Early Hearing Detection & Intervention

Data

May 14, 2012
# CDC EHDI Data

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened</td>
<td>97.3%</td>
<td>98.5%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Pass</td>
<td>97.8%</td>
<td>97.7%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Did Not Pass</td>
<td>2.2%</td>
<td>2.3%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
## CDC EHDI Data Did Not Pass UNHS

<table>
<thead>
<tr>
<th></th>
<th>2008 (N=1914)</th>
<th>2009 (N=1986)</th>
<th>2010 (N=2170)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Hearing</td>
<td>69%</td>
<td>66.2%</td>
<td>68.6%</td>
</tr>
<tr>
<td>LTF/LTD</td>
<td>15%</td>
<td>22.7%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Diagnosed</td>
<td>7.1% (137)</td>
<td>6.7% (133)</td>
<td>6.2% (134)</td>
</tr>
<tr>
<td>Diagnosed Enrolled in Part C</td>
<td>64.7% (86)</td>
<td>69.4% (93)</td>
<td></td>
</tr>
</tbody>
</table>

- **101 additional children were diagnosed with hearing loss in 2009**
- **119 additional children were diagnosed with hearing loss in 2010**
Families Enrolled in GBYS
Parent Guide Type/Region

- Central, 33.19%
- North East, 15.72%
- North West, 7.42%
- South, 4.80%
- Spanish, 16.59%
- Unilateral, 19.65%
- West Central, 2.62%
Families Enrolled in GBYS First Steps Cluster

- A, 7.28%
- B, 6.62%
- C, 5.30%
- D, 3.97%
- E, 4.64%
- F, < 3.31%
- G, 30.46%
- H, 4.64%
- I, 6.62%
- J, 3.31%
Laterality & Degree of Hearing Loss
Children Enrolled in GBYS

Laterality
- Bilateral, 173
- Unilateral, 56

Degree
- Mild, 21.05%
- Moderate, 22.37%
- Moderately Severe, 18.42%
- Severe, 18.42%
- Profound, 6.58%
- Unknown, 13.16%

Early Hearing Detection & Intervention Program
Families Enrolled in GBYS Parents’ Hearing Status

- Both Parents NH: 162
- Not Reported or Unknown: 29
- Mom NH Dad Unknown: 24
- At Least one parent DHH: 14
Families Enrolled in GBYS
Home Language

- English, 82.73%
- Spanish, 13.64%
- Other, 4.40%
Families Enrolled in GBYS
Early Communication Choices

- Listening & Spoken Language: 112
- Total Communication: 29
- Unknown/Other: 14
- ASL: <5
Families Enrolled in GBYS
Services Provided

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>118</td>
</tr>
<tr>
<td>SLP</td>
<td>99</td>
</tr>
<tr>
<td>PT</td>
<td>41</td>
</tr>
<tr>
<td>SKI*HI Program</td>
<td>41</td>
</tr>
<tr>
<td>DT</td>
<td>34</td>
</tr>
<tr>
<td>OT</td>
<td>33</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
</tr>
</tbody>
</table>
Sample Outcomes Form

Child Demographic Information

Outcomes Status: Assigned

Guide by Your Side

First PPC contact: 02/10/2012
Enrolled: 02/10/2012
Completed: 
Parent Guide: GBYS, Parentguide
How was child referred to GBYS: UNHS

First Contact By PG: 02/11/1912
Contacts by PG: 3
Signed Release Onfile: Yes
Specify Other:

Name: RABBIT, ROGER
Gender: Male
DOB: 01/01/2012
Race: White
Ethnicity: Non-Hispanic, Filipino, Portuguese

PID: 5197435
Death: N/A
Gestational Age: Unknown

Birth Order

Plurality:

Edit Child Data

Mother’s Name: RABBIT, MOTHER
Address: 1234 HOPPY COURT, SUNNYVILLE, IN 45268, County:

Edit Mother Data

Phone: 317-555-5555
Email: rogersmom@email.com

Father’s Name: 
Address:

Edit Father Data

Phone:
Email:

Primary Household Language: English
Mother Hearing Status: Normal, Hard of hearing, Deaf
Father Hearing Status:
Other State Identifier:

Early Hearing Detection & Intervention Program
# Sample Outcomes Form

## File Status
- Diagnosed

## UNHS Results
- **Left Ear**: Did Not Pass
- **Right Ear**: Diagnosed

## Diagnosed Hearing Outcome
- **Degree**: Sensorineural Loss
- **More Info**: Update

## Risk Factors from recent DAE
- Special Care/NICU (greater than 5 days)

## Other risk factors
- Neural Tube Defect
- Cardiovascular defect
- Gastrointestinal defect
- Musculoskeletal defect
- Chromosomal anomaly
- Condition identified through newborn blood spot screening
- Other

## Follow-up Outcomes

## Other Diagnosis/Health Condition

## Technology
- **Hearing Aid**: Yes
- **FM System**: Yes
- **Cochlear Implant**: Yes

## Hearing Aid
- **Type**: Loaner
- **Daily wear schedule**: All Awake Hours
- **Place of use**: Both Home and School
- **Date fitted**: 03/01/2012
- **Laterality**: Both

## FM System
- **Place of use**: --Select--

## Cochlear Implant
- **Date of Activation**: --Select--
- **Date of CI Surgery**: --Select--
- **Daily wear schedule**: --Select--
- **Place of Use**: --Select--
- **Laterality**: --Select--

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*Early Hearing Detection & Intervention Program*
# Sample Outcomes Form

**ED Team Evaluation Scheduled date:** 03/01/1912

<table>
<thead>
<tr>
<th>Enrolled in Part C services:</th>
<th>Yes</th>
<th>No</th>
<th>Referred</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Part C services:</td>
<td>Yes</td>
<td>No</td>
<td>Referred</td>
<td>Unknown</td>
</tr>
<tr>
<td>Enrolled in Part B services:</td>
<td>Yes</td>
<td>No</td>
<td>Referred</td>
<td>Unknown</td>
</tr>
<tr>
<td>Location of intervention services:</td>
<td>Home-based</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SPOE:** CLUSTER G

**Date of IFSP:** 03/15/2012

| Enrolled in Non-Part B services: | Yes | No | Referred | Unknown |
| Communication Mode/Method:       | Total Communication |

**EI services received:**
- Audiology
- Speech & Language Therapy (First Steps)
- Speech & Language Therapy (private)
- Developmental Therapy (First Steps)
- Deaf/HH Parent-Infant Program (State)
- Deaf/HH Parent-Infant Program (private)
- SKIT*HI Program
- Occupational Therapy (First Steps)
- Occupational Therapy (private)
- Physical Therapy (First Steps)
- Physical Therapy (private)
- Developmental therapy with educator specialized in deaf/hoh
- Other

**Referrals**
- Connection with Family Support Organization: Yes, Recommended
- Genetic Eval and Counseling: Yes, Recommended
- ENT Eval: Yes, Recommended
- Vision Eval: Yes, Recommended
- Other Provider or Service: Yes, Recommended
- Please specify Other Service/provider: [Input]
- Children with Special Healthcare services info. Received: Yes, NA

**If yes, please specify:**
- Received Genetic Eval/Counseling: [Input]
- Received ENT Eval: [Input]
- Received Vision Eval: [Input]
- Received Other services: [Input]
- Parent Toolkit Received: Yes, Unknown

**Name of Informant:** Mommy Rabbit

**Last Updated By:** [Input]

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**Early Hearing Detection & Intervention Program**
Sample Outcomes Form

Notes/Comments

Please enter notes below.

And more notes....

1982 characters left  Add To Log

<table>
<thead>
<tr>
<th>Note Id</th>
<th>Notes</th>
<th>Entry Date</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>18540</td>
<td>Notes are made here by GBYS Parent Guide after each session with the family.</td>
<td>5/11/2012 2:28:32 PM</td>
<td>Julie Schulte</td>
</tr>
</tbody>
</table>

Upload Documents

Specify the type of document, indicate the date received and click the Browse button and select the document to upload.

<table>
<thead>
<tr>
<th>Type</th>
<th>Received Date</th>
<th>File</th>
<th>Browse...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reciprocal Release - Hands &amp; Voices</td>
<td>06/11/2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>