

JULY EHDl ADVISORY MEETING MINUTES

DIVISION	Public Health		
MEETING TITLE	July EHDl Advisory Committee Meeting		
FACILITATOR	Tammy O'Hollearn		
DATE	7/10/2025	TIME	10:00 a.m. – 12 Noon
LOCATION	Join ZoomGov Meeting: Meeting ID: 160 022 3822, Passcode: 773810		

MEETING PURPOSE

The Iowa EHDl Advisory Committee represents the interests of the people of Iowa in the development of programming that ensures the availability and access to quality hearing health care for Iowa children less than three years of age. The membership of the Advisory Committee shall be representative of stakeholders with an interest in and concern for newborn hearing screening and follow-up.

AGENDA TOPICS**Welcome, Introductions and Announcements**

- Members Present:
 - Jennifer Proctor – Teacher of the Deaf/Hard-of-Hearing
 - Nicole Stoecken, DO – American Academy of Pediatrics Representative
 - Stephanie Childers, Au.D, CCC-A – Educational Audiologists/AEA Audiology State Lead Team
 - Megan Palmer, Au.D, CCC-A – Diagnostic Audiologist
 - Jenni Macke – Hospital Birth Screen Providers
 - Tammy O'Hollearn – Iowa EHDl Director
 - Heather Dirks – EHDl Family Support Coordinator/EHDl Follow-up Coordinator
 - Linda True – EHDl Audiology Technical Support/EHDl Follow-up Coordinator
 - Danja Hirsch (Interpreter)
 - Chantelle Broom – Parent Advocate
 - Annette Hyde – AEA Special Ed. Directors
 - Hailey Boudreau – CCIC Supervisor
 - Julia Lyttle (interpreter)
 - Vania Kassouf – Deaf Advocate
 - Tonya Kruger – CHSC Representative
 - Toby Yak, Ph.D – EHDl Epidemiologist
 - Stacey Morgan – ISD Representative/Deaf Advocate

- New EHDl Advisory Committee Members & Departures:
 - ISHA Representative: Julie Jeon, Ph.D will be replaced by Jacqueline Carder, Au.D.
 - ISD Representative: Tina Caloud is no longer employed at ISD, and Stacey Morgan is representing ISD for today's meeting.

- CDC & HRSA Grant Updates:

HRSA Updates

- Notice of AWARD (NOA): Iowa EHDl received first NOA on April 1, 2025, and received 45% of funding. The distribution of partial funding happened similarly in April 2024. Then the remainder of the funding was awarded in July 2024.
- EHDl received the rest of the HRSA funding for this year approximately a week ago. The program is funded by HRSA through March 30, 2026; however, funding could be pulled back at any time.
- EHDl Needs Assessment requirement for HRSA is due at the end of August 2025. The assessment is currently being worked on by EHDl staff. The Needs Assessment indicates what is needed for Phase II of the current grant cycle, with the primary focus on language acquisition outcomes. The report will also include updates on 1-3-6 data analysis, capacity for screening and monitoring through age 3, and current work plan projects.

CDC Updates

- CDC National EHDl Program employees received Reduction in Force (RIF) on April 1st, 2025, with the exception of the Program Director, Erika Odom, MSc, Ph.D.
- The CDC competitive grant was to end June 30, 2025. In March 2025, EHDl staff completed writing for the competitive grant and submitted to CDC on time.
- IA EHDl was notified at the end of April 2025 there were no CDC EHDl staff.
- EHDl programs were told that CDC would not be reviewing competitive applications.
- EHDl programs were unsure what that would mean for programming.
- The required individualized data file was submitted in May 2025.
- June 18, 2025, Iowa EHDl received guidance indicating the current grant cycle would be extended for a year, and new grant submission was needed by June 25, 2025.
- CDC hosted a video call on Monday, June 21 indicating EHDl programs should complete a brief summary of the past year and update their work plan to submit for an extension of one year. The phone call was through grants management. EHDl programs were told there was no guarantee of financial award, and it was possible that financial award notification would not be

sent to programs at a particular time (e.g., by the new project period starting 7/1/2025).

