



EHDI E-MAIL EXPRESS

This is an e-mail communication from the American Academy of Pediatrics (AAP) "Improving the Effectiveness of Newborn Hearing Screening, Diagnosis and Intervention through the Medical Home" project funded through cooperative agreements with the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), National Center of Birth Defects and Developmental Disabilities (NCBDDD). It is designed to provide AAP Early Hearing Detection and Intervention (EHDI) Chapter Champions with resources and current clinical and other information. The EHDI E-Mail Express is sent on a monthly basis. Please feel free to share the EHDI E-Mail Express with colleagues working on or interested in childhood hearing detection and intervention issues. Distribution information appears on the last page.

APRIL 2011

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FROM YOUR CHAIR



NICHQ and you. That's the topic for my commentary this month.

Ever heard of it? NICHQ stands for the National Institute for Children's Healthcare Quality. NICHQ has previously hosted a two-year long "Learning Collaborative" program that allowed the opportunity for representatives from eight different states to brainstorm, problem-solve, and invent new solutions to old EHDI problems.

The NICHQ Learning Collaborative has been a springboard in helping us in the effort to address our single biggest ongoing EHDI challenge -- infants who fail the newborn hearing test and then are lost to follow-up (or lost to documentation of follow-up).

When these states got together under the direction of one of the California Chapter Champions, Shirley Russ MD (and others), they looked intensively at where we can collectively improve our performance in the area of infants who were lost-to-follow-up. And, through a process labeled "small tests of change," they identified some targeted areas where small changes could produce big results.

There were two small changes in particular. Two small, but simple and powerful ideas. These two simple interventions to improve a hospital-based system might appear to be embarrassingly obvious. But they were effective in moving the needle and improving the lost-to-follow-up statistics. Maybe it's time to compare notes with the EHDI coordinator in your state, and see if the hospitals in your state have adopted these two simple measures:

The first idea? Before the mother and infant leave the hospital, an appointment for re-screening should be scheduled for every baby who has failed the initial hospital-based hearing screening. It isn't good enough to ask the parent to telephone for an appointment. In the complicated world of caring for a newly born child, the call may never happen. My family dentist knows this simple idea already; I am never allowed to leave the dental office before making an appointment for my next cleaning. Do your hospitals know this idea as well, and are they committed to making it a reality?

The second idea? Do your hospitals collect just one more alternate phone number for a family contact prior to sending the family home? It can be the grandmother's phone number. Or maybe Aunt Sue's number. The NICHQ group found that when infants failed to return for re-screening, the phone numbers previously provided in the hospital record were often inaccurate or even disconnected. By collecting just one more alternate phone number for a family member, a measurable improvement in follow-up rates could be tracked.

Two simple ideas that can move the needle. Isn't it time for a phone call to the EHDI coordinator in your state to discuss moving the needle?

-Albert Mehl, MD

UPCOMING EVENTS

Event	Date	Location	Additional
10th European Symposium on Pediatric Cochlear Implantation	May 12–15, 2011	Athens, Greece	Web site
11th International Congress of the European Society of Pediatric Otorhinolaryngology	May 20–23, 2011	Amsterdam, the Netherlands	Web site
AAP Future of Pediatrics Conference	July 29–31, 2011	Chicago, IL	Web site

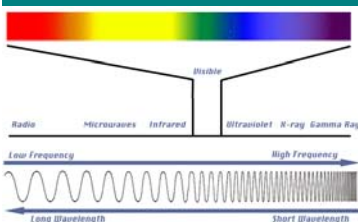
STUDY EXAMINES KNOWLEDGE, ATTITUDES, AND PRACTICES OF MIDWIVES RELATED TO NEWBORN HEARING SCREENING

The *Journal of Midwifery & Women's Health* published the article *Midwives' Knowledge, Attitudes, and Practices Related to Newborn Hearing Screening* examining the knowledge, attitudes, and follow-up practices of midwives related to newborn hearing screening and intervention. A survey instrument was developed and sent to a convenience sample of 5255 American College of Nurse-Midwives members in 50 states and 2 territories. 518 surveys were returned in the allotted 4-month time-frame, yielding a response rate of 9.9%. Only 68% of respondents said it was very important to screen all newborns for hearing loss. Respondents reported significant gaps in their knowledge about screening procedures, steps for referral, and the availability of resources when newborns did not pass the test. Midwives also reported the need for information about hearing loss conditions and genetics, screening guidelines, protocols for follow-up, referral networks, and therapies available. The authors concluded that current practices in newborn hearing screening and intervention programs can be enhanced by strengthening the basic midwifery knowledge of and rationale for follow-up when newborns fail their hearing screenings. Midwives can play an integral role in optimizing hearing, speech, and family interaction by assuring that each newborn has access to the best hearing screening and referrals. To read the entire study visit:

<http://onlinelibrary.wiley.com/doi/10.1111/j.1542-2011.2011.00026.x/abstract>.



WILL WE HEAR THE LIGHT? SURPRISING DISCOVERY



The University of Utah scientists made a surprising discovery published in *The Journal of Physiology* that infrared can activate heart and ear cells. Scientists used invisible infrared light to make rat heart cells contract and toadfish inner-ear cells send signals to the brain. The discovery may improve cochlear implants for deafness and lead to devices to restore vision, maintain balance, and treat movement disorders like Parkinson's someday. The scientific significance of the studies is the discovery that optical signals can activate heart cells and inner-ear cells related to balance and hearing. Also, research showed infrared activates the heart cells by triggering the movement of calcium ions in and out of mitochondria. The same process appears to occur when infrared light stimulates inner-ear cells. Infrared light can be felt as heat, raising the possibility the heart and ear cells were activated by heat rather than the infrared itself. To read the full article featuring the studies, visit: <http://www.sciencedaily.com/releases/2011/03/110328092508.htm>.

