



Working in Partnership to Improve Outcomes



The Multiple of Anecdote Does Not = Data

Great state. Great opportunity.

Maggie Butler - Deadly Ears

Gavin Bott - Healthy Hearing

*We would like to respectfully
acknowledge the Traditional Owners
of the land and seas on which this
event is taking place, and Elders both
past and present.*

Why are we here?

Hearing loss & Aboriginal and Torres Strait Islander children:

- Otitis Media is a major health problem for Australia
- Unacceptably high difference between Indigenous and non-Indigenous Australians
- Prevalence especially high in remote communities
- Significant impacts across the lifespan
- Improvement is going to require a comprehensive and coordinated interagency response



Deadly Ears Program



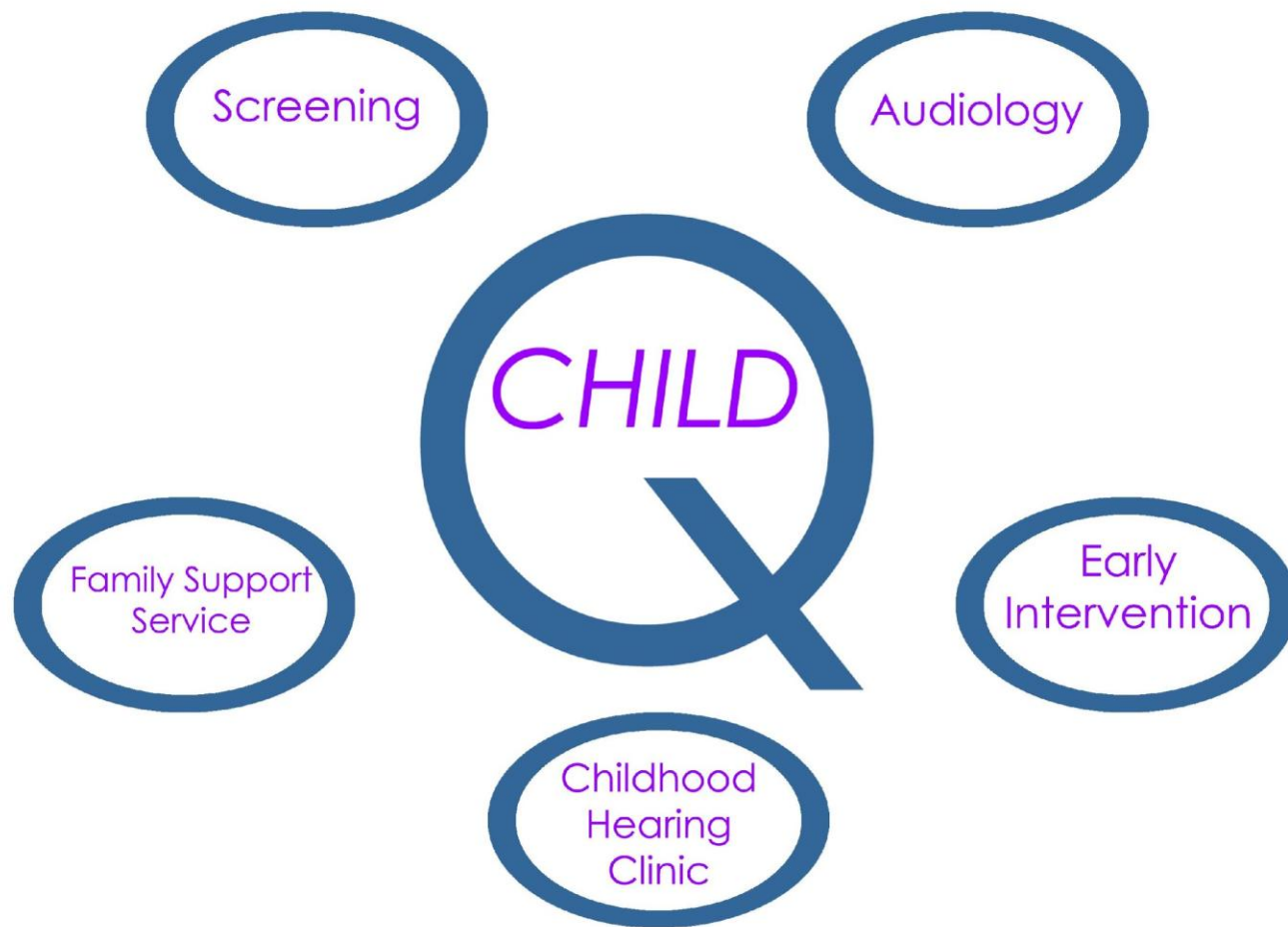
ENT Outreach:

- Established in 2007
- 11 communities across Queensland
- Clinic, audiology, surgery
- Need to review 8yrs worth of data to:
 - Improve our service delivery
 - Measure outcomes
 - Research
- New data management system was urgently needed!



Why does this make any sense?

- HH Started in 2004
- 65k Birth in QLD a Year
- HH Screen more than 99% of births (+99.6%)
- +60 user sites across QLD – Public & Private
- Same kids that Deadly Ears have as clients – once grown up



