
CONFERENCE ABSTRACT**Implementation of Universal Newborn Hearing Screening (UNHS)**17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Permanent childhood hearing impairment (PCHI) is the commonest birth condition with a prevalence of 1-3/1000. This rises to 10/1000 for neonates who have been in Neonatal Intensive Care Unit. The early detection of PCHI, and the initiation of medical and educational interventions, has been demonstrated to significantly improve long-term outcomes for children with hearing loss and their families. Early identification, via universal new-born hearing screening gives babies a better 'life chance' of developing speech and language skills and of making the most of social and emotional interaction from an early age. While the detection of early hearing is vitally important to a child's development, it also means that support and information can be provided to parents at an early stage. Prior to the rollout of UNHS, the age of diagnosis of childhood hearing loss and habilitation in Ireland was difficult to ascertain with confidence due to the absence of National ICT system, but anecdotally was reported to be when children were aged over 2 years.

The National Audiology Report¹ recommended the introduction of UNHS, which commenced April 2011 and was rolled out on a phased basis, becoming a national programme in November 2013. Whilst this seems by inference to refer purely to hearing screening service for newborns; the programme actually spans a multitude of professionals (including ENT Consultants, Paediatricians, Audiologists, Visiting Teachers for the Deaf and Social Workers) across a range of services nationally (including Maternity Hospitals, Paediatric Hospitals, Cochlear Implant Team, Primary Care Services and Advocacy Services) who provide operational, clinical and managerial input to ensure the delivery of a high quality service.

The implementation of UNHS required the development of new care pathways, up skilling of professionals, engagement with stakeholders, and procurement of a screening provider with a UNHS specific ICT system for the reporting of key performance indicators.

To provide quality assurance and drive improvements local UNHS multidisciplinary governance groups were established to monitor services and provide input to the National Technical Group for Children's Hearing Services (NTGCHS) who has overall responsibility for developing and managing the programme.

Outcomes: To date the programme has been delivered nationally with over 250,000 children screened by 100 screeners based at 19 maternity sites.

The programme outcomes will be reported, demonstrating that comprehensive national key performance indicators have been consistently met or exceeded, along with favourable benchmarking against international programmes. Next steps including ongoing team building and the development of a national audiology clinical management system to ensure continued integrated working will also be outlined.

Key transferable learning points

Necessity for quality ICT system for operational and service monitoring

Establishing baseline KPIs and reviewing relevance

Establishment of governance documentation

Development of local and national groups to provide oversight

Ensuring all stakeholders engage with governance groups

Reference:

1. Health Services Executive. National Audiology Review. Dublin. 2011. Available from:
<http://www.hse.ie/eng/services/publications/corporate/AudiologyReview.pdf>

Keywords: unhs; hearing screening; implementation
