



A Day in the Life of Oklahoma's Follow-up Coordinator





Authors & Presenter*:

Newborn Hearing Screening Program

Patricia A Burk, M.S., CCC-SLP, LSLS Cert. AVT*

Program (EHDI) Coordinator

Debbie Earley, Au.D., CCC-A

Follow-up/Audiology Contractor

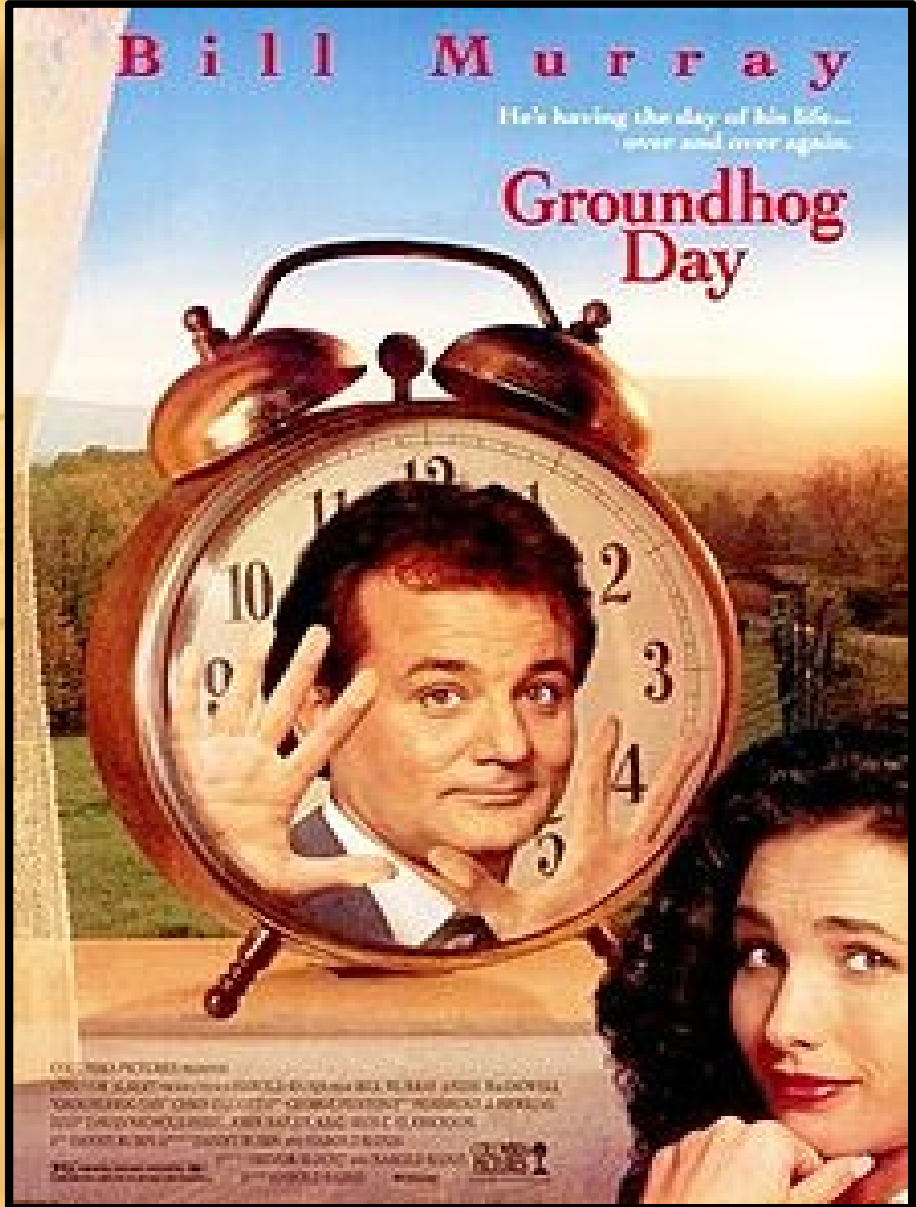




Learning Objectives

- **At the end of this presentation , participants will be able to :**
 - Learn ways to maximize the Follow-up Coordinator position
 - Learn ways to improve Loss to Follow-up/Loss to Documentation
 - Learn from other states on how to improve Loss to Follow-up/Loss to Documentation





Groundhog Day

MAIN CHARACTER:

- Phil Connors (played by Bill Murray)

PREMISE:

- Television Weatherman assigned to cover Groundhog Day
- Relives the same day over and over (time loop)
- Over time, he re-examines his life and priorities
- Eventually uses his experiences to save the lives of others and help the people in his community (and get the girl)



OK EHDI Groundhog Day

MAIN CHARACTER:

- Follow-up Coordinator
(Audiologist or Speech-Language Pathologist)

