4. Project Narrative
Current Budget Period Progress:
Throughout this first year of the CDC grant, the Texas Early Hearing Detection and Intervention (TEHDI) program has made great strides toward ensuring quality developmental outcomes for all infants and young children identified with hearing loss. The TEHDI program understands that this goal cannot be fully realized without a fully integrated data management, tracking, surveillance, and reporting system. Much of the first six months (6) of this grant period has been devoted to exploring new collaborative partnerships and the refinement of existing ones.

Goal 1: Enhance the tracking and surveillance system of the TEHDI program to accurately identify, match, and collect unduplicated individually identifiable data on a web-based reporting system throughout the TEHDI process.

Objective 1.1: Increase the number of children referred for outpatient services and reported in the TEHDI system by 10%.
Activity 1.1.1a: Train new hospital screeners on use of system. Reinforce use of system with audiologists. **Status**: *Ongoing*
As a matter of established protocol, trainings and outreach are provided for hospital screening staff; resource specialists; follow-up providers, including audiologists and ECI providers; and pediatricians. The most common types of trainings are for hospitals that have new screening staff and for facilities that are not meeting monthly compliance benchmarks. During the reporting period, forty-one (41) hospitals had site visits. The site visits were attended by program managers, screeners, both new and established, audiologists, and non-screening nurses. Surveys targeting audiologists, licensed and practicing in Texas, were sent out in September and October 2008. The creation and mailing of this survey was a collaborative effort between the Texas Department of Assistive and Rehabilitative Services (DARS), Division for Early Childhood Intervention (ECI), and the TEHDI Program. A comprehensive listing, of licensed audiologists and their associated services, has been compiled and will be updated on a regular basis. In addition, the newly compiled list of audiologists was posted on the TEHDI website (a copy of the survey is included in *Appendix 1*).
TEHDI and ECI have collaborated on two projects targeting audiologists. The first is the creation of the "Just in Time"- Tool for Audiologists: Using TEHDI eScreenerPlus eSP. Copies of the guide were distributed at the Texas Audiologist Conference in October 2008. The guides continue to be available upon request and will be distributed at future conferences. The second project was the development of "Just in Time": Resources for Audiologists. This guide is still being developed and once completed it will be distributed at future audiological conferences. While exhibiting at the Texas Academy of Audiology conference, TEHDI staff members received requests, from the Lamar University and University of Texas Au.D. program coordinators, to provide materials and curriculum to be included in graduate coursework. The prospect of curriculum development seemed to be an appropriate part of a comprehensive outreach campaign designed to target both future and current pediatric audiologic service providers. Therefore, the TEHDI program is seeking to enter into an agreement with a contractor to provide the following services:

1) Develop a curriculum to be used in graduate programs of audiology. The curriculum will provide information on the Texas Newborn Hearing Screening (NBHS) legislation, the importance of newborn hearing screening and the implications of late identification, introduction to the medical home concept, and risk factors associated with late onset hearing loss. A comprehensive assessment of the curriculum will also be provided.

2) Develop a training module for provider participation in the EHDI program. The module will include: 1. enrolling as a TEHDI provider; 2. utilization of the TEHDI web-based reporting system; 3. familiarity with the Texas ECI program; 4. information on the lost-to-follow-up issue; 5. cultural competency/sensitivity and; 6. information on participating in the Texas Medicaid program. A comprehensive assessment of the training module will also be provided.

3) Produce a strategic outreach plan for practicing audiologists. It is anticipated that the curriculum will be completed within the 1st-year grant period. Creation of the training module and strategic outreach will begin during the 2nd year grant period.

The implementation stage of each of the three (3) units will begin during the second year grant period.