- Iowa EHDI received technical review document the following week (week of June 29, 2025), indicating Iowa EHDI was recommended for funding through July 2026, but no monitoring through CDC. Official NOA not received to date.
 - **NOTE: Official NOA was received by Iowa EHDI on July 22, 2025.**
- Iowa EHDI is expected to continue to submit CDC reports per unusual; however, no technical guidance or quality assurance will be provided for reports.
- Hearing Aid & Audiological Services Update:
 - On July 1st, 2025, funding became available.
 - \$156,000 is available for children's hearing aid and audiological services and the administration of the funding to the families.
 - There are 26 children currently on the wait list (less than last year). Lori Wink, who administers program funding at the North Iowa Community Action Agency, will be reaching out to ensure funding is still needed for families on the wait lists and process current applications in the order in which they were received.
 - There is a new application which has been sent for approval to HHS COMMS and EHDI is awaiting approval of the final version from administration. Once approved, the application will be uploaded onto the [EHDI Funding Page](#) on the Health and Human Services (HHS) website.
- Tele-Audiology Updates:
 - EHDI staff met with Child Health Specialty Clinic (CHSC) staff from Oelwein and had discussion/answered questions about moving forward with a pilot for tele-audiology.
 - Still working on the billing piece.
 - Will be meeting again with Danielle Wendel, ARNP from CHSC Oelwein and Julie Jeon, Ph.D from WJSHC about beginning the tele-audiology pilot.
 - Teams need to work through billing and logistical information.
 - Updates to come at next EHDI Advisory meeting.
- Physician Checklist:
 - The [Post Dx Provider Checklist](#) was updated from the Audiologic Checklist that had been previously developed by the EHDI advisory committee.
 - The fillable document can be found in the Provider Resources on the [EHDI Provider Page](#) on the EHDI Health and Human Services website.
 - EHDI staff started sending out the checklist to an infant's primary care provider following diagnosis of hearing differences. EHDI plans to ensure PCPs are aware of children diagnosed with

HD and aware of other referrals that may need to be made.

- Nicole Stoecken, DO and Kristin Moriarty, MD from the EHDI advisory committee reviewed the checklist. The checklist has been updated per their recommendations.
- Member Updates:
 - Deafblind Summer Symposium –
 - Registration for the DB Symposium closed.
 - 60-70 people are registered for this year's symposium.
 - The agreement between [DB Project](#) and HHS has been finalized, and Heather Dirks will be working with the Deafblind Project as the Family Engagement Specialist 10 hours per week, in addition to her 30 hours per week with EHDI.

AEA Hearing Screening Services (Annette Hyde):