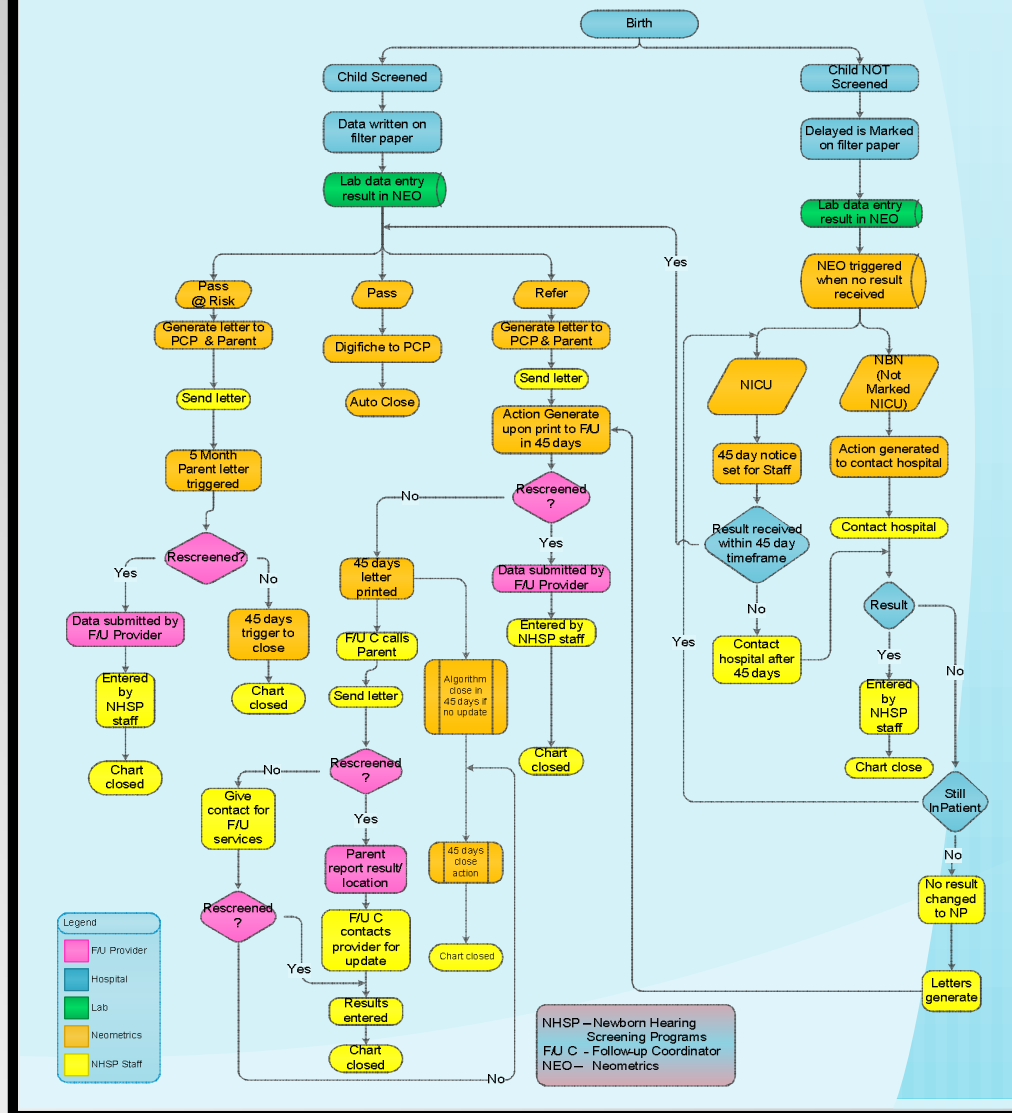
PREMISE:

- Responsible for the day-to-day case management efforts of the OK NHSP
- Can have the same activities day after day
- Must always remember priorities
- Uses experiences to help children and families across the state of Oklahoma



Oklahoma NHSP Process Work Flow

April 10, 2014



NHSP Daily Letters – 7 days

<<DATE>>

To the parents of:

<<ffrm>> <<lnm>>

<<lststreet1>>

<<lstcity>>, <<lststate>> <<lstzip>>

DOB: <<BRTHDT>>

LAB #: <<lstlabno>>

Hearing Screening Results:

Right Ear: <<rear>>

Left Ear: <<lear>>

Dear Parent:

Your baby's hearing was screened shortly after birth. Your baby passed the hearing screening, but has the following risk(s) for developing hearing loss:

<<risks>>

A copy of these results was given to you when you and the baby left the hospital. This information is on a pink sheet of paper with the title *Newborn Hearing Screening* and a picture of an ear. A check in any box in the *Hearing risk status* area of the form indicates risk for developing hearing loss.

To be certain that your baby's hearing is not changing, it is important to **have hearing re-screened at six months and again at one year of age**. The newborn screening program will send you a reminder about having hearing re-screened when your baby is about five months old. Any time you have concerns about your infant's hearing don't wait. Have hearing screened right away.

Do you need help in finding someone to screen your baby's hearing? Do you have other questions? Call the newborn screening program. The toll-free number is 1-800-766-2223. The Oklahoma City number is 271-6617. The phone is answered Monday through Friday 8:00 AM until 5:00 PM. You can leave a voice-mail message at other times.

Sincerely,



Patricia A. Burk, MS, CCC-SLP, LSLS Cert. AVT
Coordinator, Newborn Hearing Screening Program

To schedule a hearing appointment:
Payne County Health Department
Stillwater, OK
405-372-8200

*Esta carta está disponible en español; para recibir una copia, por favor contacte a este programa por teléfono o por correo.
This letter is available in Spanish; for a copy, please contact the program by telephone or mail.*



NHSP Daily Calls – 45 days

<<DATE>>

To the parents of:

<<fnn>> <<lnm>>

<<lststreet1>>

<<lstcity>>, <<lststate>> <<lstzip>>

DOB: <<BRTHDT>>

LAB #: <<lstlabno>>

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NHSP Daily Calls – 45 days

Communication Registers

Frozen	Always stays the same; Ritual or specific words; Unchangeable language	Pledge of Allegiance Lord's Prayer
Formal	One way communication; No interruptions; Technical language	Interviews Academia Public speaking
Consultative	Two way communication; Interruptions allowed; Cannot assume other person has background information	Teacher/Student Doctor/Patient Supervisor/Employee Meeting a stranger
Casual	Very informal language Language between friends Limited vocabulary (400-800 words)	Slang Text
Intimate	Private; way in which words are said is very important; non-verbals are included	Between lovers, family, and close friends

Adapted from the work of Martin Joos



Diagnostic Data Entry

NEWBORN HEARING SCREENING REPORTING FORM INSTRUCTIONS FOR USE

Newborn Hearing Follow-up Report submission is mandated by the State of Oklahoma, Newborn Infant Hearing Screening Act §63-1-543.

