

BC Early Hearing Program NEWS

A service of the Provincial Health Services Authority

**October / November
2007**

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***The BC Early Hearing
Program newsletter is
provided each month
to BCEHP partners,
stakeholders and
audiology staff and to
service providers in
BC's health authorities.
For more information,
visit the BCEHP
website at***

www.phsa.ca/earlyhearing



Fall Training Conference a Success!

As we head into the first phase of well baby screening, there has been much training activity going on! The recent fall conference with interventionists, the first of its kind, received very positive feedback from the 85 attendees.

The two day session was opened by Linda Reid, Minister of State for Child Care. Minister Reid, a strong supporter of BCEHP, also received a certificate of appreciation for her ongoing support of early hearing screening and intervention.

The sessions featured Paula Pittman and Arlene Stredler-Brown, who covered information relevant to implementing early interventions programs such as what is known from current research, evidence based decision making, and supporting families of infants and toddlers with hearing loss.

HIGHLIGHTS:

- The one-to-one rule - We need to have high expectations for young children who are deaf or hard of hearing. With early identification, we expect children to maintain language levels that commensurate with their hearing peers (by cognitive age). This means frequently monitoring the progress of children to ensure they are developing language at a rate that commensurates with their age and cognitive abilities.
- Most speech-language pathologists and teachers of the deaf and hard of hearing have been used to working with preschool and school age children. With early newborn hearing screening we will need to change our approach to ensure that the activities we use are developmentally appropriate for infants, babies, and toddlers.
- Intervention services provided in the home should incorporate home routines and activities. Paula noted in her presentation that in the past, early interventionists often arrived at a family's home with their "bag" of intervention tools but that this is not as effective as coaching the parent to use speech and language facilitation strategies through the home routines and items already found in the home.
- Paula also cited research that said better outcomes for these children have been found when the interventionists involved were specialists in the field of hearing loss with infants, babies, and very young children.
- In addition, research by Yoshinaga-Itano indicates children with a hearing loss and additional special needs who enrolled in early intervention before or by age six months had better outcomes than deaf and hard of hearing children without additional special needs who began receiving intervention services after six months of age.

Intervention pilot project – volunteers wanted

The BCEHP Intervention Advisory group needs volunteers to help test pilot assessments and sample forms used to collect evidence and inform team decision-making. One of the main tasks of the group has been to develop assessment and monitoring protocols to ensure parents are making informed choices based on evidence. The pilot project is the next step in this process – field testing the protocol and collecting feedback from early interventionists.

If you are interested in participating in the pilot project, please contact Susan Lane at slane@cw.bc.ca

Train-the-Trainer Session

A recent two-day train-the-trainer session was also held with approximately 18 audiologists representing most health authorities attending the session. The training was for the audiologists who will be working with BCEHP screeners for the well baby roll-out.

The session included an introduction to the interim data system and the Accuscreen equipment used for screening. The BCEHP regional coordinators will be updating staff in their region about the process for training and support.

The trainers were also introduced to the British Columbia Early Hearing

Surveillance Tool, known as the BEST system. It is an exciting interim system and delivers more than was expected. For example, depending on the site, it may be able to have an electronic download from the hospital's Admissions Discharge Transfer (ADT) system, which will assist staff in knowing all the babies that were born at that site.

Also, screening data can be uploaded from both ABAer and Accuscreen equipment. The interim system will be in place until at least the summer 2008, and experience using it will help inform the development of the final system.

Mark Your Calendars...

There are several training and education events planned for 2008. Details of each will be forthcoming.

Coaching Workshop “The Art of Engaged Dialogue”: A coaching workshop by Erne Hagge for regional coordinators and trainers is scheduled for January 15-16, 2008. The workshop is fully subscribed. You can expect details from your regional coordinator or check the CoP site (under Screeners – Coaching Workshop). If you are unsure whether you are registered, please contact your regional coordinator.

