

APPENDIX C -- GEORGIA WORK PLAN MATRIX

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Note: Some activities listed below are being performed under the current CDC EHDI grant award. If Georgia is awarded this new grant, these activities will continue into the new grant period.

Goal 1: To implement the newborn surveillance and tracking module of SendSS with the goal of minimizing the number of infants lost to follow up by monitoring the status and progress of every infant through the EHDI process or through follow-up by the Newborn Screening Program, Children1st, GBDRIS or GLPPP.

Objective 1.1 To deploy the EHDI component of SendSS statewide, including monitoring newborn hearing screening results for all births, audiological diagnosis, medical evaluation, and early intervention services.

Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
Develop SendSS Training materials	Epidemiology Section; Office of Birth Outcomes;	April '08	June '08	Identify and contract technical writer to create user manual; design training materials, including electronic interactive methods.	User Manual and on line training documentation accepted by Epidemiology Section and Office of Birth Outcomes	Final version of SendSS User Manual completed by June 30	SendSS User Manual distributed electronically to all new users.	Consultant; SendSS Development Team; Epidemiology Section Staff.
Hire SendSS Training Support staff	Epidemiology Section; SendSS Development Team;	July 08	Aug 08	Critical hire documentation submitted to DHR Human Resources Office for approval; position description posted; candidates selected and interviewed. New hire approved.	Position description. Candidate Resumes & interviews.	Candidate selected and offered position.	SendSS Training Support staff hired	SendSS Development Team; Epidemiology Section Staff.
SendSS training for district and county staff	SendSS Development Team, Epidemiology Section; Office of Birth Outcomes; district and county staff;	April '08	June 08	Identify and contact staff for SendSS training; Training sessions scheduled and staff attendance documented	All district and county staff are trained to utilize EHDI functionality of SendSS	Increasing number of District and County Health Department staff are trained to use SendSS	All 18 district Children 1 st staff are trained as SendSS trainers who may in turn train other county level users as new users are authorized to access SendSS	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team;
SendSS training for private providers	SendSS Development Team, Epidemiology Section; Office of Birth Outcomes; hospital staff; audiologists	July '08	On-going	Identify and contact staff for SendSS training; Training sessions scheduled and staff attendance documented	All birth hospital nursery staff and audiologists are trained to utilize EHDI functionality of SendSS	Increasing number of hospitals and audiologists trained to use SendSS	Roster of hospitals and audiology clinics with trained staff.	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team; hospitals, audiologists, district health department staff.

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Deploy SendSS EHDI functionality statewide.	SendSS Development Team; Epidemiology Section; Office of Birth Outcomes; training team, hospital staff; district and county staff; audiologists	April '08	On-going	Identify and contact hospitals, district and county health departments and audiology offices for training and provide authorized web-access to SendSS	Increasing number of hearing screens & audiologic diagnoses reported; Increasing number of hospitals, audiologists, district and county staff using SendSS;	Documentation of successful installation completions	Documentation of successful Web access to SendSS software in birthing hospitals, district and county health departments and audiology offices for collection of EHDI data	Epidemiology Section; Office of Birth Outcomes; SendSS Development Team; trainers; travel funds
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Objective 1.2 To deploy the Children 1st component of SendSS statewide, including the risk factor identification, referrals for CSN and other services, family needs assessment, routing monitoring at established intervals, and tracking through early intervention services.

Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
SendSS training for district and county staff	SendSS Development Team, Epidemiology Section; Office of Birth Outcomes; district and county staff;	April '08	June 08	Identify and contact staff for SendSS Children 1 st training; Training sessions scheduled and staff attendance documented	All district, county and staff are trained to utilize Children 1 st functionality of SendSS	Increasing number of District and County Health Department staff are trained to use SendSS	All 18 district Children 1 st staff are trained as SendSS trainers who may in turn train other county level users as new users are authorized to access SendSS.	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team; county & district health department staff.
SendSS training for private providers	SendSS Development Team, Epidemiology Section; Office of Birth Outcomes; hospital staff; pediatric and family health practice clinics	July '08	On-going	Identify and contact staff for SendSS training; Training sessions scheduled and staff attendance documented	All birth hospital nursery staff and select pediatric and family health practice clinic staff are trained to utilize Children 1 st functionality of SendSS	Increasing number of hospitals, pediatric and family health practice clinic staff trained to use SendSS	Roster of hospitals and pediatric/family health practitioner clinics with trained staff.	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team; hospitals, pediatric/ family health practitioner clinics

