

**Name of the guideline:**

*Early Hearing Detection and Intervention Guideline*

**Description:**

The purpose of the Early Hearing Detection and Intervention Guideline is to provide a care plan that will lead to documentation needed by local public health as well as documentation of all the data elements that the contract with MDH is asking for. The goals for development of this guideline were:

To provide LPH the means to document the work provided under the contract with MDH  
Assurance that LPH is gathering the data elements needed by MDH  
Potential to use documentation to directly input or export into MN Electronic Data Surveillance System (MEDSS)  
MDH HRSA grant deliverable by May 2013

Assuring all infants receive newborn hearing screening, are appropriately referred, are diagnosed in a timely manner, and are connected to needed services relates to many of the core functions of public health departments. These include: Monitoring Health; Inform Educate and Empower; Mobilize Community Partnerships; Link to / Provide Care; and Assure Competent Workforce. The Omaha System can be utilized to document the work of local public health agencies at the community and individual levels of intervention. A group investigating the development of this guideline began meeting in the fall of 2011 and finished work the spring of 2013.

**Omaha System Problems:**

Hearing  
Health care supervision  
Communication with community resources  
Speech and language  
Income

**Population:** All Newborns in MN who are lost to follow up for Newborn Hearing Screening results.

**Diseases/Condition:** Hearing loss screening, diagnosis and follow-up.

**Practice setting:** Local public health departments and State health departments

**Levels of practice:** Individual (client) level and Community (clinician) level interventions

**Date of most recent guideline revision:** April 10, 2013

**Presented by:** Diane Thorson and Sue Ewy to MOSUG on March 14, 2013

**Encoded date:** April 10, 2013

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**Source:** Minnesota Department of Health, Children and Youth with Special Health Needs Section in partnership with the Minnesota Omaha System Users Group

**Evidence:**

The majority of evidence came from the “Executive Summary for the Joint Committee on Infant Hearing (JCIH) Year 2007 Position Statement and from the MN EHDI Statute.

Evidence for the Income problem came from Title V and Minnesota Omaha Systems User Group Rating Guide for KBS ratings.

**References:**

American Speech-Language-Hearing Association. (2007). Executive Summary for JCIH Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Available: <http://www.asha.org/policy/PS2007-00281.htm>

Early Hearing Detection and Intervention Program, MN Statute §144.966(4). Available: <https://www.revisor.mn.gov/statutes/?id=144.966>

Maternal and Child Health Services Block Grant. 42 USC § 701(a) Available: <http://www.law.cornell.edu/uscode/text/42/701>

Omaha System KBS Rating Supplement. Available: [http://omahasystemmn.org/booklet/OmahaSystemKBSRatingSupplement2010\\_8x11.pdf](http://omahasystemmn.org/booklet/OmahaSystemKBSRatingSupplement2010_8x11.pdf)