Indiana State
Department of Health

Early Hearing Detection and Intervention Program

Birthing Facility/Hospital Policy Manual for Universal Newborn Hearing Screening (UNHS)

Revised July 2009

TABLE OF CONTENTS

Indiana (UNHS/EHDI)	**3**
Hospital & Birthing Institution Guidelines	**4**
Communicating Results to Parents	**7**
Hospital General Guidelines	**9**
Documentation/EARS/MSR	**11**
Indiana First Steps Early Intervention System	**13**
Medical Home - Children Identified w/ Hearing Loss	**14**
Appendix A Regional Consultant Information	**15**
Appendix B TIPS	**18**
Appendix C Milestones	**28**
Appendix D Screener Guidelines	**35**
Appendix E MSR Reports & Order Forms	**38**
Appendix F First Steps	**47**
Appendix G Diagnostic Audiology Facilities	**53**

INDIANA

(UNHS/EHDI)

UNIVERSAL NEWBORN HEARING SCREENING AND EARLY HEARING DETECTION AND INTERVENTION PROGRAM

Legal Mandate

- Indiana Code 16-41-17-2 states that "… every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing loss."
- Under Public Law 91-1999, screening for hearing loss began on July 1, 2000;
- Hospitals/birthing institutions required to report screening results and referral information to the Indiana State Department of Health each month.

Mission

- Screen all newborns with state mandated physiologic screening prior to discharge;
- Monitor infants through the EHDI process;
- Collaborate with Part C of IDEA (First Steps Early Intervention Program) to facilitate follow-up and intervention services;
- Provide surveillance on the incidence and prevalence of hearing loss in the state of Indiana;
- Promote public awareness and education about hearing loss.

Goals

- Screen all infants prior to discharge, preferably before ***one*** month of age;
- Complete a diagnostic assessment of infants who do not pass before ***three*** months of age;
- Enroll all infants diagnosed with permanent hearing loss in appropriate early intervention before six months of age;
- Ensure that every infant with a hearing loss has a Medical Home.

HOSPITAL AND BIRTHING INSTITUTIONS RESPONSIBILITIES

- Educate parents about the screening and provide the brochure "*The Who, What and Why of the Program*".
- Determine if any risk factors are present (See TIPS Appendix B);
- If parents have a religious objection to the screening, have them sign the Religious Objection form. A copy of this form must be sent to ISDH with the Monthly Summary Report (See MSR Appendix E);
- Perform the screening in both ears following hospital protocols;
- Document the results of the screening in the chart, including date, result, name of screener, and referrals made, if any;
- Re-screen prior to discharge any infant not passing the initial screen in one or both ears**. Re-screen both ears even if one ear passed on initial screen;**
- Discuss the results of the screening with the parents (see TIPS Appendix B);
- Distribute the UNHS Certificate to parents following the screening with the results and risk factors documented (see TIPS Appendix B);
- Point out the language and hearing developmental milestones on the certificate to the parents so they can monitor their child's progress (See Milestones Appendix C);
- For any infant who did not pass the second screening, distribute the brochure "*What If Your Baby Needs More Hearing Tests?*" (see MSR Appendix E for order form);
- Complete the UNHS portion of the blood spot card. If hearing screening is delayed for any reason, pull out the pink copy and put in the infant's medical chart. Send the blood spot card in promptly to IU Labs. When hearing screening is completed, fill out the UNHS area on the pink copy and send to IU Labs for data entry (See TIPS Appendix B);
- Document on the EHDI Alert Response System (EARS) all infants who:
  were not screened for any reason;
  who did not pass the repeat screening or;
  who pass but have risk factors for delayed onset hearing loss
  (See MSR Appendix E).
- Refer all infants who did not pass the repeat screening or who have risk factors for delayed onset hearing loss to First Steps Early Intervention Program, their Primary Care Physician (PCP) and/or an audiologist or ENT physician according to your hospital policies. (See First Steps Appendix F for current forms and release). Report these referrals on the Monthly Summary sheet to ISDH.

If infant PASSES screening and has NO RISK FACTORS:

- Inform parents of the results;
- Give parents the completed UNHS Certificate and point out the hearing and language milestones;
- Complete the blood spot card;
- Document the results of the screening in the chart, including date, result, name of screener;
- Provide results to PCP.

If infant PASSES screening, but HAS RISK FACTORS:

- Inform parents and PCP of screening results;
- Give parents the completed UNHS Certificate, noting the specified risk factor, and point out the language and hearing milestones;
- Explain to parents that a referral to First Steps and the PCP will be made for continued monitoring for late onset or progressive hearing loss due to the presence of one or more risk factors: a) family history of permanent childhood hearing loss b) exposure to infection in-utero and c) hyperbilirubinemia that required an exchange transfusion and d) ear/craniofacial anomalies (See TIPS Appendix B);
- Inform PCP **if other risk factors are present** so that the physician can monitor and refer for testing (i.e. spent more than five days in the Neonatal Intensive Care Unit, has a genetic syndrome/condition known to be associated with hearing loss, bacterial meningitis, parent or care giver concern regarding the development of hearing and language);
- Document the results of the screening in the chart, including date, result, name of screener and referrals made;
- Complete the blood spot card;
- Refer infants to First Steps by faxing information to appropriate cluster contact (See First Steps Appendix F for contact information);
- Report these infants on the Monthly Summary Report through EARS;
- See the TIPS for Risk Factor Referral for complete instructions.

If baby DOES NOT PASS screening (refers):

- If the infant does not pass the initial screening, a second screening must be completed prior to discharge;
- If the infant passes the second screening, proceed as outlined in the section titled "If Infant Passes Screening and Has No Risk Factors";
- If the infant does not pass the second screening, inform parents verbally and in writing (UNHS Certificate);
- Give them a copy of the brochure "*What If Your Baby Needs More Hearing Tests?"*
- Emphasize that a referral does not necessarily mean that the infant has permanent hearing loss, but that further evaluation is needed (**See section on Communicating Results to Parents)**;
- Explain to parents that you will make a referral to First Steps and PCP for follow up testing;
- Refer the infant by faxing the form to First Steps so that follow up can be scheduled as soon as possible (See First Steps Appendix F for contact information);
- Inform PCP of screening results;
- Document the results of the screening in the chart, including date, result, name of screener and referrals made;
- Report these infants on the Monthly Summary Report through EARS;
- Complete the blood spot card.

COMMUNICATING RESULTS TO PARENTS

- Follow your hospital's policies regarding who discusses the results with the family;
- Parents need to be informed of results prior to discharge;
- For infants who pass, encourage parents to monitor hearing and language developmental milestones and contact their PCP if concerns arise;
- For infants who do not pass, give parents the brochure "*What If Your Baby Needs More Hearing Tests?"*
- See "Tip Sheet" in Appendix B.

  Keep what you say simple

  Avoid using anxiety provoking words like "failed" and "deaf"

  Reassure the family there are several reasons why the baby might not pass and that diagnostic testing will clarify how the infant is hearing. Follow up should be completed in a timely manner, ideally before 3 months of age

  Early detection of hearing loss is important for language development

  Inform parents that a referral will be made to First Steps to help with scheduling and financial assistance and to their PCP

- If you are concerned that a parent has more questions than you are comfortable addressing, provide them with the name of the Regional Audiology Consultant for their area (*See Regional Consultant Appendix A).*

If parents refuse screening:

- Explain that hearing screening is mandated by state law;
- <u>The only acceptable refusal is one based on religious objection;</u>
- Provide family with written material on the importance of screening (See TIPS Appendix B);
- Provide family with hearing and language developmental milestones so they can monitor language development (See Milestones Appendix C);
- The *Sound Beginnings* video can also be used to help educate parents;
- Have parents sign the religious objection form and include a copy with the Monthly Summary Report to ISDH;
- Document refusal of the screening in the chart;
- Complete the blood spot card;
- Inform PCP of religious objection/refusal;

- Ask the PCP for assistance in educating the family regarding the importance of the screening.

If infant is not screened prior to hospital discharge for any reason, except religious refusal :

- Contact family and have them return for the screening as soon as possible, preferably within one month of age;
- Have a standard letter ready and mail to the infant's family and the infant's physician stating the importance of the screening and the need for the family to return to the hospital for this screening;
- If the family does not return for follow-up, contact the Nurse Consultant at ISDH for assistance. This will allow for quicker intervention for the babies who did not receive a screen prior to discharge;
- If the hearing screening equipment malfunctions a back-up plan needs to be in place so that infants can be screened promptly (See TIPS Appendix B).

Sensitivity to Deaf Culture

Hospital personnel need to be aware of parents who may have a perspective from a cultural model, meaning they do not view being deaf as a disability. Members of the Deaf community, which may include individuals with family members who are Deaf, may not be concerned about the hearing status of their infant. In these cases, hospital personnel should be respectful of their view. Families with this perspective are fully capable providing the child with language, i.e. American Sign Language, and may not see a need to pursue intervention.

However, state law mandates the hearing screening. If the baby does not pass the screening, inform the parents of the result and refer as you would for any other baby for follow-up testing.

Transferred Babies

- The birthing hospital transfers the infant without a hearing screening;
- The receiving hospital screens hearing when infant is medically stable;
- The receiving hospital notifies the birthing hospital of screening results and/or birthing hospital contacts the receiving hospital to obtain screening results;
- <u>This is to be a shared responsibility;</u>
- Both hospitals should report results on MSR EARS on the Exceptions page;
- Establish a contact with the area hospitals with which your hospital most often shares babies;
- If specific hospital contact information is needed, contact your regional audiology consultant (See Regional Consultant Appendix A).

Hospital General Guidelines

Screening Equipment

- Two different screening methods are acceptable. Some hospitals use a combination of both. Otoacoustic Emissions (OAE) measure the sound waves generated in the inner ear (cochlea). Automated Auditory Brainstem Response (AABR) measures the response of the entire system up to the brainstem. Both tests are accurate and reliable. Your hospital has selected a method based on resources, available personnel, cost, and the number of babies born
- New recommendation from the Joint Committee on Infant Hearing recommend that all infants in the intensive care nursery (NICU) be screened using AABR

Quality Assurance

- Referral rates should be approximately 4 percent or less;
- Assure infants with risk factors are identified;
- Ensure appropriate and timely referrals;
- Follow hospital policies regarding infection control;
- Ensure documentation of results;
- Monitor screener competency in administration of screening;
- Monitor hospital staff's competency in communicating results to parents.