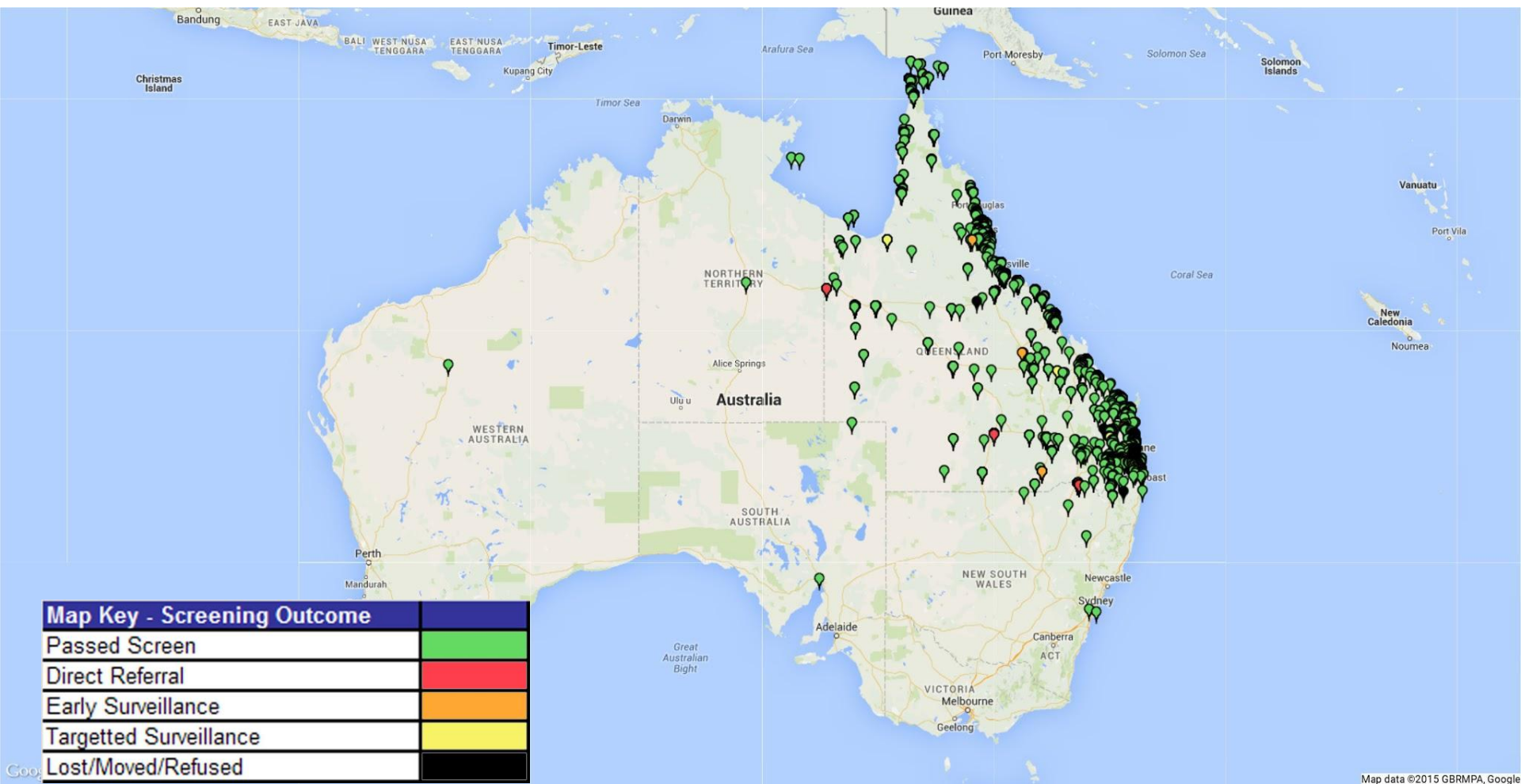


- +600k Children from HH, 5.7k from DE
- QChild V1 HH only was already unique dataset in QLD
- V2 (possibly) globally unique with Deadly Ears data.

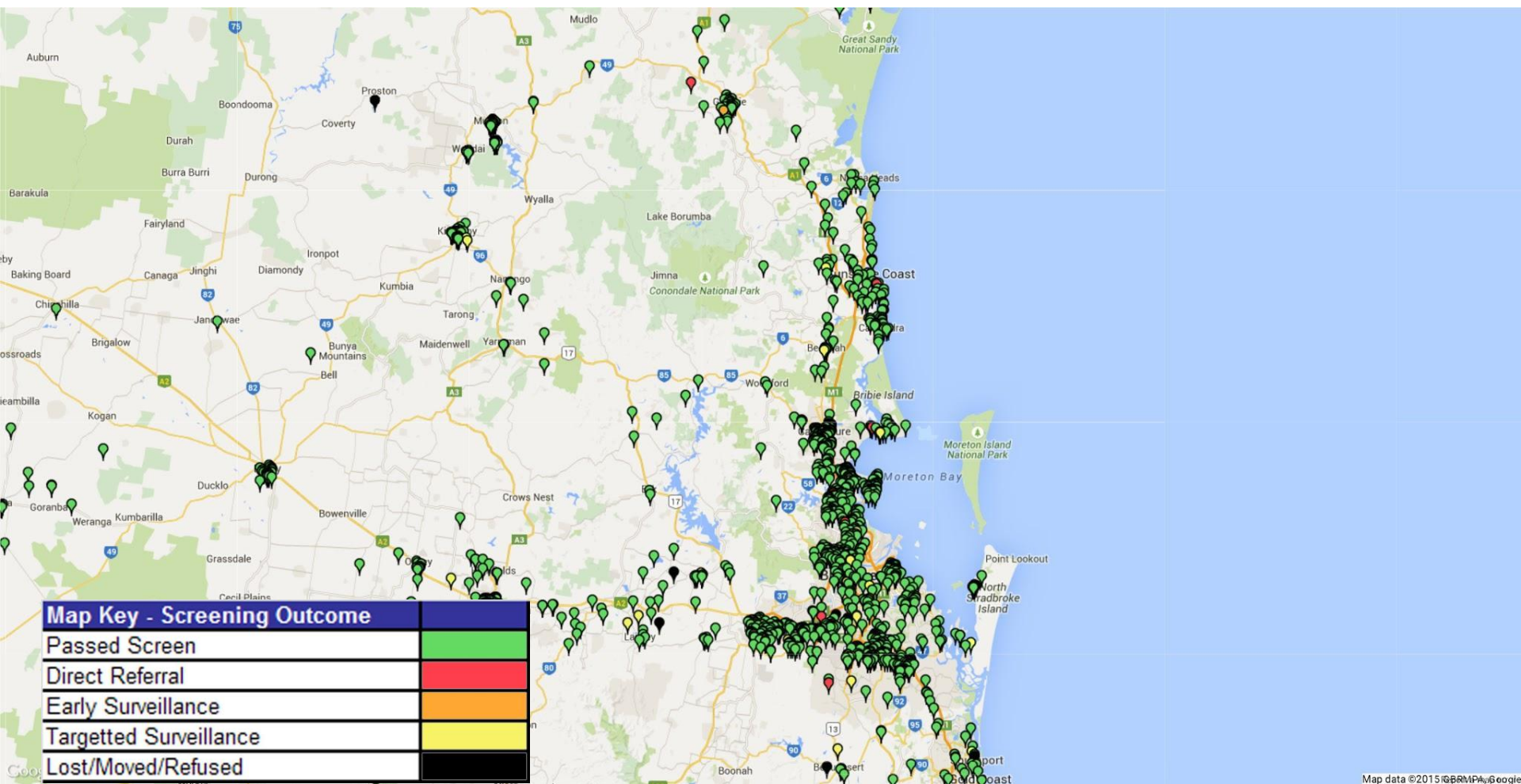
QChild V2 Covers:

- Birth
- HL risk factors at birth
- Screening
- HH Audiology to individual test level
- QHLFSS case mgmt.
- EI
- CHC
- **DE Audiology, Clinical findings & treatments over time, Surgical findings and treatment – whole of program.**