Phase 2 Well Baby Screener Training: The Regional Coordinators are putting together a list of participants for the second set of well baby training sessions. Again the focus will be on hospitals that are rolling out and other participants as needed. The tentative dates are two sessions: one on January 22-23, 2008 and a second on January 23-24, 2008.

Infant amplification workshop: As a follow-up to the previous two workshops that focused on verification protocols, a workshop on fitting amplification and special features of hearing aids for

infants is scheduled for **February 27-28, 2008**. This is open to all audiologists with the approval of their health authority.

Registration information will be forthcoming from Susan Pelletier. The workshop presenter is **Leisha Eiton**, Clinical Coordinator, Boystown National Research Hospital. She has worked with the Infant Hearing Program (Ontario) and has extensive recent clinical experience with fitting amplification to infants.

Diagnostic ABR update: Renee Janssen will be holding a half-day update session for the audiologists currently providing BCEHP Diagnostic ABR assessments on the afternoon of February 26, 2008. Renee will provide participants with details.

Upcoming events: We are in the process of scheduling the next provincial meeting for the week of October 27, 2008.

There will be additional screener training sessions (April 2008 and possibly fall, 2008). An additional diagnostic ABR training session is also in the planning stage. Stay tuned!

BCEHP's first Phase 1 Sites...

Royal Inland (IHA) – October 14, 2007

St. Paul's (VCHA) – October 15, 2007

Victoria General Hospital (VIHA) – October 15, 2007

Lady Minto (VIHA) – October 15, 2007

Chilliwack General Hospital (FHA) – October 23, 2007

East Kootenay Regional Hospital – Cranbrook (IHA) – October 29, 2007

Prince George Regional Hospital (NHA) – October 29, 2007

Well Baby Screening Update

By December, more than ten well baby sites, covering nearly 40 per cent of the births in the province, will have rolled out.

REMAINING PHASE 1 SITES:

VCHA	Richmond General
FHA	Royal Columbian
	Burnaby
VIHA	Nanaimo
IHA	Cariboo Memorial - Williams Lake
IHA	100 Mile House

The interim electronic **BEST (BC Early Hearing Surveillance Tool)** data system is now in use in over ten hospital and community hearing clinic sites across the province. Screeners are the primary focus for training on the system until December, when audiologists are expected to start using BEST.

Renee Janssen is the point of contact for audiologists providing Infant Diagnostic Assessments. The regional coordinators are the main point of contact for screeners, administrative support and remaining audiologist staff. BEST

related materials are also posted on the CoP.

Generally, so far the BEST rollout has gone very well. Users have been great at providing feedback which is being incorporated in the second version, released the first week of November. There will be a communiqué going out to all users of the changes in the second version prior to implementation.

Thank you to everyone for their patience and excellent feedback. Without everyone's help, this would not have been possible.

Some BCEHP Statistics...

The number of babies screened in BC is on the rise. These statistics refer to NICU babies only. We expect that as well baby sites rollout, the numbers will grow quickly. The statistics are generally very good for a new program roll-out. These statistics are a "snapshot" and include babies born up to August 31, 2007.

Description	Apr 30, 2007	June 30, 2007	Aug 31, 2007
Babies with a BCEHP #	1,734	2,518	2,757
Babies screened	1,608 (92%)	2,362 (93%)	2,601 (94%)
Babies pass (either Stg 1 or 2)	1,546 (96%)	2,266 (96%)	2,498 (96%)
Refers	62	96	103
Babies over six months of age and not screened (considered lost to follow-up).	40 (2.3%)	63 (2.5%)	64 (2.3%)
Babies with diagnostics completed (%)	27 (43%)	50 (52%)	57 (55%)
Babies with hearing Loss	11	20	22

BCEHP Parent Advisory Group – more members needed!

