Findings from the Washington State EHDDI Program’s Electronic Linkage with Part C Services
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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.

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).

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrolled in EI</th>
<th>Declined</th>
<th>Other*</th>
<th>Lost</th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>96</td>
<td>n/a**</td>
<td>n/a**</td>
<td>85</td>
</tr>
<tr>
<td>2015</td>
<td>99</td>
<td>19</td>
<td>n/a**</td>
<td>44</td>
</tr>
<tr>
<td>2016</td>
<td>129</td>
<td>23</td>
<td>20</td>
<td>15</td>
</tr>
</tbody>
</table>

*Other: Medical, Non-Residents, Not eligible, Deceased.
** Data not available.

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.

Conclusion