

Newborn Hearing Screening and Intervention Programs Study

In 2008, 97 percent of the almost 4 million infants born in the United States were screened for hearing loss. While screening at birth for hearing loss has expanded dramatically over the last decade, diagnostic confirmation following screening still lags. Nearly one-half of infants screened for hearing loss at birth are lost to follow-up, or lost to documentation. This gap in the system of care for newborns with potential hearing loss has many determinants, including, but not limited to, incomplete reporting by providers beyond screening, limited systems for data collection and tracking, lack of audiologists trained and equipped to work with infants, delays in accessing audiology diagnostic services, and cultural issues.

The Newborn Hearing Screening and Intervention Programs Study, conducted by the National Initiative for Children's Healthcare Quality, is an effort to improve the performance of Early Hearing Detection and Intervention programs in meeting their screening, diagnosis, and intervention goals at 1, 3, and 6 months of life, respectively. Building upon the success of three earlier learning collaboratives in 22 states, this project will conduct two learning collaboratives for the remaining 28 states, the District of Columbia, and Puerto Rico.

Each learning collaborative will consist of three learning sessions separated by "action periods" where state teams will conduct small tests of change based on a change package developed by experts. This 3-year project, which began in September 2010, will engage the first 15 states in a learning session in June 2011.

Funding

HRSA awarded a total of \$1,657,179 for a project period beginning in 2005 and ending in 2013.

Participants

(beginning June 2011)

Idaho	Georgia	Ohio
New Mexico	Louisiana	North Dakota
Missouri	New Hampshire	South Carolina
Kentucky	Alabama	Rhode Island
Alaska	Mississippi	District of Columbia
		Puerto Rico

Key Successes

- One state changed practice in its two hospitals with Neonatal Intensive Care Units by establishing responsibility for the hearing screening and reporting of premature infants before discharge from the NICU.
- In another small state, a team trained hospital screeners in how to communicate results and next steps to parents of infants who failed screening. The loss to follow-up rate was reduced from 24 percent to 4 percent in 6 months.

More information: http://www.nichq.org/our_projects/newborn_hearing.html