The BCEHP Parent Advisory Group is hoping to increase its membership by adding two or three new members to help represent a variety of life situations and share the responsibilities of group work. If you know of any parents interested in learning more about the requirements and objectives of the group and possibly contributing, please contact Susan Lane at slane@cw.bc.ca

News for Screeners

- **Using ABAer Ear Cup Tips:** Some BCEHP screening sites have reported breakage of the ear cup tips when trying to insert them into the ear muffin. This has happened even when not forcing the tips into place, but giving them the recommended gentle “one – turn” motion in and out. The BCEHP provincial office will send out an additional supply of tips, and are working to track down the cause of the problem. There is a possibility the problem is related to the type of cleaner being used. If you have broken tips, please send them directly to dB Special Instruments with a note about what cleaning solution is being used.
 - **Using hospital scrubs:** Some BCEHP screening staff who have been wearing hospital scrubs while in the hospital screening have reported that scrubs are beneficial because they allow the screener to move freely when working over the baby in a tight area. Hospital scrubs also have spacious pockets to hold pens, etc. And, in the event of a spill or a spit up, there is the luxury of changing into a new set quickly.
 - **Screening supplies:** We are awaiting some of the screening supplies for the Accuscreen. We are sending out an initial supply to sites that are rolling out first.
- All sites should receive more supplies in the next few weeks. Please notify Diane if you are in urgent need of supplies.
- The Ear muffins for both ABAer and Accuscreen have an expiry date. The shelf-life is between 12 and 18 months, and the expiry dates are on the packages.
 - It is really important that supplies are monitored for expiry dates and if your site has more supplies than you will use prior to the expiry date, please notify your regional coordinator so the supplies can be sent to another site. The ear muffins are an expensive item (over \$10.00 per pair), so please try to make sure that expiry dates are monitored.
 - Ear muffin supplies can be used past their expiry date. They may not adhere as well to the baby’s head. Please notify your regional coordinator and Provincial office if you are using supplies past their expiry date (Please include remaining supply numbers and expiry date).
 - A reminder about the ear muffins - once you open a package they can only be used for one patient. This means that you must open a new package for each patient. If for some reason you have only used a half package, you cannot use the remaining ear muffin on a new patient. This is an infection control mandatory requirement.

Well Baby Screening Materials Now Available

Important notice

Please ensure that the previous versions of the brochures are removed from your current stock and recycled, once the new ones have been received.

The newer versions of the brochures are shown on the right

BCEHP Screening Posters

BCEHP posters are now available and have been distributed to all health authorities. The posters introducing screening are to be posted only in roll-out sites and in the NICU sites. Once the program is fully rolled out, the posters can be posted in public health units and other community sites.



New Brochures and Information Updates



New Pass, Miss and Refer brochures have been printed and distributed to all health authorities – contact your regional coordinator for copies.

In addition, fall 2007 information updates have been printed and distributed. Information updates have been developed for physicians, parents and interventionists, and there is one for hospital staff, public health nurses and midwives.

These materials are also available on the BCEHP website at www.phsa.ca/earlyhearing and the CoP at <https://bcehp.phsa.ca>

CoP Support

If you have any trouble using the CoP, contact Nicola Greeley in the BCEHP provincial office (bcehp@phsa.ca).

Nicola is the main contact support for the CoP. She can also be reached at 250-519-5725.

The web address for the BCEHP CoP is: <http://bcehp.phsa.ca>

BCEHP Communities of Practice Site Update

The BCEHP Community of Practice (CoP) site is becoming the main tool for internal communications for BCEHP. We are still sending out announcements for critical information. You do need to use the CoP, otherwise you will miss critical information in the future. The CoP currently has over 300 users, including health authority staff, interventionists, advisory group members and others.

The site is easy to use and intuitive and saves a lot of time. There is a Quick User Guide that provides valuable user information on the site; it can be accessed under CoP HELP.

To quote the BCEHP screening advisory group about using the CoP for revising the Screener Training Manual. “We don’t know how we could have accomplished this without the CoP. It was extremely helpful and saved a lot of time and back and forth between members.”

