



Evaluating Jurisdictional Early Hearing Detection and Intervention Information Systems (EHDI-IS)

Maria Sanchez, MS

Kris Subbiah, MPH

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Disclaimer:

The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Participants will learn:

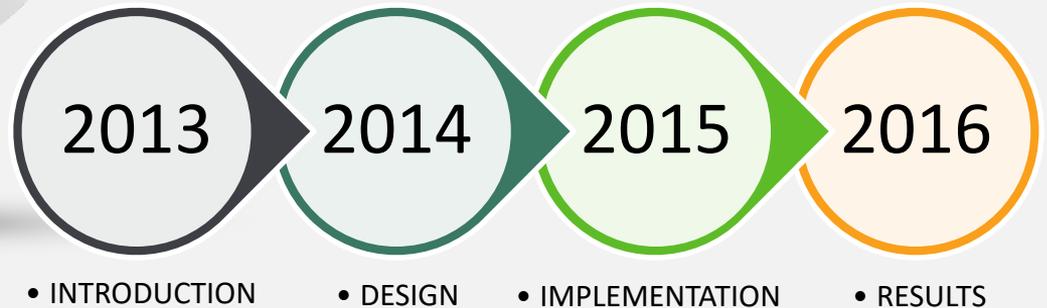
- ❑ The overarching EHDI-IS logic model
- ❑ The established set of EHDI-IS attributes
- ❑ The summary findings from the previous submission of EHDI-IS jurisdictional evaluation plans

Evaluating EHDI-IS

Why Evaluate Jurisdictional EHDI-IS?



- To identify what is working well
- To identify how the system can be further improved
- To share best practice among jurisdictions and stakeholders



The Evaluation Design

I. Engage Stakeholders

II. Describe the program

- Target Specific Areas



Started by examining:

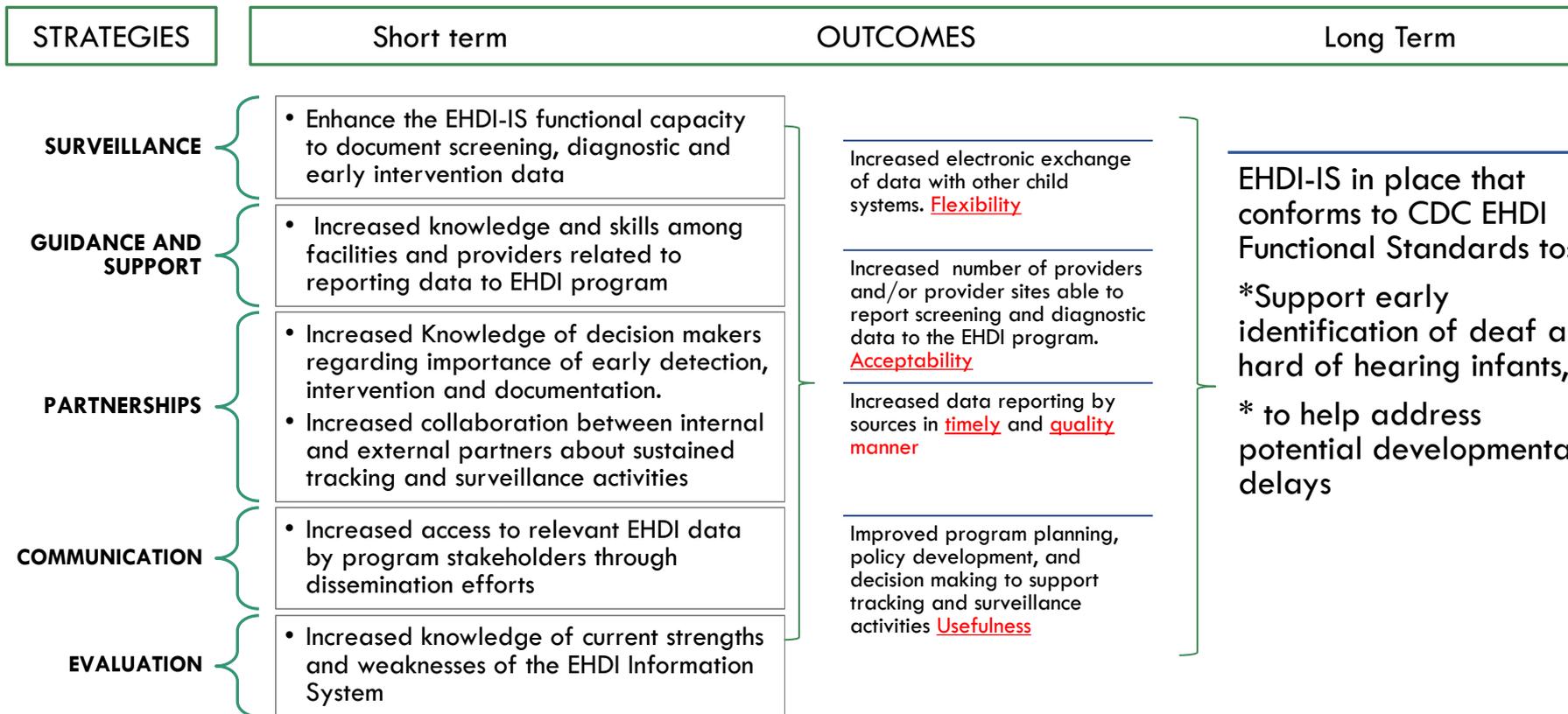
- What the EHDI Information System entails
- How the system is supposed to work
- The goals, objectives and criteria for success



