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**B++ accreditation by NACC**



### 7.2.1 Best Practices

**Title of the practice:** Screening camps conducted by Extension Activity Committee

#### **Objective:**

1. To create awareness and provide knowledge on the communication disorders and their management among general public
2. To assess individual's ability and inability to communicate in order to prevent the impact of communication disorder on quality of life
3. To assess identified individuals with communication disorder and provide needed intervention and appliances at free of cost
4. To provide opportunity to upcoming professionals to service at various community and regional set up

#### **The context**

Screening aims to prevent, detect, and intervene with every individual including children, adolescence, young adults, old adults and geriatrics with communication disorders as early as possible. The Institute has conducted numerous screening camps in public places and schools in collaboration with supporting agency and collaboration Unit. Institute also provides services at rural and urban areas reaching individuals at their nearest community set up. Institute has conducted numerous residential camps and day camps. Institute provides screening using the Mobile Bus, funded by the International Lions Club in the year 2015. This bus is provided with AC and power back up facility along with sound proof rooms (relatively lesser Signal to Noise Ratio) to accommodate testing instruments, assessor and the client to be tested. This bus also provides a cabinet to accommodate the team during travel.

#### **Practice:**

The Institute conducts screening camps in rural and urban areas in Karnataka and in other places. Camps would be conducted at various public places like convention hall, park, hospitals, and so on, and at government and public schools depending on collaborating agency or the organisers support. The Institute has undertaken residential camps at Bangalore Hassan, Kolar and Mandya, and day camps at 80 km radius of the Institute. The camp co-coordinator takes charge in bridging between the organising agency/ and unit and the screening team of the Institute. The Team consists of Technical and Non- technical assistance. Technical support is provided by the staffs of the Department of Speech Language Studies and Department of Hearing Studies, Internship students, and students of UG and PG program. And the non- technical support is provided by the driver and assistance staffs. In the last year, the students have under taken screening many individuals with different cultural, linguistic and regional backgrounds. The students have greater opportunity in

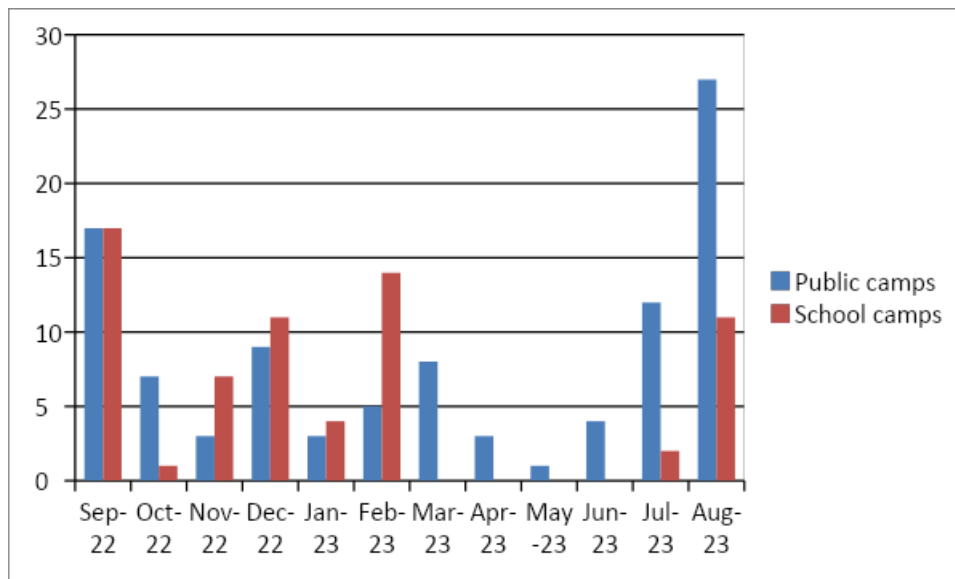
participating at the primary level of prevention of communication disorders adding on the social responsibility.

