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The 2018 Annual Early Hearing Detection and Intervention (EHDI) Meeting was held March 18-20 in Denver, Colorado. As the Arkansas Chapter of the American Academy of Pediatrics (AAP) EHDI Chapter Champion, I would like to share with you some of the recent EHDI data to begin thinking about some action plans for the coming year.

On a national level, data from the 2015 Centers for Disease Control and Prevention (CDC) EHDI Hearing Screening & Follow-up Survey show the following:

- **98.2%** of infants had their hearing screened overall per the recommendations of the 1-3-6 [benchmark timeframe](#),
- **95.5%** of infants had their hearing screening by 1 month of age
- **71.9%** of infants had confirmed diagnosis by 3 months of age; with **27.9%** of infants lost to follow up/loss to documentation
- **65.3%** of D/HH infants were enrolled in EI by 6 months of age (For further details, review the [CDC EHDI data](#).)

Here in **Arkansas**, a total of 38 children were identified as D/HH in 2015. The overall screening rates are encouraging.

- **98.8%** of infants had their hearing screening overall
- **96.2%** of infants had their hearing screened by the benchmark timeframe of 1 month of age
- 9% had a confirmed diagnosis by 3 months of age, with **9.9%** lost to follow up/loss to documentation
- **34.6%** of infants diagnosed as D/HH were enrolled in EI by 6 months of age

(For more information, review the 2015 Annual EHDI report at <https://www.cdc.gov/ncbddd/hearingloss/ehdi-data2015.html>)

EHDI Quality Improvement Toolkit

To assist clinicians in reaching EHDI goals for each newborn in their practice, the AAP developed an [Early Hearing Detection and Intervention Quality Improvement Toolkit](#). The primary aim of the quality improvement project was to make practice-based improvements that lead to enhanced care across the delivery system and strengthen the role of the medical home within the EHDI system by doing the following:

1. Increase the number of newborns who have documentation of their final newborn hearing screen in their medical records by 6 weeks of age
2. Increase the number of newborns who have documentation in their medical record that the results of the newborn hearing screening were discussed with the family no later than 6 weeks of age
3. Increase the number of newborns identified to have risk factors associated with hearing loss, documenting those risk factors in their medical record by 6 weeks of age, and developing individualized care plans by 4 months of age
4. Ensure that children who do not pass their newborn hearing screening have completed an audiological evaluation by 3 months of age and have documentation in their medical record by 4 months of age.

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