



Investing for tomorrow, delivering today.

Department of Health Children's Medical Services Early Hearing Detection & Intervention (EHDI) Program

HOSPITAL TRAINING AND DISCUSSION



Screening Reporting Requirements

NMAC 7.30.6.6

- NMAC 7.30.6.6...Objective: The purpose of these regulations is to establish standards and procedures to assure congenital metabolic conditions and other **genetic disorders** which can cause significant mental or physical retardation or significant morbidity or mortality **can be detected by screening newborn infants**. Early detection and **prompt referral for treatment may help prevent death and alleviate the effects** of these disorders. These rules provide for screening tests to be performed on every newborn except where, in accordance with these rules, the parents or guardians waive this requirement in writing.
- 7.30.6.8 A (14) hearing deficiency
- 7.30.6.12 B Follow-up Procedures:...positive or questionable screening results...immediately contact and inform the PCP of the need for further **testing**. The PCP will be responsible for contacting and informing the parents or guardians of the need for further testing. And 7.30.6.12 C...if no PCP is named...the NHS Program will pursue follow-up with the parents directly.

1 - 3 - 6

- 1** – All infants have their hearing screened shortly after birth, or by 1 month of age.
- 3** – Hearing loss in infants is identified before 3 months of age.
- 6** – Infants who are deaf or hard of hearing receive timely and appropriate early intervention services before 6 months of age.

Lifelong Impact of Meeting 1 -3 -6 For Children who are Deaf or Hard of Hearing

- Early identification significantly decreases the amount of time families spend in the grieving process so they are able to move forward with critical next steps for their baby (i.e., early intervention, hearing aids, cochlear implants).
- Babies who are identified, referred to and receive appropriate early intervention services by 6 months of age are more likely to make communication and language gains commensurate with hearing peers and avoid preventable developmental delays.
- Any delay in a child's language acquisition, not only has negative effects on cognitive development and school success, but also on the child's mental and emotional health. (Szagun, 2006).
- Language is critical for thinking, problem-solving, and supporting children in forming relationships with other people.

Screening Procedures

- Screen the newborn no sooner than 12 hours after birth as false positive rates **decrease** 12-24 hours after birth.
- Screen when the newborn is medically stable and not being seen by other health care professionals.
- Screen when newborn is quiet or sleeping. Optimum time is one hour after feeding.
- Swaddle the newborn and dim the lights before screening, especially if newborn is restless.
- Ensure a quiet screening environment, away from background noise.
- Screen both ears with a **maximum of 2 screenings** per ear. **Only do a 3rd screen if the infant passed in different ears in the first two screens or if the second screen was incomplete.**
- Rescreen both ears if one ear passes and the other ear refers. **Infant must pass screen in both ears during the same screen for it to be a pass.**
- Incomplete screenings due to infant being fussy or moving **do not** count as a screening.
- Follow standard and/or COVID precautions for infection control.

Newborns Who Refer & Incomplete Screens

1. Communicate results by informing parent(s) that their baby referred (did not pass) the hearing screen, or the screening was incomplete, which means their baby needs additional hearing testing.
2. Make certain screening results (pass in both ears, refer in one or both ears, incomplete hearing screen) are included in the discharge paper work.





<https://www.infanthearing.org>

- Takes approximately two hours to complete
- User-friendly, web-based course, participants learn at their own pace
- Eligible for a Certificate of Completion from National Center for Hearing Assessment and Management (NCHAM), and
- If eligible, continuing education credits provided by The American Academy of Audiology (AAA) and the National Association of Pediatric Nurse Practitioners (NAPNAP)
- No charge for the course

Hospital Reporting Requirements

1. Hospital uploads are due on the 1st and 15th of each month. Report all births within each month.
2. The *Newborn Hearing Screening Report & Referral Form* must be completed and faxed, securely emailed, or mailed to the EHDI Program within 48 hours of the infant's discharge for infants who:
 - Refer (did not pass) in one or both ears
 - Have an incomplete screen
 - Are transferred
 - Are not screened for any reason (i.e., medical reason, parent refusal, broken machine, no screening supplies)
 - Are deceased



NEWBORN HEARING SCREENING REPORT AND REFERRAL FORM
 EARLY HEARING DETECTION AND INTERVENTION PROGRAM
 Children's Medical Services, Family Health Bureau
Birth Hospital/Birth Center is required to report hearing screen results for every birth.

