



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

March 31, 2015

Dear Birth Hospital Administrator,

The Illinois Early Hearing Detection and Intervention (EHDI) program is committed to assuring that every infant born in Illinois is screened for hearing loss no later than 1 month of age; provided follow-up to diagnose hearing sensitivity no later than 3 months of age; and referred for early intervention services so they may be initiated for infants with a hearing loss no later than 6 months of age; and referred for parent to parent support when a new hearing loss is diagnosed. The data guidelines and targets referenced are based upon the Illinois Newborn Hearing Screening mandate, the Joint Committee on Infant Hearing 2007 statement, and Healthy People 2020 goals.

There are three state agencies charged with working with stakeholders to meet these 1-3-6 goals. Hospitals, families, physicians and audiologists may call upon any of these agencies for assistance.

The Illinois Department of Public Health

Phone: 217-782-4733

UIC – Division of Specialized Care for Children

Phone: 800-322-3722

The Illinois Department of Human Services / Early Intervention

Phone: 217-524-1596

The Illinois Department of Public Health is responsible for the program's data and tracking system. Therefore, the Department will provide data reports i.e. report cards, for all birthing facilities. EHDI report cards may provide feedback and data to birthing hospital staff that may lead to quality assurance and quality improvement activities.

The EHDI program addresses three areas; screening, diagnosis and intervention. Timely diagnosis and intervention are directly impacted by the screening and rescreening process, the education of the parent and the scheduling of the next steps, all of which occur at the birthing hospital. Through quality improvement activities, it has been repeatedly proven that what occurs prior to a newborn's hospital discharge predicts the success of follow-up for an infant. Therefore, the standardized "flow chart" HiTrack report is being provided to each birth hospital so that you can monitor your hospital's program.

The flow chart allows hospital screening program coordinators see the 'flow' of babies through a two stage inpatient and outpatient screening protocol. Stage one includes up to two inpatient hearing screenings prior to discharge. If the baby is not screened, or refers for more screening, then the infant

moves to stage two. The hospital should make an appointment to have the mother and newborn return for the stage two outpatient screening.

There are three main sections to the flow chart: Inpatient, Outpatient and Hearing Status (Evaluation).

- The total number of infants at the top of the chart indicates how many infants are included during this time period by this hospital.
- The outpatient section accounts for all infants who referred, whose inpatient results were Inconclusive or who were not screened as an inpatient.
- Atypical -> diagnostics represents infants who have an evaluation in process or a confirmed loss, including risk monitoring, although they passed either inpatient or outpatient screening, or were not screened inpatient or outpatient.
- In the Hearing Status section, the total recommended for evaluation number includes infants who referred outpatient, were marked as no outpatient -> diagnostics and babies who were atypically referred for diagnostics.

Please see the color coded flow chart for an example of the data flow chart and further explanation. Please contact me with any questions you may have regarding the report cards or EHDl program. I may be reached directly at: 217-785-1053.

Sincerely,

A handwritten signature in cursive script that reads "Ginger Mullin Au.D.".

