

<b>Title</b>	The Early Hearing Detection and Intervention (EHDI) Programme
<b>Organisation</b>	Chris Hani Baragwanath Academic Hospital (CHBAH), Speech Therapy and Audiology Department, Gauteng Department of Health
<b>Innovation</b>	<p>A focused commitment to improving the Newborn Hearing Screening (NHS) programme started in 2015. The programme could only provide targeted screening for <math>\pm 4\%</math> of the babies born at the hospital, restricted by the lack of human resources, equipment and a defined strategy. A comprehensive business plan was created to motivate for Universal NHS. Unfortunately, there was no funding available. As a solution-based department they brainstormed ways of addressing the challenge. It was suggested that we look at recruiting learners as hearing screeners.</p> <p>South Africa was recently listed as having the highest unemployment rate of 34.4%. This could be a higher percentage for people with disabilities. The learnership system was introduced in SA in 1999 to fulfil the unemployment gap for young South Africans by offering the chance to obtain qualification certificates and get work-based training. NHS at our department provided the perfect setting for the required work-based training. There would be no cost implications for the hospital as learners would receive a stipend from funders and NHS training would be conducted in accordance with HPCSA guidelines by an experienced audiologist. With much perseverance we were able to obtain four learners, who were trained and are currently providing NHS.</p> <p>The training of hearing screeners fulfils the human resource gap and increases the number of babies receiving NHS. This project creates employment opportunities for people with disabilities to gain work-based experience. Consequently, having hearing screeners assist in achieving the goal of EHDI by performing NHS, which enables Audiologists to diagnose and manage children further for hearing loss.</p> <ul style="list-style-type: none"> <li>• New learners have to be trained every 12 months, however this is highly dependent on funding. The EHDI programme requires government legislation in order to be sustainable, but we have chosen to start providing NHS as it is evidence-based practice.</li> <li>• There is a coordinator for the NHS clinic which allows for smooth operation of the programme and ensures that there hearing screeners and clinicians are available to screen babies. They also communicate with other health professionals to obtain appropriate referral for NHS to ensure no newborns are missed. The coordinator trains the learners and conducts audits for both learners and clinicians to ensure NHS services are provided according to standard and HPCSA guidelines.</li> <li>• To ensure sustainability stakeholder engagement meetings takes place with nurses, doctors and therapeutic support services. This helps us receive patient referrals and creates better awareness of the importance of NHS.</li> <li>• There is a NHS protocol that is developed and reviewed every two years by the coordinator to ensure that services to patients are evidence-based and standardised.</li> <li>• There is continuous communication between the recruitment agent with which non-audiological personnel are obtained and trained to be hearing screeners, so that when the contract of one group of hearing screeners</li> </ul>

	<p>is complete another group can be trained. This avoids any break in service delivery however there is no control over the availability of funding.</p>
<b>Impact</b>	<p>NHS allows for all newborns to be screened not just those at risk for a hearing loss. It makes hearing screening accessible to the population of Soweto. The training of non-audiological personnel allows for Audiology services to be more accessible to the population since they fill in the human resource gap. The hearing screeners allow for Audiologist to have more time to see patients for diagnostic hearing tests and management, which would consequently allow for the Joint Committee of Infant Hearing (JCIH) 1:3:6 goals to be achieved.</p> <ul style="list-style-type: none"> <li>• Waiting times for the JCIH 1:3:6 goal are monitored so that babies hearing is screened by 1 month of age, diagnosed with a hearing loss by 3 months of age and the appropriate intervention/management occurs by 6 months of age. So in the department we sure that our waiting times for the following audiology services: NHS, Diagnostic Audiology and Aural Rehabilitation (Hearing Aid Fittings) are within 4 weeks.</li> <li>• The department used to only achieve NHS for 4% of the population prior the introduction of hearing screeners into the NHS programme. Once the hearing screeners began NHS approximately 15% of the population of babies at CHBAH are screened.</li> <li>• More babies can be screened but requires government legislation, more screeners and more equipment.</li> </ul>