Kansas’ Successful Strategies in Reducing Loss to Follow-Up/Loss to Documentation

13th Annual EHDI Conference
Jacksonville, FL

Liz Abbey, M.A., Audiologist/Kansas EHDI Coordinator
Kelly Barr, Kansas Data Follow-Up Manager
Kansas SB-EHDI Staff

- EHDI State Coordinator/Audiologist
- Data Follow-Up Manager – 2nd step Follow-Up
- Data Follow-Up Coordinator – 1st step Follow-Up
- Data Registrar / Office administrator
Receiving the Hearing Screening Results

- Hearing Screen results are reported by the birthing facilities on the Birth Certificate through the Office of Vital Statistics and imported into the Kansas SB-EHDI web based data system “AURIS”

- Results entered by NICU hospitals and Audiologists into Auris

- Outpatient and Out of Hospital Screens via Fax
About Kansas

• Approximately 42,000 births a year

• SoundBeginnings serves children 0-3 years of age

• 4 Pediatric Audiology facilities that offer sedated and nonsedated ABR testing in addition to other traditional pediatric test procedures including hearing aid dispensing

• 3 Pediatric Audiology facilities that offer nonsedated ABR testing
Offers sedated and nonsedated ABR testing

☆ Offers nonsedated ABR testing
We are off to see the Wizard ……
Because of the wonderful things he does
2007

- Physician Calls
- Follow-Up with Parents (No telephone provided through the birth certificate)
- Monthly PCP Fax
- Monthly Hospital Pending Report
Dear Dr. Larry Arwood:

Our records indicate that your patient(s) did not pass or did not have the birth hearing screen.

BIRTH ADMISSION NEWBORN HEARING SCREEN TEST RESULTS

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Mother’s Maiden</th>
<th>DOB</th>
<th>Screen Date</th>
<th>Screen Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brennan</td>
<td>Sean</td>
<td>Brennan</td>
<td>07/25/07</td>
<td>Not screened</td>
<td>Not screened</td>
</tr>
<tr>
<td>Stever</td>
<td>Samantha</td>
<td>Miller</td>
<td>06/04/07</td>
<td>06/05/07</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

RECOMMENDATIONS

We recommend that a follow-up screen be done within the next few weeks. Screening should be completed prior to one month of age. If the infant does not pass the screen, an audiological assessment is recommended. A hearing loss should be confirmed before three months of age.

A list of providers who offer outpatient screening can be found on our website www.babieshearing.org. If financial assistance is needed for the outpatient screen or audiological assessment, it may be provided at no cost to the family through Children with Special Health Care Needs (CSHCN) contracted consultants. CSHCN can be reached at 785-294-1215 or 800-222-9262.

Hospital records indicate you are the infant’s primary care physician of record. If your office has updated information on your patient(s), please complete the “Outcome of Follow-Up Hearing Screen” section and fax to 785-294-2562 or contact me by phone at 785-348-8376. Thank you for your assistance.

Sincerely,

Liz Abbey, MA, CCC-A
Audiologist
Director, Follow-Up Manager
FOLLOW UP HEARING SCREEN OUTCOME

Patient Name
Date of Birth
Primary Care Physician

Date Hearing screened ____/____/____
Physiologic Equipment Used ___ OAE ___ ABR
Right Ear Normal ___ Abnormal – refer for audiological assessment
Left Ear ___ Normal ___ Abnormal – refer for audiological assessment
Screening Facility

Infants older than one month of age should be directly referred for audiological assessment.

