



Nebraska Early Hearing Detection and Intervention Program

Nebraska Early Hearing Detection and Intervention Update September, 2008



Newborn Hearing Screening Training Curriculum

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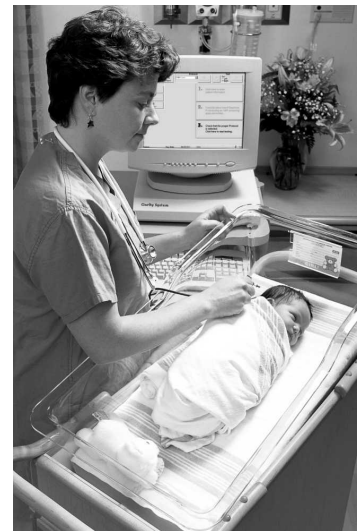
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The National Center for Hearing Assessment and Management (NCHAM) has just released the Newborn Hearing Screening Training Curriculum. This competency-based curriculum was developed to standardize the way that new hearing screeners are trained and to ensure that each screener receives the information that will enable them to provide high quality, efficient and effective newborn hearing screening. Although the NHSTC was developed to specifically address the training needs of the in-experienced screener, you may find it useful for other training or education needs; for instance, the first section contains materials that may be helpful in educating others about the importance of early hearing detection

and intervention.

The package contains 2 DVDs. The first disc is the curriculum and contains 8 sections. It covers all aspects of the newborn hearing screening and follow-up process. Each section has learning objectives and a test at the end of each section that can be used to fulfill hospital competencies. The second disc contains resources and includes items such as scripts and frequently asked questions for screeners to use with parents in Spanish and English, related websites, and test questions and answers.

The NE-EHDI Program has ordered one set DVDs for each of the birthing facilities in Nebraska. They will be sent to



the hearing screening coordinator at each hospital as soon as they are received.

A special thanks to the coordinators at each of the hospitals who reviewed a pilot version last year!

NE-EHDI Statistics for 2007

- * 99% of babies received a hearing screening during birth admission
- * The average refer rate was 3.5% (includes both OAE and ABR screening)
- * 50 babies were identified with a permanent congenital hearing loss
- * The average age at identification was 119 days

Quality Assurance Reports

Several months ago the NE-EHDI program provided a Quality Assurance Report with each hospital's hearing screening results for 2007. The reports provide you a summary report of your hospital's hearing screening program but also some comparisons with key statewide averages. We will continue to develop this report to include some outcomes measures, such as "lost to system," and some feedback on key variables. We will soon be providing a report for the first six months of 2008 with quarterly reports after that. With the revision to the data system, each hospital will have four new reports that will include a listing of the babies, rather than just a summary number.

Revisions to ERS-II Data System

A revision of the Newborn Hearing Screening module of the ERS-II Vital Records system is ready to be released the first part of September. The major revisions to the system occur with the HSCREENING records where "refer" and "not screened" results are entered. Several of the features of the revision are:

1. Input of inpatient and outpatient results has been simplified. There are separate checkboxes for Inpatient and Outpatient. The "initial/re-screening" and "final action" boxes have been removed.
2. Reporting transfers to another hospital or internally to an NICU (if applicable) is done with checkboxes, rather than using the drop-down box.
3. The drop-down choices for transfers to

another hospital have been reduced to those most frequently used, including hospitals in surrounding states. If the hospital to which a baby has been transferred is not in the drop-down, OTHER may be selected and the hospital name and location entered in the "notes" section.

4. A second field for a parent phone number has been added.
5. The Primary Care Provider list is completely new, with an expanded listing of physicians, physician assistants, and nurse practitioners. Physicians in western Iowa will be added later.
6. Four new reports are available that will provide name-specific listings of inpatient results, outpatient results, inpatient "refers," and transfers. The date range, such as the

last two months, can be specified.

7. If records are incomplete, pop-up messages will occur to identify what information is missing.

Note: There are no changes in recording the inpatient pass/pass results in the "Quick Record" section of the HINFO record. Creating and saving HINFO and HSCREENING records is also unchanged. There are some minor changes in labeling of fields, arrangement of fields, etc. The revision has been developed to ease the entry and increase the accuracy of the data. As before, the submission of the data within 7 days of the event is very much appreciated so that follow-up activities can occur in a timely manner.

Identification of Primary Care Provider

In 2007, nearly 30% of the babies who were "lost to system" did not have the baby's Primary Care Provider correctly identified when the hearing screening results were reported. It's extremely important to know the physician who will be providing health care for the baby *after* discharge because the baby's PCP is the focus of the follow-up efforts. Without the correct PCP, follow-up efforts are delayed and the chances are increased that the baby will not receive the necessary re-screening or evaluation to determine if there is a hearing loss.

April 2008 Conference

Hearing screening coordinators from about a quarter of the birthing facilities attended the one-day conference in April in Kearney. The parent stories were heartening as they described the importance of hearing screening in the early identification of hearing loss and provision of intervention services. Conversely, the frustration and disappointment of parents who had been told "it's the equipment... don't worry about it" was especially compelling. And the discussion among those who attended was very stimulating. There will be more opportunities like this in the next year across the state.

NE-EHDI Initiatives

* Nebraska Children's Hearing Aid Loaner Bank began operation in January, 2008, and can provide a loaner hearing aid to children ages birth to 18 years who have recently been identified with a hearing loss. It's a partnership of NE-EHDI, University of Nebraska-Lincoln audiology program and NE Association for the Education of Young Children. There are currently 42 new digital hearing aids available and over 20 children from across the state have been fitted with one or two loaner aids. www.unl.edu/barkley/nchalb/index.shtml

* Family to Family Support is developing in Nebraska through the establishment of the Nebraska Chapter of Hand and Voices. A "Guide By Your Side" program is being developed through a partnership of NE-EHDI and Hands and Voices. Parents with children who are deaf/hard of hearing will be available to provide unbiased, objective information and emotional

support to families when their children are diagnosed with a hearing loss. A parent weekend workshop is being planned for this spring in Aurora. www.handsandvoices.org

* Etiology of Hearing Loss is more easily determined through retrieval of the newborn dried blood spot (DBS). Beginning late in 2007 for babies with permanent hearing loss, physicians can retrieve the DBS from PerkinElmer Lab with parent consent to be tested for the most common genetic causes of hearing loss, as well as congenital CMV. Since the DBS is destroyed 90 days after birth, completing the re-screening by 1 month and the audiologic evaluation by 3 months is even more important.

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