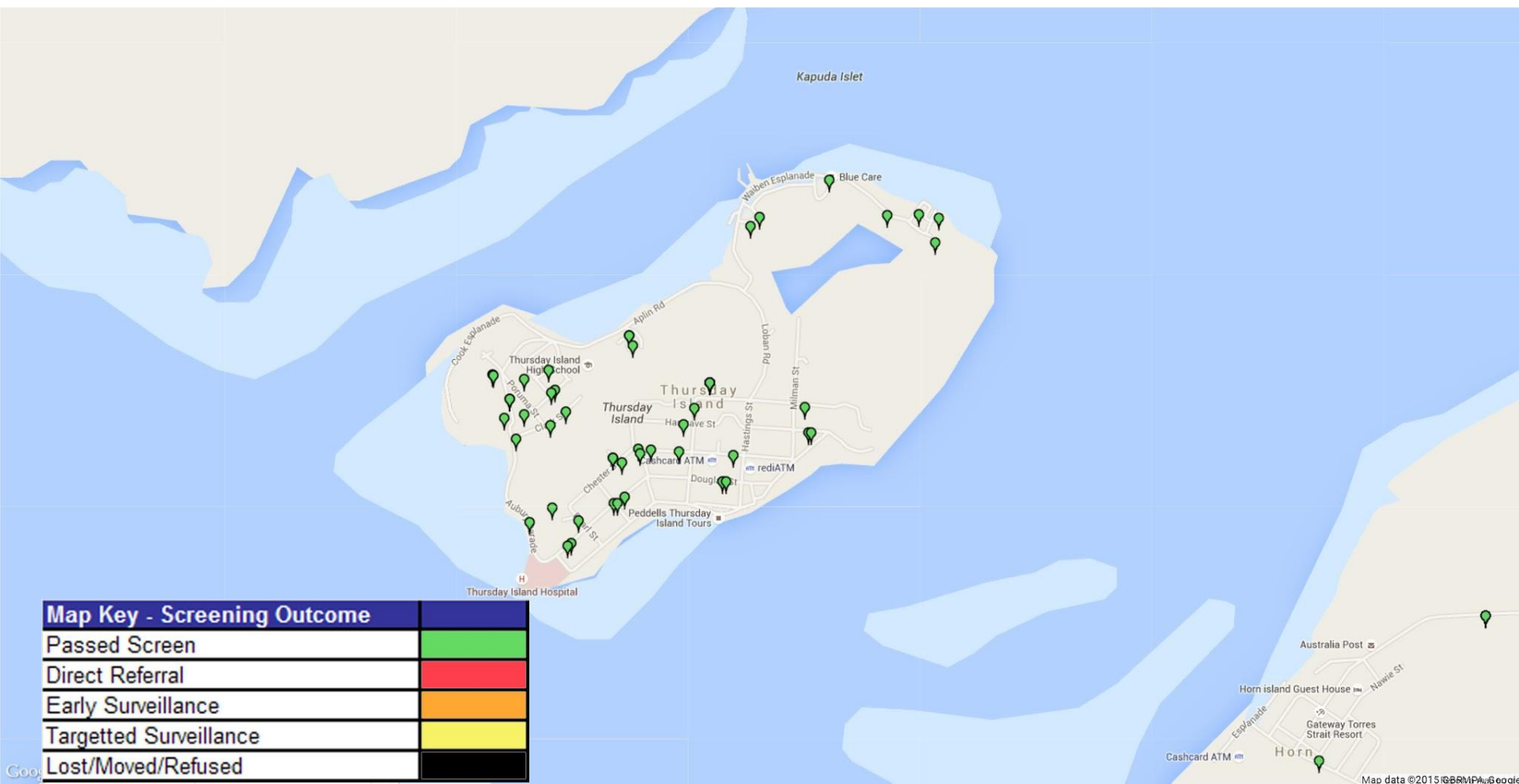
2013 – All Indigenous births



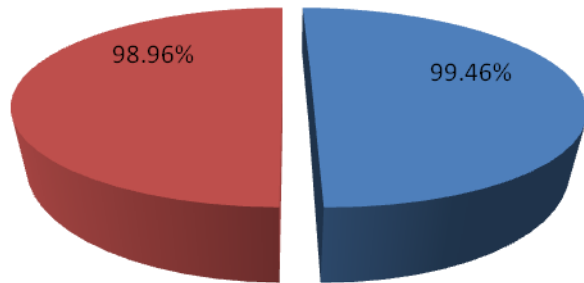
2013 – SE Corner



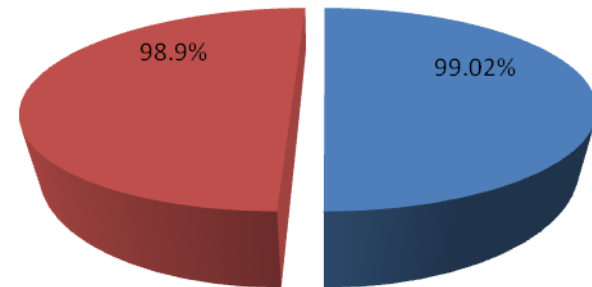
2013 – Thursday Island



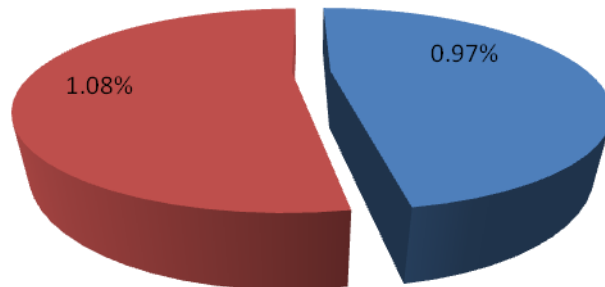
Screened