IF THERE ARE NO RESULTS TO REPORT, PLEASE CHECK ONE OF THE FOLLOWING:

___ Appointment for audiological assessment on ____/____/____
Audiologic Assessment Provider

___ Primary Care Physician or Medical home is _______________________

___ Other _______________________

Please Fax this Form to 785-291-3493

SOUND BEGINNINGS Newborn Hearing Screening Program
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST, STE 120, TOPEKA, KS 66612-1274
785-296-4131 or 800-312-6062 Fax 785-291-3493 http://www.soundbeginnings.org
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Contact Maiden</th>
<th>DOB</th>
<th>Medical Record Number</th>
<th>Reason Not Screened</th>
<th>Screen Date</th>
<th>Right Result</th>
<th>Left Result</th>
<th>Latest Referral Info</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>03/04/14</td>
<td>1230494</td>
<td>Transferred to Another Hospital(T)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Screen Type: Birth Screen</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>03/06/14</td>
<td>601525</td>
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<td>N/A</td>
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<td>03/06/14</td>
<td>601555</td>
<td>Transferred to NICU(N)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Referal Information:</td>
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<td></td>
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<td>601440</td>
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<td>03/06/2014</td>
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<td>072460</td>
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<td>601464</td>
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<td>N/A</td>
<td>N/A</td>
<td>Referal Information:</td>
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<tr>
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<td>03/03/14</td>
<td>601354</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Referal Information:</td>
</tr>
</tbody>
</table>
2008 Strategies

- Physician Calls
- Follow-Up with Parents (No telephone provided through the birth certificate)
- Started Hospital Site Visits late 2008
Hospital Site Visits

- Face to Face Introduction
- Regulations
- Importance of EHDI
- National EHDI Goals
- Preparing for screening
- Scripts
- Visual inspection
- Tips for Screening
- Methods of Newborn Screening
- Hearing Screening Risk Factors
- NICU
- Documentation
- Data and SoundBeginnings
- Counseling Parents
- Birth Certificate
- Loss to Follow-up/Loss to Documentation
- EDHI Roles
2008 LFU

82% (2007)
65% (2008)
2009 Strategies

- Continued Hospital Site Visits
- Developed LFU Parent Survey
- Started sharing the survey results with PCPs, Audiologists, Hospitals (booths, Kansas Chapter conferences)
- LFU Parent Letters
LFU Parent Survey

1. Number of children
2. Are there family members who had a hearing loss as a child?
3. Was your child’s hearing screened before leaving the hospital?
   □ NO please indicate your reason by checking the boxes below.
   □ Health Reasons
   □ Religious Beliefs
   □ Left Hospital before hearing screen could be finished
   □ Hospital did not inform hearing screening was a Kansas law
   □ Hospital equipment was not working
   □ Adoption
   □ Infant Died
   □ Out of Hospital Birth/Home Birth
   □ Other
4. Did the Hospital staff/Midwife talk with you about the importance of having the hearing screening?
5. Did you understand why the hearing screen was important?
   If you had questions were they answered?
6. Did your child have a hearing screen somewhere other than the hospital? If Yes, please indicate facility name/physician
7. Did your child Pass the Hearing Screen?
8. If your child did not Pass the hearing screen in the hospital did he/she have a rescreen by the Birthing Hospital/Audiologist/Hearing Specialist?
   □ YES  Name of Audiologist or facility that did the evaluation.
9. If you chose not to have your baby’s hearing rescreened or tested by a hearing specialist, please indicate your reasoning below.
   □ Health Reasons ________________________________
   □ Personal Reasons ________________________________
   □ Doctor did not indicate the importance or there was miscommunication
   □ Hospital/Doctor did not indicate that another screen was needed
   □ I was without insurance
   □ Insurance would not cover cost. Name of Insurance____________________
   □ Transportation or travel problems
   □ Problems making appointment /Availability of Date and Time/Who to make appointment with
   □ I did not think that it was important or a priority
   □ Other Reason_____________________________________

10. Comments regarding your child’s hearing screening experience
LFU Parent Survey and Results

Most common reasons for not completing the hearing screening process are:

◊ unimportant to the respondent
◊ problems with medical staff communication
◊ not a priority of respondent or scheduling difficulties collectively
◊ equipment not working

Most parents who left the hospital before a hearing screen was performed did not obtain a hearing screen for their children.

