

# Infant Hearing Program Annual Birthing Hospital Survey

## 2022 Highlights

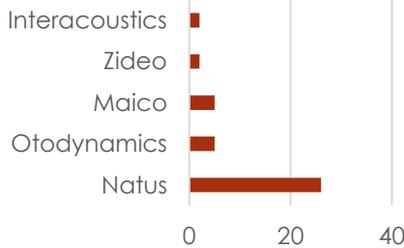
The Infant Hearing Program (IHP) distributes the Annual Birthing Hospital Survey in accordance with Act 1559 of 1999 to identify current protocols for birthing hospitals providing early hearing detection and intervention (EHDI) services and parent education per the Joint Committee on Infant Hearing 1-3-6 recommended practice guidelines. Thirty-seven hospitals reported information in the current survey identifying type of equipment used, protocols for communicating with parents/guardians, reporting practices and challenges; two hospitals reported a discontinuation of birthing services.

### Arkansas Birthing Hospitals

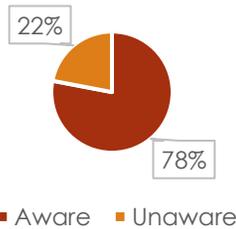


Source: Infant Hearing Program, Arkansas Department of Health, April 2022

### Brand of Hearing Equipment Used by Surveyed Facilities



### Percentage of facilities aware of the Infant Hearings Program's available resources



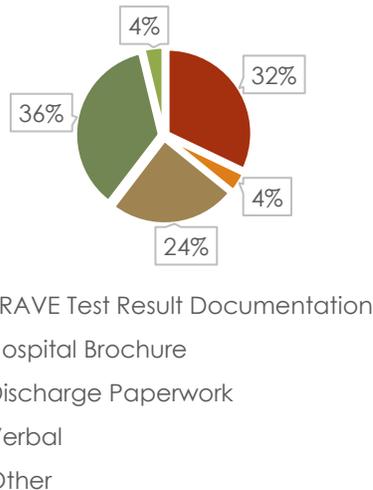
### Hearing Screening Equipment

- Most hospitals are aware the IHP provides loaner equipment in the event their equipment malfunctions.
- 70% of hospitals use Automated Auditory Brainstem Response (AABR) equipment to conduct screening.

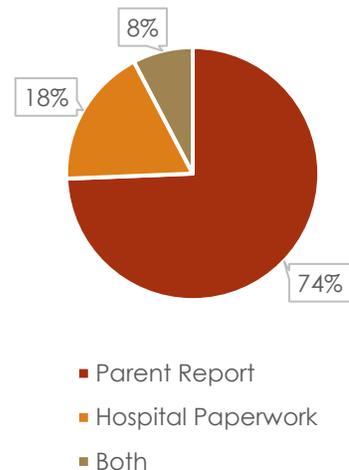
### Communication with Parents/Guardians

- Verbal communication is typically used to educate caregivers on the importance of EHDI and test results and to obtain primary care physician (PCP) information.
- Many hospitals include printed test results in discharge paperwork.
- Several hospitals provide outpatient rescreens, 64% of these hospitals will rescreen infants not born at their facility.

### How do you notify the infant's parent/guardian of the newborn hearing screen results?



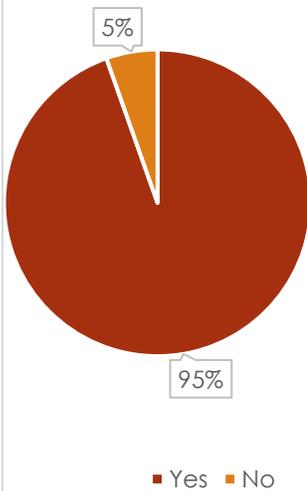
### How do you obtain the PCP/Medical Home Provider for each infant?



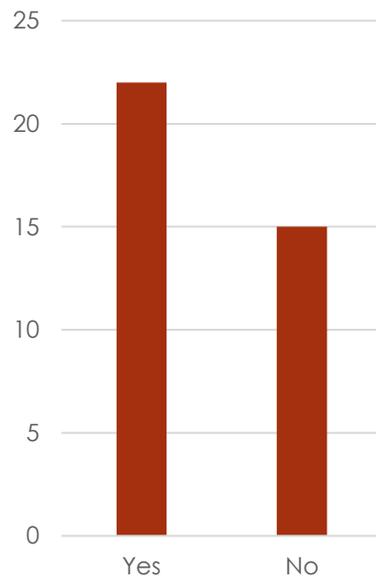
## Reporting Practices

- All birthing hospitals are required to report the results of hearing screenings via the Electronic Registration of Arkansas Vital Events (ERAVE) web-based database.
- Most hospitals report a record and risk factors for each live birth, regardless of if the child was tested.
- Several hospitals are using ERAVE reports to conduct weekly quality assurance.

Is your facility creating an ERAVE records, including risk factors, for all live births?

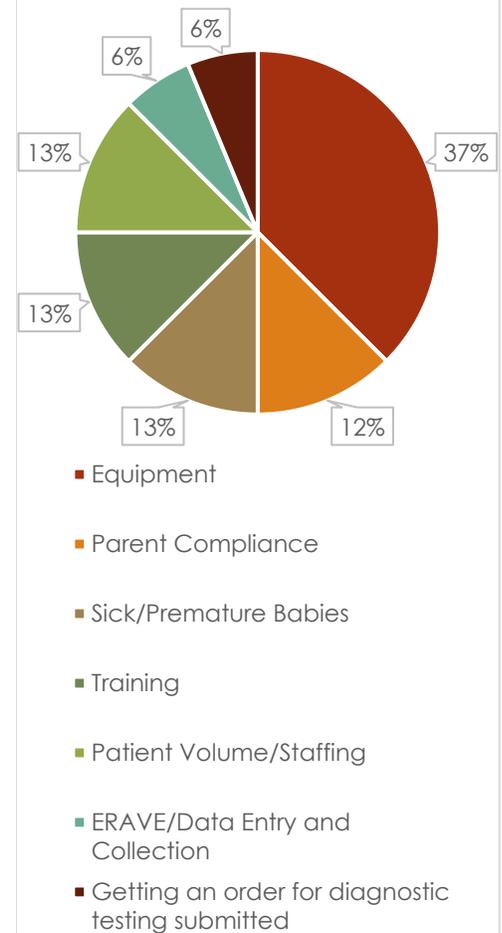


Is your facility using available ERAVE reports to monitor QA weekly?



## Challenges

What are the most pressing challenges for infant hearing screenings at your facility?



## Next Steps

This IHP recognizes parent awareness affects the likelihood a newborn will receive timely follow up after they are discharged, and PCPs need to be immediately notified of test results in order to provide timely follow-up care. This year survey identifies strengths in the state system such as an increase in the number of facilities providing outpatient rescreens and birthing hospitals' awareness of IHP resources to support their screening program. However, the following opportunities for improvement were identified as a result of the survey:

- Increase communication with birthing hospitals to engage stakeholders in quality improvement activities and promote IHP resources, such as educational materials, technical assistance, and loaner equipment.
- Provide additional training opportunities to promote effective screening practices and using ERAVE reporting capabilities to improve the delivery of services.



For more information, contact the IHP at 501-280-4740 or visit [www.arhealthyhearing.com](http://www.arhealthyhearing.com)