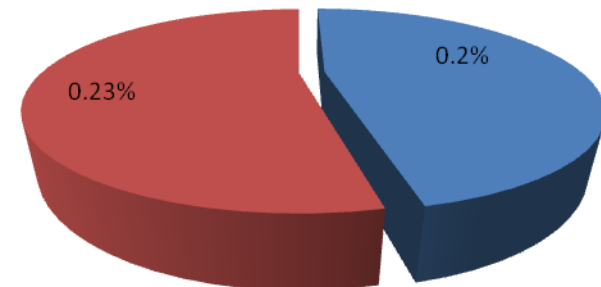
Passed



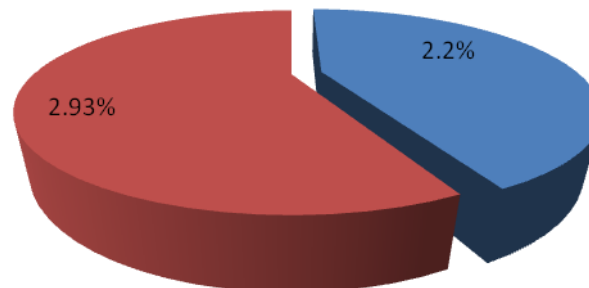
Referred



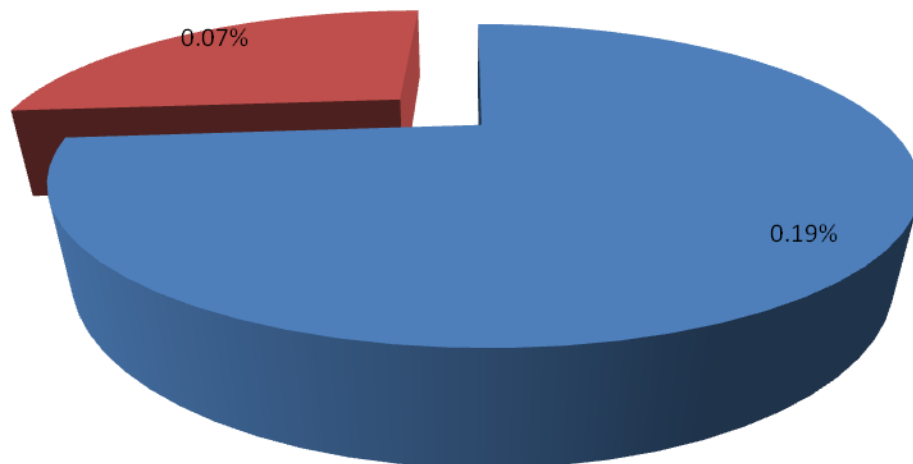
ETS



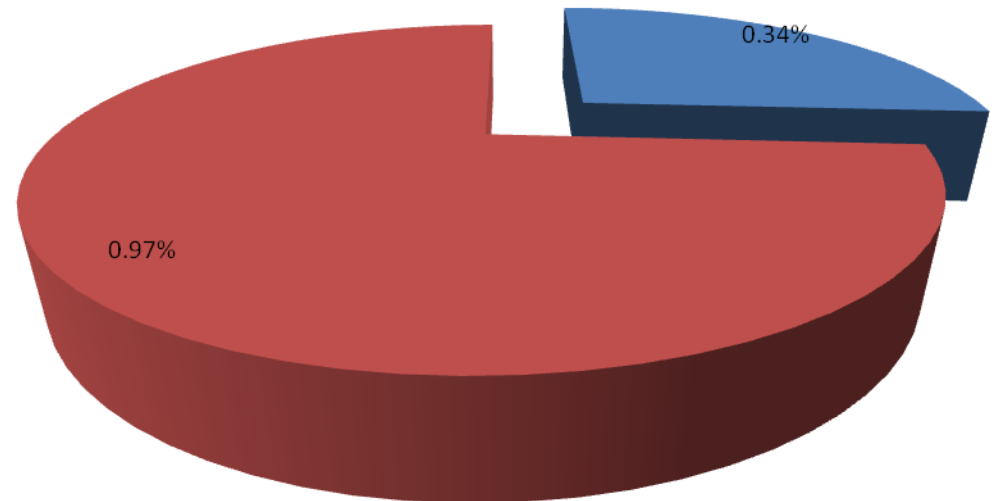
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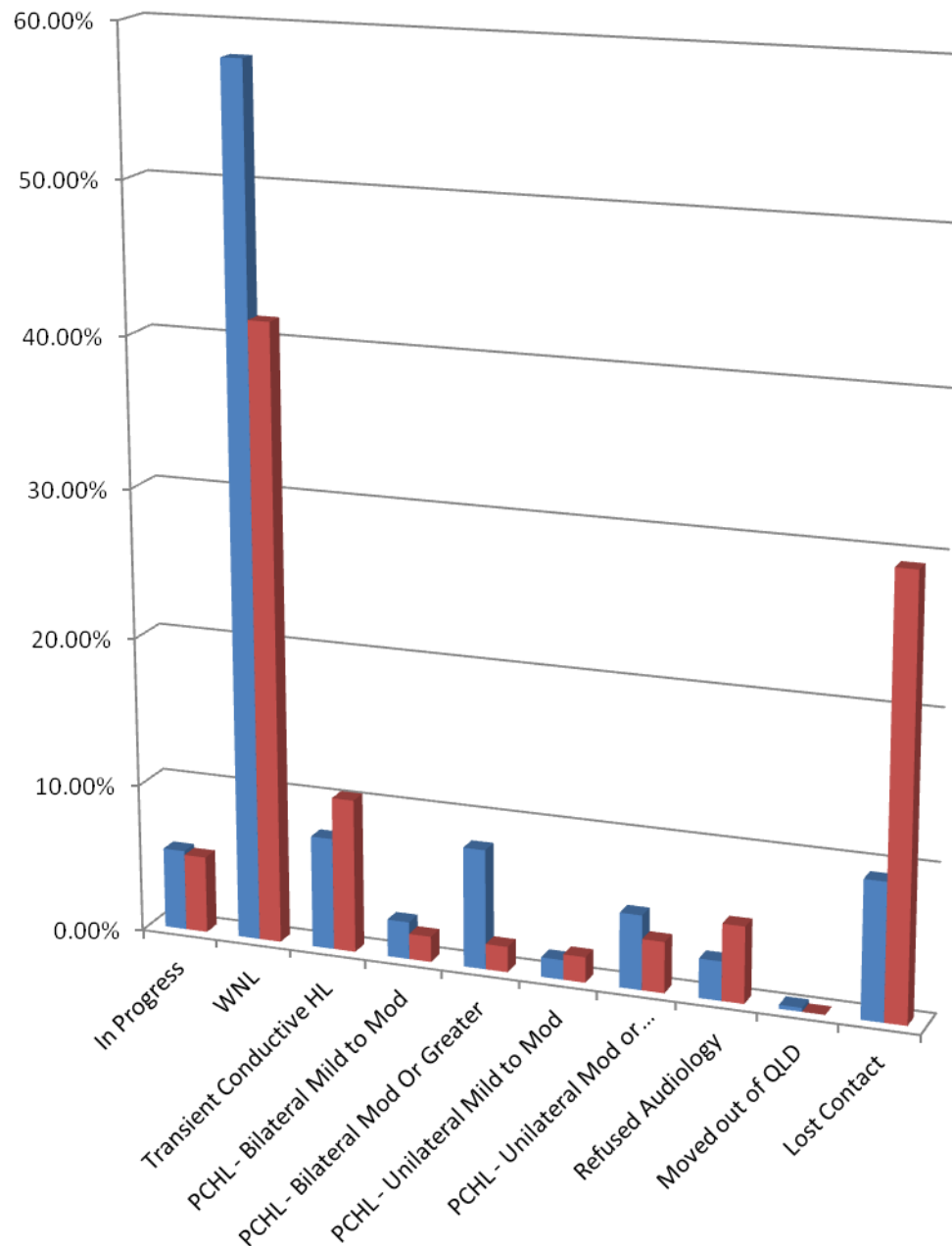