Nearly 3 out of 4 children identified as LTD came from hospitals and audiologists.

Children born outside of the hospital (home or midwife) most often cited that hearing screens were not a priority.
March 6, 2014

Ms. [Mom_First] [Mom_Last]
Address
City, State [Zip]

LFU Parent Letter

Congratulations on the birth of your child [First] [Last]. As part of newborn care, it is mandated by Kansas law, that all newborn’s hearing is screened at birth. SoundBeginnings Newborn Hearing Screening records indicate that your baby has either failed the newborn hearing screen in the hospital and has not received a follow-up evaluation or your child did not receive a hearing screen at all. Many times we have just not received the hearing screening results from the provider.

**Hearing screening is not harmful to your baby in any way.** If you have not done so already, you are strongly encouraged to schedule a hearing screen within the next few weeks. Remind the screening facility to fax the results to SoundBeginnings the Kansas Newborn Hearing Screening program (785-291-3493).

If your child has completed the hearing screening process, received an evaluation by an audiologist, or you refuse to have your child’s hearing screened/rescreened please fill out the enclosed form and return it in the provided envelope.

I have enclosed a list of hearing screening providers. **If financial assistance is needed for the Hearing Screening/Diagnostic evaluation, it may be provided at no cost through Children and Youth with Special Health Care Needs (785-296-1312 or 800-332-6262).** Ask to speak with Jane Kennedy. Infant Toddler Service Networks in your county can provide the hearing screen at no cost and can even come to your home to screen. Enclosed is a list of Networks. Your residing county is listed under the appropriate Infant Toddler Network to contact for hearing screening services.

*Listening in the first few months of life prepares a baby to learn language, develop speech and contributes greatly to the bonding with the mother and family members. For this reason, it is very important for your baby to be screened. This is the best way to be sure your baby has normal hearing. If your baby does have hearing loss, it is important to identify it early.*

If you have any questions regarding this letter, your baby’s hearing or the Infant Toddler program for your county, feel free to contact me at 785-368-7167 or 800-332-6262.
Hearing Screening Refusal Form

It is through hearing that your child will learn to talk. Approximately 2-3 newborns per 1000 are born with hearing loss. 

*Listening in the first few months of life prepares a baby to learn language, develop speech and contributes greatly to the bonding with the mother and family members.*

A hearing screening test will not hurt your baby. Most babies sleep through the test.

I, ___________________________________________ (Parent/ Legal Guardian)
of ___________________________________________ (child’s name), Date of Birth ______________________

REFUSE to have my child’s hearing screened/rescreened or a diagnostic evaluation.

I understand that the hearing screening test may not be refused due to inability to pay. K.A.R. 28-4-613 Inability to pay. No newborn or infant shall be refused hearing screening because of the parent’s inability to pay for the procedure or in the absence of a third-party payer. (Authorized by and implementing K.S.A. 65-1,15/4; effective July 4, 2004.)

I have been advised of the importance of having my baby’s hearing tested. I have read and fully understand the brochure “Sound Beginnings Kansas Newborn Hearing Screening Program”. I will contact my physician if I decide to have my baby’s hearing tested at a future date.

I release ________________ (hospital/midwife/birthing coach) of any liability by requesting not to have the screening test done. I accept full responsibility for choosing not to have this test performed.

Underlying Reason for Refusal__________________________________________________________

__________________________________________________________

Signature of Parent/Legal Guardian ________________________________________________

Date ________________________________
Child’s Name: ____________________________________________

Date of Birth: ____________________

Name of Birthing Hospital: _________________________________________________

******************************************************************************

☐ Hearing Screening/Diagnostic Evaluation Completed

Name of Facility where child’s hearing was screen:
_______________________________________________________________

City, State, Zip: _______________________________________________

Date of Testing: ____________________

☐ Hearing Screening/Diagnostic Evaluation NOT Completed

Reason not completed: ________________________________________________

☐ Hearing Screening/ Diagnostic Evaluation has been scheduled

Name of Facility where child’s hearing screen is scheduled:
_______________________________________________________________

