DELAWARE EHDI PROGRAM

MOVING TOWARDS OUTCOME DATA

MARCH 16, 2016



Delaware Health and Social Services Division of Public Health

STATE OVERVIEW

State: Delaware – First state! Home of the Blue Hens and TAX-FREE SHOPPING

Birth rate - ~ 11,500/yr.

Birth Facilities – 6 hospitals, 1 Birth Center and 1 Amish Mid-wife

EHDI Staff:

- Coordinator (full time) Isabel Rivera-Green started 10/15
- Follow-up staff (part time) Currently vacant and position frozen

DE EHDI QUALITY IMPROVEMENT TEAM

Isabel Rivera-Green: EHDI Coordinator, Team Lead

Kate Tullis: CYSHCN Director: Data helper EHDI Board Member (former EHDI Coordinator)

Rosanne Griff-Cabelli: El (Part C) Director

Shanda Brashears: State Contract audiologist with state's only Children's Hospital

Kathleen Riley: Educational Audiologist with DE School for the Deaf

Carlos Duran: DE AAP Chapter Champion and Chair of State EHDI Board AIM: BY 3.31.17 TO RECEIVE EI ENROLLMENT STATUS ON 100% OF INFANTS DIAGNOSED WITH HL AND REFERRED TO EI BY EHDI PROGRAM

- Prior to 2014 there was no feed back from Part C to EHDI on status of infants referred to EI for Hearing Loss
- Delaware's Part C expanded eligibility criteria for services
- Concern around time to services
- Concern around presentation of services
- Concern around acceptance of services

MEASUREMENT

infants whose EI enrollment status EHDI Program knows # infants referred to EI for HL

Date of Referral El location (DE has 2 Part C programs; North & South) Date of first contact with parents Date of signature on IFSP/date parents declined services (type of services receiving)

Data is stored in our Natus MSDS/CMS database

STRATEGIES

Bi-monthly/quarterly/REGULAR "round table" conference calls with key partners:

- Representatives from both El programs
- State contracted Audiologist from state's only Children's Hospital (where essentially all of diagnostic exams are done)
- Representative from Statewide Programs for Deaf, Deaf/Blind, Visually impaired children
- Hands & Voices Guide-by-Your Side Coordinator
- EHDI Coordinator

LESSONS LEARNED

2 meetings were held in 2015: 1 in person, 1 call Was able to obtain data on 25/28 infants 0-3 identified by EHDI with HL

Time is factor – need to create a tracking sheet/ data sheet to send out prior to call. Call needs to be structured.

Need to have EHDI Coordinator take lead

Finding right partners within EI to partner with is key to success. Used our 'connections' to State Part C Director to identify key people – and to ensure that they participate

NEXT STEPS

Meeting dates/times established for 2016

Spread sheet for tracking across different organizations has been agreed upon. It will be sent out 1 week prior to call.

We will be looking at differences in acceptance of services between El programs.

Data from these meetings will also show time to diagnosis. Audiologist at Children's Hospital will be able to look into charts to determine cause for any delays in diagnosis.