Activity 1.1.1b: Organize workgroups from targeted hospital screening programs and diagnostic clinics for the purpose of resolving reporting issues. **Status: *Ongoing***

Hospital certification information will be used to select 5-10 hospitals with reporting issues e.g., low provider referral rates, delays in entering patient information into the TEHDI data management information system (MIS) identified during the recertification process. Once the hospitals have been selected, the contractor for the TEHDI MIS and the Project Coordinator will develop materials to be used within the workgroups and host the actual meetings. The information gathered from the workgroups will provide the basic framework for future inservices. The contractor for the TEHDI MIS and Project Coordinator will contact select diagnostic clinics and conduct telephone interviews to solicit information regarding perceived problems and issues related to the use of the TEHDI data for reporting and referrals to ECI services. One of the most notable accomplishments during this program year has been the completion of a contractual agreement entered into between TEHDI and a parent organization to enlist the services of a parent liaison. The parent liaison has assessed gaps and barriers in the TEHDI process, developed best practice protocol and educational material, and assisted in refining TEHDI process curriculum addressing each stage in the TEHDI/ECI continuum. Information gained from this project will be used in the design and revision of materials used throughout the TEHDI process.

Barriers to Progress: This is the first CDC grant received in support of the NBHS TEHDI program. The NBHS Program has experienced delays related to a number of the grant activities. It has required additional time to expand the infrastructure to accommodate the needs of this project such as developing the contracts with University and other organizations. A new job description needed to be developed and passed through a multi layered process to include auditing. The initial job title was Program Specialist V that had to be changed to Quality Assurance Specialist IV to accommodate the requirements of the position. However, the program is working on resolving these issues and is ready to work on the project in full force.

Goal 2: Enhance the ability of TEHDI to accurately report the status of every occurrent birth in Texas, including those exempted from the Texas hearing screening program.

Objective 2.2: Increase the number of births reported in TEHDI to come closer in alignment with BVS.

Activity 2.2.2: Compare the aggregate number of infants reported to the TEHDI system to the number of births reported by the BVS.

Status: *Ongoing*

During the first year of the CDC grant, a site visit of the TEHDI program was conducted by the CDC. One major topic of discussion during the site visit was the need for comparing birth data from Vital Statistics with the TEHDI MIS data on a routine basis. Discussions regarding the possibility of receiving birth information from Vital Statistics have continued; however, in subsequent meetings, it has become clear that linking the newborn screening laboratory data system to the TEHDI system maybe more realistic. Other alternatives for accessing birth data continue to be explored and TEHDI staff members are researching the possibility of a "rule change" to the current TEHDI program statutes. This proposed rule change would require birth screen providers to daily import demographics from their hospital admission systems to the TEHDI MIS. This change would help ensure that all births reported in the hospital admission systems were reported to the TEHDI Program in a timely manner. In addition, the TEHDI Coordinator has begun a dialogue with the project manager of the STEVE project, an inter-jurisdictional exchange program, sponsored by the National Association of Public Health Statistics and Information Systems (NAPHSIS). STEVE is a secure messaging system that will allow jurisdictions to electronically trade birth, death and other vital records. Each jurisdiction will have the ability to configure the data exchange and use rules to meet its own regulatory requirements and business practices. In addition, jurisdictions may also use STEVE to send data to other trading partners and to authorized public health agencies and programs such as immunizations, newborn screening and most importantly newborn hearing screening. The EHDI program understands that actual implementation of the STEVE project will not take place for 2-3 years; however, it may be a viable option at a later date. The TEHDI Coordinator will continue to monitor the progress of the STEVE project. The ideal long term outcome would be the establishment of an integrated child health record linking the New Born Screening (NBS) Laboratory System with Vital Statistics, Birth Defects Registry and the TEHDI MIS. This would allow a cross-check with Vital Statistics to identify babies that have not received a NBS or NBHS, provide a mechanism for integration of newborn bloodspot screening with newborn hearing screening, and enable linking with the Birth Defects Registry.

Barriers to Progress: The barriers that need to be overcome before implementation of a birthtoscreening matching system can be realized are multifaceted. First, the delay in hiring of a Project Coordinator and a vacancy of the program TEHDI Coordinator, has contributed to the delay in this area of activity, in addition to internal collaborations within departments of the agency.

Goal 3: Enhance the ability of TEHDI to integrate and share data systems related to infant/child health care.

Objective 3.3: Increase the match between infants served by the Program for Amplification for Children of Texas (PACT)1 system and referred for ECI by 5%.