Refused

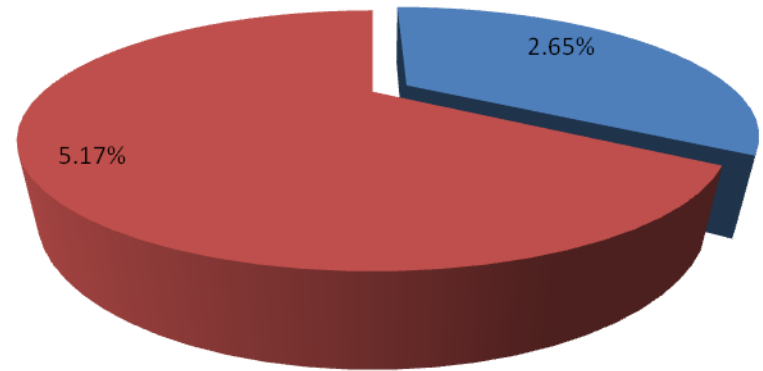


Lost

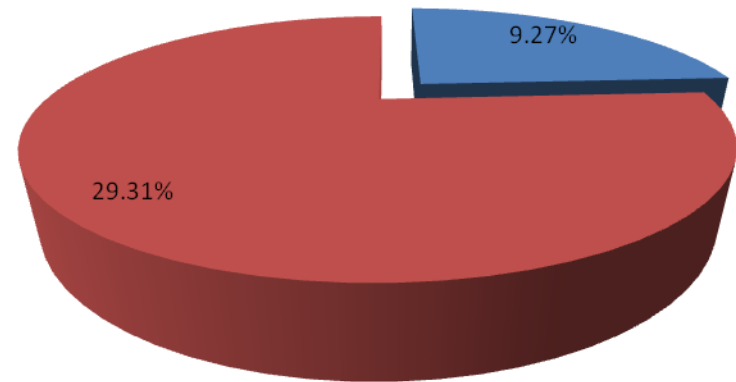


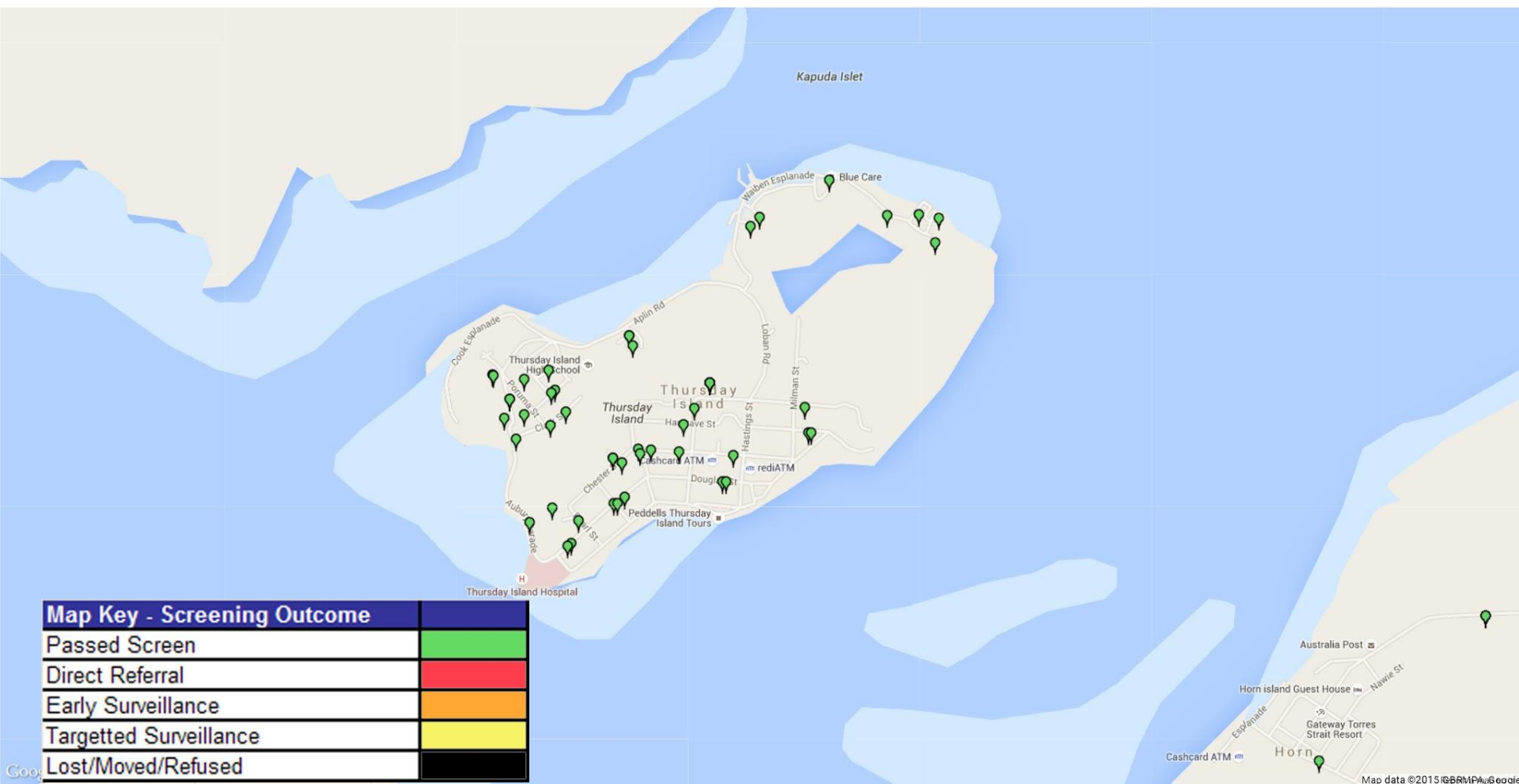


Refused Audiology

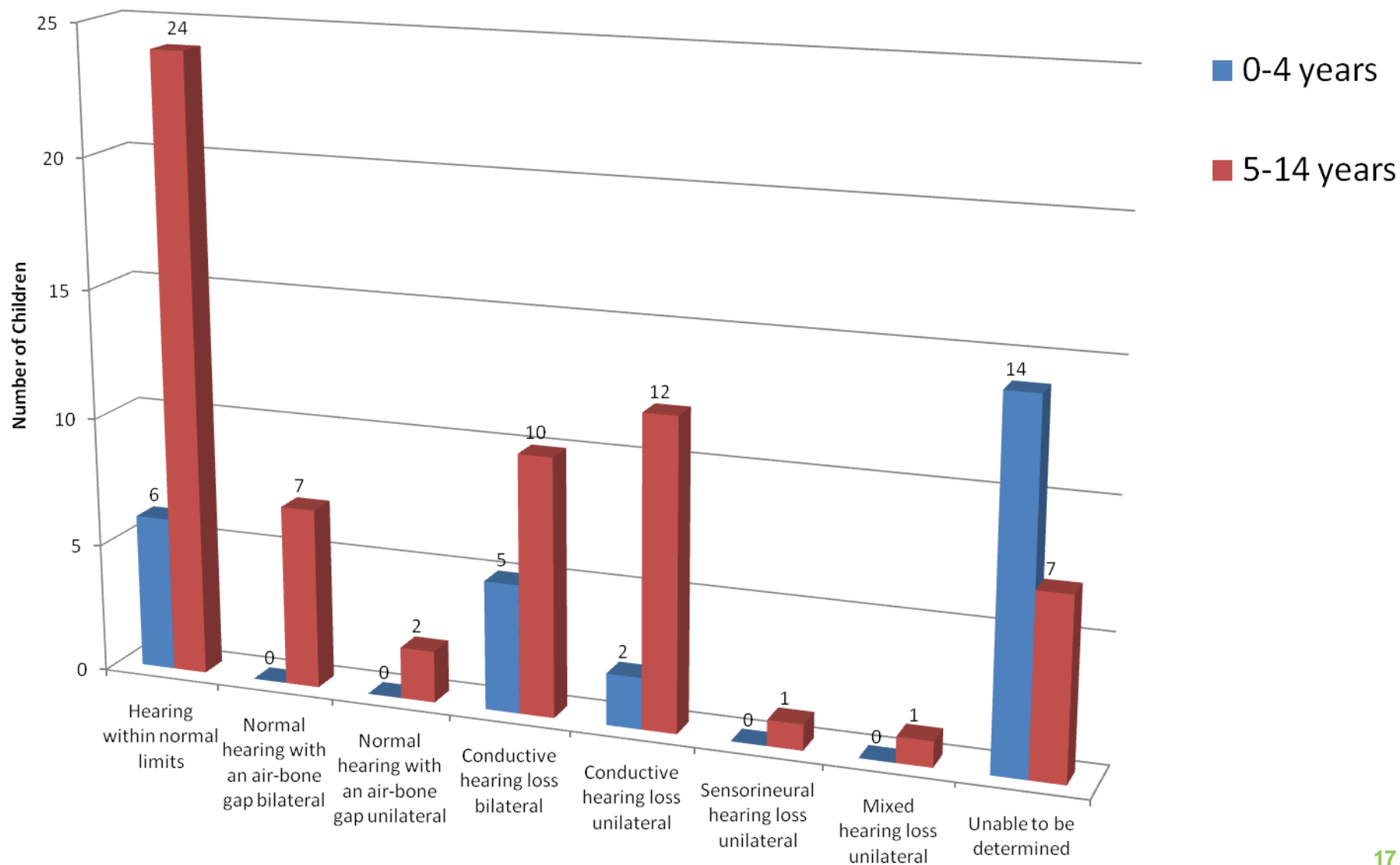


