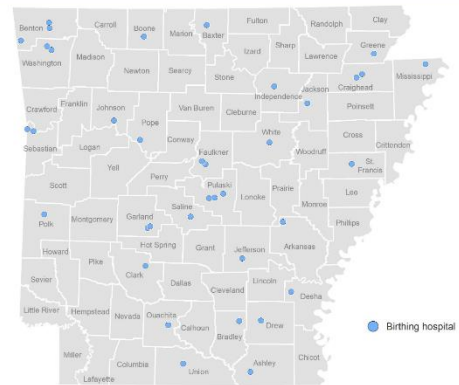


Infant Hearing Program Annual Birthing Hospital Survey

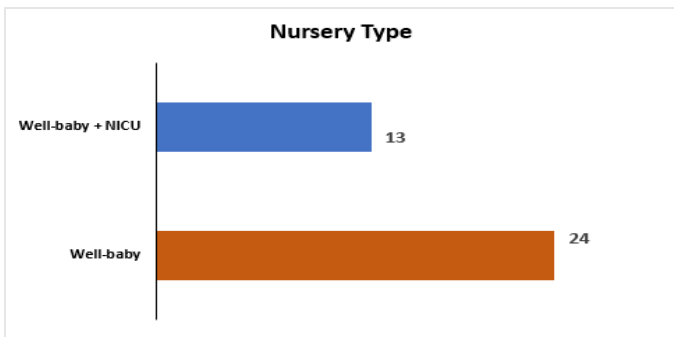
2023 Highlights

The Infant Hearing Program (IHP) distributes the Annual Birthing Hospital Survey in accordance with Act 1559 of 1999 to identify current protocols for birthing hospitals providing early hearing detection and intervention (EHDI) services and parent education per the Joint Committee on Infant Hearing’s 1-3-6 recommended practice guidelines. All 37 birthing hospitals reported information in the current survey identifying the type of nursery, protocols for communicating with parents/guardians as well as primary care providers (PCPs), reporting practices and challenges, and using the Electronic Registration of Arkansas Vital Events (ERAVE) web-based database as a comprehensive tool to efficiently report test results and monitor quality assurance (QA).

Arkansas Birthing Hospitals



Source: Infant Hearing Program, Arkansas Department of Health, April 2022

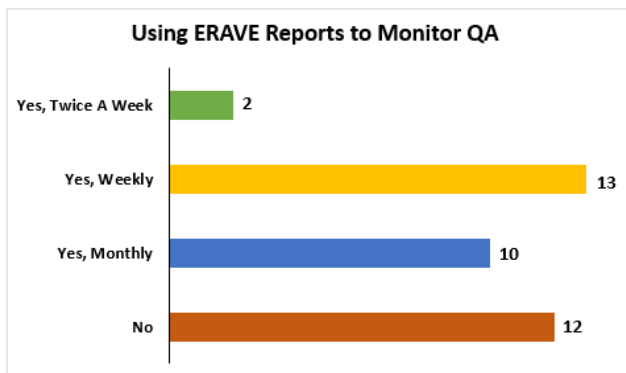
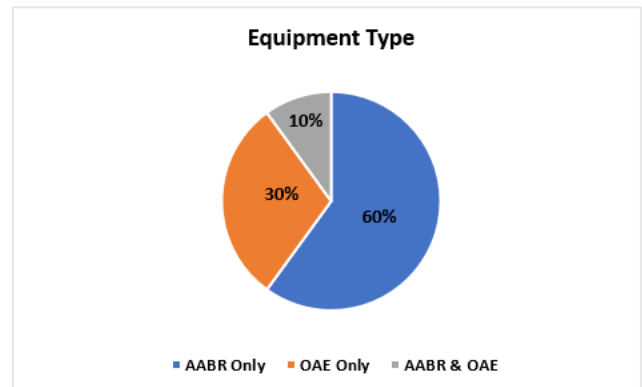


Birthing Hospitals

- In the state of Arkansas, most birthing hospitals have a well-baby nursery for infants that pose few or no complications at birth, while 13 hospitals offer both a well-baby nursery and a Neonatal Intensive Care Unit (NICU).
- Sixty percent of hospitals use Automated Auditory Brainstem Response (AABR) equipment as a primary measure to conduct hearing screenings, while 30% of hospitals use Otoacoustic Emissions (OAE) and 10% of hospitals use a combination of both equipment types in the well-baby nursery.

Using ERAVE as a Tool

- As part of IHP’s efforts to increase the number of hospitals reporting efficiently, IHP designed several ERAVE reports to help monitor hospital QA. ERAVE users are trained to run these reports at any time.
- Currently, 13 hospitals use these ERAVE reports to monitor their facility’s QA on a weekly basis, while 12 hospitals do not use these reports at all.

