

SOUND MATTERS

Audiology Newsletter of the Minnesota Early Hearing Detection & Intervention Program



Transient Conductive Hearing Loss

In 2014, MDH reviewed cases of newborn hearing loss initially diagnosed by audiologists as transient conductive (101 cases reported in 2012). Final hearing outcomes (after middle ear issues resolved) remained unknown two years later in 70% of cases initially reported as transient conductive. Further review showed that:

- 40% had complex medical histories that included multiple risk factors for hearing loss
- 16% of those who had a final outcome reported had underlying permanent hearing loss after middle ear issues resolved

Infants born in 2017, who were reported to have transient conductive hearing loss, were actively followed to obtain final hearing outcomes after middle ear issues resolved. The audiology clinic was first contacted 10 weeks following the date of initial diagnosis, and then once again at around six months of age. If the outcome remained unknown after six months, then a notice was sent to primary care requesting updates on hearing status if follow-up continued.

- 105 cases were reported with transient conductive loss

- 57% had bilateral transient conductive loss
- 33% were cared for in NICU
- 61% (64/105) had unknown final hearing outcome at final MDH contact around six months of age (follow-up and/or middle ear issues were ongoing or follow-up had not occurred)
 - 35% (23/64) of unknown cases had NICU stay
- 39% (41/105) had final outcomes reported
 - 37 resolved to normal hearing (15 of those resolved by the 10 week follow-up)
 - 4 had underlying permanent loss confirmed
 - 11 were received after the end of the MDH active follow-up process (suggesting the final letter to primary care was of benefit and/or that audiologists are reporting the final outcome whenever it is obtained)

MDH will continue to actively follow transient conductive hearing loss for final outcomes and will continue to examine data reported in 2018 to further streamline this tracking process.

Did you know? 2018 MDE Report on D/HH Students

[The Minnesota Department of Education 2018 legislative report on outcomes for Students Who are Deaf or Hard of Hearing \(D/HH\)](#) is now available. The report includes regional and large district aggregate student educational outcome data using MCA reading and math proficiency scores as the measurement tool. Students who had D/HH listed as their primary special education designator met or exceeded proficiency at higher rates than students with other special education designators, but scored lower compared to all students. The report concludes that more detailed examination of the educational environment will continue to be necessary to improve outcomes for students not meeting educational standards. Ongoing professional development for all IEP team members is part of the plan to reduce outcome disparities.

Updated MDH Report Forms

MDH has developed updated report forms for submitting hearing follow-up reports to the Newborn Screening Program.

The [Newborn Hearing Screening Audiology Follow-up Report Form](#) is primarily for reporting hearing threshold testing that defines type/degree of hearing (diagnostic ABR, ASSR, and/or behavioral test results for older children). Please continue to fax the clinic visit summary along with this form.

The [Newborn Hearing Screening Outpatient Follow-up Report Form](#) is primarily for reporting rescreening with OAE or AABR. No clinic visit summary needed!



Here are some key points to remember as you begin using these new forms:

- Please include the date of visit, and clinic and audiologist name on the form. This has been overlooked on some, and we cannot contact you to verify details if we don't know who you are.
- Remember to report all hearing follow-up visits (even if incomplete) to MDH within 7 days of the visit until diagnosis is complete (either normal, or confirmed hearing loss), as per Minnesota statute 144.966.
- Report newly diagnosed permanent hearing loss for older children through age 10-years-and-11-months.
- When using the new *transient conductive* category for type of hearing loss, documentation of normal bone conduction results (and/or delayed absolute wave latencies of ABR waves for infants) is necessary.
- When *transient conductive* hearing loss is confirmed as part of newborn hearing screening follow-up, report until the final hearing status is known after middle ear issues resolve.
- Include follow-up details and recommendations at the bottom of either form
- Ensure accuracy of forms completed by support staff. Incorrectly reported information could inadvertently cause MDH follow-up support to end.

mi DEPARTMENT OF HEALTH
NEWBORN HEARING SCREENING
AUDIOLOGY FOLLOW-UP REPORT FORM
FAX COMPLETED FORM AND COPY OF VISIT SUMMARY TO 651-215-6265

PATIENT INFORMATION
Child's Name (Last, First) _____ Date of Birth: _____ Gender: Female Male
Address, City, State: _____
Mother's Name (Last, First): _____ Mother's Phone: _____
Caretaker's Name/Relationship/Phone (if different): _____ Language used in home: _____
Primary Care Physician: _____ Primary Clinic Name, City: _____

ASSESSMENT RESULTS IMPORTANT: Test both ears and do not delay complete audiological diagnosis due to middle ear fluid.
Date of Service: _____ Audiologist: _____ Clinic Name, City: _____

ALL THAT APPLY

	RIGHT EAR				LEFT EAR			
ABR (Screening)	Pass	Refer	Inconclusive	Not Done	Pass	Refer	Inconclusive	Not Done
OAE	Pass	Refer	Inconclusive	Not Done	Pass	Refer	Inconclusive	Not Done
OAE	Pass	Refer	Inconclusive	Not Done	Pass	Refer	Inconclusive	Not Done
Impegnance	Peak	Rounded	No Peak	No Volume	Peak	Rounded	No Peak	No Volume
225 Hz (1000 Hz)	Normal	Abnormal	Abnormal	Abnormal	Normal	Abnormal	Abnormal	Abnormal
Other Notes:								