City, State: ______________________________________________________

Date of Testing: ____________________
2010 Strategies

- Continued Hospital Site Visits
- Hired Data Coordinator
  - Start 2 step follow-up
- Started Database Enhancements
- Out of Hospital Birth Letters (same as LFU)
- No Consent Letters
- Midwife collaboration/Equipment/Trainings
Database Enhancements

- Case Management System
  - Manager letters
  - Follow-Up
  - Reports
- Allow outside entities to input data
### AURIS NEWBORN SCREENING MANAGER

#### Sound Beginnings

- Kansas Department of Health & Environment
- Welcome: Liz Abbey

### Patient Tracking Administration

#### AURIS Reports Listing

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>01-MAR-2015</td>
<td>06-MAR-2015</td>
</tr>
</tbody>
</table>

**Screening Hospital:**

<table>
<thead>
<tr>
<th>Request</th>
<th>Description</th>
</tr>
</thead>
</table>
| ✔️ Birth Screening | Provides a summary listing by month of key hearing screening statistics. Statistics pulled include:...
| ✔️ Hospital Quality Assurance Report | Provides a count of infants with hearing loss by age (in months).
| ✔️ Report of Reasons Not Screened by Hospital | Provides a detailed list of infants with hearing loss including early intervention information.
| ✔️ Report of Screening Tests Administered by Hospital | Provides a count of infants enrolled in Early Intervention by age (in months).
| ✔️ Outpatient Screening | Provides a count (by month) of total outpatient screen, total passed and total referred.
| ✔️ Audiologist and Screening Facilities - Quality Assurance | Provides a list of infants with hearing loss due to early intervention.
| ✔️ Outpatient Screening Results by Month | Provides a detailed list of infants diagnosed with hearing loss.
| ✔️ Determined/Inconclusive/Conductive Fluctuating Hearing Loss | Provides a detailed list of infants with specific types of hearing loss.
| ✔️ Early Intervention | Provides a count of infants enrolled in Early Intervention by age (in months).

#### Infant Reports

<table>
<thead>
<tr>
<th>Request</th>
<th>Description</th>
</tr>
</thead>
</table>
| ✔️ CDC Summary Report | Provides a detailed list of CDC screening statistics.
| ✔️ Doctor's Pending Letter | Generates doctor letters for those infants identified as Pending.
| ✔️ Infants Over 12 months with No Follow-up | Provides a list of infants (12 months or older) who received on their birth screen but have no follow-up screen.
| ✔️ Infants Transferred to Another Hospital | Provides a list of infants transferred to another hospital where infant status is 80-Follow-up or blank.
| ✔️ Infants in AURIS with No PCP | Provides a list of infants in AURIS with no PCP assigned.
| ✔️ Infant Access Report | Provides a list of infants accessed by a given user.
| ✔️ Possible Duplicate Infants in AURIS | Provides a list of possible duplicate infants in AURIS.
| ✔️ Detailed Listing of Infants that are pending. Meaning... | Provides a detailed listing of infants that are pending. Meaning...
Out of Hospital Birth Letter

- Why We Screen
- Screening Procedures
- Misconception and Facts
- Infant Family Bonding
- Screening Facilities
Not Screened/Out of Hospital Births

March 31, 2014

Mr. [Mom_First] [Mom_Last]
Address
City, State Zip

Congratulations on the birth of your child [First] [Last]. As part of newborn care, it is mandated by Kansas law that all newborn's hearing is screened at birth. SoundBeginnings Newborn Hearing Screening records indicate that your baby has either failed the newborn hearing screen in the hospital and has not received a follow-up evaluation or your child did not receive a hearing screen at all. Many times we have just not received the hearing screening results from the provider.

Hearing screening is not harmful to your baby in any way. If you have not done so already, you are strongly encouraged to schedule a hearing screen within the next few weeks. Remind the screening facility to fax the results to the Kansas SoundBeginnings Newborn Hearing Screening program (785-291-5495).

