

# Iowa EHDI News

Your Sound Source for Early Hearing Detection & Intervention Information

Winter 2016

## Recent updated documents on the EHDI website

EHDI staff receive inquiries often about information that is available on the EHDI website. Inquiries include questions about reporting requirements, diagnostic providers, importing into INSIS, funding for hearing aids, and others. The EHDI website was revamped last year to include separate tabs for providers and families making it easy to find the information you are looking for. The EHDI staff encourage you to become familiar with the EHDI website and save it as one of your favorites! You can find the EHDI website at <http://www.idph.iowa.gov/ehdi>

## Audiology Centers in Iowa and Bordering States

This document contains a list of centers that offer diagnostic services for infants and toddlers who have, or are suspected of, having hearing loss. This list is not comprehensive and is subject to change. To access this document, click on the "Providers" tab.

## Communication Guide for NBHS Results

This document contains scripts to assist hospitals in communicating about the newborn hearing screening results. The document also contains best practices such as communicating with parents prior to the screening to inform them you will be performing a hearing screen during their stay or giving them the option of observing while the screen is being performed. To access this document, click on the "Providers" tab then "Best Practices".

## Hearing Loss Checklist

This document is a checklist for children under the age 3 with identified hearing loss. The purpose of the checklist is to assist families with "next steps" when their child has been diagnosed with a hearing loss. The child's audiologist working with the family can help monitor the progress with these important steps. To retrieve a copy of this checklist, click on the "Providers" then "Best Practices".

## What's Inside...

- 2 Best Practices Tips & Mercy ENT Cedar Rapids
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## UPCOMING CONFERENCES:

**16th Annual Early Hearing Detection and Intervention Meeting  
February 26-28, 2017 - Atlanta, GA**

To do your part to ensure you are providing the best possible services for newborn hearing screening to children in Iowa, we have included a few tips to follow. These tips are based on issues seen in the past quarter and best practices around those. Remember- incorrect data entry slows down follow-up for children and keeps Iowa from meeting or making progress on the national 1-3-6 goals. Share the information provided with your staff as we often hear that information is not passed down to all people involved in newborn hearing screening and follow up.

- Ensure you move all infants from inpatient to outpatient after you have completed all data entry. Additionally, enter the date of discharge and click on “set” and the date of discharge will remain. This is very important to assist us with reporting to the Center for Disease Control and Prevention EHDI program and more importantly may explain why a child did not meet the national 1-3-6 goals.
- The number of missing PCPs and missing infants (those not put in the system until Jini contacts you) continues to be an issue. Both of these metrics are required by law. Please review all data entry to ensure it is complete. Make sure that the number of infant records in the EHDI database mirrors your birth census.
- We have had numerous instances of incomplete or missing primary contacts addresses. For example, some only have an apartment number and no street address. Please ensure all addresses are complete. Incomplete address or phone numbers results in delays in follow up or sending out risk factor letters.
- Please ensure you have someone review the birth screen results that you have entered for accuracy and completeness. Do not make a case note when an error is made or add another set of results to correct the mistake. Please contact EHDI program personnel to make the correction ASAP.
- Please use the appointment feature on the hearing page. Enter the date and time the appointment is scheduled so we avoid following up with your facility, the PCP or parent until after that date.
- Ensure all outpatient screens are entered as “outpatient” under facility type and screen type. Some hospitals have let the screening page default to birth screen. It makes a difference in calculations for your facility and this information is sent to the Centers for Disease Control and Prevention to monitor Iowa’s progress in the national 1-3-6 goals. It is a reflection on individual hospitals as well as Iowa in meeting national goals.
- Ensure all screeners at your facility follow best practice screening protocols such as screening well-baby infants with OAE no more than two screening sessions (no more than three screens per ear per session) conducted several hours apart, performing rescreens in both ears even when a child refers in one ear, or rescreening with AABR if child was originally screened with AABR or is a NICU-infant.

