

Remodeling a Local EHDI Program



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Data to Action

- NICU infants more likely to be missed
- Infants born in hospitals without audiology support were less likely to be rescreened
- Infants born to mothers who are Latino, low education, teens, or single were less likely to obtain a rescreen



The Local EHDI Team

- Primary Care
- Hospital Coordinator(s)
- CSHCN Nurse
- Audiology Regional Coordinator
- CO-Hear Coordinator
- Hands & Voices Parent Guides
- Part C, EPSDT, Child Find
- Regional Midwives



Other Team Members to Consider

Invite those who...

- Screen hearing in newborns (nurses, techs, volunteers)
- File electronic birth certificates
- Provide audiology services within the region (ex. educational audiologists are a good resource for home-birth population screening)



System Improvements for Parents and Providers at the Community Level

- Define the Strengths, Weaknesses,
 Obstacles in each phase of EHDI
- Develop a unique 'roadmap' that provides clear guidance for families and 'best practices' for providers based on the resources in that community



An EHDI Meeting at Work

- First things first: set a time that works for most attendees and provide food (if possible)
- Then:
 - □ Review latest screening statistics
 - □ Problem solving for recent ID stories
 - Analyzing obstacles
 - Setting goals for improvement (based on written guidelines development by our Infant Advisory Committee)
 - Sharing available resources: parent letter, roadmap, training video, etc.
- Meetings between the meetings:
 - Relationship building
 - Thank you letters to attendees (especially primary care physicians!)



Surprises Along the "Roadmap"

Date of Birth

Date of Admit versus Date of Birth

Equipment

- Hadn't been calibrated in ages
- Purchased from Ebay



More... Surprises Along the "Roadmap"

Screening Procedures

- "Screen until baby passes" method
- Part C screens all babies in program at IFSP

Diagnostic Procedures

"Routine use" of sedated ABR

Follow up

L&D nurses call families personally (Alamosa)



And Even More... Surprises Along the "Roadmap"

Personnel

 Not everyone in the community is aware of others' roles and don't always know one another even exists

Homebirths

 Local Solutions: Clinic Day, School District, List of places for testing to give with Informed Consent documentation

Notification to EHDI program

- Birth Certificate filing issue
- Streamlining referral to Co-Hear
- Direct referral to parent support program



Local Communities at Work

Pueblo Hearing Consortium Task Force <u>Mission Statement</u>

Pueblo professionals and parents value the educational potential of our deaf and hard of hearing children. We know that children identified early have the best chance for meeting their individual potential.

Therefore, we resolve that all children in our community will have access to periodic hearing screenings, referrals for diagnostics, and entry into the early intervention system.

Do you hear what I hear?

Hearing loss can have a major impact on the life of a child and his/her family.

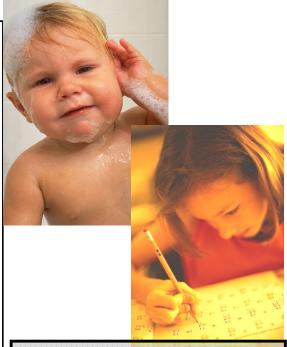
Hearing loss is one of the most common birth defects, affecting about 3 in 1,000 babies.

Hearing loss can be present at birth or can develop later in childhood or during adulthood.

Parents are often the first people to sense that their child has a hearing problem. It is important to recognize the signs of hearing loss in infants and toddlers as early as possible.

The most critical period for speech and language development is from birth to four years of age. Observe your child throughout his/her daily routine and discuss your concerns with your physician. Even if a child can hear enough to turn toward sound, are they hearing clearly enough to imitate speech?

If your child isn't making sounds or failed or never had a hearing screening, do not delay in getting your child's hearing tested.



If you have questions about screenings, please call the following:

*Health Care Program for Children with Special Needs, 719-583-4368

*EPSDT/Children's Medicaid, 719-546-6666

❖Community Connections for Families, 719-583-2459

Effect on Learning

Hearing loss can cause significant emotional and social problems. A loss of any type or degree can present a barrier to incidental learning. Children with a loss cannot listen and learn – at least 10% of class room instruction may be missed. Academic loss can occur in children as early as kindergarten and first grade. Most children with losses begin to show considerable learning difficulties when they reach third grade. Often the symptoms of hearing loss are mistaken for an Attention Deficit problem.

Here is a list of similarities:

Mild Hearing Loss

- ❖Inappropriate responses
- Difficulty following directions
- Difficulty sustaining attention during oral presentations
- ❖Impulsive
- Frequently asks for repetition
- *Academic failure
- ❖Poor self-concept
- ❖Doesn't complete assignments

Attention Deficit Disorder

- ❖Blurting out answers before questions are completed
- Difficulty following through on instructions
- Difficulty in listening to others without being distracted
- Acts on the spur of the moment
- Focuses only with frequent reinforcement
- ❖Isolated and low self esteem
- ❖Frequently fails schoolwork
- ❖Can't sit still and listen



Remodeling is a Process

- The local teams need guidance to know what's possible, what works in other states and regions
- The state team and the local team working together means better outcomes for babies

Colorado Infant Hearing Program - A Roadmap for Families Child's Name:

Colorado ililant nearing Program –A koadinap for Families			Cilia s Name.
			Child's Date of Birth: / /
Birth	Before 1 Month	Before 3 Months	Before 6 Months
Home or Hospital Birth	Outpatient Hearing Screen (or Rescreen) Place: Date: // Screening Results Left Ear Right Did not pass Pass Not screened (missed) If your baby does not pass or misses the first screening of both ears: - schedule an Outpattent Screen at your hospital OR schedule an evaluation with a pediatric audiologist. If your baby does not pass the	Evaluation by a Pediatric Audiologist with experience testing children 0 – 6 months of age. (Bables over 4 mos. old may need sedation.) Place:	Enroll in early intervention program that has experience serving children who are deaf and hard of hearing Regular visits with your Pediatric Audiologist
	outpatient screen, schedule an appointment with a pediatric audiologist right away. Well baby checkup with health care provider at one month	Learn about communication options and programs Discuss the use of Hearing aids with a Pediatric Audiologist, including information loaner hearing aids Learn about assistive listening devices (such as FM systems, cochiear implants, etc.)	On

Local and Regional Resources

Pediatric Audiologist:			
CO-Hear (Colorado Hearing Resource Coordinator):			
Health Care Program for Children with Special Needs (HCP) Regional Audiologist:			
HCP Regional Office and Team Leader:	_		
Hands & Voices Regional Parent Guide:	_		

Statewide Resources

- · Health Care Program for Children with Special Needs: www.HCPColorado.org
- Colorado Families for Hands & Voices: (Parent Funding Toolkit, Parent Stories, Colorado Resource Guide) 303-492-6283, www.cohandsandvoices.org
- Colorado Home Intervention Program: www.csdb.org/Early%20Education/ch main.html
- Early Intervention Colorado, Services for Children Birth to Three: http://www.eicolorado.org/

National Resources

- www.babyhearing.org: Boys Town National Research Hospital informational site for parents
- Early Hearing Detection and Intervention Program on the federal Center For Disease Control website: www.cdc.gov/ncbddd/ehdi
- National Center for Hearing Assessment & Management: www.infanthearing.org
- Hands & Voices: www.handsandvoices.org
- · Alexander Graham Bell Association for the Deaf/Hard of hearing: www.agbell.org
- American Society for Deaf Children, www.deafchildren.org

Making Progress!





Contact Us

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