If your child has completed the hearing screening process, received an evaluation by an audiologist, or you refuse to have your child's hearing screened/rescreened please fill out the enclosed form and return it in the provided envelope.

I have enclosed a list of hearing screening providers. If financial assistance is needed for the hearing screening/Diagnostic evaluation, it may be provided at no cost through Children and Youth with Special Health Care Needs (785-296-1312 or 800-332-6262). Ask to speak with Jane Kennedy. Infant Toddler Service Networks in your county can provide the hearing screen at no cost and can even come to your home to screen. Enclosed is a list of Networks. Your residing county is listed under the appropriate Infant Toddler Network to contact for hearing screening services.

Listening in the first few months of life prepares a baby to learn language, develop speech and contributes greatly to the bonding with the mother and family members. For this reason, it is very important for your baby to be screened. This is the best way to be sure your baby has normal hearing. If your baby does have hearing loss, it is important to identify it early.

If you have any questions regarding this letter, your baby's hearing or the Infant Toddler program for your county, feel free to contact me at 785-368-7167 or 800-332-6262.

Liz Abbey, MA, Audiologist, State Coordinator
No Consent Letter

- Why We Screen
- Screening Procedures
- Misconception and Facts
- Infant Family Bonding
- Screening Facilities
March 11, 2014

Ms. “MOTHER FIRST, MOTHER LAST”
“ADDRESS”
“CITY, STATE, ZIP”

Congratulations on the birth of your child “CHILD’S NAME”. As part of newborn care, it is mandated by Kansas law, that all newborn’s hearing is screened at birth.

SoundBeginnings Newborn Hearing Screening records indicate that your baby’s hearing has not been tested because this screen was declined.

Kansas has enacted legislation to provide screening for the early detection of hearing loss in newborn infants because hearing loss is one of the most common congenital anomalies. The first two years of life is the most critical period for the development of speech and language. See the attached Table—“Common Misconceptions Held By The Public And The Clinical Facts”

Hearing screening is not harmful to your baby in any way. You are strongly encouraged to schedule a hearing screen within the next few weeks. A list of hearing screening providers is enclosed should you decide to have your baby’s hearing screened.

If financial assistance is needed for the Hearing Screening/Diagnostic evaluation, it may be provided at no cost through Children and Youth with Special Health Care Needs (785-296-1312 or 800-332-6262). Please ask to speak with Jane Kennedy. Also, Infant Toddler Service Networks in your county can provide the hearing screen at no cost and can even come to your home to screen.

If you have any questions regarding this letter, your baby’s hearing or the Infant Toddler program for your county, feel free to contact me at 785-368-7167 or 800-332-6262.

Listening in the first few months of life prepares a baby to learn language, develop speech and contributes greatly to the bonding with the mother and family members. For this reason, it is very important for your baby to be screened. This is the best way to be sure your baby has normal hearing. If your baby does have hearing loss, it is important to identify it early.

Liz Abbey, MA-Audiologist, State Coordinator
SoundBeginnings Newborn Hearing Screening Program
2010 LFU

- 82% in 2007
- 65% in 2008
- 49% in 2009
- 35% in 2010
2011 Strategies

- Continued Hospital Site Visits
- Database Access – Audiologists, ENT, NICU
- More Database Enhancements
- Vivosonic Equipment
- Parents As Teacher trainings
- Crib Cards
- Pediatric Audiologists on Advisory Board
2012 Strategies

- Hospital Site Visits – Target Hospitals with High refer rate and retrain using equipment
- Telephone numbers on Birth Certificate
- Health Department Survey/Meetings
- Health Department Equipment and Trainings
- Family Support Consultants
- Developed new brochures
Revamped Hospital Site Visits

- Targeted High Refer Rate Hospitals
  - ABR > 4% refer rate
  - OAE > 8% refer rate
- There to make their job easier
- Discussed best practice
- How critical their role was and accountability
  - “first responders, developmental emergency”
- Retrained on the equipment “Dos and Don'ts”
2013 Strategies