PURPOSE:

This Reporting Form is to be used to report all visits to your facility by infants and children birth to three years of age. Information from these reports will be used to update the newborn hearing screening results reported at birth by the hospital and monitor that each child is receiving follow-up services as soon as possible. Annual data will be reported to the Center for Disease Control and Prevention (CDC) to determine babies "Loss to Follow-up/Loss to Documentation".

REPORTING HEARING RESULTS ON ALL INFANTS AND CHILDREN FROM YOUR FACILITY should include:

- Initial infant hearing screenings on "out of hospital births" and missed hospital screenings
- All infants that referred the initial hearing screening
- A child referred to you from other resources (parents, physicians, etc) with suspected or confirmed hearing loss
- A child being evaluated for hearing aids or cochlear implant(s)
- A child being monitored for risk factors for progressive hearing loss
- A child who exhibits any significant change in hearing status
- A child who was scheduled for follow-up from newborn screening or hearing aid fitting but missed multiple scheduled appointments and has now been lost to follow-up
- Report all results even if auditory responses are within the normal limits or incomplete results

INSTRUCTIONS FOR USE:

- Enter date of appointment, not the date you are filling out form

IDENTIFYING INFORMATION

- The child's full name, birth date, and mother's first and last name
- Mom's SS# if given
- Current address
- Name of child's hospital of birth or note if out-of-hospital birth
- Current Primary Care Physician

RESULTS:

- Complete Box 1 for screenings, complete Box 2 for diagnostic audiologic assessments
- Check correct test results for each ear. Ear specific test results are required, even if baby passed one ear on an initial screen. If baby has malformation of ear prohibiting a screening, need to refer for diagnostic ABR.
- Check all tests performed.
- If baby refers screening, make note of recommendations for follow-up in comments section of Box 1.
- If diagnosed hearing loss, check degree and type of loss (refer to updated ASHA guidelines for degree of loss)
- Do not mark two degrees of hearing loss. If the hearing loss crosses two levels, check the degree that encompasses the majority of the frequencies
- Include date of amplification and check type of amplification device
- Check all other referrals made
- If enrolled or referred to early intervention, note location if known
- Note any known risk factors/family history

Please return or fax the **completed form**, or **audiology report** to: Newborn Hearing Screening Program
Oklahoma State Department of Health
1000 N.E. 10th Street
Oklahoma City, OK 73117
Fax (405)271-4892

Hearing Results
Newborn Screening Program
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299
405-271-8617

Dear Clinician: If the infant's parent/guardian did not bring a similar form that includes the infant's identifying information, use this form to report hearing screening or audiologic diagnostic results to the newborn screening program. Please return the completed form to the address above or FAX it to 405-271-4892.

Infant's last name: _____ Infant's first name: _____ DOB: _____
Mom's last name: _____ Mom's first name: _____ Mom's SS#: _____
Address: _____ City: _____ State: _____ Zip: _____
Birth Facility: _____ Primary Care Physician (PCP) Name: _____

To the clinician evaluating hearing: **Complete Box 1 if you are screening hearing; complete Box 2 if you are providing a diagnostic audiologic assessment.**

Box 1: Hearing Screening Results

Screening Date: _____

Results:

Right Ear: Pass Refer Left Ear: Pass Refer Screen Method: ABR OAE other _____

Early Intervention: Referred Already enrolled Location: _____

Comments:

Person screening: _____ Title: _____ Phone: _____

Box 2: Diagnostic Audiologic Assessment Results

Assessment Date: _____ Seen previously? Yes No If Yes, Date: _____

Results:

Right Ear: Normal Slight Loss Mild Loss Moderate Loss Severe Loss Profound Loss Inconclusive
 Sensorineural Conductive Mixed ANSD Undetermined

Left Ear: Normal Slight Loss Mild Loss Moderate Loss Severe Loss Profound Loss Inconclusive
 Sensorineural Conductive Mixed ANSD Undetermined

Assessments used: (Check all that apply) ABR Bone ABR ASSR TEAOE DPOAE BOA VRA
 Pure Tone Tympanometry other _____

Early Intervention: Referred Already enrolled Location: _____

Amplification: Date _____ Type: Hearing Aid Cochlear Implant other _____

Referrals/Resources: PCP ENT Genetics Ophthalmology other _____

Risk Factors/Family History: _____

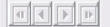
Recommendations/Comments:

Audiologist: _____ Phone _____



CMS-III Search

Specimen #: 20130371044 Patient #: 20130371044 Ser No: 1301706 Patient: BURK Mother: BURK



Case Status : **Open**

Spec Type: Initial

Date Reported : 02/07/2013

- Notes(0)
- Act-Pending(0)
- Hearing(0)
- Diagnosis(0)
- Act-Closed(0)
- Images(0)

Name [L, F] BURK, MALE
Birth Date / Time 02/01/2013 @ 1105
Collection Date / Time 02/02/2013 @ 1335
Date Received / Time 02/06/2013 @ 0607
Date Reported 02/07/2013
Birth Weight 3781 gms
Sex Male
Twin
Race
Specimen Type Initial
Serial Number 1301706
Specimen Age 4 day(s)
Age At Collection 1 day(s) 2 hour(s)
Baby's Hosp ID E1503034909
Transfused
Trans Date / Time @
TPN
Antibiotics
Adopted
Right Ear Pass
Left Ear Pass
Method ABR
If not Screened, Reason
Risk Factors

Baby Med Number
Mother's Name BURK, PATRICIA
Mother SSN 440-94-9632
Phone (405) 627-0594
City EDMOND, OK 73013
Street 16009 TEESDALE RD
County 109 - Oklahoma County

