

A CLINIC'S JOURNEY TO IMPROVING EHDI 1-3-6 GOAL

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Children's Minnesota

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WHO WE ARE

Children's Minnesota is the only health system and Level I Trauma Center in Minnesota to provide care exclusively to children from birth through young adulthood. We serve children throughout Minnesota, the eastern Dakotas, and western Wisconsin.



THE CHILDREN'S EAR, NOSE AND THROAT (ENT) AND FACIAL PLASTIC SURGERY TEAM

- 8 MD ENT Surgeons
- 13 Audiologists
- 3 APRN ENT Nurses
- 2 ENT Physician Assistants
- Multiple aural rehabilitation specialists
- 2 Hospitals
- 4 ENT/Audiology Clinics
- We also closely work with other departments to serve children who are experiencing hearing loss



COVID-19

In response to the COVID-19 pandemic, we saw a need to restructure our newborn hearing screening program

- Goals of the program
 - Improve timely diagnosis of hearing loss if present
 - Reduce the number of appointments needed by families
 - Coordinate appointments with multiple providers if needed
 - Limit possible COVID-19 exposures by streamlining appointments where possible for families

HOW WE DID THIS

- All newborn hearing screenings are scheduled for a diagnostic auditory brainstem response evaluation
 - Screening would be completed first, if indicated, this was transitioned into a diagnostic ABR if needed
- If follow-up with ENT was needed, this appointment was combined with the next audiologic appointment
- Families are sent handouts with instructions for their appointment, they also received reminder calls with further instructions.

RESTRUCTURED CLINIC HIGHLIGHTS

- Changing appointment types led to an improvement on EHDI 1-3-6 goals and the Joint Committee on Infant Hearing (JCIH) 1-2-3 goals
- More children were diagnosed by 3 months of age (82% in 2019, 90% in 2020) and fit with amplification (if eligible) within 1 month of diagnosis (28% in 2019, 35% in 2020). All children are referred to early intervention at the time of diagnosis.
- Implementing these changes has improved diagnosis time and reduced the number of infants who are lost to follow-up (18% in 2019, 10% in 2020).
- We are still working on collecting data for 2021.

EVALUATION AND EXPANSION PLAN

- We continue to work closely with the Minnesota Department of Health to identify areas of need and projects that will improve outcomes for our patients
- We track our EHDI 1-3-6 outcomes, special areas of need at this time are children with undetermined types and degrees of hearing loss
- We continue with scheduling all infants who referred or missed their newborn hearing screening for the longer appointment type to reduce the number of times the infant needs to be seen in clinic

HOW PEDIATRICIANS CAN SUPPORT THIS WORK

- Encourage families with infants who missed or referred on their newborn hearing screen to follow-up with an audiologist and complete the newborn hearing screening as soon as possible
- Encourage families to have their child's hearing evaluated when they have any questions or concerns about hearing, speech, or language development
- Reach out to local pediatric audiologists and ENTs if you have questions about childhood hearing loss and intervention

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