Activity 3.3.3a: Organize workgroups between PACT1 and ECI to plan methods of sharing data. **Status: *Ongoing***

Barriers to Progress: The primary obstacle to accomplishing this goal is the restrictions related to the disclosure of data protected by FERPA, Part C and HIPAA. Preliminary meetings have been held and discussions regarding the issues which surround the sharing of data between an educational program and a public health program have taken place. In an effort to remove this obstacle, TEHDI staff members are exploring the possibility of having the TEHDI program designated as a "participating provider". If granted this status, signed consent would not be needed to share information between early childhood intervention programs and the TEHDI program.

Activity 3.3.3b: Use the PACT1 and TEHDI data systems to identify PACT newborns referred for outpatient care and determine if out patient care is reported. **Status: *Ongoing***

A short-term solution for identifying and entering PACT1 children who do not appear in the TEHDI MIS has been agreed upon. TEHDI staff members will prepare a weekly list of children who have received PACT1 services and look up each child in the TEHDI MIS. A spreadsheet containing demographics, birth information and outpatient/diagnostic data on two groups of children, those appearing in the TEHDI MIS and those who do not, will be created and uploaded to a secure server. The contractor for the TEDHI MIS will use this information to update outpatient/diagnostic services for those children in the TEHDI database. In addition, demographic information from the second group will be used to create new records and outpatient/diagnostic data will be entered for each child. It is anticipated that this process will be discontinued once an integrative healthcare system has been implemented.

Goal 4: Develop a plan for evaluating the progress made towards data sharing and system integration.

Note: After careful examination of the PACT system, it has been determined that a more efficient method of managing the program is needed. Therefore, the program and its data will be managed by a contractor. The newprogram name will be "Hearing Services for Children". Hearing service benefits will not be effected by this change and EHDI will continue to oversee the program and receive reports on a regular basis. The transition will occur in Fall, 2009.

Objective 4.4: Register and train 250 PCP providers to the Physician Access Section of the database.

Activity 4.4.4: TEHDI MIS staff will conduct online training and the Project Coordinator will visit select medical home sites. **Status: *Ongoing***

To date, fifty (50) primary care providers (PCP) have been invited to receive training on the Provider Access tool found within the TEHDI MIS. Progress in soliciting PCP participation has been slow due to the discovery that there were extensive duplications in the PCP database.

Realizing the necessity of accurate contact information, the TEHDI MIS contractor began the task of de-duplicating the data of over 8,000 medical home providers. In addition, the TEHDI staff is providing assistance in updating the records. Once this is completed, usernames and passwords will be assigned to each PCP who agrees to participate in the training. In addition, a welcome packet detailing instructions on utilizing the Provider Access tool and "Just in Time": Resources for Primary Care Providers, are being sent out. It is anticipated that visits to selected medical home sites will commence once a Project Coordinator joins the TEHDI Program.

Objective 5.5a: Introduce one or two minor enhancements to the database system toward the overall goal of data integration.
Activity 5.5.5a: Project Coordinator will work with contractors on this project to identify system enhancements that can be easily implemented. **Status: *Ongoing***
In the absence of the Project Coordinator, the Branch Manager, the Manager of the Newborn Hearing Support Group and, contractors for NBS blood spot and NBHS MIS are exploring possible changes to an MIS that would facilitate integration and the sharing of data. The TEHDI program and TEHDI MIS have been selected to present a poster at the 2009 EHDI conference. The poster will highlight the TEHDI MIS, the history and theory behind the system, and the progress that has been made since its initial implementation.

Objective 5.5b: Complete a written evaluation plan and associated evaluation.
Activity 5.5.5b: Evaluator will prepare written plan after reviewing best practices and the TEHDI MIS. **Status: *Ongoing***
Activity 5.5.5b: Project Coordinator will develop proposal for leadership review and comprehensive action plan. **Status: *Ongoing***
In the first year CDC application, TEHDI proposed to hire a contractor to perform a formal evaluation of the TEHDI program. The scope and focus of this objective has changed since the original proposal was submitted to CDC. The TEHDI program has been selected to participate in an evaluation conducted by the CDC EHDI team. The primary focus of this project is to work with the TEHDI staff to conduct a review and evaluation of current system functionalities and data management activities. As a secondary focus, other areas of the program may be examined depending on need and the availability of resources, e.g., staff time. A written report, with input from the TEHDI staff, summarizing findings from the evaluation will be drafted by CDC EHDI and provided to the TEHDI program. These findings and CDC recommendations will be presented to DSHS leadership for review and comments. A draft of the evaluation plan is attached as *Appendix 2*.