## *Mercy Ear Nose & Throat (ENT) Clinic expands audiology care in Cedar Rapids*

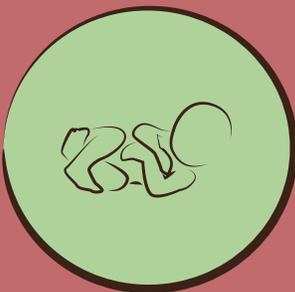
Mercy Medical Center in Cedar Rapids established an ENT clinic last summer with surgeons and fellowship-trained ENT specialists Shane Gailushas, MD, and Aaron Benson, MD. This fall, the clinic welcomed University of Iowa graduate and board-certified audiologist Megan Palmer, AuD, CCC-A, to the audiology care team.

Audiology services offered at the clinic include pediatric and newborn hearing screening and diagnostic testing. The clinic has OAE screening, diagnostic sedated and unsedated ABR testing, pediatric behavioral testing capabilities. The clinic is in the process of expanding in order to treat pediatric hearing loss with cochlear implantation, osseointegrated auditory implants, and hearing aids.

Mercy Ear, Nose & Throat Clinic is located at 901 Eighth Street SE in Cedar Rapids and can be reached at (319) 398-6900. Referrals are welcome.

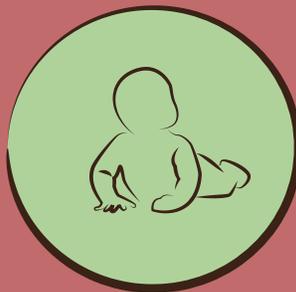


1



*Screening and rescreening no later than 1 month of age*

3



*Diagnostic assessment no later than 3 months of age*

6



*Early intervention for children diagnosed with a hearing loss no later than 6 months of age*

### **Hospital Showcase 1**

This child referred bilaterally at birth twice and referred bilaterally. The birth hospital referred the child to the AEA that is currently piloting the ABR testing for diagnostic assessment. This child was found to have bilateral hearing loss at the AEA by 1 month of age.

This child went from screening to diagnostics without the need for follow up. The child will be scheduled for confirmatory testing and referral to Early Access.

### **Hospital Showcase 2**

This child referred bilaterally at birth hospital by AABR. The child was seen for an outpatient hearing screen (AABR) by 1 month of age where he referred unilaterally. The outpatient hearing screen provider contacted the child's PCP for a referral for further testing. The PCP for the child referred the child to an ENT office where a third hearing screen was performed (OAE) and child referred unilaterally again. The was scheduled at the ENT office again for another OAE screening (child now 4 months) where he referred unilaterally. The child was then referred for a diagnostic assessment (now 5 months) and was found to have unilateral sensorineural hearing loss. The child was referred to Early ACCESS services at 5 months of age and the family declined.

Iowa continues to make progress in meeting the '3' of the 1-3-6 national goals. However, some provider offices continue to bring children back for additional screening when there are no medical concerns therefore delaying timely diagnosis. If this child had been referred for diagnostic testing after the first outpatient screening, it is likely he could have received the diagnosis prior to three months of age. Continue to work with providers to relay the importance of early identification including screening, diagnosis and early intervention. Together, we can ensure Iowa children receive follow up as early as possible.

### **Newborn Screening Brochures**

The integrated newborn screening brochures are available free of charge in both English and Spanish. To order the brochures, please call the Healthy Families Line at (800) 369-2229. They are open seven days per week, 24 hours a day! Please ask for publication IDPH131 for English and publication number IDPH131S for Spanish.

**PCP addresses:**

If you cannot locate a physician under professional contacts, please notify EHDI staff. We will provide you with further assistance. Often times you can find them by changing the state which means that the physician has not updated their contact information with the Iowa Board of Medicine. They must contact the Board of Medicine to update their preferred or work address. They can do this by completing the online form or contacting them by phone. Once they update their preferred or work address with the board, we will receive the changes on our next monthly import. Another thing that can happen is that the physician may go by one name at the hospital and be licensed by another (e.g. PCP user goes by middle name as first name at the hospital). If it is a nurse practitioner, they will need to update their address with the Board of Nursing. Physician's Assistants must update with the Iowa Department of Public Health, professional licensure. Additionally, if the family plans to see a PCP out of state, please include the name of the PCP and contact information if you can get it as a case note in the record. We will then follow up with them or that state's EHDI program.

