



# Findings from the Washington State EHDDI Program's Electronic Linkage with Part C Services



Debra Lochner Doyle MS, LCGC, Karin Neidt MPH, Marcie Rider AuD, Julie Walker MPH

## Introduction

In 2014, the Early Hearing Detection, Diagnosis, and Intervention (EHDDI) program created an electronic linkage from the EHDDI Information System (EHDDI-IS) to the Early Support for Infants and Toddlers (ESIT) Program's Data Management System (DMS). The linkage allows:

1. Audiologists and EHDDI staff to enter electronic early intervention (EI) referrals that are sent directly to the ESIT Family Resources Coordinator (FRC) in the county where the family lives; and
2. The electronic transfer of a child's individualized family services plan (IFSP) date and services received to EHDDI-IS when an FRC selects "Deaf", "Hearing Loss" or "Deaf/Blind" under the Medical Diagnosis section in DMS.

This poster describes our findings since the implementation of the EHDDI-ESIT electronic data exchange, strategies we have implemented to improve the exchange, and protocol changes we have made to help ensure infants receive timely EI services.

## Process Assessment

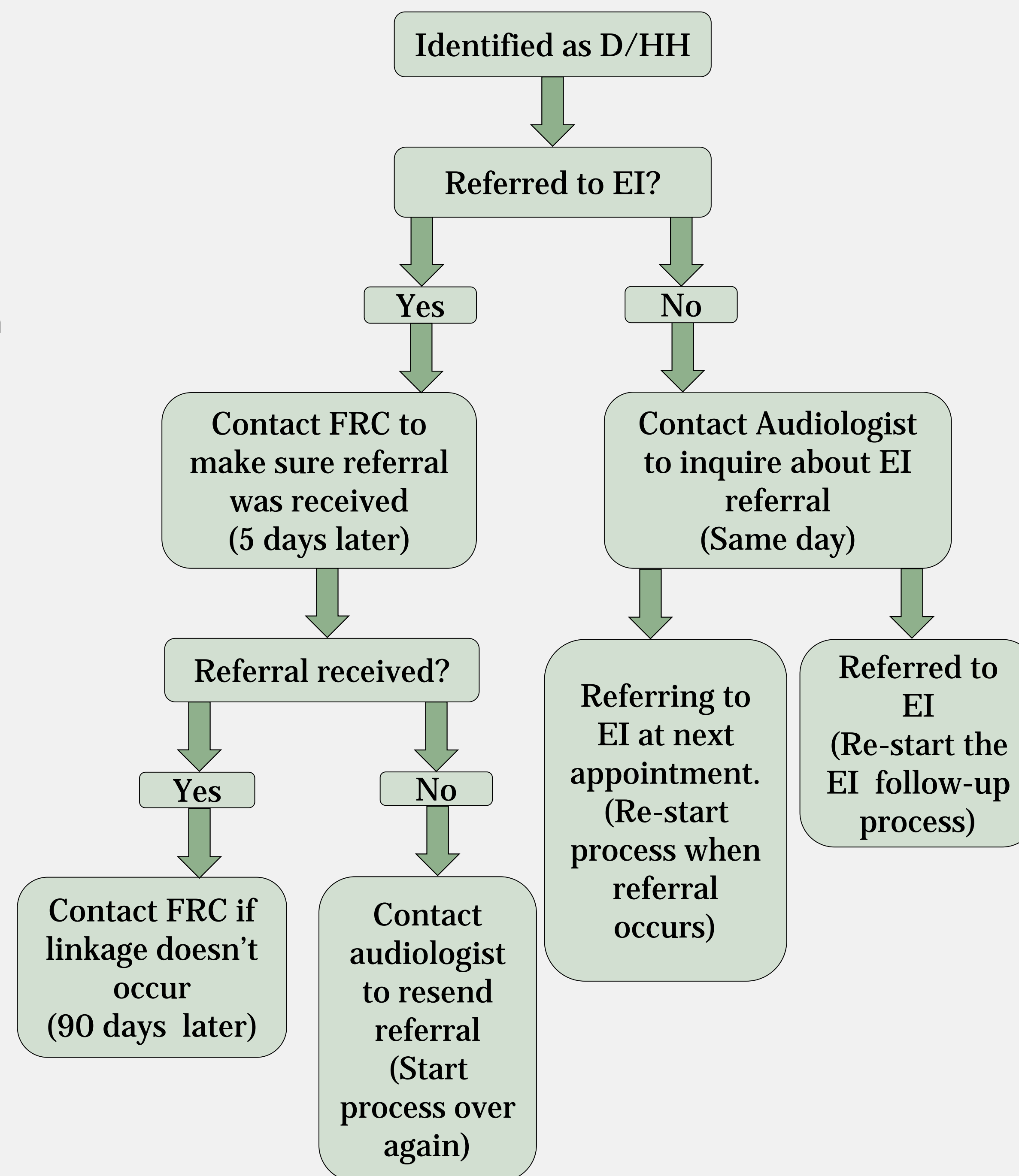
After using the EHDDI-ESIT data exchange for one year, the EHDDI program found that many infants identified as deaf or hard of hearing (D/HH) in EHDDI-IS were not linked with ESIT records. Working with the ESIT program, we identified three issues:

1. FRCs were not correctly entering a diagnosis of hearing loss into DMS.
2. FRCs were not notified when an electronic ESIT referral was entered in EHDDI-IS.
3. FRCs were not updating the Medical Diagnosis section for infants who were receiving EI services prior to being identified as D/HH.

