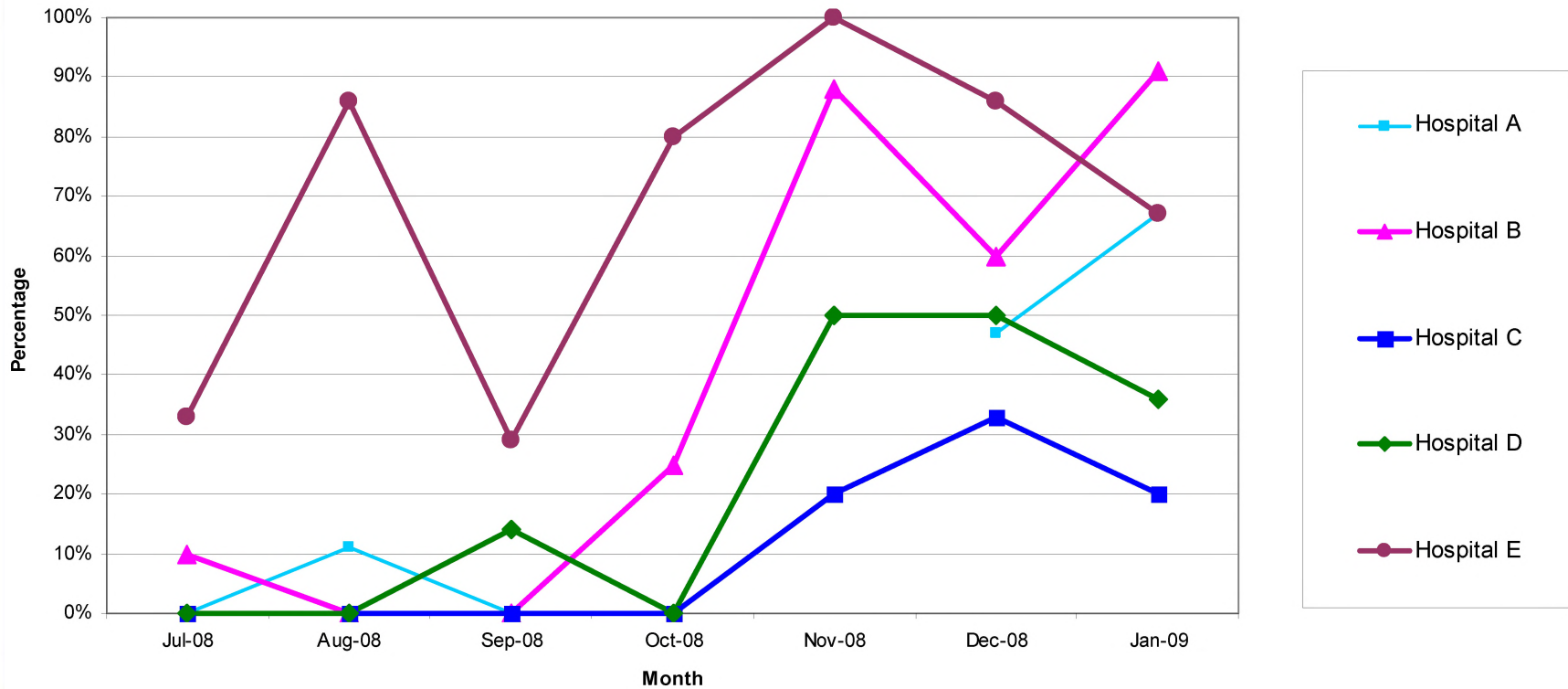
# PCP Spread

Spread of PCP/MH on Infant Reporting Form



# 2<sup>nd</sup> Contact Spread

Spread of Second Contact on Infant Reporting Form



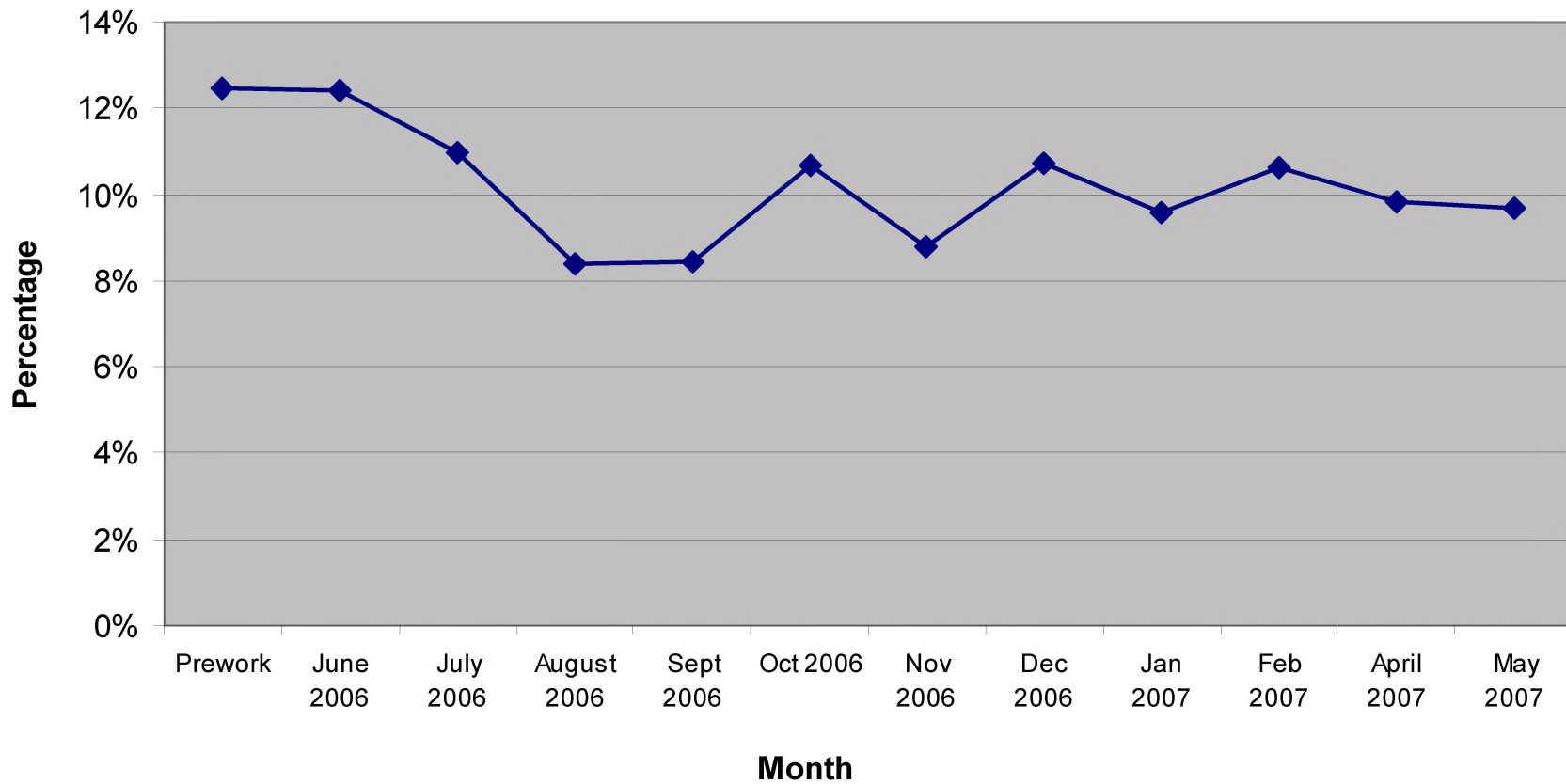
# No Shows

- Initial Goal - Decrease No Shows for outpatient screen and diagnostic evaluation appointments from 12.4% to 9.3%
- Started with reminder phone calls
- Then used education phone calls



