Arizona Pediatricians: Are You EHDI Ready?
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Objective/Purpose

- Reduce Loss to follow-up/documentation
- Educate practices on **EHDI** concepts
- Increase awareness of medical home responsibility and JCIH recommendations

Methods

- Evaluate data for high LTFU regions
- AAP Medical Home grant
- Design and disseminate education materials, including
  - Poster
  - Pocket guide
  - Paired message folder
  - Promotional items
- **Are You EHDI Ready?** Team shirts
- Conduct local and regional trainings
- Conduct survey on effectiveness

Results

- Completed target visits
- Built competency among providers & staff
- Receptive to message & integrated strategies
- Increased visibility for AzEHDI team & goals

Conclusions

- Raising awareness and securing commitment among providers is an ongoing effort
- AzEHDI role **key** to ensuring providers are linked to available community resources

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**Medical Home Instructions**

- At 1st well-baby visit—Check hearing screening results on back of immunization card or hospital discharge summary for referred or missed/incomplete screens
- Refer well babies failing inpatient screen for outpatient screen
- Refer those failing inpatient NICU, and those failing both inpatient and outpatient for a diagnostic ABR evaluation by an audiologist specializing in pediatrics
  *may require sedation/anesthesia if infant does not sleep for the test; usually if over 3 months of age*
- Newborn Screening ➔ Diagnosis ➔ Intervention
- Babies identified with a hearing loss should be referred to ENT/Otology and Early Intervention (AzEIP)
- Coordinate referrals to specialty providers based on etiology of hearing loss
- Ongoing Monitoring—results, treatment, education and family support

**Late Onset and Progressive Loss**

- Between the newborn period and school age the incidence of hearing loss doubles
- Most common risk factors for late onset or progressive loss are: CMV, Meningitis, Illness, Head Injury, and Family History
- Consult audiologist for ongoing monitoring **beyond the newborn period**

*The primary care physician must assume responsibility to ensure that audiological assessment is conducted on infants who do not pass screening and must initiate referrals for medical specialty evaluations necessary to determine the etiology of the hearing loss.* —**Joint Committee on Infant Hearing, 2007**

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**REMEMBER 1-3-6**

1. Hearing screening for all babies should be complete by 1 month of age.
2. Diagnostic evaluation by an audiologist by 3 months of age if baby did not pass the hearing screening.
3. Early Intervention no later than 6 months of age if baby is diagnosed with a hearing loss.