**Loaner Hearing Screening Equipment:**

Please don't miss screening babies because your equipment breaks down or you have to send it for calibration. Utilize the loaner hearing screening equipment free of charge! We now have both OAE and AABR equipment available. Call the Hearing Equipment Coordinator at (800) 272-7713 to request equipment.

**Quarterly Quality Assurance Reports (State Report Cards):**

Thank you to those birthing facilities making a concerted effort to improve your newborn screening programs as evidenced by a decrease in the numbers of birthing facilities that fall into the non-compliant category on the state report card. We appreciate those of you that have reached out to EHDI program staff for ideas on how to review your own data more often, for tips on reducing your refer rates and to the hospitals currently working on a corrective action plan.

Because there are some birthing facilities that repeatedly fall into the non-compliant category, EHDI program staff will reach out to individual facilities in the coming months with a newly developed Corrective Action Plan (CAP) to assist with quality improvement goals.

**Deadline is coming up quickly for NANI or Importing**

First, it is very important for us to say THANK YOU to all of you that are currently importing or using the Newborn Admission Notification Interface (NANI) to report demographics into the EHDI database.

For those of you that have not transitioned, you have until December 31, 2016 to set up an automated process for conveying confidential demographics. With implementation of the integrated data system, EHDI will move away from manual data entry into the system.

One of the options is importing. To import, you will have to work with your IT department to create a flat file. This file will pull the demographic information for infants from your admissions database or electronic medical health record into the INSIS database. Plan ahead because the process to create the flat file often takes communication with the EHDI program to create the file. There is no cost to import with a flat file into INSIS. Tammy has shared instructions and the data dictionary several times over the last year. If you need this information forwarded to you, contact Tammy at [tammy.ohollearn@idph.iowa.gov](mailto:tammy.ohollearn@idph.iowa.gov).

The other option is to purchase the Newborn Admission Notification Information (NANI) tool from OZ Systems (database vendor). NANI is an application that accepts and processes ADT messages that contain demographic (contact) information about newborn patients. NANI outperforms human data entry in two measurable ways: it works during labor shortages and outages, and it gathers even the most up-to-date information available for the patient's family. Addresses and phone numbers are updated after a patient is discharged, and if that new information is shared with your facility, NANI will receive and process it. All data is exchanged using industry standards to protect patient information.

# Quality Improvement Corner

A big focus in the upcoming year will be using the Iowa Newborn Screening Information System (INSIS) to make Early ACCESS (EA) referrals. As you know, all children diagnosed with a hearing loss in Iowa are eligible to receive EA services including mild, unilateral sensorineural hearing loss. Training was provided on how to make EA referrals in INSIS prior to the roll out of the early intervention module in June. Since then, the system has been able to receive EA referrals for children diagnosed with a hearing loss. Very few referrals have been made using the new module to date therefore creating unnecessary follow up with the EA program or parents.

When the referral is made through the system, the child's record reflects the referral and is automatically routed to the correct EA provider. By making the referral or noting the family declined the referral in the system, EHDI staff are able to see the referral date for EA services in the child's record and will not contact audiologists for this information. We have seen a few providers, including a new diagnostic provider, that are using the system to make EA referrals for children diagnosed with a hearing loss. We will offer training in the next year on how to make EA referrals through the system. We have included some pictures below on how to make referrals through the system for people that want more information. Please contact EHDI staff with questions on this functionality!

### Patient Outcomes:

Description	Status	Appointment	
Birth Screen	Bilateral Referral		
Outpatient	Bilateral Referral		
Risk Monitoring	Not Required		
Audiological Assessment	Right Ear Hearing Loss		
ENT	Required - Not Scheduled	Appointment Required	edit
EI	EI Referral Required	Appointment Recommended	edit
HAB	Make EI referral Parent Refused EI Referral	Appointment Required	edit
Contact Info	Required and Present		

Description	Status	Appointment	
Birth Screen	Bilateral Referral		
Outpatient	Bilateral Referral		
Risk Monitoring	Not Required		
Audiological Assessment	Right Ear Hearing Loss		
ENT	Required - Not Scheduled	Appointment Required	edit
EI	EI Referral Made	Appointment Recommended	edit
HAB	Required - Not Scheduled	Appointment Required	edit
Contact Info	Required and Present		

