October 12th - Annual Ear Foundation Seminar

Please join us for our 7th Annual EAR Foundation of Arizona Seminar on October 12, 2012, at the Nina Mason Pulliam Rio Salado Audubon Center. Once a year, the EAR Foundation Seminar brings together audiologists, educators, speech-language pathologists, and early interventionists for networking purposes and to provide an update on current hearing-related issues and Arizona projects. The registration fee is $45 ($30 for students), and lunch will be provided. Get more information, as well as the registration form, at www.aznewborn.com.

Is Your Office EHDI-Ready?

The goals of EHDI (Early Hearing Detection and Intervention) are to identify newborns with a hearing loss early and guide toward good intervention. The goals are easily recognized as 1-3-6: screening before one month, diagnostic evaluation before 3 months and enrolled in Early Intervention by 6 months.

1 - When a newborn comes in for their first well visit; remember to check the back of their immunization card for their hearing screening results. If there are no results, follow up and find out the results. If your patient did not pass or did not get tested, remember to refer them for screening/rescreening before they are one month old.

3 - When an infant does not pass their newborn screening, remember to refer them to a pediatric audiologist for diagnostic testing before they are 3 months old to confirm if there is a hearing loss.

6 - If your patient is identified as having a hearing loss, ask your patient’s parents if they are enrolled in early intervention at their 6 month well check. The medical home is an important member of the early intervention team.
“Are You EHDI Ready” and the Medical Home

2012 American Academy of Pediatrics EHDI Education and Training Grant - AzAAP - AzEHDI Awarded to the Arizona Chapter Champion - Dr. Bradley Golner

The project team included: Sondi Aponte, Lylis Olsen, Randi Winston, Melissa Selbst, and Brad Golner. Thank you to Janzelle Willars for pulling the data used in the reports and visits.

The Arizona Chapter of the American Academy of Pediatrics (AzAAP) partnered with the Arizona Department of Health Services - Office of Newborn Screening and the AzEHDI - EAR Foundation of Arizona to develop and spread the message of Reducing the Loss to Follow-up and Documentation. Strategies targeted high loss to follow-up regions - both hospitals and pediatric practices.

In Arizona, 98% of all infants are screened by one month of age, and more than 80% of children who fail the newborn screen return for a second screen. The area of greatest breakdown is for infants completing the diagnostic hearing evaluation by three months, with more than 50% loss to follow-up or documentation at this stage.

Pediatricians are the most influential to parents deciding to follow up on failed newborn screening results. Ongoing opportunities for further education are therefore needed to show how they and their office can be "EHDI Ready", including awareness of the screening and diagnostic status of their patients, and what the next steps need to be to meet EHDI goals.

The child's medical home provider plays an important role in ensuring that families meet the 1-3-6 goals. It often is the rest of the pediatric office staff, including referral coordinators and medical and physician's assistants, who play a critical role. Many employees in the medical home are not aware of the 1-3-6 EHDI goals and overall newborn screening best practices, including those needed to reduce loss to follow-up.

Objectives: The overall goal is to ensure that all babies are not lost to follow-up or documentation between the time of initial newborn hearing screening, outpatient screening, diagnostic testing and early intervention services for those identified. The goals of this project will to be to 1) Reduce loss to follow-up, 2) Educate medical practices to be “EHDI Ready”, and 3) Help medical practices understand how to know the screening status of their infants, know the risk factors for late-onset and progressive loss, and know the next steps needed to ensure early identification of children who are Deaf or Hard of Hearing.

Format: In order to reach out to specific practices, the Chapter Champion worked with the Arizona Department of Health Services to identify two local and one rural or remote pediatric practice that have demonstrated high loss to follow-up for their patients. The Chapter Champion worked with the EHDI education team on a lunch visit to the practice that will involve an educational presentation, printed materials and office posters. In-services included the physicians and their office staff, medical staff, referral coordinators and others that impact the referral, assessment, or coordination of services for families. Visits were conducted in Mohave County and a West Valley Pediatric Practice, along with a presentation to the East Valley Pediatric Society.

A survey is being developed to evaluate the effectiveness of our visits to the practices. The State EHDI follow-up team will track impact on loss to follow-up or loss to documentation.

See next page for a pull-out poster describing the “Are You EHDI Ready?” model.
**Are You EHDI Ready?**

**Medical Home Instructions**
- At 1st well-baby visit—Check hearing screening results on back of immunization card or hospital discharge summary for referred or missed/incomplete screens
- Refer well babies failing inpatient screen for outpatient screen
- Refer those failing inpatient NICU, and those failing both inpatient and outpatient (as well babies) for an Auditory Brainstem Response test by an audiologist specializing in pediatrics (may require sedation/anesthesia if approaching six months of age or older.)