- AEA's have begun a "soft launch" of changes in procedures to hearing testing for the birth-three population. There is a letter that is being sent to medical providers from the AEA's regarding the changes in services: <https://docs.google.com/document/d/1XyChE6t3lw-eY24tvfe8488gkF-QeYSErl8affeT4fQ/edit?tab=t.0>.
 - AEA's have been directed via interpretation of current legislation to ensure that all services align with programs they support due to infrastructure and finance/funding changes.
 - AEA Leadership realized hearing screening services might not be working through other programs, such as special education programming or Early ACCESS, but appeared to be a stand-alone service.
 - To align all services and practice, AEA's want to see children, possibly in need of early intervention services, to proceed through the EA process moving forward.
 - AEA's want to ensure they are not seen as a medical clinic or as a part of a medical process moving forward.
 - AEA providers had conversations with medical providers because some ENTs have used AEA hearing services for medical follow-up (e.g., following PE tube placement).
 - AEA's want to reinforce their role is to identify children who need EA and SPED services to support developmental concerns. AEA's are a special education service, as defined by their funding sources.
 - Administrative assistants have a script to reroute families into the [EA referral process](#) when they call for hearing screening.
 - The service coordinator will contact the family and talk through the concerns to ensure all services that might be needed are addressed.
 - If a hearing screen is the only service needed, there is some paperwork involved in forwarding the child for hearing screening.
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- Because this is a new process, there has been minimal feedback; however, there is feedback that some families have been happy to talk through the available services to see what is available for their child
- Member Discussion:
 - Question from Linda True: In terms of the timeline, when a referral comes into the AEA, they have 48 hours to contact the family. What is the timeline at that point to get the hearing screening if a family specifies needing a hearing screening only.
 - Answer: In the script, providers are told to refer quickly for hearing screening. Early ACCESS must have all assessments completed to recommend enrollment within 45 days. Timing for hearing screening also depends on sound booth appointment schedule
 - Question from Linda True: For best practice standards, there are certain EHDI timelines. Are EHDI timelines a priority and discussion with services coordinators to meet JCIH best practice guidelines?
 - Response from Stephanie Childers: The script says, "Let's go ahead and get your hearing screening scheduled." This practice allows time to give the parents a phone call but also try to schedule hearing screening right away.
 - Question by Linda True: Providers are required by law to contact the primary care provider if a family declines testing or with test results. Is the EA coordinator going to be reaching out to PCP report test information according to the law?
 - Answer: That is still in discussion. Dee [Waddell] wanted to get clarification from the Department of Education regarding the release of information due to [FERPA Law](#).
 - Comment by Tammy O'Hollearn: I have not received any information regarding this yet. Tammy will bring it up in the next monthly meeting with Dee Waddell. A discussion is needed to clarify how to connect EA with the PCP regarding no show or declining hearing testing through the EA process when referred for hearing screening. The [Iowa Administrative Code](#) mandates that decline of hearing screening and results of hearing screening is to be reported to PCPs.
 - Comment from Jennifer Proctor: I would like to share a success: I had an EA visit yesterday for a child under 2 months of age. One interesting piece, she is not a person who enters referrals, and so she is unclear how the referral is entered. The referral came from a pediatric audiology clinic. Notation on the referral indicated failed newborn hearing screening and not a diagnosed hearing loss. Maybe a conversation is needed with providers

about making sure if there is a diagnosis the referral is marked as “diagnosed with hearing loss”.

- Question from Jennifer Proctor: Is there a spot to [in the online referral process] that indicates a referral for hearing screening vs. hearing loss for diagnostic providers so the correct EA providers are informed of the referral?
 - Answer: Not at this time, but Annette reported she will make a note of this to discuss with AEA Leadership.
- Question from Jennifer Proctor: Could this information also go to TDHHs and SLPs? This process impacts those departments and providers as well.
 - Answer: Annette met with Tori last week and discussed this and sent an email to directors of AEAs to send out formal communication with TDHHs and hadn’t thought about SLPs but that is a good recommendation.
- Question from Tonya Krueger: Will there be formal communication regarding this information for CHSC from AEA/EAs?
 - Answer: Annette will add CHSC to the list for a letter of communication.
- Question from Linda True: Could the letter for PCPS to specify if are referring to EA for a hearing screening or that hearing loss has been confirmed?
 - Answer: Not at this point but we will take this conversation into consideration.
- Tammy indicated that EHDI will also send out a formal notification of the referral for hearing screening change to stakeholders involved.
 - Birth Screen Providers had been given some notification at the EHDI Provider Training in May 2025, but Tammy will send out additional notification from EHDI to ensure providers are aware of the referral process and to reinforce communication with providers.

EHDI Family Support Activities (Heather):

- 2 EHDI Family Support Activities have occurred since April Advisory Meeting in collaboration with ISD:
 - Bowling event with ISD in Waukee
 - ISD Lil’ Paws camp in Des Moines
- Chantelle Broome commented that her son has been able to attend the Lil’ Paws Camp for the past three years. Chantelle indicated at all the camps, there are different activities and children learn different signs with other kids [her son’s] own age with hearing differences. Chantelle also reported parents have the opportunity to work with a mentor who signs. Parents are able to learn to read and sign the books when reading to children who have hearing differences.
 - Lil’ Paws camp is limited to 10 families age 2-5
 - ISD also has a camp for school-aged children

