

**Newborn Hearing Screening Referrals Documenting the Report to Referring Provider in ACORN**

**Satellite Conference and Live Webcast  
Tuesday, July 12, 2016  
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**Produced by the Alabama Department of Public Health  
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**Faculty**

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**Newborn Hearing Screen Report to Referring Provider**

- **Changes have been made to the format that should help guide the Care Coordinator in determining when a NBH case needs to remain open or is ready for case closure because all the patient’s needs have been met**

**Newborn Hearing Screen Report to Referring Provider**

- **This new format should greatly benefit the Care Coordinator, who may not frequently be assigned this referral type**

**The Good News!**

- **No changes to Protocol for Newborn Hearing Referrals**
- **The Care Coordinator should only notice a new format for the Report to the Referring Provider in the ACORN System**



**Review of the Electronic Referral Process in ACORN**

### **Review of the Electronic Referral Process in ACORN**

- Receive the referral through CCRS
- Enter the electronic referral information in ACORN
- When entering the information, enter the Referral source as **NEWBORN SCREENING PROGRAM** instead of an individual's name

### **Patient Information Section**

- Complete each of the tabs on the referral page based upon the referral information received
  - Patient Information
  - Referring Provider
  - Reason
  - Psychosocial / Additional Information
  - Care Coordinator

### **Patient Information Section**

- No Changes have been made in ACORN to the Referral Form

### **Referral Source Tab**

- Program
  - Select Patient First
- Referral Source and Referred By
  - Select Central Office
- Referral Source Name
  - Enter NBH Screening Program Information
- Remember to Include the Fax number for Newborn Screening

### **Reason for Referral Tab**

- When completing the Reason for Referral Tab
  - Select Newborn Hearing in Medical Condition
  - Enter the lab number

### **What is the Big Deal About the Electronic Referral Screens in ACORN???**

1. ACORN chooses the Report to Referring Provider format based upon the Referral Source / Referred by information
2. The total number of referrals for each county and each public health area are calculated based upon the number of electronic referrals entered in ACORN

**COMING  
SOON!**

- Newborn Hearing
- Report to Referring Provider
- New and Improved
- User Friendly
- Practice and Protocol Driven

### **Newborn Hearing Referral Updated Format Report to Referring Provider**

- The document guides the Care Coordinator through the Protocol as the Report is being completed
- Questions may populate based on the responses chosen by the Care Coordinator

### **Completing the Report to Referring Provider for Newborn Hearing Referrals**

- From the electronic referral in ACORN, select “Create Report to Referring Provider”
- Create a new report each time rather than editing a report previously submitted

### **NBH Summary Type – Delivering Hospital Contact**

#### Care Coordinator’s Role

- Review the Additional information section of the CCRS referral to obtain additional information about the patient referred by the Newborn Screening Program
- Verify Medicaid Status

### **NBH Summary Type – Delivering Hospital Contact**

- Contact the infant’s hospital of birth to inquire if a rescreen was done at the hospital, prior to discharge
  - If so, document the information in ACORN
- Submit a Report to the Referring Provider Newborn Screening Program

### **Case Scenario – Delivering Hospital Contact**

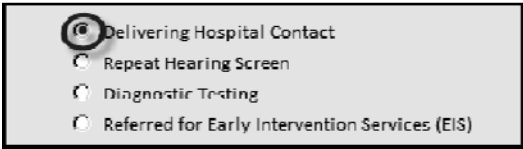
- ADPH Care Coordinator receives a Newborn Hearing referral on infant, Rolling Tide
- The Care Coordinator makes a follow up call to Druid City Hospital, where the child was born on 6/24/16

**Case Scenario – Delivering Hospital Contact**

- **Crimson N. Whyte, Druid City Hospital staff, reported Rolling was rescreened on 6/28/16, prior to his discharge**
- **The infant passed the hearing screen in the left and right ears**

**Delivering Hospital Contact Report to Referring Provider**

- **Select Delivering Hospital Contact**
- **Complete all questions on the report**
- **No additional information is needed**
- **Select “ Send Report to Newborn Screening”**



**NBH Summary Type Delivering Hospital Contact**

- **After submitting the Report to Referring Provider, if no additional needs are noted, the case is ready for closure**



**Referred Infant Does Not Pass Hospital Newborn Hearing Screen**

**Completing the Report to Referring Provider**

**Case Scenario – Referred for Repeat Hearing Screening**

- **Jefferson County Care Coordinator receives a Newborn Hearing referral on Cindy Lou Hoo**
- **After reviewing the referral information, the CC makes a follow up call to Brookwood Hospital to obtain Hearing Screen Results for Cindy Lou Hoo**