SOME TIPS...

When new items are posted on the CoP, you will only be notified if you have activated the alert for the particular page and section. For example, each BCEHP advisory group has their own page. If you are a member of the advisory group, you are approved to see those pages.

However, in order to be “alerted” to an update, the user has to set their personal alert on their computer to see announcements, updated documents, etc.

The home page of the site is for all users (and yes you need to set your alert for that page and each section). You also have the option to have the alert come immediately or to receive an end-of-day or an end-of-week summary. So, if you have not been getting any updates, please check that your alerts are on.

Setting Alerts: To check the status of your alerts, click on “site settings” (at the top of the CoP screen), then click on “my alerts on this site” under the “manage my information section”. Here you can see which alerts you have set and if you want to add more simply click on “add alert” and follow the simple instructions from here to add an individual alert.

GUIDELINES FOR POSTING INFORMATION

The BCEHP CoP has a level of security that does not allow for the posting of personal information.

As a health authority employee, your name, position and contact information can be posted on the site, as this is public information. However, nothing else about an employee (e.g. how many training sessions you have completed for BCEHP) can be posted as this is considered to be personal information.

No client or patient information which is identifiable can be posted on the site. Identifiers include the patient’s BCEHP number, date of birth, initials, names, address, etc. If you have questions or are in doubt about whether the information you want to post is appropriate or not, check with the BCEHP provincial office before posting.

SOME SUGGESTED USES FOR THE CoP

- Meeting Notifications
- Discussion Board for Protocol Reviews, etc.
- Education and Training Events
- Case discussion

continued on next page

BCEHP Communities of Practice Site Update

continued from previous page

Sample posting information:

Case Scenario

A two month old female in Fort St. John , named Baby Ears (BCEHP # 111111), just diagnosed, with moderate to severe unilateral right sensorineural hearing loss. The audiologist has never fit a child of this age and type of hearing loss previously and is seeking suggestions for a possible hearing aid fitting.

Example of an appropriate posting:

Audiologist seeking advice on fitting amplification with very young infants (one to three months) with unilateral SN hearing loss (moderate to severe). Please post your responses or contact me directly @_____.

Examples of inappropriate postings:

A young baby girl born in Fort St. John has just been identified with a moderate to severe sensorineural hearing loss. I am her audiologist and need some help with fitting her with amplification.

A new baby was just identified in NHA (lives in Fort St. Johan with a moderate unilateral sensorineural hearing loss. The baby (BE) is two months old and mom (ME) would like to contact other Asian parents. Please send me any names of parents willing to connect with this mom.

Why are the above postings inappropriate?

- Since NHA won't have many new identified babies, just saying that there is a new baby identified and giving the age is too much detailed information — even more so if you if you cite a specific community in the north.
- Asking for any names of parents, clients, or family members is asking for personal information.
- Cannot connect families or ask for information about other families using the CoP.

BCEHP Diagnostic Audiology Advisory Group Update

The BCEHP Diagnostic Audiology Advisory Group (DAAG) has recently regrouped after a brief hiatus. Current members include David Stapells and Ieda Ishida of UBC, Dreena Davies (now on mat leave) and Suzanne Thom of Vancouver Coastal Health, Karin Rennert of Fraser Health, and Diane Bremner and Renee Janssen (chair) of PHSA.

One of the functions of the DAAG is to provide a contact point for issues relating to diagnostics that arise as the BC Early Hearing Program develops. The DAAG continues to receive emails from public health audiologists with questions about protocols and procedures. We greatly appreciate these communications as they aid in developing protocols that are comprehensive, and provide us with feedback about the realities of their clinical application. We plan to create a posting board on the Communities of Practice (CoP) website for questions to the DAAG so that discussions are open and easily accessible.