The EHDDI Program:

- Created a quick instruction guide on how to properly enter a diagnosis of D/HH into DMS.
- Emailed the guide to FRCs along with EI enrollment statistics for children who are D/HH in their county.
- Used feedback from FRCs to make internal process changes in regards to EI follow-up.
- Created new protocols ensuring EI referrals were appropriately placed and received by FRCs.

## New Process



## Results

The results of our process change was an increase in the number of infants identified as D/HH enrolled in EI services. We also gained a better understanding of why infants were not enrolled in EI services (e.g. infant was medically fragile, family moved, or declined EI services).

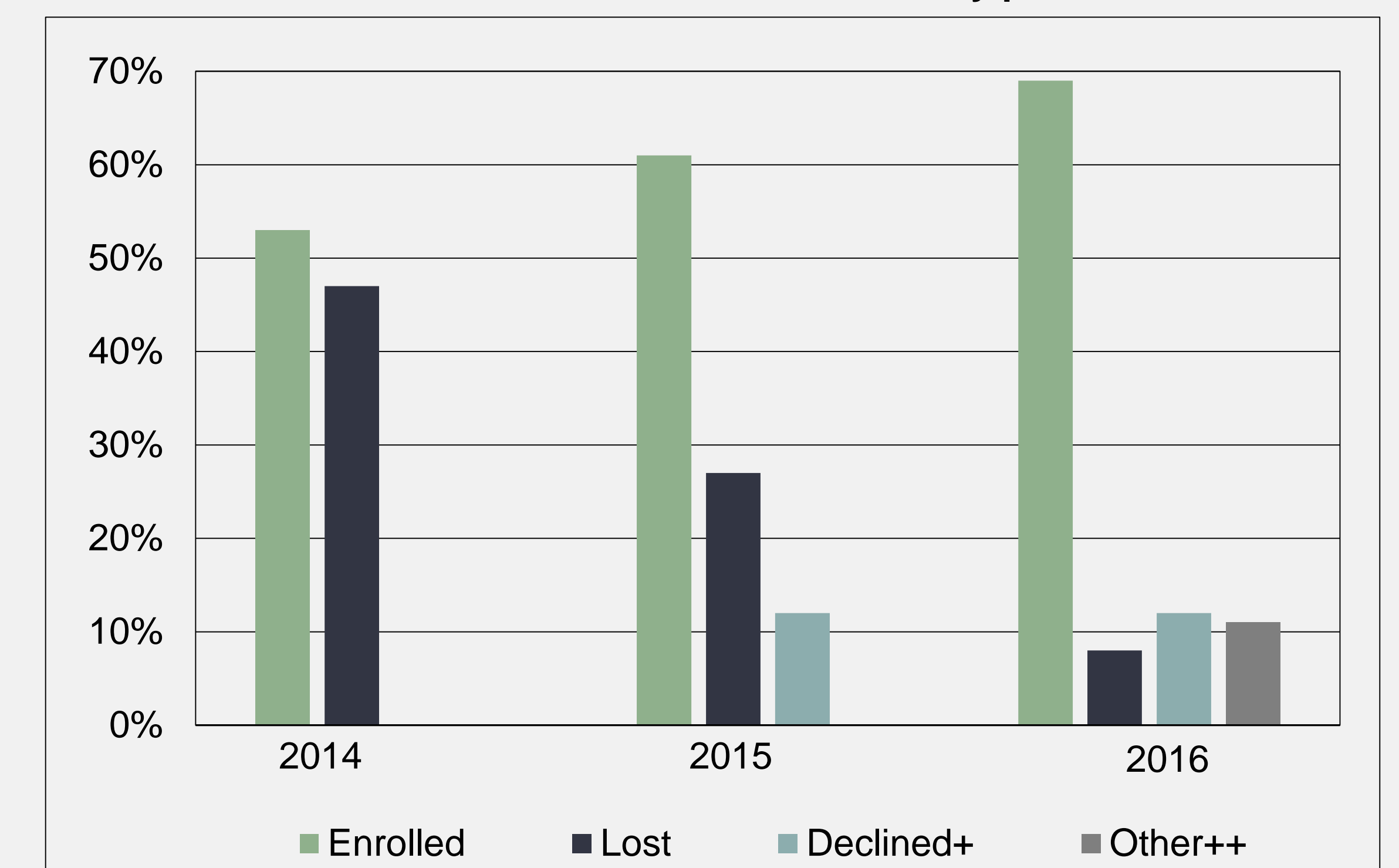
EI enrollment status for infants identified as D/HH by number

Year	Enrolled in EI	Declined	Other*	Lost
2014	96	n/a**	n/a**	85
2015	99	19	n/a**	44
2016	129	23	20	15

\*Other: Medical, Non-Residents, Not eligible, Deceased.

\*\* Data not available.

EI enrollment status for infants identified as D/HH by percent



+ Data not available for 2014.

++ Data not available for 2014 & 2015.

## Conclusion

### Challenges:

- Some counties have a slightly different referral process. Because of this, the follow-up process may be different for these infants.
- FRCs aren't always documenting hearing loss in DMS. For a child with multiple special healthcare needs, the FRC is focusing on their primary health concern.
- Audiologists are sending referrals to the wrong ESIT program or the wrong county.
- Audiologists are waiting until the "confirmation appointment" to refer the patient to EI.

### Next Steps:

- Educate FRCs about how to properly enter a diagnosis of D/HH in DMS.
- Educate audiologists about referring any patients with permanent hearing loss or a persistent conductive hearing loss to EI in a timely manner.
- Follow-up with FRCs when an EI referral is placed to ensure that referrals are being received in a timely manner.