

Survey of Pediatric Audiology Services For Infants in Georgia

Please complete and submit if you are or have an audiologist with experience in the audiological evaluation and management of infants or children with hearing impairment. Information will be used for a registry of pediatric audiologists available to provide services for infants identified through the Georgia Universal Newborn Hearing Screening and Intervention (UNHSI) Program. The registry will be available on the UNHSI Website and you will only be included with your permission.

You can find the Georgia UNHS website at: <http://health.state.ga.us/programs/unhs>

1. **Name and Title of Audiologist:** _____

Agency or Facility: _____

Other Licensed Audiologist(s) at this Location: _____

Business Address: _____

City: _____ County: _____ Zip Code _____

Business Phone #: () _____ Fax Number: () _____

E-Mail: _____

2. **Does your office take referrals for services for infants and children from any source (i.e., hospitals, Children 1st)?**

Yes No, only from limited sources. Explain: _____

3. **Please estimate the total number of babies referred to you for follow-up screening from UNHSI in the past month?**

Total babies referred? _____ Referred prior to one month of age? _____

4. **Diagnostic Audiology Services for Infants (under 1 year of age)**

Which of the following diagnostic procedures can you provide for infants? (Each check indicates equipment and experience for performing these procedures with infants.)

- | | |
|--|---|
| <input type="radio"/> ABR (without sedation) | <input type="radio"/> OAE (DP or Transient) |
| <input type="radio"/> Clicks | <input type="radio"/> COR/VRA |
| <input type="radio"/> Tone Bursts/Pips | <input type="radio"/> Tympanometry |
| <input type="radio"/> Bone Conduction | |
| <input type="radio"/> ABR (with sedation) | |
| <input type="radio"/> Steady-State Evoked Potentials | |

5. Has your facility **confirmed** a hearing loss in at least one infant between the ages of 0 and 18 months in the past 12 months?

- Yes No (If “no”, please process to question # 7)

6. Please estimate the number of infants you have **confirmed** with hearing loss in the last 12 months in each of the following categories:

- a. _____ < 3 months
- b. _____ 3-6 months
- c. _____ 7-12 months
- d. _____ 13-18 months

7. Please estimate the average age at which babies referred from newborn hearing screening programs are confirmed with permanent hearing loss at your facility (check **ONE** of the following):

- a. _____ < 3 months
- b. _____ 3-6 months
- c. _____ 7-12 months
- d. _____ 13-18 months

8. Please identify funding sources you have used for diagnostic services for children: (Check all that apply.)

- Self-pay IDEA Part C (Babies Can’t Wait) Medicaid
 Private Health Insurers Children’s Medical Services PeachCare
 UNHSI state funds (GIA 109)
 Other Public or Private Agency (please specify) _____

9. Do you offer comprehensive amplification fitting services for children 0-18 months at your facility?

- Yes No

10. Amplification Evaluation and Fitting Services for Infants:

Which of the following can you provide for infants and children under 2 years of age. (Each check indicates equipment and experience in performing these procedures with infants.)

- | | |
|---|--|
| <input type="radio"/> Real Ear Measurements | <input type="radio"/> Functional Gain Measures |
| <input type="radio"/> Hearing Aid Selection | <input type="radio"/> FM and other listening devices |
| <input type="radio"/> Hearing Aid Dispensing | <input type="radio"/> Cochlear Implant s |
| <input type="radio"/> Hearing Aid Analysis/Evaluation | <input type="radio"/> Other _____ |
| <input type="radio"/> Earmolds | |

11. Approximately how many children has your facility fit with amplification in the last 12 months in each of the following age groups:

- a. _____ < 3 months
- b. _____ 3-6 months
- c. _____ 7-12 months
- d. _____ 13-18 months

12. Please estimate the average age at which babies referred from newborn hearing screening programs are initially fit with amplification at your facility (check ONE of the following):

- a. _____ < 3 months
- b. _____ 3-6 months
- c. _____ 7-12 months
- d. _____ 13-18 months

13. Estimate the average time interval between confirmation of hearing loss and fitting of amplification for infants.

- a. _____ less than one month between confirmation and fitting
- b. _____ 1-2 months between confirmation and fitting
- c. _____ 2-3 months between confirmation and fitting
- d. _____ 4-6 months between confirmation and fitting
- e. _____ greater than 6 months between confirmation and fitting

14. If there is greater than one month between confirmation of hearing loss and fitting amplification, please identify the issues that contribute to the amount of time that elapses.

