

NHIMS From manual to electronic

June 2015





Quality focus 'the search for continuous improvement'

National screening programmes are committed to quality improvements in programme management and clinical service NSU Quality Principle 6: Review of Newborn Hearing Screening Regimes and Review of Newborn Hearing Screening Regimes and Screening Regimes and Associated Devices, March 2014 - 3 recommendations delivery.

Quality improvement review of a screening event in the UNHSEIP, Dec 2012 - 21 recommendations

UNHSEIP Monitoring Reports UNHSEIP audit programme



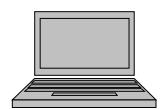
Three main areas of change to the programme

1. One type of equipment for all newborn hearing screening

2. New testing regime and protocol, including hearing surveillance



3. A new national information system for hearing screening and babies referred to audiology







Timeline for changes

- 30 March 2015 was the beginning of the training on equipment and protocol
- ➤ 17 June 2015 13/20 DHBs have participated in training for new regime and equipment
- > ~70% of babies nationally are be being screened under the new regime
- By 21 August all DHBs will have implemented aABR only screening
- NHIMS will take a bit longer to be implemented – will begin in July 2015

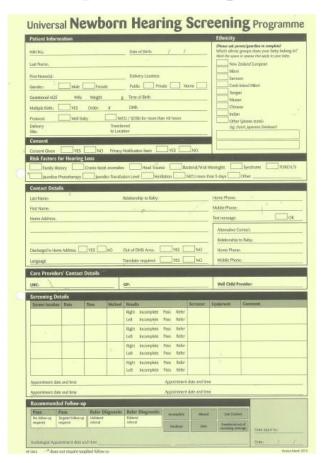


How is information currently managed?

Paper screening form

- 30% electronic data transfer
- 70% manual data entry

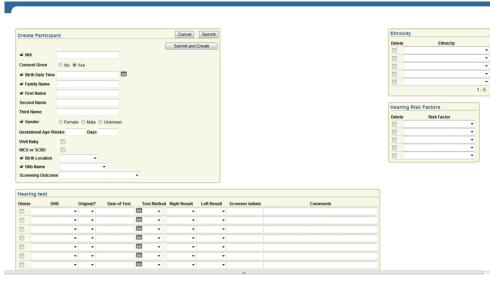






How is information currently managed?







Monitoring reports

Monitoring Reports are produced by the National Screening Unit, based on screening and audiology information provided by UNHSEIP providers - the District Health Boards (DHBs). The UNHSEIP Advisory Group reviews the draft Monitoring Reports, and makes recommendations.

The draft Reports, with recommendations, are then sent to DHBs for their comment, corrections on matter of fact, and for them to respond to any specific recommendations. Responses to recommendations are published alongside the finalised Monitoring Reports.

Monitoring Framework

Monitoring framework is a plan for the routine, systematic collection and recording of information about aspects of the programme over time. Expand this section to view the monitoring frame work document

The purpose is to assess whether progress is being made on achieving the programme objectives.

The framework document covers the entire pathway from newborn screening to audiology assessment to early medical and education intervention services. The framework is centred around the UNHSEIP "1-3-6" goals.

Downloads

 Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP) Monitoring Framework (pdf, 266 KB)

https://www.nsu.govt.nz/health-professionals/universalnewborn-hearing-screening-programme/proceduresguidelines-and-reports

Reports

Reports into quality improvements for the UNHSEIP programme

The reports below relate to a range of improvements to the newborn hearing screening programme.

In July 2012 a screening incident was identified where some babies were not screened according to the screening protocol.

An investigation into the incident led to the quality improvement review below. That review outlined 21 recommendations to further strengthen the programme and its monitoring.

The reports below outline the progress made in implementing the review's recommendations – including an independent review into the screening test or regime.

NSU and DHBs' progress report (docx, 70.1 KB)

The document above outlines the progress made on each recommendation from the January 2013 quality improvement review of a screening event in the UNHSEIP.

Progress on implementing the 21 recommendations (xlsx, 14.3 KB)

Above is a summary of progress made on implementing the quality improvement review recommendations.

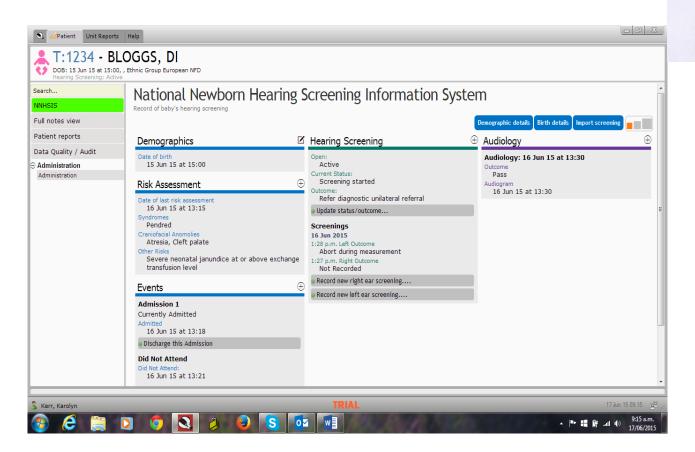
Opportunity for improvement

- Ministry of Health and District Health Boards working towards implementing a national maternity clinical information system MCIS
- Good opportunity to develop a newborn hearing screening "module" to link with MCSI
 - Baby details automatically populated for screening
 - Any relevant risk factors identified
 - Screening pathway progress management
- District Health Board Information Systems resources used to best effect