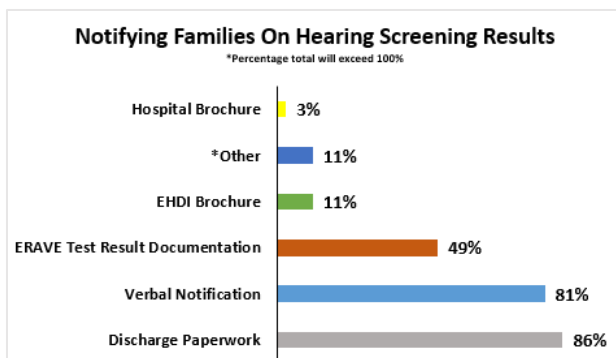
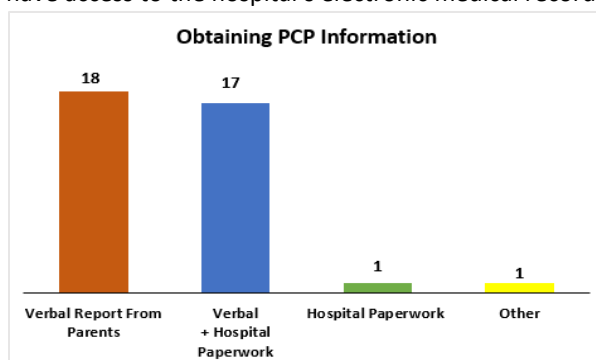
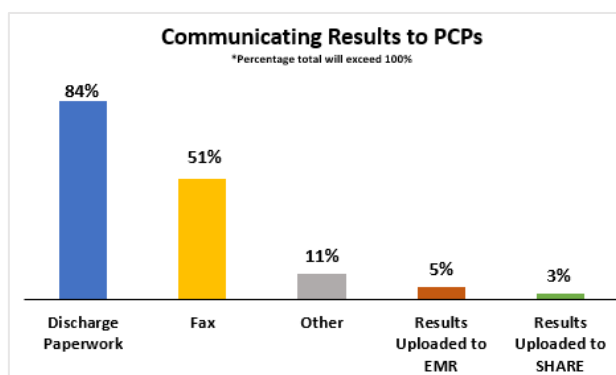


NICU Challenges

- Hospitals reported that the top challenges they are facing regarding hearing screening assessments in the NICU are staffing availability, equipment malfunctions, availability of parents to complete hospital paperwork, unfavorable noise environments, waiting on the infant to stabilize so that the test can be administered, and the length of the test.

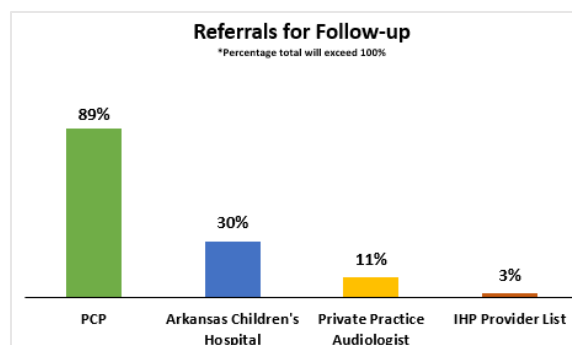
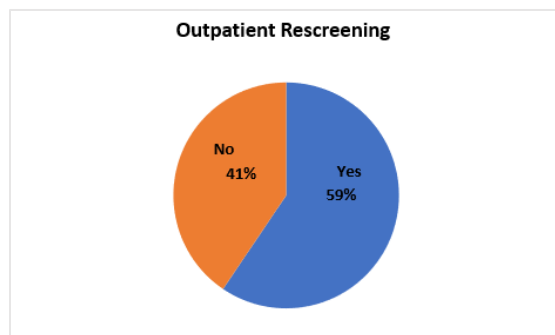
Communication with Parents and PCPs

- Verbal communication is typically the method used to educate caregivers on the importance of EHDI, share test results, and to obtain primary care physician (PCP) information, but hospital forms/reports are also used.
- When speaking with parents about hearing screening results many hospitals educate families on the 1-3-6 timeline, referral procedures (whether through the PCP or a return appointment at the hospital), and available hearing screening providers.
- After discharge, hospitals notify PCPs by including hearing screening results on discharge paperwork, sending a fax to the physician selected by the family, discussing results with the family, or entering results in ERAVE if the infant's PCP does not have access to the hospital's electronic medical records.



Follow-up Procedures

- Most hospitals are aware that the IHP provides educational materials for distribution to families to aid in helping families understand the importance of newborn hearing screenings and the 1-3-6 timeline.
- If the family refuses to have their baby's hearing screened, 97% of hospitals reported having a staff member, other than the screener, available to speak with them.
- Fifty-nine percent of hospitals reported offering outpatient rescreening to families whose infant refers in one or both ears prior to discharge.
- For infants who are needing additional follow up care, 89% of hospitals refer infants to their PCP as well as 30% of hospitals refer infants to ACH.



Conclusion/Next Steps

The IHP recognizes the birthing hospitals' efforts to ensure all infants receive a hearing evaluation at birth and effective follow-up care in accordance with 1-3-6 guidelines. The IHP will take steps to train more staff to access ERAVE, enter test results, and monitor reports to increase QA. The IHP will also work with users to develop tools to improve data quality when collecting information from parents and increase awareness of the IHP's loaner program to address equipment malfunction.

*Respondents were able to select multiple answers, therefore percentage totals may exceed 100%



For more information,
contact the IHP at 501-280-4740 or
visit www.arhealthyhearing.com

