

Attachment 1 - Nevada EHDI Work Plan

<p>Goal 1: The Nevada EHDI Program will have a complete data tracking system which allows for accurate and timely data collection as well as analysis for CDC survey and internal follow-up purposes</p>				
<p>Objective 1: By March 2015, the Nevada EHDI Program will have a .5 FTE Data Analyst</p>				
Activities and Changes to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
<p>Obtain a .5 FTE Data Analyst in conjunction with the Nevada Office of Public Health Informatics and Epidemiology (OPHIE)</p>	<ul style="list-style-type: none"> Program Manager EHDI Coordinator OPHIE Program Manager 	<ul style="list-style-type: none"> December 2015 	<ul style="list-style-type: none"> Job description for data analyst position Position advertized 	<ul style="list-style-type: none"> Data Analyst hired, trained and functioning to program and run routine data reports as needed for on-going tracking and follow-up of babes for grant requirements and program QI. Dedicated data analyst will increase the quantity and quality of data tracking and reporting abilities
<p>Objective 2: By August 2015, the Nevada Web Enabled Vital Records Registry System (WEVRRS) Hearing Module will be modified to allow running of monthly reports of babies in need of follow-up</p>				
Activities and Changes to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
<p>Review follow-up lists currently pulled from separate follow-up database. Update and revise data fields needed in audiology and EI follow-up reports</p>	<ul style="list-style-type: none"> Program Manager EHDI Coordinator Follow-up Coordinator GBYS Coordinator 	<ul style="list-style-type: none"> March 2015 	<ul style="list-style-type: none"> List of data fields needed per report 	<ul style="list-style-type: none"> List of data fields needed for grants, QI processes, and follow-up purposes. Data to be pulled from WEVRRS and program database, along with other sources
<p>Meet with Office of Public</p>	<ul style="list-style-type: none"> Program Manager 	<ul style="list-style-type: none"> March 2015 	<ul style="list-style-type: none"> Meeting agenda and 	<ul style="list-style-type: none"> The steps and timeframe for

Heath Informatics & Epidemiology (OPHIE) to review program needs and establish steps and time frame for completion	<ul style="list-style-type: none"> • EHDI Coordinator • Data Analyst 		notes	build reports will be established
Build or modify follow-up and QI reports from the WEVRRS Hearing Module data	<ul style="list-style-type: none"> • Data Analyst 	<ul style="list-style-type: none"> • August 2015 		<ul style="list-style-type: none"> • Reports are built and able to be pulled manually
Automate pulling of reports	<ul style="list-style-type: none"> • Data Analyst 	<ul style="list-style-type: none"> • March 2016 	<ul style="list-style-type: none"> • Predetermined schedule is made outlining which reports are to be pulled and their run dates 	<ul style="list-style-type: none"> • Reports of babies needing audiology, EI and GBYS follow-up are automatically generated on a set schedule and provided to Follow-up Coordinator. These reports will allow for rapid contact with parents to encourage and increase follow-up.
Objective 3: By August 2016, The number of babies who do not pass the hearing screen that have a primary care provider on record will increase from 60% to 80%				
Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
<p>Confirm accuracy of PCP names currently provided by one Pediatrix hospital through:</p> <ul style="list-style-type: none"> • Contact Pediatrix Data Office • Contact PCP • Contact screening coordinator 	<ul style="list-style-type: none"> • Administrative Assistant • Data Analyst • Guide By Your Side Coordinator • Follow-up Coordinator 	<ul style="list-style-type: none"> • March 2015 	<ul style="list-style-type: none"> • Monthly Pediatrix List of Referred Babies and their PCP • Run chart of % accuracy of PCP names provided 	<ul style="list-style-type: none"> • Most reliable source to identify the PCP will be determined • Develop PDSA to identify and test ways to access name of PCP from the accurate source • Knowledge of the