**System Coordination**
- Newborn Screening → Diagnosis → Intervention
- Babies identified with a hearing loss should be referred to ENT/Otology and Early Intervention (A2EIP)
- Coordinate referrals to specialty providers based on etiology of hearing loss
- Ongoing Monitoring—results, treatment, education and family support

**Late Onset and Progressive Loss**
- Between the newborn period and school age the incidence of hearing loss doubles
- Most common risk factors for late onset or progressive loss are: CMV, Meningitis, Illness, Head Injury, and Family History
- Consult audiologist on ongoing audiological monitoring *beyond the newborn period*

*"The primary care physician must assume responsibility to ensure that audiological assessment is conducted on infants who do not pass screening and must initiate referrals for medical specialty evaluations necessary to determine the etiology of the hearing loss."*  
*Joint Committee on Infant Hearing, 2007*
Save the Date - Hearing Screeners Meeting

The Arizona Hearing Screeners Meeting will be held on November 2nd, 2012 at the Arizona State Laboratory. It will be a free, all-day event, so if you are involved with screening hearing for the children of Arizona, please plan to attend this educational and insightful meeting. More details to come.

Message From the High-Risk Coordinator

My role as the High-Risk Coordinator is to reduce the number of high risk infants who are lost to follow up after failing a newborn screen. A “high-risk infant” is one who has spent 5 days or greater in the NICU after birth.

I joined the Newborn Follow-up team at the end of May. Prior to coming to ADHS, I spent the past 18 years as a social worker and service coordinator working with families who have children birth to 3 with developmental disabilities. I hope to draw upon my professional connections to improve loss to follow up. I have learned a great deal since starting and have worked hard to initiate follow up on newborns born in 2011 and 2012 who have failed their hearing screening. My goal is to promote the EHDI message of 1-3-6 and to make sure that newborns with a hearing loss are identified early and receive the services they need in a timely manner.

I was surprised to learn all the work that is involved in follow up once a baby leaves the NICU and needs to have further testing. After a baby is tested at a hospital, the results are entered in Hi*Track. The Hi*Track system allows me to see the hearing screening results and to track the progress of the follow up. It also allows input of outpatient screening and diagnostic test results. It ultimately allows us to gather data on how well the Newborn Hearing Screening Program is doing in regards to testing, diagnosis and loss to follow up and to be able to report our results to the Centers for Disease Control and Prevention (CDC) and the Maternal Child and Health Bureau (MCHB).

For babies who do not pass their inpatient screening, I follow up with the medical home and the newborns family to make sure the baby has follow up testing. I have learned a lot in the 3 months I have been with the Office of Newborn Screening. I look forward to continuing the follow up efforts already in use, like the Fax Back Form and letters and phone calls to the families. I am also looking forward to finding new ways to reach out to community partners to help decrease loss to follow up of high risk babies.

Fran Altmaier
High Risk Coordinator

Reporting Reminder

Are you reporting? Reporting hearing screening and test results timely is an important step. The intent of Universal Newborn Hearing Screening is to identify infants with a hearing loss as early as possible so that appropriate interventions can begin. Timely reporting allows the ADHS follow-up specialists to focus their time on helping children who need further testing get the follow-up they need. Results can be faxed to 602-364-1495. Reporting forms are available at www.aznewborn.com or by calling 602-364-1409.
Waiting By The Phone - Helping Parents through Experience

“I’m waiting for them to call me” is the most common thing that parents report when a Parent Guide talks to them about following up with their babies’ hearing testing. Parent Guides listen to parents and help them find solutions for further testing of the baby.

Guide By Your Side (GBYS) is a program of Hands & Voices. One of the components of GBYS in Arizona is a partnership with ADHS to address loss to follow-up. GBYS serves families whose babies fail newborn screens and get lost on their way to passing an outpatient screen or securing a confirmed diagnosis of either normal hearing or hearing loss followed by enrollment in Early Intervention.