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Deploy Children 1 st functionality of SendSS software statewide	Epidemiology Section, SendSS Development Team, Office of Birth Outcomes; hospital staff; district and county staff; private providers	April '08	On-going	Identify and contact hospitals, district and county health departments and private providers for training and provide authorized web-access to SendSS Children 1 st functionality	Increasing number of children identified with at risk criteria and monitored by Children 1 st and private providers;	Documentation of successful installations	Documentation of successful Web access to SendSS Children 1 st functionality in all birthing hospitals, district and county health departments and private provider offices	Epidemiology Section; Office of Birth Outcomes; SendSS Development Team; trainers; travel funds
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Objective 1.3 To deploy the NBS components of SendSS statewide, including integration of Genetics Services confirmatory testing and follow up functionality with the Children 1st monitoring and tracking functions.

Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
SendSS Newborn Screening Program training	Epidemiology Section; Office of Birth Outcomes; training team, hospital staff; pediatricians, Genetics Contractors	April '08	On-going	Identify and contact staff for Newborn Screening training; Training sessions scheduled and staff attendance documented	Epidemiology Section and Office of Birth Outcomes staff, genetics contractors, pediatric and family health practice clinics and hospitals are trained to utilize Newborn Screening Program functionality	SendSS Trainers are trained on Newborn Screening Program functionality	Roster of hospitals and pediatric/family health practitioner clinics with trained staff.	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team; hospitals, pediatricians
Deploy Newborn Screening Program functionality of SendSS software statewide	Epidemiology Section; SendSS Development Team; Office of Birth Outcomes; hospital staff; pediatric and family health practice clinics; genetics contractors	April '08	On-going	Identify and contact hospitals, pediatricians and genetics contractors for training and provide authorized web-access to SendSS Newborn Screening functionality;	Increasing number of children identified with sickle cell disease or metabolic defects monitored by Newborn Screening Program and Children 1 st	Increasing number of hospitals and providers, using Newborn Screening Program functionality	Documentation of successful Web access to SendSS Newborn Screening Program functionality in all birthing hospitals, genetics contractors, and other authorized users	Epidemiology Section; Office of Birth Outcomes; SendSS Development Team; hospitals, pediatricians

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Objective 1.4 To develop, test, pilot and implement the GBDRIS component of SendSS, including integrating GBDRIS surveillance with the Children 1 st monitoring and tracking functions to create a seamless web-based system.								
Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
GBDRIS Detailed Design Phase	Epidemiology Section; GBDRIS Subject Matter Expert; SendSS Development Team	July '08	Aug. '08	SendSS Development Team to provide updated project schedule and plans as needed; Weekly Meetings; weekly summary of activities and log of issues for resolution;	Detailed project plan updated	Draft versions of each document for review and validation by SendSS Development Team & Epidemiology Section	Final Design Document.	SendSS Development Team; Epidemiology Section; Office of Birth Outcomes;
Identify pilot hospitals	Office of Birth Outcomes, Epidemiology Section,	July '08	Aug. '08	Using GBDRIS assessment, contact GBDRIS active hospitals.	Identify hospital candidates	Hospitals identified.	Meeting with selected pilot site staff to agree to participate in pilot.	SendSS Development Team; Epidemiology Section; Office of Birth Outcomes;
Identify and document fetal death data items	Vital Records Section	Aug 08	Oct 08	Vital Records Section will document data fields, codes, standards for web-based registry	Standardized mechanism of sharing data via web Methods	Regular meetings and contacts between SendSS Development Team and Vital Records Section; Meeting notes.	Fetal death data dictionary for WebMethods Connectivity	GTA & SendSS Development Team staff; vital records data layout based on NCHS standards
Develop automated input and output processes for vital records to Web Methods	Vital Records Section, SendSS Development Team, GTA, Epidemiology Section	Oct '08	Dec '08	SendSS Development Team will work with Vital Records to develop Web Methods processes;	Weekly meetings; issue log; risk management log.	GTA to develop Web Methods interface connectivity	WebMethods connectivity developed for infant and fetal death vital records data transmission to SendSS established;	Software; hardware; Vital Records Section
Software build & customization, data migration; test	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team	Oct. '08	Dec. '08	SendSS Development Team build GBDRIS functionality and integrate into SendSS software, integrate and migrate all GBDRIS data, perform all testing (system, performance, user)	Weekly Meetings; Documentation of progress, testing evaluation; issue log; risk management processes	GBDRIS functionality accepted by Epidemiology Section	GBDRIS functionality ready for pilot testing; all GBDRIS data converted to SendSS. VEIS web-	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team;

