

Attachment 7 – Progress Report

**ACCOMPLISHMENTS SUMMARY – SUMMARY PROGRESS REPORT  
Nebraska Early Hearing Detection and Intervention Program  
2011 – 2013**

NOTE: “Quarters” column indicates the time in which the activity will occur, beginning with Quarter1 on April 1, 2011. A list of abbreviations can be found in Attachment 11.

Goal/Objective	Quarters	Results
<b>Goal 1: The hearing of all newborns born in Nebraska will be screened during the birth admission for 100% of newborns, including transfers to NICUs.</b>		
Program Objective 1.1. Birthing Facilities will submit hearing screening status reports for 100% of newborns, including transfers to NICUs.	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q1 Q2 Q3 Q4 Q5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q7 Q8 Q9 Q10</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Q11 Q12</div>	100% of the birthing facilities are submitting their hearing status reports, including transfers to NICUs.
Program Objective 1.2. Birthing facilities will have status and comparison reports available for quality improvement.	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q1 Q2 Q3 Q4 Q5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q7 Q8 Q9 Q10</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Q11 Q12</div>	Semi-annual reports are generated and sent to each birthing facilities. The reports list specific information such as number of births, number of refers, number of parents educated, and how their numbers compare to the state as a whole.
Program Objective 1.3. Parents educated about hearing screening, per Infant Hearing Act.	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q1 Q2 Q3 Q4 Q5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q7 Q8 Q9 Q10</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Q11 Q12</div>	Approximately 98% of parents are educated in the hospital about hearing screening and information is sent to all parents with a planned out-of-hospital birth.
<b>System Goal 2: Newborns who “refer” on initial hearing screening will complete an outpatient re-screening and/or audiologic diagnostic evaluation prior to three months of age.</b>		
Program Objective 2.1. Tracking of outpatient follow-up activities occurs with Primary Health Care Provider (PHCP) and/or parent(s).	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q1 Q2 Q3 Q4 Q5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q7 Q8 Q9 Q10</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Q11 Q12</div>	The NE-EHDI Program staff has a system using ERS and Access for tacking outpatient activities on a daily basis. Approximately 800 infants needing outpatient screenings or diagnostic evaluations are tracked each year. Contact is made with the PCHP and/or parents.
Program Objective 2.2. Confirmatory testing facilities will	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Q1 Q2 Q3 Q4 Q5</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Q6</div>	The NE-EHDI Program has found that in working with

obtain parent permission to release audiologic/screening reports to the NE-EHDI Program.	<p>Q7 Q8 Q9 Q10 Q11 Q12</p>	hospitals and audiologists that a written permission form is not needed. Information is received from confirmatory facility and if not staff follows up.
Program Objective 2.3. Confirmatory testing facilities will submit individual audiologic diagnostic and amplification reports, including information about referrals.	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	The NE-EHDI Program receives audiologic diagnostic and amplification reports, using a form that which includes information about referrals from confirmatory testing facilities.
Program Objective 2.4. Confirmatory testing facilities will submit the annual aggregate report required by statute.	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	Confirmatory testing facilities do not need to submit the data because the Program can create reports through ERS.
<b>Goal 3: All infants with a confirmed hearing loss will have immediate access to high-quality technology and will begin receiving early intervention services prior to six months of age.</b>		
Program Objective 3.1. Primary Health Care Providers and audiologists will refer all newborns and infants with suspected or confirmed hearing loss to the Early Development Network, other early intervention providers.	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	Early intervention providers receive referrals from PHCP, NE-EHDI staff, audiologists, and others for newborns and infants with a suspected or confirmed hearing loss. Program staff also follow-up on diagnosed cases to ensure that the EDN has received the referral.
Program Objective 3.2. Parents will access early intervention services through a coordinated point of entry.	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	The State's Early Development Network serves as the coordinated initial point of entry whenever a referral is made.
Program Objective 3.3. Audiologists will conduct or refer, as appropriate, all infants with a confirmed hearing loss for assistive listening device evaluations and services, including HearU Nebraska (Nebraska Children's Hearing Aid Bank).	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	HearU Nebraska (formerly the Nebraska Children's Hearing Aid Bank) has been fully operational since March 2007. Located at the University of Nebraska-Lincoln it processes hearing aid loans and repairs.
Program Objective 3.4. Audiologists will recommended, as appropriate, all infants with confirmed hearing loss for	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10</p>	The NE-EHDI Program participated in an audiologist survey, with other states who are members of Heartland Regional