<ul style="list-style-type: none"> Contact parent <p>As needed; meet with Pediatrix Screening and data staff to develop and implement strategies to improve PCP accuracy</p>				<p>correct PCP will be determined rather than the attending physician.</p> <ul style="list-style-type: none"> Spread test to second Pediatrix hospital, and to a small rural hospital, etc
<p>Identify one Pediatrix hospital. Meet with hospital screening coordinator and data reporter to identify and implement strategies to increase number of PCPs reported by the hospital.</p>	<ul style="list-style-type: none"> Data Analyst EHDI Coordinator Follow-up Coordinator 	<ul style="list-style-type: none"> August 2015 	<ul style="list-style-type: none"> Monthly Pediatrix list of referred babies with PCP Run chart of % of did-not-pass babies with name of PCP PDSA Worksheet 	<ul style="list-style-type: none"> An increased total percent of babies with name of PCP on record. EHDI program will contact more PCPs which will improve audiology follow up
<p>Identify a second Pediatrix hospital to train staff on demonstrated strategies to obtain and provide name of PCP</p>	<ul style="list-style-type: none"> Data Analyst EHDI Coordinator Follow-up Coordinator 	<ul style="list-style-type: none"> March 2016 	<ul style="list-style-type: none"> Monthly Pediatrix list of Referred Babies with PCP Run chart of % of did-not-pass babies with name of PCP 	<ul style="list-style-type: none"> If successful, spread training to additional Pediatrix hospitals, and then to small rural hospitals, etc
<p>Objective 4: By August 2017, the number of babies who do not pass the hearing screen that have a second point of contact on record will increase from 8% to 80%</p>				
Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
<p>Select one Pediatrix hospital to meet with screening coordinator and data reporter to identify and test strategies to increase number of babies with a second point of contact</p>	<ul style="list-style-type: none"> Data Analyst Follow-up Coordinator 	<ul style="list-style-type: none"> August 2015 and ongoing 	<ul style="list-style-type: none"> Monthly Pediatrix list of Referred Babies with second point of contact Run chart of % of did-not-pass babies with second point of contact PDSA Worksheet 	<ul style="list-style-type: none"> With additional contact points for each family, a improved opportunity to reach families and encourage and refer them for appropriate follow-up is realized

reported.				<ul style="list-style-type: none"> • If successful, spread test to second Pediatrix hospital, and then to small rural hospital, etc
PDSA will be developed to test other non-hospital sources for second point of contact, i.e. by cross checking records with metabolic screens, Medicaid, etc	<ul style="list-style-type: none"> • EHDI Coordinator • Administrative Assistant 	<ul style="list-style-type: none"> • March 2016 	<ul style="list-style-type: none"> • PDSA Worksheet 	<ul style="list-style-type: none"> • Two PDSAs will be planned
Carry out PDSA tests identified in the above activity for a predetermined number of babies	<ul style="list-style-type: none"> • EHDI Coordinator • Administrative Assistant 	<ul style="list-style-type: none"> • August 2016 and ongoing 	<ul style="list-style-type: none"> • Number of second points of contact needed vs. obtained from each source 	<ul style="list-style-type: none"> • Knowledge will be gained if these two non-hospital sources are helpful for obtaining second point of contact. If successful, expand to include more babies without second contact. • If not successful, develop PDSAs to test any remaining sources for second point of contact

Goal 2: Enhance Quality Improvement (QI) throughout the Nevada EHDI System

Objective 1: By August 2016, expand membership of EHDI Stakeholder Team beyond our current group consisting of EHDI Program staff, AAP chapter champion, early intervention provider, pediatric audiologist, and parents from AG Bell and NV Hands & Voices to represent all levels of screening, diagnostic, and early intervention.

Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
<p>Increase variety and number of members by inviting targeted individuals representing: urban and rural hospitals, screening staff, home births, Early Head Start, PCP, and ENT</p> <ul style="list-style-type: none"> Identify additional gaps in membership and recruit as needed 	<ul style="list-style-type: none"> Program Manager EHDI Coordinator 	<ul style="list-style-type: none"> August 2015 and ongoing 	<ul style="list-style-type: none"> Compile a list all EHDI program components and roles. From this list determine which individuals or entities would best represent that program component. Receipt of a Letter of Intent to Participate from each proposed member 	<ul style="list-style-type: none"> A team of stakeholders that represent all levels of screening, diagnosis and intervention as well as medical providers and family support services is compiled Diversity enhances the advisement abilities of the team and increases the opportunity for and success of improvement PDSAs in each aspect of EHDI.
<p>Hold quarterly Stakeholder Team meetings</p>	<ul style="list-style-type: none"> Program Manager EHDI Coordinator Administrative Assistant 	<ul style="list-style-type: none"> August 2015 and ongoing 	<ul style="list-style-type: none"> Agenda Meeting schedule Meeting minutes 	<ul style="list-style-type: none"> Quarterly meetings will facilitate NV EHDI staying on task in progress toward goals
<p>Review and revise aim statement and strategic plan</p>	<ul style="list-style-type: none"> Program Manager EHDI Coordinator 	<ul style="list-style-type: none"> August 2015 and ongoing 	<ul style="list-style-type: none"> Revised Aim Statement Revised Strategic Plan 	<ul style="list-style-type: none"> Aim statement and strategic plan will reflect federal grant recommendations and state specific goals to help ensure continued their buy-in and participation from partners and stakeholders
<p>Objective 2: Beginning August 2015, Quality Improvement methodology will become a consistent driving force in the NV EHDI Program and our association with partners and stakeholders</p>				

Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
NV EHDI QI Team will meet monthly to develop, carry out, and review PDSA cycles	<ul style="list-style-type: none"> Program Manager EHDI Coordinator Follow-up Coordinator Data Coordinator GBYS Coordinator 	<ul style="list-style-type: none"> August 2015 Monthly 	<ul style="list-style-type: none"> Meeting agenda Meeting minutes PDSA worksheets PDSA logs 	<ul style="list-style-type: none"> Monthly meetings will facilitate consistent QI efforts and progressing toward established goals
NV EHDI will use the PDSA cycle in QI strategies	<ul style="list-style-type: none"> Program Manager EHDI Coordinator Follow-up Coordinator 	<ul style="list-style-type: none"> August 2015 Monthly 	<ul style="list-style-type: none"> Meeting agenda Meeting minutes PDSA worksheets PDSA logs 	<ul style="list-style-type: none"> Monthly QI Team meetings will demonstrate the use of the PDSA cycle

<p>Goal 3: 90% of infants who do not pass the final hearing screen will receive diagnostic audiology by three months of age and have those results on record with the NV EHDI Program</p> <p>Objective 1: By March 2015, The EHDI Program will have a dedicated .5 FTE infant Follow-up Coordinator</p>				
Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
The job title and duties of the current infant Data and Follow-up Coordinator will be modified to include just Infant Follow-up Coordinator responsibilities. Duties will be shifted away from data collection and monitoring to focus only on follow-up activities	<ul style="list-style-type: none"> Program Manager EHDI Coordinator 	<ul style="list-style-type: none"> March 2015 The timing and success of this change is linked to Goal 1, Obj. 1: Data Analyst 	<ul style="list-style-type: none"> A .5 FTE Data Analyst position must be in place prior to implementation of this activity Job title and description will formally change to Infant Follow-up Coordinator 	<ul style="list-style-type: none"> The EHDI Program will have a dedicated .5 FTE follow-up coordinator Additional staff time dedicated to follow-up activities will result in a drop in LTF/LTD

Objective 2: By August 2017, Loss to follow-up will decrease from 51% to 20% by building links between parents and providers				
Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
A test hospital will be provided one-page list of pediatric audiologists (based on EHDI-PALS filtering of 0-5 months of age) and the 1-3-6 guidelines. The hospital will give this list to the PCP of each baby that does not pass the final screen. This activity will take place for a pre-determined number of babies or a specific period of time	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator • Hospital Screening Stakeholder • AAP Chapter Champion 	<ul style="list-style-type: none"> • March 2015 and ongoing 	<ul style="list-style-type: none"> • Baseline audiology follow-up rate from this hospital • Names of babies whose PCP received the audiology list • Compare follow-up rate of babies whose PCP got the list to the baseline 	<ul style="list-style-type: none"> • Increase in audiology follow-up for babies whose PCP received the list of audiologists • Expect the age at audiology follow-up for these babies will be younger than 3 months • If successful, activity will be continued and spread to two similar hospitals, then expand in a rural hospital, etc
The EHDI Program will send notification of a baby's did-not-pass screen result along with the list of pediatric audiologists to two test PCPs for a pre-determined number of babies or period of time	<ul style="list-style-type: none"> • EHDI Coordinator • Data Analyst • Follow-up Coordinator • AAP Chapter Champion 	<ul style="list-style-type: none"> • August 2015 and ongoing • Timing and success of this change is linked to successful completion of Goal 1, Objective 2: Name of PCP on Record. 	<ul style="list-style-type: none"> • Notification letter and pediatric audiology/1-3-6 list • Baseline audiology follow-up rate for these PCPs • Compare follow-up rates of test babies to the baseline 	<ul style="list-style-type: none"> • Knowledge if increased audiology follow-up occurred for babies whose PCP received the notification and list of audiologists • Expect to see a higher percentage at audiology younger than 3 months for this test group • If successful, activity will continue with this PCP and test will spread to two additional PCP's, etc
Laminated poster size pediatric audiologist list with	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator 	<ul style="list-style-type: none"> • March 2016 	<ul style="list-style-type: none"> • List of hospitals who have/have not received 	<ul style="list-style-type: none"> • 1-3-6 guidelines and pediatric audiology list will be posted

