

SUPPORTING PARENTS DURING & FOLLOWING THE SCREEN

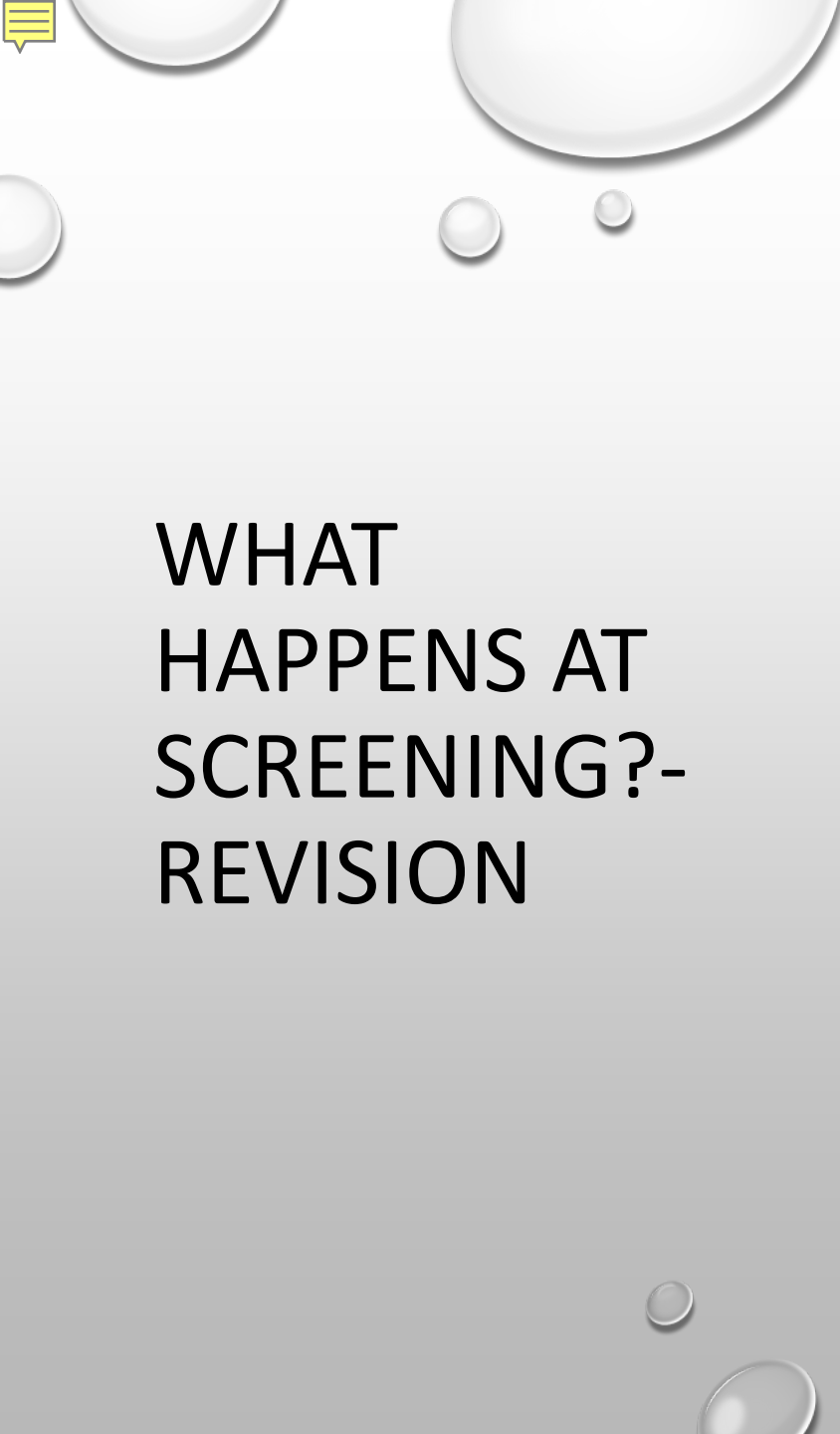
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ISSUES OF INTEREST

- ENGAGING EFFECTIVELY WITH FAMILIES DURING THE SCREENING PROCESS, ESPECIALLY WHEN A REFERRAL TO AUDIOLOGY IS REQUIRED
- SUPPORTING FAMILIES TO ATTEND AUDIOLOGY APPOINTMENTS



WHAT HAPPENS AT SCREENING?- REVISION

- Info provision/discussion – parents consent to screen
- Screen with aABR
- If clear response on aABR1 in each ear = pass (“hearing good at time of screen”).
- If at risk, doctor/ nurse/ midwife completes risk factor surveillance form & gives to screener.
- Some who pass aABR1 may be at risk of developing hearing loss later – screener explains why. screener then makes audiology referral, or re-screens if jaundice
- Recommend family monitor hearing using hearing checklist (also in Well Child Tamariki Ora Health Book)
- If unclear aABR1 response, repeat screen. If repeat clear in each ear = pass
- If no clear aABR2 response = refer



WHAT IS EFFECTIVE ENGAGEMENT FROM A PARENT PERSPECTIVE?

