

EVIDENCE TO PRACTICE: IMPROVING CARE FOR CHILDREN WITH HEARING LOSS

In 2008, more than 50 experts gathered for two days to review and prioritize existing newborn hearing screening, diagnosis and intervention recommendations, to identify the most effective of these recommendations, and to create a plan for incorporating evidence-based recommendations into practice.

Conclusions and recommendations from the workshop, “Accelerating Evidence Into Practice for the Benefit of Children With Early Hearing Loss,” are summarized in an article of the same name in the supplement, “Improving the System of Care for Infants and Children with Early Hearing Loss” (*Pediatrics*. 2010;126:S1-S69).

Newborn hearing screening has become successful over the last decade. Currently, more than 95% of newborns are screened for hearing loss. However, diagnosis and intervention rates are lower: less than 60% of newborns who do not pass their screening have a documented diagnosis and only 77% of those diagnosed with hearing loss receive intervention services by 6 months of age.

Workshop participants used a modified Delphi process to identify the top five existing recommendations for each of the following key areas: diagnosis, treatment, parental and public awareness, and continuous quality improvement. For example, participants indicated that using outreach to ensure at-risk families seek follow-up was the top priority for the diagnosis category. In addition, ensuring infants have hearing aids within one month of diagnosis was the top priority for the treatment and intervention category; providing special resources to minority and non-English speaking parents was the top priority for the parental and public awareness category; and expanding state data management and tracking systems was the most important recommendation for continuous quality improvement.

Participants also made choices for organizing a stewardship group with public-private oversight funded and organized by the federal government as the top priority.

Participants divided into four breakout groups that corresponded with the four areas of focus for further discussion about action steps and organizations that could take responsibility for implementing recommendations.

“More infants are being screened early for hearing loss, but the extent of essential diagnostic follow-up and treatment is variable, and there is concern that not all children are receiving the best available, evidence-based care. The outcomes of infants identified with early hearing loss and their families can be improved by efforts to accelerate evidence into practice and to continuously monitor access, quality, and outcomes of services,” concluded the authors at the end of the supplement article. To access the supplement in its entirety on the *Pediatrics* Web site go to: http://pediatrics.aappublications.org/content/vol126/Supplement_1/.

In 2001 the American Academy of Pediatrics (AAP) implemented a program, Improving the Effectiveness of Newborn Hearing Screening, Diagnosis, and Intervention through the Medical Home, focused on increasing the involvement of primary care pediatricians and other child health care providers by linking follow-up services more closely to the newborn's medical home. As the AAP Hawai'i Chapter Champion on Early Hearing Detection and Intervention (EHDI) initiatives, please feel free to contact me, Lynn Iwamoto, for additional information about efforts specific to our state. I can be reached at lynni@kapiolani.org or 808-983-8387. Also, be sure to visit http://medicalhomeinfo.org/how/clinical_care/hearing_screening/ to access a number of resources related to newborn hearing.