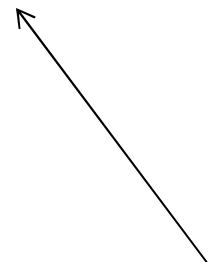
Submitter 91077
MERCY HEALTH CENTER
MERCY HEALTH CENTER
4300 W MEMORIAL RD
OKLAHOMA CITY, OK 73120
Phone (405) 486-8766
Fax (405) 752-3975

Physician 12504
MERL SIMMONS
MERCY HEALTH - EDMOND/SAN
1575 N SANTA FE AVE
EDMOND, OK 73003
Phone (405) 285-0660
Fax (405) 285-0659

Demographics



Hearing Results



PRIMARY

- MSDS Test Results
- MSDS Demographics
- AS Case Demographi
- Notebook
- udiologist Confirmatio
- Actions
- FP Diagnosis
- Case Disposition
- CMS Labs

OK
Cancel
Retry
Add
Edit
Help
E-Mail
Report
Fax
Mailers
Hear Demog
Merge

SECONDARY Record 3 - 37
LTFU



CMS-III Search

Specimen #: 20130371044 Patient #: 20130371044 Ser No: 1301706 Patient: BURK Mother: BURK
 Case Status: **Closed** Spec Type: Initial
 Date Reported: 02/07/2013

Notes(1) Act-Pending(0) Act-Closed(0) Hearing(0) Image(0) Diagnosis(1)

Sort Add Save Edit Note Delete Note Cancel Print Note

Patient No. Lab ID No. High Priority Error Phone Call CMS
 20130371044 1301706

Create Date Modify Date
 Date JULY 22, 2013 Date JULY 22, 2013
 Time 05:47 PM Time 05:47 PM
 Tech FBURK Tech FBURK

TEST CASE: CLOSE AS NORMAL :PB

PRIMARY
 MSDS Test Results OK
 MSDS Demographics Cancel
 AS Case Demographi Retry
 Notebook Add
 Help

**Notebook Entries
 track all
 correspondences
 and actions**

CMS-III Search

Specimen #: 20130371044 Patient #: 20130371044 Ser No: 1301706 Patient: BURK Mother: BURK
 Case Status: **Closed** Spec Type: Initial
 Date Reported: 02/07/2013

1

Method AABR
 Right Ear Re-Screen Pass
 Right Ear Degree Loss Normal
 Right Ear Type Loss
 Right Ear Diagnosis
 Right Ear Diagnosis Date 07/22/2013
 Left Ear Re-Screen Pass
 Left Ear Degree Loss Normal
 Left Ear Type Loss
 Left Ear Diagnosis
 Left Ear Diagnosis Date 07/22/2013

Amplification
 Amplification Date
 Recommendation
 Location of Test OSDH
 Audiologist 101
 DEBORAH EARLEY M.S.
 3705 BURLINGTON DR
 NORMAN, OK 73072
 (405) 271-8046

Audiologist NIL
 Intervention
 Intervention Program
 Intervention Date
 Intervention Contact
 Risk Factors

Notes

**Follow-up
 Results**



CMS-III Search

Specimen #: 20130371044 Patient #: 20130371044 Ser No: 1301706 Patient: BURK Mother: BURK
 Case Status: **Closed** Spec Type: Initial
 Date Reported: 02/07/2013

Pending Action	Description	Disorder/Mnemonic	Due Date	Init Date	Initiated By	Lab Number	Spawn Close Action	Spawn Cancel Action	Spawn Repeat Action	Phys/Pat Relation
HE1007	PHYSICIAN LETTER REFERRED	EAR/111	07/22/2013	07/22/2013	PBURK	20130371044				
HE100P	PARENT LETTER FOR REFERRED HEARING	EAR/111	07/22/2013	07/22/2013	PBURK	20130371044				
HE101P	Parent Letter Referred	EAR/111	09/02/2013	07/22/2013	PBURK	20130371044	REHECL			

Notes(1) Diagnosis(1)
 Act-Pending(0) Act-Closed(0)
 Hearing(1) Images(0)

PRIMARY
 OK
 Cancel
 Retry
 Add

Complete Action Cancel Action Adjust Due Date: 8/28/2002

Completed Action	Description	Disorder/Mnemonic	Due Date	Comment	Init Date	Completed By

Actions

CMS-III Search

Specimen #: 20130371044 Patient #: 20130371044 Ser No: 1301706 Patient: BURK Mother: BURK
 Case Status: **Closed** Spec Type: Initial
 Date Reported: 02/07/2013

Disorders

- CH (OLD) - 90001
- CH (HTSH) - 90028
- PKU - OLD - 90002
- GAL - 90003
- CAH - 90004
- CF - 90005
- HGB - 90006
- EAR - 90007**
- MCADD - 90009
- CUD - 90015
- CPT1 - 90016
- SCAD & GAI - 90017
- CACT & CPTII - 90018
- LCHAD & TFP - 90019
- VLCAD - 90020
- HCY/MET - 90008
- Phe (PKU) - 90010
- Cit - 90011
- Tyr - 90012
- MSUD - 90013
- Arg - 90014
- Propionic/Methylmalonic Acid Malonic Acidemia (MAL) - 9002
- IBG - 90023
- Isovaleric Acidemia (IVA) & 2ME Beta ketothiolase deficiency (B) Glutaric Acidemia Type 1 (GA1) HMG/3MGA/3MCC/MCD/2MC: BID - 90029
- Not Disorder Related - 99999

Diagnosis Date: 7/22/2013

Presumptive Diagnosis

Diag Code	Description

Final Diagnosis

Diag Code	Description
<input type="checkbox"/> HERF	Hearing screening refused
<input type="checkbox"/> HFANL	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT DIAGN...
<input type="checkbox"/> HFEX	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT EXPIR...
<input type="checkbox"/> HFFB	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT NOT N...
<input type="checkbox"/> HFFBI	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT NOT N...
<input type="checkbox"/> HFFU	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT NOT N...
<input type="checkbox"/> HFFUI	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT NOT N...
<input type="checkbox"/> HFLF	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT LOST ...
<input type="checkbox"/> HFNL	NO PASS (EITHER OR BOTH EARS) RISK FACTOR ABSENT REPEA...
<input type="checkbox"/> HFRANL	NO PASS (EITHER OR BOTH EARS) RISK FACTOR PRESENT DIAG...
<input type="checkbox"/> HFREX	NO PASS (EITHER OR BOTH EARS) RISK FACTOR PRESENT EXPL...
<input type="checkbox"/> HFRFB	NO PASS (EITHER OR BOTH EARS) RISK FACTOR PRESENT NOT ...