Whose call are the parents waiting for? It could be that the birthing hospital expects the parents to set up the outpatient screen appointment but the parents think that the hospital will do that. Sometimes the parents are waiting for their pediatrician’s office to call with the time and date of outpatient screen appointment. But, the pediatrician’s referral specialist only sends out referrals and expects the parents, themselves, to arrange the appointment directly with the outpatient screener. The family might have missed an appointment and expects the outpatient screener or the audiologist doing the evaluation to call to reschedule. Families change their phone numbers and forget to notify the doctor’s office. Babies get dropped from AHCCCS and parents are waiting for a call about reinstatement. Sometimes parent don’t have any idea that they need to follow up and it’s convenient to say, “I’m waiting for them to call.”

Parent Guides talk from a parent’s perspective with first-hand experience of life with a new baby and of navigating the healthcare system after a failed newborn hearing screen. Parent Guides can answer questions (or direct families to resources) about what an Otoacoustic Emission (OAE) screen is, the difference between a baby turning his/her head to banging of pans versus understanding all the sounds of spoken language, why getting a referral is necessary, how to arrange transportation, and where to find information in Spanish. Parent Guides offer a parent’s perspective on the importance of follow-up, the concerns about sedation for a diagnostic Auditory Brainstem Response (ABR), the impact of mild and unilateral hearing loss, and the possibility of underlying hearing loss in addition to the persistent fluid in the middle ear.

Obviously, Parent Guides are not medical professionals; they do not answer medical questions. Instead, Parent Guides help parents articulate their concerns and frame their questions for the medical professionals. So the next time the baby has an appointment, the parent is better prepared to ask questions. They are better prepared to understand what the next step is and how important it is to take that next step.

Are you working with a family who needs some extra support? It’s easy to make a referral to GBYS. Call 1-866-685-1050 or download the fax-back referral form at:
www.azhv.org > Guide By Your Side > For Professionals – Download referral form for a Follow Through Guide

Jeanne Hollabaugh, M.A.
Arizona Hands & Voices - Guide By Your Side Program Coordinator.

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**Hands & Voices is a nationwide non-profit organization dedicated to supporting families and their children who are deaf or hard of hearing, as well as the professionals who serve them. We are a parent-driven, parent/professional collaborative group that is unbiased towards communication modes and methods. Our diverse membership includes those who are deaf and hard of hearing, and their families who communicate orally, with signs, cue, and/or combined methods. We exist to help our children reach their highest potential.**
Hi*Track Tech Tip: Transferring a Baby to a Higher Level of Care

On the baby’s notecard, click on the option for Transfer (left). You will be presented with the next window labeled Transfer History. Click on the Add button (below). Do not just change the Responsible Facility to the “transferring to” facility. This does not create the transfer record.

Your hospital will be highlighted as the Transfer From facility. Use the drop-down list to find the Transfer To facility. For hospitals that are near state borders and are transferring out of state, there is a “facility” called OUT OF STATE. Input the date of the transfer (time is not required), and a Reason for the transfer (required). Click the Save Button (below).

On the next screen, click the Save button again. This will save the transfer record and change the Responsible Facility.

This baby will no longer show up on your All Data Baby List. However, clicking on the File Cabinet, No Action Needed and the tab for Transferred Out will show you the baby, but without details, since you are no longer the Responsible Facility (left).

Questions?

Contact Janzelle Willars at (602) 364-1475
Office of Newborn Screening  Janzelle.willars@azdhs.gov
or
Randi Winston, Au.D, CCC-A at (602) 284-1091
Consulting Audiologist  randiwinston@mac.com
Can you screen a baby too many times? The answer is YES, you can. Screening a baby repeatedly to get a passing result can lead to a false negative or passing a baby that has a hearing loss. It is also not cost-effective or time-efficient to repeatedly screen. Using good screening practices will help to ensure that the screening goes smoothly and will minimize the need for repeated screens. Ideally, no more than 2 screening sessions should be conducted while a baby is an inpatient. By ensuring that the following conditions are in place, you should have confidence that your screening outcome is valid.

- Wait at least 12 to 18 hours after birth to conduct the initial screen. This gives the vernix in the ears time to dry out.
- Only attempt to screen a baby that is calm, quiet and has been fed.
- Make sure the baby is swaddled. Swaddling helps to keep the baby calm, comfortable and still.
- Screen in a quiet environment.
- When conducting ABR screening, the baby should be sleeping. Any movement will interfere with the screening process and will cause the screening to take longer, or result in a false positive result (meaning that the baby “refers” due to too much noise interference or artifact).
- If the baby starts to move, it is better to pause the test until the baby calms, rather than let the test run.
- Use a pacifier only if needed, to calm the baby. Try to remove the pacifier prior to running the screen. Sucking can introduce too much noise and interfere with the screening results.