Lost Contact



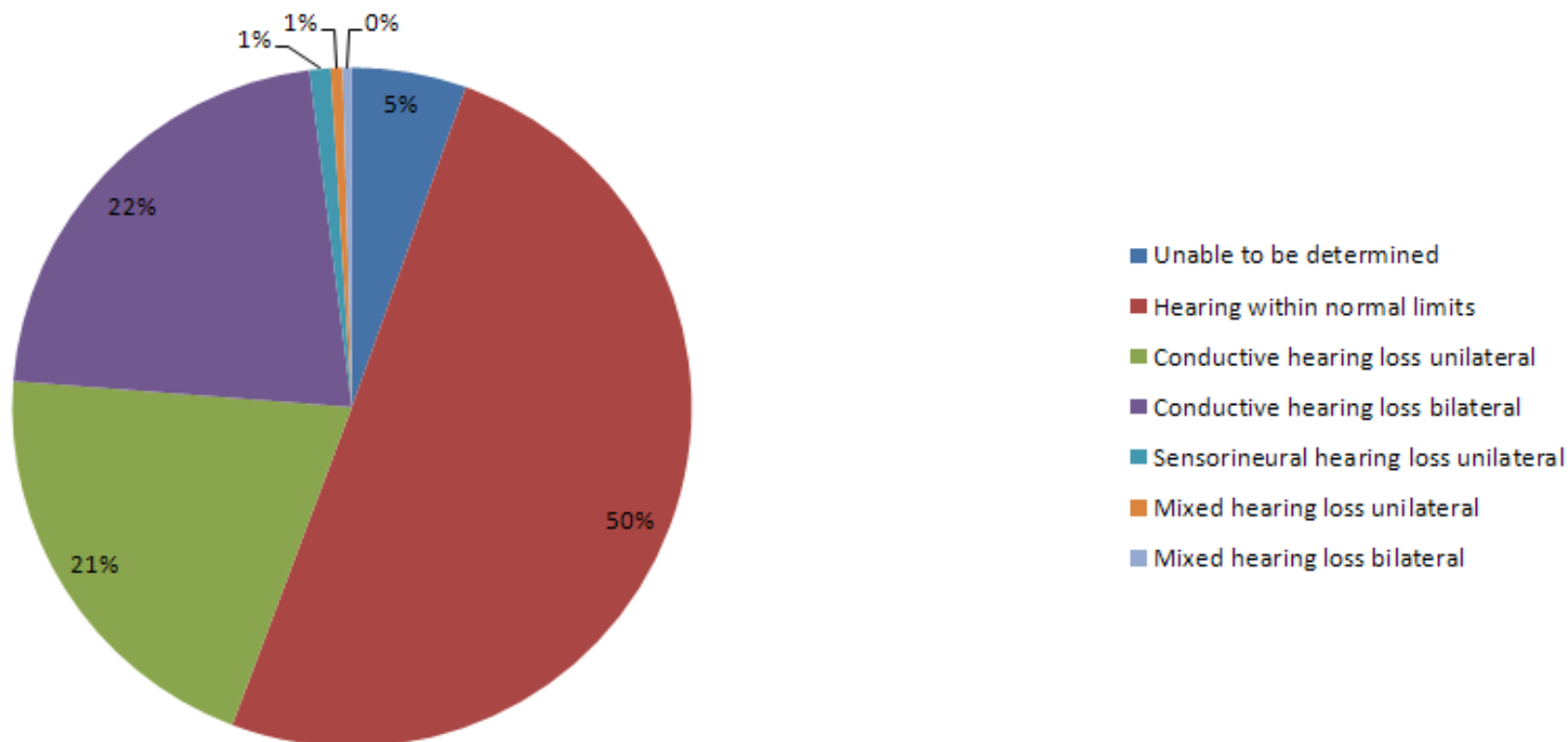


Hearing outcomes 2013 – Thursday Island Deadly Ears Trips

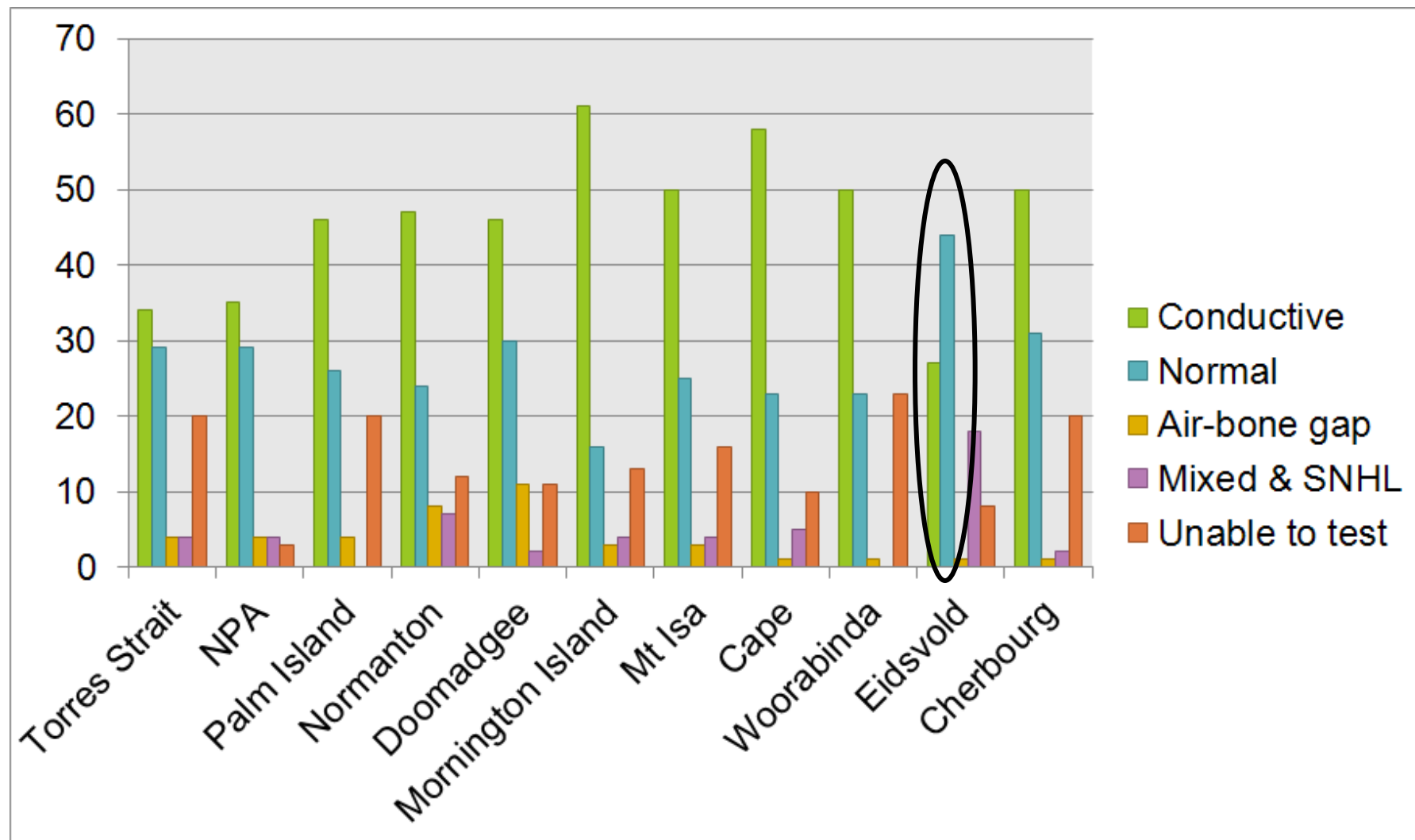