Draw a logic model to describe the relationship between program elements and expected changes

Overarching EHDI-IS logic model

INPUTS: Infrastructure, Funding, Staff, Guidance and Support, Stakeholders, Information System



Guidelines for Evaluating Public Health Surveillance Systems

- System Attributes
 - Data Quality
 - Simplicity
 - Flexibility
 - Timeliness
 - Acceptability
 - Representativeness
 - Stability, Sensitivity

www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm

Six primary dimensions for data quality assessment

- Completeness
- Uniqueness
- Timeliness
- Accuracy
- Validity
- Consistency

<https://www.dqglobal.com/wp-content/uploads/2013/11/DAMA-UK-DQ-Dimensions-White-Paper-R37.pdf>

Review of the First Cycle of Evaluations

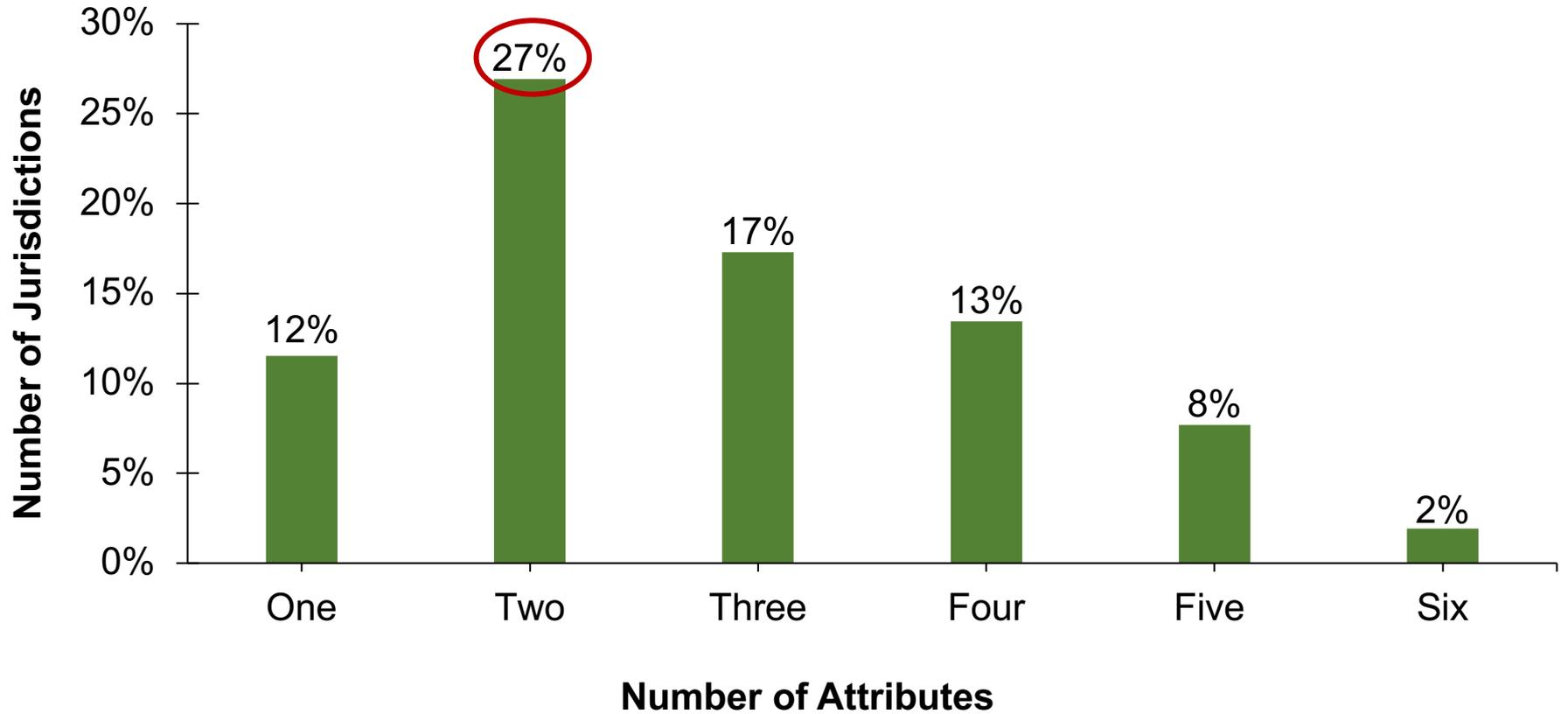


Figure 1. Number of EHCI-IS attributes evaluated, per jurisdiction.

