WORKPLAN

Program Goal: The goal of the program is to support the development of statewide programs and systems of care that ensure that deaf or hard of hearing infants, and young children up to 3 years of age receive appropriate and timely services that include hearing screening, diagnosis, and early intervention (EI) that optimize their language, literacy, and social-emotional development.

AIM/ IMPACT 1: To maintain a 95 percent screening rate of the number of infants that have completed a newborn hearing screen no later than 1 month of age.

Objective/Outcome 1.1: By March 2024, 65% of all newborns who did not pass, or who did not receive their newborn hearing screening, will have a rescreen and/or audiology appointment by one month of age.

Activities	Start Date	Estimated Completion Date	Lead Staff / Partner Support	Outcomes
1.1.1 Send letters with a positive message regarding newborn hearing screening to families that had no record of a hearing screening	4/1/2020	Ongoing Weekly	EHDI Program Coordinator I	Families of newborns who have not been screened will receive a positive message regarding hearing screening
1.1.2 A hospital report card will be created to replace the EHDI practice profiles to better communicate performance benchmarks to birthing facilities. This includes newborns who were missed or did not pass their screen.	8/1/2020		EHDI Program Manager EHDI Program Coordinator I Research Analyst I Database Contractor	Screening performance benchmarks will be clearly communicated quarterly to birthing facilities

AIM/ IMPACT 2: To increase to 38%, the number of infants that have completed a diagnostic audiological evaluation no later than 3 months of age.

Objective/Outcome 2.1 By March 2023, 38% of all newborns who did not pass their newborn hearing screen will have an audiology appointment by three months of age.

2.1.1 Query the EHDI-IS integrated data system for infants who were referred and	4/1/2020	Ongoing	EHDI Program Manager	Data on referred children awaiting diagnosis is available to the EHDI program to track
awaiting a diagnostic assessment			EHDI Program Coordinator I	the timeliness of diagnosis in Alaska
2.1.2 Contact birthing facilities on the status of their follow up efforts, and request updates to be made in the OZ system	4/1/2020	Ongoing	EHDI Program Manager	The OZ database is updated with the screening of children to reduce loss to documentation
2.1.3 Contact audiologists on the status of their exams, and request updates to be made in the OZ system	4/1/2020	Ongoing	EHDI Program Manager	The OZ database is updated with the diagnostic status of children to reduce loss to documentation
2.1.4 For those children who have not received a diagnosis, a fax is sent to the PCP for an update on the status of the child	4/1/2020	Ongoing	EHDI Program Manager EHDI Program Coordinator	Primary Care Providers are engaged in the follow-up process

AIM/ IMPACT 3: To increase to 58%, the number of infants identified to be DHH that are enrolled in Alaska's Early Intervention/Infant Learning (EI/ILP) program services by no later than 6 months of age.

Objective/Outcome 3.1: To identify the three most common barriers to EI/ILP enrollment for DHH infants and their families by March 31st 2024.

Activities	Start Date	Estimated	Lead Staff / Partner	Outcomes
		Completion Date	Support	
3.1.1 Review the data from Center for Human Development (CHD) Parent Survey on parents of children with confirmed hearing loss to assess the barriers or reasons for non-enrollment.		7/1/2020	EHDI Program Manager EHDI Program Coordinator QI Core Team EI/ILP	Meaningful parent data and comments will be available for analysis and to inform QI activities

			CHD	
3.1.2 Query the EHDI-IS integrated data system for infants diagnosed with hearing loss who have not enrolled in EI	8/1/2020	10/1/2020	EHDI Program Manager EHDI Program Coordinator	Regular data reports will be available to inform program follow up activities and Q processes
3.1.3 Develop and conduct PDSA with a cohort of infants diagnosed with hearing loss. Conduct a PDSA cycle test of an evidence based strategy for increasing enrollment by families.	11/1/2020	1/31/2021	EHDI Program Manager EI/ILP	Evidence based improvement strategies on increasing enrollment will be tested with Alaska's Early Intervention program
3.1.4 Evaluate results and identify effective strategies as PDSAs are completed	2/1/2021	4/1/2021	EHDI Program Manager EHDI Program Coordinator	Improvement measures will be tested, and their effectiveness will be evaluated.
3.1.5 Develop and implement a standardized protocol for increasing EI/ILP enrollment that incorporates data and effective strategies from QI measures	7/1/2021	1/1/2022	EHDI Program Manager EI/ILP QI Team	A tested, protocol will be implemented in partnership with EI/ILP that leads to a sustainable increase in the number of infan diagnosed with a hearing loss enrolled in early intervention by 6 months of age.
AIM/ IMPACT 4: To increase by 20 perce than 6 months of age.	ent from base	line the number of	families enrolled in fa	mily-to-family support services by no later
Objective/Outcome 4.1: All parents with a D 2024.	OHH diagnosed	d child will be offere	ed Stone Soup Group (S	SG) parent navigation services by March
Activities	Start Date	Estimated Completion Date	Lead Staff / Partner Support	Outcomes
4.1.1 Assemble a QI Core Group to examine EHDI-IS referral data to SSG and	10/1/2021	11/1/2021	EHDI Program Manager	A data informed review of family support services with partners will lead to a better

Manager

SSG

understanding of this support and inform

improvement activities.

develop a hypothesis as to why families

may decline Parent Navigation services.

