

Attachment 1	Project Work Plan Table					UNHS H61MC0076
Goals	Objectives	Activities	Time frame	By whom	Evaluation	
1. To reduce loss to follow-up/loss to documentation after initial hearing screen refer.	1.1 Increase Hospital performance of entering data into ERAVE	<p>a. The IHP Follow-Up Consultant will give each of the 41 Birthing Hospitals an educational binder with information to assist in screening properly.</p> <p>b. IHP staff monitors the hearing records and communicates with hospitals where data is missing from the infant's record and prompts the respective staff to enter the data.</p> <p>c. Annual Nurse conference provided by the IHP program will provide education on ERAVE and the Infant Hearing Screening process to entering into ERAVE.</p>	<p>6/2015</p> <p>6/2015</p> <p>4/2015</p>	<p>IHP Follow-Up Consultant</p> <p>IHP Follow-Up Consultant & IHP Staff</p> <p>IHP Follow-Up Consultant & IHP Staff</p>	<p>Tracking the data entry after each hospital is visited to see if data is entered correctly and timely.</p> <p>Data graphs to show # of records where information is missing.</p> <p># of Nursery Nurses who attend. Onsite evaluation of the conference by attendees.</p>	
		d. Video conferencing will be used with Hospital staff to answer questions and provide technical assistance on a regular basis.	6/2015	IHP Follow-Up Consultant	# of attendees at each video conference. Track the number of questions asked.	
	1.2 Increase PCP's and Audiology performance of entering correct data into ERAVE	a. New PCP's and Audiology offices will be set up on ERAVE and trained on entering hearing screens and diagnosis	6/2014	IHP IT Coordinator	# of PCP's and Audiology new users.	

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		b. Meet with Arkansas School for Deaf and Arkansas Children's Hospital on follow up screens/Diagnostic information and providing resources to underserved areas of the state.	6/2015	IHP Follow-Up Consultant/IHP Program Manager	MOA's established
		c. Ongoing training provided to current users on ERAVE	6/2015	IHP staff	Monitoring hospital's queues and reports then educating hospital staff on issues identified by IHP.
					Generate each hospital's Annual Report from ERAVE to find the percentage of infants born versus infants screened through ERAVE and educate with each respective hospital.
	1.3 Identify two points of contact for following family after hospital discharge.	a. ERAVE users are continuously educated on assuring the phone numbers and addresses are correct that are entered into data base.	6/2015	IHP Manager & IHP Staff	Data reports to documents that all fields are being completed. Monitor each hospital's data sight and staff will contact hospital to correct the infant's record and educate as to how to collect this data.
	1.4 Increase timely follow up by families for rescreen and/or Diagnostic	a. IHP staff will communicate by letter and telephone calls to contacts and to PCP advising them of need and resources	6/2015	IHP Manager & IHP Staff	ERAVE monthly reports on Infants who failed and Infants Pending Diagnosis and DNT.

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2. Enhance the capacity and continue to develop the ERAVE service system and collaborate with key stakeholders	2.1 Increase partnerships with service providers.	a. Renew MOA with Arkansas School for the Deaf who can provide rescreens/diagnostics in the rural areas of Arkansas.	12/2014	IHP Manager	MOA on file. ASD will provide a quarterly report on number of rescreens/diagnostics performed in rural areas
		b. Find new providers in develop relationships and educate to provide follow-up care on newborns and reporting results in ERAVE	6/2015	IHP Audiologist	Increase the number of stakeholders and providers in rural Arkansas
		c. Engage the Infant Hearing Detection Advisory Board (Stakeholder group) in ways to develop and enhance the overall guidelines for state and all providers for hearing screening direction.	6/2015	IHP Manager	Publish and distribute the new guidelines to all stakeholders and providers
3. Identify and Reduce family challenges in obtaining hearing services.	3.1 Increase education to families on services available.	a. Share resources at all Hands and Voices Events.	6/2015	Parent t Consultant	
		b. Develop a needs assessment to be used at each activity hosted by the Hand and Voices organization	6/15/2014	Parent Consultant and IHP Manager	Information garnered by survey results.

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		c. Work with Early Intervention providers to convey through ERAVE which service the family chooses.	6/2015	IHP Follow-Up Consultant	Generate a report through ERAVE to garner the results of the diagnosed infant's choice of services.
		d. Provide written resource upon inpatient and outpatient discharge to all parents of newborn's who have referred.	6/2015		
	3.2 Conduct Needs Assessment with questions to parents and providers about quality of the IHP program loss to follow up	a. Needs assessment is in progress with University of Arkansas at Little Rock making phone calls with directed questions	1/2015	IHP staff	Needs Assessment results
4. Improve the quality and timeliness in the submission and report of UNHS data	4.1 Assist hospitals with increasing data entry time.	a. Purchasing interface equipment through active bidding process.	6/2015	IHP/ Follow Up /IT Coordinators	Compare data entry from 2013 to 2014 to 2015.
		b. Continuous and ongoing training with ERAVE users on submission of data			