BACKGROUND

• Hearing loss rate in children is ~15%
• Early identification of hearing loss can prevent:
  - Speech and language delay
  - Poor academic performance
  - Personal-Social maladjustments
  - Emotional difficulties
• Hearing screening frequency in children is recommended at birth, annually starting at age 4-6 years then every other year till age 10 years then every 3 years till age 21
• Our General Pediatric primary care patients age 48-66 months hearing passing rate during Well Child Visit is 50%
• Most of the failures are due to missing opportunities, poor technique or distracted child
In order to promote health and wellbeing we would like to increase the percentage of children age 48-66 months who will pass their hearing screen at their well child primary care visit from 50% to 70% by June 30, 2018.
**Global Aim**

Make Cincinnati’s children the healthiest in the nation.

**SMART Aim**

We will increase the % of gen peds patients age 48-66 months who pass the hearing screen at gen peds WCC visits from 50% to 70% by July 31, 2019

**Population**

Gen Peds patients 48-66 months who are due for a hearing screen

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**Key Drivers**

- Reliable identification of children that need a hearing screen
- Engaged and knowledgeable front line staff
- Effective equipment for screening
- Real time mitigation of failures
- Successful techniques for patient instruction

**Interventions (LOR #)**

- Rollout of equipment and competency training for new Ear scan 3 equipment to all primary care and SBH sites (LOR #1)
- Work 1:1 with staff for documentation gaps (LOR #2)
- Create standardized job instruction template with key for ongoing resource and training (LOR #1)
- Weekly quick huddles with front line staff to review failures, address barriers, and concerns (LOR #2)
- Add Hearing to Health Maintenance (LOR #2)
- Test alternative techniques for instructing response with 4/5 year olds (LOR #1)
- Create badge cards with age range to identify patients who are due for hearing screen (LOR #1)

**Legend**

- Potential intervention
- Active intervention
- Adopted/Abandoned intervention

**Note:** LOR # = Level of Reliability Number, e.g., LOR 1
CHANGE WE ARE TRYING (PDSA)

What Did We Test?
• We have focused a lot of our PDSA testing on different techniques to get our shy 4 year olds to respond to the hearing test.

What Did We Learn?
• We learned that with patience and taking a little bit extra time with the test beep resulted in success with getting some of the more challenging 4 year olds to pass the screen
• We had success when asking front-line staff to share success stories with challenging 4 or 5 year-olds they got to pass the screen

Next Steps:
• Based on the data, we will continue to focus different strategies for getting shy 4 year-olds to respond when they hear the “beep”. We will test either repeating the test for children we could not get to respond or performing the test later in the visit after they have had other more invasive procedures or interventions. We will start small and test with the patients of 1 provider at each site during a clinic session
MEASURES AND RESULTS

94061 - Percent of Gen Peds Patients 48-66 Months Old Due for a Hearing Screen Who Passed a Screen at a WCC
Filters = Division: General and Community Pediatrics

- PPC trained on equipment
- HPC trained on equipment
- FPC trained on equipment
- SBH sites trained on equipment

Allison Glance Data Source: EPIC

All Children Thrive Cincinnati
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