The individuals who follow up to the Institute will undergo detailed evaluation, counselling to the individual who got tested and caregiver and will be guided to other professionals if required. They will be fitted with hearing appliances and referred for individual therapy services at the Institute at no cost. However the regular follow up for therapy services is a challenge due to longer distance. To overcome this hurdle orientation programs for the caregivers and the primary health care workers and online service is the future goal in collaboration with organiser or organising agent.

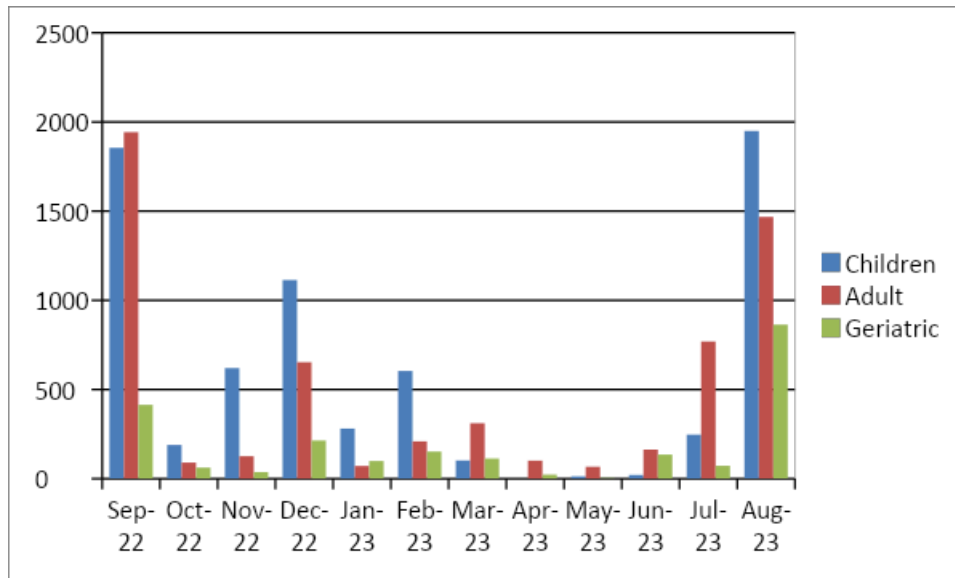
**Evidence:**

In the last year, from September 2022 to August 2023, Institute has conducted 166 camps in total, among these 99 are public camps and 67 are school camps (figure 1). The team has assessed 15153 individuals, among which 6995 are children, 5968 are adults and 2188 are geriatrics (figure 2). The below graphs shows the distribution of camps and population assessed. A total of 146 students (including students of UG, PG and Diploma, and external interns) have participated in primary level of prevention of communication disorders in spite of community and regional diversity. A total of 142 individuals were fitted with hearing aids after detailed evaluation.

**Figure 1: Number of screening camps conducted from September 2022 to August 2023**



**Figure 2: Number of individuals screened from September 2022 to August 2023**



### Challenges encountered and resources required:

#### On-site challenges

1. Assessing a large number of individuals within the stipulated time without prior information is difficult, especially in residential camps
2. The facilities in few camps are not satisfactory especially in terms of basic needs which penalises the hygiene and health of the team members

#### Off- site challenges

1. Managing health issues of the team member is difficult as the reach of health professional is unavailable in most of the camp places
2. The follow up with the individuals identified with communication disorders is delayed due to longer distance travel, to overcome this, the camp coordinator gives away the information regarding follow up to the organiser/ organising agent who takes responsibility to bring the individuals to the Institute
3. Follow up to the therapy at the Institute is challenge for the individuals due to longer distance

## Topic 2:

### 1. **Title of the Practice:** NEONATAL HEARING SCREENING AT GOVERNMENT HOSPITALS PROVIDED FREE OF CHARGE

### 2. **Objective of the practice:**

- To provide early access to ear and hearing care from the time of birth.

To intervene at the earliest in regards to hearing in turn facilitating age-appropriate language and speech development.