**Case Scenario – Referred for Repeat Hearing Screening**

- **Hospital staff reported the referred patient did not pass the Hearing Screen and is being referred for a Repeat Hearing Screen**

Care Coordinator 's Role

- **Locate the referred patient / family**

**Case Scenario – Referred for Repeat Hearing Screening**

- Assist the family in scheduling / arranging transportation for the Repeat Hearing Screen appointment and any additional appointments
- Maintain contact with the patient / family and the provider, as needed

**Case Scenario – Referred for Repeat Hearing Screening**

- Continue to assess the patient's / family's needs throughout the life of the case
- Educate the family about the importance of following through with the infant's hearing screen appointments

**Case Scenario – Referred for Repeat Hearing Screening**

- Link the family to any other needed resources or services

**Patient Referred for Repeat Hearing Screen**

- Once updated patient information is obtained, the Care Coordinator is ready to submit an update to the Newborn Hearing Staff



**Referred Infant Does Not Pass Repeat Newborn Hearing Screen and Referred for Diagnostic Testing**

**Completing the Report to Referring Provider**

**Case Scenario – Referred for Diagnostic Testing**

- The CC learns from the hearing provider, the infant did not pass the Repeat Hearing Screen and has been scheduled for a Diagnostic Appointment at Children's Hospital on 7/15/16
- The provider also mentioned the infant's mother seemed concerned about transportation issues

### **Case Scenario – Referred for Diagnostic Testing**

- The infant’s mother commented to the provider’s office staff, “the family car is not reliable and she does not like driving in that Birmingham traffic”

#### **Care Coordinator’s Role**

- Maintain contact with the patient / family and the provider, as needed

### **Case Scenario – Referred for Diagnostic Testing**

- Assess the patient’s / family’s needs
- Educate the family about the importance of following through with all scheduled appointments
- Assist the family in scheduling and arranging transportation to the upcoming appointment

### **Case Scenario – Referred for Diagnostic Testing**

- Link the family to any other needed resources or services

### **Patient Referred for Diagnostic Testing**

- After obtaining updated patient information, the Care Coordinator is ready to submit an update to the Newborn Hearing Staff



### **Referred Infant Diagnosed with Hearing Loss and Referred to Early Intervention Services**

#### **Completing the Report to Referring Provider**

### **Case Scenario – Referred to EIS**

- The Care Coordinator learns from the audiologist the referred infant was diagnosed with a hearing loss and was referred to Early Intervention Services

#### **Care Coordinator’s Role**

- Maintain contact with the patient / family and the provider, as needed

### Case Scenario – Referred to EIS

- Assess the patient's / family's needs
- Educate the family about the importance of following through with the infant's referral to Early Intervention Services
- Assist the family in scheduling and arranging transportation for the upcoming EIS appointment

### Case Scenario – Referred to EIS

- Link the family to any other needed resources or services

### Patient Referred to Early Intervention Services

- After obtaining the updated patient information, the Care Coordinator is ready to submit an update to the Newborn Hearing Staff



### When to Submit Reports to the Referring Provider

- Within 30 calendar days of opening the referral
- When something of significance occurs in the case (e.g. screening results received, appointments rescheduled, infant diagnosed with hearing loss and referred to EIS, unable to locate infant and case has been referred to the local DHR office)

### When to Submit Reports to the Referring Provider

- Upon case closure of referral due to patient goals being achieved

### Goals of Care Coordination Services for the Newborn Hearing Population

- Ensure children with hearing loss are diagnosed within three months of age and enrolled in Early Intervention (EI) services by six months of age
- Assist the Newborn / Family with getting hearing or other developmental screenings completed

**Goals of Care Coordination Services for the Newborn Hearing Population**

- **Notify NEWBORN SCREENING of the RESULTS or any other pertinent information**

**Case Closure**

- **Repeat Hearing Screen - Infant must "PASS" in both ears**
- **Diagnostic Testing – Infant must "PASS" in both ears or have a Final Diagnosis and Testing Method used**
- **Referred to Early Intervention Services - Infant must PASS in both ears or have a Final Diagnosis and Testing Method used, and had an initial appointment with CRS to open the patient's case**

**Date That New Report Format Will Begin?**

- **Edits are currently being made by IT**
- **Uncertain of the start date, but notification will be sent out to all Care Coordination staff**