# No Shows

No Shows





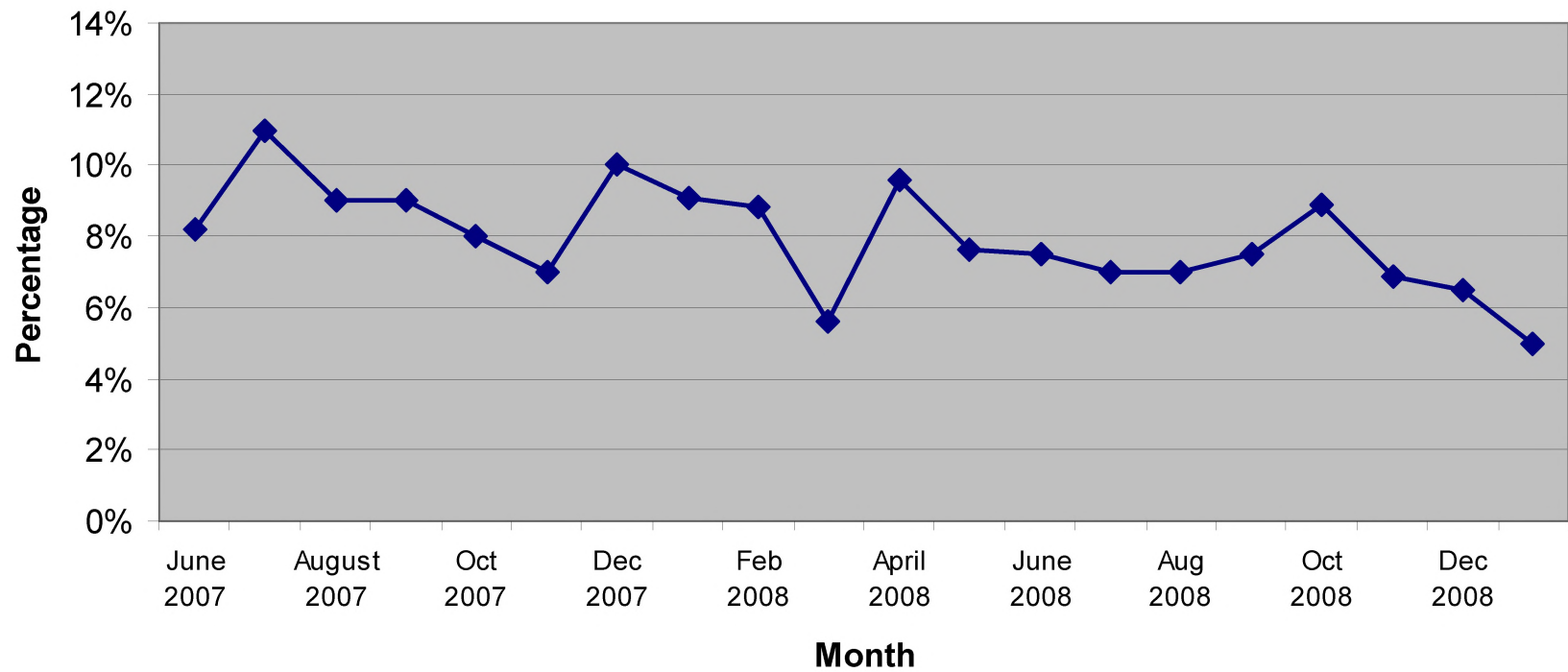
# No Shows

- Phone calls too labor intensive
- Switched to introductory letters
- Interim Goal – Decrease No Shows to 8%
- Current Goal – Decrease No Shows to 7%



# No Shows

No Shows



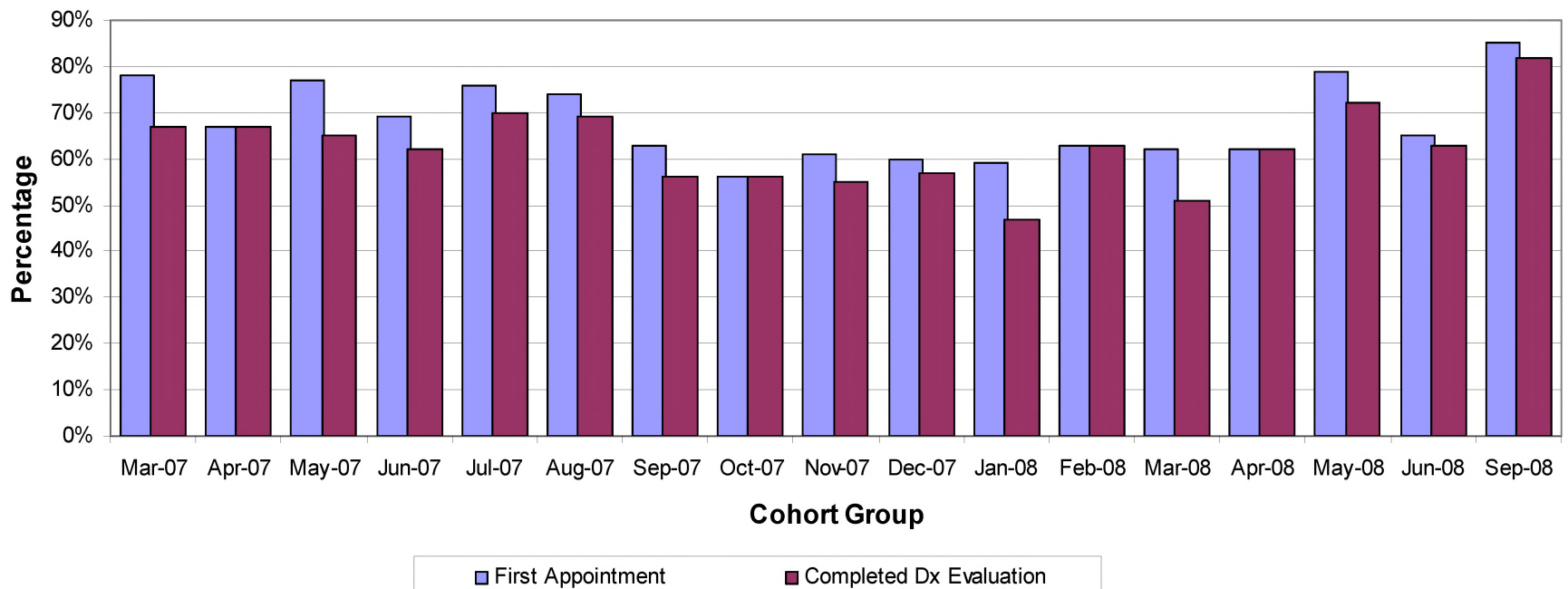
# Diagnostic Evaluation by 3 Months of Age