New Budget Period Proposed Objectives and Activities:
Goal 1: Enhance the tracking and surveillance system of the TEHDI program to accurately identify, match, and collect unduplicated individually identifiable data on a web-based reporting system throughout the TEHDI process.

Objective 1.1: The TEHDI tracking and surveillance system will be evaluated to determine the current accuracy of reported data including demographic, screening, and follow-up data for infants referred for follow-up care from newborn hearing screening programs throughout the TEHDI process for the purpose of evaluating the progress of National EHDI goals (Screening, Diagnosis, Intervention);
Activity 1.1.1: Compare the aggregate number of infants reported to the TEHDI system to the number of births reported by Vital Statistics.
At this time, a mechanism for obtaining Vital Statistics data has not been determined. Discussions on the possibility and means of receiving birth information have taken place and will continue to throughout the second year of grant implementation. (Utilization of the STEVE project remains a potential means of obtaining vital statistic records, see page 4 for discussion). Alternate means of obtaining birth information such as, newborn screening data have been explored and hence a change in direction will be required.
Activity 1.1.2: Conduct independent hospital reviews to determine accuracy of reporting information.
Activity 1.1.3: Compare PACT1 data to outpatient screening and diagnostic data reported to TEHDI.
Activity 1.1.4: Compare the number of infants identified with hearing loss to the number of referrals to ECI.
One of the major initiatives in the original grant proposal was the development and implementation of a contract designed to identify the strengths and weaknesses of the TEHDI program and provide possible solutions to identified problem areas. It was determined that this contract would not be pursued instead, the TEHDI program has entered into an agreement with CDC EHDI staff to partner in an evaluation project that will examine each step of the TEHDI process. This evaluation will help determine areas that need improvement and areas that are not being addressed currently. It is hoped that the findings of this evaluation will provide possible ways of obtaining the data needed to efficiently determine the status of each infant/child along the EHDI continuum of services.

Objective 1.2: Develop a plan to monitor the accuracy of data reported by hospitals and diagnostic clinics.
Note: After careful examination of the PACT system, it has been determined that a more efficient method of managing the program is needed. Therefore, the program and its data will be managed by a contractor. The new program name will be "Hearing Services for Children". Hearing service benefits will not be effected by this change and EHDI will continue to oversee the program and receive reports on a regular basis. The transition will occur in Fall, 2009
Activity 1.2.1: Analyze information gathered from the TEHDI evaluation to identify areas of focus for improved reporting.

Activity 1.2.2: Organize work groups from targeted hospital screening programs and diagnostic clinics for the purpose of resolving reporting issues.
Activity 1.2.3: Develop and implement an improvement strategy based on work group recommendations.
Activity 1.2.4: Evaluate results using TEHDI data and workgroup input.
It is anticipated that implementation of these activities will commence once the Project Coordinator is hired and the evaluation plan is implemented.

Objective 1.3: Ensure the status of each ECI referral made from TEHDI is documented in TEHDI by ECI.
Activity 1.3.1: Identify the number of ECI referrals made from the TEHDI system which do not have disposition information from ECI.
Activity 1.3.2: Consult with ECI staff to identify issues related to lack of referral results reported by ECI to TEHDI
Activity 1.3.3: Meet with ECI staff to develop and implement an action plan designed to increase reports made to TEHDI.
Meetings will continue to discuss the possibility of designating the TEHDI program as a "participating provider" (see page 5).