Screener Responsibilities

Evaluate infants to be screened based on established hospital protocol. Factors to consider include: time of birth, estimated discharge time, need for second screen prior to discharge, and infant's activity level. (See TIPS Appendix B)

- Inform parents of the hearing screening and answer any questions;
- Identify any risk factors for hearing loss (See TIPS Appendix B);
- Perform the screening using the equipment and following established protocols and procedures;
- Inform parents of the results of the hearing screening and answer any questions they may have;
- Provide parents with the hearing screening certificate and point out the hearing and language milestones;
- Report any infants who <u>do not pass</u> as recommended (See TIPS Appendix B);
- Report any infants who <u>pass but have risk factors</u> as recommended (See TIPS Appendix B);
- Report any "problem" cases to the supervisor;
- Document UNHS results and risk factors in medical record, hearing screening log, as per your facility's protocol;
- Complete blood spot card;
- Follow established infection control procedures;

- Use appropriate baby handling skills;
- Recognize problems with screening equipment. Troubleshoot and report unresolved problems to the supervisor immediately;
- Recognize potential problems with the infant that may interfere with the screening;
- Monitor inventory of supplies and report needs to program supervisor.

The birthing facilities have the responsibility to make certain all staff providing the newborn hearing screening are trained and competent to provide services. All screeners should have an annual review. (See Screener Guidelines Appendix D for guidelines)

Documentation/EARS/Monthly Summary Report

Information from EHDI Alert Response System (EARS) or the MSR report allows ISDH to provide follow-up on all infants who were referred for follow-up or who were not screened for any reason. The preferred method of reporting is the web-based EARS reporting system.

- Results of all newborn hearing screenings, attempts, and/or refusals must be documented in the hospital chart;
- If a religious waiver is signed, a copy should be kept in the hospital chart and a copy sent to ISDH for documentation when using EARS and/or with the MSR;
- The blood spot card should be completed and sent to IU labs.

EARS Reporting

- When using the EARS system, daily entry of screening results is encouraged;
- ISDH follow-up can begin as soon the infant is entered into the system;
- This allows more timely reporting and improved outcomes for families;
- Daily reporting will facilitate follow-up;
- Daily reporting will lessen the burden on the MSR reporter at the end of the month;
- Birthing Facilities will be provided with specific training prior to implementation of EARS.

Paper Reporting

- When using the written Monthly Summary Report, it must be completed by the 15th of the month following the end of the month the infants are screened.
- Web based reporting is encouraged.

Please see MSR Appendix E for complete instructions and forms.

A new paper version of the web based system is included in the MSR Appendix. Please review the directions and begin using this form to report the MSR results to ISDH.

FYI: What happens after the hospital refers a baby?

- Upon referral, First Steps Intake coordinator will assist parents with scheduling an appointment, preferably at a Level 1 audiology facility;
- If parents do not want to participate in First Steps, a list of Level 1 facilities should be provided to the parents (*See First Steps Appendix F for facility list);*
- Diagnostic audiological testing should ideally be completed before the infant is 3 months of age;
- Results of the diagnostic evaluation are reported to ISDH and/or Indiana Birth Defect and Problem Registry by the audiologist and/or PCP;

- Infants with diagnosed hearing loss will be enrolled in early intervention services;
- Infants identified with a hearing loss should have referrals to other medical professionals such as the pediatrician, an otolaryngologist (ENT physician), geneticist, and opthamologist.

Indiana First Steps Early Intervention System

- First Steps program is administered by the Bureau of Child Development Services within the Division of Disability and Rehabilitative Services of Indiana's Family and Social Services Administration (FSSA);
- Indiana's First Steps System is a family-centered, culturally sensitive, locally based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable. First Steps brings together families and professionals from education, health and social service agencies. The statewide early intervention system is designed to support families in fulfilling their natural roles of care giving, guiding and nurturing. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention resources. Parents and professionals develop an Individualized Family Service Plan (IFSP) based on family resources, priorities and concerns to decide what services will achieve the best possible results for the child. Families who are eligible to participate in Indiana's First Steps System include children birth through three years of age who:
    - Are experiencing developmental delays and/or;
    - Have a diagnosed condition that has a high probability of resulting in a developmental delay;
    - Services available to eligible children and their families include: developmental therapy, speech-language pathology, physical and occupational therapy, audiology, assistive technology, and service coordination, among others. All services are coordinated with the eligible child's primary medical provider.

- Children enter the system through the System Point of Entry (SPOE) in each cluster. Intake coordinators facilitate eligibility determination and development of an Individualized Family Service Plan. Families complete a common intake form that supports access to First Steps, Children's Special Health Care Services (CSHCS), Maternal and Child Health (MCH) programs and Hoosier Healthwise (Medicaid) programs.

- The System Point of Entry (SPOE) for First Steps is responsible for:
    - Completing intake and enrollment of the family into the First Steps System and other agencies as needed;
    - Assigning a Family Service Coordinator as needed;
    - Coordinating follow-up and intervention;
    - Assisting the family in selecting a PMP if they have none;
    - Assisting ISDH in the collection of Newborn Hearing Screening Data.

Medical Home for Children Identified With Hearing Loss

One of the goals of the UNHS/EHDI is that children identified with hearing loss have a medical home where health care services are accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally-competent.

According to American Academy of Pediatrics, a Medical home is not a building, house, or hospital, but rather an approach to providing health care services in a high-quality and cost-effective manner. Children and their families who have a medical home receive the care that they need from a pediatrician or physician (pediatric health care professional) whom they trust. The pediatric health care professionals and parents act as partners in a medical home to identify and access all the medical and non-medical services needed to help children and their families achieve their maximum potential.

Accessible

- Care is provided in the child's community
- All insurance, including Medicaid, is accepted and changes are accommodated

Family-Centered

- Recognition that the family is the principle caregiver and the center of strength and support for children
- Unbiased and complete information is shared on an ongoing basis

Continuous

- Same primary pediatric health care professionals are available from infancy through adolescence
- Assistance with transitions (to school, home, adult services)

Comprehensive

- Health care is available 24 hours a day, 7 days a week
- Preventive, primary, and tertiary care needs are addressed

Coordinated

- Families are linked to support, educational, and community-based services
- Information is centralized

Compassionate

- Concern for well-being of child and family is expressed and demonstrated

Culturally Effective

- Family's cultural background is recognized, valued, and respected

APPENDIX A

Regional Consultant Information

Indiana State Department of Health
EHDI Staff & Regional Consultants 2009

The role of the Audiology Regional Consultant is to provide local technical assistance, training and consultation to hospitals and families concerning hearing screening, intervention and practice issues

EHDI Program Director
Gayla Hutsell Guignard, M.A., CCC-A/SLP, CertAVT
Indiana State Department of Health
Phone: (317) 234-3358
Fax: (317) 234-2995
Email: ghutsell@isdh.IN.gov

EHDI Follow-up Coordinator
Julie Schulte, M.A., CCC-A
Indiana State Department of Health
Phone: (317) 233-1264
Fax: (317) 234-2995
Email: juschulte@isdh.in.gov

Central Regional Audiology Consultant (Region 4)

Lead Regional Consultant**,** Indiana State Department of Health
Molly L. Pope, MAT., CCC-A
Phone: (317) 233-1264 (Mondays)
Home Phone: (317) 272-3837
E-mail: mpope@isdh.IN.gov

Northwest Regional Audiology Consultant (Region 1)

Valari Koziel, AuD, CCC-A
Phone: 219 933-2094
Fax: 219 933-2158
Email: vamolinari@hotmail.com

Evelyn Sell, MS, CCC-A
Phone: 219 933-2094
Fax: 219 933-2158
Email: evelynsell@sbcglobal.net

Northeast Regional Audiology Consultant (Region 2)

Sherry Hodge, AuD, CCC-A
Phone: (765) 608-3277)
Fax: (765) 608-3278
E-mail: shodgeaud@comcast.net

Ear, Nose, Throat Associates, PC
Jamie Beck, AuD, CCC-A
Phone: 260-426-8117 X 1631
E-mail: jamielynnbeck@gmail.com

West Central Regional Audiology Consultant (Region 3)

Michelle Wagner-Escobar, MA, CCC-A
Home Phone: (317) 733-2285
E-mail: Mwesco9@aol.com

