Budget Year 3 CDC Grant Annual Objectives and Outcomes to Date

1.1 Standardize the import of data from the Immunization ALERT System for a regular, reliable source of quality provider data to reduce loss to follow-up.	• 99-100% data match rate • 64-82% quality provider data at import • Biweekly imports
1.2 Identify, prioritize and initiate enhancements to the EHDI data module in OVERS that will imporve the accuracy and completeness of newborn hearing screening data.	• List of priority enhancements • Work orders submitted
1.3 Develop features within the EHDI-IS that enable it to be effectively used as a conduit of communication for care coordination.	• 4 audiology evaluations have been uploaded into the new document upload feature • Reported satisfaction, increased confidence about receipt of evaluations, confidence in security of information. • Parents report satisfaction with information contained in EHDI targeted letters, found them easy to read and understand, provided helpful next steps.
1.4 Develop and pilot HL7 messaging using standardized codes with at least one birth hospital.	Off Track: unable to initiate phase 2 of project due to lack of funds and personnel time to make changes to internal data firewalls for receipt of data.
2.1 Submit 100% of data to the National CDC EHDI Hearing Screening and Follow-Up Survey.	• 100% of data submitted
2.2 Develop and/or implement a process to monitor the quality and completeness of individualized demographic data received from reporting sources.	• 100% match rate to Vital Statistics data
2.3 Develop a proof of concept for interoperability with the proposed statewide home visiting data system for hearing screening data from Early Head Start and Parents as Teachers providers for children birth to 3 years old.	• Proof of concept model developed with EHDI data elements identified for inclusion
2.4 Improve the completeness and timeliness of diagnostic and follow-up data reporting from audiologists.	• Using 2012 final data, only 53.8% of diagnostic audiology results were submitted within the mandatory 10 day period • Of those results reported, 94.9% were complete using the minimum EHDI standard • Only 44.4% of infants who referred on newborn screening had a documented diagnosis
2.5 Improve the completeness and timeliness of EI eligibility and enrollment data reporting through data exchange and automated processes.	• 2012 – 87% referrals have documented eligibility and enrollment outcomes • 77% of referrals are automated • 67% of outcome data received through data exchange process • 6 of 9 Service Areas participating • 62% of eligibility and enrollment data received

	within 45 days of referral
2.6 Improve the completeness and timeliness of screening data for out-of-hospital births	• 45.4% screening among birth centers • 75.9% results reported within 10 days • 29.7% screening among home births
3.1 Develop and enhance the EHDI-IS to export hearing screening, diagnostic and EI data to other information systems for enhanced care coordination and to reduce loss to follow-up.	Off Track: unable to initiate partnership with WIC for targeted prompts at WIC appointments; unable to proceed with Immunization import due to cost to create new fields in ALERT system
3.2 Provide targeted training and technical assistance to key stakeholders and partners, including hospitals, audiologists, midwives, pediatricians, and other healthcare providers.	• September 2013 Audiology 101 training • January 2014 MCH Nurse orientation • October 2013 Midwifery Alliance of North America conference presentation • Multiple trainings for EI providers • 8 hospital site visits from October 2013 to present • 89% hospital training rate in last 3 years • April 2013 OAA conference speaker co-sponsor – 66 audiologists attended representing 25 practices • April 2013 pediatric grand rounds at OHSU
3.3 Advance key strategies to improve the EHDI system through the adaptation and adoption of NICHQ small tests of change.	• HRSA workplan includes 15 distinct focuses for PDSA cycles over next 3 years
3.4 Expand the use of EHDI quality assurance reports for performance improvement by hospital and audiology partners.	• At last analysis, only 28% of hospitals had active accounts • Among 6 hospitals recently visited, all improved performance on at least two measures when compared to previous 10 months of performance! • 89% hospital training rate in last 3 years • Prototype audiology performance report in development
3.5 Develop and enhance the EHDI-IS to export HL7 for messaging with other information systems for enhanced care coordinatio nand to reduce loss to follow-up.	• 99-100% data match rate
4.1 Provide quarterly updates to the EHDI Advisory Committee on the 1-3-6 milestones and other relevant analysis to address gaps in the Oregon EHDI system.	• Quarterly data reports at meeting
4.2 Report findings from data analysis to key partners and stakeholders such as parent guides, public health nurses and EI providers for performance improvement.	• Guide activity is monitored monthly • Family Support Coordinator produces annual report • Data shared with public health nurses – in 2013, 140 referrals were made to PHNs. Of these 54% accepted EI services and 39% accepted PHN services.

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	• Attend EI/ECSE Service Area Contractors meeting at least annually
4.3 Report to the Oregon Legislature on EHDI's success in meeting the 1-3-6 goals and any barriers to achieving universal newborn hearing screening.	• Report submitted.
4.4 Use CDC Survey analysis, quarterly data analysis and ad hoc evaluation findings to assess progress toward our strategic work plan objectives.	• Data are regularly requested and used for program improvement.

Selected Non-duplicated Objectives from HRSA Summary Progress Report / Impact Statement

1.1 EHDI data will be communicated to the medical home through linking with Immunization.	• 100% of documented primary care providers imported into EHDI-IS receive a follow-up letter • At last analysis, 16% of letters for infants missing screening yielded results • 38% of letters for infants without documented follow-up yielded results
1.5 Parents will have increased support and information related to EHDI process and will access culturally appropriate materials.	• Improved parent screening and diagnostic letters • Updated screening pass and refer forms • Re-visioning of Family Resource Guide • Updates to website • Contract with parent mentors for family support, one bilingual guide (Spanish)
2.1 EHDI-IS will have an automated follow-up calendar.	• Fully operational automated follow-up calendar/task list in EHDI-IS • Automated reports in EHDI-IS for monitoring
2.4 Implement decision support tool algorithm that provides individualized information to determine appropriate follow-up facility for families.	• Targeted letters initiated in February 2013 • Parents report satisfaction with information contained in EHDI targeted letters, found them easy to read and understand, provided helpful next steps.