Objective 1.4: Increase the reporting by audiologists of specific conditions and interventions.
Activity 1.4.1: Organize a group of audiologists, IT and PACT1 personnel to recommend refinements to the PACT1 application, payment and reporting process and to the TEHDI data collection system. **Status:** *Met*
Activity 1.4.2: Meet with IT to plan for implementation those recommendations from the group above which are feasible. **Status:** *Met*
Note: After careful examination of the PACT system, it has been determined that a more efficient method of managing the program is needed. Therefore, the program and its data will be managed by a contractor. The new program name will be "Hearing Services for Children". Hearing service benefits will not be effected by this change and EHDI will continue to oversee the program and receive reports on a regular basis. The transition will occur in Fall, 2009.
Activity 1.4.3: Establish a baseline of specific audiological data reported to TEHDI for infants/children identified as having hearing loss.
Activity 1.4.4: Implement and evaluate audiologist refinement plan.
Audiologists' input and recommendations will be an integral part of the contract to be implemented in the remaining months of the 1st year grant period. Implementation of the approved recommendations, gathered during the course of the contract, will begin in September 2009.

Goal 2: Enhance the ability of TEHDI to accurately report the status of every occurrrent birth in Texas, including those exempted from the Texas hearing screening program.

Objective 2.1: Enlist the participation of three large birthing centers exempted from the hearing screening process in Texas to voluntarily begin the screening of newborns and reporting utilizing the TEHDI MIS.
Activity 2.1.2: Contact directors of birthing facilities and recruit those willing to participate in a pilot program to establish newborn hearing screening programs in their centers.
Activity 2.1.3: Collaborate with directors of those interested in offering hearing screening to establish a plan leading to voluntary participation with the TEHDI program.
Activity 2.1.4: Provide the training needed for screening, reporting, and follow-up care.
These activities will be a collaborative effort between the pilot birthing center, the Project Coordinator and the TEHDI MIS contractor.

Objective 2.2: Analyze obstacles for reporting birth hearing screening results to TEHDI from military facilities.
Activity 2.2.1: Meet with key personnel associated with nursery care at the three military facilities where births occur and discuss potential of their voluntary participation in the TEHDI program.
Activity 2.2.2: Establish procedures for military facilities to access and report to TEHDI.

Objective 2.3: **Ensure infants born with the assistance of midwives and doulas have the opportunity to be screened for hearing loss.**
Activity 2.3.1: Communicate with midwives and/or doulas via mail or midwifery organization meetings on the importance of hearing screening, the availability of services and parent educational materials.
Activity 2.3.2: Provide hearing screening information to prenatal groups associated with midwifery.
The Project Coordinator will contact the various midwifery groups, to include the Texas DSHS Midwifery Board and the Texas Board of Nurse Examiners who license and regulate midwives.
The most recent information on midwives is from 2002. There were: 150 Licensed Midwives and 350 Certified Nurse Midwives. Births attended by midwives in hospitals: 16,695, birthing centers: 3,294 and home births: 1,111. Once the Project Coordinator has contacted the midwifery associations, more current statistics on midwives will be obtained.
To facilitate the accomplishment of Objective 2.3**,** a proposed midwife kit will be developed and distributed through mail, midwifery schools and professional associations. The kits will contain educational brochures for parents and fact sheets, an educational DVD providing information on the TEHDI initiative for midwives, and a DVD for parents viewing prenatally.

Objective 2.4: Establish a method of counting the number of infants or children who were born to midwives, at military hospitals, or at exempt birthing centers run by midwives, and later receive audiological services.
Activity 2.4.1: Collaborate with Vital Statistics and NBS programs to investigate methods of sharing information for the purpose of identifying the number of births not reported to TEHDI.
It has determined that pursuing a linkage between TEHDI and NBS is more realistic than one between TEHDI and Vital Statistics.
Activity 2.4.2: Establish a method for TEHDI to identify patients who are receiving audiological services who were not entered in the TEHDI system during the birthing screening.

Goal 3: Enhance the ability of TEHDI to integrate and share data systems related to infant/child health care.

Objective 3.1: Identify screening, tracking and surveillance programs that identify children with special healthcare needs.
Activity 3.1.1: Contact appropriate program areas.
Activity 3.1.2: Create discussion groups with appropriate representation including program administration, data processing, and analysis to determine feasible goals for integration of data systems.
Activity 3.1.3: Develop, implement, and evaluate a pilot program to share data regarding all children identified with special health care needs.