1-3-6 guidelines will be distributed in person to all well baby nurseries and NICUs	<ul style="list-style-type: none"> • AAP Chapter Champion 		poster	<p>in all birthing hospital nurseries.</p> <ul style="list-style-type: none"> • Accessible Guidelines/pediatric audiologists list are expected to help nurses, screeners and PCPs to make timely and appropriate referrals
Laminated poster size pediatric audiologist list with 1-3-6 guidelines will be distributed in person to key PCPs and ENTs	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator • AAP Chapter Champion 	<ul style="list-style-type: none"> • March 2016 	<ul style="list-style-type: none"> • List of PCPs and ENTs who have/have not received poster 	<ul style="list-style-type: none"> • 1-3-6 guidelines and pediatric audiology list will be posted in key PCPs and ENTs offices • Accessible Guidelines/pediatric audiologists list are expected to help nurses, screeners, PCPs, and ENTs to make timely and appropriate referrals
Based on successful tests conducted over the past year, NV EHDI will adopt statewide that families with a baby that does not pass the hearing screen will receive a notification of the screen results, the NCHAM roadmap, and a list of local pediatric audiologists	<ul style="list-style-type: none"> • Data Analyst • Administrative Assistant • Follow-up Coordinator 	<ul style="list-style-type: none"> • March 2015 and ongoing 	<ul style="list-style-type: none"> • List of babies who were referred on final screen • List to be pulled every two weeks 	<ul style="list-style-type: none"> • All families will be notified of babies did-not-pass status and provided resources for follow-up • By knowing where and when to go for follow-up, rates are expected to improve
Families of three month old babies that are lost to audiology follow-up will be called to encourage follow-up. EHDI will also recommend an	<ul style="list-style-type: none"> • Data Analyst • Follow-up Coordinator • GBYS Coordinator 	<ul style="list-style-type: none"> • March 15 • Timing and success of this change is linked to 	<ul style="list-style-type: none"> • A list of three month old babies that are lost to audio follow-up pulled every 2-4 weeks. • Number of babies 	<ul style="list-style-type: none"> • Expectation to see the loss to follow-up rate for these babies decrease prior to 6 months of age. • A list of reported barriers that

audiologist from the pediatric list.		successful completion of Goal 1, Obj 3: Second Point of Contact	contacted by GBYS Coordinator <ul style="list-style-type: none"> • Anecdotal info on why baby was lacking follow-up • Percent of contacted babies that have audiology records by 6 months of age 	inhibit or prevent timely audiology follow-up will be available <ul style="list-style-type: none"> • Identity of babies that are actually lost to documentation, not follow-up will be known • A list of offices to contact to obtain records and provide training on documentation will be created
Objective 3: By August 2017, Hospitals will schedule an audiology appointment for 80% of babies who do not pass the final hearing screen				
Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
Survey 18 birthing hospitals to identify their current practices regarding scheduling audiology appointments prior to discharge	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator • Administrative Assistant • Hospital Screening Stakeholder 	<ul style="list-style-type: none"> • March 2015 	<ul style="list-style-type: none"> • Survey and compiled results • Information obtained will be used to start draft of a training module 	<ul style="list-style-type: none"> • Draft training module to assist hospitals that are not scheduling audiology appointments
Meet with hospital that has some success with scheduling audio appointments, AAP Chapter Champion, and PCP stakeholder and/or community PCP to discuss audio scheduling from all viewpoints	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator • Administrative Assistant • GBYS Coordinator • Hospital Screening Stakeholder • PCP Stakeholder 	<ul style="list-style-type: none"> • August 2015 	<ul style="list-style-type: none"> • Meeting agenda and notes • Information obtained will be added to draft of a training module • List of Q&As 	<ul style="list-style-type: none"> • Final version of training module and materials that will be used to assist hospitals that are not scheduling audiology appointments
Test hospital will be trained to schedule audiology appointment prior to	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator • Hospital Screening 	<ul style="list-style-type: none"> • August 2015 and ongoing 	<ul style="list-style-type: none"> • Baseline audiology follow-up rate from this hospital 	<ul style="list-style-type: none"> • Expect to see increased audiology follow-up rate due to family being more likely to