To achieve best practice recommendations stipulated by JCIH 2019 (In case of meeting 1-3-6- month benchmark i.e., screening completed by 1-month, Audiological Diagnosis by 3 months and enrolment in early intervention by 6 months should strive to meet 1-2-3-month benchmark timeline)

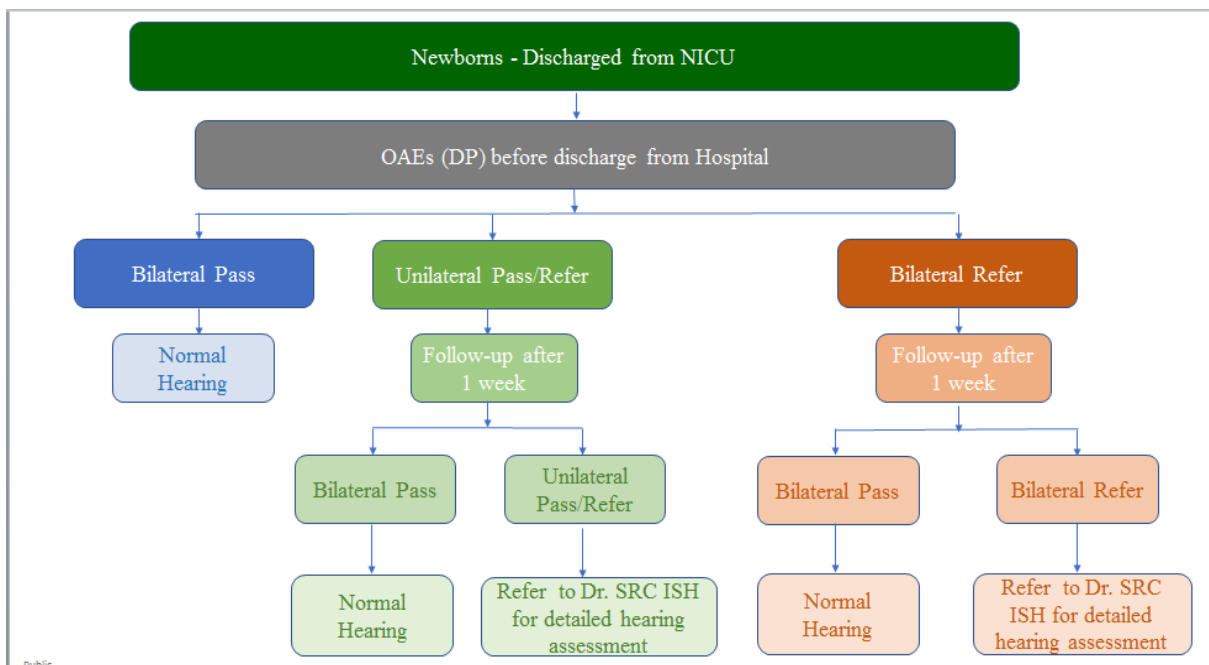
### 3. **The Context:**

Congenital Hearing impairment in children continues to be one of the debilitating conditions with high incidences. As it is a hidden disability mostly it is identified late which in turn delays the child's ability to listen and learn through hearing as well as their speech and language development. This can have a profound impact on their social, economic and academic development as well.

The screening for hearing can be carried out from the 2nd day of birth through a test called as Otoacoustic emissions. This requires a Handheld equipment known as the OAE screener. As this screener contains sensitive microphones, they are costlier than certain other equipments.

Also, this program is not that widely spread and available in all the states and parts of India.

### 4. **The Practice:**



The Department of Hearing Studies, Dr. SRCISH provides free New-born hearing screening to 5 eminent government hospitals in Bengaluru (KC General, JJR Nagar referral hospital, Halasuru Referral Hospital, Kr. Puram, C.V Raman) with special focus on children admitted to NICU. On an average 250-300 New-borns are screened for Hearing loss from these centres every month. As the clientele belong to low socioeconomic background and many a times are from rural areas who otherwise does not have access to undergo this important procedure because of cost and availability.