Objective 3.2: Collaborate with multiple sources including vital records, birth defect registry, immunization registry, NBS to increase data sharing, integration, and linkage.
Activity 3.2.1: Identify internal sources pertinent to data integration with TEHDI.
Activity 3.2.2: Identify external participatory stakeholders to data integration.
Activity 3.2.3: Evaluate IT protocols for internal stakeholders.
Activity 3.2.4: Evaluate IT protocols of select external stakeholders.
Activity 3.2.5: Prepare analysis of integration capacity.
Lessons learned during year one of grant implementation revealed that there are complex obstacles that will need to be overcome before a fully integrated newborn screening system can be implemented. Once these barriers are removed, a provider will have point-of-care access to screening and immunization results at each contact with a child under his or her care. Integrating NBS, NBH Screening, and immunization records would help ensure that all children received appropriate immunizations and health screens, and rapid follow-up care when necessary.

Goal 4: Develop a plan for evaluating the progress made towards data sharing and system integration.

Objective 4.1: Register and train 250 PCP providers to the Physician Access Section of the database.
Activity 4.1.1: Staff from Data Management will conduct online training and the Project Coordinator will visit select medical home sites.

Objective 4.2: Introduce one or two minor enhancements to the database system toward the overall goal of data integration.
Activity 4.2.1: Project Coordinator and EHDI Coordinator will work with contractors on this project to identify system enhancements that can be easily implemented.

Objective 4.3: Complete a written evaluation plan and associated evaluation.
Activity 4.3.1: Evaluator will prepare written plan after reviewing best practices and the TEHDI MIS**.**
Activity 4.3.2: Project Coordinator will develop proposal for leadership review and comprehensive action plan.
Please refer to *Appendix 5: Detailed Work Plan of Year 2* activities, timelines, and responsible individuals.

Early Hearing Detection and Intervention (EHDI) Tracking, Surveillance, and Integration Work Plan

Goals	Measures of Success
1. Enhance the tracking and surveillance system of the TEHDI program to accurately identify, match, and collect unduplicated individually identifiable data on a web reporting system throughout the TEHDI process for the purpose of evaluating the progress of National EHDI goals (Screening, Diagnosis, Intervention)	The number of children referred from newborn hearing screening programs for outpatient services and reported in the TEHDI system as having had those services will increase by 20%.
2. Enhance the capacity of TEHDI to accurately report the status of every occurring birth in Texas, including those exempted from the Texas hearing screening program.	The difference between the number of births reported to Vital Statistics (VS) and those reported to TEHDI will be reduced by 2500 over a three year period.
3. Enhance the capacity of TEHDI to integrate with other data systems related to infant/child health care. 4. Develop a plan for evaluating the progress made towards data sharing and system integration.	Infants and children served by the PACT system and referred for ECI services will be matched to children in the TEHDI system.

YEAR TWO:

Goals & Objectives	Activities/Steps	Data/Evaluation	Timeframe	Responsible Individual(s)
Goal One: *Enhance the tracking and surveillance system of the TEHDI program to accurately identify, match, and collect unduplicated individually identifiable data on a web reporting*				

system.

1.1: The TEHDI tracking and surveillance system will be evaluated to determine the current accuracy of reported data including demographic, screening, and follow-up data for infants referred for follow-up care from newborn hearing screening programs throughout the TEHDI process for the purpose of evaluating the progress of National EHDI goals (Screening, Diagnosis, Intervention)	1.1.1: Compare the aggregate number of infants reported to the TEHDI system to the number of births reported by the BVS or explore alternative source(s) of data.	Use VS or other data source(s) and TEHDI data to determine number of occurrent births entered in TEHDI. Use external source of data to determine number of births at each facility and the number exempted from participation in the newborn hearing screening program	To be completed after CDC evaluation.	Project Coordinator, TEHDI Coordinator and TEHDI MIS contractor
	1.1.2: Conduct independent hospital reviews to determine accuracy of reporting information.	Compare TEHDI data to VS and blood spot program data.	To be completed after CDC evaluation	Project Coordinator, TEHDI Coordinator
	1.1.3: Compare PACT[1] data to outpatient screening and diagnostic data reported to TEHDI.	Use the PACT[1] and TEHDI data systems to identify PACT[1] newborns referred for outpatient care/ determine if care is reported.	2/09 – 9/09	Project Coordinator
	1.1.4: Compare the number of infants identified with hearing loss to the number of referrals to ECI.	Evaluate TEHDI and ECI data.	2/10 – ongoing (contingency: see page 5)	Project Coordinator
1.2: Develop a plan to monitor the accuracy of data reported by hospitals and diagnostic clinics.	1.2.1: Analyze information gathered from the TEHDI evaluation to identify areas of focus for improved reporting.	Prepare TEHDI system analysis report on hospital follow-up rates and data entry.	To be determined after CDC evaluation (see objective 5.5b)	Project Coordinator, TEHDI Coordinator & TEHDI MIS contractor
	1.2.2: Organize work groups from targeted hospital screening programs and diagnostic clinics for the purpose of resolving reporting issues.	Record minutes from work group meetings.		Project Coordinator
	1.2.3: Develop and implement an improvement strategy	Create a document to explain the strategy to those participating in the implementation of		Project Coordinator