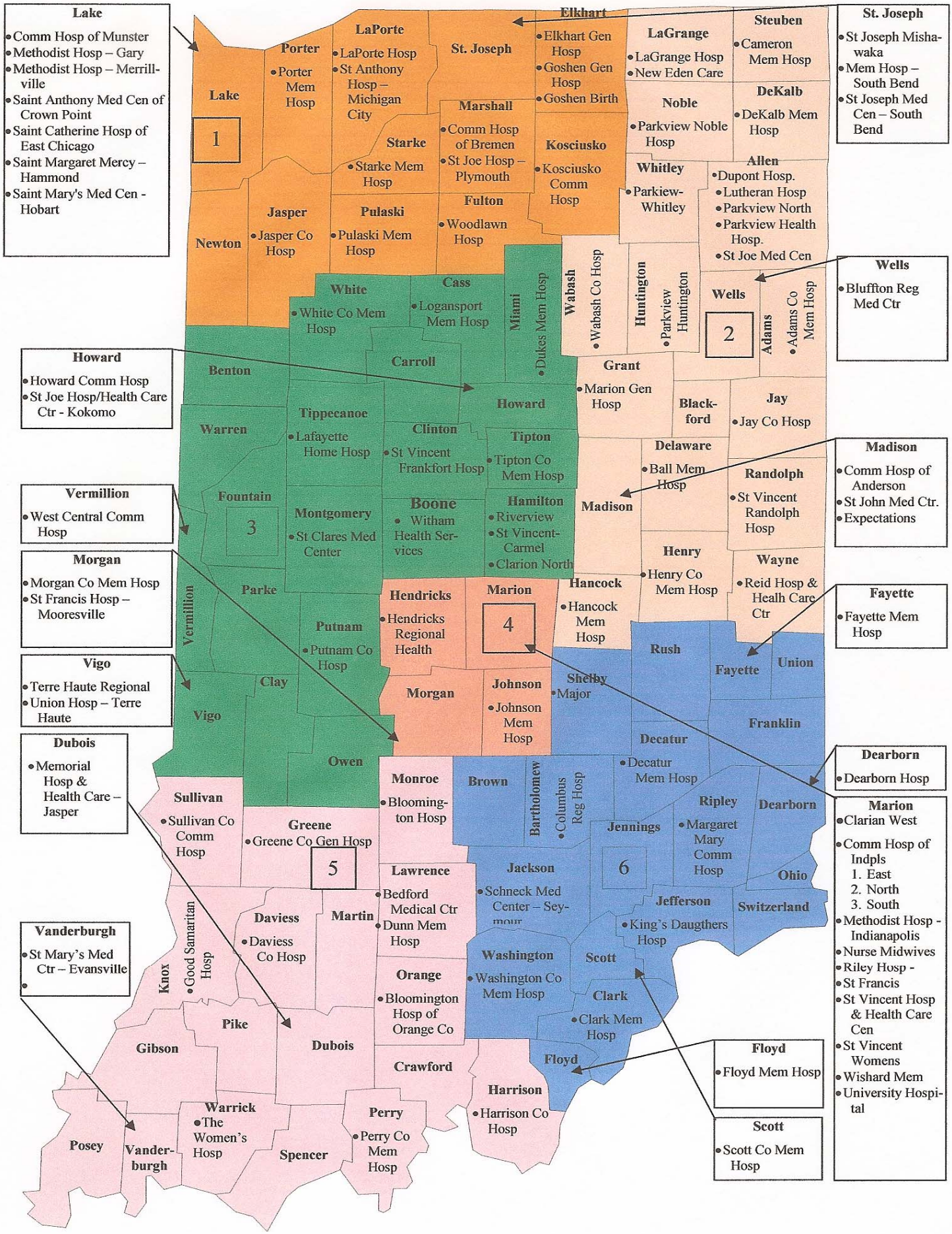
Southwest Regional Audiology Consultants (Region 5)

The Easter Seals Rehabilitation Center
Julia Balbach, MA., CCC-A
Phone: (812) 479-1411
E-mail: jbalbach@evansvillerehab.com

The Easter Seals Rehabilitation Center
Jayne Metzger Fields, MAud, EdS, CCC-A
Phone: (812) 479-1411
E-mail: jfields@evansvillerehab.com

Southeast Regional Audiology Consultant (Region 6)

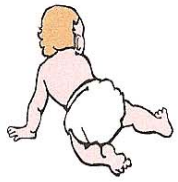
Jay Cherry, M.A., CCC-A
Home Phone: (812) 523-3323
E-mail: cherryjd@gmail.com


Lake
• Comm Hosp of Munster
• Methodist Hosp – Gary
• Methodist Hosp – Merrillville
• Saint Anthony Med Cen of Crown Point
• Saint Catherine Hosp of East Chicago
• Saint Margaret Mercy – Hammond
• Saint Mary's Med Cen - Hobart
Lake
1
Porter
• Porter Mem Hosp
LaPorte
• LaPorte Hosp
• St Anthony Hosp – Michigan City
St. Joseph
Elkhart
• Elkhart Gen Hosp
• Goshen Gen Hosp
• Goshen Birth
LaGrange
• LaGrange Hosp
• New Eden Care
Steuben
• Cameron Mem Hosp
St. Joseph
• St Joseph Mishawaka
• Mem Hosp – South Bend
• St Joseph Med Cen – South Bend
Marshall
• Comm Hosp of Bremen
• St Joe Hosp – Plymouth
Starke
• Starke Mem Hosp
Kosciusko
• Kosciusko Comm Hosp
Noble
• Parkview Noble Hosp
DeKalb
• DeKalb Mem Hosp
Whitley
• Parkiew-Whitley
Allen
• Dupont Hosp.
• Lutheran Hosp
• Parkview North
• Parkview Health Hosp.
• St Joe Med Cen
Newton
Jasper
• Jasper Co Hosp
Pulaski
• Pulaski Mem Hosp
Fulton
• Woodlawn Hosp
Wabash
• Wabash Co Hosp
Huntington
• Parkview Huntington
Wells
2
Adams
• Adams Co Mem Hosp
Wells
• Bluffton Reg Med Ctr
White
• White Co Mem Hosp
Cass
• Logansport Mem Hosp
Miami
• Dukes Mem Hosp
Howard
• Howard Comm Hosp
• St Joe Hosp/Health Care Ctr - Kokomo
Benton
Carroll
Howard
Grant
• Marion Gen Hosp
Black-ford
Jay
• Jay Co Hosp
Warren
Tippecanoe
• Lafayette Home Hosp
Clinton
• St Vincent Frankfort Hosp
Tipton
• Tipton Co Mem Hosp
Delaware
• Ball Mem Hosp
Madison
• Comm Hosp of Anderson
• St John Med Ctr.
• Expectations
Randolph
• St Vincent Randolph Hosp
Madison
Vermillion
• West Central Comm Hosp
Fountain
3
Montgomery
• St Clares Med Center
Boone
• Witham Health Services
Hamilton
• Riverview
• St Vincent-Carmel
• Clarion North
Henry
• Henry Co Mem Hosp
Morgan
• Morgan Co Mem Hosp
• St Francis Hosp – Mooresville
Vermillion
Parke
Putnam
• Putnam Co Hosp
Hendricks
• Hendricks Regional Health
Marion
4
Hancock
• Hancock Mem Hosp
Wayne
• Reid Hosp & Healh Care Ctr
Fayette
• Fayette Mem Hosp
Vigo
• Terre Haute Regional
• Union Hosp – Terre Haute
Vigo
Clay
Morgan
Johnson
• Johnson Mem Hosp
Shelby
• Major
Rush
Fayette
Union
Franklin
Decatur
• Decatur Mem Hosp
Dubois
• Memorial Hosp & Health Care – Jasper
Owen
Monroe
• Bloomington Hosp
Brown
Bartholomew
• Columbus Reg Hosp
Jennings
Ripley
• Margaret Mary Comm Hosp
Dearborn
Dearborn
• Dearborn Hosp
Sullivan
• Sullivan Co Comm Hosp
Greene
• Greene Co Gen Hosp
5
Lawrence
• Bedford Medical Ctr
• Dunn Mem Hosp
Jackson
• Schneck Med Center – Seymour
6
Ohio
Marion
• Clarian West
• Comm Hosp of Indpls
1. East
2. North
3. South
• Methodist Hosp - Indianapolis
• Nurse Midwives
• Riley Hosp -
• St Francis
• St Vincent Hosp & Health Care Cen
• St Vincent Womens
• Wishard Mem
• University Hospital
Vanderburgh
• St Mary's Med Ctr – Evansville
•
Knox
• Good Samaritan Hosp
Daviess
• Daviess Co Hosp
Martin
Jefferson
• King's Daughters Hosp
Switzerland
Washington
• Washington Co Mem Hosp
Scott
Orange
• Bloomington Hosp of Orange Co
Clark
• Clark Mem Hosp
Pike
Gibson
Dubois
Crawford
Floyd
Floyd
• Floyd Mem Hosp
Harrison
• Harrison Co Hosp
Scott
• Scott Co Mem Hosp
Warrick
• The Women's Hosp
Perry
• Perry Co Mem Hosp
Posey
Vander-burgh
Spencer

APPENDIX B

TIPS

Universal Newborn Hearing Screening Best Practice



1st Screen

Pass – both ears
Parent receives certificate – passed

Did not pass – one or both ears
2nd Screen is done

Pass-with risk indicators
Parent receives certificate and referral for testing at 6-9 months

Pass both ears

Refer in one or both ears

Did not pass – one or both ears
Parent receives certificate – referral
What to tell parent – *"Your child did not pass hearing screening. This does not mean he has a hearing loss. We do a hearing screening. We are referring your baby for a diagnostic test. The diagnostic test will clarify how your baby is hearing. It is important that you follow up as soon as possible with the hearing diagnostic test. Early detection of hearing loss is important for language development."*

Refer per hospital policy to: First Steps , Physician, and/or Audiologist,

Complete blood spot card for all babies
Report to ISDH on the Monthly Summary Report (MSR):

1. Any baby not receiving UNHS
2. Babies that don't pass UNHS
3. Babies that pass but are at risk for delayed onset of hearing loss
    a. Family history of permanent childhood hearing loss.
    b. Congenital infection (CMV, rubella, herpes, syphilis, toxoplasmosis).
    c. Hyperbilirubenemia requiring exchange transfusion.

ISDH Fax #: (317) 234-2995

Why Universal Newborn Hearing Screening?

- UNHS has become the standard of care with 38 states and territories participating in this program. The American Academy of Pediatrics, as well as other hearing health organizations, advocate for universal newborn hearing screening.
- Technology now exists to provide safe, cost effective and reliable methods to assess hearing in newborns, making UNHS possible and practical. Screening involves the use of non-invasive, objective physiologic measures.
- Screening procedures for newborns can lead to detection of significant bilateral or unilateral hearing loss. **All children can be evaluated for hearing loss, regardless of their age.**
- Hearing loss is invisible, but the effects can lead to lack of exposure to language and can cause lifelong cognitive, educational and vocational challenges. **This is preventable with early intervention and family education.**
- With one out of every 300 infants born with significant hearing loss, it is one of the most common health conditions found in newborns. In Indiana approximately 250-300 babies will be identified annually.
- If only high-risk babies were screened, half of all babies with hearing loss would be missed.
- The incidence of congenital hearing loss is greater than the sum total of all other conditions detected by newborn metabolic blood screening tests.
- More than 90 percent of infants who are born with or develop early onset hearing loss have parents and families with normal hearing.
- Without universal newborn hearing screening, the average age of diagnosis is over two years of age.
- Recent research indicates that children identified with hearing loss, who receive intervention before six months of age, develop language (spoken or signed) comparable with their hearing peers.
- **Don't wait for signs of hearing loss to appear**. Many children with hearing loss will not have an obvious speech/language delay until 2, 3, or even 4 years of age.