- ***To be listened to***
- ***Emotional support*** in the form of empathy, compassion, respect.
- ***Experience “relationship building”*** -To be able to trust the professional and information given
- ***Honesty and sincerity*** from professional
- ***To understand***
- ***Information*** that is timely, relevant, independent, appropriate, practical.



ESTABLISHING TRUST AND CONNECTION

- Successful engagement with all clients during the screening process, from the moment a screener enters a parent's room, ensures the parent's trust and lays the foundation for participation in future service delivery.

**TRUST IS
EVERYTHING/TRUST
HAS TO BE EARNED**



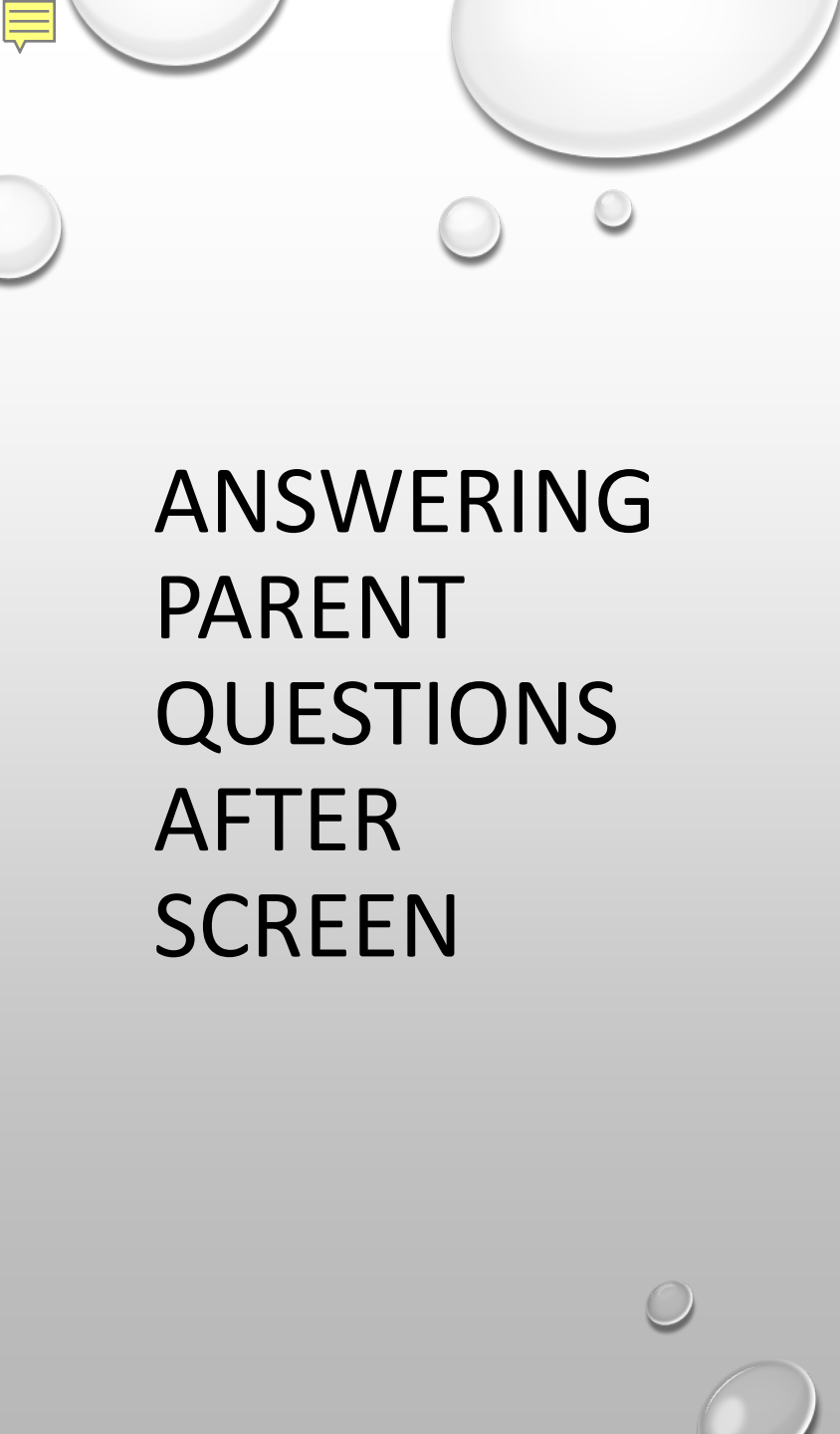


THREE DOMAINS OF TRUST

Technical competence: self-evident

Interpersonal competence:
Communication, relationship building

Agency: putting the parent & baby
first



ANSWERING PARENT QUESTIONS AFTER SCREEN

- How do you manage conversations with parents who appear or say they feel;
 - Anxious/stressed,
 - Angry,
 - Guilty,
 - In shock?
- Do you find the “Frequently Asked Questions” pages on the NSU website helpful?
- What other resources would be useful, in addition to the pamphlets and FAQs?
- Should another professional be offered/become involved when a screen has to be repeated or a referral is made?

- POTENTIAL POINTS OF WEAKNESS FOR FOLLOW UP AFTER SCREEN - *REPEAT OF NEWBORN HEARING SCREEN AS AN OUTPATIENT APPOINTMENT:*

? WEAKNESSES

- Needs to be in a clinic with in some DHBs– community based option not available in all.
- Family needs to remember appt (is appt negotiated?), and be able to get there *

? SOLUTIONS

- Are there options to see families at a community facility/in the home?
- If not, check with families at time of making re-screen app't re barriers to getting to hosp., and how these can be overcome**
- Ask families if a reminder is needed, and if yes, in what form.

- POTENTIAL POINTS OF WEAKNESS FOR FOLLOW UP AFTER SCREEN - **REFERRAL FOR DIAGNOSTIC TEST:**

? WEAKNESSES

- Family contact details on referral to audiology clinic
- Managing emotional reactions – support from screener may not be enough for some families in gap between screen and diag appt*
- Parent understanding of information & need for diagnostic test
- Is para in referral pamphlet about communication with baby mentioned by screener?

? SOLUTIONS

- Check family contact details (plus back up contact) on referral to audiology form, so audiol clinic can negotiate appt & support needed.