- a. _____ funding for amplification
- b. _____ parent follow-up
- c. _____ delayed physician referral
- d. _____ incomplete diagnostic information
- e. _____ inconclusive diagnostic information
- f. _____ complicating health issues
- g. _____ other (please describe) _____

15. Please identify funding sources you have used for hearing aids for children: (Check all that apply.)

- Self-pay
- Private Health Insurers
- Children 1st
- Other Public or Private Agency (please specify) _____
- IDEA Part C (Babies Can't Wait)
- Children's Medical Services
- Medicaid
- PeachCare

16. Do you currently serve Medicaid clients? Yes No

If "yes", which Care Management Organization (CMO) plans do you currently accept? (Check ALL that apply):

- Amerigroup
- Peachstate
- WellCare

17. Do you provide any of the following services for children age 3-5 years? (Check all that apply.)

- Pure tone audiometry
- ABR (with sedation)
- ABR (without sedation)
- Steady-state Evoked Potentials
- OAE (DP or Transient)
- COR/VRA
- Tympanometry/Immittance Measures
- Amplification Fitting and Dispensing

18. Are you employed by or do you contract with a Georgia school system?

- Yes
- No
- If yes, which system(s)? _____

19. To whom do you refer families for intervention services and family support pertaining to their child's hearing impairment and communication needs? (Check all to whom you refer.)
- Provide in-house intervention support
 - Babies Can't Wait
 - Children's Medical Services
 - Georgia PINES
 - Local Speech/Hearing Center (Please specify) _____
 - Other (Please specify)

20. Do you currently have Internet access at your practice location(s)?
- Yes No Not currently, but planning to soon

21. In 2003, the initial diagnosis of hearing loss that is determined or suspected to be permanent and/or progressive in nature in children up to age 5 became a reportable condition by law (OCGA 31-12-2) to Public Health. A 'refer' result on an initial newborn hearing screening or a follow-up hearing screening with a newborn (by either AABR or AOAE) in either ear or both ears is reportable as a suspect case and a diagnosis of hearing impairment (ICD-9 codes 389.0 through 389.9) confirmed by a licensed audiologist or physician according to the Georgia case definition is reportable as a confirmed case.

Have you reported any suspect or confirmed cases of hearing impairment to Public Health?
 Yes No If yes, did you use:

- The Surveillance of Hearing Impairment in Infants and Young Children (Confirmation of Diagnosis of Infant/Child Hearing Impairment) Form? Yes No
- Children 1st Screening and Referral Form? Yes No

Do you need any technical assistance on completing these forms? Yes No
If yes, you will be contacted by your area UNHS Liaison for assistance.

To be included in the resource directory listings on the UNHSI website the facility/audiologist must be able to provide for infants all of the procedures recommended in the Georgia UNHSI Recommended Guidelines, which are available for review on the Universal Newborn Hearing Screening website at <http://health.state.ga.us/programs/unhs>. Listings will be categorized based on whether the facility/audiologist provides full services (including amplification fitting and dispensing) or provides only diagnostic services.

If you **DO NOT** wish for your information to be listed in the online directory, please check below.

- I **DO NOT** wish to be listed in the directory.

Contract Audiology Services

Public health districts contract with audiologists and audiology facilities to ensure audiological support, oversight and training to hospitals that perform newborn hearing screening, as well as public health staff who perform follow-up hearing screens. Audiological oversight of newborn hearing screening activities shall include but are not limited to:

- 1. Yearly training to staff in birthing hospitals within the district and monitoring of performance
- 2. Technical assistance as needed to hospitals or public health staff on equipment issues
- 3. Review of hospital protocols; including recommendations for system improvements
- 4. Yearly training to public health staff
- 5. Community outreach activities for UNHSI awareness
- 6. Facilitation or Participation on the quarterly district UNHSI task force

We would like to develop a listing of audiologists across the state that are interested in providing training and technical assistance to hospitals and public health districts in support of the UNHSI program. Please indicate below if you are interested in participating in these activities. If so, you will receive additional information.

- Yes, I am interested in contracting with public health districts for audiology support services.
- No, I am not interested at this time.
- I currently contract with a hospital or public health district to provide training to staff and/or oversight on newborn hearing screening. (Check all that apply)

Hospital Name(s) _____

Public Health District Name(s) _____

*Thank you so much for taking the time to fill out this survey. **Please return via Fax or E-mail to:***

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