Tips for UNHS Screeners
Referral for Delayed Onset Risk Factors

Indiana's UNHS Policy Manual identifies three risk factors for delayed onset hearing loss that require referral to Indiana State Department of Health and First Steps Early Intervention programs. Babies who pass the screening but have one of the following risk factors need to be referred. Risk factors include:

1. A family history of permanent childhood hearing loss
2. Exposure to in-utero infection (See Newborn Risk Criteria)
3. Bad jaundice (hyperbilirubinemia) that needed a special procedure (exchange transfusion)
4. Ears that are formed in a different way than usual (no ear, partial ear or no ear canal opening).<u>These babies should not be screened but referred immediately to First Steps for diagnostic testing.</u> Babies with other craniofacial anomalies who are screened and pass, should be referred to First Steps for follow-up diagnostic testing at 9-12 months of age.

Families of babies who pass the screening, but are identified as having one of the above risk factors, should:

1. Be informed about the risk factors identified
2. Be made aware of the hearing and language developmental milestones on the screening certificate that is given to the family and told to monitor the child's progress
3. Be referred to their PCP on the discharge summary
4. Be referred to ISDH on the Monthly Summary Report and to First Steps, using the form in the UNHS Policy Manual for follow-up evaluation at 6-9 months of age with further testing as recommended by the audiologist
5. Sign the reciprocal release of information enabling the Newborn Screening Department at the Indiana State Department of Health to receive copies of follow-up testing
6. Be informed of the results and the importance of follow-up testing

Tips for UNHS Screeners
Referral for Other Risk Indicators

Other risk factors do exist (as identified below) and may be present. Babies who pass the screen but have one of these additional risk factors, should be referred to their primary care physician. A referral to the child's primary care physician should be completed on the discharge summary.

1. Spent more than five days in the Neonatal Intensive Care Unit (NICU)
2. A condition known to be associated with hearing loss (genetic/syndrome)
3. An infection around the brain and spinal cord caused by bacteria (bacterial meningitis)
4. Parent or care giver concern regarding the development of hearing and language

Families of babies who pass the screening, but are identified as having one of the above risk factors, should:

1. Be informed about the risk factors identified
2. Be referred to their PCP on the discharge summary for follow-up testing
3. Be made aware of the hearing and language developmental milestones on the screening certificate that is given to the family and told to monitor the child's progress
4. Be informed of the results and the importance of follow-up testing

Newborn At-Risk Criteria for Delayed Onset/Progressive Hearing Loss

State Recommended Follow-up

- **Family History of Congenital Childhood Hearing Loss**
  - Does not include history of middle ear infections/tubes;
  - Does not include family members with know causes of hearing loss like Rubella, Meningitis, or loud noise exposure & trauma;
  - Does include family members with hearing loss in one or both ears since childhood from unknown cause or history of genetic hearing loss.

- **In-utero Infection (TORCH)** includes:
  - **Toxoplasmosis –** infected during or just before pregnancy, especially 1st trimester;
  - **Group Beta Strep (GBS) –** sick infant with positive GBS culture;
  - **Syphilis –** infected during pregnancy, baby can be treated prior to delivery;
  - **Rubella –** infected primarily during the first trimester;
  - **Cytomegalovirus (CMV) –** can be transmitted through the placenta, birth canal or postnatally through breast milk;
  - **Herpes Simplex Virus (HSV) –** active infection during pregnancy, primarily active during vaginal delivery.

- **Hyperbilirubinemia (Jaundice)**
  - At levels exceeding indication for exchange transfusion.

- **Ear Malformations/Craniofacial Anomalies** Babies who cannot be screened at the hospital due to no ear, partial ear, or no ear canal opening should be immediately referred to First Steps and their physician. Babies who can be screened and pass should be referred for follow-up at 9-12 months of age.

Other at-risk factors for hearing loss in infants exist and would routinely be investigated by the infant's primary care physician. These factors include:

- Syndromes that are commonly associated with hearing loss, such as, Down's Syndrome, Usher Syndrome, Waardenburg Syndrome, and Neurofibromatosis Type 2, to name a few;
- Low birth weight below 3.3 lbs.
- Prolonged ventilation (> 10 days);
- Aminoglycosides (>5 days) and loop diuretics used in combination with aminoglycosides;
- Apgar scores of 0-3 at 5 minutes or those who fail to initiate spontaneous respiration by 10 minutes or those w/ hypotonia persisting to 2 hrs. of age;
- Any infant not passing two newborn hearing screenings;
- Parental concern.

Tips For UNHS Screeners
Minimizing Referral Rates

Test while the baby is quiet, relaxed (preferably sleeping), well fed and comfortable. Swaddling the infant often helps.

If a second screen is necessary, wait a few hours. This can significantly reduce the referral rates. Always re-screen both ears.

Screening will be faster and more effective if you minimize noise and distraction before screening. Testing area should be quiet (avoid talking, ringing phones, running water, etc.).

It is important to have a backup equipment plan in the event of a breakdown. *See Tips for Screeners / Back-up Equipment for suggestions on a plan.

OAE specific tips:
For OAE screening, the single most important factor in reducing referral rates is achieving a good probe fit:

- Visually inspect the ear canal for debris (wax, blood, vernix);
- Seat the earphone probe by gently pulling the ear up and out: this will open up the canal;
- Begin the test once the probe is placed and baby has quieted;
- If the baby does not pass on the first try,
    - Remove the probe and check for debris
    - Replace the tip if needed
    - Clean probe if needed
    - Reposition the probe and repeat the screen

Adapted from UNHS sources.

TIPS FOR SCREENERS

Back-up Equipment

If the equipment malfunctions, have a plan in place for a back-up unit. Babies who miss the screening due to equipment problems must be brought back for screening when the equipment is repaired. Being prepared for equipment problems will decrease the delays in screening all of your newborns.

Possible suggestions include:

1. Many hospitals have "sister" facilities that may be able to loan equipment to each other.

2. Some manufacturers offer loaner equipment—arrangements can be made for equipment to be sent immediately for loan until repairs are completed. Check with your manufacturer's sales representative regarding this possibility.

3. Check with local audiologists or ENT practices to see if they have equipment that they could loan or contract the service for a fee.

TIPS for Sharing Hearing Screening Results with Parents

Why do we screen babies?
Parents need to know that the UNHS screening is designed to find babies who may have a hearing loss, and therefore, need further testing. It is a screening only, not a definitive test.

Communication of Results
Your words matter.

- The importance of communicating the results to both families and physicians is often underestimated.
- Results need to be conveyed in a manner that is respectful, thoughtful, sensitive and consistent.
- The person conveying this result should be able to discuss the screening and answer questions that parents may have or know who to refer them to if they don't know the answers to the family's questions.
- Screeners should provide information on normal hearing development, risk factors and screening results. This information is available on the hearing screening certificate provided by ISDH.

Give results both verbally and in written form.

Babies who pass: Use the Hearing Screening Certificate to discuss the results. Point out the hearing/speech/language milestones that parents may use to monitor progress.

Babies who pass, but have risk factors: Provide the Hearing Screening Certificate. Note the risk factors and the hearing/speech/language milestones. Tell parents their baby needs to be seen for a hearing evaluation by an audiologist at 6 to 9 months of age. Refer to ____ for specific procedures.

Babies who do not pass: Common reasons babies do not pass include an ear canal blocked with debris, the presence of fluid in the middle ear, or permanent hearing loss (approximately 1 to 3 per 1000 births).

Provide the brochure "What if your Baby Needs More Hearing Tests". Choose your words carefully. Inappropriate communication of screening results may cause stress and anxiety for families. Never use the word "fail" or "deaf". If the baby doesn't pass, use the word "refer" or "did not pass". Be careful to not minimize the screen while at the same time not unduly worrying the family.

Further audiological testing will confirm if the baby has normal hearing or a hearing loss. If a hearing loss is found, testing will determine the degree and type of loss and the next steps in follow-up.

You can also have the family contact the Indiana State Department of Health's (ISDH) Early Hearing Detection and Intervention Program (EHDI). Parents may contact Gayla Hutsell Guignard, Indiana State EHDI Coordinator (317) 234-3358 or the EHDI Parent Consultant (317) 233-7686 or call toll free (888) 815-0006.

Tips for Blood Spot Card Completion

Instructions for UNHS Portion of Blood Spot Card

1. **Every effort should be made to have the UNHS results as well as the blood spot sample entered on the blood spot card before it is sent to the lab** (A complete set of data will be entered into the system for each infant).
2. To facilitate data entry, the UNHS screening should be completed and entered on to the blood spot card immediately upon completion Complete the information requested:
    a. Check the appropriate box for initial (one screen and passes both ears) or re-screen (if the baby requires a second test for one or both ears);
    b. Enter the date of reported screen;
    c. Indicate whether pass or refer for each ear;
    d. If risk factors are present please indicate (First Step risk factors include: family history/congenital infection/hyperbilirubinemia requiring exchange transfusion);
    e. If not screened, check the appropriate box; (Deceased/Transferred/Hospital error/NICU/Unauthorized Refusal/Religious Refusal/Equipment Problems/ Other).
3. **Do not delay in sending the blood spot card** if hearing screening is not completed. All newborn screen blood samples should be sent within 24 hours of collection, even if the UNHS screen has not been done. A delay in sending the blood spot info could result in a delay in diagnosis.
4. If hearing screening has not been completed (due to transfer/NICU/etc.) retain the pink "hearing" pull out sheet and keep until hearing screen is completed. When the hearing screening has been completed, enter the information on the copy and forward to the IU lab for data entry. Newborn Screening Laboratory, P. O. Box 770, Indianapolis, IN 46206.
5. Continue to report the results to ISDH through EARS or the written MSR.

TIPS FOR COMPLETING THE UNHS/EHDI CERTIFICATE

1. Complete the child's name, birth date, date of screen and facility on the certificate.

2. Circle the correct screening result for that child.

3. Check all referral sources used.

4. Check the appropriate risk factor if the baby has one.

5. Turn the card over and point out the language and hearing milestones with the family.

Appendix C

Milestones

General Developmental Milestones

All babies are unique and will develop at their own pace. Some will walk and talk at an early age and others will start a little later. It is common for parents to have questions about their child's development during the first few years, especially if they are new parents. The following is a general development checklist, developed by Marion County First Steps that will help you evaluate your child's progress. Remember, this is only a guide and not every child may reach every goal at the exact same time. If you do feel that your child is not making progress, please talk with your child's physician or contact your local First Steps office for assistance.