- The New to the Journey group will have a new offering early this fall with information regarding 504s and IEPs for families.
- Monthly Book Club for Tots – average 4-5 families per month.
- A new EHDI Family Support outreach program for babies/toddlers/parents will begin at libraries, starting next month in Iowa City on August 14, 2025. This will be similar to an in-person book club. The goal is to have a monthly meeting at libraries across the state to allow more families to attend an EHDI Family Support event locally.
- Parent Partners – 4 families currently using Parent-to-Parent support.
- Deaf Partner - 1 family still ongoing with EHDI Parent-to-Deaf Partner mentoring.
 - Statewide, Deaf Partner Mentoring is being switched from EHDI Family Support to ISD Family Deaf Mentor program through Iowa's LEAD-K initiative. EHDI Family Support recently referred 8 families to the ISD Family Deaf Mentor program. EHDI Family Support is waiting for information on enrollment.
- EHDI Newsletter is still able to be sent out to families, with the most recent newsletter sent in July 2025.
 - 215 families and professionals subscribed to newsletter.
 - Jennifer Proctor thanked Heather for the work, resources and information that goes into the newsletter. Jennifer reported she always shares the newsletter and information about EHDI Family Support with families and thinks it is helpful for the families she serves.
 - Jennifer asked if more EHDI statewide information could be shared through the newsletter.
 - Heather indicated she is happy to share statewide information, but the process to send out the newsletter includes HHS Communication department and administrative approval, so events not submitted a month prior may not be in the EHDI Newsletter until after the event has occurred.
- Family Transition Packet:
 - Everything is ready for the packet to be sent out, but EHDI Family Support is awaiting approval through the HHS Communication department.
 - EHDI Family Support was able to take updates from members following the April 2025 Advisory meeting to update the packet, and it is now finalized. Additions to the Transition Packet based on advisory member feedback include the following:
 - Letter of information,
 - Visual calendar using QR codes for showing the ASL signs for a morning routing for a child,
 - An All-About-Me sheet that families can fill out about communication style and hearing devices (if applicable),

- There will be an online version of the All-About-Me page is available for families to share with their school team or daycare.
- The Family Transition Packet will be sent to children between age 2-3, the transition from Part C to Part B. There will be information about school terms, acronyms, child/parent rights.
- Tammy thanked everyone who helped to put the brochure together.

Diagnostic Audiology Quality Assurance Reports (Linda)