Identifying the gaps - early detection

2014 Hearing Outcomes 5-14 yrs



Responding to need - changes to service delivery

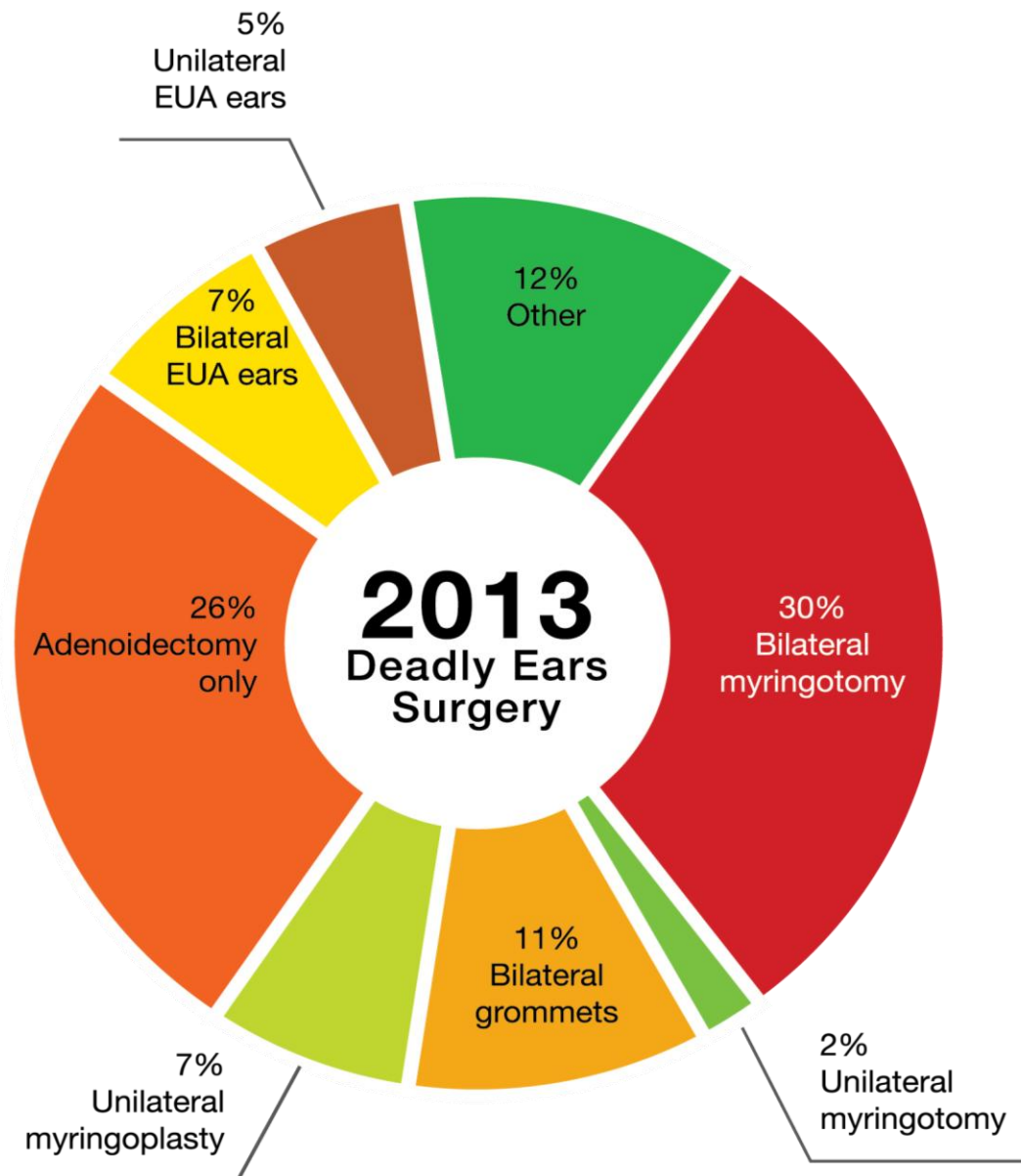


Measuring Outcomes: What needs to change?