1-2 Months
- Turns head in direction that cheek is touched
- Startles to loud noises
- Turns head from side to side when lying on stomach
- Shows gains in height and weight
- Able to suck/swallow easily

3-4 Months
- Rolls from stomach to back
- Makes sounds other than crying
- Holds a rattle and smiles
- Shows gains in height and weight
- Turns towards bright light and color

4-6 Months
- Rolls from stomach to back and back to stomach
- Reaches for and grasps objects
- Moves toys from hand to hand
- Balances for a few seconds while sitting
- Makes sounds in response to adult smiles and talk

6-9 Months
- Creeps or crawls forward on tummy by moving arms and legs
- Plays pat-a-cake and peek-a-boo
- Sits independently
- Shows gains in height and weight
- Babbles and laughs out loud
- Waves bye-bye

9-12 Months
- Pulls to a stand
- Picks up small objects

- Walks with both hands held
- Twists to pick up objects while sitting
- Imitates simple sounds
- Plays with parents/siblings
- Walks holding on to furniture
- Crawls or creeps on hands and knees

12-15 Months
- Says words besides “ma-ma” or “da-da”
- Walks without help
- Drinks from a cup or glass
- Picks up small objects
- Takes turns rolling a bal
- Responds to a simple request

15-18 Months
- Looks at picture books/turns pages
- Feeds self with spoon
- Likes to push, pull or dump things
- Walks without support
- Tries to talk and repeat words
- Identifies self in mirror
- Shows needs by grunting and pointing
- Uses spoon but spills

18-24 Months
- Uses two and three-word sentences
- Carries objects when walking
- Shows affection, offers hugs and kisses
- Says “no” often
- Chews small bites of food
- Actively plays with toys
- Understands simple directions
- Points to nose, eyes, hair and mouth
- Kicks a large ball
- Has about 20 words/signs in vocabulary

25-30 Months
- Eats with utensils
- Runs well and stops well
- Engages in simple pretend play
- Recognizes familiar adult in photo
- Enjoys playing with other children
- Follows a 2 part direction

- Understands size words like “big” or “little”
- Enjoys being read to
- Tries to stand on one foot
- Uses a crayon or pencil to imitate lines or circles
- May be shy with strangers

30-36 Months
- Repeats common rhymes
- Plays house
- Copies a circle
- Washes and dries hands
- Helps tell a favorite story
- Climbs playground equipment
- Resists transitions and other changes
- Pedals a tricycle

Auditory and Visual Language Milestones

Early detection of hearing loss can make a big difference in a child's development. If your baby is behind in some of these milestones, talk to your child's doctor, provider, or contact your local First Steps office for assistance. With early intervention children with hearing loss may acquire language skills at the same rate as their same aged peers in the sequences listed below.

Birth – 3 Months

- Is startled by loud noises
- Is soothed by familiar voices
- Makes vowel sounds – ooh, ahh
- Squeals, coos, laughs, gurgles
- Facial expressions begin showing pleasure, discomfort etc.
- Tracks people with her/his eyes
- Uses limb movements (legs/arms) to indicate need/want
- Looks at person when touched

3-6 Months

- Makes a variety of sounds, such as "ba-ba", "gaba", "ma"
- Seems to enjoy babbling (with sounds and/or hands/fingers)
- Uses a variety of pitches
- Likes toys that make sounds, lights blinking, and/or vibrates
- Turns eyes and head to sounds, including parent's voice or hands, gestures or signs

6-9 Months

- Plays with sound/hand movements/rhymes through repetition: "la-la-la"
- Understands "no" and "bye-bye", daily words or signs – milk, sleep, eat, p
- Says "da-da" or "ma-ma"
- Uses index finger for "mom/dad"
- Listens to music or singing and/or observes-watches signing (rhythms)
- First true signs are used for food, clothes, or greeting (8 months)

8-12 Months

- Recognize signs for daily words – milk, sleep, hurt,
- Responds differently to happy/angry talking/signs
- Turns head toward loud/soft sounds or any visual signalers/movements
- "Jabbers" in response to human voice/facial expressions
- Gives toys when asked
- Uses two-three words in addition to "da-da" or "ma-ma"
- Stops in response to "no" (voice/sign)
- Follows simple directions (voice/sign)

12-18 Months

- Identifies people, body parts, and toys on request
- Locates sound in all directions
- Uses facial grammar with signs
- Shakes head (no, don't want)
- Signs "what"/"where"
- Marks "yes" and "no" with eyebrows
- Points with an index finger, adding a sign(s)
- Begins to use "7 Simple Hand Shapes"
- Names what s/he wants
- Talks/signs in what sounds/looks like sentences, with a few understandable words and or signs
- Gestures with speech/body language
- Bounces to music (visually and auditory)
- Repeats some words and or signs

18-24 Months

- Follows simple commands
- Speaks/signs in two-word phrases, somewhat understandable
- Recognizes sounds in the environment (car, dog, vacuum, doorbell)
- Has a vocabulary of 50 words/signs or more
- Turn taking skills begin

24-36 Months

- Engages in short dialogues
- Expresses emotions
- Begins to use language in imaginative ways
- Begins to use sign classifiers
- Talks/signs about what she/he has scribbled
- Asks simple questions

ESTADOS DE DESARROLLO

1-2 MESES
Mueve la cabeza en la dirección donde le tocan la mejella
Se asusta fácilmente cuando eschucha ruido fuerte
Mueve la cabeza de un lado al otro cuando está acostado boca abajo
Muestra aumentos en altura y peso
Capaz de chupar y/o tragar fácilmente

3-4 MESES
Se mueve del estómago a la espalda
Hace ruidos que no son creados cuando Ilora
Sostiene una sonaja y sonrie
Muestra aumentos en altura y peso
Mueve la cabeza hacia el color y luz brillante

4-6 MESES
Se mueve del estómago a la espalda y de la espalda al estómago
Extiende la mano para agarrar objectos
Mueve jugetes do mano en mano
Se balancea él mismo cuando se sienta por unos segundos
Sonrie en reacción a otros

6-9 MESES
Se arrastra o gatea hacia delante en el estómago por medio de mover los brazos y las piernas
Juega las escondidas
Se sienta por si mismo
Muestra aumentos en altura y peso
Mueve la cabeza para encontrar los ruidos
Balbucea y rie

9-12 MESES
Se levanta él mismo hasta que se pone de pie
Recoge objetos pequeños
Camina mientras alguien soporta ambas manos
Dice “adios” con la mano
Imita ruidos simples
Juega con su familiaCapaz de sentarse solo
Se arrastra o gatea en las manos y las rodillas

12-15 MESES
Dice palabras además de “mami” y “papi”
Camina sin ayuda
Toma de una taza con ayuda
Recoge objetos pequeños
Puede tomar turnos rodando una pelota

15-18 MESES
Mira los libros con cuadros y cambia las páginas
Come solo con una cuchara
Le gusta empujar, palear y vertir cosas
Camina sin apoyo
Trata de hablar y repite palabras
Muestra emociones – contenta o triste
Muestra necesidades por medio de gruñir y señalar
Usa una cuchara pero derrama

18-24 MESES
Usa frases con 2 y 3 palabras
Lleva objetos cuando camina
Muestra cariño, ofrece besos y abrazos
Dice “no” frecuentemente

25-30 MESES
Come solo
Corre bien
Dice su nombre cuando alguien pregunta
Le gusta hacer garabatos
Le gusta jugar con otros niños
Usa frases como “más jugo”
Da la vuelta a un tirador o destornilla las tapas
Le gusta escuchar un cuento
Tira una pelota hacia adelante

30-36 MESES
Repite las canciónes infantiles comunes
Da brincos
Copia un circulo
Lava y seca las manos
Dice su nombre cuando alguien le pregunta
Usa frases de 3 palabras

Appendix D

Screener Guidelines

UNHS/EHDI Screener Responsibilities

Evaluate infants to be screened prior to discharge based on established hospital protocol. Factors to consider include: time of birth, estimated discharge time, need for second screening prior to discharge, baby state

Perform hearing screening tests

1. Inform parents of the test and answer any questions
2. Identify any risk factors for hearing loss (See TIPS)
3. Perform the screen using the equipment and following established protocols and procedures
4. Inform parents of the results of hearing screen and answer any questions they might have
5. Provide parents with the hearing screen certificate and point out the hearing and language milestones
6. Refer any infants who do not pass to First Steps, ISDH and the family physician/pediatrician
7. Refer any infants who pass but have risk factors as recommended (See TIPS)
8. Refer any "problem" cases to the supervisor

Document UNHS results and risk factors in medical record, hearing screening log, as per protocol/Complete blood spot card

Follow established infection control procedures

Utilize appropriate baby handling skills

Recognize problems with screening equipment. Troubleshoot and report unresolved problems to the supervisory immediately

Recognize potential problems with the infant and/or major medical equipment and report to appropriate personnel

Monitor inventory of supplies and report needs to program supervisor/maintain supply levels

Screener Evaluation Form:

Screener: _____
Date: _____

General:

- ☐ Demonstrates knowledge of UNHS.
- ☐ Demonstrates competency in hospital infection control procedures
- ☐ Demonstrates competency in patient confidentiality procedures
- ☐ Demonstrates good baby handling skills (calming)
- ☐ Demonstrates ability to explain the test to parents and answers commonly asked questions
- ☐ Demonstrates competency in entering information into the screening equipment
- ☐ Demonstrates competency in setting up equipment
- ☐ Demonstrates competency in administering the screening test, storing results, printing results and logging results
- ☐ Demonstrates ability to communicate results to parents in a sensitive manner
- ☐ Demonstrates ability to address common questions asked by parents and knowledge of where to refer if unable to answer questions
- ☐ Demonstrates competency in prioritizing infants to be screened based on age, estimated discharge time and infant's activity level.
- ☐ Demonstrates basic troubleshooting ability with the screening equipment

Communication Competency Evaluation:

- ☐ Demonstrates understanding of and importance of newborn hearing screening
- ☐ Explains how the screening equipment works using proper terminology
    - ☐ OAE
    - ☐ AABR
- ☐ Demonstrates knowledge of and ability to explain results
- ☐ Can list common reasons an infant might not pass the screen
- ☐ Can list common risk factors for hearing loss
- ☐ Demonstrate knowledge of proper terminology when giving results to parents (pass/did not pass)
- ☐ Demonstrates the ability to address the need for further testing without alarming parents
- ☐ Demonstrates ability to answer questions frequently asked by parents or physicians

Adapted from materials from Seattle Children's Hospital

Appendix E

MSR Reports and Order forms

Request for Administrative Forms & Information Materials

Early Hearing Detection & Intervention
Universal Newborn Hearing Screening

Date: _____
Hospital/ Birthing
Facility_____
Address _____

_____
Contact Person _____
Phone # _____
Email _____

Please send the requested items listed below to the address indicated above.

