

**TURNING EHDI DATA INTO ACTION**  
MARCH 2, 2020

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**DISCLOSURES**

We have no relevant financial or nonfinancial relationships in the products or services described, reviewed, evaluated or compared in this presentation.



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**OBJECTIVES**

**Objective 1:** Identify critical gaps in follow-up processes based on data findings.  
**Objective 2:** Collaborate on solutions and develop a goal-driven action plan.  
**Objective 3:** Evaluate the plan's effectiveness after implementation and determine the next course of action.



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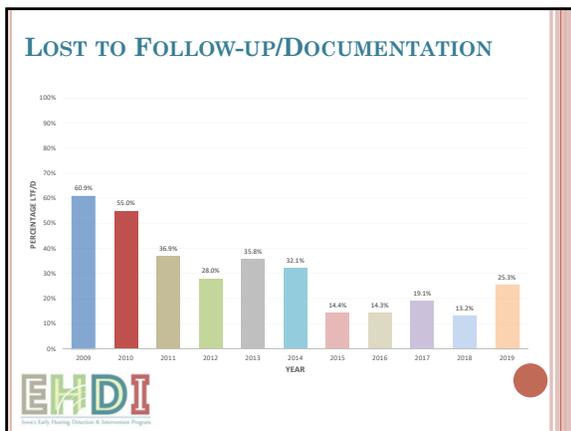
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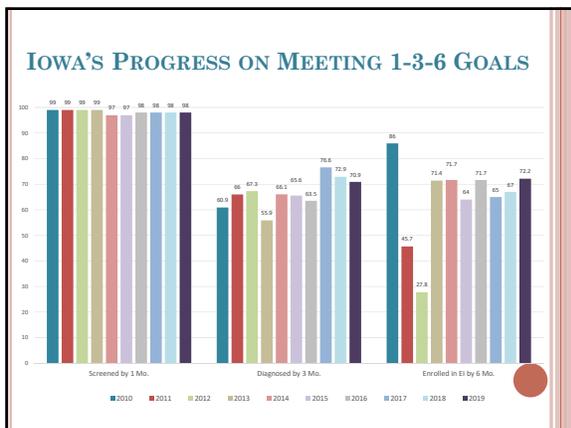
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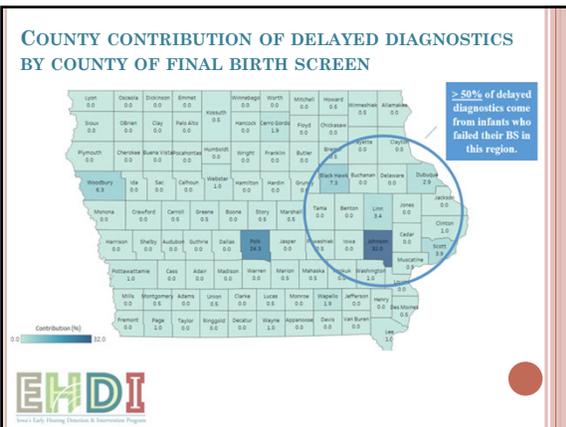
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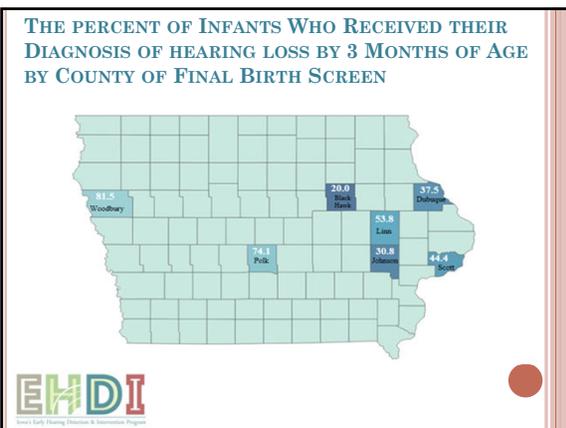
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### What Percent of Infants Are Diagnosed with Hearing Loss on Time by Location of Diagnostic Provider?

Provider of PHI	Dx (HL) < 3 Months (%)	Median Days to PHI
Dx Provider in Iowa City	26.4	136.0
Dx Provider in Clive	62.9	66.0
Dx Provider in Des Moines	70.7	59.0
Dx Provider in Boys Town, Nebraska	82.8	48.0
Dx Provider in Sioux City	94.1	33.0
Dx Provider in Iowa City	88.2	43.0

**EHDI**  
Iowa's Early Hearing Detection & Intervention Program

The Iowa City provider diagnoses the greatest number of infants with HL, but diagnoses only 26% of infants with HL by 3 months of age. The overall state rate for diagnosis = **58.9%**.

