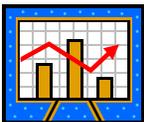




Reporting Newborn Hearing Screening Data to Nevada State Health Division's Early Hearing Detection and Intervention Program

- Hospitals should develop a method to track the number of babies born, screened, not screened (missed), and refused as well as those that receive out-patient rescreens.
- Demographic data must be maintained on all babies who do not pass the newborn hearing screening in one or both ears and also for those infants who return for out-patient rescreening.
- Numeric and demographic data must be reported to the Nevada State Health Division on at least a monthly basis, by the 15th of the following month, in the manner prescribed by the State. *(Standard reporting forms are being developed and will be provided once available.)*
 - **Numeric data must include: total births, babies screened, babies referred, babies refused.**
 - **Demographic data and ear specific screen results must be provided for:**
 - 1). All babies who referred on final screening prior to discharge, and
 - 2). All babies who receive out-patient rescreens, regardless of screen results.
 - **Hearing screening monthly reports should be attached to an email and sent to dlopresti@health.nv.gov and dcmiller@health.nv.gov.**
- Infants who pass the screening shall not be individually reported because there is no need for follow-up.
- Infants who missed the screening, whose parents refused the screening, or for whom screening could not be completed will not be tracked individually at this time due to restrictions within the current data management system. As the data system is further developed, these infants may be individually tracked.



How Does the State Use the Screening Information?

- The State of Nevada EHDl program has developed a data management system which links referred baby data with diagnostic hearing test results and enrollment in intervention programs. This system allows the state to monitor and facilitate the number of infants who receive a diagnosis by three months of age and intervention by six months of age.
- “Refer” results trigger follow-up letters and phone calls to the families of referred infants and their primary care physicians.
- Numeric data is used to measure the performance of hospital screening programs and determine the need for technical assistance.
- Numeric data is also reported to the Centers for Disease Control and Prevention (CDC). Reported data includes: total births, percent of births screened, percent of screens referred, percent of referrals who receive confirmatory testing by 3 months of age, percent of infants with confirmed hearing loss who receive intervention services by 6 months of age.