- Families/screeners contact the midwife/LMC (& ? Coordinator) before the diagnostic appointment ***
- Refer to pamphlet. Ask if parents have questions/what extra information they would like
- Screener show para in pamphlet about communication with baby.**

POTENTIAL POINTS OF WEAKNESS FOR FOLLOW UP AFTER SCREEN -

TARGETED FOLLOW UP:

? WEAKNESSES

- Risk factors for hearing loss requiring targeted follow up form does not obtain contact details – who checks this if doctor/nurse/midwife completes form and sends to screener? *
- Will family be contactable at time follow up audiol appt sent/made – how is contact made? **

? SOLUTIONS

- Screener review targeted follow up form with family before family leaves hospital.
- Check family contact details (plus back up contact) on referral to audiology form, so audiol clinic can negotiate appt & check support needed to get there.



PRESENT SUPPORTS IN NZ AT TIME OF SCREEN

- SCREENER/COORDINATOR
- LMC, MIDWIFE, GP
- PLUNKET, MĀORI WELL CHILD TAMARIKI ORA
- LITERATURE



A DHB SUPPORT INITIATIVE IN NZ

- April 2016, Taranaki DHB's audiology and Māori Health teams launched the “Come Hear” project.
- Aimed to improve health outcomes for Māori children by reducing DNA rates to less than 10% by October 2016.
- Developed process which identified children at risk/high risk of not attending booked appointments, & implemented an organised attendance pathway.

A DHB SUPPORT INITIATIVE IN NZ

- From **2008 to 2015** the **DNA rate for Māori was between 20 and 31 percent** per annum.
- **In 2016**, as a result of changes to the way the service engaged with whānau, **DNA rate dropped to 17 percent**.
- For **January 2017**, **DNA rate for Māori was 0%**.
- DNAs fluctuate because numbers small, but overall trend downward. *“most importantly, children have attended who otherwise would not have.”*

VIHSP EARLY SUPPORT SERVICE (ESS)

- Funded to support families of VIHSP babies.
- Baby referred to ESS at time of screen & referral to audiology.
- ESS aim to contact within 3 days.
- Support families *before, during and after* diag app't.
- **Every** family also contacted after diag app't within 2 days, regardless of outcome



VIHSP
EARLY
SUPPORT
SERVICE
(ESS) 2

Family-centred, unbiased,
independent.

Not on-call; no specialist counselling;
just info guidance.

Role similar to AoDC in NZ **but** begins
at time of referral.