Diagnoses Assigned

Type	Disorder	Diagnosis	Reg No.	Diag Date	User	Notify Date	ReptCode
F	EAR	HNLERR - NORMAL - NORMAL - ERROR		07/22/2013	Patricia Burk	07/22/2013	90007

Diagnosis

CMS-III Search

Specimen #: 20130371044 Patient #: 20130371044 Ser No: 1301706 Patient: BURK Mother: BURK
 Case Status: **Closed** Spec Type: Initial
 Date Reported: 02/07/2013

Filter Paper (FP) Disposition
 CLOSEM - AUTOCLOSED - normal or not followed
 Disposition: AUTOCLOSED
 Disposition Date: 07/22/2013 Closed By: SYSTEM

Notes: AUTO-DISPOSITION
 Disposition Approved By: Treatment Date: Age at Treatment:
 Parent Support Info

Followup Type	Disposition	Disp Date	Closed By	Notes
1 - Filter Paper (FP)	CLOSEM - AUTOCLOSED - normal or...	07/22/2013	SYSTEM	AUTO-DISPOSITION
2 - Hearing	041 - Hearing Normal-No further follo...	07/22/2013	PBURK	

Add New Disposition Type

Final Diagnosis
 HNLERR - NORMAL - NORMAL - ERROR

Presumptive Diagnosis

Case Disposition

Collaboration with Providers

- Networks with private and public providers (audiologists, hospital nurseries, doctor's offices, etc.)
- Provide audiology-related support for County Health Departments with hearing equipment
- Gives providers Initial Results and Follow-up Results (if available) for continuity of care
- Assists providers with “no showed” appointments
- Works with families to obtain follow-up
- Marks WIC Charts for infants needing follow-up





Collaboration with SoonerStart Part C Early Intervention

- Helps providers when having difficulties getting families to attend hearing appointments
- Seeks results for Follow-up Screenings before closing patient charts as Loss to Follow-up
- Public Health Oklahoma Client Information System (PHOCIS)
 - Follow-up recommendations are available to providers
 - Can see if child has hearing appointment scheduled



ADAM SANDLER

DREW BARRYMORE

Imagine having to win over
the girl of your dreams...
every friggin' day.



50 FIRST DATES

© 2004 Columbia Pictures Industries, Inc. All Rights Reserved. "50 First Dates" is a trademark of Columbia Pictures Industries, Inc. "Remember the Date" is a trademark of Columbia Pictures Industries, Inc. "Valentine's Day" is a trademark of Columbia Pictures Industries, Inc. "50 First Dates" is a registered trademark of Columbia Pictures Industries, Inc. "Remember the Date" is a registered trademark of Columbia Pictures Industries, Inc. "Valentine's Day" is a registered trademark of Columbia Pictures Industries, Inc. "50 First Dates" is a registered trademark of Columbia Pictures Industries, Inc. "Remember the Date" is a registered trademark of Columbia Pictures Industries, Inc. "Valentine's Day" is a registered trademark of Columbia Pictures Industries, Inc.

REMEMBER THE DATE
VALENTINE'S DAY

50FirstDates.com
Columbia Pictures

50 First Dates

MAIN CHARACTER:

- Lucy Whitmore (played by Drew Barrymore)

PREMISE:

- 1 year ago was in a car accident & has amnesia
- Family & community help re-create each day as if it's October 13th (time loop)
- Henry Roth (Adam Sandler) tries to win her over with something new each day – “50 Dates”
- At first it does not work, but they fall in love & overcome their many obstacles



OK EHDI 50 First Dates

MAIN CHARACTER:

- Follow-up Coordinator

PREMISE:

- Office duties can seem to cause a time loop
- 4-member staff for 50,000+ babies
- It may appear to be better to continue each day the same as always due to limited resources
- NHSP seeks to improve services for family
- At first it may not work, but flexibility can result in quality improvement and patient care



Part C Tracking Forms



Oklahoma Children with Hearing Loss Tracking/Data Management for SoonerStart/NHSP SoonerStart Staffing Form

Please provide as much of the following information as possible to ensure that individual records can be accurately matched with information reported from other sources. THANK YOU FOR YOUR ASSISTANCE.

SOONERSTART TEAM: _____

Report Year: _____

Dates report sent to OSDH: 1st Quarter date: _____ 2nd Quarter date: _____
3rd Quarter date: _____ 4th Quarter date: _____

*Note: Please submit all pages of yearly report at end of each quarter

Child's Name(s)	DOB	Mother's Name at time of birth	Birth Hospital	Hearing Diagnosis 1.Type 2.Degree 3.Unilat/Bilat	Date of Hearing Diagnosis	Date of Hearing Aid/ Cochlear Implant	Diagnosing Audiologist	Receiving EI Services? Date enrolled	SS Provider/ RC (contact person)	Notes
<i>Sample: John Smith (Jones)</i>	03/31/06	Brenda Jones	Perry Memorial Hospital	Severe sensorineural loss bilaterally	04/29/06	04/29/06	Janet Johnson, Aud., CCC-A	Yes 04/30/06	Susan Walker, CCC-SLP	Child to see PCP for Middle ear fluid to return on 3/7/08.