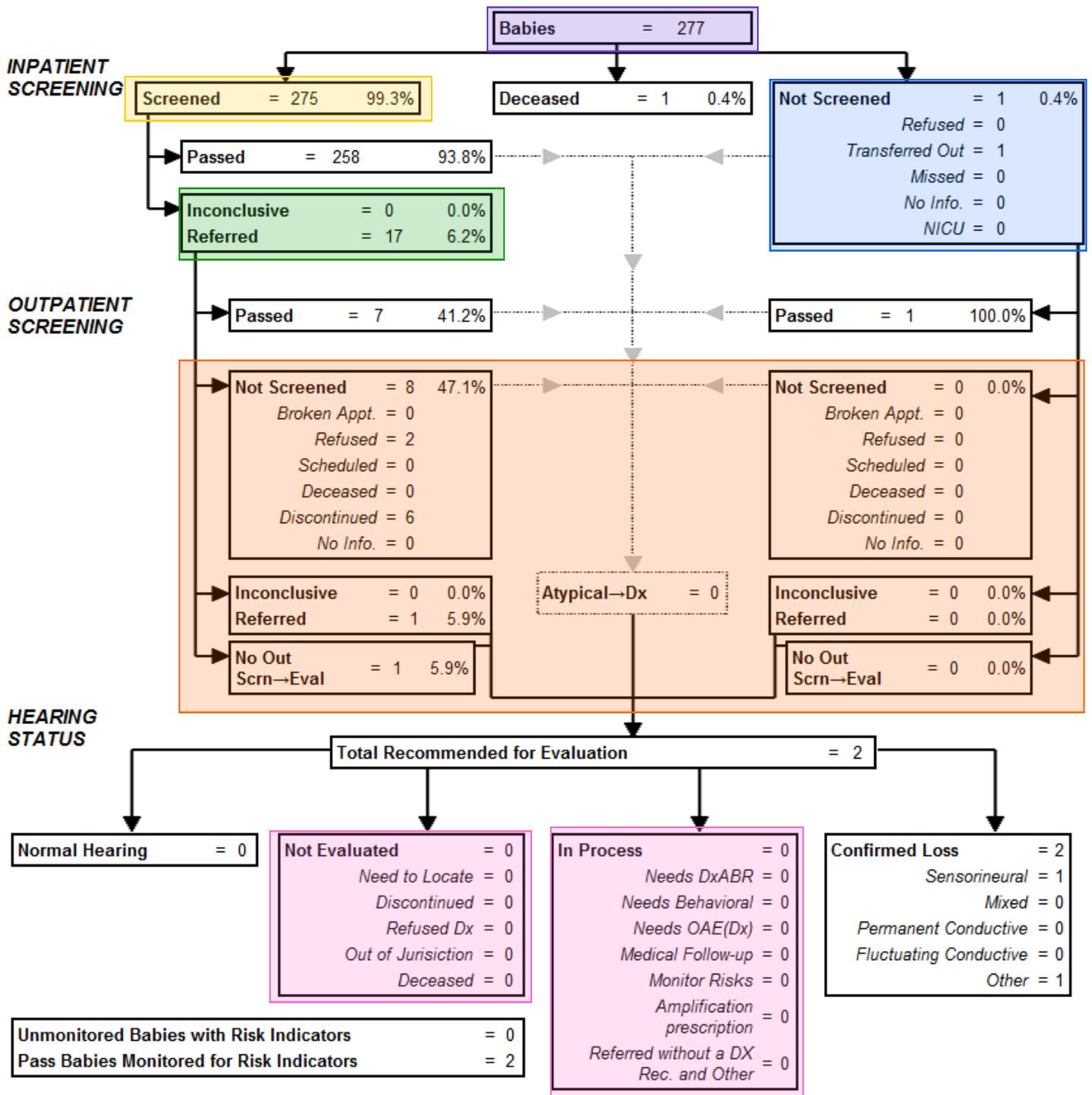
Ginger Mullin, Au.D.

Illinois Department of Public Health Early Hearing Detection and Intervention Program Coordinator

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Email: ginger.mullin@illinois.gov



Early Hearing Detection and Intervention is a process of screening, diagnosis and intervention. All are needed for a successful program. The above chart highlights areas that birthing hospitals should monitor.

- Purple**—the number of infants entered into HiTRACK for a specified time period; this number should match the number of infants who received a birth certificate
- Yellow**—the percentage of infants screened; national benchmark is >95%; Illinois benchmark is >98.5%
- Green**—the inpatient screening refer rate; this percentage should be between 1-4%
- Blue**—infants who were not screened prior to discharge or may still be in the hospital/NICU
- Orange**—infants potentially lost to follow-up or documentation; these infants did not complete the screening process as of the date of the report
- Pink**—infants potentially lost to follow-up or documentation; these infants did not complete diagnostic process as of the date of the report