Items	**# of Copies**
The Who, What, and Why of the Program (English)	
The Who, What, and Why of the Program (Spanish)	
Hearing Screening Certificate(English)	
Hearing Screening Certificate (Spanish)	
What If Your Baby Needs More Hearing Tests? (English)	
What If Your Baby Needs More Hearing Tests? (Spanish)	
Indiana Family Resource Guide for Children with Hearing Loss	
Hospital Policy Manual	
Monthly Summary Report Form	
First Steps Referral Form	
Delta Zeta & NCHAM Sound Beginnings Video on DVD (English - 3 copies max.)	
Delta Zeta & NCHAM Sound Beginnings Video on DVD (Spanish - 3 copies max.)	

If you need assistance, please call 317-233-1254 or 888-815-0006.
or
Mail or fax your request to:
Indiana State Department of Health
Early Hearing Detection & Intervention Program
2 North Meridian Street, 7F
Indianapolis, IN 46204
Fax: 317-234-2995

ISDH Office Use

Order received _____
Order filled _____

RELIGIOUS WAIVER OF NEWBORN HEARING SCREENING PROGRAM

I have been informed about the Universal Newborn Hearing Screening Program for the State of Indiana and have received and read information about the screening tests required by law.

I object to these tests being done on my child for reasons pertaining to my religious beliefs.

Child's Name:
_____

Child's Birth Date:
_____

Location and Address of Birth:
_____

_____

_____

_____ _____
Parent Signature Date

_____
Address

_____
City State Zip

_____Witness Signature Date_____

Early Hearing Detection and Intervention Program
Indiana State Department of Health
Hospital/Birthing Facility
Monthly Summary Report

Instructions for Completing Monthly Summary Report (MSR)

The Monthly Summary report consists of three sections. The first section provides information that will allow the Indiana State Department of Health (ISDH) Early Hearing Detection and Intervention (EHDI) staff to contact you should the need arise. The second section provides statistical data that will help your facility and the EHDI staff to assure that no child who should receive a Universal Newborn Hearing Screening (UNHS) goes unscreened. The third section provides child specific screening details for children who are the exception.

Please carefully read the following instructions which detail how to complete the three sections of the MSR.

Contact Information:

Date – the date that you are completing this MSR
Data Month/Year – the month and year (report period) for which this MSR is being submitted.
Hospital/Birthing Institution – the name of the reporting facility for which the MSR is being submitted.
Address – a mailing address where we may contact you concerning this MSR.
City/Zip – the city and zip code in which this address is located
Completed By – the full, printed name of the person completing this MSR.
Phone – a phone number where we may contact you concerning this MSR.
Fax – a fax number where we may send you information concerning this MSR.
Email – email address where we may contact you concerning this MSR.

Statistical Data:

1. Please indicate the number of live births that occurred in your facility during the month and year indicated in the contact information section above. Specifically, if you are reporting on the month of January in the year 2008, you would include in this number all live births where the child's birth date was between January 1, 2008 and January 31, 2008 inclusively. You would not include a child whose birth date was February 1, 2008 even if you are completing the MSR on February 15. (All MSR's are required to be completed no later than the 15th of the month following the month being reported upon.)

2. Please provide the number of children born at home who were screened at the reporting facility during the reporting period.

3. Please provider the number of children neither born at the reporting facility nor at home who were screened at the reporting facility during the reporting period (Walk-ins).

Exception Reporting Form:
One of the goals of the Early Hearing Detection and Intervention (EHDI) program is to assure that all children born in Indiana receive a UNHS before they reach one month of age. To accomplish this goal, the EHDI staff has implemented a follow-up process for those children who have not been successfully screened, did not pass UNHS, or those who are at risk for late onset hearing loss.

Header Information:

Facility – Print the full name of the reporting facility
Month – The month for which MSR information is provided
Year – The year for which MSR information is provided

(Instructions Continued)

Exception Reporting:

To assure that no children are missed in this follow-up process it is essential that any child meeting one of the following criteria be accurately recorded on the EHDI/UNHS Exception Reporting Form:

Criteria:

1) **Death** – children born at the reporting facility, during the reporting who died before or after receiving UNHS.
2) **Transferred Out** – children born at the reporting facility, during the reporting who were transferred to another facility before receiving UNHS. (Make certain to identify the name of the facility to where the child was transferred.)
3) **Hospital Error** – children born at the reporting facility, during the reporting period who were not screened because of hospital error (discharged without an initial screen or re-screen).
4) **NICU** - children born at the reporting facility, during the reporting who were not screened because the child was in the NICU.
5) **Unauthorized Refusal** - children born at the reporting facility, during the reporting who were not screened because the parents refused to have the child screened for any other reason besides Religious Refusal.
6) **Religious Refusal** - children born at the reporting facility, during the reporting period who were not screened because the parents refused to have the child screened due to religious reasons. (Please attach a copy of the completed "Religious Waiver for Universal Newborn Hearing Screening" form.)
7) **Equipment Failure** - children born at the reporting facility, during the reporting who were not screened because of equipment failure at the reporting facility.

8) **Rescreen Next Month** - children born at the reporting facility, during the reporting period who were initially screened during the reporting period but who will require a re-screen during the next reporting period.
9) **Initial Screen Next Month** - children born at the reporting facility, during the reporting who could not be screened during the reporting period (such as late month births) who will be screened during the next reporting period. (Do not include NICU babies).
10) **Transferred IN** – children NOT born at the reporting facility, but who were transferred into the facility during the reporting period but who have not yet received UNHS from the reporting facility. (Make certain to identify the name of the facility from where the child was transferred).
11) **Passed** – children previously reported on the exceptions form, who were subsequently screened by the reporting facility, who passed UNHS and who were not at risk for late onset hearing loss.
    a. Previously reported as Not Screened (Criteria 2 – 9)
    b. Previously reported as Transferred IN (Criteria 10)
12) **Passed At Risk** – children previously reported on the exceptions form and were subsequently screened by the reporting facility, who passed UNHS but who may be at risk for late onset hearing loss.
    a. Previously reported as Not Screened (Criteria 2 – 9)
    b. Previously reported as Transferred IN (Criteria 10)
13) **Did Not Pass** – any child who received UNHS at the reporting facility, during the reporting period who did not pass the screen.
14) **Did Not Pass At Risk** – any child who received a UNHS at the reporting facility, during the reporting period who did not pass the screen and who is at risk for late onset hearing loss.

It is possible that a child could be listed on the Exceptions Reporting Form because he or she meets more than one criterion. In this event, the criteria code that is most relevant should be entered. For example, if Baby Boy (born at Hospital A) was Transferred IN (Criteria 10) to the reporting facility (Hospital B) during the reporting period and was subsequently found to pass the UNHS (Criteria 11), then Baby Boy should be included on the Exception Report form as Code 11(Passed) with a "Facility Transferred In" value of 'Hospital A."

(Instructions Continued)

Following is a list of the data entry fields on the Exception Reporting Form and an explanation of what data should be entered into the fields.

Code – Criteria Codes 1-14 listed above

Facility Transfer IN/OUT – Reporting facilities who transfer a child out to another facility prior to completing UNHS must report the child with Code 2 <u>and</u> the name of the Facility to which the child was a "Transferred Out." Reporting facilities who receive a child that was transferred to them from another facility must record the child with the

Code 10 and the name of the facility from which the child was transferred ("Transfer IN"). It is the responsibility of both facilities to be sure that children receive UNHS.

Refer To – If a child met criteria 12, 13 or 14 and the reporting facility referred the child to one or more of the following, please indicate ALL that apply

A. First Steps
B. Primary Care Physician
C. Audiologist
D. Ear, Nose & Throat Physician

Screen Date – If the reporting facility screened the child and the child is included on the exception reporting form for any reason, indicate the date UNHS was conducted

Infant's Hospital ID (MRN) – the medical record number of the child as established and maintained by the reporting facility

First Name – legal first name of the child
Last Name – legal last name of the child
Sex-indicate the child's sex
DOB – child's date of birth

Mother's

First Name – as on the reporting facility records
Last Name – as on the reporting facility records
Telephone – current phone number of the mother as on the reporting facility records

Primary Care Physician's

First Name – This is the child's **primary care physician** not the attending physician
Last Name – last name of the child's primary care physician
Telephone – contact phone number of the child's primary care physician

.

Early Hearing Detection and Intervention Program
Indiana State Department of Health
Hospital/Birthing Facility
Monthly Summary Report

Contact Information:

Date Completed: ____/____/____
Data Month/Year: _____/ _____
Hospital/Birthing Institution:
_____
Address: _____City/Zip: _____
Completed By: _____
Phone: _____
Fax: _____
Email: _____

Statistical Data:
Please provide the following information:

_____**1.** Total number of Live Births in your facility during the month/year indicated above.
_____ **2.** Total number of Home Births receiving UNHS during month/year indicated above.
_____ **3.** Total number of Walk-Ins receiving UNHS at your facility during month/year indicated above.
_____ **4.** Add the values entered in lines 1, 2 and 3.
_____ **5.** Total number of children on line 4 who passed the UNHS screen and had no risk factors

Send completed report to:

Director of Newborn Screening Programs
Indiana State Department of Health
2 North Meridian St., Section 7F
Indianapolis, IN 46204
FAX: (317) 234-2995
Call (317) 233-1266 or (888) 815-0006 for fax confirmation.

For questions concerning the Monthly Summary Report, including participation in our on-line reporting system, please email Bess Godard at bgodard@isdh.IN.gov.

EHDI / UNHS Exception Reporting Form

Facility: Month:

For each child not screened or referred please COMPLETE the form below. If you are unsure how to complete this form, please refer to the instruction sheet provided.
Use the most relevant of the following codes to define why the child is listed on this page.