SOCIAL SECURITY REVISED MEDICAL CRITERIA FOR EVALUATING HEARING LOSS



Effective August 2, 2010, the Social Security Administration (SSA) published revised criteria in the Listing of Impairments that are used to evaluate claims involving hearing loss under Social Security Disability and Supplemental Security Income programs. The revisions reflect SSA's adjudicative experience, advances in medical knowledge, treatment, and methods of evaluating hearing loss, and public comments received in response to a prior Notice of Proposed Rulemaking (NPRM). Find the full published rules here: <http://www.palegalaid.net/news/plan-e-news/social-security-publishes-revised-medical-criteria-evaluating-hearing-loss>.

THROUGH YOUR CHILD'S EYES: AMERICAN SIGN LANGUAGE

A 13-minute documentary on American Sign Language (ASL) was developed by the California Department of Education and California State University, Northridge to showcase the benefits of ASL in child development. The documentary was funded by the Annenberg Foundation and is available at <http://www.youtube.com/watch?v=FV69iJuXwP4&hd=1>. To order copies of the documentary on DVD contact deafproject@csun.edu.

OPPORTUNITIES FOR PARENT INVOLVEMENT IN LATEST RESEARCH EFFORTS



HANDS & VOICES™

The Winter 2011 edition of Hands & Voices Newsletter contains information about how parents can be a part of the efforts to learn more about children who are deaf and hard of hearing. The Hands & Voices web site http://www.handsandvoices.org/resources/research_opps.htm regularly features survey opportunities that parents can participate in—many of which include a stipend!

TOOLS TO HELP REDUCE LOSS TO FOLLOW-UP IN STATES

The HRSA-MCHB-funded NICHQ Learning Collaborative "Improving Follow-Up to Newborn Hearing Screening by Working Through the Medical Home," conducted in collaboration with the National Center for Hearing Assessment and Management (NCHAM), led to the creation of a series of tools and materials designed to improve the system of care for all newborns with possible hearing loss. The project focused on strengthening relationships between all stakeholders in the continuum of care for infants who did not pass the newborn hearing screening and their families.

Participating state teams developed numerous tools and materials, compiled as a toolkit below, to assist the care providers to enhance communication between providers and build reliability into the care processes. Other particularly valuable change concepts were standardizing tools, developing scripts for communicating with parents, and removing inefficiency in system processes.



NICHQ NEWBORN HEARING SCREENING TOOLKIT

⇒ **Screening Communication and Forms**

[NE-EHDI Initial Screen inside Spanish 06](#)

[NE-EHDI Initial Screen outside Spanish 06](#)

[Screen Parent Education \(NE\)](#)

[Screening Birth Center Data Collection Tool \(FL\)](#) (Microsoft Excel file)

[Screening Fax Back Alert to PCP from State \(MI\)](#)

[Screening PCP Notification Letter \(PA\)](#)

[Screening Script No Show Phone Call \(CA\)](#)

⇒ **Parent Notification of Hearing Screen Results**

[Screening Parent Notification Form \(FL\)](#)

[Screening Parent Notification Letter \(PA\)](#)

⇒ **Parent Roadmap: The Path through Screening, Diagnosis and Intervention**

[All Parent Checklist \(CA\)](#)

[All Parent Roadmap \(CA\)](#)

⇒ **Audiologic Diagnostic Forms**

[Diagnosis Fax Back Form Audiology to State \(NE\)](#)

[Diagnosis Referral and Tracking Form Audiology EI \(AZ\)](#)

[Referral Fax Back PCP to Audiologist](#)

⇒ **Early Intervention (EI) Forms**

[Early Intervention Communication Plan Example](#)

[Early Intervention Fax Back Form Verify Enrollment \(MI\)](#)

⇒ **Parent Survey**

[All Parent Survey English \(CA\)](#)

[All Parent Survey Letter \(CA\)](#)



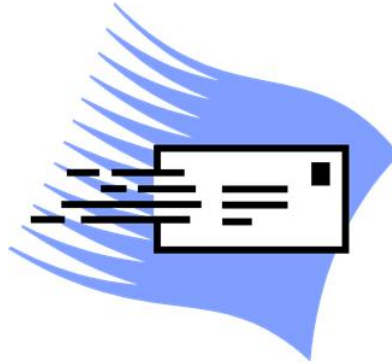
Want to know more about NICHQ and the newborn hearing screening project? Visit: http://www.nichq.org/resources/newborn_hearing_screening_toolkit.html.

If you have any questions or comments, or would like more information about any of these tools, please contact Emma Smizik at esmizik@nichq.org.

WORDS OF INSPIRATION. . .



It is difficult to inspire others to do what you have not been willing to try.
—Anonymous



Distribution Information:

The AAP EHDI Program implementation staff send this e-mail update to the Academy's EHDI Chapter Champions, other interested AAP members, staff and state EHDI coordinators. For additional information on hearing screening and to access previous editions of the EHDI E-mail Express, click on the following link http://www.medicalhomeinfo.org/how/clinical_care/hearing_screening/. Previous e-mail updates are available upon request from Faiza Khan, fkhan@aap.org or (847) 434-4924. If you would like to unsubscribe to the update, please notify staff by responding to this e-mail.