			QI Team	
4.1.2 SSG and EHDI, with technical assistance from Family Leadership in Language and Learning Center (FL3), will develop strategies to increase the number of families that receive family-to-family support.	11/1/2021	1/1/2022	EHDI Program Manager SSG FL3	Strategies to increase the use of Family Navigation support services will be identified with TA from family leadership experts and partners.
4.1.3 Develop and conduct a PDSA with Stone Soup to test a strategy that can increase enrollment in Parent Navigation services.	1/1/2022	3/1/2022	EHDI Program Manager SSG	Improvement strategies on increasing enrollment in Parent Navigation support services will be tested with the EHDI Family Support Agency.
4.1.4 SSG and EHDI program will meet quarterly to track progress toward measures and consult on any barriers to success	42020	Ongoing	EHDI Program Manager Unit Manager EHDI Program Coordinator SSG staff SSG Executive Director	Monitor ongoing progress towards goals
4.1.4 Evaluate results and identify effective strategies as PDSAs are completed	2/1/2022	4/1/2022	EHDI Program Manager SSG QI Team	Improvement measures will be tested, and their effectiveness will be evaluated.
4.1.5 Share data from the PDSA with the Advisory Committee and identify next cycle.	5/1/2022	6/1/2022	EHDI PM QI Team	Partners will be informed of family support improvement activities and able to meaningfully participate in further improvements.

Activities	Start Date	Estimated Completion Date	Lead Staff / Partner Support	Outcomes
4.2.1 The Alaska CHD will conduct a Parent Survey of the families of children identified in the "Loss to Follow up category	4/1/2020	4/1/2021	CHD Research Staff EHDI Program Manager Parents of DHH Children	Families of children who are DHH will survey other families to collect relevant and useful parent information
4.2.2 CHD researchers will present the results of the Parent Survey to the EHDI Advisory Committee and other stakeholders groups.	7/1/2020	3/31/2020	CHD Research Staff EHDI Advisory Committee	Stakeholders will have a better understanding of Alaska family barriers to following up on screening referrals
AIM/ IMPACT 5: To increase by 10 perc months of age. Objective/Outcome 5.1 5.1 By March 202 DHH peer support services.				amily support services by no later than 9 9 months old will be offered enrollment in
Activities	Start Date	Estimated Completion Date	Lead Staff / Partner Support	Outcomes
5.1.1 The program will develop honorarium, protocol, and policies for Deaf Navigators or Guides.	4/01/2020	Ongoing	EHDI Program Manager EHDI Program Coordinator SSG	Peer Navigation or Guide services will be developed to further support families
5.1.2 SSG will recruit and train DHH parents or self-advocates who are interested in becoming peer mentors or guides. Guides will be trained using EHDI resources and a	4/01/2020	Ongoing	EHDI Program Manager EHDI Program Coordinator	A cadre of trained and supported EHDI Peer Guides will be available for families and agencies.

CHD for WCFH. Mentors will also have an			CHD	
option of participating in a Family Engagement Training funded by the Preschool Development Grant (PDG 0-5)			SSG	
rieschool Development Grant (rDG 0-5)				
5.1.3 A referral from EHDI will be made to	4/15/2021	Ongoing	EHDI Program	Families will be able to connect with peers
SSG for families of infants diagnosed with			Manager	who have specialized support training and
hearing loss for peer guide services.			EHDI Program Coordinator	specific EHDI experience and knowledge.
			SSG	

AIM/ IMPACT 6: To increase by 10 percent, the number of health professionals and service providers trained on key aspects of the EHDI Program.

Objective/Outcome 6.1: By March 31, 2024, three trainings will be developed and offered to health professionals and service providers on the key aspects of the EHDI Program.