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					maintained		connectors and import procedure tested and functional at accepted level.	
SendSS GBDRIS functionality pilot phase	Epidemiology Section; SendSS Development Team; Office of Birth Outcomes	Dec '08	Jan '09	Establish SendSS GBDRIS user evaluation criteria	Weekly Meetings;	Documentation of criteria as part of pilot test	Evaluation report	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team
Enable web-access to GBDRIS functionality of SendSS software in pilot hospitals and deploy training team	Epidemiology Section; SendSS Development Team; Office of Birth Outcomes; trainers, hospital staff	Dec '08	Jan '09	Enable access to GBDRIS functionality of SendSS software in pilot sites	Weekly Meetings; Software testing in active web environment	Installation, testing begun for test period of 2 months	Hospital staff, training team, review test results, accept or reject software. Documentation of access to SendSS by all pilot sites; issue log maintained.	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team; pilot sites; travel funds
Assess pilot and revise expectations	Epidemiology Section; SendSS Development Team; Office of Birth Outcomes; training team, hospital staff;	Feb '09	Feb '09	Review test results	Documentation of ability of software to meet GBDRIS requirements, data standards results, recommendations, revisions (if needed), etc	Rejection, acceptance, revision of software	Acceptable GBDRIS functionality by all pilot sites	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team; pilot sites
SendSS GBDRIS training	Epidemiology Section; training team, hospital staff;	Mar '09	On-going	Identify and contact staff for GBDRIS training	Update training materials; train the trainers sessions via web scheduled and staff participation documented	Epidemiology Section staff, and select birth hospitals are trained on GBDRIS functionality	Training Manual and on line training documentation updated and accepted	Epidemiology Section, Office of Birth Outcomes; SendSS Development Team; hospitals,

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Deploy GBDRIS functionality of SendSS software statewide	Epidemiology Section; SendSS Development Team; Office of Birth Outcomes; training team, hospital staff	Mar '09	On-going	Identify and contact hospitals for training and provide authorized web-access to GBDRIS functionality	Increasing number of children identified with birth defects monitored by GBDRIS and Children 1st	Increasing number of hospitals, using GBDRIS functionality	Documentation of successful Web access to SendSS GBDRIS functionality in all birthing hospitals, and other authorized users	Epidemiology Section; Office of Birth Outcomes; SendSS Development Team; trainers;
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Objective 1.5 To develop, test, pilot and implement the GLPPP component of SendSS, including integrating GLPPP surveillance with the Children 1st monitoring and tracking functions to create a seamless web-based system.								
Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
SendSS Detailed Design Phase	Epidemiology Section (lead epidemiologist), GLPPP Subject Matter Experts; SendSS Development Team	July '08	Aug. '08	SendSS Development Team to provide updated project schedule and plans as needed; Weekly Meetings; weekly summary of activities and log of issues for resolution;	Detailed SendSS project plan updated	Draft versions of each document for review and validation by SendSS Development Team & Epidemiology Section	Final Design Document.	SendSS Development Team; Epidemiology Section; Office of Birth Outcomes; GLPPP staffs
Identify pilot sites	GLPPP, SendSS Development Team	July '08	Aug. '08	Using GLPPP legacy system, identify and contact laboratories and pediatricians.	Contact List, Identify pilot candidates	Pediatricians and private laboratories identified.	Meeting with selected pilot site staff to verify web based GLPPP involvement, requirements, etc.	SendSS Development Team; Epidemiology Section; GLPPP staff
Develop automated input processes for blood lead laboratory records to SendSS	SendSS Development Team, GLPPP,	Oct '08	Dec '08	SendSS Development Team will develop HL7 import processes; Weekly meetings; issue log; risk management log.	HL7 protocols developed for blood lead laboratory record transmission to SendSS established;	HL7 interfaces	Middleware designed and developed.	Software; hardware;
Software build & customization, data migration;	Epidemiology Section (lead epidemiologist), GLPPP, SendSS	Oct. '08	Dec. '08	SendSS Development Team build GLPPP functionality and integrate into SendSS software, integrate and migrate all GLPPP data,	GLPPP legacy data converted and new module of SendSS NB tested	Documentation of progress, testing evaluation; issue log; risk	GLPPP functionality ready for pilot testing; all GLPPP data	Epidemiology Section, GLPPP; SendSS Development

