



# IDAHO SOUND BEGINNINGS



## CELEBRATE! ★ HAVE A PARTY! ★ GET EXCITED!

IDAHO HOSPITAL NEWBORN NURSERY STAFF AND COORDINATORS ARE SHINING \*\*STARS\*\*

The Advisory Committee for *Idaho Sound Beginnings* announces that twenty hospital Newborn Hearing Screening Coordinators receive \*\*STARS\*\* Awards for achievements in program development. Only four hospitals achieved the Gold Star for Excellence in program development and performance. Using weighted criteria for the 33 participating hospitals for eleven months of the year 2001, recognition is given to programs in small, intermediate and large size hospitals. AND THE \*\*STARS\*\* ARE.....

### THE COORDINATORS FOR THE FOLLOWING HOSPITALS:

★ The **GOLD STAR AWARD for EXCELLENCE** goes to:

★ Lisa Ashby	Bannock Regional Medical Center	Pocatello
★ Rebecca Holgren	Eastern Idaho Regional MC	Idaho Falls
★ Kathy Adams	West Valley Medical Center	Caldwell
★ Jeanne O'Hara	Weiser Memorial Hospital	Weiser

Each coordinator in this group receives a gold STAR pin engraved with NHS\*, a certificate for excellent achievement, and a basket of cookies!

★ The **SILVER STAR AWARD for EXEMPLARY** achievement goes to:

★ Shaunna Rubert	Madison Memorial Hospital	Rexburg
★ Merry Martin	St. Luke's Regional Medical Center	Boise
★ Deb Wetherelt	St. Alphonsus Regional MC	Boise
★ Kathy Gouley	St. Luke's Wood River MC	Ketchum
★ Jan Appel	McCall Memorial Hospital	McCall
★ Sue Kurruk	Syringa General Hospital	Grangeville

Each coordinator in the Silver Star group receives an engraved silver STAR pin and a certificate for exemplary achievement.

★ The **BRONZE STAR AWARD for CONSISTENT** achievement goes to:

★ Ruth Wilford	Kootenai Medical Center	Coeur d'Alene
★ Candy McMullin	Magic Valley Regional Medical Center	Twin Falls
★ Cindy Gillette	Cassia Regional Medical Center	Burley
★ Betty Keller	Franklin County Medical Center	Preston
★ Pat Proctor	Pocatello Regional Medical Center	Pocatello
★ Katie Lammers	St. Benedict's Medical Center	Jerome
★ Norma Allen	St. Joseph's Regional Medical Center	Lewiston
★ Alexandra Bitterman	Benewah Community Hospital	St. Maries
★ Flora Gilmer	Caribou Memorial Hospital	Soda Springs
★ Barb Michels	St. Mary's Hospital	Cottonwood

Each coordinator in the Bronze Star group receives an engraved bronze STAR pin and a certificate for consistent achievement.



The Idaho Sound Beginnings program salutes every participating hospital in the state. Those who were just barely under way or had not completed training will be in the winners' circle for STARS 2002.

Not every hospital began its newborn hearing-screening program at the same time, and resources for beginning such a program varied widely among hospitals. However, the playing field leveled by assessing each hospital against the following criteria, using their own data. In every case, these hospitals were found to be in compliance with their Contract or Memorandum of Agreement.

★ Assessment Criteria included:

- ★ Monthly Report Timeliness
- ★ Report Consistency
- ★ Workshop Participation
- ★ Referral Rate
- ★ Per cent return of babies for second screen
- ★ Referral Forms Received at Sound Beginnings office
- ★ Level (%) Achievement of JCIH referral standard ★



\* NHS/Newborn Hearing Screening

# Jacob & Micah's Ladder

By: Beth Cram



Micah, Chuck, Jacob, Beth & Joel Cram

As the mother of three sons, two of whom were born deaf, I wish that newborn hearing screenings could have been a routine part of their neonatal experience. My first-born son, who is profoundly deaf, was not diagnosed until age 21 months. All involved, (especially, we parents) felt incredibly sheepish for missing such a profound loss for so long. As first time parents, we were in love with the idea of being parents. Every little movement and expression was celebrated. I was not at all alarmed by the fact that our son had never even turned to the sound of his own name. It was only too easy to believe the statements that were made by the ENT and his staff that our son would “catch up” in no time after tubes were in place.