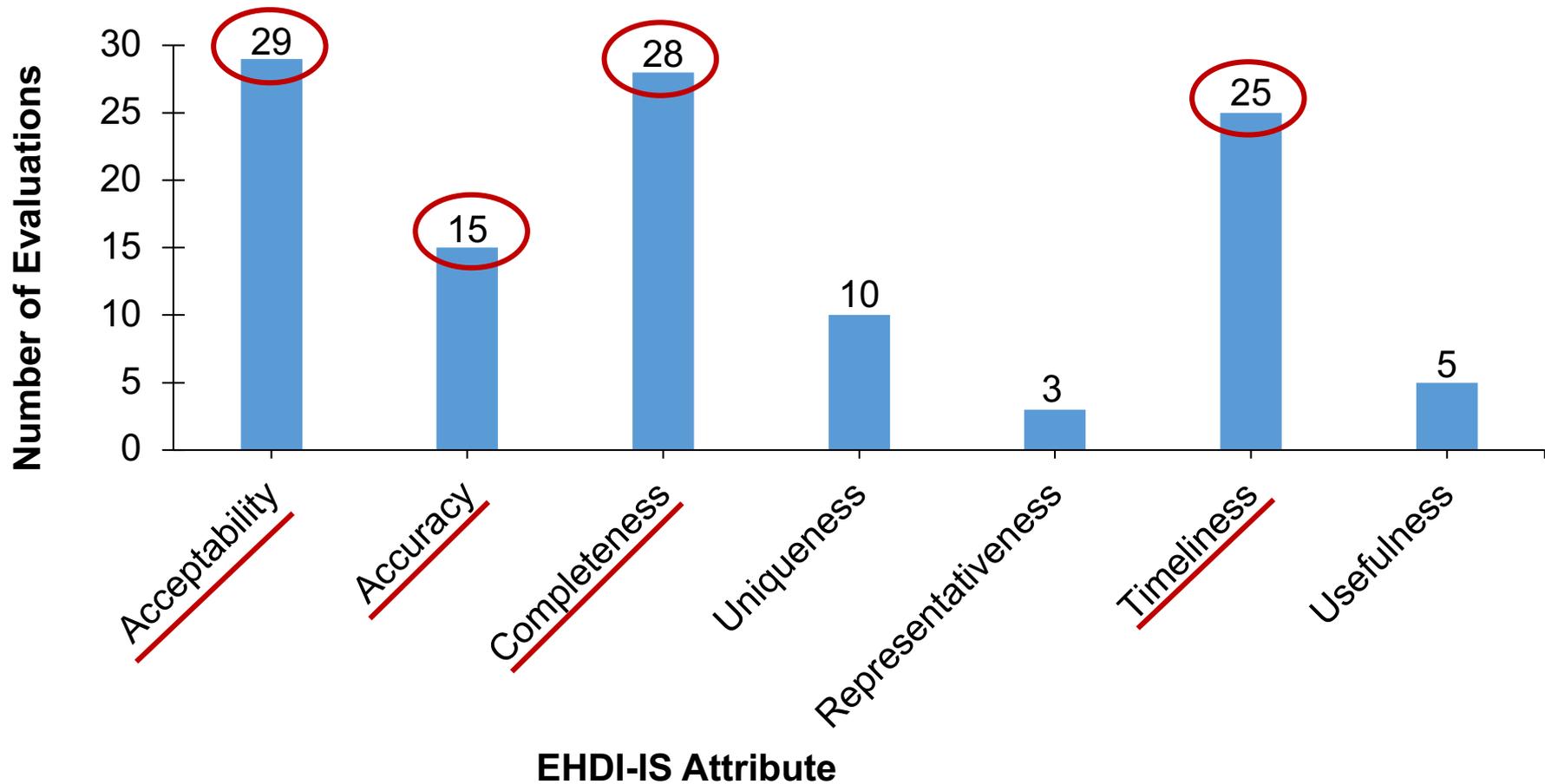


Figure 2. Number of jurisdictional evaluations of EHDl-IS, by attribute.