Date Faxed / Mailed: _____ Name of Person Completing Form: _____
 Phone Number of Person Completing Referral Form: _____
 Medical Record #: _____ Birth Center/Hospital: _____
 Hospital Contact Person: _____ Phone Number: _____
 Baby's Last Name: _____ First Name: _____
 Baby's Sex: Male Female Baby's Date of Birth: _____ Discharge Date: _____
Doctor Who Will Follow Baby Post Discharge:
 Name: _____ Practice: _____
 Address, City, State: _____
 Phone Number: _____ Fax Number: _____
Parent Contact Information:
 Mother's Name: _____ Mother's DOB: _____
 Mother's Primary Language: _____ Mother's Email Address: _____
 *Mailing Address: _____
*Please include apartment #, trailer space #, etc.
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Message Phone Number: _____
 Baby Has Hearing Loss Risk Factor(s): Ototoxic Drugs Prematurity NICU
 Atresia/Microtia Craniofacial Anomalies Family History of Hearing Loss Syndrome
 Baby DOES NOT Have Any KNOWN Risk Factor(s) for Hearing Loss: _____
Hearing Screen Results:
 Date(s) of Screen(s): _____ **Right Ear:** PASS / REFER / INCOMPLETE **Left Ear:** PASS / REFER / INCOMPLETE
 _____ **Right Ear:** PASS / REFER / INCOMPLETE **Left Ear:** PASS / REFER / INCOMPLETE
 _____ **Right Ear:** PASS / REFER / INCOMPLETE **Left Ear:** PASS / REFER / INCOMPLETE
Baby must pass screen in both ears during the same screen for it to be a pass.
 Total # of Screens: _____ (Screen No More than 2 times unless 2nd screen was incomplete)
 _____ **Discharged Without Screen** **Date:** _____ **Reason:** _____
 _____ **Transferred Date:** _____ **Transferred to:** _____
Comments: _____

 Mother's signature for release: _____ Date: _____
All Fields on Form Must Be Completed. Send Completed Form to DOH Newborn Hearing Screening Program:
Securely Email to: newborn.hearing@doh.nm.gov **Fax to:** (505) 827-5995 or (505) 476-8896, or
Mail to: DOH/PHD/CMS Newborn Hearing Screening Program, 1190 S. St. Francis Drive, Santa Fe, NM 87505
Questions call: (505) 476-8817 or Toll Free at 1 (877) 890-4692 *Form version February 2022*

Hospital Referral Form

Faxed, securely emailed,
 or mailed within 48
 hours of newborn's
 discharge or transfer



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1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org





NEWBORN HEARING SCREENING REPORT AND REFERRAL FORM
EARLY HEARING DETECTION AND INTERVENTION PROGRAM
Children's Medical Services, Family Health Bureau
Birth Hospital/Birth Center is required to report hearing screen results for every birth.

Date Faxed / Mailed: _____ Name of Person Completing Form: _____
Phone Number of Person Completing Referral Form: _____
Medical Record #: _____ Birth Center/Hospital: _____
Hospital Contact Person: _____ Phone Number: _____
Baby's Last Name: _____ First Name: _____
Baby's Sex: _____ Male _____ Female Baby's Date of Birth: _____ Discharge Date: _____

Why EHDl Program needs this information:

- To begin follow-up as soon as possible without waiting for the hospital upload.
- To contact the person who filled out the form if information is missing or inaccurate.
- To have baby's first and last name (if named), date of birth and date of discharge.

Doctor Who Will Follow Baby Post Discharge:

Name: _____

Practice: _____

Address, City, State: _____

Phone Number: _____ Fax Number: _____

Why EHDl Program needs the baby's doctor's name and practice:

- To work in collaboration with baby's physician to support the hearing follow-up the baby needs.
- To make certain physician knows baby needs hearing follow-up and refers baby for an outpatient hearing screen or an audiological evaluation.
- To have mother's current contact information.

