

Alabama Early Hearing Detection and Intervention (EHDI) Program

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History of Newborn Hearing Screening

- 2000 Congress first authorized the Early Hearing Detection and Intervention (EHDI) programs
- 2001 Alabama Department of Public Health established Universal Newborn Hearing Screening (UNHS) within the Newborn Screening Program
 - Hospitals began voluntary hearing screening
- 2008 UNHS became mandated as part of newborn screening in Alabama

Alabama's Newborn Hearing Screening

- Alabama's EHDI Program today
 - 100% grant funded
 - Health Resources and Services Administration (HRSA)
 - Centers for the Disease Control (CDC) and Prevention
 - Follows established guidelines and best practices
 - Joint Committee on Infant Hearing (JCIH)
 - 1-3-6
 - American Speech-Language-Hearing Association (ASHA)
 - Type, Degree, and Configuration of Hearing Loss

Joint Committee on Infant Hearing (JCIH)

- Hearing screen performed by 1 month old
- Should screen both ears each time
- Diagnostic evaluation by 3 months old
- Evaluation should include a diagnostic ABR
- Enrollment in Early Intervention (EI) by 6 months old
- Ensures infant has access to appropriate services

American Speech-Language-Hearing Association (ASHA)

- Type of Hearing Loss
 - Conductive hearing loss
 - Sensorineural hearing loss (SNHL)
 - Mixed
- Degree of Hearing Loss
 - Seven classifications ranging from normal to profound
- Configuration of Hearing Loss
 - Defines degree and pattern of hearing loss across different frequencies

Alabama EHDI Program

- 100% Automated Auditory Brainstem Response (AABR) capability
- 96% electronically upload hearing results
 - Links directly to newborn blood spot record
 - Reduces errors in reporting
 - Increases timeliness of follow-up testing and intervention

Alabama EHDI Program

- Recent developments within EHDI program
 - Learning Communities
 - Will address the importance of family engagement within the EHDI system
 - Kick-off meeting May 10, 2018 in Mobile area
 - Hearing Advisory Work Group
 - Multidisciplinary group convened to create a more efficient and cohesive EHDI system
 - Partnering with family organizations
 - Currently identifying agencies to partner with for increased family engagement

EHDI - Hospital Recommendations

- Initial hearing screen at 12 to 18 hours of age
- Maximum of 2 inpatient hearing screens
- Outpatient testing should be AABR, when needed
- Upload hearing results **every** day that a hearing screen is done
- Screen both ears each time
- Schedule outpatient testing prior to discharge, when needed, and notify parents of date, time, and place
- "Referral Physician" listed on blood spot form should be the medical provider who will care for infant after discharge
- Parents who refuse hearing screens should be educated on importance of infant hearing and sign refusal form

EHDI - Audiologist Recommendations

- Complete outpatient hearing screens by 1 month of age
- Schedule diagnostic testing, when needed, by 3 months of age
- Refer infants with hearing loss to Early Intervention (EI) as soon as possible and by 6 months of age
- Educate families regarding hearing loss diagnosis and importance of early intervention, when applicable
- Report all screening and diagnostic results via fax using the form provided by the Alabama EHDI Program

Screening Forms

• Let's Review

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Hearing Screen Reporting Form

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Diagnostic Evaluation Reporting Form

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Outpatient Reporting Forms - Reporting Issues

- Reported Otoacoustic Emissions (OAE) result after referred by AABR
 - An outpatient AABR should follow a referred inpatient AABR