- In the last year, Advisory Members and audiologists Megan Palmer, Au.D, Stephanie Childers, Au.D and Julie Jeon, Ph.D, offered information and worked with EHDI personnel to create and provide feedback on the metrics needed for a quality assurance report for facilities offering diagnostic testing (attached below).
 - EHDI staff reviewed the metrics determined by audiology advisory members to see what could be feasibly measured with INSIS.
 - EHDI staff will use INSIS data to look for gaps in handoffs and services, to provide feedback on metrics to providers to help improve the newborn hearing process.
 - QA reports will also be able to give facilities feedback on areas where best practice is being followed or not followed.
 - Mercy ENT CR piloted the report in May 2025 and provided feedback on the report layout, information and readability.
 - EHDI staff took those suggestions and revamped the layout to show clinics how they are doing and compare them with other diagnostic facilities within the state.
 - Through data analysis, EHDI staff have found most facilities are getting kids tested in a timely manner once referred.
 - Because EHDI data for the diagnosis by 3 months metric is at about 47%, it is speculated the delay in the hearing screening journey is primarily in the handoff between the outpatient screening and diagnosis.
 - There is also a large facility not consistently meeting best practice guidelines.
 - Overall, Iowa performs well with newborn and outpatient screening timeliness.
 - Referral to diagnosis is creating a gap in children being diagnosed in a timely manner.
 - QA reports for 2024 will be sent to facilities by the end of July, and EHDI staff will begin sending QA reports out on a quarterly basis, thereafter.
 - The QA reports will have a 6-month lag time from the child's birth to ensure EHDI personnel can track if facilities are meeting current 1-3-6 guidelines.
 - The following metrics are evaluated in each QA report:
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- Dx by 3 months of age,
 - The number of times a child receives a Not Yet Determined diagnosis prior to confirmed diagnosis,
 - Number of outpatient screens conducted prior to referral for diagnostic ABR,
 - Timeliness of reporting,
 - Timeliness of EA referral following diagnosis of hearing differences.
 - Non-Part C providers are listed as well in this metric, so if a child with hearing differences is receiving language development services from places like Child Serve instead of EA, that will count for that facility.
- We have received feedback from audiologists who have received these reports and EHDI personnel are dedicated to ongoing improvement of the QA report process.
- EHDI's goal in using QA reports for diagnostic facilities is to bring awareness for best practice and educate providers on their impact for Iowa meeting the national 1-3-6 EHDI goals.
- QA reports for diagnostic facilities have a similar purpose to QA reports prepared for birthing facilities.
- QA reports include a performance criteria rating of as benchmark, noncompliant, or distinguished
- QA reports may allow facilities distinguished in each area to serve as a mentor to other facilities.
- Tammy indicated it is important to note that most facilities could perform in the range of benchmark or distinguished, but one entity could bring numbers for diagnosis by 3 months of age down for the state, because Iowa does not have large numbers of facilities.
- Tammy reminded advisory members if all facilities followed best practice guidelines set forth by JCIH, Iowa Law and published research, Iowa should be able to meet national EHDI 3 and 6-month goals.
- Tammy noted Iowa had been showing steady improvement for the 3-month goal; however, the change in the denominator for all states from CDC impacted Iowa's progress.
- EHDI staff conducted a QA site visit with a pediatric audiology clinic to share the QA report during an in-person meeting.
 - There was discussion about the facility's current processes and areas needing improvement.
 - EHDI Personnel were able to discuss resources to support children and families, as well as additional resources the facility could use in educating families.
 - Positive outcomes have taken place since the site visit which indicates improvement in the EA referral process.

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- EHDI personnel should see if the numbers the 3-month goal during the next reporting cycles if the QA reports are working as intended.
 - All participants were thanked for their feedback and assistance in developing the tool.
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Upcoming Provider Presentations (Linda)

- Fall schedule based on feedback from Advisory and webinar participants.
 - The most recent presentation was held in May 2025. Julie Jeon, Ph.D at University of Iowa presented on [cCMV and the variability in hearing loss progression](#). Julie and her students shared a pamphlet created for families with children diagnosed with cCMV. The webinar gave ideas to providers about how to share information with families when a child has a diagnosis of cCMV and information about the need for continued hearing screenings and developmental services as the child is growing.
 - [Upcoming webinar links](#) are located on the [EHDI Provider Page](#) on the HHS website.
 - Recordings of [Past Provider Learning Opportunities](#) can also be viewed, and corresponding power-point presentations can be viewed and downloaded.
 - In the fall, several webinars are tentatively scheduled:
 - A virtual review for CI equipment for children in the EI process, with information for providers, including EA providers to when counseling families (coming August/September 2025),
 - Family Support updates with Heather Dirks and family stories on how children have progressed through the system of care after diagnosis. (coming September 2025),
 - Update from Meghan Miller on EA referrals and automatic qualifiers as they relate to hearing differences. This presentation may also include a discussion of comorbid conditions with hearing differences and what to look for. (coming October 2025)
 - If a provider sees a child that comes for hearing testing and there is a diagnosed syndrome, providers can make an EA referral due to risk factors.
 - EHDI presentation satisfaction surveys have had a couple of topic requests for children older than age 3, and no longer children served by EHDI programming.
 - For example, a request was made for discussion of school age hearing loss. Another request was made to discuss auditory processing testing, which is not usually tested in the birth-3 range.
 - EHDI webinars will focus on hearing screening, diagnosis of hearing differences, early intervention supports, language acquisition for children with hearing differences, communication tools and family support etc. for children birth-three years of age.
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- If there is a webinar presentation topic EHDl advisory members would like for upcoming EHDl Learning Opportunity, please inform Linda or Tammy to assess feasibility of a presentation.
- Tammy will be providing an update on some new database practices to help providers with quick reports they can run to support their work or perform quality assurance checks. This webinar will also help providers find ways to use INSIS to make it easier to find children and help children and families move through the hearing healthcare journey.
- All upcoming Professional Learning Opportunities will be posted on our website and an email sent to the distribution list(s) for upcoming webinars.