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test	Development Team			perform all testing (system, performance, user); Weekly Meetings;		management processes maintained; GLPPP functionality accepted by Epidemiology Section	converted to SendSS; HL7 interface tested and functional at accepted level.	Team;
SendSS GLPPP functionality pilot phase	Epidemiology Section; SendSS Development Team; GLPPP	Jan '09	Mar '09	Establish SendSS GLPPP user evaluation criteria; Weekly Meetings;	Identify criteria as part of pilot test	Include evaluation criteria as part of pilot test	Documentation of Evaluation criteria	Epidemiology Section, GLPPP; SendSS Development Team
Enable web-access to GLPPP functionality of SendSS software in pilot sites and deploy training team	Epidemiology Section; SendSS Development Team; GLPPP trainers, pediatricians, private laboratories	Jan '09	Mar '09	Enable access to GLPPP functionality of SendSS software in pilot sites Weekly Meetings;	Software testing in active web environment	Installation, pilot for 2 months	Documentation of access to SendSS by all pilot sites; issue log maintained. Pilot sites review results, accept or reject software.	Epidemiology Section, GLPPP; SendSS Development Team; pilot sites; travel funds
Assess pilot and revise expectations	Epidemiology Section; SendSS Development Team; GLPPP; trainers, pediatricians, private laboratories	Mar '09	Apr '09	Review Pilot results	Capability of software to meet GLPPP requirements & data standards	Rejection, acceptance, revision of software	Documentation of pilot results, recommendations, revisions. Final acceptance of GLPPP functionality by all pilot sites	Epidemiology Section, GLPPP; SendSS Development Team; pilot sites
SendSS GLPPP training	GLPPP; training team, pediatricians	Apr. '09	On-going	Identify and contact staff for GLPPP training; Update training materials; train the trainers sessions via web scheduled and staff participation documented	State GLPPP & District C1st staff, and pediatricians are trained to utilize GLPPP functionality	SendSS Trainers are trained on GLPPP functionality	Training Manual and on line training documentation updated and accepted by SendSS Development Team, Epidemiology Section and GLPPP	Epidemiology Section, GLPPP; SendSS Development Team; pediatricians,

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Deploy GLPPP functionality of SendSS software statewide	Epidemiology Section; SendSS Development Team; GLPPP; trainers; C1st; pediatricians	Apr. '09	On-going	Identify and contact pediatricians for training and provide authorized web-access to SendSS GLPPP functionality	Increasing number of children identified with elevated blood lead levels monitored by GLPPP and Children 1st	Increasing number of pediatricians using GLPPP functionality	Documentation of successful Web access to SendSS GLPPP functionality for all pediatricians, and other authorized users	Epidemiology Section; Office of Birth Outcomes; GLPPP; SendSS Development Team; trainers;
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Goal 2. Achieve high level of system functionality, acceptability, and data integrity through ongoing analysis and quality assurance activities to measure system performance at hospital, district and state level.