	based on work group recommendations. 1.2.4: Evaluate results using TEHDI data and workgroup input.	improvements. Compare data collected after targeted improvements to baseline data collected prior to formation of work groups. Prepare report of findings and recommendations of the work group.		Project Coordinator
1.3: Ensure the status of each ECI referral made from TEHDI is documented in TEHDI by ECI.	1.3.1: Identify the number of ECI referrals made from the TEHDI system which do not have disposition information from ECI.	This report will be made from the TEHDI data system.	10/09 – ongoing	Project Coordinator & TEHDI MIS contractor
	1.3.2: Consult with ECI staff to identify issues related to lack of referral results reported by ECI to TEHDI	List identified issues.	12/09 – 2/10	Project Coordinator & ECI staff
	1.3.3: Meet with ECI staff to develop and implement an action plan designed to increase reports made to TEHDI.	A document explaining the action plan to effected ECI personnel will be developed.	3/10 – 5/10	
1.4: Increase the reporting by audiologists of specific conditions and interventions.	1.4.1: Organize a group of audiologists, IT and PACT[1] personnel to recommend refinements to the PACT[1] application, payment and reporting process and to the TEHDI data collection system.	Record work group minutes and plan.	Completed	Newborn Screening Support Group Manager
	1.4.2: Meet with IT to plan for implementation of those recommendations from the group above which are feasible.	Record notes and develop an outlined plan.	Completed	Newborn Hearing Screening Program Specialist
	1.4.3: Establish a baseline of specific audiological data	Draw a report of an analysis of this data from the TEHDI system.	7/09 – 10/09	Project Coordinator

	reported to TEHDI for infants/children identified as having hearing loss.			
	1.4.4: Implement and evaluate audiologist refinement plan.	Collect feedback from users after implementation of refinements and compare audiological follow-up data to baseline.	7/09 – 4/10	TEHDI Coordinator & Contractor for audiologist outreach (see page 2)
Goal Two: *Enhance the capacity of TEHDI to accurately report the status of every occurrent birth in Texas, including those exempted from the Texas hearing screening program.*				
2.1: Enlist three large birthing centers exempted from the hearing screening process in Texas to voluntarily begin screening and reporting to TEHDI.	2.1.1: Identify birthing centers.	Develop a list of birthing centers from BVS data or alternate source. Rank in order of number of births.	8/09 – 12/09	Project Coordinator & TEHDI Coordinator
	2.1.2: Contact directors of birthing facilities recruit those willing to participate in a pilot program to establish newborn hearing screening programs in their centers.	Record contacts and replies.	12/09 – 4/10	Project Coordinator
	2.1.3: Collaborate with directors of those interested in offering hearing screening to establish a plan leading to voluntary participation with the TEHDI program.	Meeting notes and plans are recorded.	4/10 – 6/10	Project Coordinator
	2.1.4: Provide the training needed for screening, reporting, and follow-up care.	Prepare reports from the TEHDI system demonstrating participation.	6/10 – 7/10	Project Coordinator, TEHDI MIS contractor