EHDl Advisory Committee Charter (Tammy)

- Tammy will be sending out a document soon to Advisory members.
- The charter document will outline the purpose of the committee, how often EHDl Advisory meets, expectations of attendance, voting procedure/process and accountability.
- Members will be expected to sign the charter agreement.
- The goal of the charter document is to help Advisory Members to understand their roles and responsibilities when agreeing to be on the EHDl Advisory Committee.
- The rules for EHDl Advisory Committee members are being simplified, so advisory member roles and responsibility are being inserted back into a charter.
- An email will be sent with the charter when it has been approved by administration for members to sign and agree to.

Closing - Questions or Discussion

- Annette thanked the EHDl program for continuing the work through the changes happening with federal funding.
- Tammy also thanked Annette for her continued work through the changes going on within the AEAs structure and service provisions due to Iowa Legislative changes.
- Stacey commented that she appreciated the updates.
 - Stacey reported that she had been taking notes for Chris Kaftan (ISD superintendent).
- Stacey commented on trying to meet the goal of diagnosis by 3 months of age in Iowa. Stacy was interested in the lower percentages being diagnosed by 3 months of age and wondered how this was being addressed.
 - Tammy indicated that a large issue in Iowa is the lack of providers willing to conduct Auditory Brainstem Response/Hearing Diagnostic testing, and so providers are not available in many rural areas.
 - Tammy indicated in rural areas, EHDl staff are trying to think of many ways to reach facilities and improve the statistics:

- Example 1: In the past EHDI did not have much success sending fax forms with a return prompt (FaxBack Forms) to PCPs so that we could ensure they were informed of the hearing screening status and doctors could return a date of referral or appointment for additional screening or diagnostic testing. This initiative was relaunched in 2022, and EHDI has also begun sending a similar fax for children that do not pass OP screening. Providers are reaching out to EHDI personnel by phone and fax more readily for communication.
 - Example 2: Iowa EHDI tried tele-audiology in the past, but were not successful due to issues with connectivity and billing. Due to COVID, many of these issues have been worked through for tele-health programs, and EHDI is again attempting to pilot this initiative for increased capacity for diagnostic testing provision.
- Next Meeting Topics:
 - EHDI 1-3-6 Data, Data Analysis
 - Linda will share feedback from the Diagnostic Quality Assurance reports
 - Annette would like a spot for feedback or discussion on the new EA process for referrals.
- Next meeting is on October 9, 2025, from 10:00am – 3:00pm.
- Please contact Iowa EHDI if there is anything you would like added to the agenda.
- Plan for an in-person meeting that will last the entire designated meeting time.



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Diagnostic Quarterly Quality Assurance Reports

Quarterly reporting to diagnostic audiologic facilities will be initiated by the Iowa EHDI program during the 2024-2025 fiscal year. The data for this report was gathered from the Iowa Newborn Screening Information System (INSIS). This quality improvement effort is to promote the goal of diagnosis of infants by 3 months of age, as recommended by the Joint Committee on Infant Hearing (JCIH) and included in funding opportunities from the Health Resources and Services Agency (HRSA) grant and the Center for Disease Control and Prevention (CDC) cooperative agreement. EHDI quality assurance reports encourage consistent and equitable audiologic practice amongst providers of diagnostic assessment to Iowa's children.