Activities	Start Date	Estimated Completion Date	Lead Staff / Partner Support	Outcomes
6.1.1 The QI Core Team and Family Leaders will meet to identify the key topics and messages and appropriate venues for EHDI specific presentations	6/1/2021	9/30/2021	Family Leaders QI Team EHDI Program Manager EHDI National Technical Resource Center (NTRC)	Stakeholders will identify and assist in the development of EHDI specific trainings for health care providers
6.1.2 Educational presentations will be created specifically for a range of providers; PCP, EI/ILP, audiology clinics, hearing screeners	9/30/2021	11/31/2021	Family Leaders QI team and EHDI Program Manager	Accurate and relevant professional education will be available for professionals that are part of the EHDI process

6.1.3 Parent Leaders who are interested in delivering professional development presentations for EHDI providers and partners will receive technical assistance in creating a personalized presentation.	1/01/2022	06/01/2022	EHDI National Technical Resource Center (NTRC) Family Leaders QI team and EHDI Program Manager	Parents will have an opportunity to engage with and inform the EHDI system of providers on a family's challenges and successes during the process.
6.1.4 Parents, FL3, and EHDI National Technical Resource Center (NTRC) will collaborate to create positive, attractive culturally informed, medically accurate, messages for flyers, posters, websites or social media.	4/1/2020	7/1/2020	FL3 EHDI Program Manager FL3 NTRC Family Leaders	Partners will support the creation of EHDI public positive messaging materials which incorporate culturally appropriate messages
6.1.5 Collaborate with partners to test the effectiveness of the positive messaging materials at community events and other venues as identified by parent leaders.	7/1/2020	5/1/2021	EHDI Program Manager Family Leaders Advisory Committee Alaska Chapter of AG Bell Alaska Chapter of Hands and Voices Start-up	EHDI positive messaging materials on the importance of hearing screening for parents will be communicated to and evaluated by parents in local communities

EHDI LOGIC MODEL- 2019

Program.

Target Population	Assumptions	Inputs	Activities	OUTPUT	OUTCOMES		
All children born in the State of Alaska Families of infants and children	nska emphasizes family support and leadership; quality improvement to	Statewide Partners: Medical Home initiative HRSA 18- 06,9 CYSHCN, Title V, Early Intervention (EI), Early Head Start, UAA- UCEDD, LEND CHD, AAP Chapter Champion	Engage all Partners and Stakeholders in the state to improve outcomes for DHH children	CQI system continues and evolves allowing for quality program evaluation. EHDI program able to address identified gaps in	1 To maintain a 95 percent screening rate the number of infants that completed a newborn hearing screen no later than 1 month of age through March 2023.		
receive hearing screening Families of infants and	centered care within a medical home; collaboration; and ongoing learning	Financial: Federal, MCHB Program Officer Technical Assistance- HRSA- 20-051 FL3 Center ,HRSA 20- 048 EHDI NTRC, National Resource Center for Patient/Family-Centered Medical Home (NRC- PFCMH) Community Partners: EHDI Advisory Committee, Quality Improvement core team, Family Leaders, Birthing facilities, Audiologists, Stone Soup Group (Parent to Parent Support Center), AG Bell Alaska Chapter, Hands and Voices Start- up Chapter, Sertoma, Alaska Tribal Health, Norton Sound Health Corporation, Military	change and follow-up through quality improvement processes; Implement successful follow up procedures	Program evaluation and data drives implementation and policy	2. Increase to 44% the number of infants that completed a diagnostic audiological evaluation no later than 3 months of age		
children who refer from their hearing screening	External factors: State and local political and budgetary climate; Adequate funding; Workforce capacity;		Continue monitoring and follow-up through statewide newborn screening, diagnosis, family support, and El engagement using the	Knowledge gained in CQI and best practice informs practice Family Support service agency develops system of	3 . To increase to 40% the number of infants identified to be DHH that are enrolled in El services no later than 6 months of age.		
Families of infants, and children who receive a diagnosis of hearing loss	Cultural awareness; Transportation; and technology		Improvement core team, Family Leaders, Birthing facilities, Audiologists, Stone Soup Group (Parent to Parent Support Center), AG Bell Alaska Chapter, Hands	Family Leaders, Birthing facilities, Audiologists, Stone Soup Group (Parent to Parent Support Center), AG Bell Alaska Chapter, Hands	online statewide EHDI-IS (OZ Systems) Outreach and education strengthens cross-agency and program partnerships	referrals and resources for family mentors, DHH mentors Family Support service agency delivers culturally	4 Increase by 20 percent from baseline the number of families enrolled in family-to-family support services by no later than 6
			Disseminate quality improvement changes and EHDI 1,3,6 goals to stakeholders	appropriate services Tele-audiology practice capacity maintained or enhanced	months of age. 5 Increase by 10 percent the number of families enrolled in DHH adult-to- family support services by		
		Manager, EHDI Program Coordinator, MCH-EPI Unit		Children with a diagnosis of DHH will have access to and utilize a medical home and El services	no later than 9 months of age. 6 To increase by 10 percent		
identified through new	ms and systems of care t born and infant hearing ons that optimize their la	Strengthen public, provider awareness of services and programs	the number of health professionals and service providers trained on key aspects of the EHDI				

development.