The screening procedure illustrated above follows an elaborate protocol formed based on JCIH guidelines and Indian Paediatric Association.

New-borns who fail the screening are evaluated in detail at the Institute at a subsidised cost. Post which they are provided early intervention options (Amplification devices, Implantable Hearing devices and subsequent therapy) which best suit them. We also provide quotations for Hearing Aids or other accessories as needed by clients. Additionally we provide documentation to help apply for CM Relief fund to procure amplification devices. In some cases donors or the Institute management provided Amplification devices free of cost or at a subsidised cost. The institute is empanelled in the Central government program of ADIPS and the state government scheme of RBSK-SAST for providing government sponsored amplification device along with therapy for a period of time free of cost.

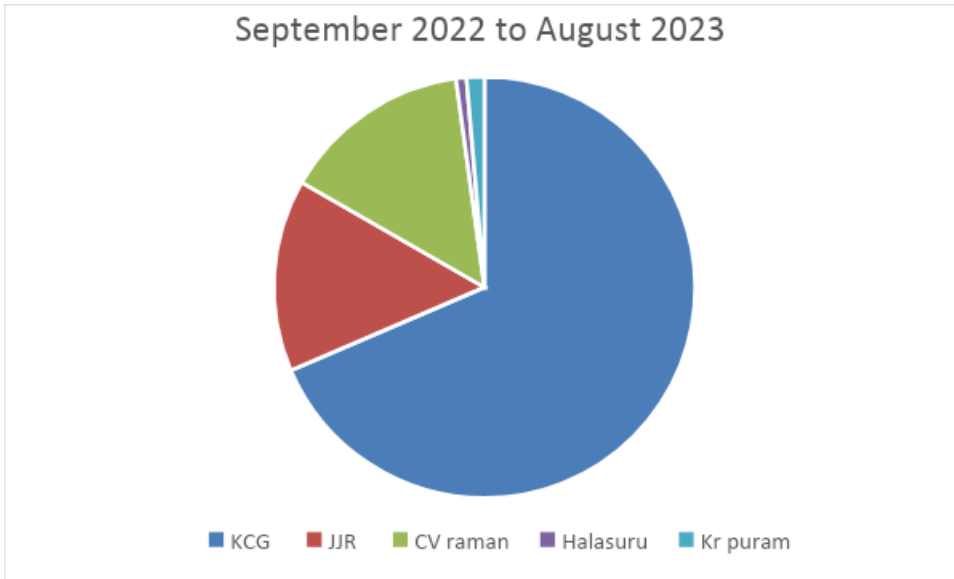
Students pursuing Bachelor's degree are routinely involved and trained to perform New-born Hearing Screening. This facilitates translation of theory to practice through monitored hands-on Training. An understanding of Community based services is attained by our students through this extensive practice where they counsel parents on importance of Early intervention. This will help them become socially conscious practitioners who will actively work towards the early identification and intervention of Hearing loss.

Dr. SRCISH take pride in catering to such large-scale clientele in providing New Born hearing screening which is a crucial service that is overlooked in Indian scenario due to lack of awareness. The test being performed free of charges at the hospital premises makes it one of the unique programs in the country.

#### **5. Evidence of Success:**

The institute takes every opportunity in increasing awareness related to early intervention especially at government aided centres to implement and provide NHS. There has been an increase in hospitals approaching us to carry out NHS at their centres. And in places we have been carrying out NHS we have an increase in the number of babies being screened as years go by.

From the start of the program till date we have screened approximately 13,500 babies. The increase seen in one centre where NHS is being carried out is portrayed below.



**6. Challenges Encountered and Resources Required:**

Challenges encountered and resources required by us are follows:

1. Administrative Hurdles
2. Implementation of NHS and Lack of resources
3. Patient related challenges.

**ADMINISTRATIVE HURDLES:**

1. No uniform program throughout the State or in India. Legislation of the same can help in availability to all throughout the state.

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