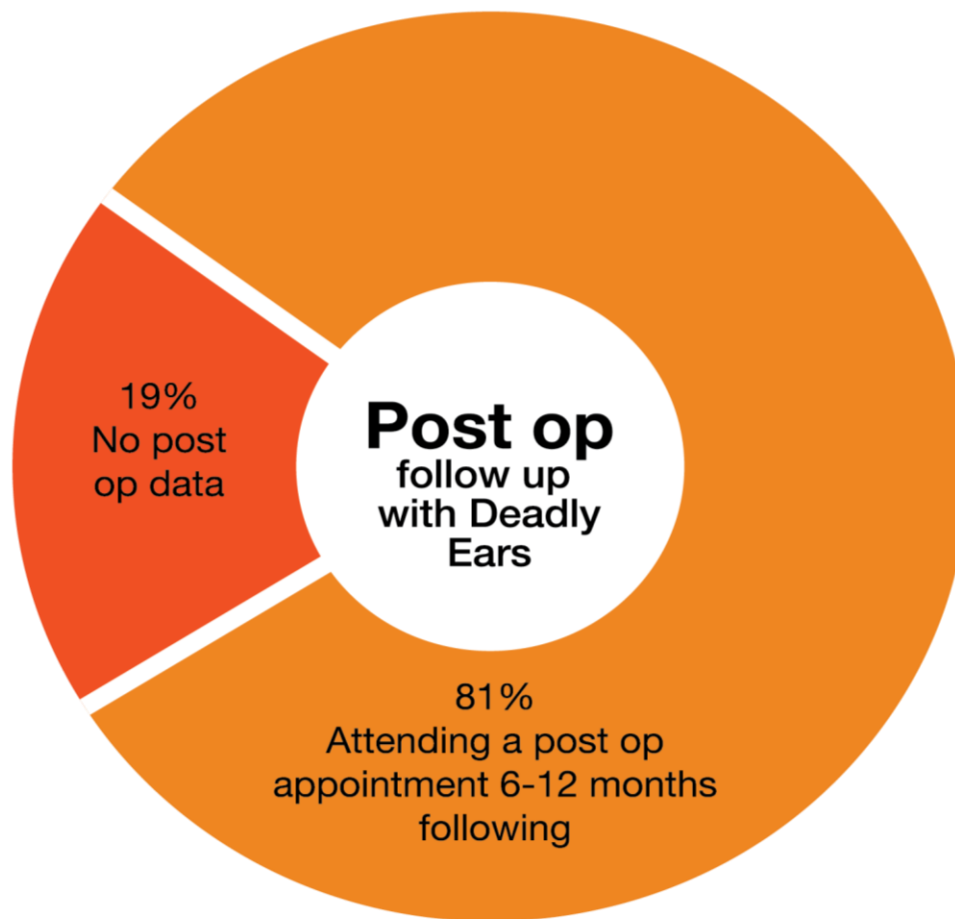
- Surgical outcomes



Deadly Ears Surgery: procedure choice

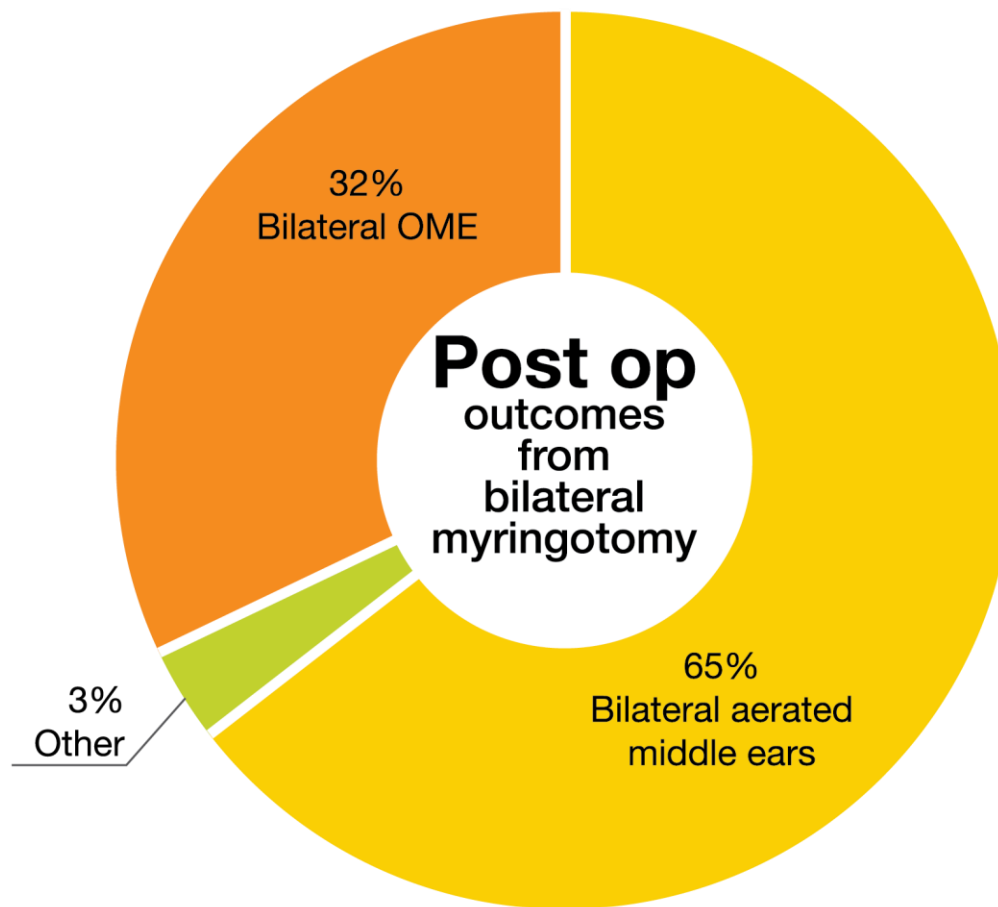


Deadly Ears Surgery: post- op attendance

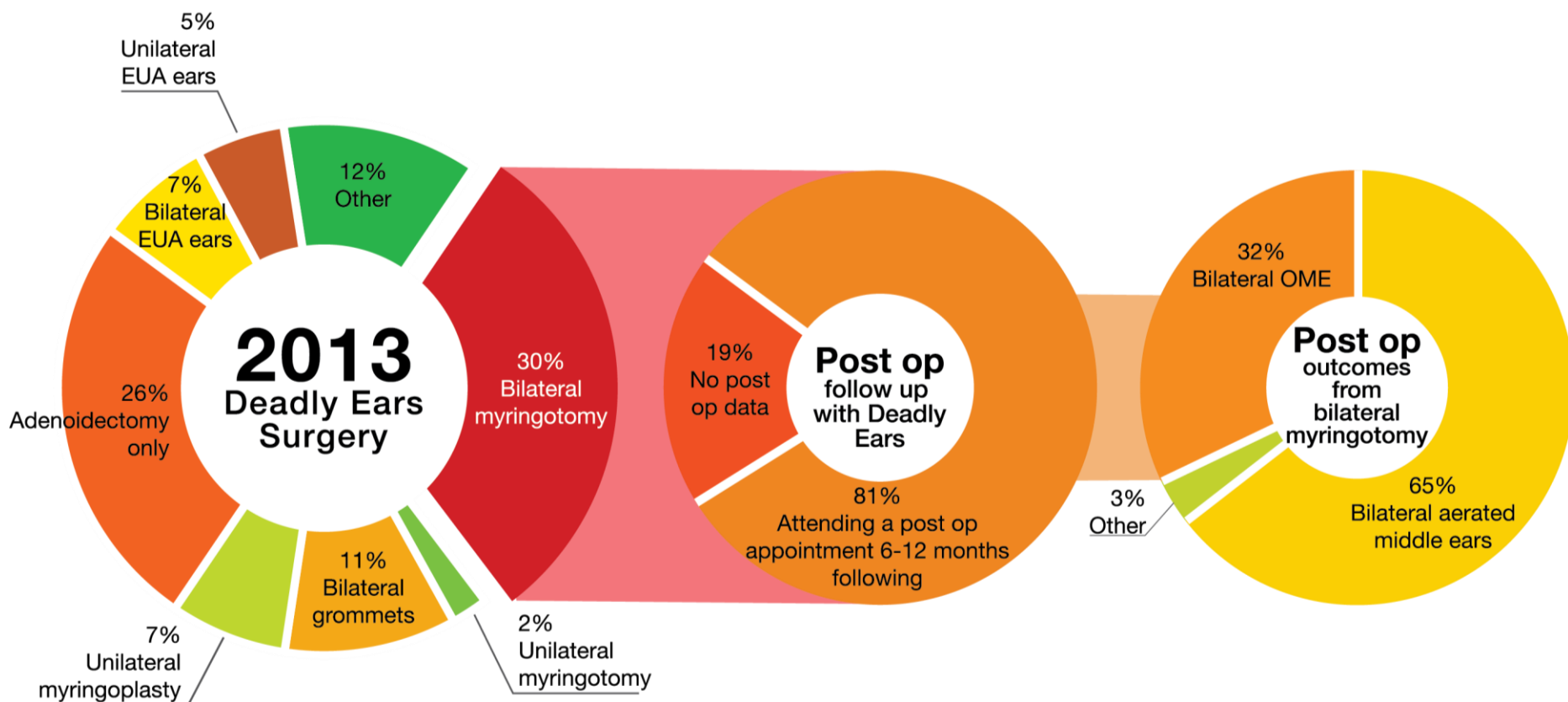


Bilateral myringotomy surgery

Deadly Ears Surgery: post- op outcomes



Deadly Ears Surgery: preliminary outcomes and findings



What's still missing from the picture...

For better outcomes we know:

- Early detection and intervention = essential
- Coordinated case management = essential

What we know so far:

- ✓ Birth hearing status
- ✓ Deadly Ears audiology, clinic, surgery diagnosis and outcomes

What to work on:

- ➔ Late identification of hearing loss (in progress)
- ➔ Attendance rates, especially post-operatively (in progress)
- ➔ Link between ENT intervention and audiological rehabilitation and effectively recording and tracking this (our next goal!)

- A stronger logical pathway between DE & HH - the lost to contact at Audiology: Targeting these Children is now viable on DE Trips through shared data.
- Cochlear/Implantable devices – Another blue circle of coverage
- Australian Hearing. Please. This makes sense.

Questions?