

# Hearing Rescreening in the Medical Home

## A State Model to Improve Follow-up Reporting

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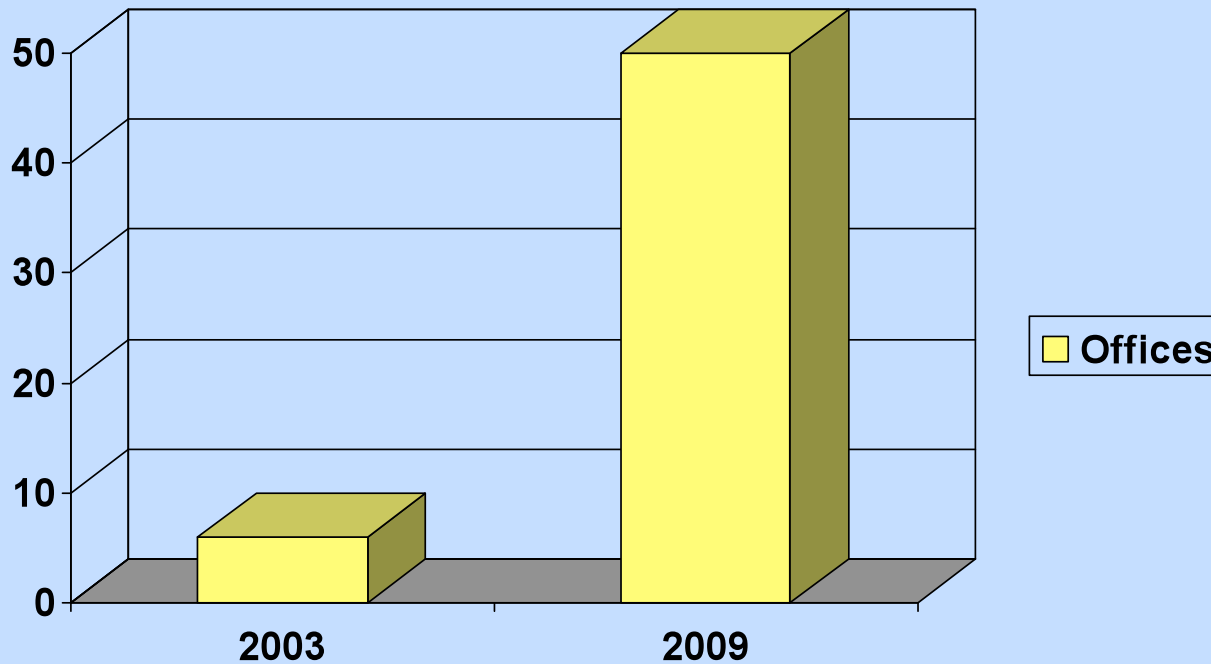
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It's been a long road



# Hearing Rescreening in the Medical Home

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No training or support for staff

Not required to report to State EHDI

# Hearing Rescreening in the Medical Home

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Serious issues



# Hearing Rescreening in the Medical Home

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## Collaboration





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## *Louisiana Audiological Guidelines For Hearing Rescreening of Infants*



### *Protocols and Standards for Follow-up Screening after Failing Newborn Infant Hearing Screening*

*These protocols are intended as a guide for physicians who are performing  
follow-up hearing rescreening of newborns in their office.*

**Louisiana Department of Health and Hospitals  
Office of Public Health  
Hearing, Speech and Vision Services  
Early Hearing Detection and Intervention Program**

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Control and Prevention

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## Physician Follow-up Services Report for Children Birth-3 years

Louisiana Department of Health and Hospitals, Office of Public Health  
Early Hearing Detection and Intervention "Sound Start" Program

Child's Last Name (on birth certificate)	Child's First Name	Middle Initial	Child's Birthdate	
Mother's Last Name		Mother's First Name		Mother's Maiden Name
Address		City	State	Zip Code Phone Number ( )
Hospital of Birth:				
Date of today's hearing screening: _____				
Reason for hearing screening:				
<input type="checkbox"/> Initial hearing test (no newborn hearing screening was performed at birth) <input type="checkbox"/> Follow-up rescreening (infant failed hospital newborn hearing screening) <input type="checkbox"/> Parent or Physician concern				
Type of hearing screening performed:				
<input type="checkbox"/> OAE --Otoacoustic Emission <input type="checkbox"/> AABR- Automated Auditory Brainstem Evoked Response (also sometimes named "BAER")				
Results: <input type="checkbox"/> Passed both ears				
<input type="checkbox"/> Did not pass right ear				
<input type="checkbox"/> Did not pass left ear				
<input type="checkbox"/> Could not test Why? _____				
<ul style="list-style-type: none"> <li>If the child did not pass the hearing screening, an appointment with an audiologist should be scheduled immediately for further diagnostic testing.</li> <li>The audiology appointment should take place as soon as possible, with no longer than two weeks delay.</li> <li>Infants under six months of age can usually be tested without sedation.</li> </ul>				
Please indicate any referrals you have made:				
Audiologist		Who? _____	Appointment Date: _____	
Otolaryngologist		Who? _____		
Comments: _____				
Physician ordering hearing test: _____ Phone: (____) _____				
Facility name: _____			Fax: (____) _____	
City: _____				

PLEASE MAIL OR FAX WITHIN 14 DAYS TO: Office of Public Health  
Hearing, Speech and Vision Program  
1450 L & A Road, Metairie, LA 70001  
Fax: (504) 568-5854/ Telephone: (504) 568-5028  
Lorraine E. Farr, Program Manager

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Staff Education:  
Lunch and Learn

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*Do you perform infant hearing screening?*



*Physician Rescreening Guidelines and Follow-up forms are available online*

## **Report.**

Use the DHH Physician Follow-up Form to report infant hearing screening results to the Early Hearing Detection and Intervention Program (EHDI)

## **Refer.**

Immediately connect parents to an audiologist for more testing if needed

**For more information contact:  
504-568-5028  
[www.hearspeech.dhh.louisiana.gov](http://www.hearspeech.dhh.louisiana.gov)**

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For our children's future