After six months of waiting and watching for language to emerge, we asked for a second opinion about his hearing loss. The audiologist/speech pathologist requested an ABR\* for our boy. “Tomorrow would not be too soon”, was her response. The ABR itself was exhausting! I didn't realize Jacob needed to be sleep deprived to have the test. We were emotionally paralyzed when we finally realized that Jacob would never “catch up”. After fitting Jacob with the largest hearing aides I had ever seen, we were told to take him to a nearby state for an evaluation for Cochlear Implants. We lived in Montana and in 1994, the nearest otoacoustic emissions equipment was in Spokane, Washington. \*\* We traveled there and put Jacob through a series of tests, but it was impossible to get an accurate OAE reading for him. We learned months later that Jacob not only had a profound hearing loss, but he also received a diagnosis of severe autism. Thus began our travels up “Little Jacob's Ladder”.

Even after we were told to have Jacob tested for Autism, he scored more like a deaf-blind child on the eligibility assessments due to a lack of language exposure. We were told to expose him to a signing environment for a year and have him retested. After

a full year of learning sign language, and taking him to programs that were signing, we were told to expose him for another year before a diagnosis could be made. **It took two and a half years to finally become eligible for services that would address Jacob's autism!** Had we known about Jacob's profound loss at birth, he could have had all the services he needed during his sponge-like language learning years.

Our second son, Micah was born in Fremont, California in 1995. We had a deaf family physician at the time, Dr. Frank Hochman. He was acutely aware of the equipment available to screen the hearing of newborn babies. To his dismay, it was difficult to locate the equipment and find someone who was comfortable conducting the screening. OAE's were still not generally accessible. After several attempts to get a reading on a very wiggly Micah, the decision was made to schedule a more in-depth ABR at Children's Hospital in Oakland. My suspicion of Micah's deafness was confirmed a very frazzling two weeks later. Our third child was born in California, in June of 1998. The same automatic ABR screening machine was still being used. It was not something that many of the nurses had experience using. We did get a normal reading on our third child. We had also suspected that result as we now were looking for natural responses to sound. Again, OAE equipment was not yet being used, even in the higher populated areas!

As an early childhood interventionist, currently employed at the Idaho School for the Deaf and the Blind, I realize how precious those first years for Jacob could have been for language exposure. I can only wonder how much more language Jacob might have, had we not been delayed by not knowing how much hearing he didn't have at birth. There was no reason to single him out to screen him. He was not a high-risk baby. Could he have benefited from the added early information?... Emphatically.... YES!

*My vote is for newborn hearing screening!!!*

\*For more information on ABR's and OAE's see “Hearing Screening Technologies”, Idaho Sound Beginnings Newsletter, Nov. 2001.

([www.infanthearing.org/states/idaho.html](http://www.infanthearing.org/states/idaho.html))

\*\*Currently, 33 of 35 of Idaho's birth hospitals have Newborn Hearing Screening Programs.

# The Audiology Home

Kathleen Wachtler, Au.D., CCC-A

A panel of experts in habilitative Audiology convened late in 2000 to establish principles for professionals involved in early hearing detection and intervention (EHDI) programs. The panel included Arthur Boothroyd, Marion Downs, James Jerger, Robert Dobie, Judy Gravel, James Hall III, Deborah Hayes, David Luterman, Richard Seewald, and Jon Shallop. The purpose of the UTD/Callier Center Position Statement was to summarize the recommendations of this panel concerning habilitative principles, practices and future needs.

The panel concluded services would best be provided through the child's "Audiology Home". The Audiology Home "is a one-stop, family-oriented center providing clinical services related to audiology assessment and intervention, family counseling and support, community outreach and education, communication intervention, outcome assessment, and documentation of progress." The Audiology Home consists of a team of professionals dedicated to providing services to children with hearing loss and their families. The team includes audiologists, communication specialists, counselors, and educators. Regular team meetings and consultation with the family, the child's primary care physician, and educational personnel should be scheduled to ensure optimal intervention and educational considerations.

**\*MARK YOUR CALENDARS\*** .....  
Idaho Speech & Hearing Association meeting (ISHA) to be held in Sun Valley, April 11 & 12. Idaho Sound Beginnings will be sponsoring two workshop sessions related to the "Diagnostic Management & Amplification of Infants", presented by Dr. Kathleen Wachtler & Dr. Deborah Kernan.