2.2: Analyze obstacles for reporting birth hearing screening results to TEHDI from military facilities.	2.2.1: Meet with key personnel associated with nursery care at the three military facilities where births occur. Discuss potential of their participation in the TEHDI program.	Document highlights from meetings.	7/09 - 8/09	Project Coordinator
	2.2.2: Establish procedures for military facilities to access and report to TEHDI.	TEHDI data will demonstrate success.	8/09 – 12/09	Project Coordinator & TEHDI MIS contractor
2.3: Ensure infants born with the assistance of midwives have the opportunity to be screened for hearing loss.	2.3.1: Communicate with midwives via mail or midwifery organization meetings the importance of hearing screening, the availability of services and parent educational materials.	Record contacts and attendance at meetings.	1/10 – 4/10	Project Coordinator, TEHDI Coordinator & Midwifery Associations and Licensure Boards
	2.3.2: Provide hearing screening information to prenatal groups associated with midwifery.	Record contacts.	5/10 – ongoing	Project Coordinator
2.4: Establish a method of counting the number of infants or children who were born to midwives, at military hospitals, or at exempt birthing centers run by midwives, and later recieve audiological services.	2.4.1: Collaborate with BVS and the blood spot programs to investigate methods of sharing information for the purpose of identifying the number of births not reported to TEHDI.	Record meeting results.	1/09 - ongoing	Project Coordinator
	2.4.2: Establish a method for TEHDI to identify patients who are receiving audiological services who were not entered in the TEHDI system during the birthing screening.	Analyze TEHDI data in regard to this issue.	2/10 – 5/10	Project Coordinator, TEHDI Coordinator & TEHDI MIS contractor

Goal Three: *Enhance the capacity of TEHDI to integrate with other data systems related to infant/child health care.*				
3.1: Identify screening, tracking and surveillance programs that identify children with special health care needs.	3.1.1: Contact appropriate program areas.	Record contacts.	8/09 – 10/09	Project Coordinator
	3.1.2: Create discussion groups with appropriate representation including program administration, data processing, and analysis to determine feasible goals for integration of data systems.	Record meeting results.	11/09 – 3/10	Project Coordinator & External Stakeholders
	3.1.3: Develop, implement, and evaluate a pilot program to share data regarding all children identified with special health care needs. .	Document plan and results of the implementation.	4/10 – 12/10	Project Coordinator
3.2: Collaborate with multiple sources including vital records birth defect registry, immunizations, newborn screening to increase data sharing, integration, and linkage. .	3.2.1: Identify internal sources pertinent to data integration with TEHDI.		10/09 – 12/09	Project Coordinator, contracted IT staff,
	3.2.2: Identify external participatory stakeholders to data integration.		1/10 – 3/10	Project Coordinator, NBS Support Group Manager & TEHDI Coordinator
	3.3.3: Evaluate IT protocols for internal stakeholders.		3/10 – 5/10	Project Coordinator
	3.3.4: Evaluate IT protocols of select external stakeholders.		3/10 – 5/10	Project Coordinator
	3.3.5: Prepare analysis of integration capacity.		5/10 – 10/10	Project Coordinator, contracted IT staff

			2/10 – ongoing	Project Coordinator
4.1: Register and train 250 PCP providers to the Physician Access Section of the database.	4.1.1: Staff from Data Management will conduct online training and Project Coordinator will visit select Medical Home Sites.			
4.2: Introduce one or two minor enhancements to the database system toward the overall goal of data integration.	4.2.1: Project Coordinator will work with contractors on this project to identify system enhancements that can be easily implemented.		2/10 – ongoing	TEHDI Support Group Manager & TEHDI Coordinator
4.3: Complete a written evaluation plan and associated evaluation.	4.3.1: Evaluator will prepare written plan after reviewing best practices and the TEHDI MIS**.**		ongoing	TEHDI Staff & CDC EHDI
	4.3.2: Project Coordinator will prepare report for Leadership.		ongoing	Project Coordinator

Note: After careful examination of the PACT system, it has been determined that a more efficient method of managing the program is needed. Therefore, the program and its data will be managed by a contractor. The new program name will be "Hearing Services for Children". Hearing service benefits will not be effected by this change and EHDI will continue to oversee the program and receive reports on a regular basis. The contract will commence by June 15, 2009.