- Schedule two evaluation appointments one week apart
- Difficult to implement consistently



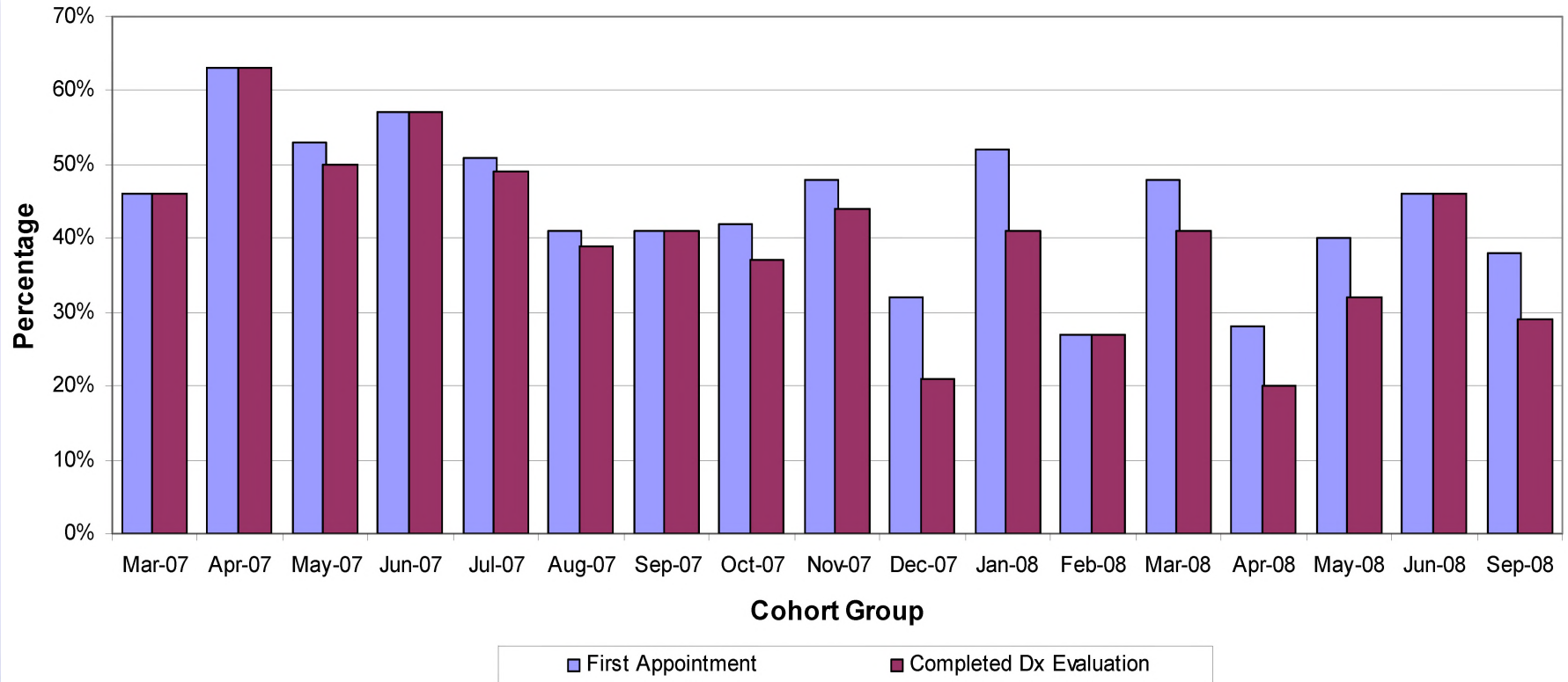
# Diagnostic Evaluation Wellborn

Wellborn SCHCC Region Babies Who Completed First Appointment and  
DX Eval By 3 Months of Age