Not Screened Due To				
1. Death	2. Transferred Out To	3. Hospital Error	4. NICU	5. Unauthorized Refusual
6. Religious Refusal	7. Equipment Problems	8. Rescreen Next Month	9. Initial Screen Next Month	

New Patient Intake	Pass UNHS (previously reported as not screened or transferred	Did Not Pass UNHS (complete Refer To section)
10. Transferred In From	11. Passed 12. Passed At Risk	13. Did Not Pass 14. Did Not Pass At Risk

Use the following values to define to whom the child was referred, enter all that apply.

A. First Steps B. Primary Care Physician C. Audiologist D. Ear, Nose & Throat Physician

Use the following values to indicate the child's sex.

A. Ambiguous F. Female M. Male

Code	Transfers: Hospital Name Date, Code (2 or 10)	Refer To	Screen Date	Infant's Hospital ID (MRN)	First Name / Last Name	Sex / DOB	Mother's First Name / Last Name	Telephone	Primary Care Physician's First Name / Last Name	Telephone

Comments (Indicate MRN):

Appendix F

First Steps

FOLLOW-UP REFERRAL FOR AUDIOLOGY SERVICES
State Form 53335 (7-07)
Maternal and Children's Special Health care Services (MCSHCS)
Newborn Screening

First Steps

CONFIDENTIAL INFORMATION PER IAC 21-3-7 / 410 IAC 21-3-9

Name of Child:_____
Date of Birth *(month, day, year)*:_____
Check One: ☐ Male ☐ Female ☐ Ambiguous

Name of Parent/Guardian:_____
Address *(number and street):*_____
City, State, ZIP Code:_____
Telephone Number_____
County of Residence _____
Other Contact Information:_____

Name of Referring Hospital / Referring Physician :_____
Telephone Number:_____

Primary Care Physician (*responsible for follow-up care*):_____
Address *(number and street):*_____
City, State, ZIP Code:_____
Telephone Number:_____

RESULTS	Type of Test	Date Completed	Right Pass / Fail	Left Pass/ Fail
Initial Hearing Screening(s)				
Diagnostic / Confirmatory Testing				

Referral for high risk / delayed on-set hearing loss

Reason:
- ☐ Family History of Permanent Childhood Hearing Loss
- ☐ Congenital Infection (*e.g. cytomegalovirus, herpes, rubella, syphilis, & toxoplasmosis*)
- ☐ Hyperbilirubinemia requiring Exchange Transfusion

REFERRAL APPOINTMENT SCHEDULED: ☐ Yes ☐ No (If yes, *complete below*)
Date of Referral Appointment *(month,day,year):*_____
Address of Agency / Physician:_____
City, State, ZIP Code: _____
Telephone Number:_____

Completed By: _____ Telephone: _____ Date:_____

Send form to the local System Point of Entry - First Steps, or Fax to First Steps State Office 317-233-6093 or call 1-800-441-4837 *(Indiana Residents Only)*

GENERAL RECIPROCAL CONSENT TO RELEASE AND SHARE INFORMATION (*Page 1*)

State Form 51675 (R2 / 2-05) / BCD 0108
Indiana Family and Social Services Administration
Maternal Child Health Services / Hoosier Healthwise
First Steps Early Intervention System / Children's Special Health Care Services (CSHCS)

Reset Form

First Steps
Indiana Children's Special Health Care Services

Please review the information on page 2 of this form, and have your Intake/Service Coordinator discuss any questions that you may have before signing below.

I/We_____ give my/our informed consent for:
(*Name(s) of parent/legal guardian*)

Name	Telephone	Fax number
	( )	( )

Name of agency (*if applicable*)	Address (*number and street, post office box*)

City/Town	State	ZIP code

to communicate and to share information, in writing and conversation, with the First Steps Early Intervention System and Children's Special Health Care Services regarding:

Legal name of child	Date of birth (*month, day, year*)

Address (*number and street, post office box*)	County

City/Town	State	ZIP code

The consent includes the following types of information and activities: (*as checked* ✓)

☐ Access to the early intervention record information (*including obtaining copies of written specialty reports, the IFSP, progress reports and other communications*) required to determine eligibility, participate in service planning, and/or provide early intervention services as defined in the Individualized Family Service Plan (IFSP).

☐ Other: _____

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS RELEASE, AS CONTAINED ON PAGE 2 OF THIS FORM.

Signature of parent/legal guardian/surrogate parent	Date (*month, day, year*)
Signature of parent/legal guardian/surrogate parent	Date (*month, day, year*)
Signature of witness	Date (*month, day, year*)

GENERAL RECIPROCAL CONSENT TO RELEASE AND SHARE INFORMATION (*Page 2*)

State Form 51675 (R2 / 2-05) / BCD 0108
Indiana Family and Social Services Administration
Maternal Child Health Services / Hoosier Healthwise
First Steps Early Intervention System / Children's Special Health Care Services (CSHCS)

First Steps
Indiana Children's Special Health Care Services

Please read this carefully before signing. If you have questions, please ask your Intake or Service Coordinator.

The purpose of this release is to collect information necessary to determine my child's eligibility for the programs listed above, and to plan and provide essential and necessary services as determined through the multidisciplinary team process. I hereby authorize the person named on the reverse side of this form to release to the staff of First Steps and/or Children's Special Health Care Services upon presentation of this form, any records or information pertinent to the development and implementation of a plan for service to meet the medical, educational, developmental, social and rehabilitative needs for the child named on this release.

I also give consent for the release of information by First Steps and/or Children's Special Health Care Services to accomplish referrals for service to other individuals where an informed, written consent has been obtained from me; and to ensure ongoing service delivery in accordance with the IFSP through routine communications including report distribution, participation in IFSP meetings, planning and review activities.

I understand that this consent includes the sharing of information as authorized above in written, verbal and/or video format. This consent is effective for a period up to twelve (12) months from the date of my signature on this release. As the parent/legal guardian or surrogate parent, I understand that I may revise or revoke this release of information/consent to communicate at any point in time through the Service Coordinator indicated on the current IFSP.

The information collected as a result of this consent shall be maintained in my child's record which will be located at the System Point of Entry for the First Steps Early Intervention System and/or CSHCS, the Indiana State Department of Health. This record is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) and, as such, is available for my review and may be reproduced or corrected upon my request. All personal information collected will be treated as confidential pursuant to I.C. 4-1-6 et seq., I.C. 5-14-3-4 and 410 IAC 3.2-10.

FIRST STEPS CLUSTER MAP - 2007

Division of Disability, Aging, and Rehabilitation

Cluster A
(219)662-7790-phone
1-800-387-7837-toll-free
(219) 662-7510-fax

ClusterB
(574)293-2813-phone
(866)725-2398-toll-free
(574)293-2300-fax

Clusters C & H
(765)288-7690-phone
(866)316-9800-toll-free
(877)288-7695-fax

Cluster D
(765)420-1404-phone
1-877-811-1644-toll-free
(765)420-1406-fax
(765)423-4235-alt.fax

Cluster E
(574)935-8446-phone
(866)403-5437-toll-free
(574)935-3134-fax

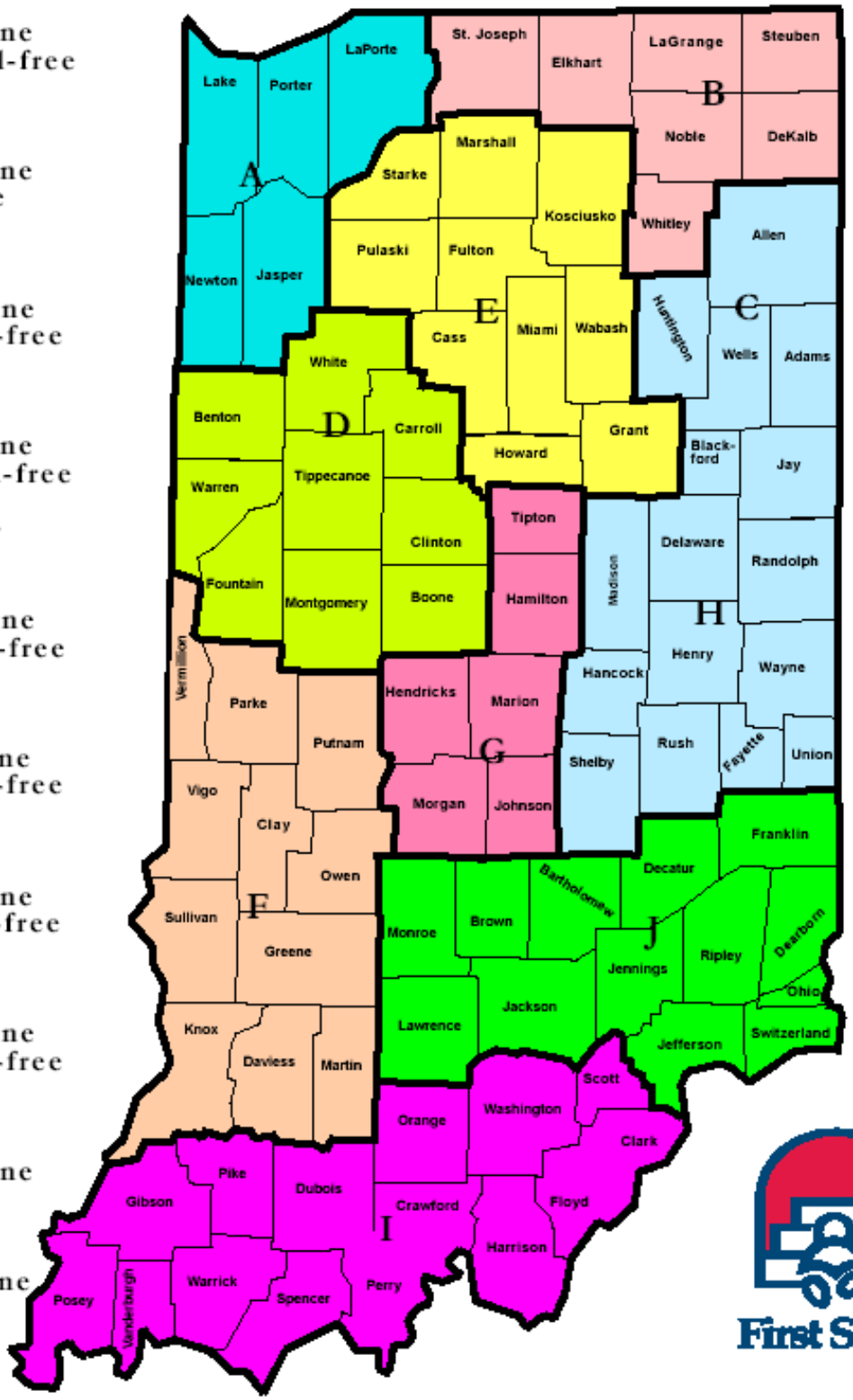
Cluster F
(812)231-8337-phone
(877)860-0413-toll-free
(812)231-8166-fax

