

Tracking Child Outcomes Statewide: Integrating Data in the EHDI System

Vickie Thomson, PH. D.

Director of Newborn Hearing Screening Programs
Colorado Department of Public Health and Environment

Dinah Beams, M.A.

Program Coordinator

Colorado Home Intervention program
Colorado School for the Deaf and the Blind
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Integrated Data System (IDS)

▶ Active

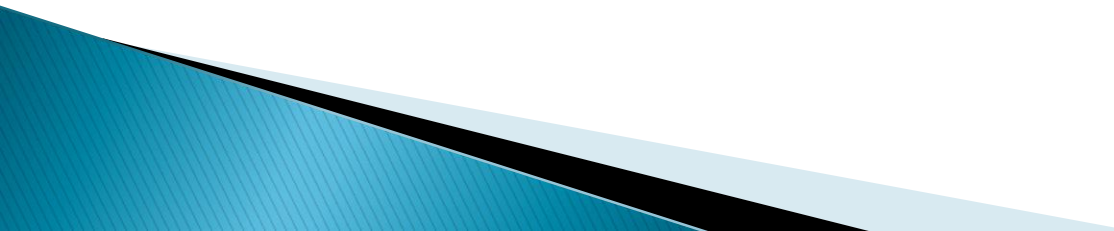
- Screening results and demographic data populated from the electronic birth certificate
- Summer 2011 will be integrated with the immunization registry

▶ Passive

- Rescreen results and missed infants are entered by the hospital or EHDI staff
- Audiology outcomes are entered by the EHDI staff (Audiologists will be trained Spring 2011)
- CO-Hear Coordinators enter EI information

Hospital Data	Audiology Assessment Forms	CO-Hear Coordinator
Date of birth	Date of evaluation	Date of referral
Mother's age	Date of report	Date of first contact
Race, Ethnicity	Language spoken	Language spoken
Mother's education level	High-risk factors	Insurance
Admission to NICU	Screen results	Date of transition to preschool
Infant's Gender	Type of hearing loss (auditory neuropathy, sensorineural, conductive)	Individual Family Service Plan date
Birth weight	Degree of hearing loss (mild, moderate, severe, profound)	Date of first home visit
Apgar score at 5 minutes	Date referred to CO-Hear	Names of audiologists, Part C coordinator, early interventionists
Date of hearing screen	Type of amplification	Type of early intervention provided
Screen results	Date of amplification fit	
Reason not screened (e.g., deceased, parent refused, transferred, missed)	Date of next audiology appointment	
	Insurance	

Collecting Early Intervention Data

- ▶ The Colorado Hearing Resource Coordinator is responsible for inputting and maintaining data in all EI fields
 - ▶ Information is reviewed and updated by Coordinator at regular intervals
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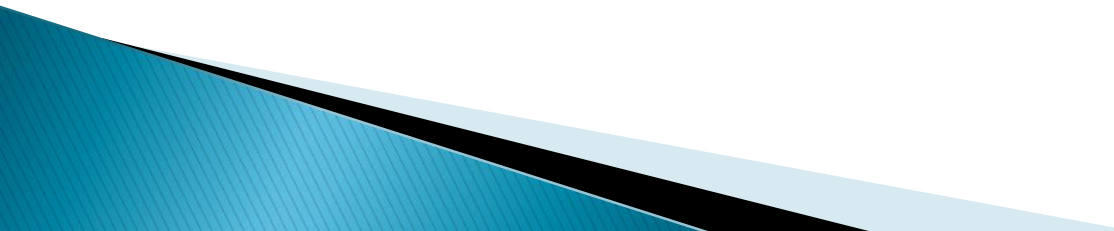
EI System Data Collected

- ▶ Data related to referral process
 - date of referral
 - date of 1st contact with family
 - date of initial visit
 - IFSP
- ▶ Provider data
 - Intervention audiologist
 - Early intervention provider
- ▶ Family data
 - Lost to follow up
 - Family declines services

Child Outcome Data Collected

- ▶ The Colorado Home Intervention Program (CHIP) uses a multi-disciplinary assessment procedure to evaluate a child's progress.
 - Family-centered
 - Administered in the home
 - Administered at set intervals, 9, 15, 21, 27, 33 months of age
 - Evaluates skills in multiple developmental areas

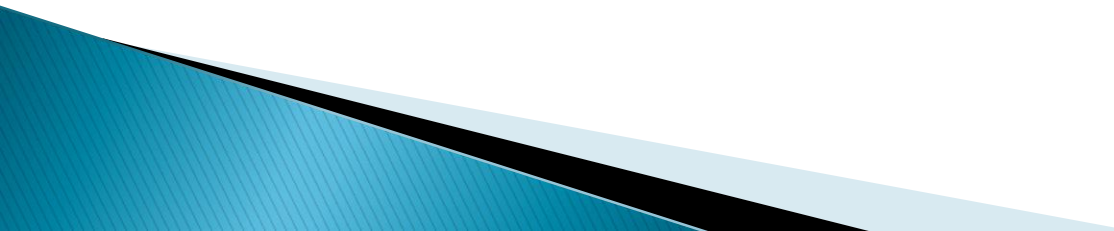
Tracking Child Outcome Data

- ▶ Recently added Child Outcome Field to data tracked in the Early Intervention section of the data system
 - ▶ Child outcomes on the Minnesota Child Development Inventory and the MacArthur Communicative Development Inventory are tracked in the IDS system
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Advantages

- ▶ Will give access to outcome data to intervention audiologists
- ▶ Ease of tracking child's progress over time
- ▶ Ability to easily report on outcomes of specific target groups
 - children with combined vision and hearing loss
 - children with cochlear implants
 - children from Spanish-speaking homes

Additional Advantages

- ▶ Program efficacy data is easily generated when data is in one place
 - ▶ Seamless statewide system with ability to easily track a particular child, group of children, or whole program from screening to EI outcomes
 - ▶ Ease of determining relationship of outcomes to other factors
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Challenges to Comprehensive Data Collection

- ▶ Most accurate data is that which is collected closest to the source
 - Time and resources for professionals to input data
 - Negotiating agreements between multiple state agencies
 - ▶ Interfacing existing data systems
 - ▶ Sensitive to data needs of different parties
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