

NEWBORN HEARING SCREENING MONTHLY

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2019 Data Update & Thank You

Analysis of 2019 newborn hearing screening data from Colorado is currently underway by the Colorado Department of Public Health & Environment (CDPHE). We'd like to thank newborn hearing screening coordinators, hospitals, birthing centers, and midwives for their efforts backfilling 2019 newborn hearing screening data into the new Health Informatics Data Systems (HIDS) database. Without your efforts, analysis, reporting, and tracking of data in our state would not be possible!

Screening facilities will be able to access a 2019 screening data report for their facility through the HIDS database in the coming months. This data report can be used by individual facilities for quality improvement purposes.

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CLICK HERE TO ACCESS THE JULY HIDS MONTHLY BULLETIN

Here To Help

For technical questions about hearing screening, please contact:

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For HIDS system access questions, please contact:

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HIDS Data Entry Reminder

Please continue to backfill 2020 newborn hearing screening data in the HIDS database so that we can continue to assess and improve the newborn hearing screening component of the CO EHDI system. If you do not have access to the HIDS database or have any questions about data entry, please reach out to Leanne Glenn, CDPHE Newborn Hearing Screening Coordinator, at leanne.glen@state.co.us for support. Stay tuned - 2020 data reports will be accessible to individual screening facilities for quality improvement purposes in the near future!

What are Acceptable Referral Rates for my Newborn Hearing Screening Program?

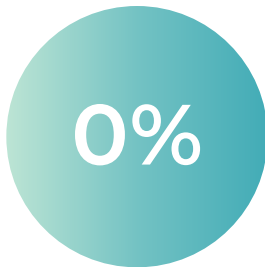
The 2021 American Academy of Pediatrics (AAP) Task force has proposed the following guidelines for newborn hearing screening (NBHS) programs:



A minimum of 95% of infants should receive a newborn hearing screening for a NBHS program to be considered effective, with the greater goal of screening 100% of newborns.



False positives refer to the proportion of babies without hearing loss who incorrectly fail (refer) on their newborn hearing screening, even though they have normal hearing. The false positive rate for NBHS programs should be less than 3%.



False negatives refer to the proportion of babies with hearing loss who incorrectly pass their newborn hearing screening, even though they have hearing loss. The false negative rate for NBHS programs should ideally be 0%.



A minimum of 95% of infants who fail their initial newborn hearing screening and 2nd screening (aka; follow-up screening) should receive a diagnostic audiological evaluation for a NBHS program to be considered effective, with the greater goal of 100% follow-up.