

Thinking outside the hospital: Tips for Midwife Hearing Screening

NEW HAMPSHIRE DPHHS EHDI

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NH EHDI Summary



Total Births (2009): 13,500

hospital-98%

birth centers -1%

home births-1%

Non mandated: administrative rules

Screening rate: 97%

Follow-up rate:82%

4 Diagnostic Centers

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How to capture the missing 2%



- Hospital screens for home/center births offered
- Reluctance to pursue hospital services
- Bringing screening services to midwives/birth centers most viable

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Pilot



- Midwife meeting indicated interest
- 1 center (20 births annually) volunteered to screen
- Equipment purchase not possible due to financial constraints
- EHDI purchased and placed OAE screener in one birth center
- Contract
- Screener training
- Auris (NH data management system) training

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Pilot Successes



Successes:

- Universal screening
- Compliance in reporting
- Parental buy-in
- Post natal visit schedule conducive to OAE technology

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Pilot Challenges



- Reluctance to develop and submit screening protocols
- Questions regarding supply purchases
- Timely screening data entry

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Initiating screening in other practices



- Review of locations/ number of births
- Securing supplemental funds from HRSA/ MCHB for additional screeners
- Met with non-screening practices
- Attendees completed intent to participate form
| (example form)
- Evaluation and distribution of funds for equipment purchase
- Notification of acceptance



In Process



- 1/2 day training
- Protocol submission (example form)
- Protocol approval
- Contract agreement (example form)
- Equipment placement at 4 additional practices
- Annual reviews of performance

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Our lessons learned so far



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- Midwives supportive of screening
- There is more reluctance about technology, protocols and state reporting than in birth hospital settings
- Limited funds/billing supports
- Postnatal schedule conducive to OAE screen
- Relationship with family assists with follow-up

New Hampshire Department of Health and Human Services

Division of Public Health Services

Maternal and Child Health Section

Early Hearing Detection and Intervention (EHDI) Program

Intent to Participate in NH EHDI Loan Program

Due by 12-1- 10

Midwife or Center Name: _____

Address: _____

Phone: _____

E-mail: _____

Contact Name: _____

Geographic location served: _____

Estimated annual births: _____

Willing to share equipment: yes__ no__

Special requests: _____

Date: _____

Signature: _____

Please note: There are limited screeners available from NH EHDI. The equipment placement decisions will be based on numerous factors including: number of births, geographic location, proximity to another screening site.

Notification of acceptance will be sent by January 15, 2011

**New Hampshire Department of Health and Human Services
Division of Public Health Services
Maternal and Child Health Section
Early Hearing Detection and Intervention (EHDI) Program**

**Guide for Written Policies and Protocols for
Newborn Hearing Screening Programs**

Each newborn hearing screening program is unique, so varying approaches for developing and/or modifying protocols may be adopted. All policies, however, should be written in a manner that would allow someone unfamiliar with your newborn hearing screening protocol to understand each aspect of your program.

1. Mission statement about universal newborn hearing screening
2. Screening policies to include but not limited to:
 - a. initial screening process (when it's performed, where & technology used)
 - b. rescreen process (when it's performed, where & technology used)
 - c. for facilities that do the rescreen as an outpatient, provide information about how these screenings are scheduled
 - d. how screenings are provided for transferred babies (into and out of your facility)
 - e. how JCIH 2007 guidelines for NICU screenings, readmissions and risk factors are followed. Full text of JCIH Guidelines available at:
<http://aappolicy.aappublications.org/cgi/content/extract/pediatrics;120/4/898>
3. Screener training and competency protocols
4. Procedures and written documentation for the reporting process:
 - a. how screening results and parent waivers are entered in the medical record
 - b. how physicians are notified of screening results
 - c. how results are reported to families, including non-English speaking families
5. Policy for equipment maintenance and calibration record keeping
6. Policy for diagnostic audiological referral procedures for final refers
7. Auris data entry procedures for all infants born at the facility including infants transferred out. Every infant born at the facility should be entered into Auris. If a hearing screening was not completed, please enter the reason not screened. For transferred infants, also enter the receiving facility.
8. Policy for distribution of parent information materials

New Hampshire Department of Health and Human Services
Division of Public Health Services
Maternal and Child Health Section
Early Hearing Detection and Intervention (EHDI) Program

Early Hearing Detection and Intervention Program

Equipment Loan Agreement

This agreement is made between the New Hampshire Department of Health and Human Services (“DHHS”), Maternal and Child Health Section and (the “Borrower”), _____

_____.

Facility address: _____.

Facility telephone number: _____.

Contact person: _____.

TERMS AND CONDITIONS

1. Term of loan: The agreement is in effect for a period of one (1) year from the date signed. This agreement may be terminated with 30 days written notice by either party. Misuse will result in immediate termination of this agreement. If desired by the borrower, this agreement may be renewed annually with approval of the Maternal and Child Health Administrator.
2. The “Equipment” shall consist of the following: _____
Serial Number: _____.
3. Retention of ownership: The DHHS will retain ownership of the equipment. The borrower shall not lease, transfer, or dispose of the equipment.
4. The borrower will only use the equipment for newborn hearing screenings. The borrower agrees to offer newborn hearing screening to all infants born in their facility.
5. The borrower must submit proof that the equipment is fully insured for loss or damage during the term of the loan.
6. The Equipment shall be used to collect newborn hearing screening data. The borrower agrees that all such data collected shall be shared and made accessible to the State of New Hampshire in accordance with He-P 3008.14 Reporting of Newborn Hearing Screening Information to EHDI.
7. If the equipment is lost or damaged, the borrower shall be responsible for reimbursing the State of New Hampshire for the replacement value of the equipment.

and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Borrower. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which is immunity hereby reserved to the State. This paragraph shall survive the termination of this Agreement.

9. The borrower is responsible for proper use and care of the equipment.

11. The borrower is responsible for repair of any damage to the equipment.

12. The borrower is responsible for obtaining any supplies required for use.

13. The borrower is solely responsible for any liability incurred while using the equipment.

Signature: _____ Print Name: _____

Date: _____ Title: _____

Equipment delivered by: _____, Representative of DHHS

Print Name: _____ Date: _____