Early Hearing Detection and Intervention Starts with You!

Newborn Hearing Screening Webinar
May 11, 2012

Presented by:
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Julie Hass
Meuy Swafford
Learning Objectives

• Increase understanding of the hospital role in the overall EHDI system.
• Increase knowledge about EHDI protocols and best practices in hearing screening.
• Increase understanding of importance of timely and accurate data reporting.
• Learn about opportunities to monitor hospital performance for continuous quality improvement.
• Provide feedback for improving the system.
Why EHDI?

Before universal newborn hearing screening, children with severe-to-profound hearing loss on average completed high school with 3rd - 4th grade reading and language levels.

JCIH 2007 Position Statement
How common is hearing loss, really?

- **3/1000** children born with some degree of permanent hearing loss (NCHAM Book)
- Another **3/1000** acquired between birth and kindergarten (NCHAM Book)
- NICU babies are at **highest risk** of having neural hearing loss (JCIH, 2007)
- If undetected, can adversely affect speech, language development, academic achievement, social-emotional development

The TEAM

- Birth hospitals, mandated and non-mandated
- Medical home providers
- Midwives
- Audiologists
- Otolaryngologists
- Speech-Language pathologists
- Therapists
- Educators
- Early Intervention professionals
- Care coordinators
- Family
- State EHDI program staff
EHDI Program Activities

- Guide By Your Side
- Loss to follow-up letters
- Hearing aid loaners
- Parent education materials
- Free screening equipment / clinics
- Reporting forms, protocols
- Special projects
- Early Intervention referrals and tracking
- Referral coordination
- Monitor reporting data
- Screening registry / tracking system
- Annual report
- Data system development
- Partnership development
- Evaluation
- Policy development
- Training and technical assistance
- Requests for information
- Fielding public calls
- Data analysis
National Milestones (1-3-6)

**ONE** - All infants should be screened for hearing loss no later than 1 month of age;

**THREE** - Those who refer should have a comprehensive audiological evaluation no later than 3 months of age;

**SIX** - Infants with confirmed hearing loss should receive appropriate intervention no later than 6 months of age.
We are in this EHDI mission together! We could NOT do it without you.
Our Shared Mandate (>200 births)

- Provide newborn hearing screening test within one month of DOB for each child (if possible, prior to discharge)
- Notify parent/guardian and HCP of results within 10 days, provide diagnostic center info
- Provide screening results to EHDI within 10 days
- Arrange screening if child is discharged before screening is completed or occurs
- Discharge (to home) hospital is responsible for screen (if not performed before transfer)

Oregon Administrative Rules 333-020-0125 thru 0165 (ORS 433.321-323)
Our Shared Mandate (<200 births)

• Provide parent/guardian appropriate information provided by the Oregon Health Authority concerning the importance of screening
Quality Indicators

- Percent of newborn screening results reported to OHA within 10 days
- Percent of newborn infants who complete screening ever (>98%)
- Percent of newborn infants who complete screening by 1 month of age (>95%)
- Percent of newborn infants who fail initial screening and fail subsequent rescreening (<4%)
Recommended Policies and Procedures (NCHAM)

- Script the message to parents
- Monthly baby-by-baby reconciliation of EHDI data
- Coordinate services and follow-up for infants who need further evaluation
- Assure 365 days of coverage
- Provide informational support to families
- Risk indicators and referral support
- Obtain second point of contact for family
- Verify the PCP or clinic before family leaves hospital
Risk Indicators

May help identify:

- Infants who pass newborn screen but have mild permanent hearing loss
- At-risk for developing delayed onset or progressive hearing loss

What to do?

- Document and send to medical home
- Provide diagnostic list to families for ongoing surveillance of child’s hearing

See JCIH 2007 Position Statement, page 921 for complete list of risk indicators
The EHDI Protocol

- Equipment: AABR or OAE
- Conditions that interfere with screening?
- No more than 2 screens per ear!
- Age of first screen: >4-8 hrs, close to discharge / >34 wks + 5 days NICU
- Time between screens: OAE(>6hrs); AABR(>4hrs)
- AABR for NICU screens
- Rescreen both ears, even if only one referred
- Report FINAL screen results!
Screening “Just Right”
Data Reporting

Timely – within 10 days

Complete – both ears reported, using FINAL results

Correct – FINAL results if second screen required
Why is timely, correct and complete reporting important?

- Without tracking, reporting and follow-up, screening is meaningless!
- Results (or lack of) causes cascade of follow-up with families, and in the future, with health care providers
- Prevents unnecessary stress for families
- Prevents confusion for families
- Program effort to monitor, follow-up with hospitals
Timely and complete data make us ALL look good!

“No” Data Trial:

• Requested missing data from 48 hospitals for 2,065 infant records covering 18-month period
• 40 hospitals provided all requested data, 1 provided some
• Received 80% of requested data back

The result?

