

Arkansas Infant Hearing Program Annual Birthing Hospital Survey 2024 Highlights

Overview

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. At the time of the survey, there were 35 birthing hospitals in Arkansas, and each hospital responded to the survey. This survey allowed the IHP to update the demographic information for each facility and identify opportunities to support EHDI performance improvement. Trending themes from this year's results provided information about the hospitals' EHDI protocols, quality improvement efforts and how effectively they use the Electronic Registration of Arkansas Vital Events (ERAVE) web-based database as a tool to monitor quality assurance (QA).

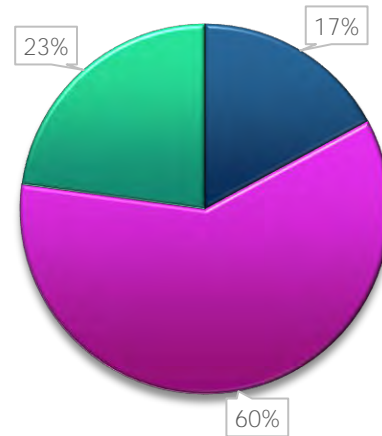
Quality Improvement (QI)

Approximately 60% of the birthing hospitals reported that they monitor their newborn hearing screening (NBHS) performance, but an internal QI initiative does not exist (Figure 1). Fifty-one percent of the hospitals were not aware the Joint Commission's Electronic Clinical Quality Measure for data reporting of NBHS prior to discharge (EHDI-1a NQF#1354) existed to satisfy an accreditation and certification requirement (Figure 2). The measure tracks the percentage of babies that are screened before discharge and supports the program's efforts to document a NBHS by 1 month.

EHDI Resources

Nursery staff are trained on current NBHS protocol and have access to EHDI educational materials through the IHP. These materials can assist staff when communicating with parents during the perinatal and delivery periods.

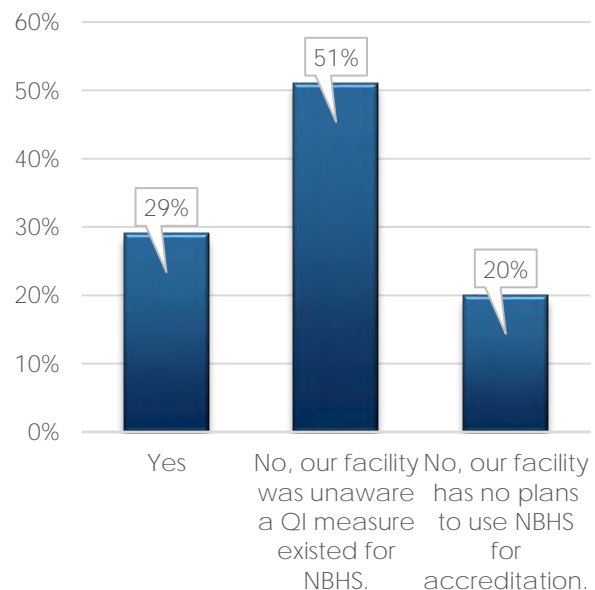
Is NBHS performance used to inform an internal QI initiative?



- Yes, our facility monitors NBHS performance and has an internal QI initiative.
- No, our facility monitors NBHS performance, but we don't have an internal QI initiative.
- No, our facility does not monitor NBHS performance.

(Figure 1)

Does your facility currently use the Joint Commission's NBHS measure?



(Figure 2)

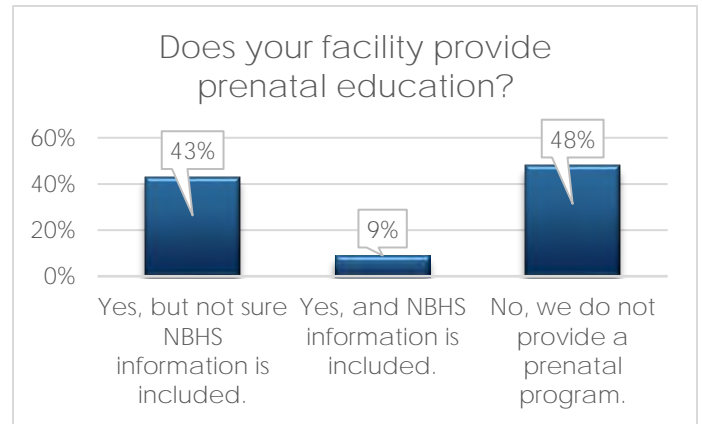
However, only 9% of the hospitals reported that they provide a prenatal education program that they were sure included information on NBHS (Figure 3). IHP educational materials can also be obtained via ERAVE. The majority of hospitals reported using ERAVE's test result notification letters to inform families of test results and next steps for follow-up at discharge.

The IHP provides loaner equipment when equipment malfunctions to minimize challenges for families to access outpatient screening. Most hospitals were aware the IHP loaner equipment was available and reported having a back-up plan to prevent interruptions in NBHS due to equipment malfunctions (Figure 4).

Lastly, ERAVE provides hospitals with on-demand access to reports to assist in monitoring the facility's overall NBHS performance. Of the hospitals surveyed, 29% reported using ERAVE reports monthly, 8% use them twice a month, 26% use them weekly, and 37% of hospitals report not using these reports at all (Figure 5). The IHP communicates with each facility to review ERAVE report findings specifically addressing data quality, reporting timeliness, initial screening validity (failure rate) and rescreening rates to promote performance improvement.

Opportunities to Increase Collaboration

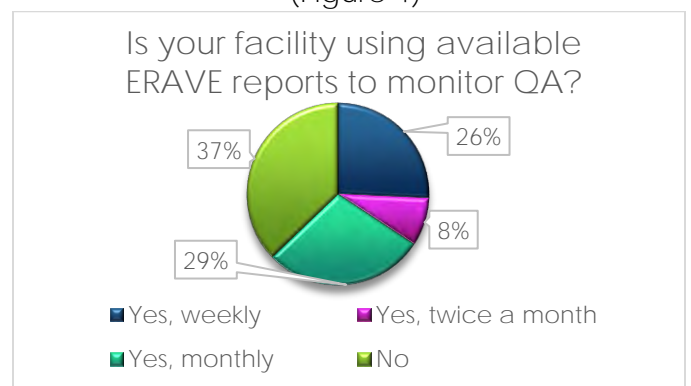
This year's survey yielded information to update current documentation of the hospital representative responsible for the NBHS program, serving as the single point of contact between the facility and the IHP. The survey also provided valuable insight into each facility's screening protocols (including outpatient testing availability) and quality improvement efforts. Additionally, the responses informed the program's strategic planning efforts to design trainings and educational resources as technical assistance to promote performance improvement statewide. The IHP's technical assistance will specifically target increasing awareness of the Joint Commission's Electronic Clinical Quality Measure for NBHS data reporting to satisfy an accreditation and certification requirement, increasing access to NBHS education in prenatal programs and using ERAVE reports to support effective monthly QA activities and promote performance improvement.



(Figure 3)



(Figure 4)



(Figure 5)



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