Parent Contact Information:

Mother's Name: _____ Mother's DOB: _____

Mother's Primary Language: _____ Mother's Email Address: _____

*Mailing Address: _____

*Please include apartment #, trailer space #, etc.

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Message Phone Number: _____

Why EHDI Program needs complete parent contact information:

- Mother may not remember that her baby did not pass the inpatient newborn hearing screen or may not understand the importance of hearing follow-up.
- To work in collaboration with baby's parent/caregiver to support hearing follow-up and stay in contact with parent until hearing follow-up is completed.

Risk Factors for Hearing Loss

Baby Has Risk Factor(s) for Hearing Loss: _____ Ototoxic Drugs _____ Prematurity _____ NICU
_____ Atresia/Microtia _____ Craniofacial Anomalies _____ Family History of Hearing Loss _____ Syndrome

Baby DOES NOT Have Any KNOWN Risk Factor(s) for Hearing Loss: _____

Why EHDI Program needs to know if infant has risk factors for hearing loss:

- To make needed referrals.
- To support parents and physician in monitoring baby's hearing status.
- To document and report risk factors for hearing loss experienced by NM children birth to 4 years of age

Hearing Screen Results:

Date(s) of Screen(s): _____ **Right Ear:** PASS / REFER / INCOMPLETE **Left Ear:** PASS / REFER / INCOMPLETE

_____ **Right Ear:** PASS / REFER / INCOMPLETE **Left Ear:** PASS / REFER / INCOMPLETE

_____ **Right Ear:** PASS / REFER / INCOMPLETE **Left Ear:** PASS / REFER / INCOMPLETE

Baby must pass screen in both ears during the same screen for it to be a pass.

Total # of Screens: _____ (Screen No More than 2 times unless 2nd screen was incomplete)

Why EHDI Program needs hearing screen results:

- Delay in receiving these results contributes to EHDI Program not meeting the 1 – 3 – 6 timelines with potential loss to documentation or loss to follow-up.
- Loss to documentation and loss to follow-up may result in late identification of children who are deaf or hard of hearing.
- NM hearing screening results must be reported yearly on all births to Health Resources and Services Administration (HRSA).

_____ Discharged Without Screen Date: _____ Reason: _____
_____ Transferred Date: _____ Transferred to: _____

Why EHDI Program needs this data:

- Delay in receiving this information contributes to EHDI Program not meeting the 1 – 3 – 6 timelines with potential loss to documentation or loss to follow-up.
- Loss to documentation and loss to follow-up may result in late identification of children who are deaf or hard of hearing.

Comments: _____

Mother's signature for release: _____ Date: _____

Why Needed:

- Comments provide a place to add additional information. Example: *Child transferred to UNMH NICU.*
- Mother's signature alerts mother that her infant will be referred to the NM EHDI Program.

All Fields on Form Must Be Completed. Send Completed Form to DOH Newborn Hearing Screening Program:

Securely Email to: newborn.hearing@doh.nm.gov or **Fax** to: (505) 827-5995 or (505) 476-8896, or

Mail to: DOH/PHD/CMS Newborn Hearing Screening Program, 1190 S. St. Francis Drive, Santa Fe, NM 87505

Questions call: (505) 476-8817 or Toll Free at 1 (877) 890-4692

Form version February 2022

- Where to securely email, fax or mail Hospital Referral Forms
- Phone numbers for Newborn Hearing Screening Program