Audiologists on the EHDI advisory committee were tasked with creating measurable criteria for quality assurance reports. Audiology Quarterly Reports will be sent to facilities providing diagnostic testing on infants within the initial 1-3-6 hearing healthcare journey. The following metrics will be surveilled at a 6-month lag to ensure completeness of data:

1. Diagnostic testing by 3 months of age indicating type of hearing difference as based on JCIH 2019¹ recommended standards and HRSA metric of 85% proficiency²:
 - a. Exceeds Expectations/Distinguished: Completed diagnostic ABR with type of hearing identified greater than 90% of children referred for diagnostic testing.
 - b. Meets Expectations/Benchmark: Completed diagnostic ABR at a rate of 80-89% by 3 months of age
 - c. Noncompliant: Diagnostic ABR not completed by 3 months of age (without medical complications) less than 80%
2. Referral to EI upon diagnosis of permanent hearing differences as based on JCIH 2019 recommended standards:
 - a. Exceeds Expectations/Distinguished: Within 48 hours of diagnosis
 - b. Meets Expectations/Benchmark: Within 2-7 days of diagnosis
 - c. Noncompliant: EI referral made > 7 days following diagnosis
3. Reporting of diagnostic testing to child's EHDI record within 6 business days as mandated by Iowa Law³:
 - a. Exceeds Expectations/Distinguished: Report results in INSIS within 48 hours

¹ (2019). Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Journal of Early Hearing Detection and Intervention*, 4(2), 1-44. DOI: <https://doi.org/10.15142/fptk-b748> Retrieved from <https://digitalcommons.usu.edu/jehdi/vol4/iss2/1>

² Health Resources and Services Administration, "HRSA-20-047 Frequently Asked Questions," retrieved February 18, 2025 from <https://mchb.hrsa.gov/programs-impact/hrsa-20-047-frequently-asked-questions>.

³ Iowa Senate, Legis. Public Health [641], *Chapter 3: Early Hearing Detection and Intervention*, IAC 12/10/2003 [Filed emergency 11/17/03 after Notice 10/1/03—published 12/10/03, effective 1/1/04] [Filed 9/18/06, Notice 7/19/0—published 10/11/06, effective 11/15/06]



- b. Meets Expectations/Benchmark: Report results in INSIS in 2-6 days
 - c. Noncompliant: Report results in INSIS > 6 days
4. Repetition of outpatient screening following diagnostic assessment referral without medical rationale, based on JCIH 2019 recommendations:
- a. Meets Expectations/Benchmark: 0 outpatient screening prior to diagnostic assessment if previous outpatient screening has already occurred (outpatient screening may occur at a different facility), or
Meets Expectations/Benchmark: Completion of 1 outpatient screening if there has not been an outpatient screening previously reported in INSIS (outpatient screening may occur at a different facility)
 - b. Noncompliant: Repetition of outpatient screening prior to conducting diagnostic assessment (outpatient screening may occur at a different facility)
5. Number of Not Yet Determined (NYD) Outcomes prior to Diagnosis Outcome or referral to EI, based on JCIH 2019 recommendations and evidenced by Jassen et. al in the October 2010 Ear and Hearing ⁴ :
- a. Exceeds Expectations/Distinguished: 0 Not Yet Determined Outcomes prior to diagnosis
 - b. Meets Expectations/Benchmark: 1 Not Yet Determined Assessment Outcome prior to diagnosis
 - c. Noncompliant: 2 or more instances of Not Yet Determined Assessment Outcome prior to diagnosis

Diagnostic providers, who are out of compliance with best practice standards, will be given feedback, along with their facility administrators. Please note that the data is directly extracted from the data each facility reports into the INSIS database. Quality, completeness and accuracy of reporting in the INSIS may impact your quarterly report.

Key: Metric Indicators for Diagnostic Quarterly Reports

Distinguished = Results are of higher quality and performance than current JCIH Best Practice Standards

Benchmark = In alignment with current Best Practice Standards and Iowa Laws

Noncompliant = Practice does not meet Best Practice Standards or comply with Iowa Law

NA = No applicable data

⁴ Janssen RM, Usher L, Stapells DR. The British Columbia's Children's Hospital tone-evoked auditory brainstem response protocol: how long do infants sleep and how much information can be obtained in one appointment? Ear Hear. 2010 Oct;31(5):722-4. doi: 10.1097/AUD.0b013e3181ddf5c0. PMID: 20473179.