# Diagnostic Evaluation NICU

**NICU SCHCC Region Babies Who Completed First Appointment and  
DX Eval By 3 Months of Age**

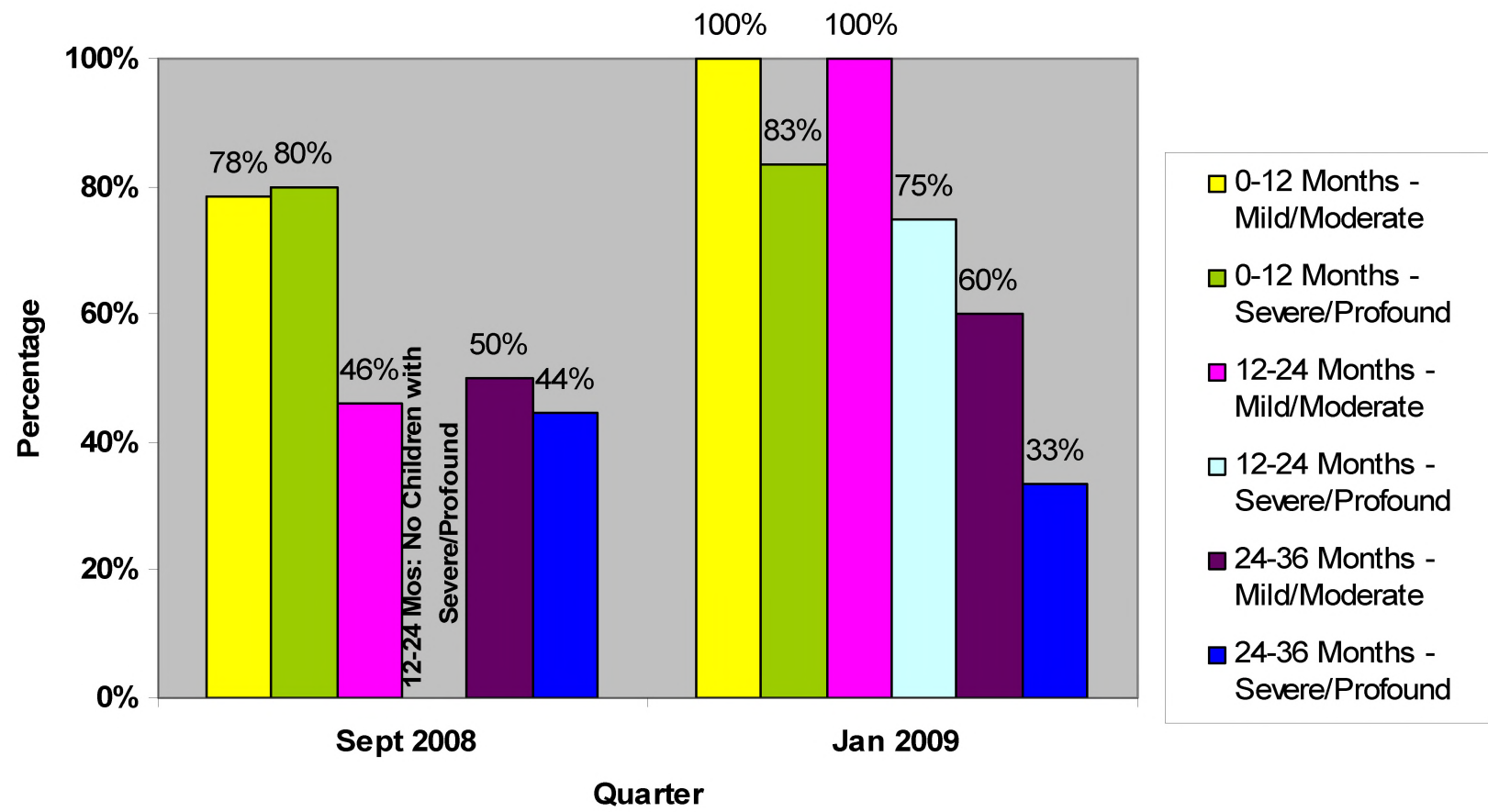


# Language Assessment

- Want to look at outcomes
- Issues of how to measure language acquisition
  - Teachers not using the same tools
  - Some tools are not normed
- Challenges
  - Agreement on tool to use
  - Training on use of agreed-upon tool
  - How to measure and track improvement

# Language Assessment

**Percent of Children in Early Intervention with Age-Appropriate Language Using the Rossetti Scale**



# Lessons Learned

- Maintaining a learning collaborative takes time and resources
- Must maintain infrastructure
  - Meet on a schedule
  - Minutes, agendas, facilitator
  - Management and review of data
- Maintaining the gain is never-ending