Acceptability

Definition

The willingness of persons or organizations to participate and use the EHDI-IS

Common Evaluation Findings

- High acceptability of the EHDI-IS among hospitals staff
- Issues with:
 - lack of knowledge by hospital staff about reporting
 - information on transfer babies

Accuracy

The extent that data are correct, reliable and certified free of error

Errors in:

- number of births between EHDI-IS and birth registry
- baby's name and gender
- race and ethnicity
- mother's contact
- hearing screening results

Completeness

Definition

The proportion of stored data against the potential of “100% complete” data

Common Evaluation Findings

Issues with:

- demographic data
- reporting EI data
- missing info from home births/transfers/NICU
- reasons for not receiving services
- risk factors

Timeliness

The timeliness in the reporting or collection of data

- Nearly live reporting with screening results and one month of age screening
- Issues with:
 - audiologists reporting
 - varying hospital reporting times

Successes

- ❑ The Evaluation capacity was increased among EHDI program staff and jurisdictions.
- ❑ Relevant information was gathered
 - Helped identify action items and potential activities
 - Support improvements to EHDI-IS and data quality
- ❑ Acceptability and timeliness of the jurisdictional EHDI-IS is high.
 - More work needed on completeness and accuracy in some EHDI-IS.

Lessons Learned

❑ Accuracy of the Evaluation

- Need to use standard definitions of the attributes



CDC EHDI
provided
additional
guidance in
the new FOA

❑ Information scope and selection

- Select only those attributes to evaluate which are more relevant to the specific outcomes

Lessons Learned

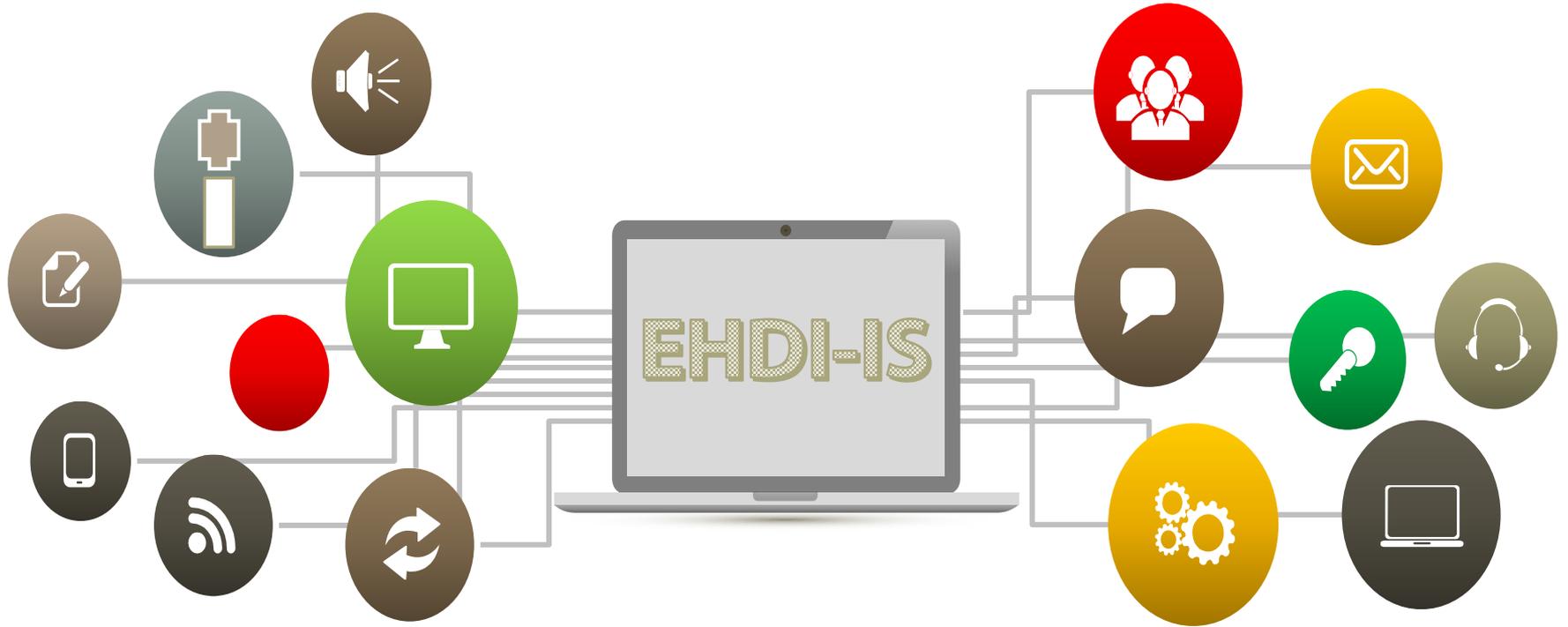
□ Timeliness and Dissemination

- Delaying release of final reports
- Staff turn-over
- Disseminating findings to intended audience



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EHDI-IS Evaluation



For more information contact:

Maria Sanchez: MSanchez8@cdc.gov

Kris Subbiah: KSubbiah@cdc.gov



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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