Objective 2.1. To evaluate and monitor methods to identify, match, collect, and report standardized unduplicated individual identifiable data on screening results by integrating information across NBS, birth registration, automated hearing screening and SendSS.

Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
Develop and refine matching protocols to assess data linkages	Epidemiology Section	Jan '08	Apr '08 and on-going	Establish mechanism to compare linked birth –newborn screening-hearing screening records on ongoing basis using Netrics and Automatch probabilistic methodology	Evaluate ability to link datasets in real-time. Procedure will be updated as SendSS is implemented	Internal recommendation for implementation of protocol	SAS analytic programs, Report describing Data Linkage protocol	GPHL; Vital Records Section & Epidemiology Section; Netrics software; SendSS data; VEIS and NBS data
Evaluate SendSS -VEIS data linkage methodology (matching and de-duplication)	Epidemiology Section & SendSS Development Team	Jan '08	June 08 and on-going	Design evaluation protocol to assess specificity and sensitivity of Netrics automated matching and de-duplication algorithms for linkage of electronic birth records with newborn screening records and manually entered records in SendSS (using deterministic, probabilistic, and visual matching methodology); SendSS Development Team and Epidemiology Section to review results of evaluation.	Analyze linkage of electronic birth records with newborn screening records in real-time. Monitor error rate of linkage methods through random selection of subset of records for comparative probabilistic matching analysis using Automatch software.	Internal recommendation for improvement to matching protocol. Report describing results and presentation to Advisory Committees	SAS analytic programs; Updated Data Linkage protocol, Monthly report of number and percentage of NBS data and automated hearing screenings imported into SendSS and linked to birth record. Estimated error rate established for data linkage protocol.	Netrics & Automatch; SendSS Development Team; Epidemiology Section;

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Analyze linkages for missing newborn screenings	GPHL, Epidemiology Section, Office of Birth Outcomes	July '08	On-going	Compare birth records obtained through web-based registry to newborn hearing and metabolic screening records using linkage protocol. Follow up by Newborn Screening Program or UNHSI and District Children 1 st staff	Improve efficiency in identification of infants for follow up metabolic, and hearing screenings	Monthly reports and recommendations based on results	Statistical analysis report; line list of infants with no linked hearing or newborn screening results. List of Providers and/or parents of children not screened who are contacted for follow-up.	GPHL; Vital Records Section, Epidemiology Section, Office of Birth Outcomes; Netrics software;
Identify strengths and weaknesses and propose corrections.	Vital Records Section, Epidemiology Section; GPHL; Office of Birth Outcomes	July 08	On-going	Identify strengths and weaknesses in screening and develop mechanisms to improve. Analysis of data quality (duplicates, misnomers, etc).	Improved ability to assess quality of data matching and identify areas for quality improvement.	Monthly reports and recommendations based on results	Written reports of statistical analysis of linkages and screening coverage by hospital. disseminated to hospitals and program directors.	GPHL; Vital Records Section, Epidemiology Section, Office of Birth Outcomes; Task Forces; Hospital review staff; district staff

Objective 2.2. In 2008, review quality assurance benchmarks to identify individual reporting sources not meeting data standards, common reporting problems, and identify hospitals with inadequate screening rates for root cause analysis, education or technical assistance.

Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
Document procedures for obtaining informed consent for SendSS access by private providers and protocol for data sharing.	Epidemiology Section, Office of Birth Outcomes, CMS, BCW, UNHSI, Newborn Screening Program, Children 1 st	Mar 08	On-going	Internal review of HIPAA, Part C IDEA and FERPA regulations regarding parental consent and privacy issues. Obtain feedback from DPH legal Counsel regarding data sharing via web-based SendSS across multiple providers. Revise protocols accordingly.	Establish consistent process for privacy and parental consent for sharing health information on children reported to SendSS , in particular for those children referred into Part C IDEA services through BCW	Meeting minutes, Internal discussions regarding privacy issues and parental consent. Consultation with DHR Legal Staff	Written Protocol describing DPH policy on data sharing across systems and through SendSS.	DPH Legal Counsel, DPH consent forms; Adv. Com.
Develop benchmarks to assess SendSS	Epidemiology Section; Office of Birth Outcomes	July 08	Sep. '08	Assess surveillance benchmarks for GBDRIS & UNHSI, program performance benchmarks for Children 1 st , UNHSI, and the	Standardization of benchmarks	Regular revisions of benchmark documentation for review by Task	Set of Benchmarks documented and approved by Task Forces and	Office of Birth Outcomes, Epidemiology Section, Task