Part C Tracking Forms

Quarter/ Month Requested	SoonerStart Team Participation	Names submitted with HL	# not reported to NHSP by Audiologist
Quarter 3 Oct 2010	20/25	35	11
Quarter 4 Jan 2011	15/25	18	2
Quarter 1-2 July 2011	21/25	34	8
Quarter 3 Oct 2011	24/25	33	12
TOTAL	--	120	33*



Audiology Reverse Tracking Forms

Clinic Name	Clinic Contact	Email/Ph Number	Date Requested	Date Received	Additional Request	Additional Date Received	Total numbers of babies sent	EI/Enroll Dates	EI Program (Part C)	EI Program (Non-Part C)	Hearing Aid Date	CI Dates	New babies received	Notes
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												
	#N/A	#N/A												

Looking for:

- Updated data from sites
- Loss to Documentation
(Results not sent to NHSP)



Audiology Reverse Tracking Forms

- 74 children born in 2012 were reported as receiving a hearing loss diagnosis by Part C Tracking Forms & Closure Process
 - Requests for updates were made to audiology programs/providers across state
- Additional data was received for:
 - 30 Early Intervention (Part C and Non-Part C) placement dates were received
 - 34 hearing aid or cochlear implant dates were received



Hospital Trainings

Newborn Hearing Screening



Hillcrest

Wednesday

November 20, 2013

2:30 and 5:30 pm

In-service Presented by:

Debbie Earley, Au.D., CCC-A
Follow-up/Audiology Coordinator
Oklahoma State Department of Health



Hospital Reports - 2011 Findings

Oklahoma Newborn Hearing Screening Program 2012 Annual Data Report for OU Medical Center

Please find attached the 2012 Q2 Data Report for your hospital(s) from the Oklahoma Newborn Hearing Screening Program (NHSP).

This report includes (monthly and cumulative):

- Refer (Not pass) Rate
- Not Performed Rate
- Not Reported Rate

The NHSP developed this new initiative to create statewide data reports for every birthing hospital to consult on a quarterly basis with the purpose of reducing the number of infants who do not pass the initial screening. One goal of universal newborn hearing screening is ensure that all infants are screened for hearing at birth and receive appropriate follow-up. Therefore, one purpose of this report is to assist your hospital and the NHSP in tracking program performance for quality assurance purposes.

Upon receipt of this report, if you have any questions please do not hesitate to contact our program.

Refer (Not Pass) Rate

According to Automated Auditory Brainstem Response (AABR) manufacturers, 2-5% is the average rate for refers (babies who did not pass the hearing screening). Refers are expected result due to several scenarios that it out of the screeners' control.

Not Performed Rate

Oklahoma State mandate requires that all babies have their hearing screened. There are several reasons why hearing screening is not performed: -

- Parent refusal
- Babies were discharged early
- Oversight by screeners

Not Reported Rate

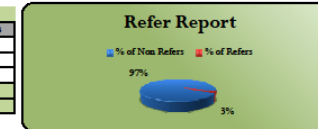
State mandate states that all babies need to be reported. There are several reasons why the hearing tests were not reported:-

- Babies in NICU
- Loss documentation
- Oversight by screeners

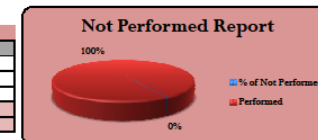
OU Medical Center 2nd Quarter Report - 2012

Reports submitted by the Oklahoma Newborn Hearing Screening Program

Refers				
Month	Births	Refers	% of Non Refers	% of Refers
April	309	8	97.41%	2.59%
May	377	10	97.35%	2.65%
June	394	16	95.94%	4.06%
Total	1080	34	96.85%	3.15%
Average	360	11.33	96.90%	3.10%



Not Performed				
Month	Births	Not Performed	% of Not Performed	Performed
April	309	0	0.00%	100.00%
May	377	3	0.80%	99.20%
June	394	0	0.00%	100.00%
Total	1080	3	0.28%	99.72%
Average	360	1.00	0.27%	99.73%



Not Reported				
Month	Births	Not Reported	% Not Reported	% Reported
April	309	6	1.94%	98.06%
May	377	8	2.12%	97.88%
June	394	2	0.51%	99.49%
Total	1080	16	1.48%	98.52%
Average	360	5.33	1.52%	98.48%



Hospital Reports - 2011 Findings

Refer Report

- **Range:** 0-29.28%
- **JCIH Recommendations:** 2-4%
- **State Average:** 5% (2816 infants)