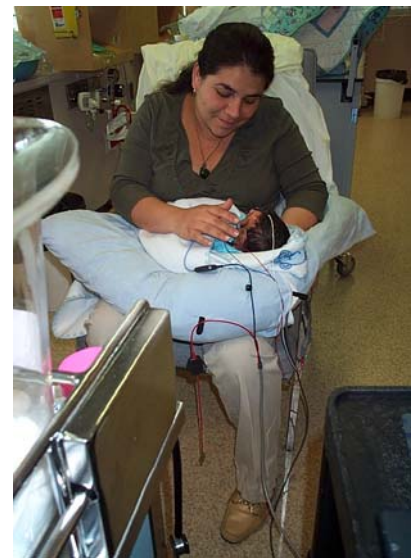
Our current focus is to bring the diagnostic audiology protocols from their current draft form to finalized documents to be posted on the CoP website. This has included some significant changes, especially to the VRA protocol, the details of which will be announced soon. In brief: the pass criteria for the nine month behavioural follow-up has been relaxed somewhat, and the VRA recording form has been entirely redesigned to be more user-friendly.

We are looking for volunteers to provide feedback on the new VRA form, which is audiogram-based. If you are interested in trying it out, or just want to see what it looks like, please contact Renee at rjanssen@cw.bc.ca, or find it posted on the CoP website.

The DAAG will be presenting the finalized diagnostic protocols at the audiology workshop tentatively set for February 2008. We would like to hear from public health audiologists about what other topics they would like to see addressed at this meeting – please contact Renee with any suggestions.

IHA SCREENS 100TH BABY!

The Kamloops public health audiology department recently screened the hearing of their 100th baby at Royal Inland Hospital as part of the BC Early Hearing Program. The first phase of screening started in Kamloops in November of 2006. Kamloops was the first site for this project in the Interior Health Authority, and its success thus far is due to the collaboration and tremendous support of the RIH staff and administration.



New mom Yazmin holds her baby Mario as his hearing is screened. Mario was the IHA's 100th baby screened.

Thank-yous:

It has been a whirlwind fall so far. However, despite the busyness of the days, much great work is being done throughout all the health authorities as we begin our first phase of well baby screening.

So much has been accomplished recently, and some thank yous are overdue:

For all the help with our recent training events, special thank yous go to:

- Diane Bremner, Anne Caulfield and the Screening Advisory Group for organizing the Screener Training event and presenting much of the content;
- Praveen Johal and the Linusoft team for their introduction to the interim data system and to Mona for training on the Accuscreen equipment;
- Lori Bell, Susan Lane, the Intervention Advisory Group, and the Parent Advisory group for their work on the Intervention Resource Manual and organizing (and presenting) at the first Intervention Training session;
- And last but not least, to Susan, Nicola and Kayla in the provincial BCEHP office in Victoria, who managed to compile 100 copies of the revised screener training manuals and 100 copies of the new intervention training manual for use at the sessions –all in all, 19 boxes of materials were put together. Well done! We are sorry to announce that Kayla has moved on to new adventures. We wish her the very best in her new endeavors.



*Kayla Higgs, Susan Pelletier and Nicola Greeley,
the hard working staff at the BCEHP provincial office.*

The newsletter, long overdue (solely my responsibility!), has given you lots to read (without a long message from me). We will get back to more regular newsletters, starting with the next one in December. It is truly amazing what has been accomplished and how close we are to having *universal* newborn screening and early intervention in BC.

Without your help, patience and support – we would not have come so far! Please keep the feedback, suggestions and comments coming in.

Ann Marie

Ann Marie Newroth, BCEHP Provincial Coordinator (anewroth@cw.bc.ca)

To Contact Us

You can reach the
BCEHP at:

301-931 Fort Street
Victoria, BC
V8V 3K3

Phone: (250) 519-5725

Fax: (250) 384-0447

Or email us at
bcehp@phsa.ca

www.phsa.ca/earlyhearing