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				Newborn Screening Program and develop comprehensive set for analysis of integrated SendSS		Forces and Advisory Committees.	Advisory Committees; Timeline for assessment developed.	Forces and Adv. Com; documentation from existing surveillance systems and programs
SendSS Q/A Monitoring	Epidemiology Section, Office of Birth Outcomes	July 08	On-going	Develop QC/QA assessment protocols for each functional area in SendSS. Perform internal assessment for QC/QA validation. Develop and distribute surveys to users of system. Identification of educational opportunities based on benchmark analysis. Statistical analysis of SendSS (UNHSI, Children 1 st , Newborn Screening) benchmarks; analysis of survey results; Identification of hospitals, providers, etc in need of education or training.	Establish ongoing monitoring of system. Improved reporting practices and screenings; improved communication by DPH with providers	Monthly review meetings; Data integrity reports; Reports on progress in meeting benchmarks.	Monthly Hospital-based reports & health condition specific reports; Report describing survey results presented to Advisory Committees and Task Forces. Corrective Action Plan for unreported or missing or incomplete NBS and hearing records detected through SendSS	SendSS database; surveys; Advisory Committees and Task Forces. travel funds; output from benchmark analysis; educational materials
Hospital Screening Practices and SendSS Reporting Review	Epidemiology Section, Office of Birth Outcomes	July 08	On-going	Monitor and provide feedback on UNHSI and NBS-related screening activities and Children 1 st reporting practices; Assessment of all birthing center screening practices (hearing, risk factors, metabolic) and reporting via SendSS	Establish ongoing mechanism to assess hospital screening practices and reporting based on EHDI and Newborn Screening protocols	Monthly review meetings; reporting outcomes at Adv. Com. Meetings; routine reports to hospitals.	Training and educational material provided to hospitals and providers. NBS Blood samples are collected and transported in the correct manner. Accurate and complete demographic data are provided on screening forms and through SendSS.	travel; Georgia Hospital Association; hospitals
Time frame	Epidemiology	July	On-	Routinely monitor time frames for	Improved	Monthly review	Monthly reports to	NBS & SendSS

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analysis	Section, Office of Birth Outcomes	08	going	screening and follow up processes through SendSS data analysis and monitoring of the completion of the relevant "To-Do List" activities.	compliance with time frames for newborn screening, diagnosis and treatment of metabolic conditions; Improved timeliness of initial hearing screen reporting, reports of follow up screens within one month of birth and diagnoses of hearing loss by three months of age.	of timeliness of reporting of newborn screenings, diagnosis, treatment and intervention. Targeted outreach to health care providers not meeting time frames for reporting.	hospitals and genetics staff	data
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Goal 3. Assess the health outcomes of children identified with hearing loss, birth defects or metabolic disorders through SendSS.

Objective 3.1: In 2009 and on-going, assess screening coverage rates of infants needing genetic, metabolic, or hearing screening, diagnosis, and intervention or follow-up services, and assess service provision levels and identify missed opportunities for follow up by service type, geographic area and sub-population.