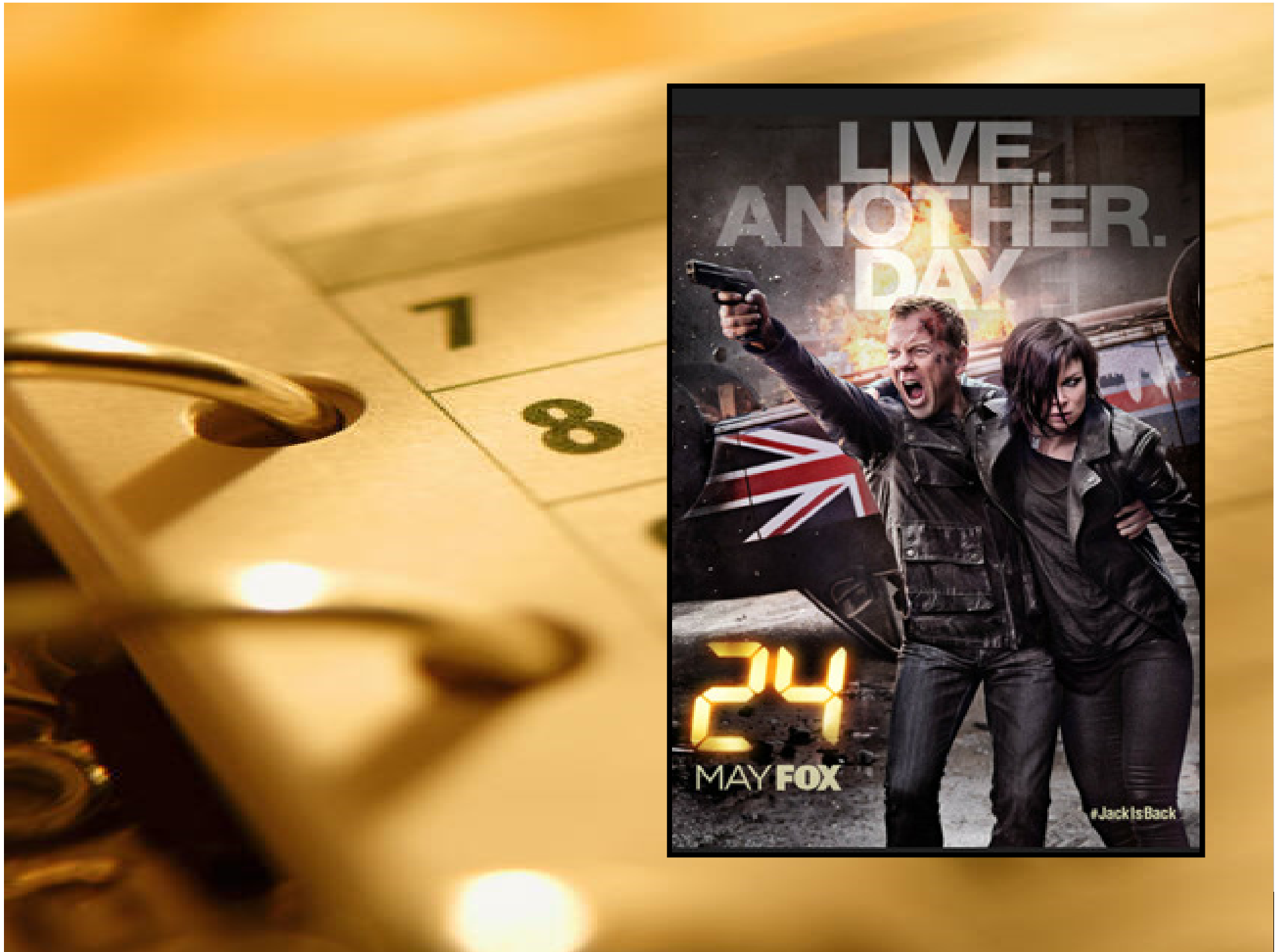
Not Performed Report

- **Range:** 0-13.3%
- **State Average:** 1.81% (772 infants)
- **Expectation:** 0% (All infants screened)
 - 10/60 hospitals at 0%
 - 35/60 hospitals below 1%

Not Reported Report

- **Range:** 0-22.89%
- **State Average:** 2.74% (1222 infants)
- **Expectation:** 0% (All screens reported)





24 (TV Series)

MAIN CHARACTER:

- Jack Bauer (played by Kiefer Sutherland)

PREMISE:

- Counter Terrorist Unit (CTU) agent
- Each 24-episode season covers 24 Hours in the life of Jack Bauer, using real time narration
- Races against the clock to stop terrorist activities and government conspiracies
- Seems to do the impossible at times as he loyally holds firm to his purpose



OK EHDI – “40”

MAIN CHARACTER:

- Follow-up Coordinator

PREMISE:

- Medical provider specializing in hearing loss
- Has 40-hours a week to impact lives of Oklahoma infants and families
- Races against the clock to stop neuro-developmental delay (working for government)
- Seems to do the impossible at times as he/she loyally holds firm to his/her purpose



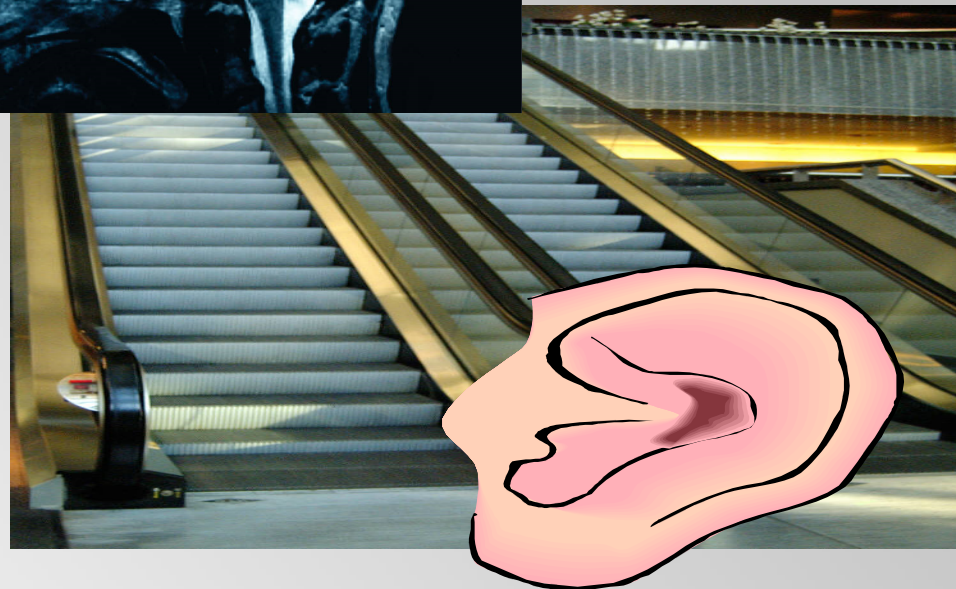
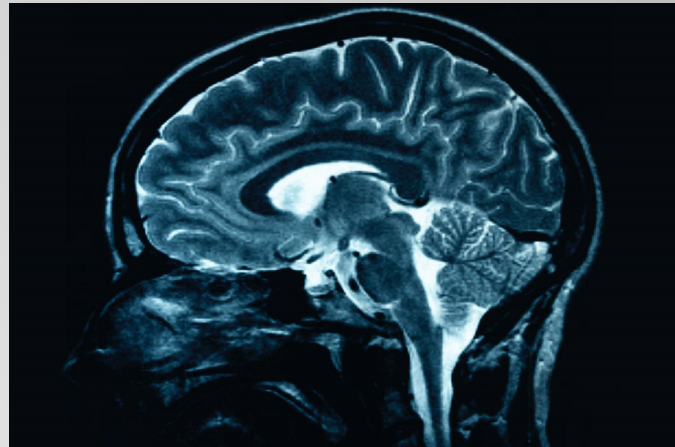