<b>EI Program Added</b> AEA 10-Grantwood 4401 Sixth St. SW, Cedar Rapids, IA, 52404
Was parent advised of Early Intervention services? <input checked="" type="radio"/> Yes <input type="radio"/> No
Would you like to print the Early Intervention Parent Referral Packet now? <input type="radio"/> Yes <input type="radio"/> No

Would you like free access to the latest research about Early Hearing Detection and Intervention (EHDI) programs for infants and young children? If so, you won't want to miss the latest issue of the *Journal of Early Hearing Detection and Intervention (JEHDI)* that was recently published. Individual articles or the entire issue can be viewed or downloaded at no cost by clicking <http://digitalcommons.usu.edu/jehdi/>

***Progress in Standardization of Reporting and Analysis of Data from Early Hearing Detection and Intervention (EHDI) Programs*** by Suhana Alam, Ashley Satterfield, Xidong Deng, and Craig A. Mason

***Prevalence and Trends of Childhood Hearing Loss Based on Federally-funded National Surveys: 1994–2013*** by Tyson S. Barrett and Karl R. White

***Time Trend and Factors Associated with Late Enrollment in Early Intervention among Children with Permanent Hearing Loss in Louisiana 2008-2013*** by Tri Tran, Yao Wang, Mary Jo Smith, Brenda Sharp, Terri Ibieta, Jeanette Webb, Wendy Jumonville, Melinda Peat, and Susan Berry

***Home Visiting Programs for Families of Children who are Deaf Systematic Review*** by Nannette Nicholson, Patti Martin, Abby Smith, Sheila Thomas, and Ahmad A. Alanazi

***Losing Ground: Awareness of Congenital Cytomegalovirus in the United States*** by Sara M. Doutré, Tyson S. Barrett, Janelle Greenlee, and Karl R. White

***Late Newborn Hearing Screening, Late Follow-up, and Multiple Follow-Ups Increase the Risk of Incomplete Audiologic Diagnosis Evaluation*** by Tri Tran, Ian Ng, Thiravat Choojitarom, Jeanette Webb, Wendy Jumonville, Mary Jo Smith, Terri Ibieta, Melinda Peat, and Susan Berry

***How Many Babies with Hearing Loss Will Be Missed by Repeated Newborn Hearing Screening with Otoacoustic Emissions Due to Statistical Artifact?*** by Karl R. White, Lauri H. Nelson, and Karen F. Muñoz

***Infant Diagnostic Evaluation Via Teleaudiology Following Newborn Screening In Eastern North Carolina*** by Andrew Stuart

***A Review of Internet Resources Related to Spoken Language Intervention for Spanish-Speaking Parents of Children who are Deaf or Hard of Hearing*** by Karen F. Muñoz, Lauri H. Nelson, and Brittan Barker

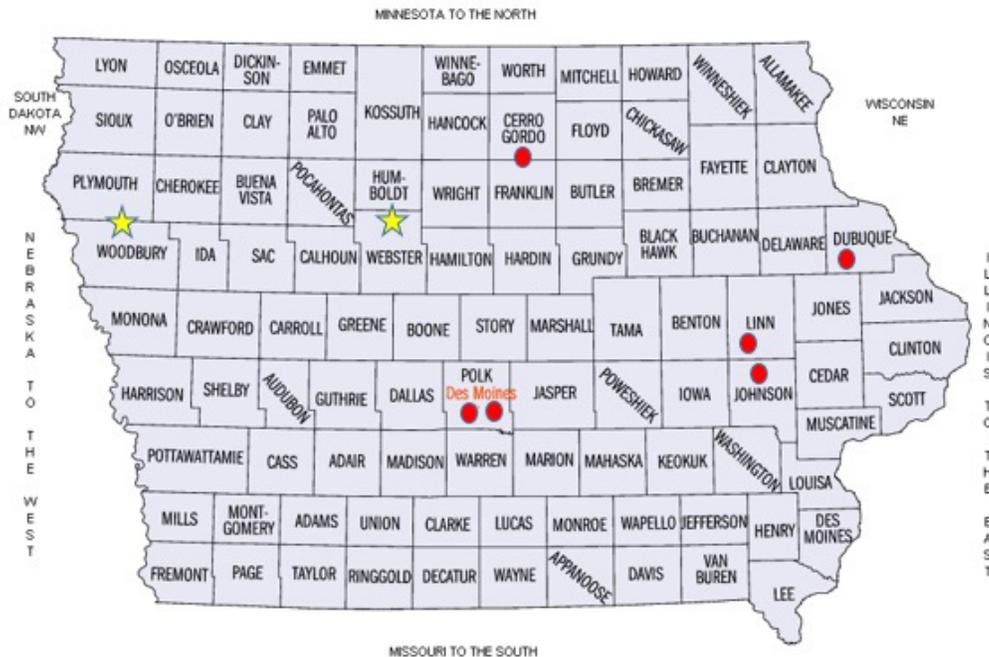
***What Are Others Publishing About Early Hearing Detection and Intervention?***