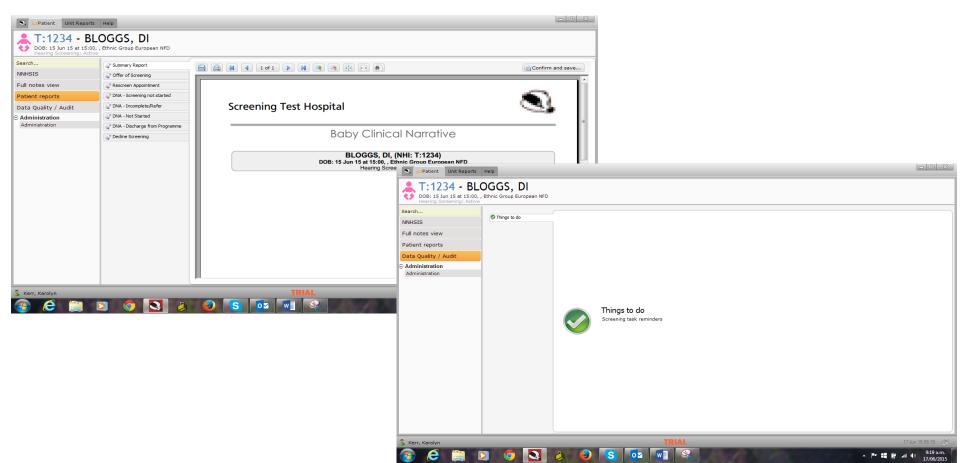
Opportunity for improvement





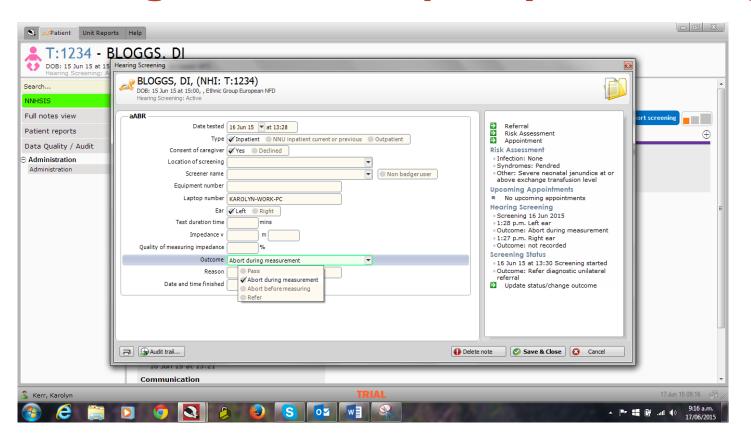


Managing the screening pathway





Screening results and quality monitoring







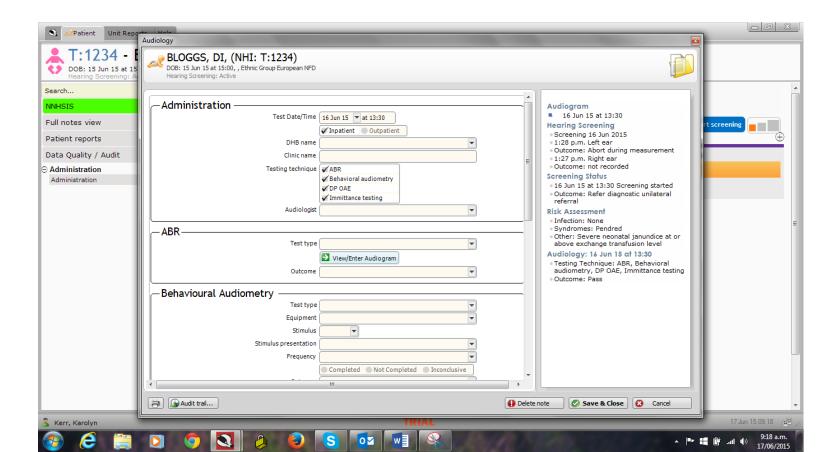




SGMASTER BERAphone monitoring data template 2015 Desktop

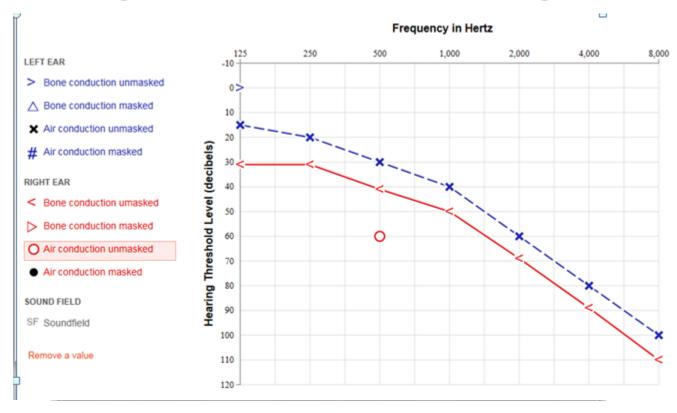


Audiology management and results





Audiogram from ABR testing



Other key features of NHIMS

- Automatic reporting at the local level regular reports generated, and ability for bespoke reporting
- Automatic reporting at the national level regular reports generated, and ability for bespoke reporting
- Electronic repository for ABR traces to facilitate clinical review and support processes
- Secure information storage with fail-safes
- "break-glass" function to enable records to be viewed by another location, with appropriate permissions

"THE SECRET OF CHANGE IS TO FOCUS ALL OF YOUR ENERGY, NOT ON FIGHTING THE OLD, BUT ON BUILDING THE NEW."

- SOCRATES

What doesn't change?

- The `1, 3, 6' goals
- A focus on equitable screening, informed consent and continuous quality improvement
- Why we're screening...