92% of children with permanent hearing loss are born to two ***hearing*** parents.

(Mitchell & Karchmer, 2004)



Brain Development-The ear is the conveyer belt to the brain!!



1 Million Words A Month!!

Average number of words heard by a child in the first four years of life:



	<u>Daily</u>	<u>4-years</u>
Professional family	2100	45 million
Working-class family	1200	26 million
Welfare family	600	13 million

Meaningful Differences in the Everyday Experience of Young American Children (Hart & Riseley, 1999)





County/Hospital Newsletters

LISTEN FROM EAR TO EAR TIPS OF THE MONTH		<p><i>August 2013</i> The Newborn Hearing Screening Program (NHSP) debbiee@health.ok.gov</p>
<p>Risk Factors and Delayed-Onset Hearing Loss</p> <p>Referrals for audiologic assessments for children with risk factors for delayed-onset hearing loss should be individualized depending on the likelihood of a subsequent delayed-onset hearing loss. The Oklahoma Newborn Hearing Screening Program recommends a follow-up at 6 months and 1 year of life. The Joint Committee on Infant Hearing (JCIH) Year 2007 Position Statement recommends that infants who pass the initial hearing screening but have a risk factor for hearing loss should have at least one diagnostic audiology assessment by 24-30 months of age. Certain risk factors like cytomegalovirus (CMV) infection, certain syndromes associated with progressive hearing loss, children who have received extracorporeal membrane oxygenation (ECMO), chemotherapy, etc. may require more frequent assessments. Children with any risk factor should be monitored for hearing loss in the medical home and not only have routine audiologic assessments; but also ongoing "surveillance of auditory skills and language milestones."</p>		
<p>Risk Indicators Associated with Permanent Congenital, Delayed-Onset, or Progressive Loss in Childhood (JCIH Year 2007 Position Statement)</p> <ul style="list-style-type: none"> • Caregiver concern • Family history of permanent childhood hearing loss • NICU stay or more than 5 days or any of the following regardless of length of stay: ECMO, ototoxic medications, loop diuretics, and hyperbilirubinemia that requires exchange transfusion • In utero infections, such as CMV, herpes, rubella, syphilis, and toxoplasmosis • Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies • Physical findings, such as a white forelock, that is associated with a syndrome known to include sensorineural or permanent conductive hearing loss • Syndromes associated with hearing loss such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson • Neurodegenerative disorders such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich Ataxia and Charcot-Marie-Tooth syndrome • Culture-positive postnatal infections associated with hearing loss including confirmed bacterial (especially herpes viruses and varicella) meningitis • Head trauma, especially basal skull/temporal bone fracture that requires hospitalization • Chemotherapy 		
		<p>Facts from the American Academy of Audiology</p> <ul style="list-style-type: none"> • Evidence suggests that for 9 year olds with educationally significant hearing loss, up to 50% will have passed newborn hearing screening • Estimated that 9-10 per 1000 children will have identifiable permanent hearing loss in one or both ears by school-age
		<p style="text-align: center;"></p> <p>Upcoming Event October 4-5, 2013 Hard Rock Hotel and Casino 777 West Cherokee Street Tulsa, Ok</p> <p>"Rockin' the DNA: moving ahead with Genetics, Technology, and Clinical Practices in Audiology and Speech-Language Pathology" Register: www.okla.org</p>



Where Families Find Support

- Formal Parent Support Groups
 - △ Deaf Specific
 - △ General Disability
- Informal Parent Support

Parent-to-Parent

- Mentor
- Role Model

Adults Who Are Deaf/Hard of Hearing

family

Information

- Internet Websites
- Brochures
- Books
- CDs/DVDs/Videos
- Resource Guides
- Curricula

Professionals

- Service Coordinator
- Parent Educator
- Early Interventionist
- Audiologist
- Medical Home/Physician
- Speech/Language Pathologists
- Teacher
- Hospital Staff
- Communication Instructor/Specialist

Existing Communities

- Family
- Friends
- Neighborhood
- Places of Worship/Spiritual

www.infanthearing.org



Hospital Reports - 2011 Findings

	2006	2008	2009	2010	2011
OK Births	54,010	53,735	53,635	52,055	51,075
Screened	51,352 (95.1%)	52,980 (98.6%)	52,670 (98.2%)	51,571 (99.1%)	50,616 (99.1%)
Not Screened	2,658 (4.9%)	755 (1.4%)	965 (1.8%)	484 (0.9%)	459 (0.9%)
Referred	1,927 (3.6%)	2,607 (4.9%)	2,556 (4.8%)	2,668 (5.16%)	2,901 (5.17%)
Confirmed Hearing Loss	91	94	93	84	92
Lost to Follow-up/ Docum.*	~40%	18.8%	10.8%	21.8%	16.0%





Contact Information

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<http://nhsp.health.ok.gov>