- Direct push from vitals to database
- Collaboration with WIC
  - 75% of our LFU were being seen through the Health Departments
- Access to WIC database
- Fax PCP
- Phone Parents
- Early Intervention Follow-Up Tracking
- Advisory Executive Board –
ABNORMAL HEARING SCREEN RESULTS

The following information requires your immediate attention. The State of Kansas Newborn Hearing Screening Program has been notified that you are the PCP for the following patient:

Please check ALL that apply:

☐ I am not the primary care physician. It is ____________________.
☐ I have results of a bilateral pass on ________________.
☐ There is an outpatient screen scheduled for ________________.
☐ I will follow up with the family about the importance of keeping/scheduling their outpatient screen.
☐ I was notified this baby didn’t pass the newborn hearing screen from the birth hospital.
☐ Contact info below is correct.
☐ I have different contact info as follows (alternate phone numbers):

________________________

This baby could be at risk for DEVELOPMENTAL LANGUAGE DELAYS. An outpatient screen is recommended before one month of age and can be performed at the birthing hospital.

Brennan Buck      DOB: 4/27/2013
Mother Name: Hobert, Kyla
Phone Number:

Birth & Women’s Hearing Screen Results
Right Result: Passed  Left Result: Referred

Please fax this form to 785-291-3493 and thank you for your prompt attention.

Sincerely,

Kobi Foster
SoundBeginnings Data Follow-up Coordinator
What is the role of the primary care physician in the Early Hearing Detection and Intervention Program?

• The primary care provider (PCP) in cooperation with the audiologist directs and coordinates, as needed, the evaluation and referral process within the child's medical home by:
  • Referring a newborn that does not pass a hearing screening to a pediatric audiologist for a diagnostic audiologic evaluation. View how hearing screening is performed.
  • Providing a statement to parents stressing the importance of follow-up, the time and location of the follow-up appointment, and the telephone number of the screening audiology center.
  • Referring a baby diagnosed with hearing loss to appropriate agencies capable of providing intervention services and to appropriate medical specialists (i.e., otolaryngologist and geneticist) as may be indicated by the diagnostic audiologic evaluation.
  • Monitoring individual cases to assure that the diagnostic audiologic evaluation was completed, and facilitating the infant's receipt of amplification if needed and linkage to Early Intervention services.
  • Providing updates regarding the infant’s hearing status to the Department of Health upon request.
  • Providing on-going monitoring and surveillance of ALL children, especially those with risk factors for late-onset and early childhood hearing loss.
Dear Parents of,

SoundBeginnings Newborn Hearing Screen Program tracks infants from the hearing screen in the hospital, to diagnosis and if diagnosed with hearing loss into early intervention. It has been reported to the State of Kansas SoundBeginnings Newborn Hearing Screen Program that your child has been identified with some degree of hearing loss. At this time our records do not indicate that he/she is receiving early intervention services for assistance with speech and language development. Research shows that children diagnosed with hearing loss who receive early intervention services before 6 months of age, develop language that is comparable to normal hearing peers their own age when they are three to eight years old.

Your child maybe receiving services somewhere other than your local Infant Toddler Network and if they are we have not been notified. If they are receiving services or you prefer not to utilize services at this time please complete the fields below and return it in the self-stamped addressed envelope so, that we are able to report that you have been notified that services are available to your child at little or no cost to families through the Infant Toddler Network. If you have any questions or if we can help provide you with any information or assistance please feel free to contact SoundBeginnings at 785-368-7167. You will also find a large amount of helpful information regarding resources, support and communication options on our website at www.soundbeginnings.org.

My child is receiving services at ________________________________

I have chosen not to have my child participate in services at this time. Please indicate reasons below.

________________________________________________________________________

________________________________________________________________________

I was not aware services were available. I am interested in having a representative from my local Infant Toddler Network contact me at ________________________________.