BIRTH	HEARING SCREEN PERFORMED AT BIRTH FACILITY OR HOME BIRTH	Inpatient Screen Date: 3 3 3 20 8 Right Ear: Pass Refer Not Tested Left Ear: Refer Not Tested Method X AABR OAE TEOAE DPOAE	Infants who fail linitial OAE screen may have an OAE or AABR re- screen. Infants who fail initial AABR screen <u>must</u> have an AABR re-screen.
BEFORE 1 MONTH	REPEAT SCREENING RESULTS Inpatient Outpatient	Both ears should be tested even if only one ear did not pass the initial screen. Right Ear: Mass Shefer Not Tested Left Ear: Mass Refer Not Tested	RISK FACTORS FOR DELAYED HEARING LOSS: YION'C MICU admission Received ototoxic medications Transfused Other
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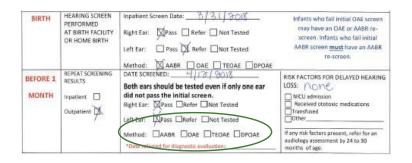
Outpatient Reporting Forms - Reporting Issues

- Reported result for right ear only
 - Omitted left ear result in error?
 - Only re-screened right ear?
 - Both ears should be screened every time

BIRTH	HEARING SCREEN PERFORMED AT BIRTH FACILITY OR HOME BIRTH	Inpatient Screen Date: 3 3 0018 Right Ear: Pass Refer Not Tested Left Ear: Pass Refer Not Tested Method: AABR OAE TEOAE DPOAE	Infants who fall initial DAE screen may have an OAE or AABR re- screen. Infants who fall initial AABR screen <u>must</u> have an AABR re-screen.
BEFORE 1 MONTH	REPEAT SCREENING RESULTS Inpatient Outpatient	Both-ears should be tested even if-eally one ear did not pass the initial screen. Right Ear: Pass Refer Not Tested	RISK FACTORS FOR DELAYED HEARING LOSS: MOND MICU admission Received ototoxic medications Transfused Other If any risk factors present, refer for an audiclogy assessment by 24 to 30 months of age.

Outpatient Reporting Forms - Reporting Issues

- Repeat screening method is not marked
 - Mark all screening methods that apply
 - Method is needed to ensure JCIH guidelines are followed



Outpatient Reporting Forms - Reporting Issues

- Overall lack of information
 - Left ear result?
 - Hearing loss confirmed?
 - Bilaterally or unilaterally?
 - Referral to EI or additional appointment scheduled?

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EHDI - Clinician Recommendations

- Check hospital hearing screen result at initial office visit
 - If referred in one or both ears
 - Educate family on importance of repeat hearing screening
 - Ensure outpatient hearing screen scheduled by 1 month of age
 - Follow up on result of outpatient hearing screen
 - Report to Alabama EHDI Program on audiology form
 - If refused inpatient screen
 - Educate on importance of hearing screening
 - Schedule screening within 1 month of age, if parents agree
 - Have parent sign refusal form, if declines
 - If passed inpatient screen
 - Assess birth history for any risk factors that could contribute to late-onset hearing loss and refer accordingly

EHDI – Care Coordination Recommendations

- Ensure all scheduled appointments follow JCIH timeline
 - 1 > Outpatient hearing screen by one month of age
 - 3 > Diagnostic evaluation by 3 months of age
 - 6 > Enrollment in Early Intervention (EI) by 6 months of age
- Ensure appropriate testing is completed
 - All hospitals have AABR capability
 - Outpatient AABR should follow an inpatient AABR
- Refer to EI as soon as possible and by 6 months of age
 - Educate family on EI referral and benefits of enrollment
- Provide all contact information for DHR follow up when an infant is placed in foster care

EHDI – Reporting Recommendations

- When reporting results
 - Provide accurate and complete information
 - Ensure that the birth name is included
 - Verify that the date of birth is recorded accurately
 - Provide the most up-to-date contact information for the family
 - Accurate and complete information helps to ensure timely and efficient identification and intervention

Alabama EHDI Program Role

- Gather data and correlate
- Manage and coordinate with providers on infants who refer initial screen
- Send letters to those who refer and have risk factors
- Educate on JCIH 1-3-6
- Refer infants to Early Intervention
- Manage website to provide families and providers with up-to-date information

Alabama EHDI Mission Statement

• All babies born in Alabama will receive a hearing screen and results tracked to ensure early identification, treatment and intervention of infants with hearing loss.

Questions?

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