Activity:	Entity Responsible	Date		Process	Outcome(s)	Output(s)	Products/Verification	Resources
		Start	Due					
Coverage Analysis	Epidemiology Section, Office of Birth Outcomes	July 09	On-going	Assess newborn screening coverage by comparing full year of NBS records with birth records and SendSS case reports (building on activities under objectives of Goal 2)	Improved identification of infants needing genetic, metabolic, or hearing loss follow-up and intervention services	Semi-monthly meetings to assess follow up progress	Documentation of children w/o Newborn screening records; Documentation of children w/o hearing screening records;	Netrics; build on activities of Goal 2.
Case reviews	Epidemiology Section, Office of Birth Outcomes, District Program Staff	July 09	On-going	Follow up with providers to determine level of services provided compared with reports obtained through SendSS for infants identified with genetic or	Identification of type of services provided and gaps in service provision.	Monthly review meetings with Epidemiology Section and Office of Birth	Develop Follow up survey for distribution to providers; Report describing	Survey design and distribution; build on activities of Goal 2.

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				metabolic conditions or hearing loss. Obtain & assess records of f/u communications (telephone call log, email or survey form)		Outcomes	percentage of infants receiving follow-up by service type, district, and county.	
Comparison of SendSS data with external data sets	Epidemiology Section, Office of Birth Outcomes,	July 09	Dec 09 and repeat periodically	Compare subset of infants identified with select birth defects (hearing loss, PKU, Neural tube defects) through SendSS with infants identified through MACDP, BCW or Georgia PINES; comparison of services reported and received through each system.	Establish periodic external validation of data; improve data quality; improve identification of infants through SendSS; increase linkage of families and infants to Children 1 st , CSN, Newborn Screening Program, and UNHSI.	Monthly review meetings with Epidemiology Section, Office of Birth Outcomes staff (BCW, CMS, Children 1 st , UNHSI)	Output dataset from SendSS and MACDP, de-identified BCW data and Hospital Discharge data set. Comparison report w/recommendations for strategies to improve case ascertainment, tracking and follow-up by health condition.	MACDP, UNHSI, GBDRIS, BCW; Georgia PINES; Hospital Discharge data files
Comparison of SendSS data in rural versus urban settings.	Epidemiology Section, Office of Birth Outcomes, District Children 1 st and CSN Staff	Jan 10	Jun 10 and repeat periodically	Select two rural and two urban health districts for data analysis. Obtain data sets for specified time period from SendSS for comparison with data set for similar timeframe from two District Clinical Information systems including BCW, CMS and UNHSI program data; Compare services received for infants identified through SendSS with birth defects, metabolic conditions or hearing loss to those received by infants tracked through district clinical information systems.	Identify gaps in reporting and differences in data quality by locality; improve identification of infants through SendSS; increase linkage of families and infants to Children 1 st , CSN, Newborn Screening Program, and UNHSI.	Monthly meetings with Epidemiology Section staff; Regular feedback to district and meetings with district program staff	Comparison report and recommendations for strategies to improve case ascertainment, tracking and follow-up in rural versus urban settings.	Travel funds; District Staff; District output files, including BCW, CSN, CMS and UNHSI

Objective 3.2: In 2010, design and conduct an evaluation study comparing hospital discharges and Medicaid claims with services identified through SendSS

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Study Design for Hospital discharge and Medicaid Claims Data Comparison	Epidemiology Section	Jul 10	Dec 10	Develop study design for Hospital discharge and Medicaid Claims Data Comparison Study	Review by Adv. Committees and Epidemiology Section Chief	Monthly update meetings with Epidemiology Section Staff	Study design for Hospital Discharge and Medicaid Claims Data Comparison Study	DCH, Office of Birth Outcomes, Epidemiology Section; Advisory Committee
Performance of Study	Epidemiology Section	Jan 11	Jun 11	Perform Hospital discharge and Medicaid Claims Data Comparison Study	Guidance by Epidemiology Section Chief	Monthly progress meetings	Final Report and Recommendations from Study	Medicaid Data, Hospital Discharge Data
Feasibility study of adding additional claim sources	Epidemiology Section	Jan 11	Mar 11	Obtain data sharing policies of additional providers; Review of data sources	Expansion of collaboration with providers; enhance utilization of Medicaid Data	Meetings with new providers as needed to obtain data sharing agreements	Requirements for adding additional claims sources to the study	Listing of insurance providers in GA