Sincerely,
2013 Preliminary LFU

Data as Reported to Kansas as of 3/6/2014
2014

• Continue Hospital Site visits with High Refer Rates
• Unilateral hearing loss Information sheet (90% not enrolled for 2013 have unilateral or mild hearing losses)
• Mild hearing loss information sheet
• Identifying partnerships and collaborating on local and state levels. (Title XIX, Title V, insurance case managers)
• Midwife conference
• EI Packets for Audiologists
• Audiology Facility Rating Application
• Special Health Care Services
•
My child has unilateral hearing loss.

What is a unilateral hearing loss?
Unilateral means your child has hearing loss in just one ear.

Will my child develop normally with only one good ear?
Hopefully so! Two ears are better than one. Children (and adults) hear much better with two ears than one, especially in background noise, so it is important that children who have some hearing in their "bad" ear wear a hearing aid, so they can hear as well as possible. Compared to children with normal hearing, kids who have unilateral hearing loss are 10 times more likely to have difficulty in school and are 7 times more likely to fail a grade, so they need every opportunity to learn and we need to prevent them from falling behind.

When should my child start wearing a hearing aid?
Usually, within the first year of life. The first three years of life are when children learn speech and language, so you will want to be sure your child doesn’t miss out on that window of opportunity.

Will my child talk normally?
Children with unilateral hearing loss have a more difficult time picking up new words. You may not notice this until your child is around 18 months old, so it is important to act early.

Will my child’s hearing get worse?
It is possible that your child’s hearing may get worse. It is also possible that your child might have hearing loss in his/her good ear sometime in the future. For these reasons, it is important that your child have regular hearing tests (at least twice a year).

What should I do next to give my child the best start?
Enroll your child in early intervention services. Your audiologist or child’s doctor can tell you how to reach your local tiny-k infant toddler network. If you have not been contacted, please contact the SoundBeginnings Early Hearing Detection and Intervention Program at 785-368-7167. It is FREE and EASY to start!

What is early intervention?
Early intervention is a free service that is provided by specialists in child development who will make visits to your home (or child’s daycare) to make sure your child is on track with speech and language development, as well as other areas of development (for example, motor skills like crawling and walking). Your child can receive these services just because he/she has hearing loss.

What information is provided through Early Intervention?
1) What unilateral hearing loss means for your child’s development; 2) Ways to improve communication between parents and child; 3) Hearing protection for the better ear; 4) Child development; 5) The importance of early literacy and learning.
My child has mild hearing loss.

Mild hearing loss doesn’t sound bad, why should I be concerned?
Listening with a mild hearing loss takes more attention and more work. It is also easy to miss parts of words, especially when information is new.

My child hears so much, why should the hearing loss cause problems?
Your child can “hear” but it takes more of an effort to listen. That effort means less energy exists to understand what was said. ANY background noise will make listening much harder. Even with a mild hearing loss children without hearing aids can miss 15-25% of what a teacher says in a classroom. Teachers often believe these students are not paying attention or are choosing not to follow directions.

My child seems to hear, why should he/she wear hearing aids?
Even with a mild hearing loss, your child may not hear all of the speech sounds. The first three years of life are when children learn speech and language, so you will want to be sure your child doesn’t miss out on that window of opportunity. Without hearing aids you can expect speech, language, behavior and/or social problems.

Will my child’s hearing get worse?
It is possible that your child’s hearing may get worse. For this reasons, it is important that your child have regular hearing tests (at least twice a year).

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Early Intervention Packets

• Given to Audiologists
• Infant Toddler Brochure
• FAQ about Infant Toddler Services
• How Early Intervention helps children
• Unilateral Hearing Loss
• Mild Hearing Loss
Contact Information

Liz Abbey – EHDI State Coordinator
eabbey@kdheks.gov
785-368-7167

Kelly Barr – Data Follow-Up Manager
kbarr@kdheks.gov
785-368-8376