REFERENCES AND APPOINTMENTS
 Audiology Appointment date: _____
 Otolaryngology Appointment date: _____
 High Risk Clinic Date of referral: _____
 Family Support Date of referral: _____

For more information on reporting, please contact 651-215-6265

mi DEPARTMENT OF HEALTH
NEWBORN HEARING SCREENING
OUTPATIENT FOLLOW-UP REPORT FORM
FAX COMPLETED FORM TO MDH LANGUAGE SCREENING AT 651-215-6265

PATIENT INFORMATION
Child's Name (Last, First) _____ Date of Birth: _____ Gender: Female Male
Address, City, State: _____
Mother's Name (Last, First): _____ Mother's Phone: _____
Caretaker's Name/Relationship/Phone (if different): _____ Language used in home: _____
Primary Care Physician: _____ Primary Clinic Name, City: _____

ASSESSMENT RESULTS IMPORTANT: DO NOT DELAY COMPLETE AUDIOLOGICAL DIAGNOSIS DUE TO MIDDLE EAR FLUID.
Date of Service: _____ Visit Outpatient Visit? Yes No
Audiologist: _____ Clinic Name, City: _____

ALL THAT APPLY

	RIGHT EAR				LEFT EAR				
AABR (Screening)	Pass	Refer	Not Done	Pass	Refer	Not Done	Pass	Refer	Not Done
OAE	Pass	Refer	Not Done	Pass	Refer	Not Done	Pass	Refer	Not Done
OAE	Pass	Refer	Not Done	Pass	Refer	Not Done	Pass	Refer	Not Done
Impegnance	Pass	No Peak	Peak	No Peak	Pass	No Peak	Peak	No Peak	No Peak
225 Hz (1000 Hz)	Rounded	Large Volume	Rounded	Large Volume	Rounded	Large Volume	Rounded	Large Volume	Large Volume

*If result is REFERR for one or both ears, schedule a diagnostic audiology appointment as soon as possible.

REFERENCES AND APPOINTMENTS CHECK ALL THAT APPLY IF KNOWN
 Audiology Clinic Referred To: _____ Appointment Date: _____
 Otolaryngology Clinic Referred To: _____ Appointment Date: _____

For more information on reporting, please contact 651-215-6265 REV 10/2017

Thank you for your diligence in reporting newborn hearing follow-up results using these new report forms! Your prompt reporting helps MDH support families through you and other colleagues, as we work together assisting infants and children complete the hearing follow-up process. Any questions about use of the forms can be directed to melanie.wege@state.mn.us.

Have You Heard?



Early Learning Outcomes for D/HH Students

Educational teams who serve Part C infant/toddler (birth through two years) and Part B preschool special education services (three to five years/entering kindergarten) complete assessments for early learning outcomes. The Minnesota Department of Education (MDE) collects this data. For 133 children who are DHH completing Part B preschool services between 7/1/16 and 6/30/17:

- 76% had early literacy skills at/above age level
- 89% had early numeracy skills at/above age level
- Primary communication mode chosen by families included 58% listening/spoken language, 32% combined methods (90% of the combinations included spoken language, 28% included some level of ASL), 4.5% (n=6) spoken language supplemented by signing, 2.3% (n=3) ASL, 1.5% (n=2) simultaneous spoken and signed, 1.5% (n=2) augmentative, <1% (n=1) spoken and cued.

SLEDS

The Minnesota Statewide Longitudinal Education Data System (SLEDS) is designed to help districts, schools, and workforce supports make informed, data-driven decisions. The Minnesota Department of Education and the Minnesota Department of Employment and Economic Development use this tool to match student data from pre-k through postsecondary education and employment. With this tool, a range of educational programming and delivery questions can be answered to gauge the effectiveness of current programs and to target improvement strategies. Recent data about ACT scores shows that students who are Deaf/Hard of Hearing (average score=21) are testing nearly even when compared to all students (average score=22). Learn more at <http://sleds.mn.gov/>.



Last Words from the Advisory Committee



Meeting highlights...

- Early Hearing Detection and Intervention (EHDI) can also mean “Early Healthy Deaf Identity” in the eyes of some families. Cultural sensitivity to this viewpoint is important.
- Multiple statewide databases continue to expand knowledge about children who are Deaf/Hard of Hearing (D/HH) and their learning outcomes. Audiologists can explore trends using the [Minnesota Early Childhood Longitudinal Data System \(ECLDS\)](#) and [Minnesota Statewide Longitudinal Education Data System \(SLEDS\)](#).
- [Foundations for Literacy Curriculum](#) focuses on improving language and literacy skills with preschool students who are DHH. It will be launched by 21 Minnesota teams during 2018-19.

Next meeting:

November 7, 2018
1:00 – 4:00 p.m.
Amherst A. Wilder Foundation
451 Lexington Parkway North
St. Paul, MN 55104

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