

12 September 2002

From: Hearing Conservation Team, NAVENVIRHLTHCEN Portsmouth  
To: NAVOSH and Medical Department Personnel

Subj: GUIDANCE FOR RELEASING AND INTERPRETING DOEHRS-HC  
METRICS

Ref: (a) DoDI 6055.12, "DoD Hearing Conservation Program (HCP)," April 1996  
(b) "Navy Hearing Conservation Program: Threshold Shifts in Enlisted Personnel, 1995-1999," Page, Bohnker, et al, Military Medicine, Vol 167, January 2002

1. Purpose. To provide guidance to Medical Department and Line personnel for requesting, releasing, and utilizing demographic data residing in the Defense Occupational and Environmental Health Readiness System – Hearing Conservation (DOEHRS-HC).

2. Background. Reference (a) requires that individual services annually evaluate Hearing conservation program (HCP) effectiveness by monitoring Significant Threshold Shift (STS) rates for hazardous noise exposed military, civilian, and combined totals, and the audiogram completion rate for HCP-enrolled personnel. The STS rate is thought to be the best available measure of hearing conservation effectiveness. Deployment of DOEHRS-HC software and hardware, followed by establishment of the central Data Repository (DR), has enabled quick and accurate data extraction and review, subject to individual test sites uploading their collected data. Initial review of collected data indicates that STS rates captured in DOEHRS-HC are typically higher than the approximate 18% over-all rate found in reference (b). The reason for this increase is not fully understood, although DOEHRS test accuracy appears to be acceptable.

3. Guidance.

a. Guidance concerning the release and utilization of DOEHRS-HC metric data is built on the following principles:

(1) DOEHRS-HC data will be used in a positive fashion, not to discipline or embarrass.

(2) Direct access to the entire central DR is restricted to occupational and operational audiologists and designated HCP managers with DOEHRS-HC access. This ensures that data will be properly interpreted, and effective intervention provided as needed. Audiometric Technicians may centrally access all data generated at their work stations, and may access (by social security number) any audiometric records previously uploaded for patients who present for testing.

(3) Privacy Act and Health Insurance Portability and Accountability Act (HIPPA) guidance must be followed.

(4) The Military Services have agreed not to release/use another Service's data without permission.

b. In all cases, operational and/or occupational audiologists are the prescribed source for metrics and data interpretation. This recognizes their consultant and training responsibilities to commands they support, including technical supervision of audiometry conducted in that region.

3. Requests for individual command metrics should include the Unit Identification Code (UIC), and should be addressed to the Operational and/or Occupational Audiologist supporting that location/command. As noted, they are in the best position to interpret the data and plan intervention, if required. The Navy Environmental Health Center (NEHC), Portsmouth, Hearing Conservation Team is also available to assist.

a. Individual UIC or group metrics may include:

- (1) STS rate for specified calendar or fiscal year
- (2) Mean and range of STS rate for the ship class or similar activity
- (3) Total records uploaded
- (4) Follow-up rates (attrition rates)
- (5) Threshold shifts as a function of occupational code

b. Individual (vice class) metrics will only be released to persons/organizations with a need to know, including that command's Medical Department Representative and Navy Occupational Health and Safety (NAVOSH) personnel, including inspection teams and applicable Type Commands.

c. Group metrics, as with a class of ships or all Navy shipyards, enable effective interpretation of individual command performance. Commands with comparatively high STS rates may require observation and assistance. Conversely, commands at the lower extreme for STS may have best practices to share with their peers. Potential causes for high STS rates include:

- (1) An inadequate number of records have been uploaded
- (2) Failure to complete follow-up testing when the annual test shows STS (the STS will carry over to the next year if the reference audiogram has not been revised)
- (3) Lack of command priority for noise abatement, compliance with personal hearing protection, education or other program elements

4. Requests to access individual patient data or demographics, including research issues, must be forwarded in writing to the Commanding Officer, NEHC.

5. Available metrics and guidance for their release will be reviewed and amended as appropriate. Point of contact is the NEHC Hearing Conservation Team at (757) 953-0764, e-mail [hearing@nehc.mar.med.navy.mil](mailto:hearing@nehc.mar.med.navy.mil). Additional information will be posted at: <http://www-nehc.med.navy.mil/occmmed/index.htm>.