

OREGON EARLY HEARING DETECTION and INTERVENTION (EHDI) AUDIOLOGIC REPORTING PROTOCOL

Required Reporting:

Per Oregon Administrative Rule (333-020-0151 (5)), results for the following cases must be reported to the Oregon EHDI program within 10 days of the evaluation:

- 1) Results of those children under three years of age who referred on the newborn hearing screening.
- 2) Results of those children under three years of age whose newborn hearing screening was missed or incomplete.
- 3) Results of those children under three years of age diagnosed with a hearing loss, regardless of newborn screening status.

Method:

The primary mechanism for reporting audiologic testing and reviewing screening results is the Oregon Early Hearing Detection and Intervention Information System (EHDI-IS). Any audiologist who serves children under three years of age is eligible for a secure EHDI-IS account. Faxing audiologic test results is acceptable only in cases when access to the online data system is unavailable, and must be done within the 10 day time frame.

Screening Status:

As the reporting requirements hinge on the knowledge of screening status for two of the three required cases, it is imperative that the audiologist confirm the newborn hearing screening results in EHDI-IS prior to the patient's arrival. Parent report is not sufficient, but helpful to corroborate, as data entry errors do occur.

Please contact EHDI using "Report to EHDI" button within the child's record, by phone or email, if the screening record is inconsistent with parent or birth facility report.

Appropriate screening follow-up requires knowledge of screening equipment type. AABR initial screening *may not* be followed by an OAE re-screen. Consult with local birth facilities to confirm what equipment they are using for newborn screening. If you do not have the appropriate equipment for re-screening AABR, please direct families to another facility prior to scheduling and/or arrival. If you would like assistance connecting with local birth facilities, please contact the EHDI program.

Timeliness:

The timeliness of the above reporting is essential; delayed reporting delays initiation of services for the child/family. In addition, each incomplete record requires extensive individual follow-up from the EHDI team. This typically includes multiple contacts with audiologists, hospitals, clinics, families, physicians and educational programs to obtain the requisite information. To best utilize EHDI's resources, results must be reported within 10 days of the evaluation. This ensures EHDI can concentrate its efforts on those families who have not yet sought follow-up.

Required Fields

Within the “Diagnostics” tab, the test date, location, audiologist and test results fields are required. Degree of hearing loss is also required if the test results indicate permanent hearing loss (types: sensorineural, permanent conductive, mixed, or auditory neuropathy).

The test results fields represent the audiologists’ best estimate to describe the type of hearing loss. The selection is not meant to be definitive, and will not be made available to families or other professionals.

Missed Appointments:

Documenting missed appointments in the “Diagnostics” tab for children meeting the above criteria is incredibly helpful in identifying barriers and tracking a family’s efforts to follow-up. Please record the date of the scheduled appointment and select the appropriate checkbox(es) for reason the appointment was not completed. You can also direct families encountering barriers to service to the EHDI program, and we may be able to identify solutions for them. If a family moves or refuses to complete audiologic testing, please indicate the date this information was discovered and the appropriate checkbox(es).

Multiple missed appointments reported to EHDI results in a referral to the Guide By Your Side Loss-to-Follow-Up Parent Guide, a letter or phone call to the child’s primary care physician, and/or a Public Health Nurse to encourage and assist the family in returning for follow-up.

Whenever possible, please check and submit updates to demographic, contact or pediatrician information using the “Report Issue to EHDI” button. Using this button ensures staff will see your changes, and can take the next appropriate steps to contact the family or their provider. This allows the EHDI program and EI program to avoid losing contact with families.

Optional Reporting:

- 1) Children under three years of age who passed their newborn hearing screening, but found to have a non-permanent conductive hearing loss. The EHDI program will not follow-up with you or the family for these cases, unless specifically requested.
 - a. Example: the infant passed his newborn hearing screening, but receives audiologic care later due to middle ear dysfunction.
 - b. If an audiologist decides to report these types of cases, *all subsequent evaluations* for that child must also be reported.
 - c. Document these cases as “fluctuating conductive” rather than “incomplete” or “not yet determined.”
- 2) Children over three years of age who did not pass their newborn hearing screening, but found to have normal hearing.
 - a. Example: the infant referred on his newborn hearing screening, but family did not follow up with re-screening or diagnostic testing until the child was over age three (i.e., enrolling in preschool or kindergarten).

Do Not Report:

- 1) Results for children over three years of age, unless specifically requested by the Oregon EHDI program.

- a. Older children diagnosed with hearing loss should be referred to their county's Early Childhood Special Education (ECSE) program or their school district's Special Education program. For more information, consult the Office of Student Learning and Partnerships at the Oregon Department of Education: 503-947-5747.
- 2) Tympanometry results only, unless to document an attempted appointment (i.e., baby did not sleep for ABR).
- 3) Results for children under three years of age who passed their newborn hearing screening and have normal hearing.
 - a. Example: the infant passed his newborn hearing screening, seeks audiologic services at 18 months due to speech and language concerns, but is found to have normal hearing.
- 4) Results for children under three years of age who have already been diagnosed and are enrolled in Early Intervention for Deaf/Hard-of-Hearing/Hearing Impairment Services.
 - a. Example: Infant diagnosed at age 3 months, referred to EI and enrolled by 4 months, who returns to audiology for continued monitoring of hearing loss or aided testing at 6 months.
 - b. To confirm a child's enrollment, look in the EI Status tab. If a parent reports the child is enrolled in EI, but this section is empty, please enter a diagnostic record and/or notify the EHDI program directly.
 - c. For those who are already diagnosed, but are not enrolled in EI, please continue to report their results, re-refer to EI, or otherwise assist the family in obtaining or declining EI services to the EI representative.

Other Reporting Requirements:

- 1) Any testing performed by an audiologist should be entered into the "Diagnostics" tab, unless it is the child's first hearing assessment or initial screening.
 - a. Example: the infant referred on their initial screening, and is seen by an audiologist who performs follow-up testing. Enter this into the "Diagnostics" tab, regardless of whether the testing is considered comprehensive or re-screening.
 - b. Example: the infant was born at home, and seeks an outpatient newborn screening or hearing test from an audiologist. Enter this into the "Screening" tab.
 - c. If there is no hearing screening record in EHDI-IS, but you know the infant has previously been screened, please record your results in the "Diagnostics" tab, then use "Report Issue to EHDI" button to share relevant information so we may locate the screening information.
- 2) Should the entry in the "Diagnostics" tab be consistent with hearing loss, the system will display a page allowing the audiologist to make a referral to Early Intervention (EI), public health nursing, and Guide By Your Side (GBYS). By law, 34 CFR Part 303; Subpart D; Sec. 303.321, once hearing loss is discovered, a referral to Early Intervention is required to be sent.
 - a. On this screen, please verify the family's address, phone number and county, and then click "Send EI Referral." Return to the record and upload the child's audiologic report to this diagnostic entry, or fax the report to the EHDI program or selected EI program selected. A release of information from the family may be needed before

faxing to the EI program, but is not required to fax to EHDI. Similarly, you may select to send a public health nurse referral and a Guide By Your Side referral.

- b. If a referral should not be sent at this time, select one of the options provided. Scheduling the family for additional testing before they leave often results in higher compliance and reduces those lost to follow-up between visits.
 - i. A referral should be sent even if the child's degree of hearing loss does not meet eligibility criteria.
 - ii. A family may not decline EI services to their audiologist, but may do so to the EI representative following initiation of the EI referral.
- 3) Children born in other states may not have records in EHDI-IS. If the child is now an Oregon resident and is identified with/known to have hearing loss, the audiologist needs to create a new record prior to entering results and referring to EI.