

Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.

Last Year's Accomplishments

The target for FY 2007 was 99.0 percent. The actual percent of newborns screened before hospital discharge in CY 2006 was 89.1. Ohio has not met its target.

A. Monitor/provide TA to birthing hospitals, children's hospitals, free-standing birthing centers/health departments to assure infants receive hearing screenings and that referral rates are acceptable.

Ohio Department of Health (ODH) public health audiologists used a standard monitoring protocol and visited 74 hospitals during this period. They provided TA by phone/e-mail. Hospitals continued to submit universal newborn hearing screening (UNHS) results electronically via ODH's Integrated Perinatal Health Information System (IPHIS) and by mailing copies of the paper UNHS results report form to ODH. Regular extracts of UNHS results/ demographic information from IPHIS to import into the HI*Track hearing software program occurred throughout the year for well baby hearing screenings. Data on UNHS results for infants transferred to neonatal intensive care units and/or children's hospitals were entered manually into HI*Track at ODH. Without access to birth data, it was not possible to assure hearing screenings were done on all newborns. The statewide referral rate has not yet been calculated for this time period due to a vacant researcher position. It will be done soon.

B. Connect auditory diagnostic evaluation information received by ODH with non-pass UNHS results to identify infants receiving hearing evaluations by 3 months of age; monitor tracking/follow-up.

ODH held a series of 6 regional trainings from 10/2006 for hospital personnel on UNHS. Content of each training included: basic information about early hearing detection/intervention, UNHS follow up, UNHS quality assurance process, communicating with parents, screening tips, statewide data/data management, and a parent/professional panel discussion. The meetings were well attended; feedback was positive.

C. Increase diagnostic audiology services for infants.

Audiologists conducting follow-up diagnostic evaluations on infants not passing their newborn hearing screenings send reports to ODH. Reports are sent to the Regional Infant Hearing Program (RIHP) tracking the infant; at ODH results are entered into HI*Track. RIHPs report quarterly on the status of infants being tracked. ODH works to match all diagnostic reports with birth /newborn hearing screening records. RIHPs currently report tracking data on more infants than are in HI*Track due to non-pass UNHS results.

D. Increase public/professional awareness of early hearing detection/intervention.

Audiologists, who participated in the Auditory Evaluation for Infants Referred from Newborn Hearing Screening: A Three Part Workshop held in Ohio in 2006, share information learned. ODH conducted a survey early in 2007 of all audiologists holding Ohio licenses and is completing a directory to post on the web. The directory lists audiologists/audiology service sites alphabetically and by county. The geo-map of audiologists serving the birth to three population will be updated. The survey asked respondents to indicate if they would be willing to serve as mentors. A request for proposals for incentive funding to enhance/increase diagnostic sites was posted in 2007; ODH issued 1 contract, to an entity in underserved SE Ohio.

Outreach to physicians continued through a unique collaborative effort involving ODH, the National Center for Hearing Assessment/Management, and the 11 Ohio chapters of Delta Zeta National Sorority. ODH conducted an initial training on UNHS for the sorority philanthropic chairs and provides names/addresses of physicians located near each campus who care for children following UNHS screenings. The sorority women contact physician offices for a time to hand deliver videos and printed materials about UNHS as well as a medical home chart of strategies related to hearing/language development throughout the early months of life. The Ohio Chapter Champion of the AAP is an active member of the UNHS Subcommittee, the advisory body for the Infant Hearing Program. The 2nd Annual Report to the Ohio Legislature was published in January 2007 and delivered to key government officials. The Infant Hearing Program and Genetics Program staffs met several times to discuss ways to collaborate. An ODH public health audiologist contacted each Ohio Au.D. program and medical school about education students receive on early hearing detection/intervention