• Increased state screening average from 93% to 96%!
Timely, Correct and Complete Reporting: What works?
BUT, your role is so much more. . .

- Hospital screening staff set the groundwork and tone for next steps for family
- Provide education and informational support about hearing screening process, results and importance of diagnostic follow-up
- Reporting helps EHDI assure that family stays on track through 1-3-6 milestones
The Message to Families

- Inspire confidence in the process
- Reiterate the importance of process
- State recommends a hearing screening because it is best for the child
- Don’t minimize refer results
- Provide clear results, both verbal and written
Reducing loss to diagnostic follow-up

The issue:

• Only 45% (2011) of children referred at screening receive timely diagnostic evaluation
• There are many barriers to obtaining diagnostic evaluation

What to do?

• Provide family with list of diagnostic centers
• Help assure family understands the importance of pursuing diagnostic evaluation
• Timely reporting so EHDI can take action
EHDI’s Strategies to Reduce Loss to Follow-up

- Letters to families, including facility lists
- Parent education through phone follow-up, GBYS, and public health nurse referrals
- Education and technical assistance for screening partners, audiologists, etc.
- Online reporting system for non-hospital screening and diagnostic facilities
- Partnering for more screening and diagnostic facilities
- Use of OVERS to track ALL births, including OOH and non-mandated hospitals
Preventing Diagnostic Loss to Follow-Up: What works?
EHDI Reports

• Access reports through Citrix/BOXI.
  – HiTrack Reports
  – OVERS Reports

https://dhs.oregon.gov/vpn/index.html
• Enter your user name and password.
• Click on Websites.
• Click on BOXI.
• Login with the **same** user name and password.
• Click on ‘Document List’.
• Drill down until you see your hospital’s folder
• Select the report you wish to generate.
• Enter the date range (Date of Birth).
• Click on ‘Ok’.
## OVERS Hospital Summary Report

**Birth Date From:** 9/1/2011 **To:** 9/30/2011

**Birth Facility:** [Redacted]

<table>
<thead>
<tr>
<th>Case ID</th>
<th>Medical ID</th>
<th>Name</th>
<th>DOB</th>
<th>Mothers Last Name</th>
<th>Screen ID</th>
<th>Test Date</th>
<th>Screen Performed</th>
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<th>Left</th>
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</thead>
<tbody>
<tr>
<td>Missed</td>
<td>Total Clients: 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Passed</td>
<td>Total Clients: 586</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refer</td>
<td>Total Clients: 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused</td>
<td>Total Clients: 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>Transfer</td>
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<td>No Info.</td>
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</tbody>
</table>

**Screen Results:**
- Missed:
  - 13036 9/1/10 Missed
  - 17083 9/24/10 Missed Pass Pass
- Passed:
  - 3978 7/1/10 Inpatient Pass Pass
  - 3970 7/3/10 Inpatient Pass Pass
- Refer:
  - 29082 1/24/11 Inpatient Refer Refer
  - 8615 7/23/10 Inpatient Refer Pass
  - 22178 11/16/10 Outpatient Refer
- Refused:
  - 5131 Refused
- Transfer:
  - 27181 Transfer
OVERS Hospital Summary Report Continued...

<p>| | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Total Clients</td>
<td><strong>604</strong></td>
<td>Total Screened</td>
<td><strong>595</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Not Screened</td>
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<tr>
<td>Pass</td>
<td><strong>586</strong></td>
<td>Transferred</td>
<td></td>
</tr>
<tr>
<td>Refer</td>
<td><strong>9</strong></td>
<td>No Info.</td>
<td><strong>5</strong></td>
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<tr>
<td></td>
<td></td>
<td>Missed</td>
<td><strong>2</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refused</td>
<td><strong>1</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unable to Test</td>
<td><strong>0</strong></td>
</tr>
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OVERS Hospital Summary Report
Screened by 1 month

Benchmarks:
- 95% JCIH 2007
- 98% CDC
- 100% State by 2015 (excluding NICU)

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<tr>
<td>Total Not Screened:</td>
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- 98% CDC
- 100% State by 2015 (excluding NICU)
Coming Soon…

Equipment Type
Who to contact

• OVERS: Reset password or request for a new user account. 971-673-0279

• EHDI: Questions regarding newborn hearing screening, call Julie Hass at 888-917-4327 or 971-673-0264
THANK YOU!

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DISCUSSION QUESTIONS:

1. How does your team/program ensure that every baby has been screened?

2. How does your team/program ensure that 2\textsuperscript{nd} screening results are entered into OVERS for all babies?

3. How does your team/program handle infants who do not pass their screening or are missed?

4. How does your team/program ensure that you’re meeting the national benchmarks?