You won't find a better way to keep up with the latest research and news about how to improve EHDI programs. We hope you will consider publishing your own work about EHDI programs in JEHDI.



## Prairie Lakes Area Education Agency (AEA) ABR pilot

Prairie Lakes AEA will soon start to pilot ABR testing in their area. There has been strong interest in beginning another ABR pilot in this area of the state. EHDI Technical Assistants completed training with Prairie Lakes audiologists in the fall. The pilot project will take place in Fort Dodge beginning in 2017. Stay tuned for more information! The map below provides a current snapshot of the the location of pediatric diagnostic providers for infants in Iowa.



## Sound Bites

### *Updates from the EHDI Advisory Committee Meeting*

- Shift of EHDI Advisory will be towards QI activities for upcoming year
  - Will have QI training in April meeting
  - One QI activity will be around audiologists using INSIS for making EA referrals
  - Will assemble one or two small QI work groups to meet between advisory committee meetings. The work groups will then report back to the EHDI Advisory Committee at their regularly scheduled meetings.
- Discussed making a video (or other educational material) tailored for childbirth educators that can be incorporated at prenatal classes whether online or in-person.
- Reviewed parent guide draft as a big group and gathered feedback. Work group will meet once more to review second draft. Final draft will be presented at April's Advisory Aommittee meeting.
- EHDI personnel will recruit a midwife/parent of out of hospital birth family to serve on the EHDI Advisory Committee.
- Discussed the hearing loss checklist results. In some instances, the main contact for each facility may not have shared the checklist with their clinic/agency.
- Discussed focus of HRSA's grant for upcoming years and proposed changes.

### **Meeting dates for 2017:**

**04/06, 07/06 & 10/05 from 10:00a.m. to 3:00p.m.**

## *We want to hear from you.*

We value your feedback and are here to answer any questions you may encounter throughout the hearing screening and follow-up process. Below is contact information for our dedicated staff. We look forward to hearing from you.

### **State EHDI Coordinator**

Tammy O'Hollearn  
Iowa Department of Public Health  
(515) 242-5639 - direct  
[tammy.ohollearn@idph.iowa.gov](mailto:tammy.ohollearn@idph.iowa.gov)

### **EHDI Follow-Up/Family Support Coordinator**

Shalome Lynch  
Iowa Department of Public Health  
(515) 725-2160 - direct  
[shalome.lynch@idph.iowa.gov](mailto:shalome.lynch@idph.iowa.gov)

### **EHDI Follow-up/Family Support Coordinator**

Kristy Johnson  
Iowa Department of Public Health  
(515) 725-2290 - direct  
[kristy.johnson@idph.iowa.gov](mailto:kristy.johnson@idph.iowa.gov)

### **EHDI Program Assistant**

Jinifer Cox  
Iowa Department of Public Health  
(515) 281-7085 - direct  
[jinifer.cox@idph.iowa.gov](mailto:jinifer.cox@idph.iowa.gov)

### **Audiology Technical Assistance**

Lenore Holte, Ph.D.  
University of Iowa Hospitals and Clinics  
Center for Disabilities and Development  
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EHDI Fax: (515) 242-6013



Iowa's Early Hearing Detection & Intervention Program