If you have any questions or need help with your screening strategies, contact Audiology Consultant Randi Winston, AuD, CCC-A at randiwinston@mac.com.
Small Tests of Change - the Fax Back Form

Early in the year, the Newborn Hearing Screening Follow-up team initiated use of the “Fax Back Form” as a tool to communicate with Primary Care Providers (PCP). The Fax Back Form is sent to the PCP for every newborn who fails their newborn hearing screen or did not get tested after birth.

What information is requested on the Fax Back Form? It’s very simple, the PCP has to check one of the boxes, and tell us where and when further hearing testing took place (or will take place), and include hearing screening records if they are available.

- **This is NOT my patient**  (check box and fax back)
  - **Comments?**

- **This is MY PATIENT:** check and fax back
  - Child had audiological testing by**:' (Specify) ____________ (Please include results/notes)
  - I have no information on this child’s audiological testing, but______________
    (Initiate follow up care with the parents and refer child if needed)
  - My office will refer child for audiological testing to: _________________________
    (Please specify location)

The follow-up team has had a great response from physicians. It has allowed the follow-up team to ensure that Primary Care Providers are aware of their patients’ hearing screening results and serves as a reminder to the Physician to check back with their patients on the status of the referrals they made for follow-up screening and/or diagnostic testing.

KidsCare II: Coverage for Children of AZ

KidsCare II is still accepting applications to insure children. If you know of a family that needs medical coverage and might qualify, please refer them to apply online for this benefit:

[http://www.azahcccs.gov/applicants/KidsCareII.aspx](http://www.azahcccs.gov/applicants/KidsCareII.aspx)

KidsCare II is a new children’s coverage program available now through December 31, 2013, for a limited number of eligible children. KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility. The income limit for KidsCare II is 175% of the Federal Poverty Level (FPL) based on family size.

All applications will be considered for eligibility in the KidsCare II program. Children no longer need to be on the KidsCare waiting list. All other eligibility requirements for KidsCare II will remain the same as described on the CHIP Overview page (see web address above). The Public Service Announcement web address below was developed by the Centers for Medicare and Medicaid Services and has more information about KidsCare II:

In May 2012, Dr. Randi Winston met with the clinical management team at Canyonlands Healthcare in Page. The purpose of the visit was to address a few issues in regards to outpatient hearing screening and a high loss to follow-up rate in that part of the state. The following is a testimonial from the clinical support director:

Prior to our visit with Dr. Winston earlier this year, we were experiencing many challenges in our efforts to provide appropriate screenings and follow-up. For some time in 2011, the local hospitals’ screening equipment was malfunctioning, and had to be taken offline. Patients were referred to a visiting audiologist from another state when they did not pass at the hospital. As the clinic responsible for providing follow up, communication failures as well as various equipment failures increased our missed opportunities. As a result, many of our infants in 2011 either did not receive screenings or were not followed up on after failing initial screenings at the hospital. Only upon Dr. Winston’s visit did we learn that the patients who were referred to the visiting audiologist were not followed up on by his practice. We continue to experience some challenges with regards to timely reporting from our local hospital, but our overall capture rate has improved dramatically.

Following Dr. Winston’s visit, we’ve implemented the following process: When a newborn fails the initial screening at the hospital, we receive written notification of the failure and the need to retest the infant. Many of the infants born in Page are seen through our clinic for their well-child checks, and it is at this first visit we attempt to rescreen. We are using an electronic health record, and the screening data is input into EMR though our ICS scanning process. We’ve empowered two of our strongest Clinical Support staff members at both our Page clinics to perform the screenings and report the results. Dr. Winston was so kind to provide us with that training, and she has made herself available to us around the clock for questions, equipment trouble-shooting, etc. We are so appreciative of her willingness to help.

We currently have EHR templates for OAE and tympanometry, but staff has not yet been trained for those modules and templates. This is the best workaround we could devise to ensure EMR data capture until all staff receives the appropriate training for the templates. We hope to accomplish this goal with our NextGen upgrade to 7.5 (as yet unscheduled). We then will be able fax the results of the screening to ADHS - we’re hoping to be able to report out using the “Hi-Tracks” system once our EHR system upgrade has been completed.

We’ve definitely seen an improvement in our capture rates, turn-around, and follow-up with regards to hearing screening programs for newborns failing the screening process at the hospital. We believe this to be a direct result of Dr. Winston’s engagement with our Program and our Screening staff.

Michelle Carter, RN
Clinical Support Director/ Director of Nursing
Canyonlands Health Care