discharge for a pre-determined number of babies or period of time	Stakeholder		<ul style="list-style-type: none"> List of babies that were scheduled. Compare follow-up rate of babies scheduled to baseline 	<p>attend appointment if it is already scheduled.</p> <ul style="list-style-type: none"> If successful, activity will continue at this hospital and spread test to another hospital, etc
One audiology office will test scheduling of appointments two weeks apart	<ul style="list-style-type: none"> EHDI Coordinator Follow-up Coordinator Audiology Stakeholder 	<ul style="list-style-type: none"> August 2016 and ongoing 	<ul style="list-style-type: none"> Run chart of age-at-diagnosis for babies from this office pre and post test 	<ul style="list-style-type: none"> Expect to see the age of diagnosis decrease for babies from this office If successful, activity will continue at this office and spread to another office, etc
Objective 4: By August 2017, Loss to documentation will decrease from 51% to 20% as a result of improving record sharing between PCPs, audiologists, and the EHDI program				
Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
The EHDI Program will contact two audiology offices to request records of undocumented hearing tests determined through parent phone calls	<ul style="list-style-type: none"> Data Analyst Administrative Assistant Follow-up Coordinator 	<ul style="list-style-type: none"> August 2015 and ongoing 	<ul style="list-style-type: none"> List of hearing test records not documented with EHDI from info obtained from parent phone calls on LTF/LTD babies 	<ul style="list-style-type: none"> LTF/LTD will decrease do to EHDI obtaining additional records Offices in need of training on how to report hearing test results to EHDI Program will be identified
Two interested PCP offices will be selected to test a fax-back form to report in-office OAE rescreens	<ul style="list-style-type: none"> Data Analyst EHDI Coordinator Follow-up Coordinator AAP Chapter Champion PCP Stakeholder 	August 2015 and ongoing	<ul style="list-style-type: none"> List of PCP offices currently providing OAE rescreens List of did-not-pass babies assigned to these PCPs 	<ul style="list-style-type: none"> EHDI will begin receiving OAE results from PCPs Improved documentation of passed OAE rescreens by PCPs will reduce overall number of babies in need of audiology, effectively reducing the LTF/LTD rate If test is successful, activity

				will spread to new PCPs
Identify two audiology offices with high numbers of undocumented audiology reports to receive training on using the audiology fax-back form to report hearing test results to the EHDI Program	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator 	<ul style="list-style-type: none"> • March 2016 and ongoing 	<ul style="list-style-type: none"> • List of hearing test records not documented with EHDI from information obtained from parent phone calls on LTF/LTD babies • Audiology Fax back reporting form developed 	<ul style="list-style-type: none"> • With successful training, additional audiology reports will be received, leading to a decrease in LTF/LTD • If successful, activity will spread by identifying and training two additional audiology offices
Objective 5: By March 2016, 90% of EHDI program's parent contact phone calls and parent educational materials will be available in both English and Spanish				
Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
Nevada Hands & Voices GBYS Program will interview and hire a Spanish Parent Guide	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator • GBYS Coordinator 	<ul style="list-style-type: none"> • March 2015 	<ul style="list-style-type: none"> • Advertise for applicants • Interview applicants 	<ul style="list-style-type: none"> • Nevada Hands & Voices will have a bilingual (English-Spanish) GBYS Parent Guide to help with audiology follow-up phone calls and parent guide services • Use of a Spanish guide will help reach an under-served population. • If successful, other languages used within our state that might be appropriate for spread will be considered
Parent educational materials, letters, and roadmaps will be translated into Spanish	<ul style="list-style-type: none"> • EHDI Coordinator • Follow-up Coordinator • GBYS Coordinator 	<ul style="list-style-type: none"> • March 2016 	<ul style="list-style-type: none"> • Determine documents which need translation 	<ul style="list-style-type: none"> • Parent materials and letters will be in both English and Spanish which is expected to