<p>medical evaluation, genetic evaluations and family support.</p>	<p>Q11 Q12</p>	<p>Genetics and Newborn Screening Collaborative, funded by HRSA. The survey examined audiologists knowledge of genetics. Based on the results, Heartland Regional intends to develop a webinar or series of webinars that will provide training for audiologists on genetics as it pertains to hearing loss.</p>
<p>Program Objective 3.5. The Early Development Network, Medically Handicapped Children’s Program, Regional Programs for Students who are Deaf or Hard of Hearing, and other early intervention providers will submit individual and annual aggregate reports of early intervention.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Protocols were developed for the EDN/Part C referrals for children with a diagnosed hearing loss. Program staff contact the deaf/hard of hearing coordinator in their region and conduct a “joint” home visit. They also give the family specific resources related to the diagnosis. The NE-EHDI Program verifies whether the family is receiving services for those children with a diagnosed hearing loss.</p>
<p><b>System Goal 4: All infants with a confirmed hearing loss will have access to a medical home.</b></p>		
<p>Program Objective 4.1. Birthing facilities will identify and report to the NE-EHDI Program the Primary Health Care Provider of each newborn who refers on the initial hearing screening, including transfers to NICUs.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Using the Electronic Registration System (ERS-II), birthing facilities enter the name of the PCHP which is verified by the Program staff and follow-up is initiated on infants requiring an outpatient screening.</p>
<p>Program Objective 4.2. Primary Health Care Providers will refer, as appropriate, infants with suspected or confirmed hearing loss for otologic, genetic, and audiologic evaluations and for early intervention services.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Periodic individual status reports are exchanged between the Primary Health Care Providers and the NE-EHDI Program.</p>
<p>Program Objective 4.3. Primary Health Care Providers will submit individual status reports of children with a confirmed hearing loss.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Periodic individual status reports are exchanged between the Primary Health Care Providers and the NE-EHDI Program.</p>
<p><b>System Goal 5: Families of young children with a confirmed hearing loss will</b></p>		

<b>have access to a family support system.</b>		
Program Objective 5.1. Families of young children with a confirmed hearing loss will have access to a family support system.	<p>Q1 Q2 Q3 Q4 Q5</p> <p>Q6</p> <p>Q7 Q8 Q9 Q10</p> <p>Q11 Q12</p>	Staff regularly review available services for both new services and possible updating of information that is included in the Parent Resource Guide. It will also be included on the web site. The Guide includes a myriad of helpful information and a follow-up phone call to the family is made by the Community Outreach Coordinator. The Guide also includes a parental release of information that when signed and returned to the NE-EHDI Program permits staff to share their contact information with Guide By Your Side.
Program Objective 5.2. Organizational support will be provided to develop family-to-family support services.	<p>Q1 Q2 Q3 Q4 Q5</p> <p>Q6</p> <p>Q7 Q8 Q9 Q10</p> <p>Q11 Q12</p>	The NE-EHDI Program continues to support and be involved in the planning and implementation of the Roots and Wings parent weekend organized by Boys Town National Research Hospital. This brings in parents who have a child up to the age of three, with a hearing loss. The Program is also building on the successes of parent workshops held around the state that provide networking opportunities and opportunities to develop family-to-family support. A parental release form was created by the NE-EHDI Program that when signed and returned permits the Program to share contact information with Guide By Your Side.
Program Objective 5.3. Early intervention providers will submit annual aggregate and individual reports of families participating in family-to-family support activities.	<p>Q1 Q2 Q3 Q4 Q5</p> <p>Q6</p> <p>Q7 Q8 Q9 Q10</p> <p>Q11 Q12</p>	The Community Outreach Coordinator currently does not work with the Early Development Network providers to collect such information.
<b>System Goal 6: Young children, in Nebraska, will have access to periodic hearing screening.</b>		

<p>Program Objective 6.1. Primary Health Care Providers will refer young children at risk for late-onset hearing loss for audiologic monitoring.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>This objective will be discussed by the NE-EHDI Program Advisory Committee.</p>
<p>Program Objective 6.2. Early Head Start programs will conduct OAE screenings of enrolled children aged birth to three years.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Currently, one Head Start/Early Head Start program is screening enrolled children and sharing the results with the NE-EHDI Program. If successful, it will be expanded to other Head Start/Early Head Start programs.</p>
<p>Program Objective 6.3. Community-based health services will conduct OAE screenings.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Community-based services have not been trained to conduct OAE screenings.</p>
<p>Program Objective 6.4. Hearing screening and monitoring status reports will be submitted to the NE-EHDI Program.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Currently, one Head Start/Early Head Start program is screening enrolled children and sharing the results with the NE-EHDI Program. If successful, it will be expanded to other Head Start/Early Head Start programs.</p>
<p><b>System Goal 7: Professionals working with young children will a hearing loss will increase their capacity to provide appropriate services to young children.</b></p>		
<p>Program Objective 7.1. Training needs of hearing health professionals will be assessed.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>A Professional Development Needs Assessment survey was sent to Nebraska birthing facilities. Out of 58 surveys that were mailed, 34 were returned. Questions included asking if they needed additional training, what materials would be helpful, what degree of need that they saw in areas such as communicating with parents, cultural competency, and quality assurance. This information is used to discuss what type of format might work best to deliver the training in terms of effectiveness and efficiency. It was also used to determine hospital visits by NE-EHDI staff.</p>
<p>Program Objective 7.2.</p>	<p>Q1 Q2 Q3 Q4 Q5</p>	<p>Educational opportunities will be</p>

<p>Professional development resources will be inventoried annually.</p>	<p>Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>included and updated on the NE-EHDI web site which should be live in 2014. In addition. NE-EHDI Program staff, Advisory Committee members, and parents have taken advantage of training webinars, online courses, conferences, and workshops.</p>
<p>Program Objective 7.3. Professional development opportunities will be promoted to the hearing professionals.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Health professionals will be surveyed for professional development needs and various ways of providing training will be researched. Opportunities will also be posted on the NE-EHDI Program web site.</p>
<p>Program Objective 7.4. The effectiveness of professional development activities will be evaluated.</p>	<p>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</p>	<p>Surveys will be developed and the effectiveness of development activities will be analyzed.</p>