



Dear Facility Leadership,

Thank you for agreeing to partner with the Minnesota Perinatal Quality Collaborative (MNPQC) as one of the facilities to participate in the Early Hearing Detection and Intervention (EHDI): Timely Diagnosis Initiative. The MNPQC is a network of organizations, medical providers, content experts and community voices. This letter serves to confirm your approval by highlighting team expectations from your facility in the MNPQC initiative.

By October 2023, we intend to improve the completion of those 3 months and younger who were referred from newborn hearing screening with a complete audiological hearing evaluation (CAHE) by 25%.

We recognize your facility and MNPQC each have different resources, roles, and areas of expertise. Therefore, we agree to work collaboratively in the following areas with the goal to reach multiple benefits related to being a part of the MNPQC initiative for your facility, its staff, and the community.

This 6-month quality improvement initiative is open to all Minnesota birthing facilities. Engagement will include monthly action period calls. This project will satisfy new CMS guidelines for hospitals to collaborate with state PQC's.

Overall Benefits for EHDI: Timely Diagnosis Initiative

- Improve coordination for timely diagnosis of infants who did not pass their newborn hearing screen.
- Recognize and communicate successful outcomes led by hospitals/clinics.
- Access to high-level quality improvement education from learning collaborative meetings with options for individual support to teams, as needed.

Birthing Facility Benefits of Participation:

- Assistance with implementation of best practice guidelines using information gained from learning collaboratives and tools created by MNPQC.
- Assistance to meet the requirement from Centers for Medicare and Medicaid Services (CMS) outlined in the CMS memorandum, for hospitals to collaborate with state perinatal quality collaboratives-
- Access to quality improvement analysis of your organization's data with comparison to regional/state/national reports.



Expectations of Birthing Facility:

- Approved participation: Support of initiative from relevant leadership in your facility according to your system hierarchy.
- Assemble a team: Identify a team and team leader based on recommended roles below (team sizes may vary based on hospital/system size, minimum of two hospital members):
 - Birthing facility leadership champion
 - Front line staff, for example those involved in screening and others communicating with family about hearing screening like nurses, providers, etc.
 - Discharge planning staff
 - Birthing person(s)
 - Primary Care Clinic Liaison
 - Audiology staff
- Attend initiative activities: All team members actively participate in virtual collaborative activities during the initiative period (estimated 6-9 months).
 - Team Orientation Date TBD
 - Learning Session 1 – Wednesday, February 22nd 12:00-2:00pm
 - Monthly Initiative Action Period calls for teams fourth Wednesday of the month, 12:00-1:00pm with first call on March 22, 2023.
 - Learning Session 2 and/or final Learning Session: Dates TBD
- Regular local team meetings: Commitment to convene team for monthly QI meetings to:
 - Test (PDSA cycles)
 - Implement
 - Monitor/share initiative progress (data collection, feedback from patients, healthcare team members)
- Monthly reports: Teams will input data monthly to MNPQC through SimpleQi using the data collection tools to audit up to 30 charts/cases per month.
 - Project measures survey
 - Present baseline data during Learning Session 1
 - PDSA cycles for testing and implementation
 - Develop a spread plan for health systems statewide
 - Monthly status report
- Participation in reports based on Aggregate non-Organization Specific Reports and AIM Metrics. MNPQC may publish these reports publicly.
- Data collection: As a quality improvement initiative, data is gathered to learn and inform PDSA cycle to result in improvement.
 - MNPQC will not request personal health identifiers (PHIs).



- o Data collection and reporting will be deidentified and any disclosed numbers would be aggregated data to partners.

The MNPQC looks forward to engaging partners to address the percentage of newborns, referred who received a complete audiological hearing evaluation by 3 months of age.

Throughout the collaborative participation, the facility team and MNPQC will document progress of clinic changes and improvement on monthly conference calls and individual reports. Please refer to the “EHDl: Timely Diagnosis Initiative Charter” for more information on the role of your facility on this initiative.

We would like each facility to clarify whether there are other leadership that we need to seek approval from and be completed prior to initiation of your participation in the MNPQC EHDl: Timely Diagnosis initiative.

Please contact the faculty to inform us of any further steps that need to be taken for this initiative to be successful. If there are any concerns and/or questions, please let us know as soon as possible.

If you agree, please sign and date this letter on the lines provided below and scan/email to info@minnesotaperinatal.org.

Sincerely,

MNPQC EHDl: Timely Diagnosis Initiative Faculty

Todd Stanhope	MNPQC Chair
Susan Thompson Boehm	MNPQC Director
Jane Taylor	Improvement Advisor
Bridget Walde	MDH
Darcia Dierking	MDH
Kirsten Coverstone	MDH
Brittany Gunderson	MNPQC Communications Manager

Approved by Facility Leadership:

Print name: _____

Signature: _____

Role: _____

Date: _____