Cluster G
(317)257-2229-phone
(866)212-1434-toll-free
(317)205-2592-fax

Clusters C & H
(765)288-7690-phone
(866)316-9800-toll-free
(877)288-7695-fax

Cluster I
(800)941-2450-phone
(877)674-2285-fax

Cluster J
(812)314-2982-phone
(866)644-2454
(812)373-3620-fax



First Steps

First Steps Cluster Web Address
http://www.infirststeps.com

Effective - June, 2007

KC&Co

Appendix G

Diagnostic Audiology Facilities

Level One/Two Audiology Provider Facilities 4-09

This list was compiled from a survey sent to audiologists by the Early Hearing Detection and Intervention Program (EHDI) to facilitate families and professionals in finding services for children. The facilities were ranked by equipment available for infant audiologic testing as recommended by the Joint Committee on Infant Hearing (JCIH) and the National Center for Hearing Assessment and Management (NCHAM) and reported by survey responses. These facilities have the appropriate equipment to provide diagnostic audiology services for newborns and young children to determine hearing status. The quality of services provided and/or the levels of experiences of providers at these facilities were only briefly reviewed and this list is not an endorsement by the EHDI Program.

Level One

Northeast Region

Advanced Hearing Care
1827 N Madison Ave Suite C
Anderson, IN 46011
765 608 3277
HA/FS/Medicaid/Unsedated

Ball State University
AC 104
Muncie, IN 47306
765 285-8160
HA/Medicaid/Unsedated

Ear Nose and Throat Associates
10021 Dupont Circle Ct.
Fort Wayne, IN 46825
260 426-8117 X1626
HA/Medicaid/Sedated

MCHA Hearing Solutions
442 W High St
Bryan, OH 43506
419 636-4517
HA/Unsedated

Parkview Hospital
2200 Randallia
Fort Wayne, IN 46805
260 373-4527
FS/ Medicaid/ Unsedated

Physicians Hearing Clinic
11141 Parkview Plaza Drive
Suite #210
Fort Wayne, In 46845
260 484-4175
Medicaid/HA Sedated

Northwest Region

Ear Nose and Throat of Michiana
100 Navarre Pl Suite 4430
South Bend, IN 46601
574 246-1000
HA/FS/ Medicaid/Sedated

St Margaret Mercy
5454 Hohman Ave
Hammond, IN 46320
219 933-2094
HA/FS/ Medicaid/Sedated

Central Region

Outreach Services for Deaf and
Hard of Hearing Children
Indiana School for the Deaf
1200 E 42nd St
Indianapolis, IN 46205
317 920-6347
Toll Free 800 724-9550
FS/Unsedated

Pediatric Ear Nose & Throat Center
Peyton Manning Children's Hospital
At St Vincent
8402 Harcourt Rd suite 732
Indianapolis, IN 46260
317 338-6815
Sedated/ Medicaid/Awake

Riley Hospital for Children
702 Barnhill Dr #0860
Indianapolis, IN 46202
317 274-8868
FS/ Medicaid/Sedated
HA through University Otolaryngology
Associates/

St Vincent Hospital
2001 West 86th St
Indianapolis, IN 46260
317 338-3224
HA/FS/ Medicaid/Sedated

West Central Region

Purdue University
1353 Heavilon Hall
West Lafayette, In 47907
765 494-3789
HA/FS/ Unsedated

Witham Health Services
2485 North Lebanon St
Lebanon, IN 46052
765 482-8687
HA/FS/ Medicaid/Sedated/Awake

Southeast Region

Cincinnati Children's Hospital
333 Burnet Ave ML2002
Cincinnati, OH 45229
513 636 4236
HA/FS/

Columbus Regional Hospital
3015 10th St
Columbus, IN 47201
812 376-5311
HA/FS/Medicaid/ Unsedated

Doctor's Hearing Care
4212 Charlestown Rd Suite 3
New Albany, IN 47150
812 949-3272
HA/FS/Medicaid/ Unsedated

Heuser Hearing Institute
117 E Kentucky St
Louisville, KY 40203
502 584-3573
HA/FS/ Medicaid/Sedated/Awake

Kosair Children's Hospital
231 E Chestnut St
Louisville, KY 40202
502 629-6200
HA/FS/ Medicaid/Sedated

University Audiology Associates
601 S Floyd St # 600
Louisville, KY 40202
502 583-3277 or 502 629-7710
HA/FS/Sedated

Southwest Region

Easter Seals Rehabilitation Center
3701 Bellemeade Ave
Evansville, IN 47714
812 479-1411
HA/FS/ Medicaid/Unsedated

Level Two

Northeast Region

Saint John's Health System
2015 Jackson St
Anderson, IN 46016
765 646-8172
HA/FS/ Medicaid/Sedated Limited

Northwest Region

The Hearing Clinic
Centennial Market Square
621 Memorial Dr Ste 402
PO Box 1916
South Bend, IN 46634
574 232-4040
HA/Unsedated Limited

Central Region

Methodist Hospital Indianapolis
1701 N Senate Blvd, AG045
Indianapolis, IN 46202
317 962-9830
FS/ Medicaid/Unsedated Limited

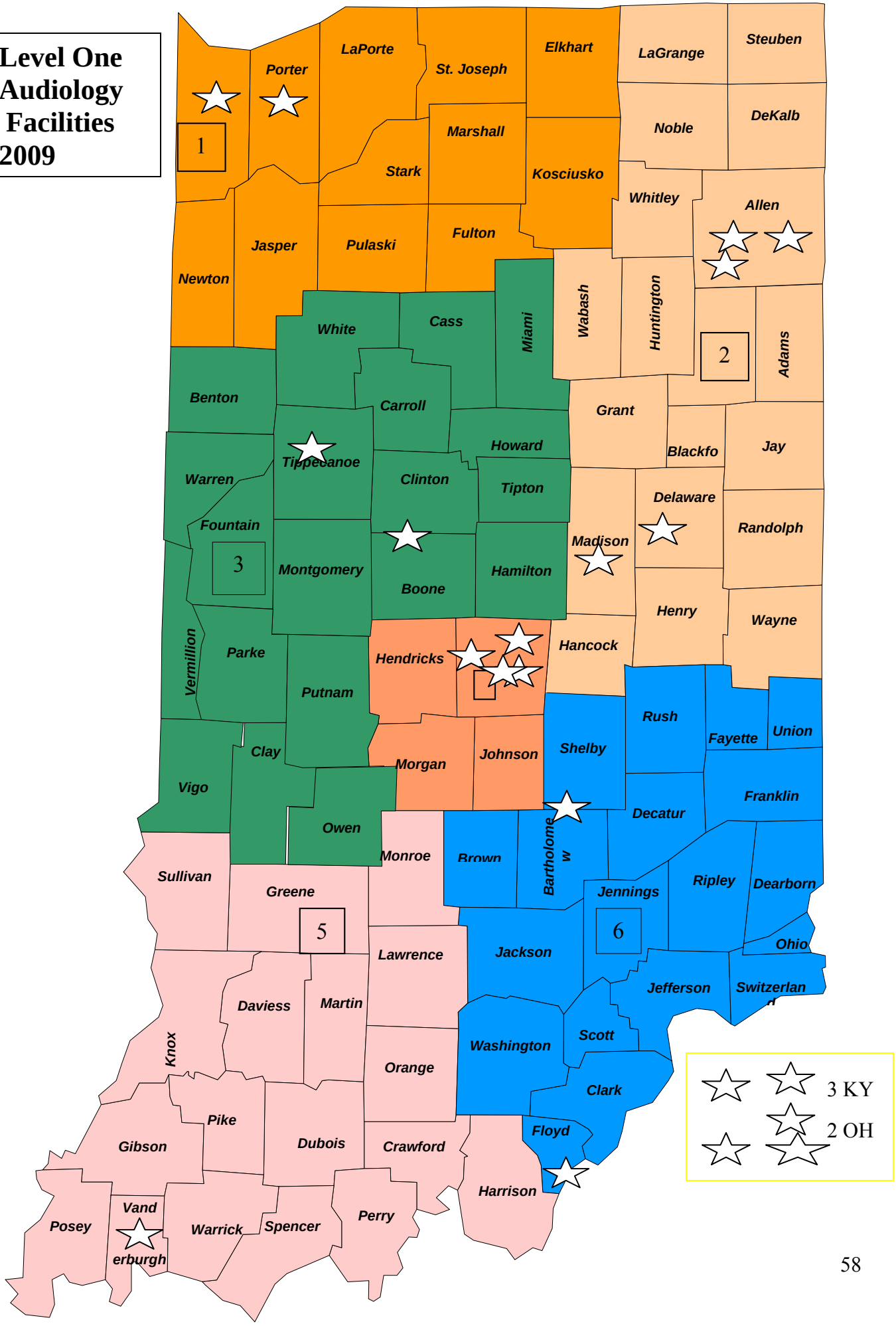
Southeast Region

Acuear Audiology
208 S Chestnut St
Seymour, In 47274
812 523-6666
HA/FS/ Medicaid/ Unsedated Limited

Advanced Audiology and Hearing Care
3525 Mitchell Rd, Suite B
P O Box 125\Bedford, IN 47421
812 275-4479
HA/ Medicaid/Unsedated Limited

Southwest Region

Indiana University Hearing Clinic
200 S Jordan Ave
Bloomington, IN 47405
812 855-7439
HA/FS/ Medicaid/Unsedated Limited

Midwest ENT
2841 New Hartford Rd
Owensboro, KY 42303
270 691-6161
HA/Medicaid/Unsedated Limited

Level One Audiology Facilities 2009