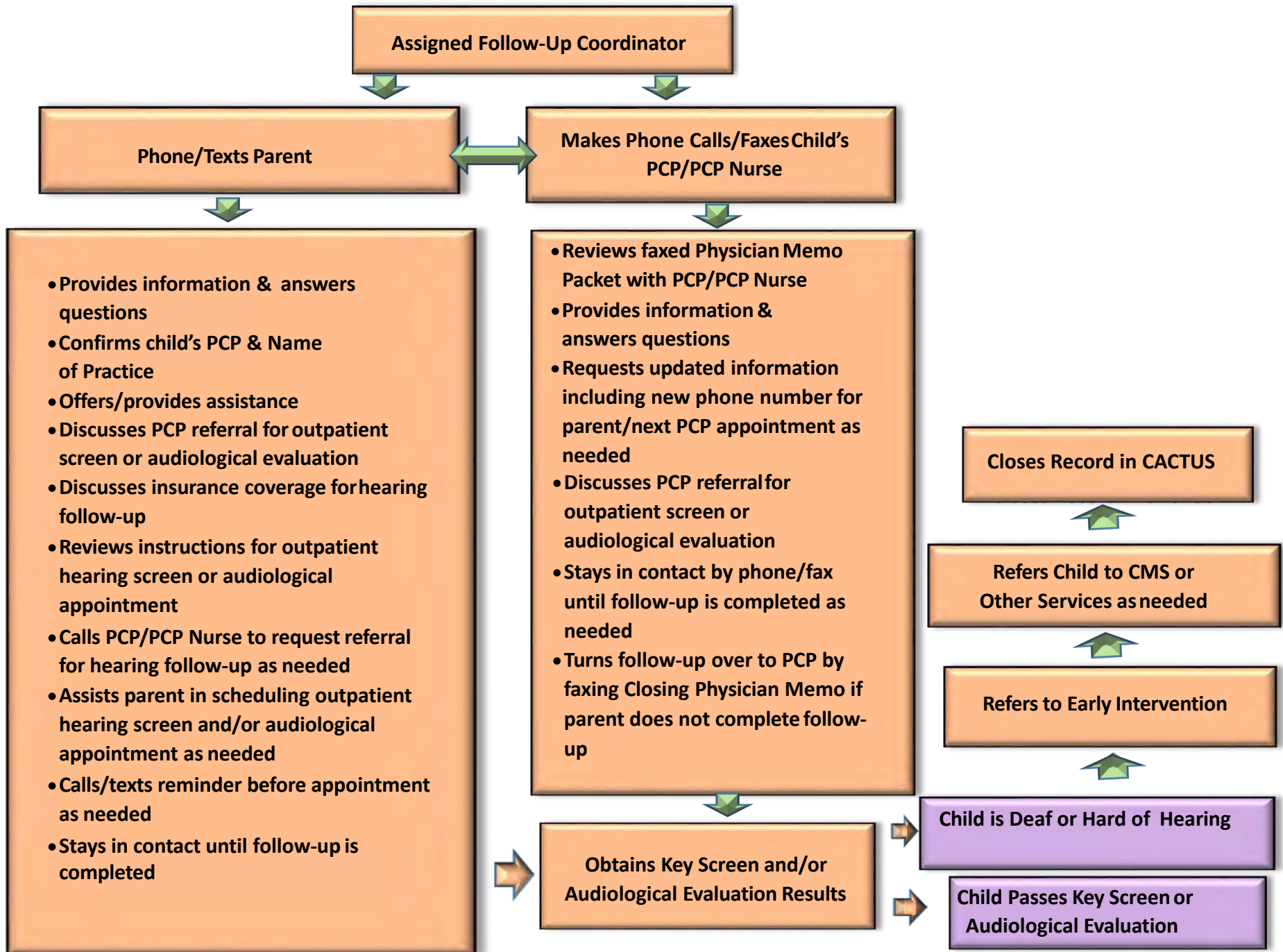
Hospitals That Provide Outpatient Hearing Screens

For infants who don't pass the inpatient screen:

- Schedule the outpatient screen before discharge.
- Include the date and time of the outpatient screen in the Comment Section at the bottom of the first Newborn Hearing Screening Report & Referral form.
- Fax, or securely email, the first Newborn Hearing Screening Report & Referral form within 48 hours of discharge.
- Provide the results of the outpatient screen, by sending a second Newborn Hearing Screening Report & Referral form, within 48 hours of the date of the outpatient screen.

Why needed:

- To have the inpatient hearing screen results.
- To know when the outpatient screen is scheduled.
- To have the results of the outpatient screen.



Questions

Questions about Hospital Uploads or Hospital Referral Forms, contact Jolynn Gallegos, Data Manager, at 505-476-8919 or Jolynn.Gallegos@doh.nm.gov

Questions about Screening, contact Reanna Garcia, Newborn Hearing Screening Manager at 505-476-8817 or Reanna.Garcia@doh.nm.gov



Thank you for Screening and Reporting Screening
Results on NM Infants to Support
Early Identification of Infants Who are Deaf or
Hard of Hearing!