## The panel identified 5 principles for the management of hearing loss in infants:

### **Principle 1: Identification and Specification**

Identification and specification of the degree, type, configuration, and symmetry of hearing loss should occur as close in time as possible to the newborn hearing screening.

### **Principle 2: Family/Parental Counseling**

This includes informational counseling (explanations of hearing and hearing loss, methods of communication and education), as well as support and recognition of the parents' anxiety and grief.

### **Principle 3: Sensory Aid Technology**

Options include hearing aids, cochlear implants and assistive technology. Selection and fitting of the devices is an ongoing process, usually necessitating multiple visits. This requires repeated validation of hearing status and refining the fitting as age permits. Ongoing monitoring should occur at least every 3 months.

### **Principle 4: Management and Counseling to promote Optimal Development**

The members of the Audiology Home provide the family with the knowledge, skills, self-confidence and emotional well-being to facilitate the development of the infant.

### **Principle 5: Outcome Assessment and Documentation**

Principles of accountability require that outcomes are specified and progress documented through on-going visits. ✨

Reference: Jerger, S., Roeser, R., Tobey, E. (2001). Management of Hearing Loss in Infants: The UTD/Callier Center Position Statement. *Journal of the American Academy of Audiology* 12:329-336.

**Next time**.....  
a review of the UTD/Callier Center Position Statement on State-of-the-Art Practices.

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# **C**ONTINUATION GRANT APPLI- CATION SUBMITTED FOR THIRD YEAR OF IDAHO SOUND BEGINNINGS PROGRAM...

The Idaho Early Hearing Detection and Intervention project (*Idaho Sound Beginnings*) is designed to be a four year effort, ending March 30, 2004. Each year the Council for the Deaf and Hard of Hearing must submit a Progress Report and request for next year funding to the Maternal and Child Health Bureau of the US Department of Health and Human Services. The report and request were submitted on January 4, 2002.

The report indicates that most of the second year goals were achieved and went beyond expectations. Currently, 33 of 35 hospitals are participating, and over 98% of Idaho's babies are born where hearing screening is performed.

The goals for year three include: monitoring hospital performance relative to coverage, referral rates and percentage of infants receiving diagnostic evaluation and early intervention services; conducting one state-wide workshop and two regional workshops for skill building and updating information; developing the medical home concept into a community-based continuum of care and services for hearing-impaired babies and their families; linking EHDI database to databases for early intervention, birth defects for high-risk follow-up; and providing culturally appropriate family support. The special evaluation focus of the project will be an assessment of financial issues concerning hospital costs for newborn hearing screening, Medicaid reimbursement policies and adequacy of

family health insurance for necessary interventions. The total request for Federal funds amounts to \$100,794 and provides for accomplishing the above goals through 3 part-time staff, adding additional clerical time to properly manage the database relative to tracking referred and high risk infants.



## **~CALENDAR OF UPCOMING EVENTS~**

### **First National EHDI Meeting Wash.DC. Feb. 10-13**

(Co-sponsored by CDC and MCH)

Idaho Sound Beginnings will be represented by Pennie Cooper, Executive Director of the Council for the Deaf and Hard of Hearing, and by Bee Biggs-Jarrell, Project Coordinator. Dr. Jill Beck, and Lesa Coleman, members of Sound Beginnings Advisory Board have been invited to give presentations at the conference.

(For more information visit: [www.infanthearing.org](http://www.infanthearing.org))

### **Idaho Perinatal Conference Boise Feb. 11-13**

BSU- Student Union Bldg (Sponsored by the Idaho Perinatal Project.) For more information call 342-7642. Deadline for registration is Feb. 4. Conference begins Feb.11, with registration at 11:15am.

### **ISHA Meeting Sun Valley April 11-12**

(Idaho Speech Language & Hearing Association)  
[www.idahosha.org](http://www.idahosha.org)

-see page 3\*, "The Audiology Page", for more information.

### **12th Annual Idaho Childbirth and Parenting Educa- tors Conference Boise April 25-26**

(South Tower, St. Luke's RMC)

Including: Idaho Sound Beginnings Workshop-April 26, 1:30-2:30pm, Presenters: Bee Biggs-Jarrell and Dr. Kathleen Wachtler -"Can Your Baby Hear You?" team training.

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