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### TARGETING PROVIDERS

- Data
- Providers List
- Prioritize the List



Iowa's Early Hearing Detection & Intervention Program

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### TURNING DATA INTO ACTION PROCESS



Iowa's Early Hearing Detection & Intervention Program

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### TURNING DATA INTO ACTION PROCESS

#### STEP 1: PREPARE

**Prep**  
To prepare for meetings, Iowa Ehdi staff met weekly with their epidemiologist to strategize



Iowa's Early Hearing Detection & Intervention Program

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### TURNING DATA INTO ACTION PROCESS STEP 2: SET UP



**Set Up**  
Next, we contacted key personnel at targeted clinics. A request for two meeting dates was emailed to all invited.



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### FIRST MEETING INVITATION

I hope this email finds you doing well! Amanda just finished analyzing the last five years' worth of Ehdi data of for Iowa infants. We would like to share the findings and identify areas we can work together to strengthen the greater system of Ehdi.

The findings show that clinic/hospital name has closed some gaps and made huge strides in certain areas of performance. We have also researched and identified key factors within the clinic/hospital name that contribute to late diagnosis, lost to follow-up, and other aspects within the clinic/hospital name network that we think will be of interest to you. We would like to present the findings to you and other professionals within newborn hearing screening and the audiological care community in order to identify key areas for programming to strengthen the system of care for infants and children. We also want to hear from you how best the areas of concern could be targeted to ensure best practices and potentially help us with future programming.

We would like to schedule two meetings. The first meeting will be to review the findings and ask questions. The second meeting will be to develop quality improvement strategies. Please send some dates and times that will work for you and your team. (we also listed who we thought should be there and asked for others we may have missed that they would like included)



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### TURNING DATA INTO ACTION PROCESS STEP 3: FIRST MEETING



**First Meeting**  
At the first meeting, data was presented by the Ehdi epidemiologist. Initial questions were answered and thoughts were shared.



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**TURNING DATA INTO ACTION PROCESS**  
**STEP 4: SECOND MEETING**



**Second Meeting**  
The second meeting discussion focused on processes for screening and diagnosis, barriers, and possible solutions or strategies.

**STEP 04**



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**SAMPLE AGENDA FOR THE SECOND MEETING**

- Introduction & Ice-Breaker (5 minutes)
- Discuss diagnosis processes for both NICU and Well-baby infants(10 minutes)
- Discuss barriers (20 minutes)
- Discuss QI strategy & solutions (25 minutes)



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**TURNING DATA INTO ACTION PROCESS**  
**STEP 5: NEXT STEPS**

**Next Steps**  
Done! Right?  
Not Quite.



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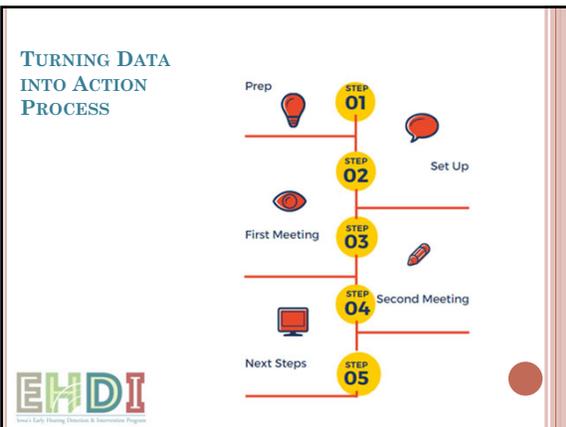
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**LESSONS LEARNED**

- Level of engagement may vary
- Encouragement to think outside the box
- Engaging managers and QI coordinators
- Centering discussion around control or influence
- Keep the change small to start
- Offer to be a part of the solution
- Build rapport

**EHDI**  
Ohio's Early Childhood Assessment & Intervention Program

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**LESSONS LEARNED**

- Document progress throughout
- Prioritize work
- Don't be afraid to use data
  - Tell your story
  - Influence change
  - Don't shy away from talking about inequities, problems, or gaps
- Celebrate the wins!

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### NEXT UP FOR IOWA EHDI

- Continue QI work with current providers
- Review and revise process
- Target additional providers
- Additional analysis, quantitative and qualitative
- Explore collaboration with other providers
- Use data to prioritize follow-up
- Publish data analysis findings



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### PRESENTER CONTACT INFORMATION

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