

New Jersey Department of Health and Senior Services - Early Hearing Detection and Intervention

4th Quarter 2008 - JCIH Recommendation Report

The most recent (2007) Joint Committee on Infant Hearing (JCIH) Position Statement made specific recommendations about appropriate methods for rescreening, and about inpatient screening method for NICU babies. Current EHDI Rules do not mandate compliance with these JCIH recommendations, however they will be included in the 2010 Rule revisions. Statewide and hospital-specific statistics are presented for hospitals to assess their current compliance with the JCIH recommendations and to aid in preparation for the future regulatory mandate.

Recommendation 1 (NICU ABR Screening): "NICU infants admitted for more than 5 days are to have auditory brainstem response (ABR) included as part of their screening so that a neural hearing loss will not be missed."

Discussion: For the NJ EHDI program, "NICU" is being defined as a stay in a designated "intensive" bassinet, and not a stay in a designated "intermediate" bassinet. Therefore, only hospitals with intensive nursery bassinets will be assessed on this measure. The rate given is the percentage of NICU babies screened with ABR, as recommended by JCIH.

Recommendation 2 (Inpatient ABR Refer with Outpatient ABR): "Infants in the well-infant nursery who fail automated ABR testing should not be rescreened by OAE testing and 'passed,' because such infants are presumed to be at risk of having a subsequent diagnosis of auditory neuropathy/dyssynchrony."

Discussion: NJ EHDI recognizes that the screening methodologies used in outpatient follow-up may be out of the hospital's ability to control, especially for hospitals that do not have in-house audiology services. However, the EHDI program recommends that hospitals using inpatient ABR screening should identify local audiology facilities capable of conducting outpatient ABR rescreening. Also, hospitals should provide education to parents of babies who referred on ABR of the importance of ABR rescreening to rule out neural hearing loss. The rate given applies to babies who referred on inpatient ABR and had documented outpatient rescreening. Provided is the percentage of these babies where the appropriate method (ABR) of follow-up screening was performed.

Recommendation 3 (Bilateral Rescreen for Unilateral Refer): "For rescreening, a complete screening on both ears is recommended, even if only 1 ear failed the initial screening."

Discussion: As with Recommendation 2, the NJ EHDI program recognizes that the methodologies used for outpatient audiologic follow-up may be out of the hospital's ability to control, especially for hospitals that do not have in-house audiology services. However, hospitals should provide education to parents whose babies had a unilateral refer about the importance of having both ears rescreened. The rate given is the percentage of outpatient follow-up exams on babies with unilateral inpatient refers that follow the JCIH recommendation of bilateral evaluation.

Report is for babies born between 1/1/08 and 12/31/08

Rates:

	NICU ABR Screening		Inpatient ABR Refer with Outpatient ABR		Bilateral Rescreen for Unilateral Refer	
	Eligible babies: NICU > 5 days, screened, & discharged home	% of eligible babies having ABR performed (instead of OAE)	Eligible babies: referred inpatient ABR screen, d/c home, & had outpatient rescreening*	% of eligible infants having outpatient ABR screening (instead of OAE)	Eligible babies: unilateral inpatient refer & discharged home	% of eligible babies having bilateral outpatient testing (instead of unilateral)
NJ Total	5034	89.1%	553	64.9%	1080	95.9%

Statewide Ranges:

Low:	0.0%	0.0%	0.0%
High:	100.0%	100.0%	100.0%
% of hospitals w/ eligible infants at 100%	35.0%	13.9%	67.3%

Sample Hospital

419	99.3%	41	87.8%	21	100.0%
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