	<ul style="list-style-type: none"> Spanish GBYS Parent Guide 			<p>help reduce loss to follow-up among Spanish speaking parents</p> <ul style="list-style-type: none"> If successful, other languages used within our state that might be appropriate for spread will be considered
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Objective 6: By August 2017, 75% of birthing hospitals will make available to families the video “Loss & Found – What to do if your baby didn’t pass the newborn hearing screening” developed by National Hands & Voices (or similar product)

Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
<p>The Nevada EHDI Program will collaborate with National Hands & Voices and the AAP to get the “Loss & Found” video distributed to and utilized by birthing hospitals</p> <ul style="list-style-type: none"> Purchased rights to the video with the Nevada contact information added by National Hands & Voices has already been obtained An interested test hospital will be identified and a meeting set up to discuss testing of the video 	<ul style="list-style-type: none"> Program Coordinator EHDI Coordinator NV Hands & Voices GBYS Coordinator National Hands & Voices AAP Chapter Champion Hospital Screening Stakeholder 	<ul style="list-style-type: none"> August 2015 and ongoing 	<ul style="list-style-type: none"> Multiple copies of the video with the Nevada contact information added by National Hands & Voices are already obtained 	<ul style="list-style-type: none"> An EHDI and H&V jointly developed plan is in place regarding testing and spreading of this video Test hospital will receive the video

Goal 4: 90% of babies with permanent hearing loss will be enrolled in early intervention by six months of age by building links and improving communication between stakeholders

Objective 1: By August 2017, for those babies enrolled in EI, the percent enrolled by six months will increase from 82% to 90%.

Activities and Change to Test	Program Staff or Stakeholder Responsible	Timeframe for Assessing Progress	Evaluation Data to Collect / Process Measures	Outcome Measures / How to Spread this Improvement
<p>Families of babies with confirmed permanent hearing loss will be mailed a packet of resources which includes the “Beginnings” booklet and information about Nevada Hands & Voices Guide By Your Side Program</p>	<ul style="list-style-type: none"> • Data Analyst • Follow-up Coordinator • GBYS Coordinator 	<ul style="list-style-type: none"> • March 2015 and ongoing 	<ul style="list-style-type: none"> • List of babies with confirmed hearing loss pulled every 2-4 weeks • Number families mailed a packet • Percent of families that return Guide By Your Side Release of Information form • Run charts of percent and age of babies enrolled in early intervention to compare before and after this activity 	<ul style="list-style-type: none"> • Received and signed Guide By Your Side Release of Information forms • Expect to see the EI enrollment rate increase • Expect to see EI enrollment by 6 months of age increase
<p>Families of babies with confirmed permanent hearing loss will be called to discuss the resource packet (mentioned above) and the NV Hands & Voices Guide By Your Side Program</p>	<ul style="list-style-type: none"> • Data Analyst • Follow-up Coordinator • GBYS Coordinator 	<ul style="list-style-type: none"> • March 2015 and ongoing 	<ul style="list-style-type: none"> • List of babies with confirmed hearing loss pulled every 2-4 weeks • Number families mailed a packet • Percent of families that return Guide By Your Side Release of Information form • Run charts of percent and age of babies enrolled in early intervention to compare before and after this 	<ul style="list-style-type: none"> • Received and signed Guide By Your Side Release of Information forms • Expect to see the EI enrollment rate increase • Expect to see EI enrollment by 6 months of age increase

			activity	
Families of babies with hearing loss who have not enrolled in EI by six months will be contacted by phone to identify reasons for non-enrollment and to encourage enrollment	<ul style="list-style-type: none"> • Data Analyst • Follow-up Coordinator • GBYS Coordinator 	<ul style="list-style-type: none"> • March 2016 and ongoing 	<ul style="list-style-type: none"> • List of babies not enrolled in EI by 6 months of age • List of questions to ask parents • Local EI contacts for each region 	<ul style="list-style-type: none"> • Obtain a better understanding of the barriers, reasons, or trends for non-enrollment in order to develop an appropriate PDSA to increase enrollment • Expect this additional contact with families will also increase enrollment in EI